



Understanding *obesity and menopause*

Dr Daisy Mae writes about a weight issue close to many women's hearts.

... and at a cost to the country of around £2 Billion/year.

Obesity levels in the UK are rising at an alarming rate. By 2020, public health specialists predict that 1 in 3 of the UK adults, will be not just overweight – but defined as clinically obese. And yes, that's only next year – Can you believe it!? We are on the threshold of a weight epidemic.

And by 2030, all this additional flab will have resulted in –

- **668,000 extra cases of diabetes**
- **461,000 extra heart attacks and strokes**
- **130,000 new cancer cases**

Why am I writing about weight and menopause?

So I'm writing this for all the ladies who are going through the menopause – and that includes myself. Unfortunately, being female and middle-aged, this means we're a prime group.

However, each middle-aged woman has so much potential to improve their health. It's important to know the facts about female menopause, hormonal changes, and how these may or may not affect your weight throughout the menopausal transition and on into the post-menopausal period. This will help you make the best decisions for your future health and old age..

Knowledge is power. Power means change. Change is for the better ... please keep reading!





Women worry about weight gain at menopause

Almost every female attending the menopause clinic complains that either the menopause or taking HRT, has caused them to put on weight. It's so common to see a female patient who is having dreadful menopausal symptoms, but is worried about either starting HRT, or continuing to take it, mostly because they are so concerned about how this might affect their weight. So I'm going to answer the following questions:

What's the truth about menopause, HRT and weight gain? Why does obesity matter? Which other factors affect weight gain in middle age / around menopause? Could HRT in fact be beneficial for weight loss? Which HRT might be best if weight gain is a concern? Why is weight loss so important especially for women in midlife? What options are there to support weight loss for middle-aged women?

But first a few facts.

Are you in denial about your own weight?

Data from the House of Commons Briefing Paper Obesity Statistics 2018 reveal that 60% of UK adults are overweight, or obese.

Obesity is most common in women in the aged 45-65 years.

However, many women are in denial about their weight. When questioned, 31% of women who were overweight, and 8% of women who were obese, replied they were about the right weight.

Time to face reality! Take a look at the BMI calculator below.

How overweight am I?

If you haven't worked out your BMI lately, why not do this by clicking here?



Your weight is sometimes also classified by waist measurements.

- Your health is at risk if your waist measurement is <31.5 ins (80cm).
- You are at very high risk if your waist measures > 34 ins (88cm).

	BMI
Underweight	<18.5
Normal weight	18.5-24.9
Overweight	25-29.9
Obese Class I	30-34.9
Obese Class II	35-39.9
Obese Class III	40+

Body Mass Index (BMI)

This is the most widely accepted classification of obesity.

It's calculated by dividing your weight by the square of your height (kg/m²).



- There is then a sharp drop in estrogen levels, and a sharp rise in FSH levels, for 2 years before, and for 2 years after, the last menstrual period. Then levels stabilise. This period of time is called the peri-menopausal transition (PMT).
- These hormone changes may result in increased appetite, lowered energy levels, and reduced physical fitness. Hence there may be a biological reason for a small weight increase.
- However, whereas a small weight increase has been demonstrated at the PMT, this is in-line with the rate of weight increase associated with normal ageing.
- During the PMT, women gain an average of 4.5lb (2.25kg) over 3 years (Sternfeld 1999). This is similar to 1.5lb (0.7 kg) /year, in their 5th and 6th decade, experienced by healthy post-menopausal women (Wing 1991).
- During the peri-menopause, there is a small, coincident reduction in lean body mass, due to loss of muscle. This means, that with a small increase in fat deposition, but a similar degree of muscle loss, the net overall weight increase due to menopause itself, is negligible.
- Fat is distributed in the body, both peripherally and inside the abdomen, where it forms a blanket around your organs known as visceral fat. This is dangerous fat where harmful inflammatory processes take place.

Why does obesity matter?

Being obese in mid-life is associated with a significant increase in many different health risks.

With a BMI of >30, your risk of cardiovascular disease is increased by a factor of 4.

You are also at increased risk of Type-2 Diabetes, raised cholesterol, high blood pressure, and a significantly increased risk of numerous cancers, including breast cancer and uterine cancer.

Being obese can also cause severe emotional harm, and contribute to poor psychological well-being, sexual dysfunction and relationship breakdown.

What's the truth about menopause, hormone replacement therapy (HRT) and weight gain?

Research trials have demonstrated the following facts -

- Although the average age of the last menstrual period is aged 51, around 5 -10 years before this, your estrogen levels are falling and your FSH (Follicle Stimulating Hormone) levels are rising. This means women in their 40's already have a relative lack of estrogen, long before the exact time of menopause.

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There is a natural change in the amount of visceral fat deposited before and after the peri-menopausal transition. In premenopausal women, visceral fat makes up 5-8% of total body fat, whereas after the menopause, this rises to 11-20%.

This is associated with a change in body shape, with women becoming more apple-shaped than pear-shaped.

It is the accumulation of all these changes which leads women erroneously to think the menopause has caused weight gain. Weight gain and redistribution of body fat is a normal part of the ageing process. →



It's also sadly true, that obese women tend to have more troublesome peri-menopausal symptoms than non-obese women.

Which other factors are associated with weight gain?

Studies have shown the following factors are associated with obesity in mid/late life -

- **Family history of obesity**
- **Being married young**
- **Increasing numbers of children**
- **Low levels of physical activity**
- **Shift work, and sleep deprivation**
- **Skipping meals, poor dietary habits, snacking, take-away's, eating away from home**
- **Low self-esteem**
- **Psychological distress, anxiety and depression**
- **Certain drugs such as antidepressants e.g. serotonin reuptake inhibitors (SSRI's)**



Could HRT be beneficial for weight loss?

Taking HRT might even be beneficial for control of body weight. By increasing estrogen levels, this may potentially reduce visceral fat deposition, and negatively affect weight gain.

One 2006 meta-analysis of more than 100 randomised studies of women without diabetes, using HRT, concluded that both oral (tablet), and transdermal (patch/gel), HRT resulted in reduced amounts of abdominal fat.

However, because of the small risks of deep vein thrombosis, stroke and breast cancer, associated with some types of HRT use, HRT is not currently prescribed primarily to aid or support weight loss, but can provide this added benefit when taken for control of menopausal symptoms.

Which type of HRT is best to avoid weight gain?

If you are considering using HRT for symptom control and are overweight, then the transdermal (patch/gel) HRT seems to offer the most favourable risk-benefit equation.

With transdermal (patch/gel) HRT, because estrogen is absorbed through the skin, and is not swallowed and then absorbed from the stomach, less hormone passes through the liver. This means that transdermal (patch/gel) HRT has less effect on other biochemical parameters, such as blood clotting factors, for example; risk of blood clot already being increased if overweight.

How can middle-aged women lose weight?

The most important tools for weight loss are calorie consumption and increased physical exercise.

Calorie consumption

As a general rule, 1200 -1500 Kcal day should result in a weight loss of 0.5 - 0.75 lb per week.

There are numerous diets to choose from, all with relative benefits and disadvantages.

- The Mediterranean Diet is highly recommended. This has a moderate fat intake and involves plant-based foods, including fruits, vegetables, legumes, seeds and nuts.
- Very low calorie diets have been recently advocated.
- Meal replacements diets are an option.

For the best advice, why not see your GP, and/or discuss your options with a dietician?

Keeping a food diary has been shown to help weight loss. You should write down everything you eat every day, and try to stick to your calorie regime.

Physical activity

Physical activity cannot be underestimated. It's of key importance to avoid becoming sedentary and to get moving! Being sedentary is a predictor for increasing waist size and obesity. Sedentariness is a bigger risk factor for obesity than ageing and menopause.

For example, a 2016 meta-analysis of women randomised to walk regularly, compared to a no-exercise group, showed clear benefits in terms of weight loss and reduced body fat in the walking groups.

As a minimum women are recommended to take 120-150 minutes of brisk walking per week. Brisk walking is walking where it is interrupting your ability to speak and you feel a bit sweaty.

However, this needs to be coupled with calorie restriction to result in weight loss.





Exercise results in numerous health benefits. It improves glucose metabolism, helps lower blood pressure and overall leads to a reduction in strokes, heart attacks and diabetes.

The more exercise you can do the better! And you don't need an expensive gym! The world is a gym!

Walk, don't take the bus. Use the stairs, not the lift. Go the long way round! Get up off the sofa, do the housework, run up and down the stairs, get the gardening done, take those things to the tip! Get busy! Find a hobby you enjoy, join a walking group, get out and about on your feet! The more active you are, the more you prompt your metabolism to get on and use up some body fat!

I have a Fitbit for example, and I record my steps every day. It's become a lot of fun.

How to make life changes

It can be difficult to make significant life changes, especially if you are suffering from anxiety or depression.

Set yourself small goals. Every journey starts with one small step.

Loneliness is recognised as a risk factor for weight gain. It can be hard to overcome loneliness, especially if your self-esteem is low and you are anxious or depressed. However, you can find out about local clubs and societies, and try to join in. Slimming Clinics like Slimming World and Weight Watcher's provide friendly, supportive meetings and are often very successful and in helping you lose weight.



Other strategies for weight loss

Weight loss medications

There are a variety of different medications available to aid weight loss. These are generally only prescribed for women who have been unable to lose weight by other means and have a BMI of >30 kg/m².

In their 2017 Recommendations for the Management of Obesity, The National Institute of Health and Care and Excellence (NICE) endorsed the use of two anti-obesity drugs - orlistat and liraglutide.

A large meta-analysis involving 29,000 patients concluded that a number of weight-loss drugs, including orlistat, liraglutide, and also the appetite suppressants, phentermine and diethylpropion, were all effective treatments, resulting in an average weight loss of 5% of body weight after 52 weeks treatment.

Orlistat and liraglutide are available on NHS prescription. Phentermine and diethylpropion are not available on the NHS but can be prescribed from private UK slimming clinics.

Weight loss surgery

In cases where diet and exercise alone have failed, bariatric surgery is an option. There are a variety of different procedures available, such as gastric balloons, gastric bands, and partial gastrectomy.

You can be referred by your GP for bariatric surgery if you have a BMI over 40 kg/m², or a BMI of >35 plus additional risk factors such as diabetes. It's well worth making an appointment to discuss your options if this is a possible acceptable option for you.

Final thoughts

The most important thing to take away from reading this, is that natural ageing causes weight gain in women – not going through menopause, or taking HRT.

Your weight is intricately associated with your health. If you are reading this, know you are overweight or obese, and are unhappy about it, now is the time to take action.

There are lots of ideas here you can take forward and embark on a healthier life and a happier you!

You can do this for yourself, and with luck, have a less problematic menopause and a healthier, more-fulfilling old age!

Don't let your weight get you down!

Talk to your GP, Practice nurse or menopause specialist.