

Weight management and healthy ageing

Key points

- Changes in body weight during and after menopause are associated with both lifestyle factors and ageing, and the hormonal changes of menopause.
 - Hormone changes at menopause are associated with a gain of body fat and a loss of lean body mass.
 - Menopausal hormone therapy (MHT) does not generally cause weight gain and there is good evidence MHT can reduce the accumulation of abdominal fat.
 - Menopause is an opportunity to monitor health, manage weight and improve lifestyle to promote healthy ageing.
 - Evidence-based lifestyle strategies, including sufficient sleep, a healthy diet, regular physical activity, stopping smoking, and limiting alcohol consumption, reduce the risk of the diseases of ageing and benefit women.
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- This fact sheet focuses on lifestyle options for promoting healthy ageing and some of the most common body changes associated with menopause (see also the AMS Information sheet – [Lifestyle and behavioural modifications for menopausal symptoms](#)).
 - The menopause transition provides an opportunity for clinicians to carry out a health assessment, give information and offer advice (1), including healthy lifestyle options (2). Clinicians looking for more comprehensive recommendations should consult the North American Menopause Society (NAMS) (3), and the International Menopause Society (IMS) recommendations (4), for evidence-based guidance for the management of health and quality of life of women during midlife and beyond.

Healthy ageing and women

According to the World Health Organization, healthy ageing is influenced by a number of factors such as the presence of diseases, injuries and age-related changes (5).

For women at midlife, it can be difficult to separate the effects of ageing from the effects of menopause. Ageing is associated with weight gain in both women and men. Weight gain during and after menopause is associated both with lifestyle factors and the physiological changes of ageing, as well as with the hormonal changes of menopause.

As women age, they can promote healthy ageing by:

- monitoring menopausal symptoms and other body changes and getting advice early
- eating a healthy diet and maintaining a healthy weight
- engaging in physical activity
- stopping smoking
- moderating alcohol consumption.
- regulating sleep patterns

Midlife weight gain – ageing or menopause?

Between the ages of 45 and 55, women gain on average half a kilo a year and a total of 2.3 kg during the menopausal transition. This weight gain has been attributed to ageing rather than menopause in several studies (6). However, in studies of body composition rather than purely BMI, it can be seen that menopause increases body fat and at the same time decreases fat-free body mass. These opposing changes explain why menopause per se has not been found to have a marked effect on body weight or BMI in some studies (7, 8).

The increase in body fat accompanying the hormonal changes of menopause is preferentially in abdominal/central and visceral fat deposits, which are associated with metabolic conditions such as cardiovascular disease and diabetes. Menopausal hormone therapy (MHT) does not cause weight gain, and there is evidence that MHT can reduce the accumulation of visceral fat after menopause (8).

Achieving and maintaining a healthy weight can reduce the risk of age-associated diseases such as cancer, cardiovascular disease and dementia. Obesity is a risk factor for more severe menopausal symptoms and weight loss can help with menopausal symptoms in overweight women (9).

Eating to achieve and maintain a healthy weight

For women who are not overweight, the general advice on healthy eating is outlined in the NHMRC Australian Dietary Guidelines (10).

https://www.eatforhealth.gov.au/sites/default/files/content/n55_australian_dietary_guidelines.pdf

Evidence is strengthening that consuming a wide variety of nutritious foods and nutrients reduces the risk of chronic disease.

For women who are overweight or obese, the Australian Obesity Guidelines recommend an energy deficit of 2500 kilojoules per day with a dietary plan tailored to the individual (based on the Australian Dietary Guidelines) (11).

The debate about which macronutrient dietary strategy (low-fat, low-carbohydrate, or high-protein) is best to lose body fat is ongoing and requires more research. Some recent literature

supports the concept that individuals can lose body fat successfully, independent of macronutrient ratios, as long as they are able to sustain an energy deficit relative to their energy output (10).

Eating to reduce the risk of osteoporosis

Lifestyle changes that promote healthy ageing also promote healthy bones: having an adequate calcium intake, and vitamin D, engaging in tailored physical activity, stopping smoking, and limiting alcohol consumption (see the AMS information sheets – [Osteoporosis](#) and [Calcium Supplements – a patient guide](#)).

Post-menopausal women should aim to consume 1000-1300 mg of calcium each day, preferably from dietary sources (12). If women cannot maintain the recommended dietary intake of calcium, supplements can be prescribed.

(see <https://www.osteoporosis.org.au/calcium>).

To improve absorption of calcium, adequate daily vitamin D is recommended (13):

- 400 IU for women 51–70 years and 100-1000 IU for women older than 70 years.

Geographical location, age and lifestyle factors (for example, spending little time outdoors, clothing styles and use of sun-block) mean that many women in Australia and New Zealand may be vitamin D deficient and supplements may be required. Recommendations for Vitamin D supplement doses and duration of safe sun exposure by season and location can be found for Australian women at: <https://www.osteoporosis.org.au/vitamin-d>

Note that whilst adequate calcium and vitamin D are required for healthy bones, those supplements alone or in combination have not been shown to reduce osteoporotic fractures without the addition of anti-resorptive therapy (14).

Engaging in physical activity to promote healthy ageing

Physical activity is recommended for all adults at all ages, including women during the menopausal transition and after menopause (2, 15-18). Current Australian physical activity guidelines for adults 18–64 years, define physical activity as any activity that increases breathing rate and heart rate. Potential benefits of physical activity for postmenopausal women include:

- improving blood lipids and blood pressure
- improving physical abilities – strength, coordination, balance and endurance
- reducing the risk of osteoporosis
- reducing the risk of falls
- reducing the risk of chronic diseases

To help improve blood pressure, cholesterol, heart health, as well as muscle and bone strength, the recommendation is for women to do either:

- 150 minutes (2.5 hours) of moderate intensity physical activity weekly (eg brisk walking, recreational swimming, dancing, household tasks like cleaning windows/ raking leaves or pushing a stroller).
- or**
- 75 minutes (1.25 hours) of vigorous intensity physical activity weekly (eg. jogging, aerobics, fast cycling, organised sports, or tasks involving lifting, carrying or digging).

To maintain balance, muscle strength and bone health, weight bearing exercises (eg star jumps, brisk walking, dancing, jogging, tennis) and resistance training is required on 2-3 days per week (19, 20).

To obtain greater benefits and help weight loss, avoid unhealthy weight gain and to reduce the risk of cancer, 300 minutes (5 hours) of moderate intensity physical activity weekly or 150 minutes (2.5 hours) of vigorous intensity physical activity weekly is required.

Physical activity recommendations for older women (more than 65 years) are complex because older people are a more heterogeneous group in terms of health. This means prescribed activities must take into account health status and previous experience of a particular activity (18).

Monitoring body changes – healthy ageing at menopause and beyond

Although body changes can cause concern for some, women can live a healthy postmenopausal life. MHT may help some women with some body changes, but it should not be regarded as an 'anti-ageing' therapy (see NAMS and IMS guidelines). The list below contains information about some of the most common concerns of women.

Skin

Visible skin changes can cause considerable distress in women at menopause. Skin changes can include dryness, loss of elasticity and vascularity, thinning of the skin and increased wrinkling (21). Wrinkling is aggravated by smoking and sun exposure so minimising these environmental factors is recommended (2).

These changes can result in poor wound healing, hair loss and pigmentary changes, all of which may be delayed with oestrogen administration (22). Acne may also occur.

Hair

Changes to hair are common and include hirsutism (commonly on the face) or alopecia, loss of scalp hair, lower leg, pubic and axillary hair (22, 23). Facial hair might be controlled in some women with oral MHT. Other treatments include depilatory creams, gentle methods of hair removal, laser therapy and anti-testosterone medication. Scalp alopecia may be treated with locally applied minoxidil or anti-androgen therapy.

Teeth

Hormonal changes are associated with gingival thinning and recession, increased periodontal inflammation and oral lesions. Ageing can also cause changes to the teeth and gums. Bone loss can also occur, especially in the upper jaw. Regular check-ups are recommended to maintain oral hygiene and bone health (2). More research is needed in this area, but MHT does not seem to reduce the prevalence of oral symptoms in postmenopausal women (24).

Urogenital system

The genital tract is highly oestrogen-dependent and body changes in menopausal and postmenopausal women can include vaginal and vulval dryness and thinning of the labia. This may then result in dyspareunia and tearing at the vaginal fourchette with associated post-coital bleeding or spotting (25). For further information see the AMS Information sheet [Vulvovaginal symptoms after menopause](#)).

Urinary frequency, cystitis and incontinence are more common around the time of menopause (26). Local oestrogen pessaries or creams may improve incontinence in the short term, but do not appear to do so after treatment is discontinued. Systemic MHT may worsen incontinence. Other management options for incontinence include anti-cholinergic medications, physiotherapy and if necessary, surgery. (see the AMS Information Sheet [Stress and Urge Urinary Incontinence in Women](#))

Joints and muscles

Joint and muscle pain are common symptoms during menopause and beyond, as is osteoarthritis.

- Exercise is an important lifestyle choice for the management of joint and muscle pain. These symptoms may also improve with the use of MHT (27).

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