Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/medical-industry-feature/link-surgical-menopause-heart-failure/67274/

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Examining the Link Between Surgical Menopause and Heart Failure

Announcer:
This is *Heart Matters* on ReachMD. On this episode, Elise Shalowitz will discuss her research on the connection between surgical menopause and heart failure risk. She's a Principal Clinical Research Professional at the Colorado Center for Personalized Medicine at the University of Colorado Anschutz School of Medicine. Let's hear from her now.

Elise Shalowitz:
Every woman reaches menopause, but how she gets there is incredibly unique. And once she enters the menopause transition, her risk for cardiovascular disease increases greatly. So my research seeks to understand how her reproductive hormone exposures throughout her lifespan influence that risk, specifically the risk of heart failure—things like contraceptive history, childbearing history, and later-life exposures like menopause and hormone replacement therapy. So we wanted to explore the connection between surgical menopause and heart failure risk, because there's all these exposures throughout the lifespan. And when we look at those exposures, the evidence is really clear on endogenous hormone exposures. So the duration of menses, the reproductive lifespan, is strongly associated in the literature and in our past research with less heart failure risk and later age onset. And so we wanted to see how this abrupt surgical menopause is impacting that heart failure risk.

We harmonized data from five large cohort studies. This led us to have a single cohort of 25,518 women, and we were able to draw on their exposures to surgical menopause, including oophorectomy, hysterectomy, and the age at the procedure.

So our key findings were surgical menopause, oophorectomy, and hysterectomy were each independently associated with roughly 41 to 47 percent higher odds of incident heart failure. And women who underwent both hysterectomy and oophorectomy carried 54 percent higher odds of incident heart failure.

However, when we looked at the risk by number of ovaries removed—one versus two ovaries—we did not observe any differences in risk for heart failure. All three exposures were associated with earlier age at heart failure onset, and then subsequently, a later age at oophorectomy was associated with a later age at heart failure onset. However, the age at hysterectomy showed no such association.

These findings show that it's surgery type and timing and not the number of ovaries removed necessarily that drives risk. Hysterectomy alone carried a similar magnitude of risk to oophorectomy, suggesting that exposure to gynecologic surgery itself may preempt heart failure risk. A lot of people might ask, "Does this mean women should make different reproductive decisions? Fewer surgeries? Different family planning?" And really, the answer is no. This isn't about telling women to make different choices about having children, having surgery, or how they go through life. It's not prescriptive in that direction at all. The goal is really to help women stay as healthy as possible after they've already lived with whatever reproductive history they've had, not to weigh on the decisions themselves.

Concretely, our vision is at any single moment in time, a clinician can look at a woman's reproductive history and hormone exposure history and use it to understand what that means for her heart failure risk going forward, so monitoring and care can be tailored accordingly. It's about what it means next for her, not what she should've done differently or any different choices she could have made.

So the clear clinical takeaway is women undergoing gynecologic surgery—oophorectomy especially—might need to be connected with a cardiologist afterward to assess their individual risk and make appropriate care plans, not just following up with the gynecologist alone.

Announcer:
That was Elise Shalowitz sharing recent findings on the link between surgical menopause and heart failure risk. To access this and other episodes in our series, visit *Heart Matters* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!