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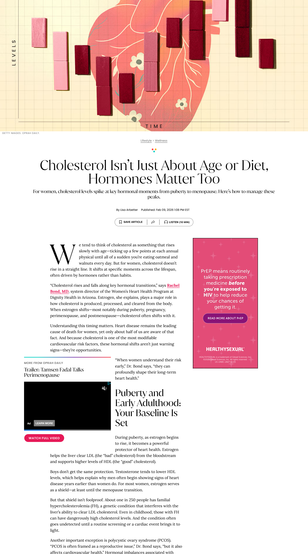

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Cholesterol Isn't Just About Age or Diet, Hormones Matter Too

For women, cholesterol levels spike at key hormonal moments from puberty to menopause. Here's how to manage these peaks.

By Lisa Schaefer · Published Feb 05, 2026 1:00 PM EST

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"When women understand their risk early," Dr. Boyd says, "they can profoundly shape their long-term heart health."

Puberty and Early Adulthood: Your Baseline Is Set

During puberty, as estrogen begins to rise, it becomes a powerful protector of heart health. Estrogen helps the liver clear LDL (the "bad" cholesterol) from the bloodstream and supports higher levels of HDL (the "good" cholesterol).

Boys don't get the same protection. Testosterone tends to lower HDL levels, which helps explain why men often begin showing signs of heart disease years earlier than women do. For most women, estrogen serves as a shield—at least until the menopause transition.

But that shield isn't foolproof. About one in 250 people has familial hypercholesterolemia (FH), a genetic condition that interferes with the liver's ability to clear LDL cholesterol. Even in childhood, those with FH can have dangerously high cholesterol levels. And the condition often goes undetected until a routine screening or a cardiac event brings it to light.

Another important exception is polycystic ovary syndrome (PCOS). "PCOS is often framed as a reproductive issue," Dr. Boyd says, "but it also affects cardiovascular health." Hormonal imbalances associated with PCOS can lower HDL and raise LDL, triglycerides, and blood pressure. It's why regular cholesterol screening is recommended. If you have PCOS, talk to your doctor about whether you need earlier or more frequent monitoring—and, in some cases, medication.

The American Academy of Pediatrics recommends cholesterol screening for all children between ages 9 and 11, with a follow-up between 17 and 21. Identifying risks like FH early—and understanding your family history—means prevention can begin long before lasting damage occurs.

Pregnancy: A Deliberate, Temporary Spike

During pregnancy, cholesterol doesn't just rise; it surges. LDL, HDL, and triglycerides can jump 25 to 50 percent. Outside of pregnancy, those numbers would raise alarms. But during pregnancy, they're expected—and necessary. "The increase supports fetal brain development and hormone production," Dr. Boyd explains.

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Because these changes are expected and temporary, cholesterol typically returns to baseline after delivery. But some women remain elevated for several weeks or months after delivery, once hormone levels normalize. That's when your doctor may recheck your lipid panel to see where your cholesterol has settled.

> DURING PREGNANCY, CHOLESTEROL DOESN'T JUST RISE; IT SURGES.

Perimenopause: Your Busy Years Collide with Biology

Perimenopause is often when women first notice their cholesterol starting to rise—and either blame themselves or brush it off.

This stage typically begins four to 10 years before menopause, when estrogen becomes less consistent and the body stops clearing LDL as efficiently.

"There's a clear inflection point around the final menstrual period," says Samar El Khoudary, PhD, MPH, chair of the department of epidemiology at the University of Pittsburgh Graduate School of Public Health and investigator with the Study of Women's Health across the Nation. LDL and total cholesterol rise rapidly during this window—often over just a few years—and not because women suddenly eat or move differently.

HDL adds another twist. Its level offers clues during menopause, but its protective power can weaken. In El Khoudary's research, women who themselves become less functional—so you can have a high HDL number that looks great on paper but doesn't protect the arteries the way it once did.

Given these biological changes, what can women actually control? In a study in Menopause published in August 2025, El Khoudary, its senior author and investigator, analyzed nearly 3,000 middle-women and observed four health measures most closely tied to future cardiovascular problems: blood sugar, blood pressure, sleep quality, and nicotine exposure.

Yet as life gets heavier—career peaking, caregiving ramping up—addressing these items becomes harder. Only 25 percent of middle women meet optimal levels for all of the American Heart Association's Life's Essential 8—a set of cardiovascular health metrics that include diet, exercise, weight, and more. That means most women are having meaningful protection on the table, even when they're doing many things right.

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Together, these biological shifts and life pressures make perimenopause a critical—yet often missed—window for prevention. If cholesterol starts climbing in your 40s, ask whether perimenopause may be part of the picture and whether it's time to talk about next steps, such as medication (more on that below).

After Menopause: A New Normal

Once menopause is behind you, cholesterol tends to settle at a new—and higher—baseline.

This is often when the conversation about medication begins. The decision to start a statin or other cholesterol-lowering drug isn't one-size-fits-all. Dr. Boyd considers persistently elevated LDL (greater than 190 mg/dL) or moderate elevations combined with a high 10-year calculated risk of heart attack or stroke over the next decade.

If medication is recommended, it isn't a sign of failure—it's a tool. "There's a misconception that cholesterol-lowering medications are dangerous," she says. "In fact, they're among the safest, most appropriately, are safe and effective." They're also underused in women, contributing to higher rates of preventable strokes and heart attacks.

> IF MEDICATION IS RECOMMENDED, IT'S NOT A SIGN OF FAILURE—IT'S A TOOL.

The Big Question: Can Hormone Therapy Help?

It's an easy leap to make: If estrogen helps the body clear LDL ("bad" cholesterol), shouldn't replacing it during perimenopause protect the heart? But the science isn't that simple—and neither the experts interviewed for this story nor major medical organizations recommend thinking about hormone therapy (HT) as a heart-protection plan.

Here's what's backed by evidence:

HT is primarily used to treat menopausal symptoms like hot flashes and night sweats. For some women, relieving severe symptoms can indirectly support heart health by improving sleep and reducing stress. But that's different from using HT to prevent heart attacks or strokes.

And timing really matters:

When HT is started before age 60 or within about 10 years of the final menstrual period, in women who are at low cardiovascular risk, it may be helpful. Research has suggested that it may slow the progression of atherosclerosis on some non-fatal measures. But when HT is started later—after years of vascular aging—cardiovascular risks can rise.

Bottom line:

The goal of HT is menopause symptom relief for better quality of life—not cardiovascular disease prevention. If your concern is heart disease, the most proven tools are still the century-old ones: tracking LDL and other risk markers, building heart-healthy habits, and using cholesterol-lowering medications when appropriate.

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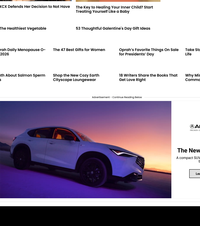
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