



MENOPAUSE NUTRITION

CHALLENGES AND OPPORTUNITIES



FOREWORD

Health & Food Supplements Information Service – www.hsis.org – expert panel hub:
GP - Dr Nisa Aslam; dietitian - Dr Carrie Ruxton; nutritionists - Dr Emma Derbyshire and Dr Pamela Mason; women's health specialist, Dr Catherine Hood

There was a time, not that long ago, when women didn't talk about the menopause. Instead, they had whispered conversations about 'The Change' and there was very little information or support on how to manage this seismic life stage. There was also scant information on the significant changes in nutritional status and needs that accompany the menopause and help to reduce some of risks associated with lower hormone levels.

Since then, if you'll excuse the pun, there has been a huge change. We know far more about the health challenges and risks associated with falling levels of oestrogen

and other hormones. And the willingness of celebrities to talk about their own experiences has encouraged more women to speak up, and seek more support, when they are struggling with menopause symptoms.

Yet there is still a desperate need for accessible, evidence-based resources on menopause and the way it impacts women's health and lives. The Women's Health Strategy, which was published last year, found that 91% of those who responded to the consultation said they don't have enough information about the menopause.¹

“ ONLY A QUARTER OF THE UK POPULATION **EATS OILY FISH** (THE BEST SOURCE OF DHA AND EPA) ”

Crucially, it identified six health conditions where women's health services need improvement.

Four of these have a direct link to diet and nutrition, particularly around menopause:

- Vitamin deficiencies
- Osteoporosis and other musculoskeletal conditions
- Heart disease and stroke
- Type 2 diabetes

There is also evidence to suggest that nutrient status can influence the other two conditions where health services were found wanting; dementia and neurodiversity.

Women's Health specialist and a member of Health & Food Supplements Information Service - HSIS- Dr Catherine Hood says, "It's not surprising that so many of the health challenges highlighted in the Women's Health Strategy have a connection to our nutrient status. A good diet and plentiful intake of vitamins, minerals and other key nutrients, are essential for health and wellbeing, particularly at key life stages such as menopause."

HSIS dietitian Dr Carrie Ruxton continues, "Maintaining an optimal nutrient intake will help to reduce the risk of health problems such as bone loss heart disease, blood sugar control and high blood pressure,² and may help alleviate some of the side effects commonly associated with menopause."

"At this time of their lives, women's nutrient intakes need to adapt to support their changing health status. It's more important than ever to have plenty of bone-strengthening vitamin D and calcium, for instance, as well as heart-healthy omega-3 fats and B-vitamins, which also support cognition and mood."

GP, Dr Nisa Aslam and part of the HSIS expert panel adds, "A woman's gut microbiome changes with menopause and our bodies also become less efficient at absorbing nutrients. If you don't make a conscious effort to ensure your diet is meeting all your nutritional needs, or top up with supplementary nutrients there is a very real risk that you will fail to achieve the recommended intakes."



Data from the National Diet and Nutritional Survey show that this risk is actually a reality for huge numbers of women. Almost one in 10 (9%) women aged 19 to 64 are not achieving the recommended calcium intake, 15% are worryingly deficient in vitamin D and a quarter (24%) do not achieve the target for potassium – which is important for blood pressure control.

But new research,³ commissioned by the Health and Food Supplements Information Service (HSIS), reveals that one in five women (20%) are doing nothing to plug these nutrient gaps. They give various reasons for this, with some simply not thinking about it (27%), almost a quarter (23%) thinking they don't need them, and a similar number (22%) believing they get all the nutrients they need from their diet.

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This latest HSIS report examines the specific nutrient needs and challenges women face around menopause, details the latest research on their nutrient status and shortfalls, and looks at the impact this is having on their health and wellbeing.



1 NUTRIENT NEEDS: ALL CHANGE

Nutritional needs change as we get older, and this is magnified by the dramatic drop in levels of oestrogen and other hormones that come with menopause. There are a number of reasons for this:

Calcium and vitamin D intakes become increasingly important to slow the bone loss that typically occurs in the peri-menopausal years due to falling oestrogen levels, but vitamin D uptake is also dependent on vitamin K.⁴

HSIS Public Health Nutritionist, Dr Emma Derbyshire says, “We actually absorb less than half the calcium in the food we ingest, and without sufficient vitamin D, this plunges to around 10 to 15%.⁵ This is compounded by the fact that oestrogen also enhances calcium uptake — so our ability to absorb oestrogen falls just at the same time as our needs rise.”⁶

We produce less stomach acid, which means food is not broken down into digestible nutrients as well as it once was. This has a knock-on effect on the amount that can be absorbed in the gut and also leads to unhelpful changes to gut microbiota.⁷

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CALCIUM AND VITAMIN D INTAKES BECOME INCREASINGLY IMPORTANT TO SLOW THE BONE LOSS THAT TYPICALLY OCCURS IN THE PERI-MENOPAUSAL YEARS

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HSIS nutritionist, Dr Pamela Mason adds, “This is particularly problematic for absorption of iron, which is essential for energy metabolism, and vitamin B12 which supports the nervous system and helps prevent tiredness and fatigue.⁹ It also impairs the absorption of calcium.”⁹

Nutrient absorption in the gut becomes less efficient, and this inhibits uptake of a wide range of vitamins, minerals, the amino acids which make up proteins, and lipids, including cardio-kind omega-3 fatty acids.¹⁰

Dr Nisa Aslam says, “Malabsorption increases the risk of shortfalls of B vitamins, particularly B2, B6 and B12, and this may contribute to the increased risk of cardiovascular disease and dementia after menopause.”¹¹

Falling oestrogen impairs lipid metabolism which causes a surge in levels of unhealthy LDL cholesterol¹² and is also thought to

be one of a number of mechanisms which might be driving the increased risk of heart disease and type 2 diabetes associated with menopause.

Dr Pamela Mason notes further, “One study found there was also a significant increase in the proportion of LDL cholesterol particles that were very small and high-density – the most dangerous type – with this rising from 10 to 13% in premenopausal women to 30 to 49% after menopause.”¹³



“**DURING AGEING, THE GUT MICROBIOME BECOMES LESS BALANCED, WITH FEWER ‘FRIENDLY’ BACTERIA AND MORE SPECIES THAT PROMOTE INFLAMMATION. THIS ESCALATES WITH FALLING OESTROGEN.**”

“This underlines the importance of a diet rich in antioxidant vitamins and polyphenols and heart-healthy omega-3 fatty acids.”¹⁴

During ageing, the gut microbiome becomes less balanced, with fewer ‘friendly’ bacteria and more species that promote inflammation. This escalates with falling oestrogen.¹⁵

Dr Carrie Ruxton says, “The gut is the engine-room of nutrient absorption and we know the microbiome – our unique community of bacteria in the gut – influences metabolism of a number of nutrients including vitamins as well as the increased risk of obesity, cardiovascular disease and type 2 diabetes associated with menopause.”¹⁶

“Beneficial gut bacteria also play an important part in the production of body chemicals including serotonin, dopamine and tryptamine which help regulate mood and sleep. There is huge potential around the use of prebiotics and probiotics to rebalance gut bacteria and there is already evidence that probiotic supplements can ease some menopause symptoms.”¹⁷

The use of prescription medicines increases, and many disrupt nutrient uptake.¹⁸ Drugs which are known to impact nutrient status include metformin, which is commonly prescribed for type 2 diabetes; proton-pump inhibitors which reduce stomach acidity and are often used to protect against other medications and diuretics used to treat heart failure.¹⁹ Dr Pamela Mason adds: “Proton pump inhibitors can reduce blood levels of magnesium with this tendency increased when the patient is also taking diuretics which are sometimes used to treat heart failure.²⁰ This highlights the need for nutrients such as vitamin B12 and magnesium.”



Ageing is associated with chronic inflammation, and there is emerging evidence that this spikes during peri-menopause.^{21,22}

Dr Catherine Hood details that, “Oestrogens are important for regulating immunity and inflammation, but the protection they provide ebbs away with menopause.

“This increases the need for antioxidants such as vitamins A and E and anti-inflammatory omega-3 fatty acids.”^{23,24}

Dr Emma Derbyshire adds, “**Lower oestrogen increases the need for choline**, a nutrient which the body converts into the messenger chemical acetylcholine – which is important for memory, mood, muscle control, and other brain and nervous system functions.”

Dr Pamela Mason continues, “Studies confirm that post-menopausal women need higher intakes of choline and shortfalls of this nutrient increase the risk of non-alcoholic fatty liver.”²⁵

Protein becomes increasingly important, but a woman’s need for iron declines when periods stop. The end of monthly periods means women’s iron needs fall, but plummeting oestrogen levels accelerate the loss of lean muscle mass and strength which is a natural part of ageing.²⁶

Dr Carrie Ruxton says, “An adequate intake of protein, along with resistance exercise, such as weights, is essential for muscle maintenance and repair. However, the latest studies suggest that the gut microbiota also play an important part and having very high protein intakes can be counterproductive.”²⁷

Dr Catherine Hood adds, “This underlines the importance of getting the optimal balance of nutrients, the complexity of the different actions and interactions that occur within the food matrix, and the importance of plugging any nutrient gaps.

“**PROTEIN BECOMES INCREASINGLY IMPORTANT, BUT A WOMAN’S NEED FOR IRON DECLINES WHEN PERIODS STOP.**”



“Taking a calcium supplement, for instance, won’t provide the bone-building benefits it should if your vitamin D levels are low, and given that most of our vitamin D is produced from the action of sunlight on our skin, there is a very high risk of low levels of vitamin D during winter and spring.”

Our ability to absorb the small amounts of vitamin D found in our diets is also dependent on having adequate reserves of vitamin K. There is growing evidence that these two nutrients work in synergy to reduce the risk of issues with bone and cardiovascular problems – which rise with menopause.²⁸

Dr Nisa Aslam notes further, “We often talk about a ‘balanced diet’ without realising how important it is to get the optimal balance of nutrients for good health, and the different mechanisms and interactions that influence our ability to absorb nutrients from our diet.

“This is why taking a multivitamin and multi-mineral provides a useful insurance against deficiencies at any time of life. But menopause is a perfect storm of nutritional challenges associated with ageing which are compounded by a sudden drop in oestrogen and other hormones, and then magnified by a flurry of symptoms that are also influenced by a woman’s nutrient status.”

WORDS AND MEANINGS

Premature menopause

happens when your periods stop before you are 45. This is sometimes associated with surgery or medical treatment but can happen naturally.²⁹

Peri-menopause

is the period leading up to menopause, when you start experiencing symptoms. This can go on for a few months, or several years.

Menopause

is when your periods stop and you have not menstruated for a year. This usually happens between the ages of 45 and 55.³⁰





2 MANAGING MENOPAUSE RISKS AND SYMPTOMS

New research for HSIS shows that seven in 10 women (71%) realise a healthy diet can help ease menopause symptoms and over a third of participants (32%) said they were in or close to menopause. Awareness is highest among women in the peri-menopause, who are most likely to be currently living with symptoms (78%), followed by those who are post-menopausal (73%) and are also likely to have first-hand experience of using diet to manage symptoms.

But this awareness does not seem to carry through to action as almost half (49%) are concerned their diets may not provide the nutritional support they need during menopause, with those in peri-menopause and menopause who are most likely to be experiencing symptoms, understandably, the most likely to be worried (66% and 68% respectively).

There is good reason for their concern as the latest National Diet and Nutrition Survey (NDNS) shows that a significant number of women are failing to achieve the minimum recommended intakes of a wide range of nutrients. And it's important to remember that this is already quite a low bar.

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Dr Carrie Ruxton explains, “The data reveals how many women are failing to meet what is known as the Lower Reference Nutrient Intake (LNRI) for nutrients. That’s the absolute minimum level for meeting people’s needs but 98% of us will need significantly more than this to avoid the risk of nutrient deficiencies.”

Looking at women aged 19 to 64 years, just a few examples of nutrient shortfalls are:

- 25% do not have the minimum recommended intake for magnesium
- 25% fall short of the target for iron
- 24% do not have the minimum recommended intake for potassium.
- 13% don’t achieve the LRNI for riboflavin (vitamin B2)
- 8% have vitamin A intakes below the LRNI

“It’s hardly surprising that so many women are lacking important nutrients, busy lifestyles, eating on the run, weight-loss diets, ready meals, and diets which exclude key food groups all increase the risk of nutrient gaps.

“And the odds of having a poor diet go up even more when you factor in typical symptoms of peri-menopause and menopause - the tiredness, brain fog and mood swings - which can influence food choices and how much energy women have for shopping and cooking.

“Taking a multivitamin and multimineral is a simple and convenient way to address these gaps and protect against shortfalls at a time when your body needs all the nutritional support it can get.”

Dr Catherine Hood points out, “Menopause increases the risk of many serious conditions which are impacted by diet and metabolism including some the UK’s biggest lady killers and life-limiting conditions such as heart disease, stroke, dementia and osteoporosis.”

However, a healthy diet, which ensures good intakes of key nutrients, has been shown to mitigate many of these risks. And several of these menopause health heroes also help to combat fatigue, poor concentration, insomnia and other symptoms associated with peri-menopause and menopause.

Vitamin D is both a nutrient and a hormone, and this may help to explain its pivotal role in health and immunity, particularly around menopause and beyond.³¹

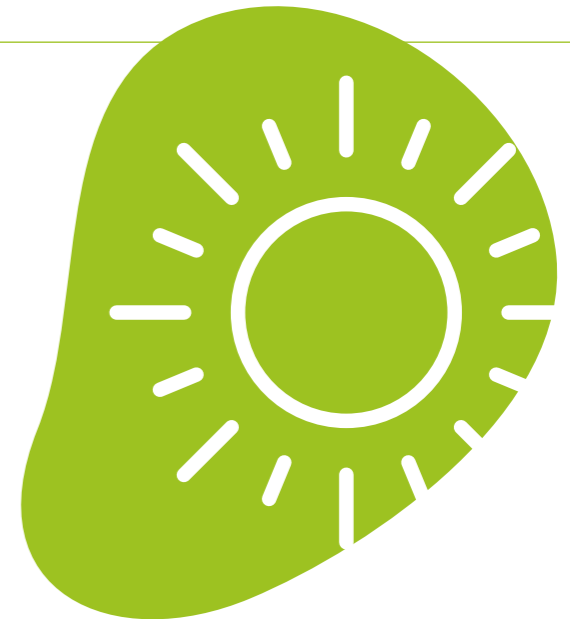
Anything below 25nmol/L is considered a deficiency, and between 25 and 50nmol/L is classed as insufficiency³² and shortfalls are common because 90% of our vitamin D is synthesised from sunlight on the skin. But from October to March there isn’t enough UVB radiation for this to happen. Over this period, and even longer for women living in Scotland or the North of England, we depend on vitamin D we’ve stored over summer and the meagre amounts found in dietary sources.³³

Dr Pamela Mason says, “Not surprisingly, shortfalls are common and 15% of women aged 19 to 64 have such low levels they are clinically deficient – which puts them at much greater risk of cardiovascular disease, type 2 diabetes and osteoporosis.”^{34,35,36}

There is also growing evidence of a link between low levels of vitamin D and dementia. Analysis of UK Biobank data on more than 427,000 adults found that adults with serum levels of less than 25nmol/L had a 54% higher risk of dementia than those with 50nmol/L or more, leading researchers to calculate that 17% of dementia cases could be prevented by increasing levels to 50nmol/L.³⁷

Dr Carrie Ruxton says, “The Chief Medical Officers advise that women who are older, spend a lot of time indoors, have darker skin or cover up for religious reasons are at high risk of deficiency and should consider topping up with a supplement of 10mcg a day all year round. For everyone else, the focus should be on taking a vitamin D supplement across winter and spring”.

“ WE DEPEND ON VITAMIN D WE’VE STORED OVER SUMMER AND THE MEAGRE AMOUNTS FOUND IN DIETARY SOURCES. ”





Dr Nisa Aslam adds, “Given the importance of vitamin D for bone health and disease prevention, every woman who is peri-menopausal, or has gone through menopause, would be wise to take supplementary vitamin D, particularly during winter but there is no reason and indeed it would be practical common sense to take vitamin D all year round.”

The new HSIS research shows that overall, 60% of women take supplementary vitamin D, with 26% doing so via a multivitamin. However, this falls to 49% among over-60s who are most likely to benefit from potential risk reduction.

The most common reason they gave for not topping up was that they didn't think it wasn't necessary because they ate a healthy

diet (37%), while 58% of this demographic mistakenly believe that diet alone can provide all their vitamin D needs.

Three in five women (63%) in the peri-menopause stage take supplementary vitamin D as a stand-alone nutrient or in a multivitamin and multimineral supplement, and there is some evidence it may help with some menopause symptoms.

Deficiency is associated with sleep disruption, and meta-analysis published last year in the journal Nutrition, show vitamin D supplements enhance sleep quality.³⁸ Dr Emma Derbyshire adds, “We know that vitamin D is important for cognitive health and mood, so it may also help to alleviate the mood swings, low mood and brain fog many women experience during peri-menopause.”³⁹

“ THE NEW HSIS RESEARCH SHOWS THAT OVERALL, **60% OF WOMEN TAKE SUPPLEMENTARY VITAMIN D**, WITH 26% DOING SO VIA A MULTIVITAMIN. ”



B vitamins support the nervous system and protect against cardiovascular disease, stroke and cognitive decline, and one review of vitamins in menopause concluded their role “cannot be overestimated in the menopause”.⁴⁰

Dr Catherine Hood says, “Apart from supporting the nervous system, which can help to combat the brain fog, poor concentration and low mood many women experience around menopause, B-group vitamins, promote healthy skin and energy metabolism.”⁴¹

“However latest NDNS data reveal shortfalls in both of the B-vitamins which are tracked,” explains Dr Nisa Aslam who notes further that:

- 13% of women aged 19-64 and 10% of women over 65 have intakes below the LRNI for riboflavin (vitamin B2)
- 7% of women aged 19-64 and 4% of women over 65 who don't take a folate supplement have intakes below the LRNI for folate (vitamin B9)
- 5% of women aged 19-64 and 4% of women over 65s don't have the minimum levels of vitamin B12.

“Evidence from clinical trials, and our understanding of the important role B-vitamins have in regulating the nervous system and cognition, show that it is particularly important for women who are experiencing menopause symptoms, or are now post-menopausal, to ensure adequate intakes.”

A placebo-controlled study in 70 menopausal women found that a 1mg top up of vitamin B12 reduced the frequency, severity and duration of hot flushes.⁴²

A study published last year found that vitamin B6 significantly improved feelings of stress, anxiety and depression, and when combined with magnesium it also reduced stress and prompted an increase in activity levels. A smaller improvement in mood was observed with vitamin B12 supplementation. Both nutrients help regulate production of the chemical messenger GABA⁴³ and vitamin B6 shortfalls increase the risk of depression.⁴⁴

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Dr Carrie Ruxton says, “Rising levels of homocysteine are one factor in the increased risk of cardiovascular disease as we get older, but vitamins B6, B9, folic acid and B12 can help to rebalance this. Thiamin, also called vitamin B1, has a role in supporting normal heart function, according to authorised UK health claims.”⁴⁵

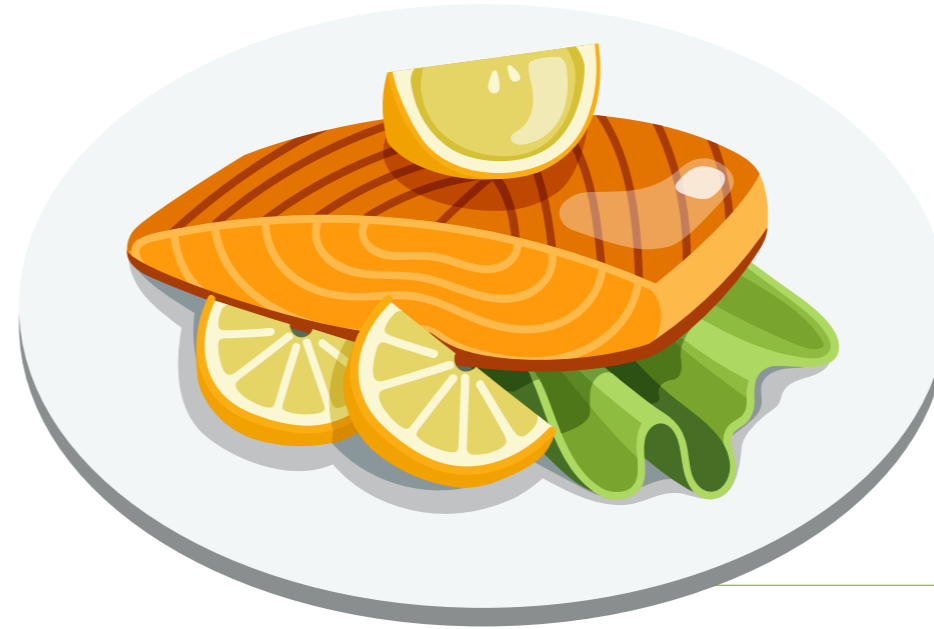
Calcium supports bone health and supplementation has been shown to protect bone density after menopause.⁴⁶ Given this well-known benefit, it’s understandable that the HSIS research found it’s the nutrient women are most likely to associate with benefits for menopausal women, with 63% aware of its specific importance at this time.

Despite this knowledge, only a third take a calcium supplement, and this falls to 30% among vegans who are most likely to be low in calcium because they avoid dairy products which are the richest dietary source.

But it’s not only bones that benefit from calcium. There is also evidence this mineral reduces high blood pressure – which is a major contributor to strokes and heart disease. A Cochrane review of 20 trials with 3,140 participants found that a supplement of 1,000mg a day reduced systolic blood pressure by 1.37 mmHg and diastolic pressure by 1.45 mmHg and 1,500mg daily lowered readings by 1.05 mmHg and 2.79 mmHg respectively.

As the Cochrane reviewers point out, “Even small reductions in blood pressure could have important health implications for reducing vascular disease.” They estimate that a 2-mmHg reduction in systolic pressure would prevent 10% of stroke deaths and prevent 7% of fatal heart attacks.⁴⁷

Yet NDNS data shows that 9% of women aged 19 to 64 fail to achieve the recommended minimum intake of calcium, which is 700g.



“EATING OIL FISH SUCH AS HERRING, MACKEREL AND SALMON...HAS BEEN SHOWN TO REDUCE HEART DISEASE AND DEATHS”

“THIS MINERAL REDUCES HIGH BLOOD PRESSURE – WHICH IS A MAJOR CONTRIBUTOR TO STROKES AND HEART DISEASE”



Omega-3 fatty acids deliver a wide range of health benefits which are important at all life stages but really come into their own with menopause.

Dr Emma Derbyshire says, “Omega-3 protects against heart disease, which becomes more of a risk as oestrogen declines, and it damps down inflammation, which is now known to be a factor in multiple health problems.”⁴⁸

“Eating oil fish such as herring, mackerel and salmon, which are good sources of omega-3s, has been shown to reduce heart disease and deaths and the British Dietetic Association recommends eating 140g a week.”⁴⁹

“But the National Diet and Nutrition Survey shows that the average intake for adults aged 19 to 64 is less than half this, 56g per week, and for over-65s it’s 86g.”⁵⁰

“Since not everyone enjoys eating oily fish, taking an omega-3 supplement, or a multivitamin and multimineral which includes this important fatty acid, is a sensible step – particularly for women who are post-menopausal or currently struggling with menopause symptoms.”



3

FOLLOW YOUR GUT

Dr Carrie Ruxton says, “Given the pivotal role the gut plays in nutrient uptake, and the two-way feedback between the gut and the brain, it’s no wonder the gut microbiome can influence so many aspects of health and wellbeing.

“Gut bacteria become less diverse as we get older and shift towards less helpful species, and these negative changes are accelerated by falling oestrogen levels.^{51,52} This is why researchers have speculated that probiotics may have a role in the management of menopause symptoms — and a growing body of evidence agrees.”

A 12-week randomised, double-blinded placebo-controlled study found that *Lactobacillus acidophilus* alleviated a range of menopause symptoms including hot flushes, fatigue, low mood, anxiety, joint pain, heart palpitations and vaginal dryness.

Another randomised double-blind placebo-controlled trial, reported in *The Lancet, Rheumatology*, showed that taking a probiotic containing another strain of *Lactobacillus* stalled bone loss in post-menopausal women.⁵⁴

“ TAKING A PROBIOTIC CONTAINING ANOTHER STRAIN OF LACTOBACILLUS STALLED BONE LOSS IN POST-MENOPAUSAL WOMEN ”



4

PLANTING
FRESH IDEAS

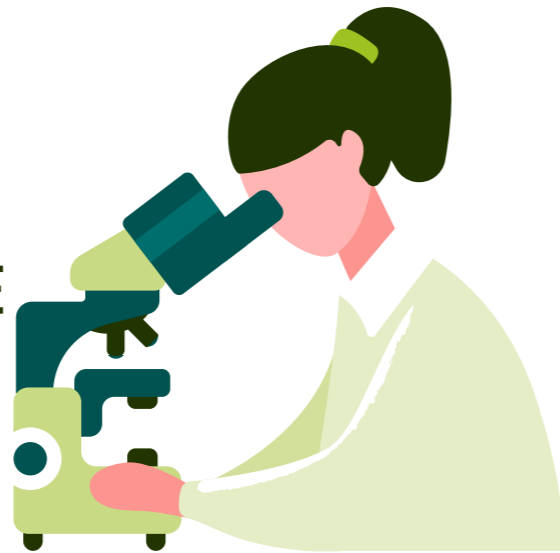
A similarly rigorous study in overweight adults found supplementation with two strains of *Lactobacillus* created a gut microbiome which was more likely to burn fat than store it, and this led to a reduction in body fat of 3-4% in six weeks.⁵⁵

Another, published in *Frontiers in Psychiatry* found a daily dose of four strains of *Lactobacillus* combined with *Bifidobacterium longum* led to significant improvements in mood, fatigue and sleep quality in just six weeks.⁵⁶ And a systematic review in the *Annals of General Psychiatry* concluded there is “compelling” evidence probiotics can help alleviate depressive symptoms — which are common around menopause.⁵⁷

There may be long-term benefits, too. A further randomised double-blind placebo-controlled trial, this time in 48 peri- and post-menopausal women, found that five weeks of supplementation with a probiotic containing eight different strains of beneficial bacteria increased levels of follicle-stimulating hormone (FSH). Researchers believe this could have a positive impact on cardiometabolic health.⁵⁸

Dr Pamela Mason says, “This is a relatively new field of research, but there is already a lot of evidence to show a broad range of menopause health benefits associated with probiotics. As a health professional, you need to see a plausible mode of action and a measurable and repeatable effect — and we are seeing both in the latest studies around probiotics and the relief of menopause symptoms.”

“THERE IS
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Plant-based foods not only provide vitamins, minerals and fibre, they’re also good sources of a wide range of phytochemicals and botanical nutrients — and there is growing interest in the nutritional and health benefits they may provide.⁵⁹

Dr Pamela Mason says, “Instinctively we have always recognised the need for a wide variety of these botanical nutrients, with advice to ‘eat a rainbow’ or ‘add colour to your plate’. But researchers are now unpicking the potential of specific botanical nutrients.”

Botanicals which have been shown to provide benefits during menopause include:

Bilberry is rich in easy-to-absorb anti-inflammatory and antioxidant anthocyanins and has been shown to improve insulin sensitivity and lower cholesterol.⁶⁰



Cranberry, which is available as a juice or supplement, is rich in proanthocyanidins and these antioxidants may help prevent urinary tract infections (UTI) — which become increasingly common after menopause. Meta-analysis of 23 trials with almost 4,000 participants concluded, “Cranberry supplementation significantly reduced the risk of developing UTIs in susceptible populations.”⁶¹

It has also been shown to reduce unhealthy LDL cholesterol in over-50s.⁶²

Garlic is packed with a plant chemical called allicin and diets which include a lot of garlic are associated with reduced risk of a wide range of problems, including cardiovascular and metabolic disease, hardening of the arteries, high cholesterol and high blood pressure – which all become increasingly common after menopause.⁶³ A review of evidence published in the *Journal of Nutrition* reported that garlic supplements reduced systolic blood pressure by 7-16 mmHg, diastolic by 5-9 mmHg and total cholesterol by as much as 29.8mg/dL.⁶⁴

Dr Pamela Mason says, “Taking a garlic supplement will help to reduce the increased risk of cardiovascular disease and stroke after menopause.”



Ginger is best known for easing nausea, but it provides important menopause relief, too. A placebo-controlled study in 70 women, with half receiving a 500mg capsule of powdered ginger, showed it delivered reductions in the intensity of hot flushes and night sweats.⁶⁵



The German **Commission E** is a scientific advisory board of the Federal Institute for Drugs and Medical Devices formed in 1978. The commission gives scientific expertise for the approval of substances and products previously used in traditional and herbal medicine. The commission became known beyond Germany in the 1990s for compiling and publishing 380 monographs evaluating the safety and efficacy of herbs for licensed medical prescribing in Germany.

The monographs are a collection of official documents compiled over nearly two decades by a committee composed of twenty-four scientific experts that was set up in 1978 to evaluate the safety and efficacy of herbal medicines by reviewing the extant literature.

“ THE GERMAN *E* COMMISSION HAS ALSO LISTED GINSENG AS A TONIC FOR INVIGORATION AND FORTIFICATION IN TIMES OF FATIGUE ”



Ginseng is valued for its energy-boosting properties, but a recent evidence review found it also reduces hot flushes and improves quality of life in menopausal women.⁶⁶ Dr Pamela Mason adds: “The German E Commission has also listed ginseng as a tonic for invigoration and fortification in times of fatigue, debility and for declining capacity for work and concentration.”

Phytoestrogens which are present in beans, vegetables and nuts have been extensively researched for health impacts. Some studies have shown that soya beans, for example, reduce hot flushes though research suggests a minimal impact. The most promising data for soya lies in its positive impact on blood lipids and cognitive function.⁶⁷



Other botanicals have been used for various menopause challenges such as sleep disturbances, poor memory, mood swings and depression. For instance, the German Commission E approved hops for mood disturbances such as anxiety, restlessness and sleep troubles. **The same expert authority has also approved:**

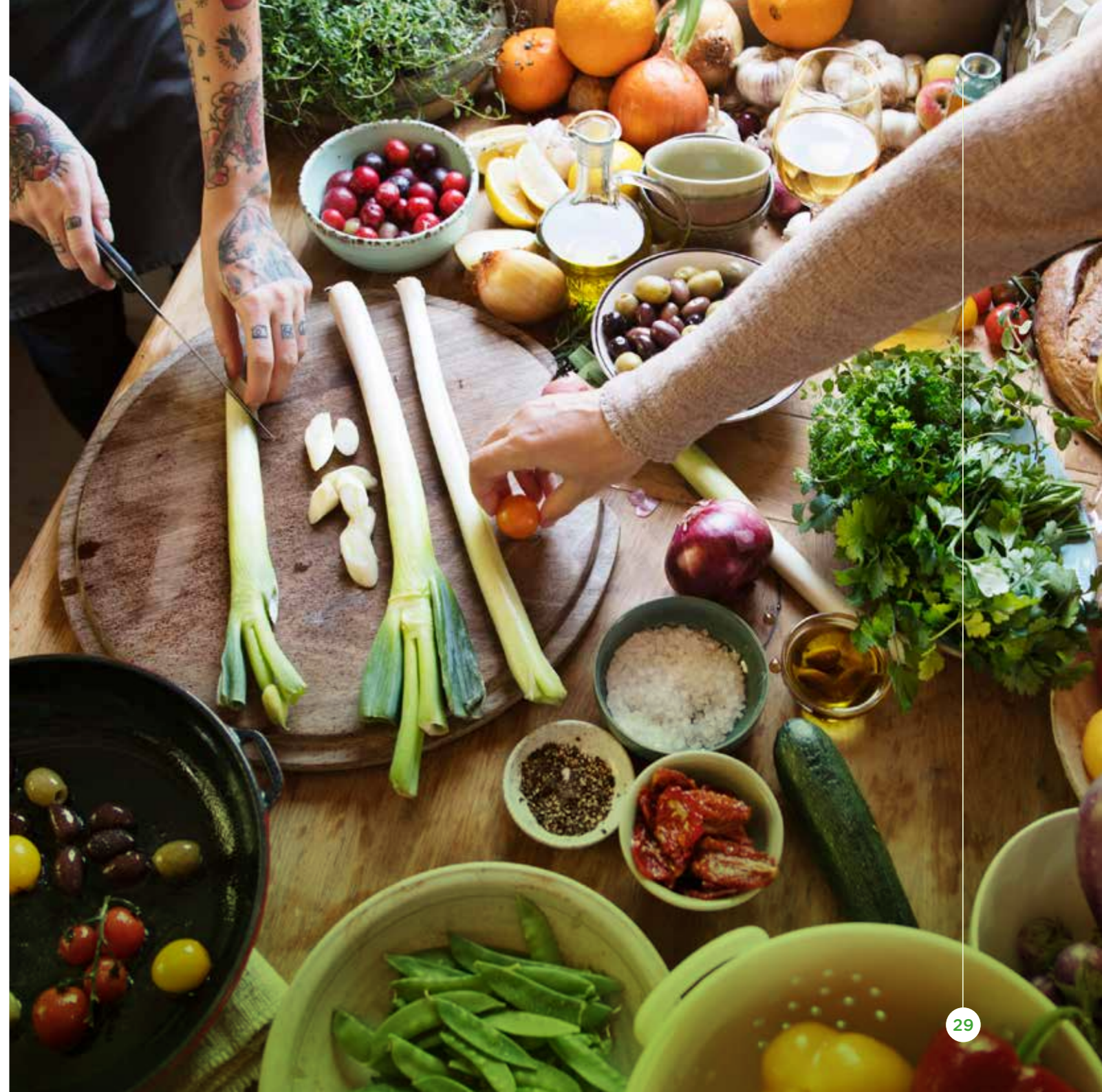
- **Ginkgo** for peripheral vascular disease as it has been shown to improve blood flow
- **Valerian** has been approved for helping to improve restlessness and nervous sleep disturbances

Dr Pamela Mason notes further: "**St John's wort** has been extensively studied for depression with positive findings in mild to moderate depression. However, those people looking to take St John's Wort are best to check with their

GP or pharmacist first and always read the label. **Black cohosh** and **red clover** have also been reviewed for a benefit in menopausal symptoms but evidence is limited due to the poor quality of the studies. Again, anyone looking to take black cohosh and red clover should always check with a healthcare professional before taking the herbal medicine or botanical supplement.

"Overall, a plant-rich diet, rich in botanical ingredients from beans, lentils, grains, nuts, healthy oils, fats, fruits and vegetables will help benefit those women going through the menopause and trying to tackle the many menopausal challenges thrown at the body. Mounting research suggests that some specific botanicals or a combination of botanicals may contribute to the easing of menopausal symptoms as well as the various resulting conditions that can arise at this stage of life."

“ MOUNTING RESEARCH SUGGESTS THAT SOME SPECIFIC BOTANICALS OR A COMBINATION OF BOTANICALS MAY CONTRIBUTE TO THE EASING OF MENOPAUSAL SYMPTOMS ”





5 MENOPAUSE: HOW WE'RE DOING

Overall, almost half the women polled in the HSIS research (43%) have taken the time to try seek out information about foods that might help with menopause symptoms, with just over half this group (23%) using online searches.

One in six (18%) have asked family and friends for advice and 8% look to newspapers and magazines for information. A mere 7% have asked the advice of a healthcare professional such as their GP, practice nurse or a pharmacist.

Despite this, just over half (52%) are not really sure what foods would be included in a nutrient-dense menopausal diet.

The top-ten nutrients they identified as specifically important for menopausal women are:

| | |
|---------------|-----|
| ● Calcium | 63% |
| ● Iron | 59% |
| ● Vitamin D | 51% |
| ● Magnesium | 33% |
| ● Vitamin B12 | 31% |
| ● Omega-3 | 29% |
| ● Vitamin C | 27% |
| ● Folate | 19% |
| ● Zinc | 18% |



Dr Nisa Aslam says, “This highlights some worrying gaps in women’s knowledge of their nutrition needs around menopause and identifies some potentially important opportunities to reduce menopause symptoms and its associated health risks by improving their nutrition status.

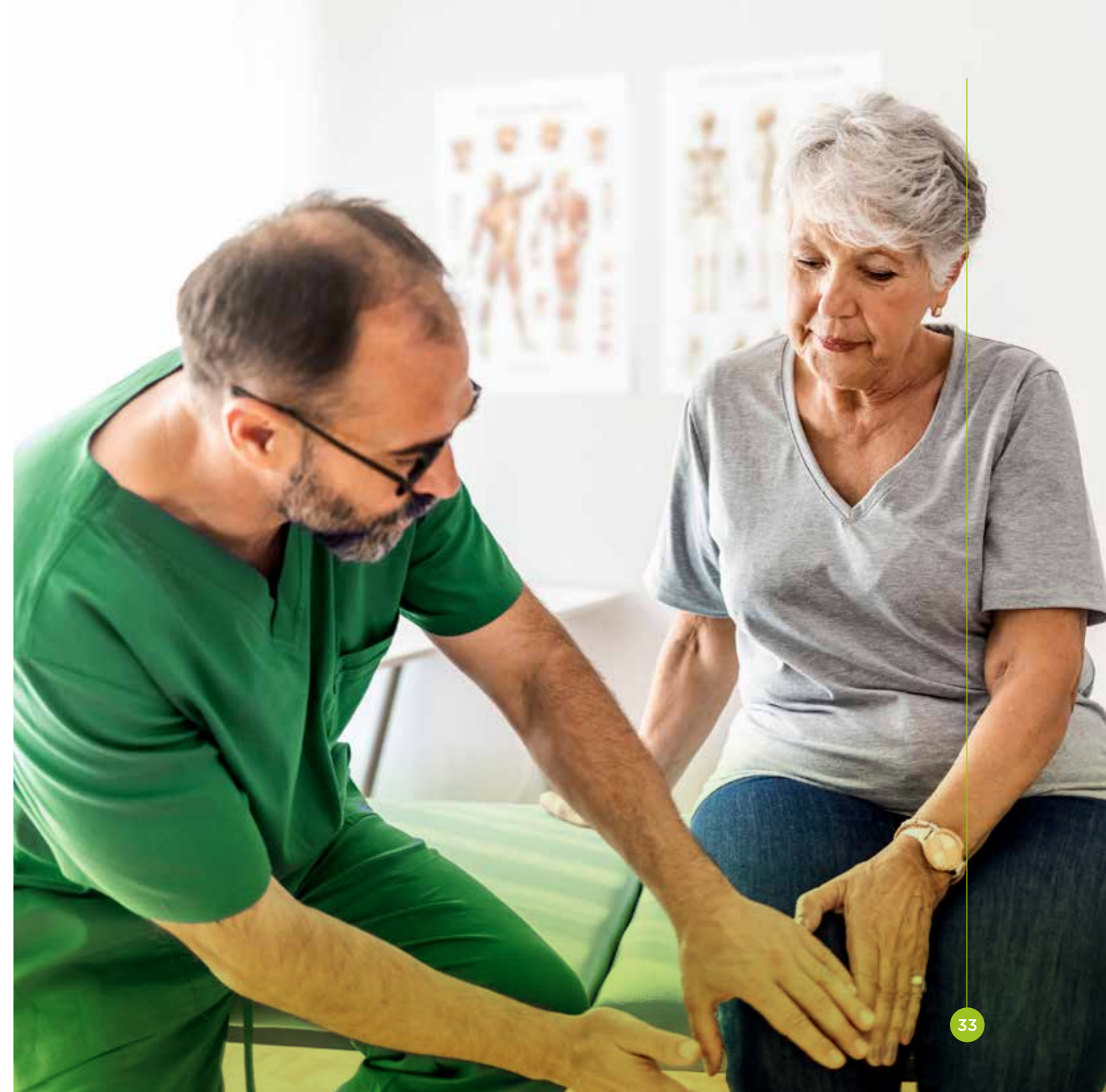
“Guaranteeing good levels of vitamin D should be a priority, but almost half (49%) did not realise this – and that’s a worry. So too is the fact that 69% of women didn’t appreciate the importance of B12, not just for minimising menopause symptoms, but also for protecting against cognitive decline and dementia after menopause.”

Dr Pamela Mason notes further: “There is a woeful ignorance around vitamin D which is worrying given that vitamin D is essential for bone and muscle health.

“In a recent study amongst menopausal women over half (52.4%) of the study subjects had low vitamin D levels,⁶⁸ with only one in three (34%) study subjects saying they consumed a vitamin D supplement.

“Of those who did not take a supplement, 27% said they had never thought about taking a supplement while one in three (34%) did not know the recommended daily amount of vitamin D to take in the autumn and winter months. Over half (55%) did not even know about the government recommendation to take a vitamin D supplement in the autumn and winter months. And four in 10 thought – wrongly – that vitamin D can be obtained from the diet alone. Given the very few foods that contain vitamin D this misconception must be corrected.

“THERE IS A WOEFUL
IGNORANCE AROUND VITAMIN D
WHICH IS WORRYING GIVEN THAT
**VITAMIN D IS ESSENTIAL FOR
BONE AND MUSCLE HEALTH**”



Dr Pamela Mason continues: “Bone health worsens after menopause as oestrogen helps to protect the bones. So, it is extremely worrying that four in 10 (41%) respondents in this recent study had not thought about their bone health and three quarters (74%) were not taking any supplements to support bone health.”

The new HSIS research confirms there is a real need for symptom relief for women who are going through the peri-menopause, have reached menopause or are now post-menopausal and have emerged on the other side of this huge life change.

- **87%** have experienced fatigue and tiredness
- **82%** suffered from low mood
- **80%** experienced insomnia and sleep disruption
- **80%** noted stress as a real issue
- **76%** said they experienced mood swings
- **73%** noted brain fog as a problem
- **70%** detail poor concentration as an issue
- **67%** highlighted hot flushes
- **66%** experienced skin becoming dull and dry
- **53%** said hair loss or thinning was a challenge

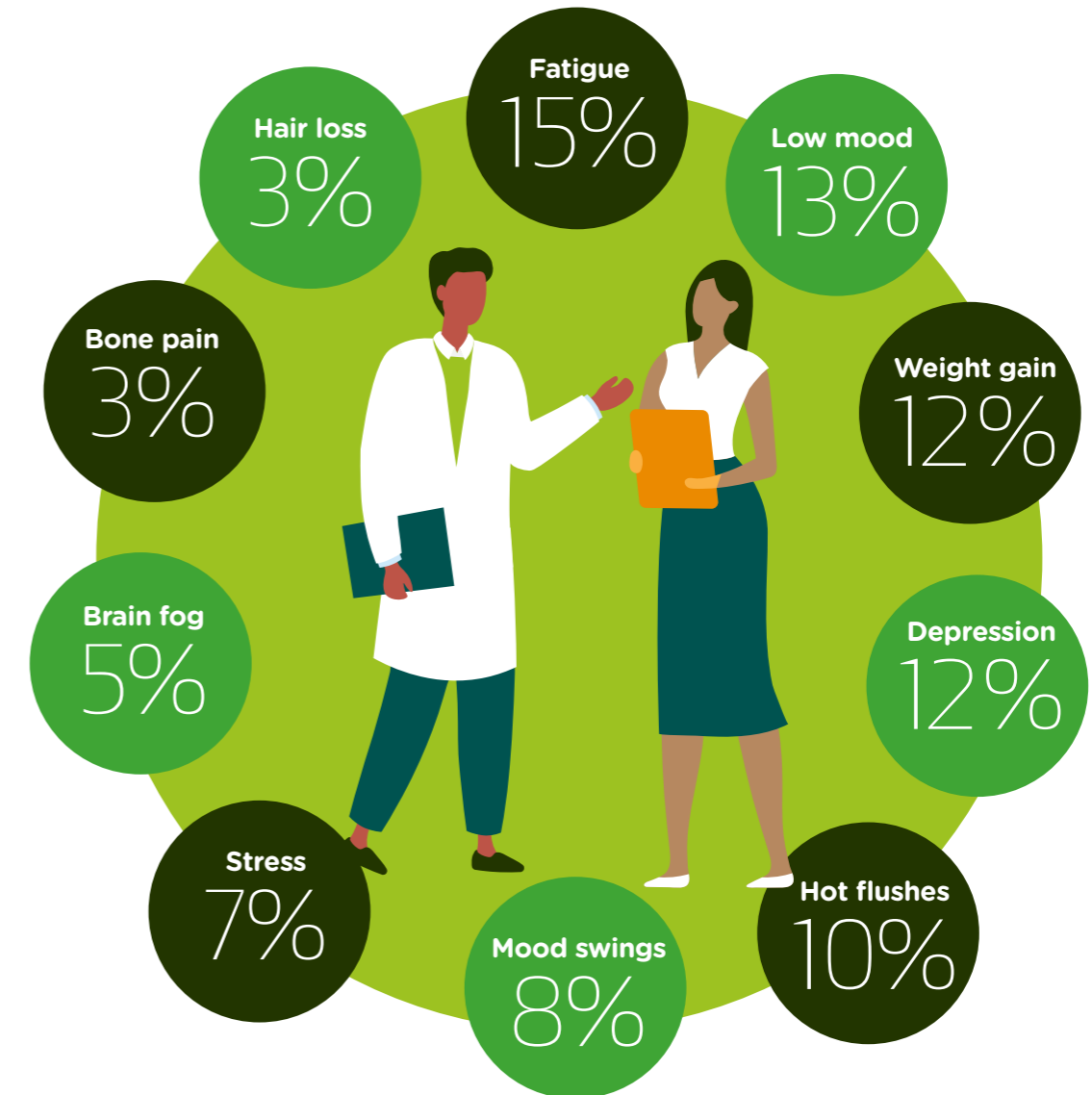
The survey did not ask about changes to menstrual flow, but periods often become much heavier during peri-menopause. Dr Carrie Ruxton says, “In one study in women aged 42 to 52, 78% reported heavy periods and 90% had experienced periods that had lasted for 10 days or more.⁶⁹

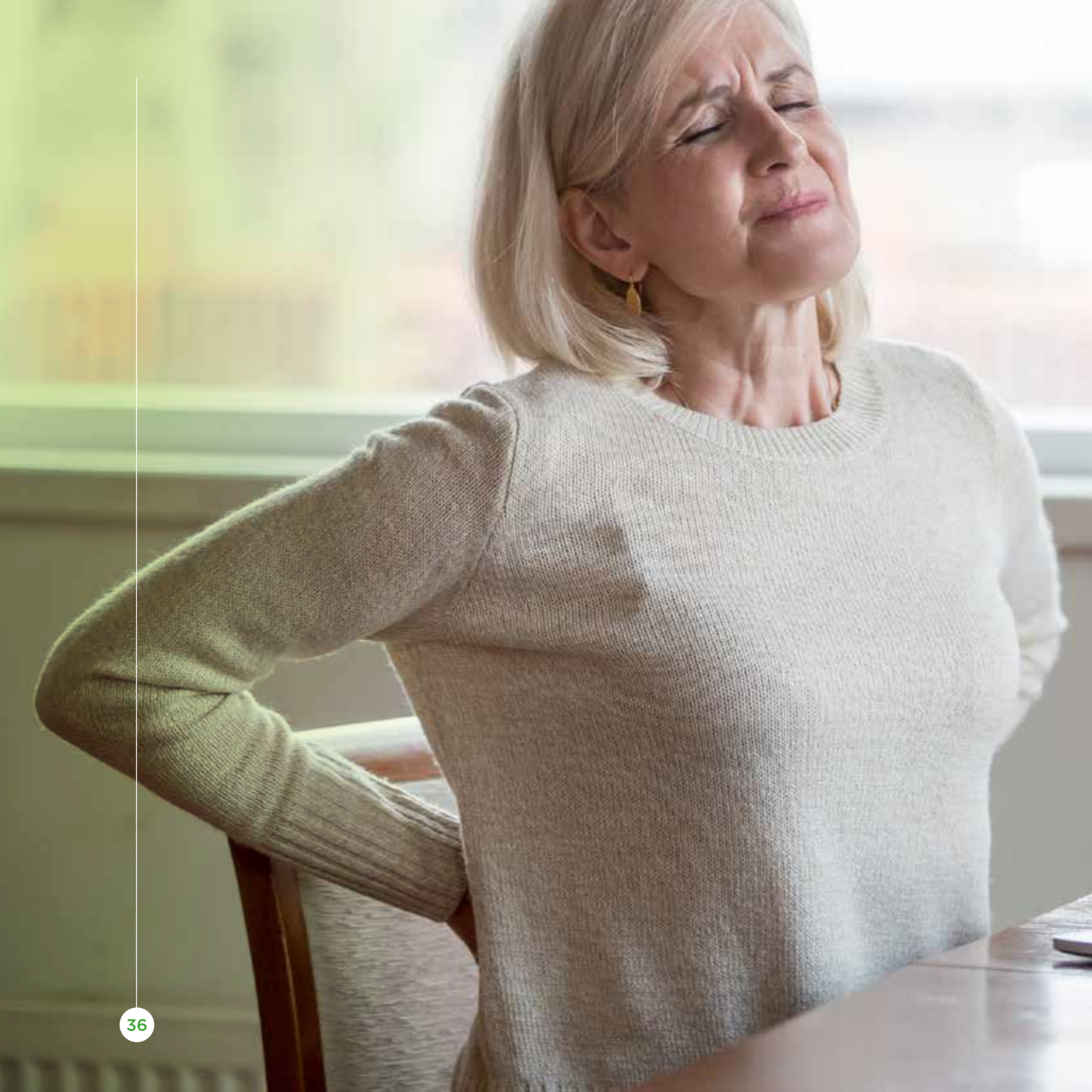
“This is because the body has to produce much more follicle stimulating hormone in order to trigger ovulation. This pushes up oestrogen levels and makes the lining of the womb much thicker, which leads to much heavier blood loss at menstruation.

“It’s one of the peri-menopausal symptoms that can be most difficult to manage as periods can start with a sudden, often soaking, flood. This increases the risk of iron deficiency anaemia and the debilitating fatigue and tiredness, and brain fog, that comes from not having sufficient oxygen in the bloodstream.”



The HSIS poll identified the menopause symptoms women find most troubling and are the keenest to find a way of managing, and fatigue is the top priority for one in seven:





Beyond immediate menopausal symptoms is the fact that this stage of a woman's life can often see the beginning of more serious conditions such as cardiovascular disease and poor bone health. Two-thirds (67%) of those in the HSIS research study are aware of this and think menopause can increase the risk of developing other health conditions, with depression (58%), osteoporosis (39%), obesity (36%) and arthritis (35%) the main conditions. The survey did not ask if dietary changes were being made to reduce the risk of these conditions but a healthy diet with recommended amounts of all the vitamins and minerals is a baseline for good health and reducing the risk of disease in later life.

Dr Catherine Hood says, "As a healthcare professional, what really stands out is the fact that every one of these symptoms can be alleviated, to some extent, by a healthy diet and ensuring you have a good nutrient intake. For the most troubling symptoms, such as fatigue and low mood, we know good nutrition is vital, but iron, for instance, which is essential for energy is a major challenge for many women and as a result, a quarter of women aged 19 to 64 years don't achieve the recommended minimum intake."



**EVERY ONE
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LAST WORD

Health & Food Supplements Information Service – www.hsis.org – expert panel hub:
GP - Dr Nisa Aslam; dietitian - Dr Carrie Ruxton; nutritionists - Dr Emma Derbyshire and Dr Pamela Mason; women's health specialist, Dr Catherine Hood

Menopause has a huge impact, not only on the women going through this major life change but also on their families, who sometimes experience the fall-out associated with mood swings, fatigue and other debilitating symptoms.

Dr Catherine Hood notes: "There is also a wider economic cost associated with not addressing and helping to ameliorate symptoms. The Women's Health Strategy highlights the negative impact menopause symptoms have on productivity and staff retention,⁷⁰ and research by the Chartered Institute of Personnel and Development

found that three out of five (59%) women dealing with menopause symptoms say this affects their performance at work.⁷¹ "Two-thirds (65%) reported impaired concentration, more than half (58%) said they felt stressed and nearly a third (30%) had taken time off."⁷²

To put this into perspective, before the pandemic, women over the age of 50 were the fastest growing demographic in the workplace⁷³ and they will be pivotal to the success, or failure, of the Government's campaign to encourage more older people back into the workforce.⁷⁴

“MENOPAUSE HAS A HUGE IMPACT, NOT ONLY ON THE WOMEN GOING THROUGH THIS MAJOR LIFE CHANGE, BUT ALSO ON THEIR FAMILIES”

Dr Nisa Aslam adds, “Anything we can do to ease menopause symptoms and counter the increased risk of health issues associated with this drop in oestrogen and other hormones is bound to deliver benefits, not only for individual women and their families, but also for the health service and the economy.

“There is a wealth of evidence to show that a woman’s nutritional status will play a big part in the severity of menopause symptoms and how much her risk of serious health problems — including heart disease, stroke, osteoporosis type 2 diabetes and obesity — increase when her periods stop.”

Dr Carrie Ruxton says, “The National Diet and Nutrition Survey shows us that many women begin their menopause journey with inadequate intakes of many key nutrients in their diets, and still have these ongoing shortfalls when they are post-menopausal.

“A multivitamin and multimineral will help to plug these gaps, but it’s worth considering a top-up of specific nutrients such as vitamin D, calcium, B-vitamins and omega-3 fatty acids, and investigating supplements and botanical nutrients which can target specific menopause challenges.”

“

A MULTIVITAMIN AND MULTIMINERAL WILL HELP TO PLUG THESE GAPS, BUT IT’S WORTH CONSIDERING A TOP-UP OF SPECIFIC NUTRIENTS SUCH AS **VITAMIN D, CALCIUM, B-VITAMINS AND OMEGA-3 FATTY ACIDS**

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