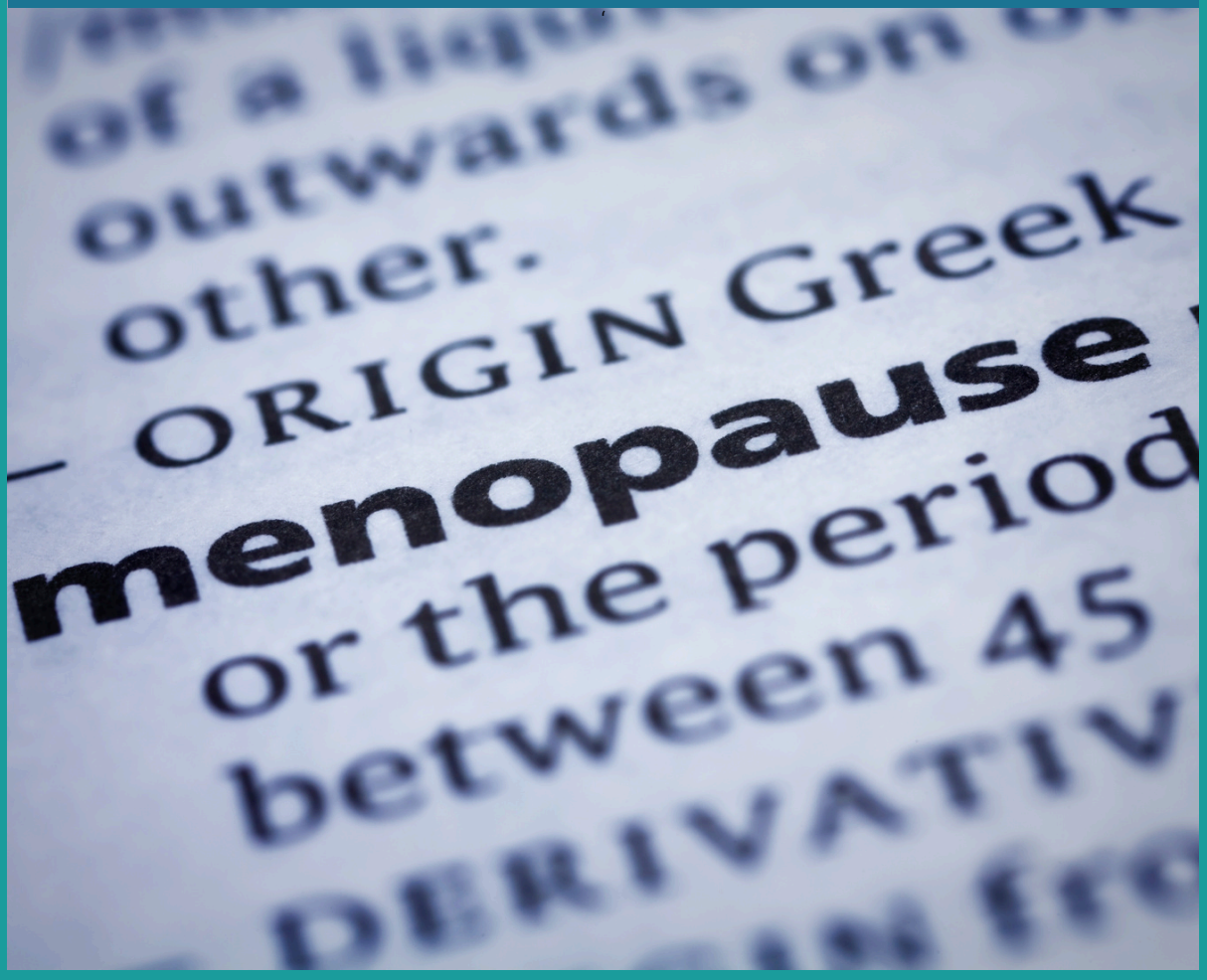
WHAT'S REALLY HAPPENING IN MENOPAUSE

A practical at-home guide for midlife women



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Welcome!

Menopause is one of the biggest changes your body will go through, and most of us were never told what to expect.

Maybe you're eating the same way you always have, and your body has stopped responding. Maybe you're waking at 3am, or your waist has shifted, or your energy has disappeared and you can't work out why.

Here's what I want you to know. Nothing is wrong with you. Your body is going through a major hormonal transition, and nobody gave you the new rules. This guide is the honest version. It explains what's changing and why, then gives you practical steps you can start at home this week. You don't need any special equipment, and you don't need to do everything at once.

A few words you'll see in this guide -
Perimenopause: the years leading up to menopause, often starting in your 40s. Periods become irregular, and symptoms can begin. It can last several years.
Menopause: the point 12 months after your last period. In Australia the average age is around 51.
Oestrogen: the main female hormone that falls through this transition. It affects far more than periods, including how your body handles blood sugar, muscle, bone, sleep and temperature.
Insulin: the hormone that moves sugar from your blood into your cells for energy.
Cortisol: your main stress hormone.

Everything contained in this guide is general information, not medical advice.

Five things that change in menopause (and why it's not your fault)

Most women are told that menopause means hot flushes and the end of periods. In reality, it affects your whole body. Here are the five shifts I see most often.

1. Your body becomes less sensitive to insulin.

Oestrogen helps your cells respond to insulin. As it falls, your body tends to need more insulin to do the same job. In practice, the same breakfast that was fine at 35 can now push your blood sugar higher, then drop it, leaving you tired, hungry and craving carbs a couple of hours later. High insulin also encourages your body to store fat, especially around the middle.

2. You lose muscle faster.

We all gradually lose muscle as we age. Around menopause, the loss tends to speed up. This matters because muscle is where your body stores and uses most of its sugar, and it keeps your metabolism ticking along. Less muscle means a slower metabolism and a harder time managing blood sugar. It also affects strength, balance and bone health.

3. Fat shifts to your middle.

Before menopause, many women store fat on their hips, bottom and thighs. As oestrogen falls, fat tends to move towards the belly. This is partly hormonal, and it's the reason crash dieting often backfires: you lose muscle along with fat, and the middle stays put.

4. Sleep gets lighter.

Falling hormones can affect your body temperature control and your sleep. Night sweats, waking at 2 to 4 am, and light, unrefreshing sleep are very common. This matters for more than tiredness. Even a few poor nights can make your cells less responsive to insulin and increase cravings for sugary and starchy foods the next day.

5. Stress hits harder.

Your buffer is smaller. The same stress that you coped with at 40 can feel overwhelming at 50. And stress hormones push your blood sugar up, which is what you'll read more about next.

Stress, the "sandwich" years and blood sugar

Many of the women I work with are in what's called the "sandwich generation": caring for children (young or adult) and for ageing parents, often while working. It's a lot. And it has a direct effect on your body.

How stress raises your blood sugar
When you're stressed, your body releases cortisol and adrenaline. These tell your liver to release stored sugar into your bloodstream, to give you fuel to deal with a threat. That's helpful in a real emergency. But when the "emergency" is a school pick-up, a hospital appointment for a loved one, a work deadline and an empty fridge, all on the same day, that sugar has nowhere to go. Your body responds by releasing more insulin.

Do this day after day, add menopause (less insulin sensitivity) and poor sleep (even less insulin sensitivity), and you have a loop:

Stress → cortisol rises → liver releases sugar → insulin rises → cravings and fat storage → poor sleep → cells respond less well to insulin → more stress

What it can look like

- Waking at 2 to 4 am with your mind racing
- Feeling wired but tired in the evening
- Strong sugar or carb cravings in the afternoon
- Feeling shaky, irritable or foggy if you go too long without eating
- Weight around your middle despite eating "well"
- A short fuse with the people you love

Are you in the sandwich years?

Tick any that fit.

- [ ] I care for children (young or adult) and for ageing parents
- [ ] I'm the person who remembers everything
- [ ] I eat standing up, in the car, or whatever's left on the plate
- [ ] I wake at 2 to 4 am and my mind starts racing
- [ ] I feel wired but tired in the evening
- [ ] I crave sugar or carbs in the afternoon
- [ ] I feel guilty when I rest

If you ticked three or more, stress is likely part of your blood sugar and menopause story

Steps to take at home

1. The 30-second reset before you eat. Sit down. Put your phone away. Take three slow breaths: in through your nose for a count of four, out through your mouth for a count of six. The longer breath out helps your body move out of "fight or flight", which is when digestion and blood sugar work best.

2. Hand over one job. Pick one regular task and give it to someone else, drop it, or lower the standard. A teenager can cook dinner once a week. A sibling can take your Mum to an appointment. This isn't selfish. It's how you stay well enough to keep caring.

3. Ten minutes that belong only to you, every day. Put it in your calendar like an appointment. Sit in the sun, walk without your phone, or drink a cup of tea with nothing else to do.

Your plate (what to eat, and when)

Why protein comes first

Protein helps you keep muscle, keeps you full, and slows the rise in blood sugar after a meal. Many practitioners suggest around 25 to 30 g of protein at each main meal for midlife women, though your needs depend on your size, health and medical history. If you have kidney disease, please check with your GP before increasing protein.

What 25 to 30 g of protein looks like (roughly)

- A palm-sized serve of fish, chicken, lamb or beef (about 100 to 120 g cooked)
- 3 to 4 eggs, with a little cheese
- A large serving of Greek yoghurt (about 200 g) with nuts and seeds
- A tin of tuna or salmon with salad and avocado
- A serving of tofu or tempeh with vegetables

Breakfast

Many women are most sensitive to carbohydrates in the morning, so toast, cereal, muesli and fruit juice can set up a blood sugar roller coaster for the rest of the day.



Aim for a savoury breakfast with protein within an hour or two of waking.

Think eggs and vegies, Greek yoghurt with nuts and seeds, or last night's leftover meat with salad.

Lunch and dinner
Fill your plate with protein and non-starchy vegetables (leafy greens, broccoli, zucchini, capsicum, tomatoes, cauliflower), add a healthy fat (olive oil, avocado, nuts), and be judicious about carbohydrates, according to your needs and preferences.

If you follow a specific programme with me or another practitioner, stick with that plan.

Finish dinner 2 to 3 hours before bed, if you can.

Coffee
Have it with food, not on an empty stomach, and try finishing it by midday. For many women, caffeine later in the day can disrupt sleep.

Walk after your biggest meal
A gentle 10-minute walk after your largest meal helps your muscles use up glucose, which may reduce the blood sugar rise. Walking the dog, a lap of the block, or even doing the dishes on your feet and then pacing the house helps.

Anchor meals
When you're trying to make changes to your eating regimen, it helps to have a system. Pick three dinners you can cook on autopilot, each with a good serve of protein and vegies, and cook double so you have lunch tomorrow.

My three anchor meals:

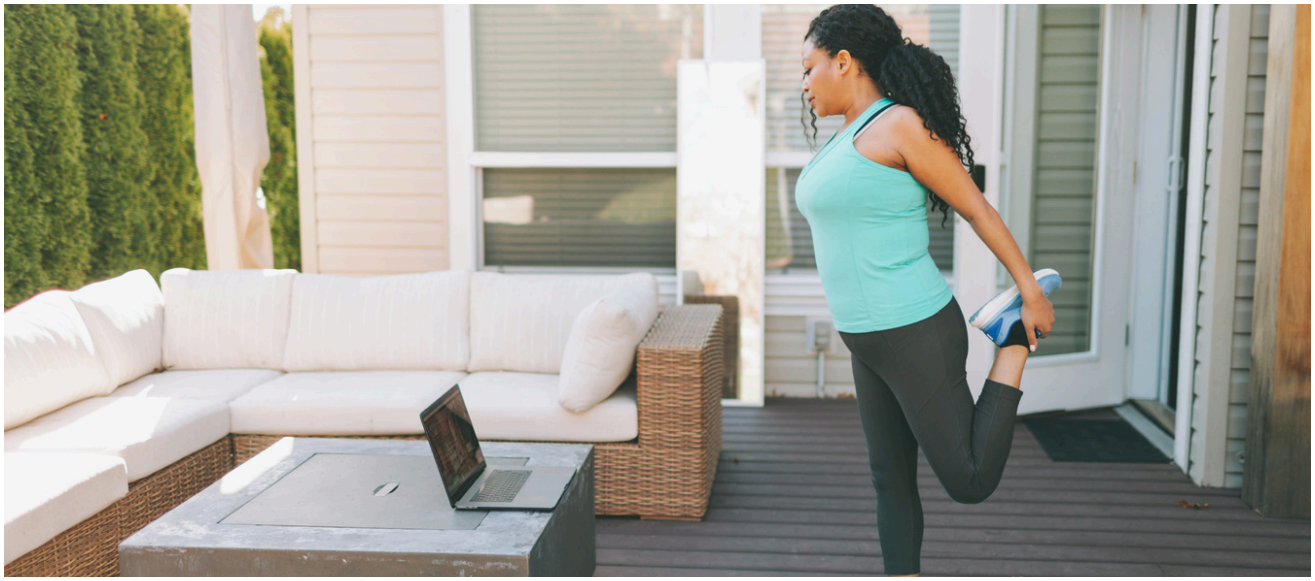
1.

2.

3.

Strength and sleep

Why strength matters so much
Muscle protects your blood sugar, your metabolism, your bones and your independence. The goal is not to look "toned". The goal is to stay strong enough to carry your own groceries, get off the floor, and keep doing what you love into your 80s and beyond. You don't need a gym. You need to challenge your muscles two to three times a week, slowly and with good control.



The sit-to-stand test (start here)

A simple check of your leg strength that you can do in your living room.
1. Sit on a firm chair, back against the backrest, feet flat on the floor. Cross your arms over your chest.
2. Stand all the way up, then sit back down slowly, taking about three seconds to lower.
3. Keep going and count how many you can do, up to 10, without using your hands.
4. Write your number down: ____

Can't get to 10? That's useful information, not a failure. Start with the number you can do and repeat it most days. Retest in four weeks.

The five move home routine

Do two rounds of 8 to 12 repetitions of each move, resting about a minute between moves. About 20 minutes, two to three times a week.

1. **Sit to stand.** As above. When it gets easy, hold a heavy bag or water bottles at your chest.

2. **Wall or bench push up.** Place your hands on a wall or the kitchen bench, step your feet back, lower your chest towards it, then push away. The lower the angle, the harder it is.

3. **Glute bridge.** Lie on your back with knees bent and feet flat. Squeeze your bottom and lift your hips until your body makes a straight line from shoulders to knees. Lower slowly.

4. **Backpack row.** Bend forward from the hips with a flat back, holding a backpack or a couple of water bottles. Pull your elbows towards your ribs and squeeze your shoulder blades together.

5. **Step up.** Step up onto a stair with one foot, bring the other up, and step back down slowly. Hold the rail if you need to.

It should feel challenging by the last two reps, but never painful. Remember: Joint pain is a stop sign.

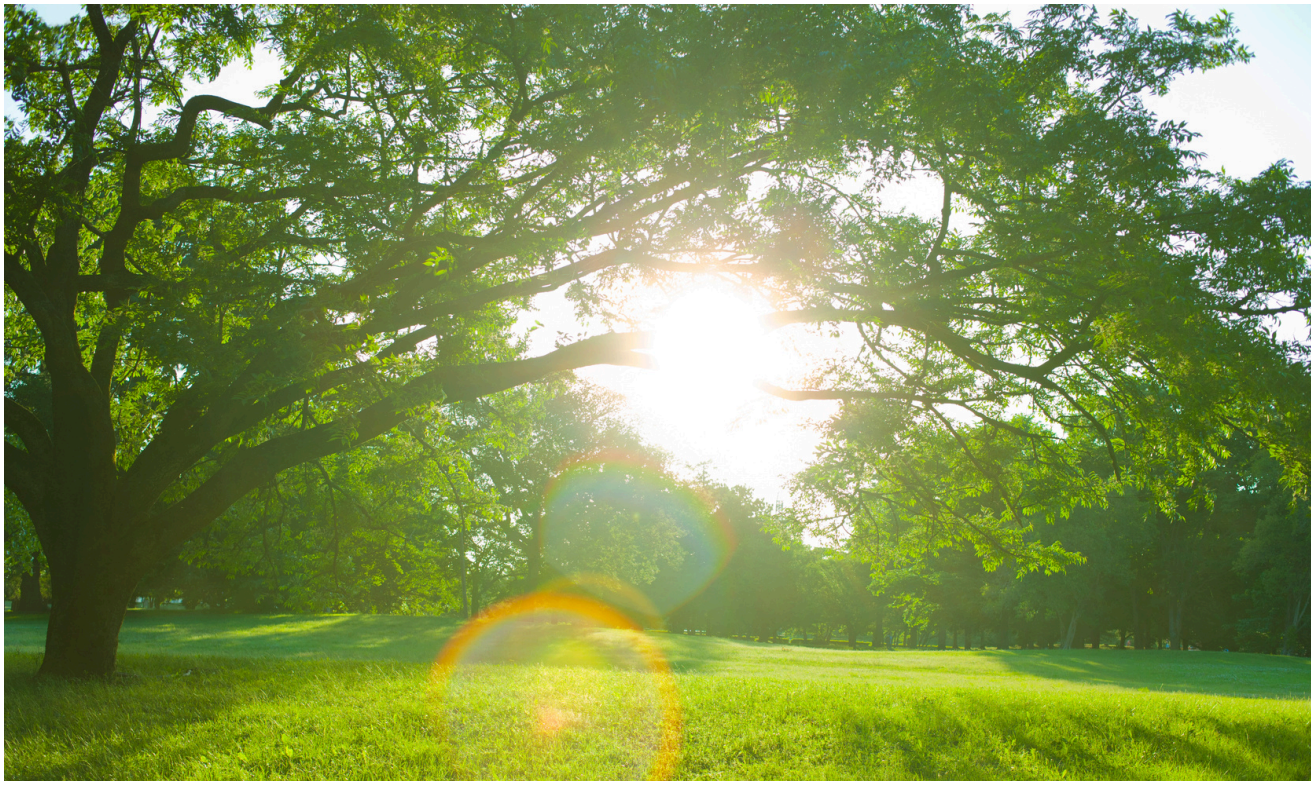
If you have osteoporosis, a history of fractures, sore joints or lipoedema tenderness, check with your GP or physio first, use a higher chair, slow the pace and start with fewer reps.

Sleep checklist

Poor sleep raises tomorrow's blood sugar and cravings, so sleep is part of your plan, not a luxury.

Try these for two weeks.

- Cool the bedroom. A fan, cotton sheets and layers you can peel off. Around 18 to 20°C works for many women.
- Caffeine in the morning only.
- Notice what alcohol does to your night. It can help you fall asleep and then wake you at 2 or 3am. Try a few nights without and compare.
- Finish dinner 2 to 3 hours before bed, with protein, and go lighter on sugar and refined carbs.
- Awake at 3am? Don't check your phone. Keep the lights off, and try slow breathing with a longer breath out.
- Get 10 minutes of morning light, ideally outside. It helps set your body’s time clock for sleep later in the evening.



Your first 7 days, and when to get help

Don't try to do everything at once. Here's a gentle starter week.

Day 1: Eat a savoury, protein-rich breakfast.
Day 2: Walk for 10 minutes after your biggest meal.
Day 3: Do the 30-second reset before each meal.
Day 4: Do the sit-to-stand test (page 5) and write down your number: ____
Day 5: Have your coffee with food and finish it by midday.
Day 6: Hand over one job to someone else.
Day 7: Take 10 minutes that belong only to you.

After the week, keep the two or three that made the biggest difference and add one more. Notice what shifts: your energy, your cravings, your sleep, your mood.

Who else does this help?

Most of the recommendations in this guide aren’t only for menopause. Protein at every meal, a savoury breakfast, strength work, a walk after meals, good sleep and managing stress support blood sugar and muscle for men and for women in their reproductive years too.



When to see your GP

Food and lifestyle are powerful, but they're not the only tools. Please see your GP if you have:

- Severe hot flushes or night sweats, or you're barely sleeping
- Low mood, anxiety, or you feel like you can't cope
- Heavy or very irregular bleeding, or any bleeding after your periods have stopped for 12 months
- Frequent thirst, passing a lot of urine, or unexplained tiredness, which can be signs of high blood sugar
- Osteoporosis, a history of fractures, or kidney disease, before increasing protein or starting strength work

Menopausal hormone therapy and other treatments can help many women, and I'm a big believer in good medical care alongside good nutrition.

Would you like a hand?

If the information shared here resonates, and you'd like help working out how best to support your own journey through the perimenopause and menopausal shift with dietary and lifestyle strategies, I offer a complimentary 15-minute chat. We'll talk about what you've tried, and whether working together would help. No pressure.

Click here to find a time in my diary for a chat

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This guide is general information and isn't a substitute for medical advice.