Menopause and cholesterol

High serum levels of cholesterol and other abnormalities of blood fats (dyslipidemias) are associated with an increased risk of coronary heart disease and stroke.

Raised total cholesterol is a major cause of disease burden in both the developed and developing world.

Dyslipidemias in women

- Dyslipidemias affect one in three women.
- The change in lipids at the menopause increases the risk of heart disease and stroke.
- Screening programs vary worldwide according to local guidelines and resources.
- Screening should be considered for women with premature ovarian insufficiency, early menopause, heart disease, stroke, diabetes, chronic kidney disease and familial hypercholesterolemia.
- A healthy diet, regular physical activity, maintaining a normal body weight and stopping smoking are recommended first-line interventions for dyslipidemia.
- Treatments include statins and fibrates.
- Menopausal hormone therapy is not recommended for the sole purpose of improving the lipid profile or reducing the risk of cardiovascular disease.

Raised total cholesterol is a risk factor for ischemic heart disease and stroke.

Menopausal hormone therapy

- Neither systemic nor topical vaginal menopausal therapy is contraindicated in women who have dyslipidemias.
- The prescription should be personalized, taking into account age, metabolic, cardiovascular risk factors and lifestyle interventions such as weight loss.
- Oral and transdermal systemic menopausal hormone therapies have different effects on lipids.
- Low-dose vaginal estrogens have a favorable effect on lipids.
- The effect of progestogens varies according to the type of progestogen and the route of administration.
- Micronized progesterone or oral dydrogesterone may be preferred.
- Non-oral testosterone has little or no effect on lipid profiles.

Non-hormonal therapies (for menopausal hot flushes)

- Non-hormonal therapies may affect lipids.
- Sertraline and paroxetine have an un-favorable effect and increase triglyceride levels.
- Venlafaxine may increase lipid levels.
- Fluoxetine and citalopram exert a more favorable effect on the lipid profile than sertraline, paroxetine and venlafaxine.

Further information

Mean total cholesterol. World Health Organization https://www.who.int/data/gho/indicator-metadata-registry/imr-details/2384

EMAS CareOnline 2020 https://emas-online.org/emas-careonline

Menopause symptom management in women with dyslipidemias: An EMAS clinical guide 2020 https://doi.org/10.1016/j.maturitas.2020.03.007