

A close-up photograph of a bright yellow sunflower with a dark brown center, set against a blurred green background of leaves and other sunflowers. The sunflower is the central focus of the image.

*life-
style*

*factors
and the*

menopause

“Ageing is that extraordinary process where you become the person you always should have been”

David Bowie



This leaflet provides you with some of the simple lifestyle changes that help during the menopausal transition.

If you feel that further support would be beneficial, you should seek information and help from your GP or other healthcare provider, as they will be able to offer you several non-hormonal and hormonal medical treatment options for menopausal 'symptoms'.

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Menopause and lifestyle options

Introduction

Menopause is a natural biological process that marks the time when a woman ends her menstrual cycles (periods). There are cultural differences, and the average healthy woman in the UK reaches menopause at 51, with the 'natural' age for menopause ranging from 45 to 55. The menopause transition (peri-menopause) may start up to ten years prior to this time.

It is not a disease, but we use the word 'symptoms' as shorthand for all potential menopausal experiences. Several symptoms commonly manifest around the time of the peri-menopause, including mood swings, hot flashes, night sweats, brain fogging, low energy levels, reduced sex drive, vaginal dryness, muscle and joint pain and difficulty sleeping.

While some women have minimal symptoms, others suffer more severely which can impact their quality of life. There are various hormonal and non-hormonal treatment options available to address these symptoms and several lifestyle interventions can help women cope with this natural phase of life.

This information leaflet covers an overview of the following lifestyle aspects:

- ▶ weight management, nutrition and diet
- ▶ exercise
- ▶ psychological wellbeing, mindfulness and sleep
- ▶ sexuality and vaginal health

Weight management, nutrition and diet

As we age, muscle and bone mass reduce and this can be exacerbated by the menopausal transition. Metabolism slows down and resistance to insulin increases. As a result, the body needs fewer calories.

Lowering of oestrogen and testosterone levels also impacts where calories are stored, increasing the potential for 'central adiposity' (fat around the belly). Being careful about how many calories you consume, being aware of portion sizes and doing more physical activity can help prevent weight gain.

Working out what diet specifically works for you is crucial, but the following dietary principles can help planning:

- ▶ Eat at least five portions of vegetables and fruit a day - they provide vitamins, minerals, fibre and antioxidants that help protect heart and blood vessels. Try and eat a 'rainbow' – each colour will provide different



- benefits
- ▶ Cut down on ultra-processed foods and ready meals (avoid if possible). This is to minimise / avoid too much sugar / salt / chemical additives being consumed that can further disrupt the metabolism
- ▶ Reduce refined carbohydrates (white rice, non-wholewheat pasta, white bread) and, in particular, sugary foods, which can cause a sharp

rise in your blood glucose level, followed by a sharp dip, leaving you feeling tired, drained and still hungry. These can also raise your risk of Type-2 Diabetes

- ▶ Focus on wholegrain and wholewheat options which will result in a slower release of sugar
- ▶ Keep fat to a maximum of 10% of your daily food intake and ensure that it is 'good fat': Omega 3 (from oily fish and flaxseeds), avocado, seeds and unsalted nuts
- ▶ Ensure that you consume sufficient protein every day (3 portions): lentils, pulses, beans, peas, eggs, dairy, fish and seafood, poultry and red meat

(ideally in that order and dependent on the diet you follow)

- ▶ Reduce (ideally avoid) intake of refined sugars like sweets, cakes and soft drinks
- ▶ Reduce salt intake (recommended salt intake is no more than 6gm per day) by avoiding or limiting processed foods like ready meals, soups, cooking sauces and salted snacks
- ▶ Cooking from scratch is always a good idea - it means that you can use different ingredients of your choice and add flavours such as herbs and spices
- ▶ If you eat animal protein, aim for at least two portions of fish per week, one of which should be oily, as these are rich in Omega-3 fats. Oily fish include sardines, mackerel, salmon, trout and herrings
- ▶ Consider portion size. As we get older, we need fewer calories. Being overweight has been shown to worsen menopausal symptoms and increase the risk of heart disease, diabetes and cancer. You could try using a smaller plate to help with portion control. Avoiding too much alcohol is important, as it quickly adds up the calories
- ▶ You may wish to try eating foods which contain phyto-oestrogens (isoflavones or lignans). They are similar in structure to oestrogen, albeit much weaker, and may help with some symptoms such as hot flushes. Isoflavones are found in soya beans, green beans, lentils, chickpeas, tofu and soya drinks. Lignans are found in cereals, linseeds, fruits and vegetables. It can take two to three months for the benefits of plant oestrogens to be noticed. They seem to work better for some women than others, which might be down to differences in gut bacteria.



Useful resources

<https://www.nhs.uk/live-well/eat-well>

<https://www.nhs.uk/live-well/eat-well/how-to-eat-a-balanced-diet/eating-a-balanced-diet>

Calcium and Vitamin D

Most women eating a healthy, well-balanced diet obtain sufficient vitamins and minerals that the body requires and do not need to take supplements.

The recommended minimum intake of calcium for an adult is 700mg daily and one should be able to get this through a balanced diet. Good sources of calcium include dairy products, canned sardines, salmon, green leafy vegetables, fortified bread and breakfast cereals.

Some diets (due to the nature of food choices or medical reasons) may not contain sufficient calcium-rich foods to get the intake required to maintain healthy bones in the menopause. In such situations, calcium and vitamin D supplements are useful.

Vitamin D is key for utilising calcium from food (and is implicated in other health benefits). Foods rich in vitamin D include oily fish, mushrooms, red meat, fortified plant beverages (soya or oat), fortified breakfast cereal and eggs.

Sunlight encourages the production of vitamin D in skin. A daily vitamin D supplement containing 10 micrograms (400 IU) is recommended from October to March in England, Wales and Ireland and all year in Scotland. In the presence of low bone density (osteopenia or osteoporosis), increased daily calcium intake (approximately 1200 mg for adults) is advised and a calcium supplement may help. It is recommended not to exceed an intake of 2000-2500mg of calcium per day.

Useful resource:

<https://www.nhs.uk/conditions/vitamins-and-minerals/calcium>

Avoiding triggers of 'symptoms'

There can be several triggers for menopausal symptoms, such as hot flushes and sweats. Identifying and avoiding these can help to manage symptoms:

- ▶ Stopping smoking: women who smoke have a risk of earlier menopause, bone thinning and cancer. They tend to experience more severe hot flushes
- ▶ Reducing or eliminating alcohol intake: excess alcohol is a risk factor for bone thinning and cancer. It is recommended that women do not exceed an intake of 14 units per week, with some alcohol-free days.

Specifically, avoiding alcohol before bedtime can help to optimise sleep quality

- ▶ Avoiding spicy foods: for some women, spicy food has been reported to trigger hot flushes
- ▶ Reducing caffeine intake: caffeine may worsen hot flushes and bladder symptoms, so try to moderate your intake of caffeine from drinks like coffee, tea and colas or choose decaffeinated options

Sexuality and vaginal health

The menopause causes changes to the vagina, bladder and pelvic floor which can lead to increased vaginal irritation, itchiness, pain and dryness. The vaginal tissues become thin and friable (more easily damaged), losing their elasticity and moisture.

There can be bladder symptoms such as urgency and frequency of urination (peeing), leakage and repeated urinary tract infections. A weak pelvic floor can cause prolapse.

The reduction in oestrogen and testosterone levels during menopause can impact sexual desire and the ability to achieve orgasm for some women. This, in addition to the vaginal symptoms, can lead to painful sex and / or avoiding intimacy with a partner.

Some lifestyle interventions and topical treatments can help:

- ▶ Using vaginal moisturisers or lubricants can help with vaginal dryness (use a water-based or oil-based lubricant, avoiding unwanted glycerine and parabens. Look for a pH of around 4)
- ▶ Using vaginal oestrogen pessaries or creams
- ▶ Practicing regular pelvic floor exercises (there is an NHS App (called *Squeezy*) that you can use to help)
- ▶ Regulating daily fluid and caffeine intake, depending on your symptoms
- ▶ Having an open conversation with your partner, so that they understand what you are feeling and how it is impacting you

Useful resource:

<https://www.nhs.uk/common-health-questions/lifestyle/what-are-pelvic-floor-exercises>



Exercise

At least 150 minutes of moderate intensity (or 75 minutes of vigorous intensity exercise) per week is recommended for adults. Exercise can bring many benefits, ranging from reduced risk of heart attack or stroke, to the positive effects on mental wellbeing. It is important to think about what activities you enjoy and those that specifically suit your daily routine. If you do things that you enjoy, you are far more likely to do them on a regular basis.

It is recommended that you break down your weekly exercises into short sessions or a mixture of longer and shorter workouts, rather than doing it

all in one go. If you have any medical conditions or concerns, you should talk to your GP or a medical professional to make sure what you do is suitable for your level of fitness. You can start your exercise at any level and gradually build up over time.

Breaking up periods of inactivity also helps. If you spend a lot of time sitting, then it is good to take regular breaks and move around. Remaining

flexible is also important, so consider including things like yoga and pilates into your physical activity.

Moderate intensity exercise should raise your heart rate. Your breathing should increase to a level where you can talk, but not sing. Examples of moderate exercise include brisk walking, dancing, cycling and swimming.

Vigorous exercise raises your heart rate and your breathing changes so you are only able to say a few words between breaths. Examples include running, cycling fast or in the hills, sports (like football, tennis and netball), aerobics, skipping and martial arts.



Reduction in oestrogen and testosterone levels during the menopausal transition can accelerate bone density loss and increase the risk of osteoporosis. However, weight-bearing (or resistance) exercises can increase bone density and maintain your muscle strength. You should exercise all muscle groups (legs, arms, hips, abdomen, chest and shoulders) and it is recommended that you engage in two to three sessions addition to your of this type of training each week (in aerobic exercises). Climbing stairs, dancing, jumping, using resistance bands, lifting weights (eg. bags containing bottles of water), exercises taking the weight of your own body (eg. sit-ups and push-ups) are all classified as weight-bearing and muscle-strengthening activities.

Oestrogen also plays a role in maintaining a healthy heart, blood vessels and the blood within them, by preserving the flexibility of the blood vessels and controlling cholesterol levels. As oestrogen levels fall during menopause, women are at risk of increased blood pressure and the build-up of atherosclerotic plaques leading to coronary heart disease, high blood pressure, heart attack or stroke. Achieving the recommended moderate or vigorous exercise targets per week can have a positive impact on your cardiovascular system.

Exercise also releases endorphins ('feel good' hormones) which, in turn, help to reduce stress, decrease cortisol levels, burn calories, and make you feel more positive.

Useful resources:

<https://www.nhs.uk/live-well/exercise/exercise-guidelines/physical-activity-guidelines-for-adults-aged-19-to-64>

<https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physical-activity-applying-all-our-health>



Psychological wellbeing, mindfulness and sleep

The menopause can be associated with psychological symptoms such as anxiety, irritability, mood swings, low mood and lack of motivation.

Other events happening simultaneously in our personal, social, or work lives (adolescent children, an ageing or ill parent, children leaving home, changes to work, financial worries) can all add up. These symptoms can directly or indirectly affect other areas of life such as sleep, work and relationships.

Healthy eating, regular exercise and maintaining good sleep hygiene (the quantity and quality of our sleep) are important to minimise the impact of such things.

Cognitive behavioural therapy (CBT) is an approach that can be helpful to develop practical ways of managing symptoms and provides new coping skills and strategies.

Paced breathing is an important part of the CBT approach for hot flushes. As with any skill, CBT requires regular practice.

Breathing exercises on their own can also help us take control of our stress and anxiety. They are simple to do, can be done anywhere and only take a few minutes. Make sure that you are comfortable, loosen tight clothing and then breathe in and out slowly, making sure that you fill all of your lungs so your belly rises and falls as you breathe. Some people count to 5 each time they breathe in and again when breathing out. Repeating this for 3 or 4 minutes can help, particularly if you relax your shoulders and neck muscles as you do it.

Meditation and mindfulness are other useful techniques that can help to manage stress and symptoms. Mindfulness is a mental state achieved by focusing one's awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts and bodily sensations.

Changes to hormones and symptoms during the menopausal transition can impact sleep adversely.

Some interventions that help improve sleep are:

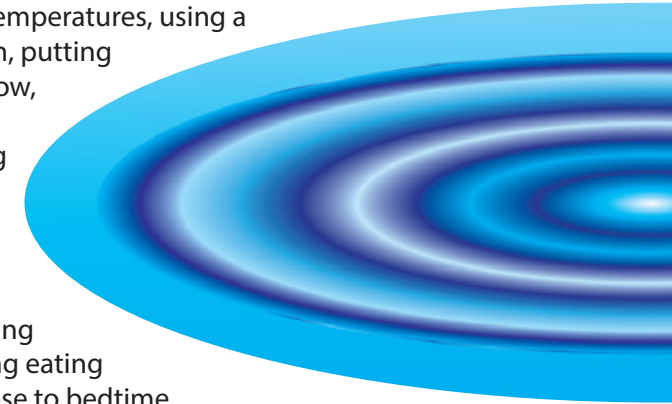
- ▶ Adjusting clothing, dressing in layers, wearing sleeveless tops, wearing clothing made of natural fibres that breathe and avoiding jumpers or scarves
- ▶ Maintaining lower room temperatures, using a hand-held fan or room fan, putting a cold pack under the pillow, turning the pillow over to the cool side when feeling warm, using dual-control electric blankets, using a bed fan that blows air in between the sheets
- ▶ Drinking cool liquids, staying well hydrated and avoiding eating and alcohol intake too close to bedtime
- ▶ Establishing a routine of going to sleep at the same time each night and avoiding TV, computer, or phone screens before going to bed
- ▶ Minimising light (including 'blue light' from screens) and noise in the bedroom as much as possible
- ▶ If your mind is full of worries at bedtime, try writing them in a list and make a point to yourself that you will deal with them tomorrow
- ▶ If you wake during the night, anxious about things to do, it may be helpful to write them down and to think about them the next day. So, keep a paper and pen by your bedside
- ▶ You may wish to use NHS recommended sleep Apps to help improve sleep quality

Useful resources:

<https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/cognitive-behavioural-therapy-cbt/overview/>

<https://www.nhs.uk/every-mind-matters/mental-health-issues/sleep/>

<https://www.sleepio.com>



2nd Spring

About 3 out of 4 women suffer from some or other symptoms during the menopausal transition and a third of these can have severe debilitating symptoms. But not all women have a difficult menopause.



In the West, we are generally living longer, so women are likely to have more post-menopause years than reproductive years. Therefore, it is increasingly important that we take steps to maintain our health and wellbeing as we age.

The menopausal transition is not the ending. It is the start of your new beginning - if you want it to be! A time when you can think renewal / reassessment / re-invention.

See this time as positive and an opportunity to make any appropriate changes in your life that are right for you. The chances are that you are at your most powerful and potent, so do what is good for you and celebrate how far you have already come.