The specialist authority for menopause & post reproductive health

British Menopause Society

Menopause: Nutrition and Weight Gain

Introduction

Good nutrition and an active lifestyle remain the cornerstone of a healthy menopause. This is true whether Hormone Replacement Therapy (HRT) is part of a woman's treatment plan or not. There is often confusion about what good nutrition really means and also what constitutes an active lifestyle, among healthcare professionals (HCPs) and the general population.

Pseudo science, media misinformation and celebrity anecdotes often contribute to confusion, leaving many women feeling overwhelmed. Conversely, some HCPs assume that a 'slim' patient must be eating well and exercising appropriately.

From a clinician's position, there are some specific areas of nutrition, such as bone health or coronary heart disease (CHD) risk, to be concerned about at perimenopause and menopause. The vast majority of women are focused on weight loss rather than good nutrition. As HCPs it's important to remember that we tackle menopause weight management and good nutrition with the same intervention.

Tip: it's useful to ask a patient to rate how healthy they feel their diet and lifestyle is out of 10. If they respond with a figure less than 10, ask them what they'd need to do to achieve 10/10. Their answer will give you a very good indication of where they sit with knowledge and beliefs about healthy living. It also opens up the opportunity to discuss weight management.

Weight gain, body composition and fat deposition

Weight gain is one of the most common side effects of perimenopause and menopause affecting at least 50% of women. Evidence from the SWAN study and The Healthy Women's study suggests that on average women gain approximately 1.5 kg per year during the perimenopause transition, resulting in an average weight gain of 10 kg by the time menopause is reached.

Most of this weight accumulates around the abdomen and upper body. As estrogen levels reduce, visceral fat increases from 5-8% total body weight to 10-15% total body weight. Concurrently, metabolic rate slows as lean muscle mass reduces.

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Other nutritional considerations

The reduction of estrogen correlates directly with a significant increase in cardiovascular disease and reduced bone density. The National Diet and Nutrition Survey (NDNS) analyses dietary patterns and nutrient intake across the UK population. The 2020 NDNS confirms previous concerns for the diets of adult women:

- Only one third eat their 5-a-day
- Mean consumption of oily fish is just 40% of the recommended 156 g per week
- Intake of total fat, saturated fat, salt and free sugars all remain above recommended levels
- Dietary fibre intake falls well below recommendations
- 25% have low iron intake
- Folate and iodine intake is low.

These dietary concerns should be sufficient reason to warn women to stay away from weight loss diets which advise restricted eating, avoiding whole food groups or indeed that any specific food is capable of hastening weight loss.

High quality studies evaluating the effectiveness of popular diets such as ketogenic, time-restricted eating and fasting have not been conducted. They have not been carried out amongst perimenopausal and menopausal cohorts, and they do not have data supporting long-term efficacy.

We do have high quality evidence underpinning calorie reducing diets with increased exercise, including strength exercise, as the route to achieving long-term (over four years) weight management. Results include both reductions in waist circumference and body fat amongst perimenopausal and menopausal women.

Respectful consent

Before starting to work with a woman to help improve diet and lifestyle, it's important to check that this is what the woman wants and that she feels ready to focus on it:

- Are her menopause symptoms well controlled?
- Has she spoken about wanting to make changes to her diet and lifestyle?
- Have you asked permission to support her with diet and lifestyle changes?

Tip: don't assume everyone wants to eat better and accept that waiting for the right time is better than trying to take action at the wrong time.

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Eat less, eat better

Safe, maintainable weight loss needs a daily calorie deficit of approximately 500 Kcals per day or 3,500 Kcals per week, along with regular aerobic and resistance exercise. The most practical and achievable way to reach the required calorie deficit is by adjusting a woman's current eating regime rather than presenting her with a one size fits all diet.

Start with a food and activity diary. A record of what a woman eats over a 3-4 day period is a useful place to start. The diary will reveal some of the obvious areas to take action. Common issues to work on include:

- Large portion sizes
- Unstructured mealtimes
- Grazing and unconscious snacking
- Alcohol intake
- Long periods of being sedentary (especially if working from home)
- Eating quickly, while multi-tasking
- Unbalanced food groups.

Start with 2-3 changes and once these have been implemented add more. Often the changes you agree can serve multiple purposes:

- Structured meals made up of foods from the major food groups can increase fruit and vegetable consumption and reduce intake of sugar, salt and fat. They can also increase intake of micronutrients such as iron, calcium, folate and iodine. The meal time food group model of ¼ protein, ¼ carbohydrate and ½ fruit, vegetables or salad is a helpful visual.
- Planned snacking can increase nutrient intake and decrease fat, salt and sugar intake.
- Structured meal plans and eating more slowly can help reduce portion sizes.
- Agreeing weekly alcoholic drinking limits is also useful.

Tip: slow and steady changes are key to successful and sustainable long term change and will gradually alter the entire lifestyle in a favourable direction.

Move more

Most Smart phones have built in health apps which record day to day activity levels. While many people are dedicated to attending 1-2 gym classes per week, most UK adults fall below European guidelines recommending >150 mins/week of endurance exercise (brisk walking), or 10,000 steps per day.

If baseline activity levels fall well below 10,000 steps, agree to start at a more realistic target. Perhaps 5,000 or 7,000 steps per day and then build on this.

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Resistance or strength exercise

This is almost non-negotiable for perimenopausal and menopausal women who want to lose weight and change their body shape. Regular, consistent weight resistance exercise is the most efficient method for increasing muscle mass and metabolic rate.

Encourage moderate, regular strength exercise over one or two intense gym sessions. Simple exercises like squats, box press ups, ankle taps and bicep curls are ideal.

Tip: advise women to take body measurements such as bust, waist and hips, as well as using clothes to assess body shape changes along with conventional weighing.

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.

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

  - ⅓ 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 10 mcg or 400 IU 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.

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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.

REVIEWED: SEPTEMBER 2026

This BMS Tool for Clinicians has been reviewed by the medical advisory council of the British Menopause Society. It will be updated when guidance changes and/or new data becomes available.

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