

## Lifestyle advice for healthy ageing

Menopause is a normal part of ageing. With increasing age the risk of many common illnesses increases. Optimising health at menopause may help to improve healthy physical and emotional health into older age.

The loss of oestrogen at menopause brings with it adverse changes in cardiovascular and osteoporosis risk as well as more immediately recognisable changes, such as hot flushes and genitourinary atrophy. (For advice on treating symptoms of menopause (Refer to AMS information sheets - [Menopause - Combined Hormone Replacement Therapy](#), [Menopause - Oestrogen Only Therapy](#), [Vaginal Atrophy - a Change with Menopause](#), [NonHormonal Treatments for Menopausal Symptoms](#)).

Women can expect to spend about 40% of their lives after passing the menopause. Whether or not a woman decides to take hormone therapy for a short or a long time, menopause is an important and opportune time for re-assessment of the lifestyle factors which will have an impact on healthy ageing. Women who elect to continue on oestrogen therapy as they age can also expect to have a reduced risk of osteoporotic fractures (Refer to AMS information sheet [Osteoporosis](#)).

### Weight gain at menopause

Between the ages of 45 and 55 women gain on average half a kilo a year. A comprehensive review by the International Menopause Society has determined that this weight gain is not caused by menopause<sup>1</sup>. However, the decrease in oestrogen levels at menopause is associated with the way fat is deposited, leading to more abdominal fat. Obesity and increased abdominal fat are major risk factors for a variety of diseases including diabetes and heart disease. Women need to be aware of these changes and adjust their food intake and exercise accordingly to prevent weight gain.

The review paper<sup>1</sup> also notes that hormone replacement therapy (HRT) does not cause women to gain weight. There is good evidence that HRT can prevent abdominal fat after menopause.

### Exercise for well-being

Physical activity and exercise may improve general health and quality of life. National guidelines for physical activity advise 150-300 minutes of moderate physical activity each week<sup>2</sup>. Exercise does not reduce vasomotor symptoms<sup>3</sup>. Moderate exercise incorporates activities such as: brisk walking, cycling, tennis and golf. See section below on aerobic activity. Women should incorporate three types of activities into a weekly fitness plan: Aerobic exercise, flexibility training, and strength training. Exercise regimens should be modified according to each woman's needs and consultation with a physiotherapist is often helpful.

#### Aerobic activity:

Best form of exercise for the cardiovascular system

Helps endurance but also helps burn fat e.g. walking for 30 minutes or jogging for 18 minutes burns 840 kJ.

- Vigorous aerobic exercise includes jogging, brisk walking, cycling, tennis, aerobic class, dancing, martial arts, skipping rope
- Even activities such as climbing stairs, walking the dog, golf, gardening and playing with the children gives a light aerobic workout

### **Flexibility training:**

This form of exercise improves balance and provides muscle flexibility.

- Stretching is the simplest and easiest way to improve flexibility and agility
- Yoga and pilates can be effective forms of stretching and flexibility training

### **Strength training/weight bearing:**

This form of exercise builds muscle tone, endurance and can help with maintenance of bone density, especially the peripheral skeleton. Care should be advised about extreme weight training and vaginal prolapse<sup>4</sup>

### **Exercise benefits in many other ways:**

1. Increases good (HDL) cholesterol levels
2. Reduces total cholesterol, triglycerides and may reduce blood pressure
3. Burns up kilojoules, to lose or maintain weight more easily
4. Increases endurance
5. Improves muscle tone and coordination
6. May reduce anxiety, depression and emotional stress
7. Builds a support group when done with friends
8. Improves balance reducing the risk of falling and fracture
9. May increase self-esteem and well-being

### **Exercise to reduce the risk of osteoporosis:**

The best exercises to help reduce the risk or slow down osteoporosis are weight-bearing exercises such as power walking and strength training that include gravity and tension on muscles.

- Weight bearing increases muscle tension on bones and helps with maintenance of bone density  
Weight-bearing exercise helps to reduce bone loss and maintain bone tissue, which is critical for women of any age. (Refer to AMS information sheet - [Prevention of falls and fractures as you age past the menopause](#))

### **Eating to promote good health**

A healthy balanced diet should contain the right proportion of carbohydrates, protein and fats and no more than 6300 to 7300 kilojoules (1500 to 1800 calories) per day.

1. To maintain weight: consume 6300 to 6700 kJ (1500 to 1600 calories) per day.
2. To lose weight: consume 5450 to 5900 kJ (1300 to 1400 calories) per day.
3. Three main meals and two protein containing snacks per day
4. Smaller portions
5. More oily fish
6. Restrict meat intake
7. Use less fat and sugar

See **Table 1: Food Groups** for a list of the major food groups, their function and source.



**Table 1: Food Groups**

Food group	Daily requirements	Why needed	Food sources
Carbohydrates	50-65% of daily kJ	Provide energy	Bread, cereals, pulses, fruit, sugar
Proteins	10-20% of daily kJ	Build tissue and muscles	Meat, fish, chicken nuts, seeds and dairy products
Fats	20-30% of daily kJ	Supply fatty acids, help fat-soluble vitamin absorption, provide energy	Meats, dairy and plant foods
Fibre	Up to 40 g per day	Improves digestion, prevents constipation	Cereals, wholegrain products, fruits and vegetables

### Alcohol and tobacco consumption:

- Experts recommend no more than two standard drinks of alcohol per day for women, with at least two alcohol-free days per week. Alcohol increases the risk of breast cancer in women<sup>5</sup> and the risk increases with increasing consumption. For every additional standard drink consumed per day there is a 7-10% increased risk in breast cancer<sup>6,7</sup>.
- Advise cessation of smoking and provide psychological or medication support.

### Reducing the risk of osteoporosis

Loss of oestrogen after menopause leads to loss of bone density and increased fracture risk. The absolute risk of fracture depends on the premenopausal bone density and the rate of bone loss. Hormone therapy after the menopause will reduce the risk of bone loss (Refer AMS information sheet -Osteoporosis) but attention to dietary calcium intake and exercise is also important.

Post-menopausal women should consume 1200 to 1500 milligrams (mg) of calcium each day, preferably with the intake spread throughout the day. To improve absorption of calcium, 400 International Units (IU) of vitamin D a day is needed. Although, theoretically, 10 to 15 minutes of sunshine daily should provide sufficient vitamin D, lifestyle factors, such as indoor habitus, clothing styles, sun-block skin foundation, mean that many women in Australia and New Zealand may be vitamin D deficient and vitamin D supplements may be required.

See **Table 2: Calcium Sources** for the major sources of calcium. Dairy foods are by far the best means of obtaining sufficient dietary calcium. If a woman cannot maintain the recommended dietary intake of calcium, supplements may be recommended (Refer AMS information sheet -Calcium Supplements).

**Table 2: Calcium Sources**

Type of food	Amount	Calcium content
Milk (Lower fat milks may contain more calcium)	250ml	285 mg
Yoghurt, tub	200g	340 mg
Cheddar cheese (Harder cheeses may contain more calcium)	35g	275 mg
Almonds	100g	220 mg
Brazil nuts	100g	150 mg
Peanuts, roasted and salted	100g	40 mg
Salmon, pink with bones, canned	100g	310 mg
Silverbeet	100g	70 mg
Spinach	100g	50 mg
Apricots, dried	50g	35 mg
Orange, medium		50 mg



## References

1. Davis SR, Castelo-Branco C, Chedraui P, Lumsden MA, Nappi RE, Shah D, Villaseca P. Understanding weight gain at menopause. *Climacteric*. 2012 Oct;15(5):419-429. doi: 10.3109/13697137.2012.707385.
2. [www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines](http://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines)
3. *Cochrane Database Syst Rev*. 2011 May 11;(5):CD006108. doi: 10.1002/14651858.CD006108.pub3.
4. Jelovsek JE et al Pelvic organ prolapse. *Lancet*. 2007 Mar 24;369(9566):1027-38
5. Corrao G, Bagnardi V, Zambon A, Arico S. A meta-analysis of alcohol consumption and the risk of 15 diseases. *Preventive Medicine*. 2004 38, 613-619
6. Hamajima N, Hirose K, Tajima K, et al. Alcohol, tobacco and breast cancer--collaborative reanalysis of individual data from 53 epidemiological studies, including 58,515 women with breast cancer and 95,067 women without the disease. *British Journal of Cancer* 2002;87(11):1234-1245.
7. Allen NE, Beral V, Casabonne D, et al. Moderate alcohol intake and cancer incidence in women. *Journal of the National Cancer Institute* 2009;101(5):296-305.

## AMS Information Sheets

Menopause - Combined Hormone Replacement Therapy

[www.menopause.org.au/for-women/information-sheets/23-menopause-combined-hormone-replacement-therapy](http://www.menopause.org.au/for-women/information-sheets/23-menopause-combined-hormone-replacement-therapy)

Menopause - Oestrogen Only Therapy

[www.menopause.org.au/for-women/information-sheets/22-menopause-oestrogen-only-therapy](http://www.menopause.org.au/for-women/information-sheets/22-menopause-oestrogen-only-therapy)

Vaginal Atrophy - a Change with Menopause

[www.menopause.org.au/for-women/information-sheets/462-vaginal-atrophy-a-change-with-menopause](http://www.menopause.org.au/for-women/information-sheets/462-vaginal-atrophy-a-change-with-menopause)

Non Hormonal Treatments for Menopausal Symptoms

[www.menopause.org.au/for-women/information-sheets/35-nonhormonal-treatments-for-menopausal-symptoms](http://www.menopause.org.au/for-women/information-sheets/35-nonhormonal-treatments-for-menopausal-symptoms)

Prevention of falls and fractures as you age past the menopause

[www.menopause.org.au/for-women/information-sheets/726-prevention-of-falls-and-fractures-as-you-age-past-the-menopause](http://www.menopause.org.au/for-women/information-sheets/726-prevention-of-falls-and-fractures-as-you-age-past-the-menopause)

Osteoporosis

[www.menopause.org.au/for-women/information-sheets/853-osteoporosis](http://www.menopause.org.au/for-women/information-sheets/853-osteoporosis)