

WOMEN, WEIGHT & MENOPAUSE: THE PERFECT PROBLEM

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Objectives

1. Describe three contributing factors to midlife weight gain.
2. Differentiate between disordered eating and appropriate healthy eating for the midlife woman.
3. Recommend treatment strategies for healthy weight management.

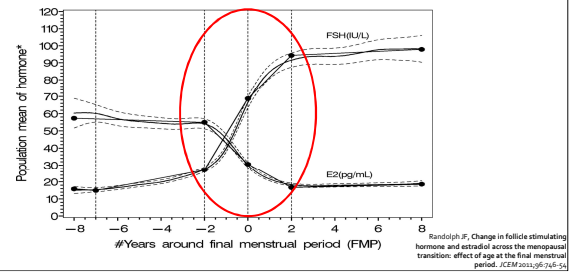
What Contributes to Midlife Weight Gain?

1. Menopause and Hormone Changes
2. Effects of Aging: Gradual loss of muscle mass (sarcopenia)
3. Lifestyle Changes

And potentially:
A history of diet cycling



Hormone Changes During Menopause Transition:



Perimenopausal Hormone Changes are Dynamic:

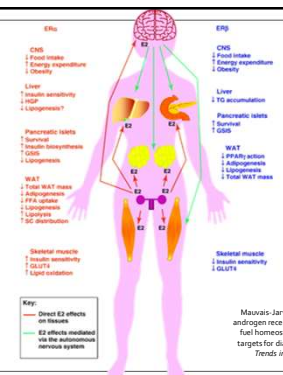


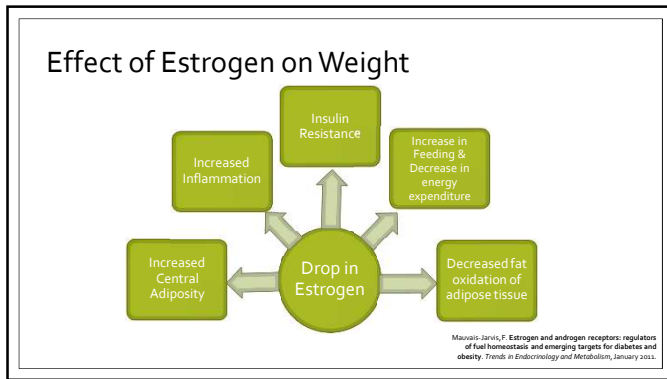
Estradiol (E2) can be wildly fluctuating over a period of time OR... Be low
Changes in the circulating levels of these hormones are not consistent indicators of menopausal status during perimenopause

Hadine Jaffe MD MSc, Director, Women's Hormone & Aging Research Program and Associate Professor, Harvard Medical School. NAMS Annual Meeting, 2016

Estrogen

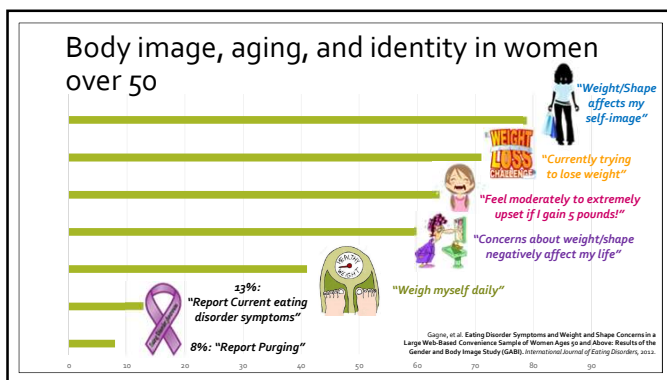
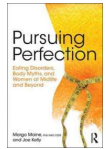
- ✓ 2 Different Receptors
- ✓ Located throughout the body
- ✓ Up- or Down-regulate different body functions





The Changing Shape of Womanhood: The Perfect Problem

- Women suffer endless pressures to do and be everything...*Perfectly*
- The Pursuit of Perfection is a fast track to:
 - Anxiety
 - Depression
 - Substance abuse
 - Compulsive behaviors
 - A deep sense of shame and inadequacy
 - Disordered eating and Eating disorders



A woman can judge her "performance" as a woman today by measuring pounds, calories, hours of exercise and clothing size.

– Margo Maine PhD, FAED, CEDS

Disordered Eating in Midlife and Beyond: What is Healthy and Appropriate vs. Disordered and Detrimental?

Key Points:

- Perimenopause may be a significant period of vulnerability for the development, worsening or relapse of eating disorder symptoms
- Midlife disordered eating (or eating disorders) can be detrimental due to increased risk of nutrient deficiencies and the body's lessened ability to fight disease

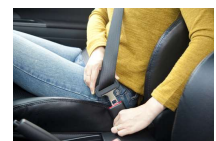
Questions:

- Is this person's "distress" over weight loss a body image issue or a health issue?
- Are food and body issues interfering with this person's life?
- Does your client have a fixation on clean or righteous eating?
- Has this person's quest for healthy eating and thinness become obsessive?
- How does your client/patient feel if she ate a "forbidden" food?

Baker, J. and Rumfola C. Eating Disorders in Midlife Women: A Perimenopausal Eating Disorder? *Maternity*, March 2016.

Fasten Your Seatbelts!

- Hormone Therapy
- Herbal Therapies / Supplements
- Soy and Isoflavones
- Other Non-Hormonal Strategies, i.e. CBT, mindfulness, acupuncture
- Diets
- Exercise



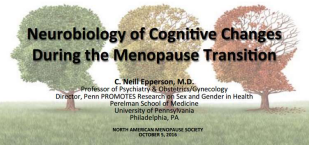
Hormone Therapy. A Little History...

- 20 Years ago we knew little about the menopause transition
- Hormone Therapy: government-approved treatment for relief of menopausal symptoms
- Women's Health Initiative study in 2002 & 2004 contradicted what clinicians believed about using HT
 - *Not all agree with the interpretations of the WHI because of the length of time after menopause that hormone replacement therapy was initiated.*
 - *In a secondary analysis, women who initiated hormone replacement therapy within 10 years of menopause tended to show a reduced risk for CVD*
 - *Current research suggests there is a "window of opportunity"*

Research has evolved:
 From Psychosocial (Empty Nest Syndrome) → Neurobiology (Functional Role of E2)

Burger H. Hormone replacement therapy in the post-Women's Health Initiative era: report of a meeting held in Funchal, Madeira, February 24–25, 2009. *Menopause*. 2009;16(suppl 1):11–16.

What is considered normal vs what is pathological?



Herbal Remedies: "Natural" Solutions



Soy

Black Cohosh



Red Clover

JAMA The Journal of the American Medical Association

Use of Plant-Based Therapies and Menopausal Symptoms: A Systematic Review and Meta-analysis

Franco, et al. Use of Plant-Based Therapies and Menopausal Symptoms: A Systematic Review and Meta-analysis. *JAMA*, 2016.

Symptom	Herb
Hot Flashes	Dong Quai, Black Cohosh, Evening Primrose, Safflower, Wild Yam, Yohimbin, Tribulus, Ashwagandha, Fenugreek, Chastity Tree, Licorice
Insomnia	Valerian, E. Flax Seed Oil, Evening Primrose Oil
Vaginal Dryness	Ginger, Ginseng, Blessed Thistle, Cayenne, Peppermint
Fatigue	Chamomile Tea, Passion Flower, Valerian
Anxiety	Flax Seed Oil, Evening Primrose Oil
Skin Changes	Dong Quai, Flax Seed, Kava Kava
Aches and Pains	Dong Quai, Flax Seed, Kava Kava
Memory Loss	Ginkgo Biloba

Herbal Therapies



Overall Concerns:

- Belief that they are natural and therefore safe.
- Herbs and supplements can have beneficial pharmacologic effects...as well as cause adverse events and interactions with other substances.
- Concerns about quality – Is an herb listed on an ingredient label the identified herb? Do they contain adulterants?
- Anecdotal evidence may support efficacy, but there are scant clinical data to document safety or efficacy for most.

Endocrine Society, Hormone Health Network. Alternative Treatments for Menopause. Available at: www.hormone.org/menopausemap

Soy and Isoflavones

"There has been an unjustifiable amount of negative press about soy foods."
 – Kenneth Setchell, PhD, University of Cincinnati College of Medicine



Key Points:

- Isoflavones are non-steroidal estrogens found in many plants – soybeans and red clover are richest sources
- 2 predominant isoflavones in soy: daidzein and genistein
- Conjugated forms are not absorbed and are biologically inactive
- Intestinal bacteria play a crucial role in their metabolism influencing their biological activity and bioavailability
- Key metabolite S-(γ)-equol is produced from daidzein by specific species of intestinal bacteria (*not everyone has these bacteria...thus "equol producers" and "non-equol producers"*)

Kenneth Setchell. History and Basic Science of Soy Isoflavones, NAMS Annual Meeting, October 2016.

Isoflavones Have Broad Spectrum of Non-Hormonal Benefits

- Antioxidant activity
- Anti-inflammatory actions
- Potential role in menopause management:
 - vasomotor symptomology (benefit associated with genistein content)
 - Cardiovascular disease
 - Breast cancer
 - Skin (anti-aging effect)

POSTER STATEMENT

Nonhormonal management of menopause-associated vasomotor symptoms: 2015 position statement of The North American Menopause Society

Final Classification	Therapies
Recommended – effectiveness established	Cognitive behavioral therapy Clinical hypnosis Paroxetine salt SSRI/SNRI Gabapentinoids Clonidine
Recommend with Caution – balance benefit with harm or effectiveness not fully established	Weight loss Mindfulness-based stress reduction Soy extracts Stellate ganglion block
Do Not Recommend at this Time – effectiveness unlikely, limited evidence or harmful	Paced respiration Exercise Yoga Relaxation training Acupuncture Avoidance of triggers Cooling techniques

Menopause: The Journal of The North American Menopause Society, 2015.

Study: Food, Mental Health and Menopause

Recommendations:

1. Follow traditional diets (Norwegian or Japanese diet or Mediterranean)
2. Increase consumption of fruits, vegetables, legumes, whole grain cereals, nuts, and seeds
3. Include a high consumption of foods rich in omega-3 polyunsaturated fatty acids
4. Replace unhealthy foods with wholesome nutritious foods
5. Limit your intake of processed foods, "fast" foods, commercial bakery goods, and sweets.

Opie RS, Itsiopoulos C, Parletta N, et al. Dietary recommendations for the prevention of depression. *Nutr Neurosci*, 2016.

Overview of Strategies for Managing Menopause with Nutrition

What behaviors does your client need to **INCREASE** and
 What behaviors does your client need to **DECREASE** to...

1. Prevent/Decrease Weight Gain
2. Maintain or Restore Lean Tissue
3. Manage Body Image Concerns
4. Prevent Risk of Disease: *Osteoporosis, Cardiovascular, Diabetes, Cancer*

What Makes Exercise a "Poly-Pill"??

- Improves overall health and decreases risk of disease...*heart disease, osteoporosis, diabetes*
- May decrease intensity/frequency of hot flashes
- Helps maintain or minimize weight (re)gain
- Improves Mood
- Boosts energy
- Improves sex life
- Promotes better sleep
- For fun



Case Study



- 55 year old, post-menopausal woman, Elementary school teacher
- Wt: 125 lb; Ht: 5'6"; BMI: 20.2 Highest weight: 130 lbs Lowest weight: 118 lbs
- Weighs self every morning
- Reports eating approximately 1500 kcals/day
 - Skips breakfast
 - Eats lunch quickly – School lunch: chicken fingers, hot dog, pizza
 - Munches after work, enjoys a "good" dinner, but is "concerned" about wine intake
- Diagnosed with osteopenia
- Struggles to drink enough water because of incontinence
- Concerned about number of meds and supplements she is taking
 - Meds: Armour Thyroid, Prevalite, Cholestyramine and Imodium

Client's Goals:

- Improve energy
- Manage weight during menopause transition – prevent weight gain
- Decrease cycle of undereating, mindless eating and grazing
- Decrease reliance on supplements and improve intake of nutrient-dense foods, especially at breakfast and lunch

Nutrition Prescription:

- Prescribed a meal plan that helped her with structure and spreading out her intake throughout the day
- Calculated RMR + Activity = 1500 to 1720 kcals per day
- Protein recommended based on 1.2 to 1.5 g/kg/day = 70 to 85 grams

	Carbohydrate Foods				Protein	Fat	Desserts
	Vegetable	Fruit	Grains	Dairy	Protein	Fat	
Breakfast		0-1	1	0-1	1	0-1	
Lunch	1-2	1	1	1	3	2	
PM snack		1		0-1	0-1		
Dinner	2		1-2		3-4	2-3	
Evening Snack		0-1		1		0-1	
Total Servings	3-4	2-3	3-4	2-3	7-8 oz.	5-6	0-1

Sample Day:

- English muffin
- 2 tbsp peanut butter
- 1/2 medium or one small banana
- Chicken Caesar wrap:
 - 1 - 8" tortilla with 3-ounce roasted chicken, romaine, tomatoes and 1 tbsp dressing
 - 1 cup raw veggies and 2 tbsp hummus
 - 6 oz. Greek yogurt with 1 cup berries
- 1 oz. cheese with handful whole grain crackers
- 1 cup apple slices
- 1 1/2 cup chili with beans
- 2 cups mixed green salad with 2 tbsp vinaigrette
- Handful of crackers or small piece corn bread
- 6 oz. Greek yogurt
- 1 cup berries

Started Small

- Suggested she "experiment" with a small breakfast and increase her water/fluid intake
- Client decided she wanted to discontinue the supplements and see if they were "helping"
- Wanted to increase intake of fruits and vegetables by starting with bringing a fruit and yogurt to school
- Discussed ways to incorporate mindful eating practices: Made a plan to eat lunch at her desk vs walking down the hall

Client Follow-Ups...

- Discontinued supplements. No *negative* change in symptoms and noticed she can now tolerate eggs and pee doesn't smell
- Keeping a food & mood journal
- Brings lunch to school regularly
- Continues to work on increasing mindfulness with food and eating
- Decreasing wine to less than one per day

Yes! You Can Help Your Clients be Healthy and Happy Halfway Through...

- Consider what is "healthy" and appropriate vs detrimental and dangerous
- Why is this person coming to my office with such difficult symptoms?
- Be sensitive to and curious about psychosocial stressors
- Ask open-ended questions:
 - ✓ about a woman's attitudes, views, and beliefs about food, eating, weight
 - ✓ about menopause symptoms

There is variation in the menopause experience across cultures and races
- History of restrictive eating? Disordered eating? Diet cycling?
 - Potential increased risk of osteopenia / osteoporosis*
 - The effect of childhood or young adult ED/negative body image – successfully treated vs not treated?*

Additional Recommendations

Focus on Strategies that meet the following objectives:

- Prevent/Decrease Weight Gain
- Maintain or Restore Lean Tissue
- Prevent Risk of Disease: *Osteoporosis, Cardiovascular, Diabetes, and Cancer*

Motivate clients to connect with others to exercise, share recipes, and learn how to prepare healthy meals.

- *Cooking groups, demos, food tastings are a huge hit!*

Recommended Resources:

- International Menopause Society:
www.imsociety.org
- North American Menopause Society:
www.menopause.org
- "Hot Flash Havoc" Video
- More Magazine article on Bioidentical Hormones available at
www.menopause.org
- "Pursuing Perfection" by Margo Maine



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Thank you for listening!
Questions?



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