

The Women's Health Research Program

Health Bulletin
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Menopause and weight gain

Menopause does not cause women to gain weight, but affects where weight gain occurs, according to the latest research. In a study published in the International Menopause Society's journal, *Climacteric*, researchers, led by Monash University's Professor Susan Davis, conducted a review of existing research and found that post-menopausal weight gain was not linked to hormonal changes¹.

However, as oestrogen levels drop - a consequence of menopause - women's weight gain patterns alter and body fat is stored around the abdomen, rather than the hips. Professor Davis, Director of the Women's Health Research Program at Monash, said the idea menopause causes women to gain weight was a myth. "At menopause a woman's ovaries shut down - which means they stop producing oestrogen. One of the effects of oestrogen is that it changes where a woman's body deposits fat," Professor Davis said.

The study compared women who go through an early or late menopause to those who go through menopause normally. They found in all women the weight gain occurred at the same age, showing menopause itself was not the cause. "It is really just a consequence of environmental factors and ageing which

cause the weight gain. But there's no doubt the new spare tyre many women complain of after menopause is real," Professor Davis said.

Abdominal fat deposits are closely linked to a variety of conditions, such as heart disease, so it is important that women try to avoid the build-up of fat in this area. "What this translates to in real terms is that women going through menopause should begin to try to control their weight before it becomes a problem," Professor Davis said.

"This means all women should be thoughtful about what they eat and for many, it means being more active each day. Oestrogen therapy can also help, but each woman is different, so when you hit menopause, it's very important to discuss your health with your doctor."



The study was part of a special edition of *Climacteric* prepared for World Menopause Day on 18 October.

1. **Davis SR**, Castelo-Branco, Chedraui P, Lumsden MA, Nappi RE, Shah D, Villaseca P [as the writing group for the International Menopause Society for World Menopause Day 2012]. Understanding weight gain at menopause. *Climacteric* 2012 15(5):419-429

News from the Annual Meeting of the North American Menopause Society

Dr Rosie Worsley of the Women's Health Research Program recently attended the Annual Meeting of the North American Menopause Society [NAMS] as a



MONASH University

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recipient of a NAMS/Pfizer Women's Health Medical Residents & Fellows Excellence Award.

At the meeting the first findings from the Kronos Early Estrogen Prevention Study (KEEPS) were reported (*Orlando, Florida; October 3, 2012*). This is a clinical trial in which over 700 women, who were within 3 years of the menopause, were randomly allocated to be treated with either oestrogen tablets (oral conjugated equine oestrogens; Premarin, 0.45 mg per day) or a transdermal oestrogen patch (oestradiol; Climara, 50 µg per day) or placebo. All the women receiving oestrogen therapy also took micronized progesterone for 12 days every month. The study was double blind such that neither the participating women nor the investigators knew who was receiving hormone therapy or placebo therapy.

The women receiving hormone therapy had significant improvements in their menopausal symptoms-hot flushes and night sweats, mood, vaginal dryness, and bone density. Over the 4 years of the study hormone therapy had no adverse effects on blood pressure and there was no change in the thickness of the lining of the carotid arteries. Women treated with oestrogen were less likely to have

progression of deposition of calcium in their coronary arteries, although this did not reach statistical significance.

A significant improvement in anxiety and depression was seen for those women taking oral oestrogen therapy, although of note, none of the women had known mood disorders or depression at enrolment.

The women treated with the oestrogen patch showed improved glucose levels and insulin sensitivity. No adverse effects were seen for rates of breast cancer, endometrial cancer, heart attacks, stroke or venous thromboembolic disease (blood clots). However, the study was not sufficiently large enough to make firm conclusions about these clinical effects.

This study was funded by the Kronos Longevity Research Institute. Bayer and Abbott donated study drugs and placebos, but no funds.

The conference also featured an excellent session on weight in midlife women. A recent study has found that women with insulin resistance (high insulin levels) may find it easier to stick to, and have greater success with, a low carbohydrate rather than a low fat diet (*McClain et al, Diabetes Obese Metab, July 2012*).

Get involved in research

A New Approach To Treating Women Who Do Not Experience Orgasm

Most recently a novel approach has been developed to potentially treat women who fail to reach orgasm (anorgasmia). Researchers recognised that testosterone therapy not only improved sexual desire, but also resulted in increased vaginal blood flow and increased orgasm frequency. As a result the approach of using testosterone on an "as needs" basis is being studied in centres across Australia and North America, including the Women's Health Research Program.

Our new study will assess whether the self-administration of a single dose of testosterone as an intra-nasal gel will result in ability to reach orgasm for women who have previously experienced orgasm but no longer do so.

To participate in this study women need to be over 18 years of age and premenopausal, be experiencing inability to reach orgasm, but have experienced orgasm in the past and be in a stable sexual relationship of at least 6 months duration.

The study is being conducted at our centre at the Alfred Centre in Melbourne as well as in Sydney, Perth and Adelaide. Women interested in participating in the trial should call 1800 998 055.