

At menopause, weight, exercise, education, income play big roles in metabolic risks

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At midlife, overweight and obesity, lack of exercise, less education, and low income put women at much higher risk of having metabolic syndrome, the cluster of conditions predisposes people to diabetes and heart disease, shows a large study published today in *Menopause*, the journal of The North American Menopause Society.

The researchers from Yonsei University in Seoul and Hallym University in Chuncheon, Korea, analyzed four years of data from the Korean Genetic Epidemiologic Survey on some 1,200 healthy women 45 to 55 years old who did not use hormones and looked for characteristics that predisposed the women to having metabolic syndrome or developing it as they went through menopause.

Metabolic syndrome includes excess body fat around the waist, increased blood pressure, high blood sugar, and abnormal cholesterol levels. Weight gain and a higher risk of metabolic syndrome are known to be common at menopause. But what has not been as well understood is how much social and economic conditions and the transition through menopause influence that risk.

For the women overall in the study, transitioning through menopause or becoming postmenopausal (reaching or exceeding 1 year after their final period) during the study did not significantly increase the risk of metabolic syndrome. But for overweight, obese, sedentary, undereducated, and disadvantaged women, the picture was very different.

In contrast to normal-weight women, [overweight women](#) in the study had more than 4 times the risk and [obese women](#) more than 12 times risk of metabolic syndrome. Women who didn't exercise had a 1.6 times greater risk than exercisers. For the women who were in perimenopause, the time of irregular periods before menopause, those who were overweight had 3 times the risk of normal weight women for metabolic syndrome, and those who were obese had 9 times the risk. Overweight women who became postmenopausal during the study had 3 times and obese women 8.5 times greater risk than those with normal body weight. And postmenopausal women who did not exercise had a 1.6 times greater risk than high-level exercisers.

For women in the study who had less than 10 years of education, the risk of [metabolic syndrome](#) was 1.4 times greater than for more educated women, and the risk for low income women was 1.6 to 1.7 times greater than for wealthier women. Among the women who experienced menopause during the study, those who did not have more than a high-school education had 1.7 times the risk of better educated women. In addition, disadvantaged women who went through menopause during the study had 2.5 times the risk and middle-income women 2 times the risk of their wealthier counterparts.

"As women make the transition from regular cycles through the transition to [menopause](#) and after, it is more difficult to maintain a healthy weight, not just because of hormonal changes but also because of aging , less muscle mass, and life stressors, too. This study underscores how important it is to work hard to stave off weight gain as much as possible," says NAMS Executive Director JoAnn V. Pinkerton, MD, NCMP.

So what helps? "Decrease food intake and move more," she suggests. "If women continue to eat as they always have and don't increase their physical activity as their metabolism decreases, they are likely to gain

weight."

The study data showed that at least some women heard the exercise message and increased their activity later on during the study. But much more needs to be done, and the authors called for emphasizing weight management and encouraging high levels of physical activity in women before menopausal changes occur and for policy measures that are sensitive to the health needs of economically disadvantaged [women](#).

More information: The article, "Role of social determinants and lifestyle on women's metabolic risk during the perimenopausal transition: results from a cohort study," will be published in the April 2016 print edition of *Menopause*.

Provided by The North American Menopause Society

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