

The Truth about

menopause and Weight Gain

by Jennifer Franceschelli Hosterman, DO

There are many transitions that a body goes through during life that make us susceptible to weight gain. Some are shared by both genders: arriving at adolescence, entering your elder years, or undergoing a stressful life event. Others are exclusive to women: having a baby, then having a second or third baby, and going through menopause.

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

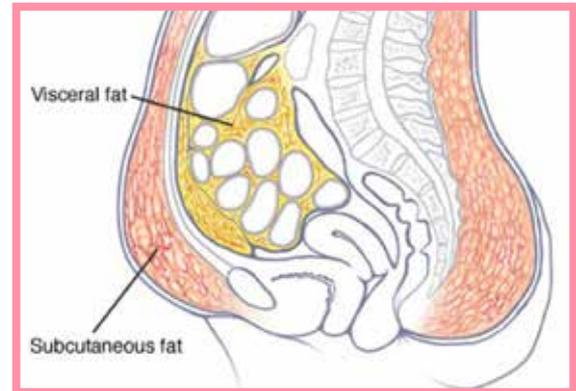


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like your thighs, buttocks and outer abdomen. Visceral fat is thought to be more metabolically active and this has a negative effect on the body. An increase in visceral fat is linked to an increase in insulin resistance, diabetes, heart disease and 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 perimenopausal 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.



Membership Application

OAC Membership Categories

(select one)

- Individual Membership: \$20/year
- Institutional Membership: \$500/year
- Chairman's Council Membership: \$1,000+/year

OAC Membership Add-ons

(optional, but only accessible by OAC members)

Add-on 1: Educational Resources

To order bulk copies of OAC resources, members can purchase educational packages. If you'd like to order resources, select one of the below packages.

- Standard Package**
10-50 pieces/quarter \$50/year
- Deluxe Package**
51-100 pieces/quarter \$100/year
- Premium Package**
101-250 pieces/quarter \$150/year

Add-on 2: Make a General Donation

Make a tax-deductible donation to the OAC when joining as a member. Your donation helps the OAC's educational and advocacy efforts.

- \$5
- \$10
- \$25
- \$50
- \$100
- Other _____

Membership/Add-on Totals:

Membership Category: \$ _____

Add-on 1 (if applicable): +\$ _____

Add-on 2 (if applicable): +\$ _____

TOTAL MEMBERSHIP PAYMENT: \$ _____

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payment Information

- Check (payable to the OAC) for \$ _____.
- Credit card for my TOTAL membership fee of \$ _____.
- Discover®
- MasterCard®
- Visa®
- Amex®

Credit Card Number: _____

Expiration Date: _____ Billing Zip Code: _____

RETURN TO:

Mail: OAC
4511 North Himes Ave., Ste. 250
Tampa, FL 33614

Fax: (813) 873-7838



MEMBERSHIP



Building a Coalition of those Affected

The OAC is the **ONLY** non-profit organization whose sole focus is helping those affected by obesity. The OAC is a great place to turn if you are looking for a way to get involved and give back to the cause of obesity.

There are a variety of ways that you can make a difference, but the first-step is to become an OAC Member. The great thing about OAC membership is that you can be as involved as you would like. Simply being a member contributes to the cause of obesity.

Why YOU Should Become an OAC Member

Quite simply, because the voice of those affected needs to be built! The OAC not only provides valuable public education on obesity, but we also conduct a variety of advocacy efforts. With advocacy, our voice must be strong. And, membership is what gives the OAC its strong voice.

Membership Benefits

Benefits to Individual Membership

- Official welcome letter and membership card
- Annual subscription to the OAC's publication, *Your Weight Matters Magazine*
- Subscriptions to the *OAC Members Make a Difference* and *Obesity Action Alert* monthly e-newsletters
- "Bias Buster" Alerts, alerting specifically to issues of weight bias
- Immediate Advocacy Alerts on urgent advocacy issues and access to the OAC's expert advocacy team
- Ability to lend your voice to the cause

