



Date:

Contact:

Greyling Peoples

Elsevier

+31 20 485 3323

[g.peoples@elsevier.com](mailto:g.peoples@elsevier.com)

## EMAS position statement: menopause symptom management in women with dyslipidemias

**Maturitas, 2020; Vol 135: p 82-88.**

**Amsterdam, 4 April, 2020** – A new clinical guide by the [European Menopause and Andropause Society](#) (EMAS) published in the journal *Maturitas* provides an evidence-based approach to the menopausal symptom management in women with dyslipidemias (abnormal lipid levels), as well as to the management of dyslipidemias in postmenopausal women.

Dyslipidemias are quite common disorders, constituting one of the major risk factors of cardiovascular disease worldwide. The term “dyslipidemia” encompasses a wide range of disorders, such as high serum concentrations of low-density lipoprotein (LDL) cholesterol (LDL-C) and/or triglycerides and lipoprotein (a) [Lp(a)], as well as low concentrations of high-density lipoprotein (HDL) cholesterol (HDL-C), which is protective against cardiovascular disease. Dyslipidemias may be either inherited (primary) or acquired (secondary). The latter category includes secondary causes such as endocrinopathies (i.e. diabetes, hypothyroidism), chronic kidney disease, infections (human immunodeficiency virus), liver cirrhosis, alcohol abuse, smoking and drugs.

Transition to menopause has been associated with increased risk of cardiovascular disease, although it is unclear if it is the consequence of the aging process or menopause *per se*. This risk, which is most evident in women with early menopause or premature ovarian insufficiency (menopause before age 45 or 40 respectively), is the corollary of a composite of risk factors, such as abdominal obesity, insulin resistance, elevated blood sugar and atherogenic dyslipidemia. The latter is characterized by an increase in TC, LDL-C, triglycerides, as well as a decrease in HDL-C concentrations.

Menopausal hormone therapy (MHT) is the most effective therapy for the management of menopausal symptoms and urogenital atrophy. MHT consists of estrogens, either alone, or in combination with a progestogen in women who have not removed their uterus. Estrogens reduce TC, LDL-C and increase HDL-C concentrations. This effect is more prominent with oral administration of estrogens. However, oral estrogens increase triglyceride concentrations. Transdermal rather than oral estrogens are therefore recommended for women with hypertriglyceridemia. Regarding progestogens, micronized progesterone or dydrogesterone do not affect the lipid profile and they should be the first option in women with dyslipidemia. Finally, when MHT is contraindicated, antidepressants are a second – line option for the management of menopause. In women with dyslipidemia, fluoxetine and citalopram exert the most favorable effect on the lipid profile, and should be preferred in women with dyslipidemia over other antidepressants.

The complete clinical guide “Menopause symptom management in women with dyslipidemias: an EMAS clinical guide” is published in [Maturitas](#), published by [Elsevier](#).

#### **Notes for editors**

Copies of this paper are available to credentialed journalists upon request; please contact Elsevier's Newsroom at [newsroom@elsevier.com](mailto:newsroom@elsevier.com) or +31 20 485 2492.

#### **About the European Menopause and Andropause Society (EMAS)**

EMAS promotes the study of midlife health through its journal, congresses, schools and website and encourages the exchange of research and professional experience between members.

Using a range of activities and through its affiliates, EMAS aims to guarantee and provide the same standard of education and information throughout Europe on midlife health in both genders. Recognizing the issues arising from increased longevity the society also provides articles, patient information, web resources, and referrals for healthcare providers in the field and keeps its members up-to-date. [www.emas-online.org](http://www.emas-online.org)

#### **About Maturitas**

[Maturitas](#) is an international multidisciplinary peer reviewed scientific journal of midlife health and beyond, publishing original research, reviews, consensus statements and guidelines. The scope encompasses all aspects of postreproductive health in both genders ranging from basic science to health and social care.

[www.maturitas.org](http://www.maturitas.org)

#### **About Elsevier**

Elsevier is a world-leading provider of information solutions that enhance the performance of science, health, and technology professionals, empowering them to make better decisions, deliver better care, and sometimes make groundbreaking discoveries that advance the boundaries of knowledge and human progress. Elsevier provides web-based, digital solutions — among them [ScienceDirect](#), [Scopus](#), [Elsevier Research Intelligence](#) and [ClinicalKey](#) — and publishes more than 2,500 journals, including [The Lancet](#) and [Cell](#), and more than 33,000 book titles, including a number of iconic reference works. Elsevier is part of [RELX Group](#), a world-leading provider of information and analytics for professional and business customers across industries. [www.elsevier.com](http://www.elsevier.com)

#### **Media contact**

Greyling Peoples

Publisher

Elsevier

[g.peoples@elsevier.com](mailto:g.peoples@elsevier.com)

+31 20 485 3323