Can you please put the references in chat?
https://www.sciencedirect.com/science/article/pii/S0735109723083134?via%3Dihub

If you are no longer experiencing symptoms, is it ok to commence HRT for cardiovascular and bone health as we get older?
If you are >10 years post menopause you can still choose HRT but your doctor would suggest starting at very low dose and explain that there is a slightly increased risk of heart attack or stroke.

How fast would you see reduction in cholesterol when starting HRT? Cholesterol levels tend to stabilise gradually after 12 to 24 months on HRT and any benefits to heart health have been chiefly recorded in women who continued HRT until age 60
We are seeing increased use of testosterone in women - have we any evidence on cardiovascular risk with this?
Testosterone: A safe drug BUT the evidence only supports benefit for Low sexual desire. Because many women find their libido recovers with oestrogen therapy we usually start conventional HRT first and then add testosterone if no improvement in Libido. It is interesting to note that women with Premature menopause are most likely to benefit from testosterone especially if their menopause was surgically induced.

Do you usually go with Qrisk score to guide treatment, regardless of LDL number?
Re QRISK and other tools eg SCORE2 or Heartscore. They should not be used for people who have familial hypercholesterolaemia. So isolated very very high lipids should raise that query of FH - there are diagnostic criteria that can help - I often look at the Dutch Lipid Clinic Guidelines for diagnostic support for FH

Should women on oral oestrogen switch to transdermal ?

Not necessarily! The high risk time for a clot, MI or stroke is the first 6 months. If they are very happy with their current HRT with no significant new risks of clot, then it is perfectly reasonable to continue it

Would the whole population benefit from HRT?

I love this question...maybe but ONLY if they are all suffering from disturbing symptoms of menopause. And there are a few conditions such as lupus which can be sensitive to oestrogen. Some women will not feel benefit from synthetic hormones and may actually find side effects worse than their original symptoms. Many women will find that exercise, diet, CBT and managing alcohol intake will be sufficient to manage their menopause. It should be an option for everyone where they have no contra indication, but it is hard to know just what percentage of women would choose it.

HRT is not appropriate for women with NO symptoms purely as. A preventative measure for heart or bones. It would never be enough by itself for any women of higher risk of heart disease or bones although it is safe for them to use.

I was shocked to hear that women do better when treated by women! How is this being addressed?
We are trying to raise awareness, increasing the number of female doctors, and getting people to become more aware of their own bias.

How do we reach all women with these heart healthy messages, particularly the underserved, those living in rural parts and those people who are not very tech or heart knowledgeable?

I wonder if GP Nurses can be enormously important as they are a trusted source. I would love to see a state funded Heartcheck GP visit for ALL people aged 45 as it could be an ideal opportunity to find people at higher risk of heart disease.

Is aspirin indicated for SCADs?
There are a number of studies in this space, but we don't know yet. usually managed post ACS recommendations. Many of us are still on NSA and research is underway at the moment.

If HRT was stopped at MI - when would be a good time to have it restarted?
Should be an shared decision and if the woman has bad menopausal symptoms, then they may well want to consider restarting

Should patients wait until investigations for FMD are carried out before stating a rehabilitation program?
No, but probably wise to wait for 2-6 weeks to allow the 'bruise' to heal

Are women more susceptible to SCAD and Takotsubo because of the Menopause and because they are working/often looking after elderly parents/children etc... known as the 'Squeezed' generation? Not new but probably undiagnosed in the past?
We don't exactly know, but there is a reported link between a stressful event and SCAD or Takotsubo. Important questions for us to answer!

is it possible that the PTSD happens before the SCAD and perhaps causes it rather than solely associating it with post-SCAD?
ptsd is a response to a stress, so if a stress happened in the past and PTSD has not been addressed maybe

when can a patient resume exercise after being treated for a scald ?
Usual CR guidelines re healing myocardium. See IHF booklet for more info, gentle exercise initially and then working up to approx. 6 weeks. but it does depend on what type of exercise you are returning to also

Are women from ethnic minority groups more likely to have SCAD?
No there doesn't seem to be a link between ethnicity and SCAD.

What about recurrence of SCAD?
Regarding recurrence, with SCAD the likelihood of recurrence is less than 10% over 5-10 years.