The Truth and Myths about Postmenopause

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Postmenopause is the final stage of menopause, an age-related period in a woman's life when she completely loses her reproductive function. This stage of menopause is genetically programmed and natural for her. It is the longest stage of menopause, comprising at least one-third of her entire life.

The naturalness of postmenopause is supported by global statistics. In the vast majority of countries, the average life expectancy of women is higher than that of men. Furthermore, as life expectancy increases, women tend to outlive men in the majority of cases.

It is undeniable that nature protects women during their reproductive years. In line with the same statistics, it is evident that cardiovascular diseases occur three times less frequently in women than in men.

However, nature acts in the same way during the post-reproductive years. For instance, in post-Soviet countries, where "life difficulties" primarily affect men, the maximum lifespan of women exceeds that of men by 5-7 years in developed countries and by 11-13 years in post-Soviet countries.

It is natural for humans to create and fetishize myths that do not withstand factual verification or, if you will, practice. Otherwise, how can we understand the recurring definition from book to book that "during menopause, the menstrual cycle, which is one of the natural rhythms of the body's functioning, is disrupted..."? It turns out to be a contradiction: before menopause, we are dealing with

the "natural rhythm of functioning" of the female body, but during menopause, there are no "natural rhythms" anymore.

I was brought up on I.V. Davydovskyi teachings. According to I.V. Davydovskyi, everything is simple: if there are pre-reproductive, reproductive, and post-reproductive (postmenopausal) stages in a woman's natural life, then each of them is natural. And confirmation of its naturalness can be found in the increased life expectancy of women.

The reproductive function, entrusted by nature to a woman's body, has increased its "resilience reserve." Nature has also equipped it with biological clocks that men do not possess, which turn on and off the reproductive function. One of the "windows" in these clocks is estrogen. In the pre-reproductive, reproductive, and post-reproductive (postmenopausal) stages, the levels of estrogen in a woman's body vary, and the reduction of synthesis during postmenopause is not a "deficiency of female sex hormones," but a normal level for this stage of life.

The transition from the reproductive age to the post-reproductive age with the corresponding "switching" of female sex hormone metabolism, like any transition, is a challenge, and it is not always possible to pass through it painlessly. And just as there is a real risk of pathological (!) menopause (including pathological postmenopause), there is a higher likelihood of developing various diseases during pathological menopause.

Women and men, at any age other than reproductive age, suffer from the same diseases, and cardiovascular diseases are no exception. The most significant cardiovascular diseases in postmenopausal women are the same as those in men -

atherosclerosis with its various clinical forms and arterial hypertension with their complications.

Examples of chronic clinical forms of atherosclerosis include chronic ischemic heart disease, chronic cerebrovascular insufficiency, chronic ischemic bowel disease, peripheral artery disease, and others.

Examples of complications in the clinical development of atherosclerosis are destabilization and rupture of plaques with the formation of thrombi (atherothrombosis), often resulting in acute vascular events (acute coronary syndromes, myocardial infarction, transient ischemic attacks, stroke, kidney infarction, lower limb gangrene, etc.) and cardiac death.

The decrease in cognitive abilities of the brain, like the basic functions of other organs (chronic heart, kidney, ..., and ovarian insufficiency as well, various cardiac arrhythmias, many other syndromes), is both a manifestation and a result of vascular damage in atherosclerosis and arterial hypertension.

Many clinical syndromes found in postmenopausal women are often mistakenly attributed solely to menopause, while the primary underlying causes are genetic ("bad inheritance") and phenotypic (unhealthy lifestyle ranging from personal neglect to environmental problems) determinants, as well as age, which also comes at a cost.

Interestingly, arterial hypertension often develops in menopause alongside atherosclerosis and, in most cases, is another manifestation of it. In atherosclerosis, it is caused by regulatory disturbances in the zone of chronic ischemia (not the plaque itself in the artery) and simple atherosclerotic changes in the arterial

walls, along with various problems in baroreflex control, dystrophic and other disturbances in the endothelial lining, which are also key players in blood pressure regulation.

Regarding atherosclerosis (and arterial hypertension, but specifically in postmenopausal women), it is worth referring again to I.V. Davydovskyi, who regarded atherosclerosis as a natural biological phenomenon and a disease. It is a natural biological phenomenon because no one can avoid it, and only in cases when a person passes away from old age without suffering from it during their lifetime. It is considered a disease when atherosclerosis manifests clinically in the partially listed forms. The information provided is sufficient to understand that the likelihood of cardiovascular diseases, mainly clinical variants of atherosclerosis and related arterial hypertension, is higher in women with menopausal disorders, including postmenopause.

The conclusion to be drawn is that in postmenopausal women with clinically manifested atherosclerosis and arterial hypertension, one should be aware of the high probability of postmenopausal disorders. Similarly, women with postmenopausal disorders should always keep in mind clinically manifested atherosclerosis and arterial hypertension.

"I do not address the characteristic postmenopausal excess body weight and hyperglycemia, including up to diabetes, which have an unfavorable prognostic value and modify atherosclerosis and arterial hypertension with the inevitability of complications.

The key in postmenopause, as in life in general, but with greater emphasis, is a healthy lifestyle with adequate physical activity and a properly balanced diet. Achieving this is not easy, but it is possible. If the advice of a doctor is not enough, a long-term

partnership with them is necessary, and the result will be achieved.

In the treatment of cardiovascular diseases at this age, the first-choice medications are synthetic statins, amlodipine, angiotensin-converting enzyme inhibitors, angiotensin receptor blockers, and antiplatelet agents (acetylsalicylic acid).

In cases of (age-related) estrogen deficiency, hormone replacement therapy is indicated. However, it is a "sharp" tool and should be skillfully used.

There are many myths, but the truth is one. Postmenopause is one of the most dignified stages in a woman's life, and it is worth taking full advantage of it. Even when it requires the help of a doctor.