The National Health and Nutrition Examination Survey (NHANES) data found that:

- 51.7 percent of women ages 20-39 were classified as “overweight” or “affected by obesity”
- 68.1 percent of women ages 40-59 were classified as “overweight” or “affected by obesity”

The 40-59 age range also happens to correlate with the same time that most women are perimenopausal. As we age, we start losing our muscle mass, and fat storage tends to increase. This change in body composition puts us at higher risk for metabolic disease, such as heart disease and diabetes.

So, you may be thinking – I’m destined for failure! But this isn’t true. There are many things that go into weight gain during this phase. Many of these can be modifiable. In this article, we’ll describe what menopause means for you and your body. We’ll look at how menopause and other contributing factors can affect your weight and what we CAN do to minimize the potential health threats.

So, what exactly is Menopause?

Menopause is a normal stage in a woman’s life. It occurs when a woman stops getting her periods altogether. It marks the end of the reproductive years. This happens because the ovaries stop making the hormones estrogen and progesterone. It gradually happens naturally in three stages in most women, but happens more suddenly in women who undergo surgical removal of their ovaries.

Menopausal Transition or Perimenopause

The years leading up to a woman’s last period is called the menopausal transition or perimenopause. During this time, periods can stop and then start again. There is no way of telling how long this stage will last but can be anywhere from two to eight years long with the average being four years. It usually begins when women are in their late 40s. Some medications, stressful times in your life, excess weight, and pregnancy may all cause interruptions in your regular cycle. These are not considered perimenopausal or menopausal symptoms since they are generally reversible or temporary.
During this stage, you may experience symptoms such as:

- Hot flashes
- Change in sexual drive
- Trouble sleeping
- Urge to urinate more frequently
- Night sweats
- Mood changes
- Weight gain

Since these symptoms can also be caused by other medical issues, you should see your doctor for any new symptoms.

**Menopause**

This occurs when a woman has gone 12 consecutive months in a row without a period. By this time, the ovaries have stopped releasing eggs and stopped producing most of their estrogen. Many of the same symptoms that start in the transitional period may still be present at this time.

**Postmenopause**

Postmenopause are the years that come after menopause occurs. You no longer get the big up and down surge of hormones like when you had your period. As a result, many of the perimenopausal and menopausal symptoms improve by this point.

**Health Risks around Menopause**

You may be relieved to hear that some of these changes are temporary, but unfortunately, there are changes that affect other organ systems that we need to be concerned about. The dramatic reduction in estrogen plays a significant role in this.

- For example, estrogen helps keep your HDL (aka your “good” cholesterol) elevated and your LDL (aka your “bad” cholesterol) low. However, after menopause, studies have shown that your HDL increases and your LDL decreases. They believe that this may be the link causing an increase in heart disease in women after menopause.
- Bone loss begins during the menopausal transition period. This can lead to osteoporosis as we age, which puts us at higher risk for fractures with even a simple fall.
- As weight increases with menopause, glucose and insulin levels can also increase leading to increased risk of diabetes.
- There is also a belief that estrogen may be protective of your cognition and against degenerative arthritis, but the evidence is limited.

**Weight Gain and Menopause**

According to the Healthy Women Study, the average weight gain in perimenopausal women was about five pounds; however, 20 percent of the population they studied gained 10 pounds or more. Not only is the weight increase from a drop in estrogen, but it’s also due to a decrease in energy expenditure. Some women may notice an overall weight gain while others may not see a difference on the scale but may notice that their pants aren’t buttoning as easily. Both are surprising to many women since they may not notice a difference in their dietary intake or activity.

Estrogen plays a vital role in fat storage and distribution. Prior to perimenopause, estrogen deposits fat in your thighs, hips and buttocks. During and after menopause, the drop in estrogen leads to an overall increase in total body fat, but now, more so in your mid-section. Studies have consistently shown that this waistline increase is different from when you were younger. It is the visceral abdominal fat that increases as we enter menopause. Visceral fat is inside your abdomen and surrounds your organs. This is more dangerous than an increase in subcutaneous fat, which is found in places like your thighs, buttocks and outer abdomen. Visceral fat is thought to be more metabolically active and this has a negative effect on the body. An increase in visceral fat is linked to an increase in insulin resistance, diabetes, heart disease and inflammatory diseases.

**Make Weight Gain a Modifiable Risk Factor**

Although the risk of weight gain as a middle-aged woman is higher, this does NOT mean that it is required. It DOES mean that we may have to work a little harder to prevent this from happening. It is important to keep in mind that many of the health risks found in the menopausal transition are also affected by weight. If we are able to keep a healthy weight, or at least minimize any weight gain, then we are likely to minimize these additional health risks. Now that you know the risks, here are some ways to stay healthy during this mid-life transition and avoid the mid-life crisis!

**Get Support - Learn to Cope without Food**

Many women (and men) admit to eating under stress. And, let’s face it, middle age can bring some tough times. Children are often departing from the home, and some are returning. Your parents now need more help and guidance. This can be disruptive to our everyday lives. Focus on using...
non-food stress relievers. Try going for a walk, deep breathing, or scheduling some “me” time with your favorite book to unwind. Seek out support from friends and loved ones who may have gone through a similar situation.

**Get Moving and Eat Less**

During menopause, our energy expenditure decreases even if our activity level and nutrient intake stays the same. This is secondary to the hormonal changes with menopause as well as the natural muscle loss that is occurring. We need about 200 calories less in our 50s than we did in our 30s and 40s. This means that we’ve got to move more and eat less to keep our healthy weight. To help decrease portion sizes, try splitting your meals with a friend, ordering the lighter portion when available, or put half in the takeout box right away. Swap out dessert for fruit or yogurt.

The American Heart Association recommends 150 minutes of moderate exercise per week. This can be accomplished as 30 minutes 5 times per week. Can’t do 30 minutes? Then try dividing your time into two or three segments of 10 to 15 minutes per day. Add ANY activity to your day. Park farther away from the door, use the elevator instead of the stairs, or take the dog for a walk instead of letting him run out in the yard. Be sure to add at least two days of strength or resistance training to your workout. Remember that bone loss begins in the periomenopausal stage. Strength and resistance training help maintain bone mass. This will help to prevent osteoporosis, which is bone loss that can lead to easy fractures.

**Talk with Your Doctor**

With all the changes that happen during the transition to menopause, it’s understandable that you may be uncertain if the symptoms you are experiencing are normal. Instead of worrying, or worse yet, delaying treatment for something abnormal, talk with your doctor. While friends or family and some reputable Internet sites may be helpful, every person is different. A symptom may be normal for one person but not for you. Your doctor has the most reliable information that is tailored to you. They can be a vital component of your support system and help make this transition as smooth as possible.

**About the Author:**
Jennifer Franceschelli Hosterman, DO, is a board certified obesity medicine specialist and internal medicine physician with training in pediatrics and nutrition support at Geisinger Medical Center. She is also the Medical Director of Camp ENERGY, which is a healthy lifestyle camp for adolescents. She earned her bachelor’s degree in cellular and molecular biology at West Chester University and completed medical school at Philadelphia College of Osteopathic Medicine. She is a strong proponent of the multi-disciplinary and family approach in the prevention and treatment of obesity.
The Obesity Action Coalition (OAC) is a National non-profit organization dedicated to giving a voice to individuals affected by obesity and helping them along their journey toward better health. Our core focuses are to elevate the conversation of weight and its impact on health, improve access to obesity care, provide science-based education on obesity and its treatments, and fight to eliminate weight bias and discrimination.

The OAC knows that the journey with weight can be challenging but we also know that great things happen when we learn, connect and engage. That is why the OAC Community exists. Our Community is designed to provide quality education, ongoing support programs, an opportunity to connect, and a place to take action on important issues.

Through the OAC Community, you can get access to:

- Weight & Health Education
- Community Blogs
- Community Discussion Forum
- Ongoing Support
- Meaningful Connections
- AND MUCH MORE

JOIN TODAY: GO TO OBESITYACTION.ORG/JOIN

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