

Women's heart health: midlife & post-menopause

A quick guide to understanding, monitoring, and protecting your heart



Understanding menopause and your heart

Perimenopause:

The transition phase with irregular cycles, hot flashes, and sleep changes.

Menopause:

The permanent end of menstrual periods (after 12 months without bleeding).

Postmenopause:

The years after periods stop (usually between ages 45–55).

Why your heart and blood vessels are involved

- The natural drop in estrogen reduces its protective effects on blood vessels. → Arteries can become stiffer, less elastic, and more prone to narrowing.
- Blood pressure, cholesterol, and blood sugar may rise.
- The risk of heart disease and stroke increases after menopause.

Blood pressure, heart health and stroke risk

Blood pressure commonly rises after menopause. High blood pressure increases the risk of heart attack and stroke.

Home monitoring matters. Measure blood pressure:



morning and evening



for 1–2 weeks each month



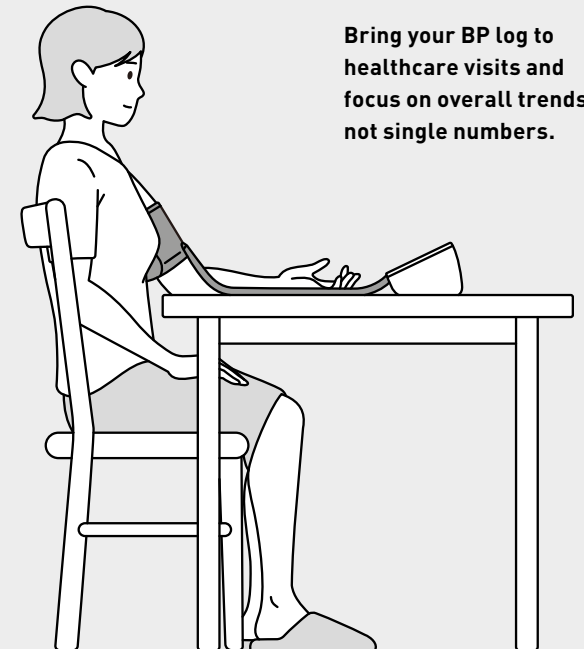
after sitting quietly for 5 minutes



arm supported at heart level



take two readings, 1 minute apart



Bring your BP log to healthcare visits and focus on overall trends, not single numbers.



Red flags to watch for

The most common heart-disease symptom in women is **chest pain**—often described as pressure, squeezing, or tightness. It may spread to the **jaw, arms, shoulders, or back**, and may come with:



Shortness of breath



Dizziness



Nausea



Sweating

Symptoms often appear with **exertion or stress**, and ease with rest. **Seek urgent care** if these symptoms occur.

Risk factors specific to women

You may have a higher risk if you have a history of:

- Premature menopause (<40 years)
- Early menopause (<45 years)
- PCOS (Polycystic Ovary Syndrome)
- Endometriosis or uterine fibroids, which are increasingly linked to higher hypertension and heart-disease risk
- Pregnancy complications:
 - High blood pressure
 - HELLP syndrome
 - Preeclampsia or eclampsia
 - Gestational diabetes
 - Preterm birth (<37 weeks)
 - Recurrent miscarriages
 - A baby with low birth weight (<10th percentile)

Heart-healthy actions

Lifestyle strategies



Eat smart

Plenty of fruits, vegetables, whole grains, lean proteins; limit processed foods and salt. (DASH or Mediterranean patterns work well.)



Move regularly

At least 150 min/week of moderate activity + strength training.



Sleep & stress

Practice good sleep routines; try mindfulness or relaxation techniques.



No smoking or vaping



Maintain a healthy weight

· BMI: 19–25 kg/m² · Waist circumference: <80 cm

Track & routine

- Keep a home BP log (apps make it easy).
- Monitor weight and waist circumference.
- Record your reproductive history (pregnancy complications, age at menopause) and share it with your provider.



Medication & hormone therapy

- Medications may be needed when lifestyle changes are not enough.
- Hormone Replacement Therapy (HRT) has both benefits and risks.
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 - Decisions are individualized—discuss your symptoms and health history with your clinician.



Takeaway

Your heart health evolves during midlife. You can take action now:



Monitor your blood pressure



Build heart-healthy habits



Share your risk factors and reproductive history with your healthcare provider

Small changes now can protect your heart for decades.