Weight gain seems to be one of the most common concerns expressed by menopausal women. Although neither menopause itself nor hormone therapy can be held responsible for the added pounds, there is some evidence to say that postmenopausal women are less likely to lose abdominal fat tissue than premenopausal women in any weight loss program. In other words, there may be some truth to why menopausal seem to drive around with that extra tire!

More than 40% of Canadian women are considered obese. The prevalence increases with age and sadly the incidence has increased over the last decade.

During the menopause transition (or perimenopause) the average weight gain is approximately 5 pounds. Contrary to popular belief, much of this weight is actually related to lifestyle and aging. As body fat accumulates through life, any fat gained during this period just adds to it. Also, lean body mass decreases with age which is compounded with the more sedentary lifestyle of older women.

Many may argue that weight gain seems to "just happen" during the menopause transition, no matter how hard women work at it. So why can't we seem to keep the extra pounds off then?

Sleep, or lack thereof for example, plagues many women of all ages, but can be particularly troublesome for menopausal women. Sleep deprivation, due to increased night time awakenings related to higher stress levels, night sweats and increased urination can lead to daytime fatigue, which can result in reduced daytime activity. Also, studies demonstrate that lack of sleep causes changes in body chemicals called leptin and ghrelin leading to increased hunger and appetite (and unwanted pounds!)

Research is currently underway to study changes in body composition and actual placement of body fat, specifically in the abdominal region. Other studies have already shown that menopause is associated with increased abdominal fat and decreased lean body mass, but exactly why remains unknown. Studies looking at hormone therapy are inconclusive in their relationship to weight changes during menopause. Of note too is that most of the studies involve Premarin® and synthetic progestogens, not bio-identical hormones.

There is also evidence to support that those women with added pounds will have more frequent or severe hotflashes. The bad news is that weight loss has not been proven to decrease hot flashes.

Regardless of how weight gain occurs, it still needs to be dealt with. Increased body weight and higher levels of abdominal fat are associated with an increased risk of "metabolic syndrome", a combination of disease states that increases one's risk for cardiovascular disease and type 2 diabetes.

Metabolic syndrome includes the presence of any three of the following five traits:

- Central obesity (waist circumference≥35 inches)

- Elevated triglycerides
- Decreased HDL
- Elevated blood pressure
- Increased FBG (fasting blood glucose)

Once diagnosed or identified, those with metabolic syndrome need aggressive lifestyle modification focusing on weight loss, increased physical activity and medication if necessary. Unfortunately there is no single diet or eating regimen that is right for every woman.

Regular exercise seems to have the biggest effect on long-term weight maintenance. Physical activity helps to balance caloric intake: energy in must equal energy out! Although aerobic exercise seems to provide the most immediate weight loss, it's actually resistance training that helps to build a leaner body mass. Since lean muscle has a higher rate of metabolism than fat tissue it is much easier for leaner women to keep the excess weight off.

Whatever eating regimen you choose, be sure to set realistic goals to be achieved through long-term lifestyle change. Although many "faddish" diets claim to and can actually provide short term weight loss, none are scientifically proven to be better than the next in maintaining a healthy weight. Staying healthy requires a life long commitment, not just a "twelve week program".