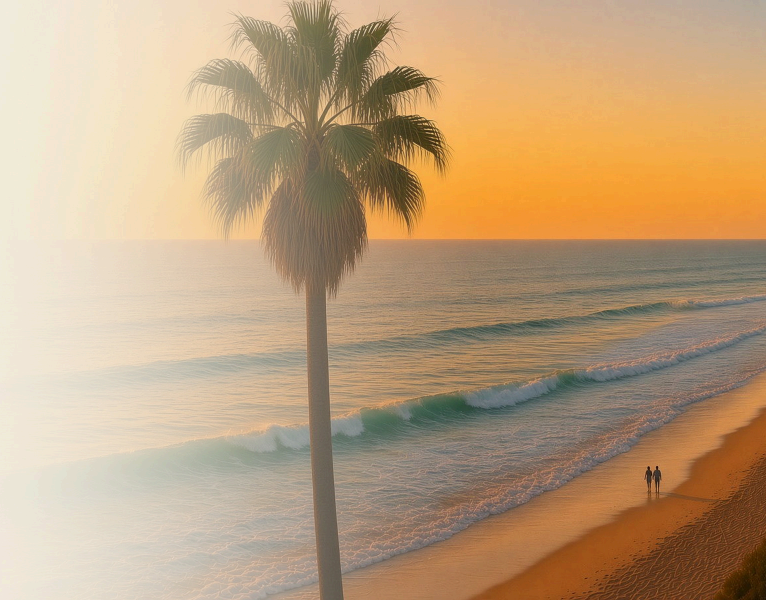
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DAMIAN RASCH, D.O.

ENCINITAS · LA JOLLA, CALIFORNIA



Your Heart After Menopause

What menopause does to your cholesterol, blood pressure and blood sugar, and what to ask your doctor in your fifties.

Half

roughly, the rate of coronary disease in women before menopause vs. men

10–15%

rise in LDL for most women around menopause, with no change in habits

1 in 5

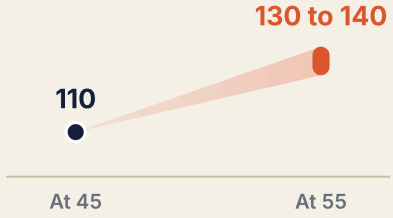
adults has a high lipoprotein(a), and most have never been tested

WHAT MENOPAUSE CHANGES

The numbers creep up without much warning

LDL cholesterol

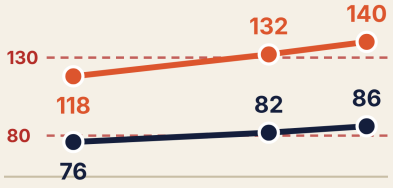
Example, one woman at 45 and 55, mg/dL



Most women see a 10 to 15% climb

Blood pressure

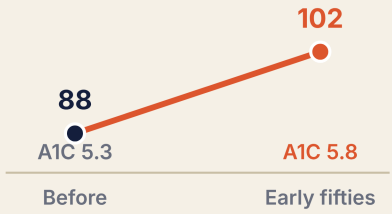
Example, mmHg, top number orange



Dashed lines mark 130/80, high blood pressure

Blood sugar

Example, fasting glucose mg/dL and A1C



Now in the prediabetes range

Example numbers for one woman. Each change is modest on its own, and together they push your heart risk upward.

YOUR HISTORY COUNTS

Things in your past that raise your risk today

Preeclampsia

Your later risk of heart disease is roughly double that of a woman who never had it, and your risk of high blood pressure is up to four times higher.

Gestational diabetes

Your lifetime risk of type 2 diabetes is roughly seven times higher. It also marks long-term heart risk on its own.

Early or surgical menopause

Menopause before 45 raises risk. Losing both ovaries, especially before 45, raises it more steeply.

Autoimmune disease

Rheumatoid arthritis, lupus and psoriasis carry higher risk than the standard calculators suggest.

The 2019 ACC/AHA guideline calls these **risk-enhancing factors**, along with preterm delivery and pregnancy loss. They lower the bar for a statin, for treating mildly high blood pressure and for a calcium score.

The next decade

The window for prevention is widest in the years right around menopause. A woman starting at 52 has far more pull on her future than at 67.

WHAT TO ASK YOUR DOCTOR IN YOUR FIFTIES

Your targets, your tests and your symptoms

WHAT SHOULD MY LDL BE?

Most women in their fifties	Under 100 is reasonable without diabetes or established heart disease.
With risk-enhancing factors	The target shifts toward 70. That includes a history of preeclampsia, autoimmune disease, early menopause, a family history of premature heart disease or a high lipoprotein(a).
With heart disease	70 or below, and many cardiologists target 55.

SHOULD I BE ON A STATIN?

LDL over 190	Yes, regardless of other factors.
Diabetes	Almost always yes.
Ten-year PREVENT risk	10% or more, a high-intensity statin. 5 to under 10%, consider one after a talk with your doctor. 3 to under 5%, one can be considered. Risk-enhancing factors or a calcium score above zero bring the bar down.

OTHER THINGS TO ASK ABOUT

Lipoprotein(a)	A one-time blood test costing about $30 to $80. It isn't part of a standard cholesterol panel and has to be ordered separately.
Coronary calcium score	A quick, low-radiation CT scan. A score of zero means your near-term heart attack risk is low. A score of 100 to 300 means moderate plaque and clear benefit from prevention. Above 300, prevention should be aggressive.
Home blood pressure	A home cuff used twice a day for two weeks gives a much better picture than office readings. The 2025 guideline goal is below 130/80, and lower (a top number under 120) for many women at higher risk.
Sleep apnea	If you snore, wake up unrefreshed or your partner has noticed pauses in your breathing, ask about a home sleep test.

HEART ATTACK AND STROKE

Often no chest pain	About a third of women with heart attacks never have the chest pain people associate with cardiac events.
Other symptoms	Crushing chest pressure does happen. So do shortness of breath, jaw or back pain, profound fatigue, nausea, or just feeling unwell in a way that's hard to describe.
Call 911	If these symptoms come on and you think it could be your heart, call 911.
Stroke signs	Sudden loss of balance, trouble seeing, a drooping face, arm or leg weakness or slurred speech. Call 911 right away.

BE YOUR OWN ADVOCATE

Postmenopausal women with heart disease are treated less aggressively than men with the same disease. Ask whether you're on the right statin at the right intensity and whether your top blood pressure number should be under 120.

READ THE FULL ARTICLE

damianrasch.com/
postmenopausal-heart-disease

For education only, and not a substitute for advice from your own physician. Sources include the 2019 ACC/AHA primary prevention guideline, the 2020 AHA statement on the menopause transition, the 2025 AHA/ACC blood pressure guideline, the 2026 ACC/AHA dyslipidemia guideline, Honigberg et al. (JAMA 2019) and the 2016 AHA statement on heart attacks in women.

DR. DAMIAN RASCH, D.O. · BOARD-CERTIFIED INVASIVE CARDIOLOGIST · ENCINITAS AND LA JOLLA, CA

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