

Take charge of your overall health after menopause



Certain chronic diseases, such as obesity, type 2 diabetes, cardiovascular disease, cancer and osteoporosis, are more prevalent in women in the postmenopausal years. Increasing awareness about these diseases and taking steps to reduce risks for these conditions as early as possible give women the best opportunity for optimal health as they get older.

Overweight and obesity*

Numerous international experts, including the World Health Organization, World Obesity Federation, The Obesity Society, the American Medical Association and others, have declared obesity a chronic disease because it impairs normal body functions, decreases life expectancy and requires long-term management and relapse prevention.

Many women gain weight during the menopause transition due to lifestyle factors and aging rather than to menopause itself. Behavioral factors such as decreased physical activity and/or increased food or alcohol consumption can contribute to weight gain. Menopausal symptoms, such as hot flashes, poor sleep and mood changes, may affect body weight indirectly by impacting lifestyle.¹

Lean muscle mass, which drives metabolism, decreases with age. As metabolic rate declines, women burn fewer calories at rest, which can lead to weight gain. Even if body weight does not increase, body composition and fat distribution are likely to change significantly during menopause. Excess fat is more likely to be stored around the abdomen (called abdominal obesity) than in the hips and thighs.¹

Obesity, particularly abdominal obesity, is a risk factor for breast and endometrial (uterine) cancer. Fat cells produce estrogen; the more fat cells, the more estrogen that is produced, even after menopause. After menopause, the body is no longer producing progesterone to offset the estrogen. Higher levels of

estrogen increase the risk of breast cancer, and estrogen without progesterone is a risk factor for endometrial cancer. Being even 20 to 50 pounds (about 9 to 23 kilograms) overweight increases the risk of developing these cancers.¹

Healthful eating and regular physical activity, always the foundation of weight management, combined with behavioral or psychological interventions, offer the best approach for the long-term management of the chronic disease of obesity. For some women, prescription anti-obesity medications and/or surgery for weight loss may be appropriate options.

Type 2 diabetes*

People with diabetes have trouble regulating the amount of sugar or glucose in their blood. Left untreated, too much glucose in the blood causes serious damage to the blood vessels, kidneys, eyes and nerves in the body. Too little glucose in the blood means the cells can't get the energy they need to function properly.

Type 2 diabetes is the most common type of diabetes. People with type 1 diabetes do not make enough insulin to allow the glucose from foods to be used as energy. People with type 2 diabetes typically make enough insulin, but the cells have become resistant to the insulin the body makes.

Being overweight is the number one risk factor for type 2 diabetes. Because fat cells are resistant to insulin, the higher the percentage of body fat, the less effectively the body is likely to respond to

insulin and the higher the level of blood glucose. The way in which body fat is distributed is also an important risk factor for type 2 diabetes. The change in body composition that occurs during the menopause transition and beyond puts women at an increased risk for type 2 diabetes and other chronic conditions. Maintaining a healthy weight with regular physical activity and healthful eating is the best way to prevent type 2 diabetes.

Cardiovascular disease*

Although deaths from cardiovascular disease (CVD) have declined worldwide, one in three women will die of heart disease and more women will die of CVD than men. Although most women believe that breast cancer is their greatest health risk, globally women are nine times more likely to die of CVD than of breast cancer. Most CVD in women occurs after menopause, a delay of about 10 years compared to men and CVD. The delay is thought to be due to the protective effects of estrogen that occur in the years before menopause. Total cholesterol, LDL (“bad”) cholesterol and triglyceride levels increase and HDL (“good”) cholesterol levels begin to decrease in the early years after menopause. Unfortunately, many healthcare providers and women are unaware that menopausal women are at an equal or greater risk of CVD than men. Although estrogen hormone therapy is helpful for

managing menopause symptoms, it is not recommended for protection against CVD at any age. Some types of hormone therapy may increase the risk of heart disease, blood clots and stroke.¹

Risk factors for CVD in women^{1,2}

- Age
- Family history
- Black ethnicity
- High blood pressure
- Abnormal cholesterol levels
- Smoking
- Physical inactivity
- Being overweight or obese
- Abdominal obesity
- Diabetes
- Premature menopause, especially before age 35
- Autoimmune diseases, such as lupus or rheumatoid arthritis
- History of preeclampsia, gestational diabetes or pregnancy-induced hypertension



Warning symptoms of a heart attack in women may be different from those in men. In addition to uncomfortable pressure or pain in the center of the chest lasting more than a few minutes, women may also experience any or all of these atypical symptoms:

- uncomfortable feeling similar to indigestion
- upper back, shoulder, neck, jaw, arm or abdominal pain
- dizziness, nausea or vomiting
- unusual shortness of breath
- unexplained weakness or fatigue
- palpitations, cold sweats or paleness
- inability to sleep

Excess weight and increased risk for type 2 diabetes, high blood pressure and cardiovascular disease*

	BMI*	Risk without abdominal obesity	Risk with abdominal obesity
Underweight	Less than 18.5	—	—
Normal	18.5 to 24.9	—	Increased
Overweight	25.0 to 29.9	Increased	High
Obesity – level I	30 to 34.9	High	Very high
Obesity – level II	35.0 to 39.9	Very high	Very high
Extreme obesity – level III	40.0 or greater	Extremely high	Extremely high

*BMI or body mass index is based on body weight relative to height. BMI calculators are available online at www.nhlbi.nih.gov.

The waist measurement is taken at the natural waist (not at the navel). Place a flexible tape measurer in a horizontal position at the top of the hip bone. Abdominal obesity in women is defined as a waist measurement of 35 inches or 88 centimeters or greater. A cut-point of 31 inches or 78 centimeters may be more appropriate for Asian women.

Cancer

Women have a one-in-three chance of developing cancer in their lifetime. Menopause does not increase the likelihood of cancer, but the likelihood of many cancers increases with age. Some of the most common types of cancer for women are discussed below.

Breast cancer

Breast cancer is the most common type of cancer diagnosed in women in midlife. Fortunately, the percentage of women dying from breast cancer has steadily decreased in recent decades. Breast cancer risk is due to a combination of factors, mainly to being a woman and getting older. Because many breast cancer risk factors cannot be changed, early detection with mammography screening is recommended for all postmenopausal women.

Advances in mammography and other screening methods have made it possible to detect smaller, less-advanced breast cancers earlier. Treatment methods have also improved. Women who are at

higher risk for breast cancer should talk with their doctor or healthcare provider about other considerations such as the following:³

- ✓ **More frequent breast cancer screening** (also called enhanced surveillance) is an option. Yearly mammograms and yearly magnetic resonance imaging (MRI) screening, with these tests staggered so that the breasts are imaged every six months, may be conducted.
- ✓ **Risk-reducing medications** (sometimes called chemoprevention), such as selective estrogen receptor modulators or SERMs that block the effects of estrogen on breast tissue, may be prescribed.
- ✓ **Preventive** (prophylactic) mastectomy surgery may be performed for women at very high risk based on genetic factors.

Women should report any changes in their breasts to their doctor or healthcare provider, especially lumps, thickening, dimpling, pain or tenderness, or changes in the nipples. All lumps should be investigated, even if a mammogram is negative. A biopsy may be performed to rule out cancer.

Breast cancer risks^{2, 4}

Risk factors that CANNOT be changed	
Age	Most breast cancers are diagnosed after age 50. The median age for diagnosis is 61 years.
Certain genetic mutations, including BRAC1 and BRAC2	These genes are also linked to ovarian cancer.
Beginning menstruation early (before age 11) or having a late menopause (at or after age 55)	This increased risk is likely because of longer exposure to hormones.
High breast density as found on a mammogram	Dense breasts have more connective tissue than fatty tissue, which may make it more difficult to see a tumor on a mammogram. High hormone levels (in premenopausal women) and hormone therapy make breasts appear denser on a mammogram, which may also increase the likelihood of a false-positive test result.
Personal history of breast cancer or certain noncancerous breast diseases	Women who have had breast cancer are more likely to get breast cancer a second time.
A family history of breast cancer or ovarian cancer	A woman's breast cancer risk increases if a mother, sister or daughter (first-degree relative) or multiple family members on either her mother's or father's side of the family have had breast or ovarian cancer.
Chest radiation treatment	Having radiation treatments to the chest or breasts before age 30 (for example for lymphoma) increases the risk of getting breast cancer later in life.
Exposure to the drug diethylstilbestrol (DES)	Women who took this drug or whose mothers took DES while pregnant with them have a higher risk of breast cancer.
Risk factors that CAN be changed	
Sedentary lifestyle	Women who are not physically active have a higher risk.
Being overweight or having obesity after menopause	Weight management through regular exercise and healthful eating has been shown to reduce breast cancer risk.
The use of estrogen and progesterone hormone therapy	This risk is highest after taking hormones for more than five years during menopause. Certain birth control pills also have been found to increase breast cancer risk.
Reproductive history	Having a first pregnancy after age 30, not breastfeeding and never having a full-term pregnancy can raise breast cancer risk.
Drinking alcohol	Lower alcohol consumption has been shown to have a positive effect on breast cancer risk.
Other risks	Smoking, being exposed to certain chemicals and changes in other hormones due to night shift working also may increase breast cancer risk.

Uterine cancer

In women with a uterus, using estrogen alone has been associated with an increased risk for uterine cancer. That's why experts recommend that women with a uterus should use progesterone (available as a pill or patch) with estrogen therapy. Other risk factors for uterine cancer include the following:¹

- age older than 50
- starting periods earlier or reaching menopause later than the typical ages
- not ovulating regularly during menstrual years (excluding pregnancy and lactation)
- never having been pregnant
- obesity
- sedentary lifestyle
- diabetes
- long-term use of SERMs for breast cancer treatment or prevention
- certain genetic variations
- family history of endometrial cancer or breast cancer

The most common symptom of uterine cancer is abnormal uterine bleeding. Any postmenopausal bleeding is abnormal and should be investigated. Diagnosis is usually confirmed with an endometrial biopsy. Standard treatment for uterine cancer is surgery, which includes a hysterectomy.

Ovarian cancer

Ovarian cancer risk is not affected by menopause, but like most other cancers, risk increases with age. Women with a family history of breast cancer or ovarian cancer, including those with **BRCA1** or **BRCA2** gene mutations, are at the highest risk for ovarian cancer. For women with the highest risk of ovarian cancer, surgery to remove the ovaries and fallopian tubes is sometimes recommended after childbearing is complete. Unfortunately, no satisfactory screening tests for ovarian cancer are available at the present time.

Other cancers

Most **lung cancer** is attributed to tobacco smoking. Women may be more susceptible to the carcinogenic effects of tobacco than men. Of all the lifestyle-related risk factors that can be changed, smoking cessation has the greatest effect on reducing lung cancer deaths. Women can lower their risk of **colorectal cancer** by stopping smoking, exercising regularly and eating healthfully. Certain types of skin cancer become more prevalent in women at midlife. Sun protection is essential to both preventing skin cancer and caring for aging skin. Women with a personal or family history of skin cancer should have an annual full-body skin examination.

Osteoporosis

Osteoporosis is a significant health threat for postmenopausal women, especially after age 65, because it increases the risk of fractures. After menopause, the drop in estrogen decreases bone quality and density. Bone mass peaks in women in their 30s. Around menopause, bone loss accelerates to about 2% a year for about five to 10 years. Although it slows after this period of rapid loss, by age 80 many women have lost about 30% of their peak bone mass.

The main cause of decline in bone strength is simply aging. Women experiencing premature menopause, either natural or induced, are at a greater risk for weakened bones than women of the same age who have not reached menopause. However, by age 70, when most fractures are likely to occur, both groups face the same risk.

All postmenopausal women should be assessed for risk factors for osteoporosis and fracture, as well as for signs of bone loss. The most common test to measure bone mineral density is a dual-energy X-ray absorptiometry (DXA). Bone density testing is recommended for women 65 and older and for younger postmenopausal women with these risk factors:²

- weight less than 127 pounds or 57.7 kilograms
- BMI below 21.0
- history of hip fracture in a parent
- current smoker
- rheumatoid arthritis
- alcohol consumption more than two drinks per day

The Fracture Risk Assessment (FRAX) tool is a computer application that calculates a woman's 10-year probability of hip fracture or major fracture from osteoporosis. Women older than 40 years can calculate their risk of fracture at www.sheffielddac.uk/FRAX. A bone density test is not required to use this tool.

Refocus attention on self-care

The menopause transition is a perfect time for women to set a goal to refocus attention on self-care, particularly preventive care and healthy lifestyle practices. Appropriate preventive care, including regular check-ups, exams and immunizations, can help women achieve and maintain optimal health over their lifetime. A specific preventive care plan should be determined by women and their doctor or healthcare provider based on a variety of factors. In addition to preventive care, women can reduce their risks by choosing healthy lifestyle practices, such as the following:

- exercising regularly
- eating a healthful diet
- getting enough calcium and vitamin D
- achieving and maintaining a healthy weight
- getting enough quality sleep
- reducing and coping with stress
- not using tobacco, including e-cigarettes
- not drinking alcohol or drinking only in moderation
- practicing safe sex



Activity: Set a self-care goal*

Use the questions below to set a self-care goal and plan for taking better care of yourself.

What is your self-care goal?

How will your life be different when you have reached your goal?

What specific action steps will you take to work toward your goal?

Who and how will you ask for support?

When will you begin to work toward your goal?

When do you expect to reach your goal?

How will you know that you have achieved your goal?

How important is achieving this goal to you at this time?

How confident are you that you can achieve your goal as stated?

How will you reward yourself for implementing your plan and achieving your goal?



Don't delay. Get started right away.

Take the first step to optimize your health and make the most of the years ahead. **You are worth it!**

References:

1. Centers for Disease Control and Prevention. About women and heart disease, May 15, 2024. www.cdc.gov/heart-disease/
2. The North American Menopause Society. The Menopause Guidebook, 9th Edition, 2020. www.menopause.org
3. Centers for Disease Control and Prevention. Breast cancer risk factors, March 11, 2024. cdc.gov/breast-cancer/
4. National Cancer Institute. Surgery to reduce the risk of breast cancer, last reviewed June 26, 2024. www.cancer.gov

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