

LIFESTYLE AS MEDICINE

27TH SEPTEMBER 2025

BY DR JEN WEST JEN.WEST@NHS.NET

[WELCOME | LIFESTYLE AS MEDICINE | HEALTH |](#)
[ENGLAND](#)



Practical Lifestyle Medicine

- | | | |
|----------|---------------------------------|------------------|
| 1. Bones | 4. Blood vessels | 7. Gut |
| 2. Skin | 5. Hair, mouth, teeth and nails | 8. Gut part II |
| 3. Liver | 6. The Brain | 9. The Menopause |

Following last week's government announcement that 'all women will be asked about menopause symptoms at their health check', we've gotta talk about The Menopause.

Because for most women, it's much more than a discussion about whether to request a prescription for HRT... or to go cold turkey.

In a nutshell: Lifestyle approaches don't usually eliminate vasomotor symptoms but can **reduce their intensity** and improve **mood, energy, and resilience**, which strongly affect quality of life.

The Menopause. What do I need to know? What are the symptoms?

From next year, all women who attend for a Health Check will be asked about 'Menopause Symptoms'.

And when you consider the list below (which doesn't include ALL possible symptoms) this is a rather daunting task!

Common symptoms of the menopause

1. Vasomotor Symptoms

Hot flushes, night sweats, temp intolerance, sleep disturbance

2. Psychological and Cognitive Changes

Anxiety, mood swings, brain fog, memory lapses, sleep disruption

3. Urogenital and Sexual Changes

Vaginal dryness, pain in sex, libido ↓, recurrent UTIs, urinary incontinence

4. Physical and Metabolic Changes

Weight gain, muscle ↓, joint pains, bone loss, cholesterol ↑, insulin resistance

5. Menstrual and Reproductive Changes

Heavier or lighter bleeding, irregular bleeding, PMS but not bleeding

6. 'Other'

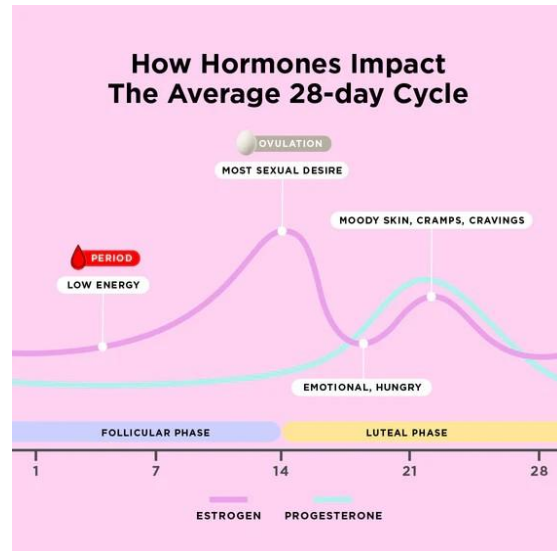
Palpitations, tingling, itchy skin, restless legs, change in body odour.

First- some basics about hormones.

The monthly cycle of hormones- mainly oestrogen and progesterone- is at the core of womanhood.

Women are hormonal. Fact.

- From 11-51 (approximately) we live with a 28 day cycle
- Except when pregnant or taking the combined pill
- Every month we go from successful superwoman to emotional wreck
- Yet it's our hormones that make us who we are



We have oestrogen (+ progesterone) receptors everywhere, not just in ovaries

skin, liver, brain, colon, bone, salivary glands...

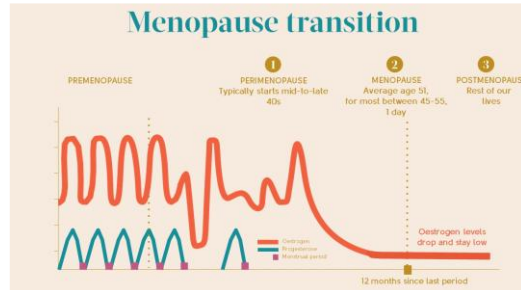


At the menopause, the female body begins to wind down the production of oestrogen and progesterone. But it's not just a one-day event- while the average age at the last period is 51 in British women, many women start having troubling symptoms up to 10 years before that as their hormone levels begin to fluctuate erratically.

So if a woman's hormone levels are dropping, could a blood test help?

Women are hormonal. Fact.

- During the menopause our hormones fluctuate on a daily, even hourly basis
- And this is what gives rise to the many symptoms women experience
- Because of the fluctuations, symptoms are more important than blood tests



- A. Because hormone levels are so variable- they vary from day to day and even from hour to hour- a blood test is not generally useful in making a diagnosis. It is far more important to listen to the symptoms a woman offers, and be willing to ask questions about other symptoms- see page 1 😊

Should every woman be offered HRT?

This is a very big question, and one that stands outside the remit of this newsletter.

HRT is **one** way to deal with troublesome symptoms of the menopause- but HRT does not suit everyone, some people prefer not to take medication and – even more importantly- developing health lifestyle habits in mid-life has been shown to reduce the development of Long Term Conditions AND increase longevity.

HRT, started at 50 years and continued until the age of 80:

- Published evidence is very mixed
- While HRT helps vasomotor symptoms, evidence of long-term benefit is not yet certain.
- Some studies suggest that it reduces heart disease better than statins

Healthy Habits at 50 and beyond (wt, exercise, food, ↓ alcohol, no cigs)

- Reduces menopausal symptoms with NO RISK
- Can give an extra 14 disease-free years
- Reduces risk of diabetes, hypertension, heart disease, dementia, stroke, low mood

The Evidence in Brief

1. Hormone Replacement Therapy (HRT): the most effective for vasomotor symptoms

- Large, high-quality studies (e.g. WHI follow-ups, Cochrane reviews) consistently show that **HRT is the most effective treatment for vasomotor symptoms** such as:
 - Hot flushes
 - Night sweats
 - Sleep disturbance linked to those symptoms
- HRT can also improve:
 - Vaginal dryness and sexual discomfort
 - Bone density
 - Mood and cognitive symptoms in some women

However, HRT's role depends on **timing and risk profile**:

- Benefits are strongest when started **before age 60 or within 10 years of menopause**.
- Risks (e.g., blood clots, stroke, breast cancer with combined estrogen-progestogen therapy) are **small but real**, and vary depending on formulation, dose, and individual risk factors.

2. Lifestyle: foundational for nearly all aspects of midlife health

While lifestyle may not *match* HRT for hot flash relief, it is **more broadly beneficial** and essential for long-term wellbeing, mood, and metabolic health.

Evidence-based interventions include:

Domain	Evidence-Based Strategies	Benefits
Physical activity	Regular aerobic + resistance training	Reduces frequency of hot flushes (modestly), improves sleep, mood, bone and heart health
Diet	Mediterranean-style, plant-rich, high fibre, phytoestrogens (e.g. soy)	May modestly reduce hot flushes, supports weight, metabolic, and cardiovascular health
Sleep hygiene	Regular sleep schedule, cooling, mindfulness	Improves fatigue, cognitive clarity, and resilience to symptoms
Stress reduction	CBT, mindfulness, yoga, paced breathing	Reduces symptom perception and improves quality of life
Avoidance of triggers	Caffeine, alcohol, spicy food, hot environments	May lessen hot flushes in sensitive individuals

3. The Most Effective Strategy Is Often Combined – HRT for a few years and long term lifestyle changes.

- For women with **moderate-to-severe vasomotor symptoms**, HRT is typically first-line, supported by lifestyle measures.
- For those with **mild symptoms or contraindications to HRT**, **lifestyle + non-hormonal pharmacologic options** (e.g., SSRIs, SNRIs, gabapentin) can be effective.
- For **mood, weight, sleep, and cardiovascular health**, lifestyle is *always* the cornerstone — even when HRT is used.

4. Key Takeaway

Symptom Area	Best Evidence-Based Primary Approach
Hot flushes, night sweats	HRT (most effective)
Sleep, mood, energy	Lifestyle + CBT ± HRT
Weight/metabolic health	Lifestyle first-line
Vaginal dryness/discomfort	Local estrogen or vaginal moisturizers
Bone and heart protection	Lifestyle + HRT (if eligible and desired)

✓ Summary

- **HRT:** Best for *specific menopausal symptoms* (especially hot flashes, night sweats, vaginal dryness).
- **Lifestyle:** Best for *overall health, quality of life, and long-term prevention*.
- **The ideal approach** is individualized — integrating both wherever possible

References

[MenoScale - Make sense of your menopause symptoms](#)

[Balance - Balance app](#)

[Menopause - Symptoms - NHS](#)

[Lifestyle Medicine: Small Steps to Feel Your Best Self Through Menopause - The Menopause Charity](#)

[Alternatives to hormone replacement therapy \(HRT\) - NHS](#)



“Night sweats and hot flashes are nature’s way of lowering your heating bill so you can save more money for your retirement.”

And Finally

The world of the NHS is waking up to the menopause and some of the challenges it brings.

But the menopause is about more than hormonal change. It’s also about being in your 50s, often holding a senior position at work- and at the same time managing the hormonal swings of teenage children, their transitions within the education system, and the frailty of the generation above us.

The central message of lifestyle medicine is about self-care. And that’s what we need to encourage- for ourselves and our patients- during these most challenging of years.

Jen

Disclaimer: The information provided in this newsletter is for educational and informational purposes only and is not intended as medical advice. Always consult with a qualified healthcare provider before making any changes to your diet, exercise routine, or health care regimen. The content shared here is based on current research and best practices in lifestyle medicine, but individual needs and conditions may vary. The author is not responsible for any adverse effects or consequences resulting from the use of any suggestions, preparations, or procedures discussed in this newsletter. Jen West

