Menopause and weight gain

Summary

- At menopause, many women experience weight gain, particularly around the abdomen.
- Contributors to weight gain at menopause include declining oestrogen levels, age-related loss of muscle tissue and lifestyle factors such as diet and lack of exercise.
- Treatment options include a healthy diet, regular exercise, strength training and HRT.
- See your doctor for information and guidance if you haven’t exercised in some time.

Menopause occurs when a woman stops ovulating and her monthly period (menstruation) stops. As women age into their 40s and 50s, there is a tendency to gain weight; this can be influenced by lifestyle factors such as diet and exercise. Increasing distribution of abdominal fat is linked to the hormonal changes in the perimenopause. Excess weight at midlife is associated with an increased risk of cardiovascular disease and diabetes.

Body changes at menopause

As we age, our muscles decrease in bulk and our metabolism slows down. These changes can contribute to weight gain around the time of menopause.

Other physical changes associated with menopause may include:

- skin changes, such as dryness and loss of elasticity
- vaginal dryness
- hair growth (or loss).

These changes may affect a woman’s body image and self-esteem and increase her risk of depression and sexual difficulties. Taking steps to manage the symptoms of menopause can help.

Oestrogen and fat distribution at menopause

A change in hormone levels, mainly oestrogen, may influence body fat distribution.

Many women in perimenopause and early post menopause years gain fat mass as their oestrogen levels drop. Women of childbearing age tend to store fat in the lower body (making them ‘pear-shaped’), while men and postmenopausal women store fat around the abdomen (‘apple-shaped’).

Animal studies have shown that a lack of oestrogen leads to unwanted abdominal fat, although the exact mechanisms are not yet understood.

Other contributors to weight gain at menopause

Apart from declining oestrogen levels, other factors that may contribute to weight gain after menopause include:

- age
- reduced physical activity and loss of muscle mass
- number of children
- family history of obesity
- use of anti-depressant or anti-psychotic medications
- chemotherapy
- lowered metabolic rate
- altered lifestyle – for example, eating out more.
Hormone replacement therapy (HRT)

Contrary to common belief, weight gain is not linked to hormone replacement therapy (HRT) – also known as menopausal hormone therapy (MHT). In fact, some studies suggest that use of HRT/MHT is associated with less fat gain and potential beneficial effects on muscle mass.

If a woman is prone to weight gain during her middle years, she will put on weight regardless of whether she uses HRT/MHT. Some women may experience symptoms at the start of treatment, including bloating and breast fullness, and these may be misinterpreted as weight gain. These symptoms usually disappear within three months of the therapy doses being modified to suit the individual.

Menopause and cardiovascular disease

As women get older, their risk of cardiovascular (heart and blood vessel) disease increases. This may be partly due to the postmenopausal tendency to put on weight around the abdomen. Body fat stored within the abdominal wall and around the internal organs (visceral fat) is a risk factor for the development of cardiovascular disease.

Hormone replacement therapy may reduce the risk of cardiovascular disease by preventing the accumulation of abdominal body fat. In addition, oestrogen replacement boosts ‘good’ blood cholesterol (high-density lipoproteins, or HDL) and lowers ‘bad’ blood cholesterol (low-density lipoproteins, or LDL).

Managing menopause-related weight gain

To manage weight after menopause, try to:

- eat a healthy diet (calorie control will help in losing weight); other options such as a low-carbohydrate diet (for example, the CSIRO Total Wellbeing Diet), the 5:2 diet, or commercial programs such Weight Watchers, Lite n’ Easy or Jenny Craig may be useful strategies for some women
- engage in regular and sustained aerobic exercise. This will give your metabolism a boost. Aim for at least 30–60 minutes of moderate physical activity on most days
- build and maintain your muscle mass with strength training such as weight training or weight-bearing exercise such as walking (see your doctor before starting a new exercise program)
- accept the changes to your body that are age related and work towards decreasing your risks by taking healthy lifestyle measures.

Doing yoga can help to decrease waist circumference and weight.

Avoid crash diets

A crash diet involves severely reducing the amount you eat over a short time. Due to the body changes that occur in your muscles, this means you are likely to put on more weight when you start eating normally again.

Leptin (the ‘fat hormone’) plays an important role in body weight management, as it contributes to appetite control and metabolic rate. Studies show that leptin levels drop after a crash diet, which increases the appetite and slows metabolism.

Consult your doctor

Your doctor can help you manage your menopause-related weight gain and other symptoms. If you have a pre-existing medical condition, or haven’t been very physically active for some time, see your GP before you start a new fitness program.

Where to get help

- Your GP
- Dietitian
- Exercise physiologist
- Jean Hailes for Women’s Health Tel. 1800 JEAN HAILES (532 642)