

MENOPAUSE

compiled by Dr N Kingsley, Plas Ffynnon Medical Centre, Sept 2025 in line with BMS* guidelines

Our bodies do change permanently around and after menopause

There are some basic things/ changes we can all follow to improve our chances of our future years being healthy ones

Around the age of 45 is an ideal time to start looking at our “lifestyle”. But ANY time is a good time and it is never too late to make changes that will have a really positive impact for you. And any improvements however small are good improvements that we should be proud of. When young we can abuse our bodies and get away with it, but menopause, and perimenopause changes our body forever. This leaflet is to give you the information the British Menopause Society recommend, based on research and evidence

The ideal things to be looking at are Diet Exercise Weight Alcohol Smoking

But life is busy and it is worth making small changes that stick (often adding them to things we already do eg standing on one leg for one minute, then the other leg – while brushing teeth) rather than setting the goal too high at the start, and failing.

Smoking

1 year after stopping smoking your risk of dying from a heart attack or a stroke is halved, and continues to drop the longer you are not smoking

Nutrition and weight gain Weight gain is one of the most common side effects of perimenopause and menopause affecting at least 50% of women

Research shows on average women gain 1.5kg per year during perimenopause, resulting in average weight gain of 10 kg by time reach menopause. Most of this accumulates around abdomen and upper body . Also metabolic rate slows as lean muscle mass reduces. A lot of this is because of the hormonal changes, but of course there are often huge life changes going on and many of us are comfort eaters, which can get a bit out of hand especially with the stresses life throws at us.

Diet recommended is ¼ protein, ¼ carbohydrate, ½ fruit, vegetables or salad

If you want to lose weight – try using a smaller plate, avoid unstructured mealtimes/ unconscious snacking, alcohol, long periods of sitting, eating quickly while multi-tasking. Often you don't have to deny yourself your favourite such as chips – just have much fewer in one sitting, fewer sittings in a week, and eat them slowly, chewing several times, and really savouring each one can really work.

Planned snacking can increase nutrient intake and decrease fat, salt and sugar intake – as long as it's the right kind of snack! Nutritionists recommend:

Nuts - a good source of protein, fibre and healthy fats; magnesium, potassium and calcium (bones)

Dried fruit – high in sugar but the fibre slows its release eg mango, apricot, prunes

Roasted chickpeas (can add chilli if roasting at home)

Edamame beans eg edamame beans and green pea hummus on wholegrain cracker

Avocado on rice cakes, Peanut butter on apple, Smoked salmon and cream cheese, Dark chocolate

Greek Yoghurt, Hummus, Eggs

Planning a weekly alcohol limit – or cutting it out altogether

Frequently asked questions

• **Should carbohydrates be avoided?**

It's essential that menopausal women consume carbohydrates, especially while increasing physical activity levels. Exercising with insufficient intake of carbohydrates will result in lean muscle mass loss, which will of course be counterproductive.

It's worth discussing low glycaemic carbohydrates with women who may be susceptible to insulin resistance, or those who experience sweet cravings. Carbohydrates should make up approximately ¼ of all meal portions.

Carbohydrate food	Low glycaemic choices
Bread	Multigrain, granary, rye, seeded, oat-based breads, pitta and chapati
Potatoes	New potatoes, sweet potatoes, yam
Pasta	All pasta cooked al dente and noodles
Rice	Basmati rice
Other grains	Bulgar wheat, barley, spelt, couscous
Breakfast cereals	Porridge, no added sugar muesli and other oat-based cereals

• **Why does protein matter?**

Protein helps increase satiety and can be a valuable source of important nutrients such as iron and omega-3 fatty acids. Consuming a variety of protein-rich foods at lunch and dinner can reduce the need for a protein supplement. Protein portions should make up approximately ¼ of a meal.

• **Can popular diets help?**

Most popular diets have very little science behind them. They are all largely designed to do the same thing - reduce calories. Any weight lost on popular diets is likely to be regained and in the long term this will make controlling weight more difficult.

• **How much calcium is needed?**

Women with satisfactory bone density scores require 700mg calcium per day, while women with osteopenia and osteoporosis need 1200mg. The best source of calcium is dairy foods, and 2-3 servings of these each day supplies adequate levels of calcium. A serving is:

- 1/3 pint of milk
- Small pot of yoghurt
- Matchbox size piece of cheese
- Milk-based dessert or custard

- **Should women follow a vegan or vegetarian diet?**

Plant based diets are very popular for a variety of reasons. Eating more plant foods is generally a very healthy, sensible choice to make. A plant-based diet simply means using more plant foods alongside moderate amounts of non-plant foods. There is no evidence that a vegetarian or vegan diet is any healthier than a balanced diet which includes lean meat, fish, poultry and dairy foods.

Women following a vegan diet need to be particularly careful to reach their requirements of some nutrients, including calcium, iron, omega-3 fatty acids and vitamin B12.

- **What supplements are recommended?**

The only dietary supplement recommended for women in perimenopause and menopause is a daily 10mcg or 400IU vitamin D supplement. Additional supplements should only be taken where there is a clinical need.

- **Can nutrients relieve menopause symptoms?**

It's highly unlikely menopause symptoms can be controlled through diet. Some foods like caffeine, alcohol and spices may increase hot flushes, and of course can disturb sleep as well. There is limited evidence that eating large amounts of foods containing phytoestrogens might help reduce hot flushes in some women, but by no means all. The focus on diet in menopause should very firmly be on eating well and eating a variety of foods to support all round health – especially heart and bone health.

- **Are there any foods that should be avoided during menopause?**

No food needs to be excluded because of menopause. Avoiding certain foods may result in women missing out on particular nutrients. For example, women avoiding dairy need to ensure the plant alternatives they are choosing are fortified with calcium, iodine and vitamins B and D.

- **Is there a need for probiotics during menopause?**

The vaginal microbiome changes during menopause. These changes are linked with urogenital symptoms of the menopause – vulval and vaginal atrophy, and vaginal dryness. Lactobacillus genus appear particularly relevant in maintaining vaginal homeostasis. These genus respond favourably when HRT is introduced.

Early trials using both oral and vaginal probiotics are promising and, while by no means conclusive, are worth considering for women not taking HRT where urogenital symptoms persist.

Author: Nigel Denby, Registered Dietician, in collaboration with the medical advisory council of the British Menopause Society.

PUBLICATION DATE: JUNE 2023

REVIEW DATE: JUNE 2026

Moving More - brisk walking of over 150 minutes a week or 10,000 steps a day. But accept where your fitness level is and what your medical conditions will allow. ANY activity – like going up and down stairs more often, doing the housework is also exercise. Anything extra is a bonus and turning the tide. Build it up slowly – start with 500 or 1,000 steps - and think about what you like doing eg gardening, walking while listening to your favourite podcast or tunes and when you can reasonably fit it into the day. Expect failures but keep trying to find what suits and when it suits.

Sitting for more than an hour at a time can negate all the good your exercise has achieved – so getting up and running up and down the stairs a few times each hour – especially if you are working from home is useful and important.

Strength Exercise – The British Menopause Society states this is almost non-negotiable for perimenopausal and menopausal women who want to lose weight. But for all of us it increases our muscle mass reducing our risk of falls later in life. Regular consistent weight resistant exercise is the most efficient method for increasing muscle mass and metabolic rate and changing body shape

Flexibility – yoga, pilates, zumba – to keep flexible we start to have to work for it – but again this can be part of life – squatting to pick something up from the floor, getting up from a kitchen chair without using your arms/ hands. We tend to wake up stiff, and if we watch TV all evening, stiff when we get up

from the chair. Our body is telling us it doesn't like being sedentary but many of us are very good at ignoring it 😊

Pelvic floor exercises – there are apps including Squeezy app, also Coco Berlin book “Pussy Yoga”

Embracing this part of life, sexually – recommendations from British Menopause Society

Becoming orgasmic book – Heiman and Lopiccolo

Better sex through mindfulness book - Brutto

FERLY app

Using clitoral/ vaginal stimulators

?Testosterone – see later

Contraception

The NICE guidelines warn us there is a chance of becoming pregnant until the age of 55, and HRT can sometimes increase our fertility by 10% - so don't forget contraception until you are 55 yrs old.

HRT

We have Body identical HRT now – this means that the oestrogen and the progesterone in the HRT have exactly the same molecular structure as the HRT we used to make. This is a game-changer in menopause treatment as it means it is very effective and very safe. It has been around for 20 yrs and has been well-researched.

Menopause is inevitable in a woman's life – but us living 30 or 40 years after the menopause is a new thing, in human history.

The only reason why a woman usually can not have body identical HRT is if they themselves have had a **breast cancer**. We do have specific suggestions and medications for this group of women so please ask us and we can provide that information.

Life is full of choices and risks – and if you are very keen on HRT despite having had a breast cancer – we can always discuss it with your breast specialist team.

Any woman who has stopped having periods before the age of 45, whether it was naturally, or caused by radiotherapy or a hysterectomy etc – are **STRONGLY** advised to have HRT until they reach the age of 51 (at the very least). This is because not only does it help with menopausal symptoms but it reduces the risk of osteoporosis and cardiovascular problems significantly. It is also worth having a thyroid blood test.

Any woman whose periods stop between ages 45 and 60; or if they are still within 10 years of having their last period will not only receive benefits from the HRT in symptom control – but also derive protection from heart attacks and strokes, osteoporosis (thinning and breaking bones), osteoarthritis, bowel cancer and to a certain degree dementia

Any woman over 60 whose periods stopped more than 10 years ago – at this stage we have no evidence that the HRT will provide this long-term health benefit but it will help with menopausal symptoms.

BREAST CANCER RISK WITH HRT?

Because of the old HRT – there has been a lot of research to see if there is an increased risk of breast cancer with body identical HRT

The short answer is that there is a statistically insignificant increased risk of breast cancer on HRT. It is the same increased risk that a woman takes drinking one glass of wine a night.

Obviously most women won't develop breast cancer in their lifetimes, but it IS the most common cancer in women and so women on HRT have developed breast cancer, as well as women not on it. These two groups have been researched and it has been shown that there is no increase in death – if you develop a breast cancer on HRT. And “all cause mortality” ie death by anything drops in women on HRT.

ACTIVE LIVER DISEASE

HRT is not safe in active liver disease

TYPES OF HRT AND ITS USE

The most common forms of body identical HRT are oestrogen patches or oestrogen gel, with oral progestogen or the Mirena coil. Any combination works equally as well.

Using patches

The patch can be placed under your tummy button, top of thighs, side or back of your bottom. As soon as it is on you can shower, bath or swim. Apply twice a week – eg every Wednesday every Saturday.

Occasionally the patch doesn't stick properly – if it doesn't it won't work well and you need to talk to the menopause team – but usually it sticks so well that you are left with a dirty rim on your skin – baby oil and a rough towel or flannel will rub this off

Using gel

It comes in a pump dispenser. If you are using more than one pump – place one pump onto one of the 4 areas below and push it into the skin for about 2 minutes. Then place the next pump on any of the remaining 3 places and do the same. It doesn't matter which of the four places you use, if you always use the same places or vary – just as long as each pump goes on a different area, as there is better absorption.

The 4 areas are – the 2 inner thighs, and the 2 upper outer arms (hug yourself and it's the area between your shoulder and elbow)

It doesn't matter when you apply the oestrogen in the day but be consistent ie always morning, always evening

The progestogen needs to be taken at bedtime as it can be sleepifying.

The Mirena coil (also known as IUS) can be placed in the uterus at the surgery, taking about 10 minutes. It lasts 5 years. It acts both as contraception and as part of the HRT, so particularly useful up to the age of 55, but is useful at any age.

If you are still having periods

You will have the oestrogen every day – but you only take the oral progestogen from the 1st to the 14th of every month (2 capsules at bedtime). You are likely to bleed in the progestogen-free weeks. This is called cyclical HRT.

If your last period was a year or longer ago OR you are on cyclical HRT but have reached the age of 55

Then you also have the oestrogen every day, BUT you also have the oral progestogen daily. Over the first 3 to 6 months you may get bleeding. It can be light as only seeing bright red blood on toilet paper after a pee – or it can last 10 days and be quite heavy. From the medical point of view ANY bleeding within the first 6 months of STARTING HRT, or the first 3 months after an increased dose of HRT is medically acceptable

AFTER THAT YOU MUST REPORT ANY VAGINAL BLEEDING TO A HEALTH PROFESSIONAL AT THE SURGERY

Medication Review

We will give you 3 months supply in the first instance and the menopause team needs to see you at 3 months, and annually after that for a medication review.

HRT Certificate

You can buy an HRT certificate from gov.uk which costs approx. £19.80 which is how much the first prescription will cost. Then the HRT for the rest of the year will be “free”. Most women save £60 a year.

The best websites for further information

All the above information is consistent with British Menopause Society guidelines and they have good patient info sheets on their website.

Balance-menopause run by Dr Louise Newson is specifically for women themselves, and is a mine of information.

TESTOSTERONE

Testosterone should only be considered in a woman with low sexual desire, despite her having tried HRT, addressing any relationship issues, and looking at medications – Please be aware that most antidepressants can reduce libido.

Women who have had a medically-caused menopause (either surgery or medication) are much more likely to notice a lack of libido due to lack of testosterone

At the moment it is not available on the NHS but it looks like at some point in 2026 we will be able to prescribe it

HRT AND SURGERY

NICE guidelines state transdermal HRT does NOT need to be stopped prior to elective surgery. Oral HRT could be changed to transdermal

Discuss with surgeon/ anaesthetist if needed