MENOPAUSE AND WEIGHT GAIN

Many women gain weight around the menopause transition.

For women aged 55 to 65, weight gain is one of their major health concerns. Obesity is a major risk factor for diabetes and cardiovascular disease, as well as urinary incontinence, dementia, cancer and musculoskeletal disorders. Research published in 2005 found no significant evidence of an adverse effect of oestrogen-only or oestrogen-progestin therapy on body weight or BMI. There were minimal changes in body weight and BMI across all groups (Chen et al., 2005). While many studies report that postmenopausal oestrogen therapy reduces central adiposity (fat).

There is substantial evidence that perimenopause is associated with increased total body fat and the redistribution of fat to the abdomen. Studies have focused on the question of whether midlife weight gain is a function of age or due to hormonal changes related to menopause. During the perimenopause, reproductive hormone levels change with a gradual decline in oestrogen. Androgens are hormones that regulate the development and maintenance of male characteristics, but they are also produced by a woman's ovaries and adrenal glands. During a woman's reproductive life, levels remain fairly stable. In perimenopause, a relative increase in androgen levels occurs because of the decline in oestrogen, causing bodily fat to redistribute around the abdomen, hence the term 'middle-age spread'. Men tend to deposit fat around their waists, unlike women. The androgens in the body are partly responsible for this 'male' type of fat deposition.

The perimenopause is associated with changes in abdominal fat deposits and adverse effects on general health. Abdominal fat has the capacity to secrete substances that are closely associated with metabolic diseases such as insulin resistance, type 2 diabetes, and the metabolic syndrome. Insulin is a hormone made by the pancreas that helps glucose in the blood enter cells in your muscle, fat, and liver, where it's used for energy. Insulin 'resistance' occurs when cells stop responding to insulin, and this in turn causes the pancreas to produce more insulin.

When the pancreas can't keep up, blood sugar levels rise, which can lead to an increased risk of developing type 2 diabetes. The excess insulin in the bloodstream causes the liver and muscles to store blood sugar. When they're full, the liver sends excess blood sugar to fat cells to be stored as body fat. MHT can ameliorate fat redistribution and provide some protection against type 2 diabetes, but it should not be prescribed solely for this purpose (Lobo RA, 2014).

Weight gain is generally related to ageing as well as lifestyle and genetic factors. We typically lose muscle mass with age, while fat volume increases.

Losing muscle mass slows the rate at which we burn energy (metabolism). If you continue to eat the same amount of kilojoules before and after the menopause, but don't increase your physical activity, then you are likely to gain weight. Between the ages of 45 and 55, women gain on average half a kilo per year. Basically, less muscle means fewer calories burned and more weight gain. Your body needs less energy and, therefore, fewer calories. Studies suggest we need around 200 kilojoules a day less in the menopause.

During perimenopause, as weight increases, so do menopausal symptoms. Obesity is an independent risk factor for more severe menopausal symptoms (Thurston et al., 2009). These symptoms can cause you to feel less energetic, and aches and pains, stiff joints, and bladder control issues can put women off exercising. Distorted body image, changes due to the ageing process, anxiety about relationships, caring for elderly relatives, and feeling overwhelmed with work due to 'brain fog' are additional stressors that can lead to 'comfort eating' and increased consumption of alcohol.

On a practical note, MHT can improve other symptoms of the menopause, such as disturbed sleep, therefore, giving you more energy to exercise and to be more motivated at home and work. Furthermore, there is no scientific evidence that MHT causes weight gain. A review by Davis et al. (2012) concluded that weight gain does not appear to be affected by the hormonal changes of the menopause.

Current research shows that Menopausal Hormone Therapy (MHT) is both a safe and effective treatment for symptoms of menopause. Ideally, it should be initiated within 10 years of the 'natural' menopause. The choice of MHT should be individualised to minimise risk and guided by the nature and severity of each woman's symptoms.

HEALTHY DIET

Eating a healthy and balanced diet, reducing alcohol consumption (no more than two standard drinks per day), and smoking cessation can reduce the risk of cardiovascular disease, diabetes, dementia, and cancer. A healthy diet should be balanced with low-fat or low-carbohydrate content. Limit saturated fats, oil, processed meats, and sugars. Your doctor can advise if you need additional supplements such as vitamin D, calcium, or vitamin B12.

LIFESTYLE CHANGES

A calorie-controlled diet combined with exercise, with a weight loss of more than 5%, can reduce risk factors for cardiovascular disease and diabetes mellitus.
Growing evidence shows that a healthy lifestyle can help reduce the symptoms of perimenopause and menopause. Ideally, a calorie-restricted diet should result in the lowest possible loss of protein.

PHYSICAL ACTIVITIES

Physical activity has an inverse relationship with waist circumference and weight, independent of age and change in menopausal status.

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The Australian physical activity and sedentary behaviour guidelines for adults aged 18–64 years recommend physical activity for all adults of all ages, including women, during and beyond menopause. The recommendation is for people to do either 2.5 hours of moderate intensity physical activity weekly or 1.25 hours of vigorous intensity physical activity weekly. Regular exercise can help maintain weight. Sixty minutes a day of moderate intensity activity are essential to maintaining weight. Exercise has many additional health benefits, such as reducing the risk of several cancers, heart disease and osteoporosis. It can also increase your energy levels, increase concentration, improve bone mineral density, increase muscle strength, and improve your sleep and mental health.

REFORMER PILATES

Regular reformer Pilates exercise and/or resistance training can lead to reduced body fat, muscle strengthening, more efficient burning of kilojoules, improved flexibility, and improved balance, which, in turn, improve posture, movement, and mental health.

YOGA

There is evidence that yoga can help reduce menopausal symptoms. Yoga and meditation are good strategies for managing stress, improving strength, balance, flexibility, sleep and maintaining your wellbeing.

Age, not menopause, is the main determinant of weight gain in midlife, but the hormonal changes across the perimenopause substantially contribute to increased central abdominal fat. Menopause is an ideal time to make positive changes. Lifestyle changes such as healthy eating and increased physical activity are recommended to alleviate menopausal symptoms.
Attention to blood pressure control, weight management, and metabolic disease risk, regular health checks with your GP, and consideration for MHT are important for preventing long- term health risks. Contrary to popular belief, MHT is not associated with weight gain and may ameliorate the perimenopausal accumulation of abdominal fat.