



CU SPORTS MEDICINE

## Exercise Your Way through Menopause

Menopause is a term that means you've had your last menstrual cycle or period. This typically occurs between the ages of 48 and 55. Prior to that time women notice gradual changes in the frequency, regularity, or amount of their menstrual flow. One's flow normally becomes lighter and the interval longer between each period. This is due to progressive reductions in estrogen during the 5 to 10 years leading up to menopause.

There are a number of physical changes or symptoms that may accompany menopause including: hot flashes, night sweats, vaginal dryness, sleep disturbances, and emotional ups and downs. Many women experience only mild symptoms; while others have more difficulty. In the years following menopause, the risk for various health problems such as heart disease and osteoporosis increases. What is the role of exercise during this life transition?

### **Can exercise eliminate or reduce some of the symptoms of menopause?**

Women who are physically active may have fewer and more mild symptoms (including hot flashes, night sweats, sleep disturbances) than inactive women. Research also shows that regular exercise has a significant and positive impact on mood, no matter what your age. Menopause is a shift that often happens at the same time as other life changes (body, family structure, relationships, job, self-identity). Exercise can provide valuable stress relief during this time. Studies also show that exercise is helpful in the treatment of mild to moderate depression.

### **Can exercise reverse or prevent any of the physical changes occurring as a result of menopause?**

Exercise has no influence on what age you experience menopause. (Smokers go through menopause earlier than non-smokers, so that's a good reason to kick the habit.)

Many women claim they gain weight during or after menopause (especially in their stomach region). They associate this with the hormonal changes they're experiencing. Many studies have found that *weight gain after menopause is more likely in women who are inactive* than in women who keep up a physically active lifestyle. Exercise appears to have a more powerful influence on a woman's total body fat and abdominal fat during early menopause than hormone replacement therapy. If a woman does gain weight during her postmenopausal years, the pattern of fat deposition will probably look different. This is because a woman's sex hormones seem to promote the "pear" shape instead of the "apple" shape. A woman who has always deposited fat in her hips and thighs may find that she now gains fat in her stomach and waist. Unfortunately, this switch to abdominal and visceral (inside around your organs) fat storage is associated with increased risk for heart disease and diabetes. So it really pays to find activities you enjoy that keep your body fit and your waist trim!

Estrogen appears to provide a "protective effect" on women when it comes to osteoporosis. When estrogen levels drop, women become more vulnerable to some health problems. Exercise can step in and provide its own "protective effects." The five years following menopause can be a time of rapid

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bone loss in many women. Along with adequate calcium and vitamin D, strength training and weight-bearing exercise can help you prevent some of this bone loss. Some women will lose bone despite an excellent diet and exercise program, so it is important to discuss your bone health with your health care provider.

Regular cardiovascular exercise has been shown to reduce the risk of heart disease and type 2 diabetes, lower blood pressure, improve lipid profiles, increase insulin sensitivity and prevent weight gain. There are a lot of reasons to keep moving!

Women may experience more urinary stress incontinence (poor bladder control) after menopause. This is because the pelvic floor muscles weaken when estrogen levels drop. Pelvic floor muscles control urination and having a bowel movement, and support the sexual organs. Many women benefit from the regular performance of pelvic floor or “Kegel” exercises. Check with your doctor if incontinence has become a problem for you. Make sure you are performing these exercises properly and that you receive other medical treatment if necessary. Your doctor can refer you to a physical therapist that is trained in this area and uses specialized techniques to help you learn how to strengthen these important muscles.

### **Are there certain types of exercise which are particularly important during menopause?**

A generally active lifestyle is the key. However, a woman’s aging body will benefit from three major types of activity:

- aerobic conditioning for heart and lungs (walking, cycling, swimming, aerobic classes)
- strength training for muscles and bones (calisthenics, free weights, pilates)
- stretching for flexible muscles and fluid movement (stretching, yoga, pilates, tai chi)

Recreational activities such as tennis, dance, martial arts, etc, can provide additional muscle and bone-building benefits and increase your fun factor! And don’t forget those pelvic floor exercises!

Older bodies require more diligence about warm-up and cool-down. Allow 10 minutes of gradual warm-up at the beginning of your exercise sessions and 10 minutes for cool-down after exercise. This should include low-level cardiovascular exercise (walking, cycling), range of motion exercises (gentle movement), and stretching. Many experts feel that programs to preserve or recapture flexibility *and* strength are the key to injury prevention and improved performance.

Exercise should add enjoyment and energy to your life, so find ways of moving that give you pleasure along with better health. Many women enjoy activities such as hiking, golf, skiing, gardening, dancing (ballroom, folk, modern, jazz), or yoga. Find your own activity niche and invite your friends, neighbors, or family members to join you. Exercise can be a great way to stay connected with those we love or build new relationships.

### **How does exercise compare with hormone replacement therapy (HRT) in protecting my body’s health through menopause?**

The decision to take hormone replacement therapy is a personal one. It is best made with the guidance of your family doctor or gynecologist, who understands your individual health status and risks. Exercise and hormone replacement therapy can work in partnership to protect your bones and improve pelvic floor muscle tone. There are certain risks to HRT that make it an unwise choice for some women. However, EVERY woman can benefit from regular exercise in a variety of ways. Plus, it’s a lot cheaper, and there are no unwanted side effects except for occasional muscle soreness and a healthy glow to your cheeks!