

# Assessment and Risk Management of Menopausal Women

Menopause is an important milestone and may be one of the first times a woman seeks medical advice around issues of long-term health promotion and disease prevention. Women typically begin to experience menopausal symptoms between 40 and 58 years of age, spending at least one third of their lives after menopause.<sup>1</sup> The 3 main causes of illness and disability in developed countries for postmenopausal women are CVD, cancer, and osteoporosis-associated fractures.<sup>2</sup> As outlined in the following chapters of this update to the Canadian Consensus Conference on Menopause<sup>3</sup> and the Canadian Consensus Conference on Osteoporosis,<sup>4</sup> many of the risk factors for the conditions prevalent among older women are modifiable through changes in lifestyle.

## DIET AND MENOPAUSE

Healthy eating can prevent or reduce certain conditions that may develop during and after menopause, including obesity, type 2 diabetes, heart disease, certain types of cancer, and osteoporosis. All perimenopausal women should be reminded of healthy eating and should use menopause as an opportunity to make healthy changes.

### Canada's Food Guide

Since 1942, *Canada's Food Guide* has provided advice on food selection and nutritional health. The latest version of *Eating Well with Canada's Food Guide*<sup>5</sup> offers information on the amount and types of food recommended, according to age and sex, and emphasizes the importance of combining regular physical activity with healthy eating. The guide encourages Canadians to focus on vegetables, fruits, and whole grains, to include milk, meat, and their alternatives, and to limit foods that are high in calories, fat (especially trans fats), sugar, and salt. According to *Canada's Food Guide*, women ages 51 to 70 should consume 7 servings of vegetables and fruits, 6 of grain products, 3 of milk and alternatives, and 2 of meat and alternatives daily. Within each food group, specific recommendations exist. For vegetables and fruits it is recommended that Canadians eat at least 1 dark green and 1 orange vegetable each day,

prepare vegetables and fruits with little or no added fat, sugar, or salt, and have vegetables and fruits more often than juice. For grain products it is recommended that at least half of the daily grain products be whole grain and that grain-product choices be low in fat, sugar, and salt. For milk and alternatives, drinking skim, 1%, or 2% milk each day and selecting lower-fat milk alternatives is recommended. For meat and alternatives, alternatives such as beans, lentils, and tofu, eating at least 2 food-guide servings of fish each week, and selecting lean meat and alternatives prepared with little or no added fat or salt are recommended.

My Food Guide, an interactive component on Health Canada's *Eating Well with Canada's Food Guide* website, helps users personalize dietary information in 9 steps according to age, sex, and food preferences. Also on the website is My Food Guide Servings Tracker, a printable tool for Canadians at different ages to track daily food choices and compare them with the recommendations in the Food Guide. Another tool linked to Health Canada's website is the Eating and Activity Tracker (at <http://www.eatracker.ca>), developed by the Dietitians of Canada to help people check food and activity choices, analyze recipes, and plan meals; the tool provides guidance as users make healthy changes in both eating and physical activity.

### Diet and a woman's risk of heart disease

Observational studies have shown a relationship between serum cholesterol levels and CVD,<sup>6</sup> and dietary measures to lower these levels are an important part of disease prevention.<sup>7</sup> According to the Canadian Cholesterol Guidelines<sup>8</sup> a diet low in sodium and simple sugars, with substitution of unsaturated fats for saturated and trans fats, as well as increased consumption of fruits, vegetables, and fibre is recommended. Evidence from the Nurses' Health Study suggests that replacing dietary saturated fats and trans fatty acids with non-hydrogenated, monounsaturated, and polyunsaturated fats may be more effective in reducing CVD risk than reducing overall fat intake in women.<sup>9</sup> The adequate daily intake for sodium in healthy Canadians 51

to 70 years of age should be 1300 mg; the upper limit is 2300 mg, which is equivalent to 1 level teaspoon of table salt.<sup>10</sup> Caloric restriction to achieve and maintain ideal body weight is also advised.<sup>8</sup> Interestingly, the dietary content (percentages of protein, carbohydrate, and fat) required to maintain a healthy weight does not appear to matter as long as caloric intake is reduced.<sup>8,11</sup> For individuals with hypertriglyceridemia, a reduction in the intake of alcohol and refined carbohydrates, in conjunction with increased consumption of omega-3 and omega-6 polyunsaturated fats, is indicated.<sup>8</sup> Potential dietary sources of these fats include cold-water fish (salmon, tuna, and halibut), flax seeds, and flaxseed oil. Other dietary strategies to reduce CVD risk include increasing the intake of flavonoids<sup>12,13</sup> (found in vegetables, fruits, and tea), dietary folate<sup>14</sup> (found in vegetables, fruits, and grains), and soy products<sup>15</sup> (sources of isoflavones). Although a recent publication questioned whether calcium supplements might increase the risk for coronary heart disease,<sup>16</sup> further analysis of the WHI data does not support such an association.<sup>17</sup>

### Diet and bone health

Vitamin D and calcium are essential to preventing osteoporosis and may reduce the risk of other health conditions, such as diabetes and immune system disorders. Although exposure to sunlight provides vitamin D, Canadians are at risk of seasonal vitamin D deficiency because winter sunlight in northern latitudes above 35° does not contain enough ultraviolet B for vitamin D production.<sup>18,19</sup> Supplementation is necessary to obtain adequate levels, as dietary intake has minimal impact. Osteoporosis Canada<sup>18</sup> recommends routine vitamin D supplementation for all Canadian adults year round: healthy adults at low risk for vitamin D deficiency (those under age 50, without osteoporosis or conditions affecting vitamin D absorption or action) require 400 to 1000 IU daily, whereas those over 50 and younger adults at high risk (with osteoporosis, multiple fractures, or conditions affecting vitamin D absorption) require at least 800 to 1000 IU daily; for people who need added supplementation to reach optimal vitamin D levels, doses up to the current “tolerable upper intake level” of 2000 IU are safely taken without medical supervision.

Calcium in combination with vitamin D significantly reduces the occurrence of fractures.<sup>20,21</sup>

For women ages 19 to 50 Osteoporosis Canada recommends 1000 mg of calcium intake daily, whereas for women over the age of 50 the recommendation is 1200 mg daily.<sup>22</sup> Although the tolerable upper limit for daily calcium intake from all sources (diet and supplements) is 2500 mg, calcium supplements exceeding 1200 mg daily often cause

gastrointestinal symptoms, such as constipation, which limits compliance. Osteoporosis Canada suggests that yogurt, cheese, calcium-fortified beverages, puddings, and custards are all adequate calcium sources. For those intolerant to dairy products, calcium-fortified soy, almond, and rice beverages, calcium-fortified orange juice, and canned salmon or canned sardines are good alternatives.

### Diet and a woman's risk of cancer

It has been estimated that 30% to 40% of all cancer deaths each year are linked to diet and physical activity, including being overweight or obese, while another third are caused by tobacco products.<sup>23</sup> Although it is not clear exactly how excess body fat, consuming too many calories, and lack of physical activity raise cancer risk, the link to cancers, such as breast (among women who have gone through menopause),<sup>24</sup> colon and rectum, endometrium, esophagus, and kidney is undeniable. The Canadian Cancer Society<sup>25</sup> recommends that everyone achieve and maintain a healthy weight throughout life by following *Canada's Food Guide* on healthy eating. Eating regular meals, cutting back on portions, filling half your plate with vegetables, a quarter with grain products, and a quarter with meat or alternatives, using smaller dishes, and limiting processed meat and red meat are among their recommendations.

## EXERCISE AND MENOPAUSE

Regular exercise is a simple and effective way to improve both physical and mental health in menopausal women. Among the many benefits of exercise are improvements in serum lipid levels and weight and protection from CVD, osteoporosis, diabetes, and breast cancer.<sup>24</sup> Women who exercise regularly report lower levels of stress, lighter menstrual periods, and fewer menopausal symptoms, including night sweats and hot flashes.

The Canadian Society for Exercise Physiology<sup>26</sup> recommends that women ages 18 to 64 accumulate at least 150 minutes of moderate to vigorous aerobic physical activity per week in bouts of 10 minutes or more. It also recommends adding muscle- and bone-strengthening activities using major muscle groups at least 2 days per week. Exercise regimens should be tailored to a woman's age, ability, and individual preference. A sedentary woman should be advised to start slowly and progress gradually. Osteoporosis Canada<sup>27</sup> recommends a minimum of 20 to 30 minutes of weight-bearing exercise, such as walking, dancing, step aerobics, or running, at moderate to vigorous intensity, on most days to improve heart health and bone strength. Strength training with free weights, machines, or exercise bands, or by using body weight as resistance, is

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