

Women do not get enough vitamin D during the menopause

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Abdominal obesity is more common in postmenopausal women. Credit: Photo: SINC.

A healthy diet is especially important during the menopause – a period in which the risk of suffering from health problems increases. Various studies analyse the diet of peri- and postmenopausal women in Spain alongside the troubles that come with this transition. The results show that all of those groups studied have a deficient intake of vitamin D.

Marina Pollán, researcher at the Carlos III Institute of Health and one of the authors of the study explains that "biological and physiological changes in women caused by the [menopause](#) come with a greater risk of developing health problems in which diet plays an important role. These include diabetes, osteoporosis, cardiovascular disease and certain types of cancer."

Therefore, the analysis of dietary patterns during and after the menopause is of particular interest because of its health implications. However, in Spain there have been very few studies that have assessed the diet of peri- and postmenopausal women.

In order to study these dietary habits, the authors of the study analysed 3574 women from the age of 45 to 68 from October 2007 to July 2008. Each programme contained a minimum of 500 women from seven Spanish cities (La Coruña, Barcelona, Burgos, Palma de Mallorca, Pamplona, Valencia and Zaragoza) and involved a food frequency questionnaire validated by the Spanish population.

The results show that obesity rates stand at 29% whereas 42% of subjects are overweight. Average calorie intake was 2053 kilocalories (with 43% of energy intake coming from carbohydrates, 36% from fats and 20% from proteins). Researchers highlight that practically all of the women received the recommended intake of all the vitamins, apart from D and E.

The case of vitamin D is striking given that none of the groups reached 50% of their RDA (Recommended Daily Allowance). The average total intake was 2.14 micrograms per day, which constitutes just 39% of the RDA for women of this age group.

"A diet with less fat and protein that is high in vegetables, nuts, and carbohydrate-rich foods will even out the energy balance and corrects levels of vitamin D and E," according to the researchers. "This is especially important in places that are far away from the Mediterranean Sea where women have a greater tendency to fall short of the current recommendations."

A greater risk of obesity

Another study lead by Faustino R. Pérez-López, coordinator of the study group of the Spanish Association for the Study of the Menopause, links body weight with metabolic and hormonal parameters in 574 postmenopausal women.

Published in the *Gynecological Endocrinology* journal, the results confirm that Body Mass Index (BMI) during the menopause increases with ages, the time that the menopause began, the number of children and also with blood sugar levels, triglyceride levels and systolic blood pressure.

Pérez-López points out that "this allows us to propose lifestyles changes that could improve quality of life and reduce the mortality rate associated with obesity if they are adopted early on."

Body fat mass distribution, weight regulation and hormone secretion of fat are all different when it comes to men and women. Abdominal obesity is more frequent in postmenopausal women. It increases the risk of heart disease, high blood pressure, diabetes, sleep apnoea, cancer, arthrosis, mental health problems and even death.

Furthermore, peri- and postmenopausal obesity intensifies the symptoms of the menopause and it is associated with a lower quality of life than that of women of normal weight. "Experimental studies of animals and women show that treatment with ovarian hormones can impede weight gain and muscle mass loss," according to the researcher.

Sexuality during the menopause

Another study by Faustino R. Pérez-López, published in the *Journal of Sex Medicine*, deals with the female sexuality during the menopause. This is usually characterised by organic changes within themselves and their partner alike, previous sexual dysfunctions and socio-demographic

factors that change from region to region, or even from one period of time to another.

Experts used the Changes in Sexual Function Questionnaire (CCFS) which consists of 14 simple questions. Its results show that 64.1% of the 117 volunteers (between February and November of 2010 in the Hospital Central de Asturias in Oviedo and the Hospital Cabueñes in Gijón, Spain) admitted to suffering from female sexual dysfunction.

Pérez-López outlines the importance of highlighting that "a third of Western [women](#) display some form of sexual dysfunction throughout their lives. This sometimes comes hand in hand with depression, anxiety, low self-esteem and a decrease in their quality of life."

Sexual arousal problems are related to a lowered quality of life and also to urogenital tract problems whereas orgasm problems maintain a link with a decrease in the quality of life. Signs of depression are associated with the supposed onset of female sexual dysfunction.

The score from the CCFS showed a positive correlation between the educational attainment of the woman and her partner and the frequency with which she engages in sexual relations. They showed a negative correlation with depression," according to the conclusions of Pérez-López, who points out that more studies are necessary before we take these findings as a given when talking about other population groups.

More information: N. García-Arenzana et al. "Cumplimiento de las recomendaciones dietéticas vigentes y variabilidad geográfica de la dieta en mujeres participantes en 7 programas de cribado de cáncer de mama en España". *Nutrición Hospitalaria*; 26(4):863-873, Aug de 2011.

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