American Heart Association®
Lifelong Learning™

PERIMENOPAUSE, MENOPAUSE & CARDIOVASCULAR RISK

Clinical recognition, cardiovascular risk assessment, and prevention

The menopause transition is a clinically important period for reassessing cardiovascular risk. Vasomotor symptoms, persistent sleep disturbance, and depressive symptoms have been associated with adverse cardiovascular risk profiles and may prompt attention to modifiable cardiovascular risk factors, but none is diagnostic of cardiovascular disease.

The cardiovascular story begins before the final menstrual period

REPRODUCTIVE YEARS	PERIMENOPAUSE	MENOPAUSE	POSTMENOPAUSE
Regular cycles	Cycles vary; symptoms begin	12 months with no menses after the final menstrual period	beginning 12 months after the final menstrual period

Hcp clinical signals: symptoms with cardiovascular relevance

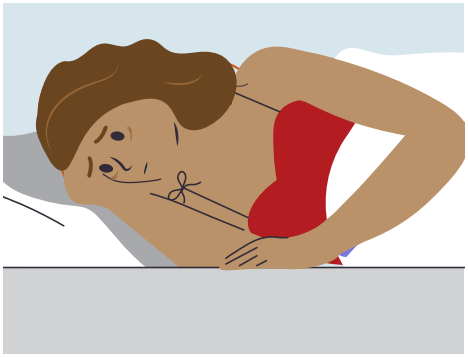


HOT FLASHES & NIGHT SWEATS
Vasomotor symptoms

Document frequency, severity, duration, and timing across the menopause transition.

EVIDENCE STRIP | EVIDENCE + HCP RESPONSE

- Associated with higher blood pressure and adverse cardiovascular risk-factor profiles
- Associated with subclinical measures of atherosclerosis
- Frequent and persistent symptoms associated with increased risk of future CVD events
- Assess BP, lipids, glycemia, tobacco exposure, activity, sleep, and overall CVD risk



SLEEP DISTURBANCE
Insomnia and poor sleep

Assess chronicity, sleep duration, insomnia pattern, and potential sleep-disordered breathing.

EVIDENCE STRIP | EVIDENCE + HCP RESPONSE

- Persistent insomnia symptoms over midlife were associated with increased risk of later CVD events
- Events included MI, stroke, heart failure, and revascularization
- Evaluate sleep as part of the cardiovascular history; assess contributing conditions



DEPRESSIVE SYMPTOMS
Mood and daily activities

Screen for depressive symptoms and consider their interaction with sleep, activity, and preventive care.

EVIDENCE STRIP | EVIDENCE + HCP RESPONSE

- Associated with higher cardiovascular disease risk
- Often coexists with sleep and vasomotor symptoms
- Screen, assess safety and impact on daily activities, and coordinate behavioral health care when indicated

IMPORTANT:

Associations do not establish that a menopause symptom causes cardiovascular disease. Interpret symptoms within the patient's complete clinical and cardiovascular risk profile.

FROM EVIDENCE TO ACTION

Use symptom recognition as an opportunity to assess cardiovascular risk factors and support longitudinal prevention.

WHAT MAY BE CHANGING BENEATH THE SURFACE?

LIPIDS
CVD risk factors and contributors Total cholesterol, LDL-C, triglycerides and Lp(a) may increase.

BODY COMPOSITION
Abdominal and visceral fat may increase.

HEALTH BEHAVIORS
Sleep, activity, nutrition and tobacco exposure matter.

RECOGNIZE ➜ ASSESS ➜ MANAGE ➜ REASSESS

- Menopause stage and menstrual pattern
- Symptom frequency, severity, and duration
- Medication and hormone-therapy history
- Potential overlap with cardiac symptoms

- Blood pressure and hypertension status
- Lipid and glycemic status
- Weight and waist trajectory
- Traditional and reproductive risk enhancers

- Optimize modifiable risk factors
- Individualize menopause-symptom therapy
- Coordinate cardiology, OB-GYN and primary care
- Reassess risk and treatment response

RECOGNIZE. ASSESS. PREVENT.

Use the menopause transition as a clinical window to recognize symptoms, reassess risk, individualize management, and coordinate longitudinal care.



1. El Khoudary SR, Aggarwal B, Beckie TM, et al. Menopause transition and cardiovascular disease risk: implications for timing of early prevention: a scientific statement from the American Heart Association. Circulation. 2020;142(25):e506-e532. doi:10.1161/CIR.0000000000000912.
2. El Khoudary SR, Greendale G, Crawford SL, et al. The menopause transition and women's health at midlife: a progress report from the Study of Women's Health Across the Nation. Menopause. 2019;26(10):1213-1227. doi:10.1097/GME.0000000000001424.
3. Thurston RC, Chang Y, Kline CE, et al. Trajectories of sleep over midlife and incident cardiovascular disease events in the Study of Women's Health Across the Nation. Circulation. 2024;149(7):545-555. doi:10.1161/CIRCULATIONAHA.123.066491.
4. American Heart Association. The connection between menopause and cardiovascular disease risks. Published February 20, 2023.
5. American Heart Association. Heart disease risk in women increases leading up to menopause; early intervention is key. Published November 30, 2020.
6. American Heart Association. Perimenopause may offer a "window of opportunity" for heart disease prevention in women. Published May 13, 2026.

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