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EFFECTIVENESS OF LIFESTYLE MODIFICATION IN REDUCING CARDIOVASCULAR RISK AMONG POSTMENOPAUSAL WOMEN

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Abstract

Background: Cardiovascular disease remains one of the leading causes of morbidity and mortality among postmenopausal women. After menopause, estrogen deficiency is associated with adverse metabolic and vascular changes, including dyslipidemia, increased blood pressure, abdominal obesity, insulin resistance, endothelial dysfunction, and arterial stiffness. These factors significantly increase the risk of atherosclerosis, coronary artery disease, stroke, and heart failure.

Objective: The aim of this study was to evaluate the effectiveness of lifestyle modification in reducing cardiovascular risk among postmenopausal women.

Materials and Methods: A clinical observational study was conducted among postmenopausal women with cardiovascular risk factors. The lifestyle modification program included dietary correction, regular physical activity, weight control, smoking cessation, sleep hygiene, stress reduction, and regular monitoring of blood pressure, lipid profile, glucose level, and body mass index. Cardiovascular risk factors were assessed before and after implementation of lifestyle interventions.

Results: Lifestyle modification was associated with improvement in several cardiovascular risk parameters. Women who followed dietary recommendations

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and increased physical activity demonstrated reduction in body weight, waist circumference, blood pressure, total cholesterol, low-density lipoprotein cholesterol, and fasting glucose levels. Better results were observed in women with high adherence to lifestyle recommendations.

Conclusion: Lifestyle modification is an effective, safe, and accessible strategy for reducing cardiovascular risk among postmenopausal women. Early prevention, regular screening, and individualized lifestyle programs should be considered essential components of cardiovascular risk management in this population.

Keywords: Postmenopausal women, cardiovascular risk, lifestyle modification, physical activity, diet, prevention, dyslipidemia, hypertension, obesity.

Introduction

Cardiovascular disease is a major public health problem among women, especially after menopause. The menopausal transition is associated with significant hormonal, metabolic, and vascular changes. A decline in estrogen levels contributes to worsening lipid metabolism, increased visceral fat accumulation, endothelial dysfunction, arterial stiffness, insulin resistance, and elevation of blood pressure. These processes increase the probability of atherosclerotic cardiovascular disease in postmenopausal women.

Scientific statements from the American Heart Association emphasize that the menopause transition is an important period for early cardiovascular prevention because cardiometabolic risk factors often worsen during this stage of life. The European Society of Cardiology also notes that cardiovascular prevention in women should continue throughout all stages of life and that sex-specific factors, including menopause-related changes, should be considered during risk assessment.

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Lifestyle factors play a central role in the development and progression of cardiovascular risk. Physical inactivity, unhealthy diet, obesity, smoking, chronic stress, and poor sleep quality are modifiable factors that can accelerate hypertension, dyslipidemia, diabetes mellitus, and atherosclerosis. According to the World Health Organization, adults should perform at least 150 minutes of moderate-intensity physical activity per week, yet a large proportion of adults worldwide remain physically inactive.

Lifestyle modification is considered the foundation of primary and secondary prevention of cardiovascular disease. It is particularly important in postmenopausal women because this period is often accompanied by weight gain, redistribution of fat tissue toward abdominal obesity, decreased muscle mass, and reduced physical activity. Therefore, targeted lifestyle interventions may significantly reduce cardiovascular risk and improve long-term prognosis.

The aim of this study was to evaluate the effectiveness of lifestyle modification in reducing cardiovascular risk among postmenopausal women.

Materials and Methods

This study was designed as a clinical observational analysis of postmenopausal women with cardiovascular risk factors. The study included women who had been in menopause for at least 12 months and had one or more cardiovascular risk factors, such as arterial hypertension, dyslipidemia, obesity, impaired fasting glucose, family history of cardiovascular disease, sedentary lifestyle, or smoking.

Inclusion criteria

The inclusion criteria were postmenopausal status, age over 45 years, presence of cardiovascular risk factors, and willingness to follow lifestyle recommendations. Women with incomplete clinical data or severe acute cardiovascular events were not included in the final analysis.

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Clinical assessment

All participants underwent clinical examination. The following parameters were assessed: age, duration of menopause, body mass index, waist circumference, blood pressure, smoking status, physical activity level, dietary habits, sleep quality, family history, and presence of comorbid diseases.

Laboratory investigations

Laboratory examination included total cholesterol, low-density lipoprotein cholesterol, high-density lipoprotein cholesterol, triglycerides, fasting plasma glucose, and basic biochemical parameters. These indicators were used to assess cardiometabolic risk and monitor the effectiveness of lifestyle modification.

Lifestyle modification program

The lifestyle modification program included several components.

First, dietary correction was recommended. Patients were advised to reduce intake of saturated fats, trans fats, refined carbohydrates, sugar, salt, fried foods, and processed products. They were encouraged to increase consumption of vegetables, fruits, legumes, whole grains, fish, low-fat dairy products, nuts, and unsaturated fats.

Second, regular physical activity was prescribed. Patients were advised to perform moderate-intensity aerobic exercise for at least 150 minutes per week. This recommendation is consistent with international guidance from the American Heart Association and other public health organizations. Muscle-strengthening exercises were also recommended at least two days per week.

Third, weight control was included as an important preventive strategy. Patients with overweight or obesity were advised to gradually reduce body weight through diet, physical activity, and behavioral correction.

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Fourth, smoking cessation was strongly recommended for all smokers. Patients were informed about the negative effects of smoking on endothelial function, blood pressure, oxidative stress, and atherosclerosis progression.

Fifth, stress reduction and sleep hygiene were included. Patients were advised to maintain regular sleep duration, avoid chronic sleep deprivation, reduce psychoemotional stress, and use relaxation techniques when necessary.

Results

The implementation of lifestyle modification was associated with improvement in cardiovascular risk parameters among postmenopausal women. The most noticeable changes were observed in women who followed recommendations regularly and combined dietary correction with physical activity.

A reduction in body mass index and waist circumference was observed in patients who followed a calorie-controlled diet and increased daily movement. Decrease in abdominal obesity was especially important because visceral fat is strongly associated with insulin resistance, dyslipidemia, chronic inflammation, and arterial hypertension.

Blood pressure control improved in women who reduced salt intake, increased physical activity, lost weight, and followed antihypertensive treatment when prescribed. Patients with better adherence to lifestyle recommendations demonstrated more stable systolic and diastolic blood pressure values.

Lipid profile also improved. Total cholesterol and low-density lipoprotein cholesterol decreased in patients who reduced intake of saturated fats and increased consumption of fiber-rich foods. Improvement in high-density lipoprotein cholesterol was more pronounced among physically active women.

Fasting glucose levels decreased in women who achieved weight reduction and improved dietary habits. This effect was particularly important for patients with impaired fasting glucose and metabolic syndrome.

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Women who participated in regular physical activity reported improvement in exercise tolerance, sleep quality, mood, and general well-being. Reduced fatigue and better functional capacity were also observed.

Overall, lifestyle modification demonstrated a positive effect on major cardiovascular risk factors, including obesity, hypertension, dyslipidemia, impaired glucose metabolism, and physical inactivity.

Discussion

The findings of this study show that lifestyle modification is an effective method for reducing cardiovascular risk in postmenopausal women. Menopause is associated with unfavorable changes in body composition, lipid metabolism, vascular function, and blood pressure regulation. These changes increase the need for early prevention and continuous cardiovascular monitoring.

Physical activity is one of the most important components of cardiovascular prevention. Regular aerobic exercise improves endothelial function, lowers blood pressure, improves insulin sensitivity, helps reduce body weight, and positively affects lipid metabolism. The World Health Organization recommends 150–300 minutes of moderate-intensity aerobic physical activity per week or 75–150 minutes of vigorous-intensity activity for adults.

Dietary modification also plays a key role. A heart-healthy diet helps reduce LDL cholesterol, improve glucose metabolism, reduce body weight, and decrease systemic inflammation. For postmenopausal women, dietary correction is especially important because hormonal changes contribute to abdominal fat accumulation and metabolic disorders.

Weight reduction is another essential factor. Even moderate weight loss may improve blood pressure, lipid levels, glycemic control, and inflammatory activity. In postmenopausal women, abdominal obesity is more clinically significant than general obesity because visceral adipose tissue has high metabolic activity and contributes to cardiometabolic complications.

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Smoking cessation is necessary because smoking accelerates atherosclerosis, worsens endothelial dysfunction, increases oxidative stress, and raises the risk of myocardial infarction and stroke. Avoiding tobacco exposure should be considered a mandatory component of cardiovascular prevention.

Stress management and sleep improvement are also important. Chronic stress and poor sleep may contribute to hypertension, increased appetite, insulin resistance, and inflammatory activation. Therefore, lifestyle modification should not be limited only to diet and exercise but should include a broader behavioral approach.

The European Society of Cardiology emphasizes that traditional cardiovascular risk factors have a strong impact on women's cardiovascular health and that sex-specific conditions should be considered during prevention. This is especially relevant for postmenopausal women, who often have multiple risk factors but may present with atypical or nonspecific symptoms.

Practical Recommendations

Postmenopausal women should undergo regular cardiovascular risk assessment. Screening should include blood pressure measurement, lipid profile, fasting glucose, body mass index, waist circumference, and evaluation of lifestyle factors.

A heart-healthy diet should be recommended to all postmenopausal women, especially those with obesity, dyslipidemia, hypertension, or diabetes mellitus. The diet should include vegetables, fruits, whole grains, fish, legumes, nuts, and unsaturated fats. Intake of salt, sugar, fried foods, processed meat, and saturated fats should be limited.

Physical activity should be prescribed individually. Most women should aim for at least 150 minutes of moderate-intensity aerobic activity per week and muscle-strengthening exercises at least two days per week. This is consistent with American Heart Association recommendations for adults.

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Weight control should be a major preventive goal. Reduction of waist circumference is particularly important because abdominal obesity is strongly associated with cardiovascular and metabolic risk.

Smoking cessation should be strongly encouraged. Women who smoke should receive counseling and, if necessary, pharmacological support.

Stress reduction, adequate sleep, and regular medical follow-up should be included in preventive programs.

Conclusion

Lifestyle modification is an effective and essential strategy for reducing cardiovascular risk among postmenopausal women. Menopause is associated with metabolic and vascular changes that increase the risk of atherosclerosis, hypertension, dyslipidemia, obesity, diabetes mellitus, and cardiovascular complications.

The most effective lifestyle interventions include dietary correction, regular physical activity, weight reduction, smoking cessation, stress management, and adequate sleep. These measures improve blood pressure, lipid profile, glucose metabolism, body weight, and general functional status.

Postmenopausal women should be considered a priority group for cardiovascular prevention. Early identification of risk factors and individualized lifestyle programs may significantly reduce the risk of myocardial infarction, stroke, heart failure, and other cardiovascular complications.

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