"Diet and Lifestyle Influences through the Menopause Transition: What's Happening, What's Challenging, and Evidence-Based Solutions"

Webinar Questions Answered by Hillary Wright, MEd, RD, LDN

- What are your experiences with perimenopausal cognitive decline and patients complaining about 'brain fog'? What are your patient recommendations for these concerns regarding diet and supplements?

  Brain fog is common and, in general, tends to get better once you're through the more bumpy perimenopause phase. The best research on diet and brain health is on the MIND diet. Our Menopause Diet Plan book is consistent with the principles of MIND and there are good books written by dietitians on this diet. Check out the Cognition Dietitian on IG.

- In an early slide, it stated "..you can cut out added sugars and still not eat fruits and vegetables…" Should this be ..and still eat fruits and vegetables

  Let me clarify – you can cut out sugar and other highly processed foods and still not eat enough fruits and vegetables to optimally benefit from eating them (yes, all super healthy). More nutritional gains from adding healthy foods more than just focusing on eating less of the unhealthy ones.

- If only one ovary is removed and one is spared, does that still cause a significant hormone shift?

  This is a question for a physician.

- I am a female RD (age 59) on progesterone & estradiol (last menses age 55), still have hot flashes & night sweats (improved) plus abdominal weight gain. Is there something else I should be looking at? By the way I exercise (weight training & cardio) 2-5 x week for 27 + years.

  If I had that answer, I would be a wealthy woman! Very hard to say without having a detailed conversation that would happen in a counseling session. All I can really say is bodies change with age so the best we can do is all you've mentioned and make our peace with the things we can't fully influence.

- Do you see a difference in symptoms between natural post-menopause and surgical post-menopause? With this, do you have different recommendations, or would they still be the same recommendations?

  I would say the recommendations are the same but, in my experience, surgical menopause can bring on more abrupt symptoms as there's no gradual transition. The recommendations in our book, The Menopause Diet Plan, would apply as they are targeting women with lower estrogen levels; however, that happened.

- Due to the increase in body fat % & loss of lean muscle mass, what are your recommendations for strength/resistance training for your patients?

  I am not a PT or trainer so make recommendations that reflect the research, which is at least 150 min cardio (more if trying to lose weight) and 2-3 episodes of strength training that increasingly challenges your muscles as you get stronger, using weights, machines, bands or whatever resonates with someone most as it has to be reasonably enjoyable (or at least not something they dread!)

- How is inflammation tied to lean muscle loss? Do the cytokines break it down?

  Yes, and other inflammatory compounds that tend to increase with age and lack of regular physical activity.

- How do you determine how much is visceral fat versus bloating/SIBO that is often common in leaner women, where the belly weight is disproportionate?

  I would say if SIBO is a suspected possibility that should be ruled out (SIBO generally has symptoms that are hard to ignore). A DEXA scan can assess baseline visceral fat but would need to be repeated to see if the visceral fat is changing due to strategies being implemented.

- I'm curious to know how much of the increase in waist circumference is due to visceral fat accumulation vs. height loss post menopause due to bone loss/ osteoporosis?

  Interesting question that I unfortunately don't have an answer to.

- Can a ketogenic diet be beneficial around menopause?

  I'm not a fan of diets that are generally not sustainable or require people to avoid eating many foods we know are important for preventing chronic disease. The GI tract benefits from a variety of dietary fibers that, in my opinion, won't be possible if someone is following a diet that it that restrictive. Of note is when it comes to preventing colon

cancer, for example, studies tell us that it is fiber from foods that is associated with a decreased risk that is not seen from using supplemental fiber like Metamucil, etc.

- So I am menopausal, as are most of my cardiac patients. I eat healthily, get adequate protein and calories, and do 40 minutes of cardio daily and resistance 2X/week but still have some visceral fat. What else can I do?

  Some visceral fat is a normal consequence of decreased estrogen level, which is about the most I can say. To determine more would require formal consultation to dig around.

- Do you have any recommendations for intermittent fasting and/or prolonged fasting, like 3-5 days?

  Not a fan of fasting for whole days, although if someone does that occasionally it's unlikely to be harmful. Don't see benefits that might outweigh potential harms with multi-day fasting (like lean mass loss). I do recommend extended fasting within a daytime 12 (or so) hour window starting earlier in the morning and ending by dinner. We write about this in The Menopause Diet Plan.

- How long should each strength training session last?

  I'm not a trainer or PT but I would say however long it takes to work all the major muscle groups (maybe 20-30 min?)

- How do you encourage women to eat MORE when their appetites are actually low and it's difficult to get in enough food?

  Appetite follows opportunity so women who skip meals or go a lot of time without eating may to some degree adjust to that. It may require "retraining" your body to start eating something small earlier and gradually build up to a regular eating pattern over the day. Too few eating episodes makes it hard to get in enough protein, fiber, calories, etc over the day.

- Can you please explain a little bit more why fasting is not suitable for women?

  In my experience many of these regimens are not sustainable so neither are the results. Fasting refers to a variety of different strategies, the only one I see as sustainable begin extended time fasting where you're eating within a 10–12-hour window roughly aligned with daylight. Insulin sensitivity follows a clear circadian rhythm that is more sensitive in the early part of the day and worse at night, so starting early with a goal of not eating after dinner is generally what I advise.

- Can checking serum insulin be of benefit in predicting diabetes?

  The problem with serum insulin is that it is not a standardizes test, so there is not broad agreement on what is a “normal” level. I’ve seen labs that say anything under 25 is normal, read stuff to suggest anything in the double digits may be high, and told by an endocrinologist that someone developing diabetes who has significant pancreatitis could have a low serum insulin. I have seen them undeniably elevated in young women with PCOS, but outside of that they can possibly a bit useful under certain circumstances, but not all.

- Is the DPP (diabetes prevention program) the one that suggests a low-fat diet?

  Counting fat grams per meal? Thoughts about specifically "low-fat" diet, vs other types of diets? Yes, they did encourage less fat with the DPP, likely due to encouraging calorie control, and possibly when the trials were started (maybe low fat was still sort of a thing). As long as someone’s calories are meeting their goals and the type of fat is healthy I think how much is a personal choice.

- In your professional opinion, what would you recommend when someone asks if butter is healthier than margarine, and vice versa, knowing how hydrogenation of fats results in trans fats and how nutrition facts can round down to zero when trans fats don't provide more than .05 g/serving (resulting in added trans fats when consuming more than one serving)

  Butter is high in saturated fat so I encourage people to use it on foods they really like it on, and otherwise opt for Olivio, Smart Balance, Earth Balance, Brummel & Brown, etc. Trans fats are outlawed to hydrogenation is much less prevalent, but in some instances that has just led to subbing in tropical oils, which are also saturated. To your point, due to rounding down someone could piece together trans fats if they ate enough of the foods that are “0” per serving. In the end, I encourage people to mostly use olive oil, canola, avocado and the like, and use butter where it’s really appreciated.

- What frequency is a lot when it comes to hot flashes? Not sure of the definition.

  More of an MD question. Maybe enough to make someone miserable, which may vary.

- This presentation is another reminder of EXERCISE "treats peri/menopause," quality of life & longevity. How do we get people to do it?

  Readiness comes at its own pace. I try to educate people on how exercise changes physiology, mood and acts as an insulin sensitizer as opposed to a calorie burner. For some people, I think that’s more compelling. Also, starting slow and building up can be less intimidating. I also try to encourage people to not just see the value for weight loss as if that doesn’t happen fast enough people often quit.

- Regarding women who are "always hot" or "always cold" is this at all hormones and/or body composition related? It seems like a regular phenomenon in the postmenopausal period of life.

  Not sure. More of a physician question.

- Are those protein recommendations based on current weight, adjusted, or ideal? Thinking about those recommendations and how they might be related to women who are classified in the overweight or obesity category.

  I would use adjusted body weight in anyone whose weight is 120% of Ideal or higher.

- Do you recommend higher protein for women doing strength training?

  If someone is strength training a lot I would aim for the 1.2 gm/kg. If athletically active, they may benefit from more, but at the most, I would think 1.5 gm/kg.

- Any studies you can recommend that are more geared towards perimenopause specifically?

  Our book, The Menopause Diet Plan, has over 300 references in it, many of which include women in perimenopause.

- I understand women continue to make a less potent form of estrogen throughout their life span. In addition to improving diet, increasing protein, strength training, and exercise, is there anything that increases our ability to produce this estrogen?

  No, the only way to replace it is with MHT (menopause hormone therapy, formerly known as HRT). There are weaker phytoestrogens in soy, black cohosh, and maybe other herbs, etc., but I am not a functional medicine clinician, so I can't comment on that. Body fat is the primary maker of estrogen after menopause, which may be why nature encourages a little more on our bodies, and the microbiome is a regulator of estrogen so having a healthy gut can help us make the most of what we have!

- How do you approach the conversation of realistic weight during hormonal changes to someone who is weight-focused and tracks their progress based on how much weight they lose?

Very complex. Sometimes it involves dysfunctional thinking about body image and weight management. I try to educate women on how their body works, some of the risks of trying to over-restrict one's weight loss, how eating enough and exercising regularly makes them feel (should be better than how it feels to constantly restrict!), and do a lot of listening to build trust. There are often decades of dieting behind this thinking, so the best thing we can do is to get them to connect with us so that we have a chance to influence their thinking. Definitely not easy!

- What are your thoughts on using adaptogens for helping manage symptoms?

  I am not an herbalist or functional medicine practitioner, so I can't really offer an opinion on this.

- As far as circadian timing goes, what would be the recommendations for timing for eating for shift workers (second shift/night shift workers)?

  I would read Frank Scheer's work from the Sleep lab and Brigham & Women's Hospital in Boston. My understanding is it's physiologically best to try to eat the larger meals during day hours (say before and after a night shift) with smaller snacks and fruits/vegetables during the night hours. Here's an example of his work: https://www.massgeneralbrigham.org/en/about/newsroom/press-releases/eating-only-during-daytime-protects-from-shift-work-heart-risks

- Do you recommend bone health?

  Yes, we have a chapter on this in our Menopause Diet Plan book. In short, enough protein over the day, adequate vitamin D supplementation, aim to get at least half your calcium from food and supplement additionally as needed, and nurture a healthy gut microbiome with fiber to optimize bone-building nutrient absorption.

- There has been some talk about the need for creatine for muscle during menopause. What are your thoughts on it?

  I think it has potential. You can read a comprehensive take on this written by my co-author Elizabeth Ward: https://menopausedietplan.substack.com/p/read-this-if-youre-curious-about.

- What are some common strategies you use in counseling to help women with barriers to start strength training?

  Common barriers such as time, lack of experience, etc. Needs to be personalized but I try to build trust by listening and empathizing while also sharing how important it is and how it may help them function in the rest of their lives to work in some regular strength training while being clear strength training is one of the most evidence-based strategies

to manage many menopausal symptoms and health risks. Also, encourage them to prioritize it by scheduling it into their week, and consider hiring a trainer to build their skills and confidence.

- Can you share more about alcohol consumption related to menopause?

  New scientific advice recommends limiting it to less than or no more than one drink per day, with less always being better. Alcohol can aggravate hot flashes and increase the risks of a number of health problems that we're at higher risk for with age. Everyone needs to find their happy medium, but no one is talking about alcohol as having health benefits anymore.

- Can hormone replacement therapy help with weight loss?

  Not that I am aware of. I've seen research that suggests it may help moderate visceral fat, but not to the degree that it would be considered a weight loss therapy. If someone is having a lot of symptoms that interfere with healthy eating and exercise that get better with MHT, then that may be useful (by maybe helping a woman sleep better, for example).

- What are your thoughts on the book "Fast Like A Girl"?

  I find the author's claims dubious and pseudoscientific, but I would love to hear your professional thoughts on that topic. I have not read it so can't comment. If it sounds dubious and pseudoscientific, it most probably is! I'm not a fan of fasting so that alone would likely influence my opinion.

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