

Cardiovascular Risk Factors

This advice is based on the information provided in the referral letter, and based on current guidelines and recommendations which can be subject to change in the future.

The presence of cardiovascular risk factors is not considered an eligibility criteria for the Complex Menopause Clinics Nationally unless someone has either confirmed obstructive coronary artery disease, a previous cardiac event, stroke, high risk congenital heart defects, cardiomyopathies, arrhythmias, dissections, or aneurysms.

A history of either smoking, hypertension, hyperlipidaemia, raised BMI, diabetes, and family history of cardiovascular disease, does not preclude your patient from a trial of HRT, but it is considered best practice to optimise modifiable risk factors where possible, and transdermal HRT would usually be the preferred modality as it does not increase the risk of VTE over someone's baseline risk, starting low and increasing the dose slowly.

HRT use in the general population can reduce the risk of developing cardiovascular disease, future cardiac events, and all-cause mortality. However, it should not be started for the sole purpose of primary prevention of these conditions and its primary indication for use is the presence of menopausal symptoms.

It does not reduce the risk of cardiovascular disease or provide a cardiac benefit in those with **established** ischaemic heart disease, or when commenced in the late menopausal stage.

If someone has several cardiovascular risk factors, then it might be useful to stratify their underlying risk by obtaining additional cardiovascular testing or screening prior to initiating HRT as when HRT has been used in women with **established** ischaemic heart disease, long-term follow-up data has not shown any increased risk of cardiovascular events, but some studies have shown a small trend for an increased risk of events in the early stage of use only. However these studies used older oral HRT products and higher doses of HRT.

All the benefits and risks of HRT should be considered when coming to a shared decision. Benefits being that HRT is most effective treatment option for troublesome menopausal symptoms, reduction in cardiovascular risk if no established ischaemic heart disease, reduction in the risk of developing osteoporosis; with risks including a small duration-dependent increased risk of breast cancer and a very small increased risk of ovarian cancer which observational studies depict to be in the range of 1 additional case per 1000 women after 5 years.

If your patient does have established ischaemic heart disease, please re-refer with these details.

Further useful information can be obtained in the ICGP Quick Reference Guide on Management of Menopause and the Tools for Clinicians Section of the BMS website

I hope this is of assistance in the management of your patient.

References

1. Hamoda H, Panay N, Pedder H, Arya R, Savvas M. The British Menopause Society & Women's Health Concern 2020 recommendations on hormone replacement therapy in menopausal women. *Post Reprod Health*. 2020 Dec;26(4):181-209. doi: 10.1177/2053369120957514. Epub 2020 Oct 12. PMID: 33045914.
2. BMS Tool for Clinicians. Management of menopause for women with cardiovascular disease