Assessment of Risk for Cardiovascular Diseases among Menopausal Women

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Abstract

Cardiovascular disease (CVD) is the leading cause of death in both men and women, yet the extent of the problem in women is frequently underestimated. The present study was conducted to assess the risk for cardiovascular diseases among menopausal women. A total of 100 samples were selected as the subjects through non probability purposive sampling technique. After obtaining the informed consent data were collected using structured interview schedule and modified menopause rating scale. Risk scoring was partially adapted from Framingham risk scoring and PROCAM scoring. Findings of the study revealed that, 19 subjects out of 100 were at 25% risk, 16 subjects had 20% risk, 14 scored 30% risk, and 15 subjects had 10% risk for developing cardiovascular disease. 13 subjects scored up to 40% risk. 6 graded at 35% risk, 4 at 5% risk (minimum risk) and 2 were at maximum risk >45%. The main risk factors identified were faulty dietary habit of using extra salt while having food (92%), absence of exercise (73%) and raised BMI (70%). More than half of the subjects (52%) experienced moderate menopausal symptoms. There was significant association found between the severity of menopausal symptoms and selected demographic variables like religion (chi square value= 22.04) and educational status (chi square value=26.81) at the level p = 0.05. Also a positive correlation (r=0.862) was found between severity of menopausal symptoms and risk score for cardiovascular diseases which was significant at the level p=0.05. The factors identified in this study, increased the risk for cardiovascular diseases among menopausal women.

 Keywords: Risk for cardiovascular diseases, menopausal women, modified menopause rating scale

Background

Approximately half of all deaths in women are attributable to Coronary Artery Disease (CAD), which claims more lives than the next 14 causes of death combined; however, awareness of CAD risk remains suboptimal. Targeting women for cardiac risk factor assessment, educating them about their risk, and motivating them to change behaviors are paramount to bridging the gender-disparity gap in cardiac outcomes and are at the crux of primary prevention. Cardiac risk factors among women include family history of premature CAD, age, menopause, hypertension, diabetes mellitus, dys-lipidemia, cigarette smoking, obesity, and sedentary lifestyle. Until menopause, women have a protective advantage over men with regard to CAD development. Multiple studies have found it difficult to separate out the effects of menopause from the effects of aging. CAD rates in women after menopause are 2 to 3 times more as compared to the women of the same age before menopause. Surgical menopause entails a twofold increase in the risk of CAD. **(Mimi Biswas and Lori, 2002)**[1]

The number of cardiovascular diseases in women in India is increasing rapidly and accounts for 17 percent female mortality. Heart disease kills twice as many women as all cancers combined. Those women with diabetes, smoking and strong family history have a higher tendency to have

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