MENOPAUSE AND OBESITY

with the consensus of the Spanish societies SEMERGEN, SEEN and SEEDO

Summary of the most noteworthy points

Obesity is a chronic, progressive, relapsing and multifactorial disease which has a negative effect on women's health throughout all stages of their life.[1]

The objective of the AEEM **Menopause and Obesity Menoguide** is to summarise the current understanding of the physiopathology of changes to body composition in menopause, to make it possible to prevent and appropriately treat long-term health complications in order to **make it easier to manage overweight and obesity in women in daily clinical practice.**[1]

Prevalence in Spain

34%
obesity
in postmenopausal women[2]

46.1%
overweight
in postmenopausal women[2]

50%
obesity and overweight
in women >50 years[1]

Aetiology[1]

- **Ageing**
- **Decrease in lean body mass/ Increase in fat mass**
- **Musculoskeletal problems**
- **Hormonal imbalance**
- **Psychological problems**
- **Sedentary lifestyle**
- **Sleep problems**

Excess weight is currently the number one cause of diseases and preventable disabilities, exceeding smoking[1]

AEEM, Spanish Association For the Study of Menopause; SEMERGEN, Spanish Society For Primary Health Care Physicians; SEEN, Spanish Society For Endocrinology and Nutrition; SEEDO, Spanish Society For the Study of Obesity.

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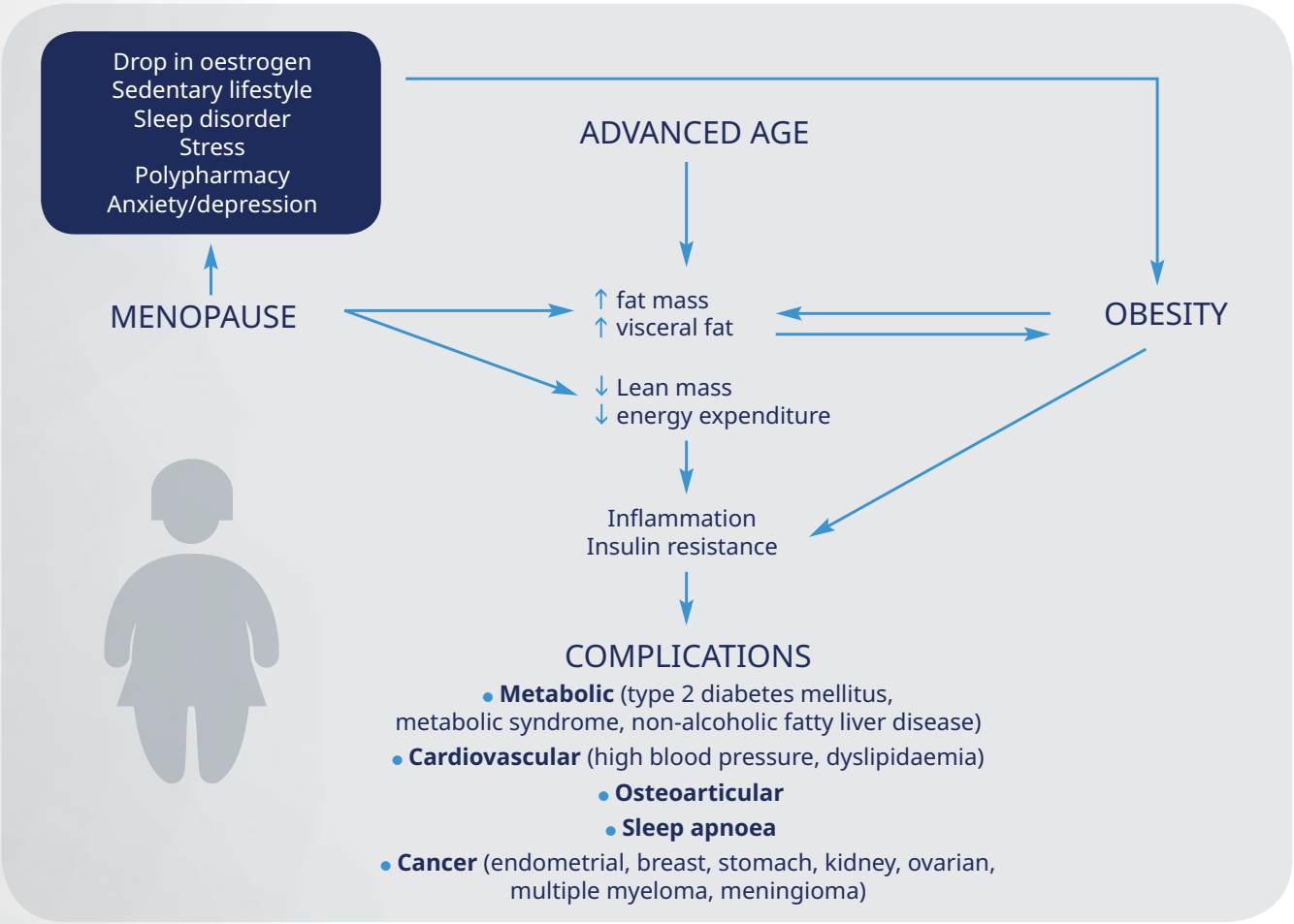
What is the physiopathological connection between menopause, age and obesity?

During menopause, a change occurs in the oestrogen/androgen ratio which gives rise to an extraordinary build-up of abdominal fat identified as a **risk of cardiometabolic complications.**[3] This occurs because as well as causing thermogenesis to increase, oestrogen also regulates the hormone and neurotransmitter levels related to appetite, **bringing about an energy imbalance.**[1] This situation makes it necessary to **establish preventive and therapeutic measures** to avoid complications associated with weight gain.[1]

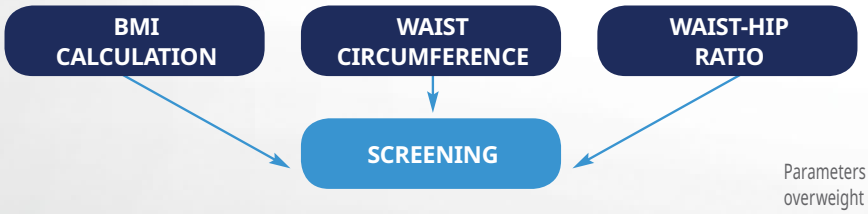
PHYSIOPATHOLOGICAL CONNECTIONS BETWEEN MENOPAUSE, AGE AND OBESITY[1]



Modified figure from the AEEM Menoguide.

The Menoguide suggests that the TM or postmenopausal stage is a suitable time to carry out examinations to detect overweight and obesity[1]

The Menoguide recommends assessing the following parameters in order to effectively **screen overweight and obesity in menopause** and carry out studies on body composition, where necessary.[1] Diagnostic individualisation must include the research of potential etiopathogenic factors, additional examinations and stratification of the spectrum of **complications associated with obesity.**[1]



Parameters to assess and effectively screen overweight and obesity in menopause.

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What are the risk factors of developing obesity in menopause?

The decrease in basal metabolism together with a drop in lean body mass, old age, sedentary lifestyle, rise in caloric intake, psychological conditions, problems sleeping, concomitant diseases which are common in women and hormonal imbalance due to the drop in oestrogen production combined with absolute or relative hyperandrogenism, are some of the **determining factors for developing obesity in menopause.**[1]

ADVANTAGES OF WEIGHT LOSS IN MENOPAUSE

Improvement in hot flushes associated with menopause[4]

Cardiovascular benefits[3]

Prevention of the **loss of bone mass**[5]

Improved quality of life, related to physical activity and general health[6]

Brings about **significant benefits** for health[7]

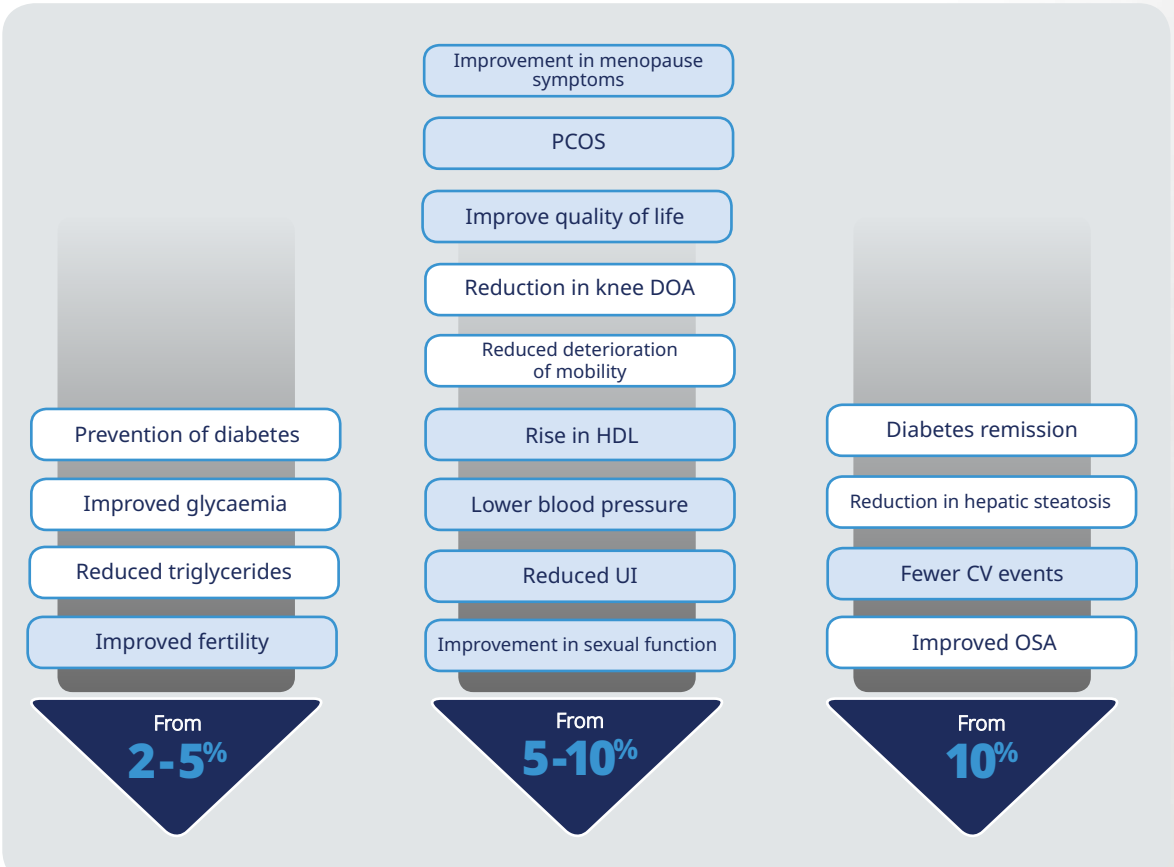
Associated with **significant improvements in the perception of appearance and self-esteem**[8]

Promotes **psychological well-being** of the patient[9]

Improvement in **urinary incontinence**[10,11]

Improvement in **sexual function**[12]

COMORBIDITIES BENEFITED WITH A CLINICALLY MEANINGFUL WEIGHT LOSS (>5%)[13-25]



Adapted from Ryan et al[12]. PCOS: polycystic ovary syndrome, OSA: obstructive sleep apnoea, UI: urinary incontinence, DOA: degenerative osteoarthritis; HDL: high-density lipoproteins; CV: cardiovascular.

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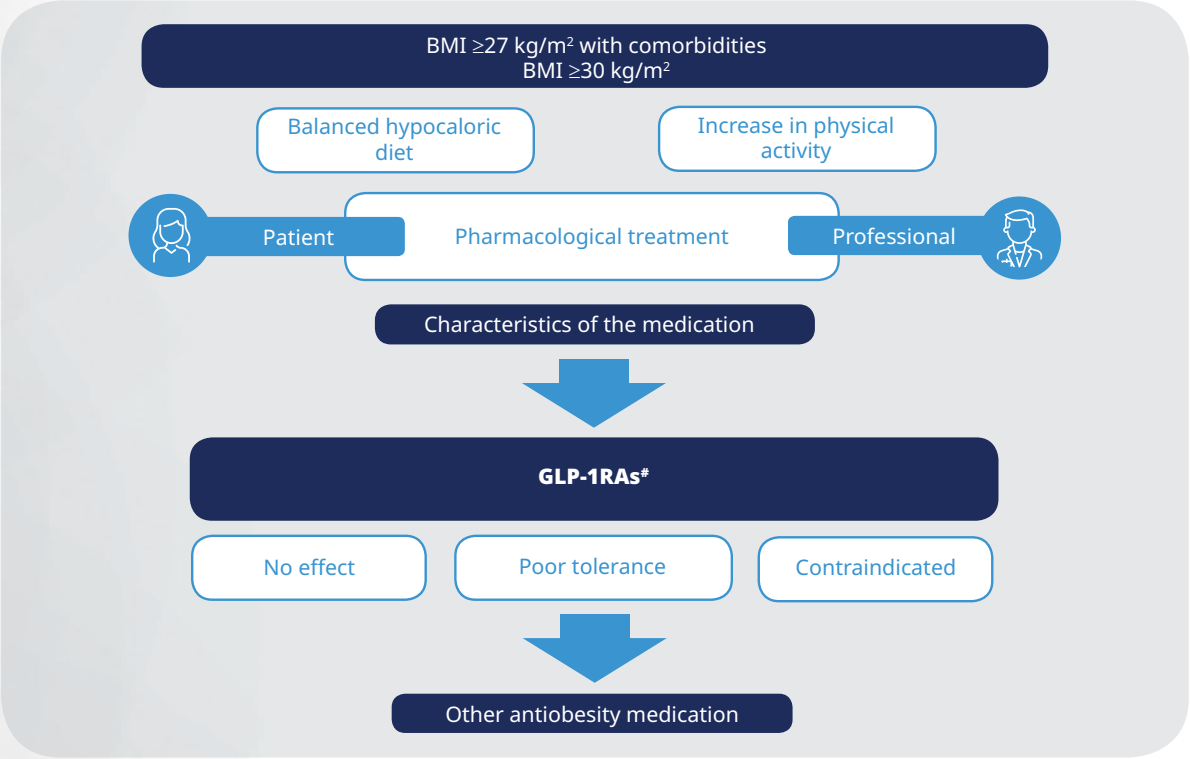
Approaching patients with obesity and menopause

It is difficult to lose weight and maintain a healthy weight because weight loss itself triggers a series of changes to the hormones that regulate appetite. After losing weight, the body will try to put it back on naturally, stimulating hunger and promoting energy storage.[1]

Pharmacological treatment of obesity is indicated **when nutritional therapy, physical activity and emotional support are not enough to achieve the objectives set out.** In some cases, pharmacotherapy may be indicated from the start of treatment, together with diet and exercise, and may be useful for the maintanance of weight loss, due to the metabolic adaptation phenomena and the tendency to regain weight after it has been lost.[1]

The function of pharmacotherapy in treatment, in addition to the weight loss response (if this does not take place or in insufficient), is to help adherence, **reduce comorbidities and risks**, such as breast cancer, cardiovascular diseases and venous thromboembolism, **and make it easier for weight to be maintained in the long term.[1]**

ALGORITHM FOR THE PHARMACOLOGICAL TREATMENT OF OBESITY[1]



Modified from Menoguía[1]. Available at: https://aeem.es/1126_22-menoguia-menopausia-y-obesidad-v24/. #GLP-1 receptor agonists.

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