Cardiovascular disease (CVD) including coronary heart disease (CHD) and stroke is the most common cause of female death. Premenopausal CHD is very rare but when woman enter in menopause the incidence of CHD increases markedly. The transition from pre- to postmenopause is associated with the emergence of many features of the metabolic syndrome, including increased android fat distribution, impaired vascular function, reduced sex-hormone binding globulin, a shift toward a more atherogenic lipid profile, with increased low density lipoprotein and triglycerides levels and increased glucose and insulin levels. The available data so far indicate that coronary heart disease is more common in women with a history of PCOS in their reproductive years. Polycystic ovary syndrome (PCOS) is one of the commonest endocrine disorders, affecting 5-10% of the female population of reproductive age. Cardiovascular disease risk in women with PCOS may be enhanced through association with increased total or central adiposity, increased blood pressure, a pro-atherogenic lipid profile, increased inflammatory markers, insulin resistance and abnormal glucose metabolism. Among the various PCOS phenotypes, those with evidence of androgen excess have the highest burden of cardiovascular risk. It can hypothesized that the menopausal transition, may provide an additional "insult", resulting in greater cumulative risk for cardiovascular disease. Postmenopausal PCOS women are exposed to higher adrenal and ovarian androgen levels than non-PCOS women. Adrenal and ovarian hyperandrogenism persist in PCOS women for at least 5 years after menopause continuing the exposure of these women to excess androgen, possibly resulting in multiple adverse clinical sequelae. Among postmenopausal women evaluated for suspect ischemia, clinical features of PCOS are associated with more angiographic coronary artery disease (CAD) and worsening CV event-free survival. Identification of menopausal woman with clinical features of PCOS may provide an opportunity for risk factor intervention for the prevention of CAD and CV events. Given the etiological role of insulin resistance and the impact of obesity on both hyperinsulineamia and hyperandrogenism, multidisciplinary lifestyle improvement aimed at normalizing insulin resistence, improving androgen status and aiding weight management is recognized as a crucial initial treatment strategy. The identification of the clinical features of PCOS in postmenopausal women may be given the opportunity to intervene on risk factors for the prevention of coronary heart disease and cardiovascolary events.