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Gender difference in the lipid status of men and women with hyperlipdaemia before and after menopause

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Background: Cardiovascular disease including coronary heart disease (CHD) and cerebrovascular accidents are predominate in middle-aged men, and are the major cause of death in women. Menopause is associated with increased risk of CHD, and the earlier the onset of menopause, the larger the risk. Dyslipidemias that occur with menopause are particulary atherogenic and tend to cluster with other metabolic and nonmetabolic risk factors.

Objective: To investigate and compare the gender difference of lipid status before and after menopause period.

Study Design: The study group consisted of 60 patients (37F+23M) (premenopausal F n= 16, mean age 39.2±2.43yrs, BMI =30.62±3.20 kg/m^2, and premenopausal Men N=9 mean age 44±3.81 yrs., BMI=29.7±2.58 kg/m^2, and postmenopausal F N=21, BMI=34.01±6.69 kg/m^2, mean age 58.3±4.26 yrs, and postmenopausal M. N=14, mean age 61.3±3.16 yrs, BMI=34.75 ±4.54 kg/m^2, Serum lipid parameters were analyzed (GC2014) retrospectively to assess gender-related difference of the lipid-profile.

Results: The mean TC, LDL –T, and TG levels were similar in Men and Women before and after menopause, while the mean UH/HDL until 45yrs was significantly higher in Males ($p<0.05$), and HDL levels were significantly higher in Females up 45yrs ($p<0.05$). The BMI, BMR, FFM, and TBW anthropometric parameters were significantly higher in M until 45yrs. The Fat% was by F up 45yrs significantly higher ($p<0.001$), while FFM by F in postmenopausal period was significantly lower ($p<0.001$).Men before and after menopause had significantly higher ($p<0.001$) levels of some hematological parameters.

Conclusion: These results showed that hyperlipidemia is common by both gender mathed for traditional risk factors, lipid status, and severity of hyperlipidaemia was similar between pre and postmenopausal men and women.This investigations indicates that aknowlegment of gender-specific risk factors in addition to those that are unique for men and women would help optimize diagnosis, treatment and earlier prevention of CHD by both gender.

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