WOMEN'S HEALTH FACTSHEET

Nutrition in Menopause

Eating to support energy, bones, muscle, heart health and everyday wellbeing

The short version

There is no single menopause diet. A varied, balanced eating pattern can support health during perimenopause and after menopause, but food cannot prevent every symptom or replace appropriate medical care. Aim for regular meals built around vegetables and fruit, wholegrain or higher-fibre carbohydrates, protein foods, calcium-rich choices and mainly unsaturated fats. Changes should be realistic, affordable and suited to your health, culture and preferences.

Why nutrition matters

Falling oestrogen, ageing, sleep disruption, stress, activity and changing responsibilities can all affect appetite, body composition and long-term health. Nutrition is one part of the picture - not a test of willpower and not a reason for blame.

Bone health	Bone loss accelerates for a time after menopause. Calcium, vitamin D, adequate protein and weight-bearing or resistance activity all contribute to maintaining bone strength.
Muscle and function	Protein and regular activity help maintain muscle. Preserving strength supports mobility, balance, metabolic health and independence.
Heart health	A pattern rich in vegetables, fruit, wholegrains, pulses, fish and unsaturated fats, and lower in salt and saturated fat, supports cardiovascular health.
Energy and digestion	Regular balanced meals, fibre and fluids may support steadier energy, bowel health and fullness. Persistent fatigue or digestive symptoms should still be assessed.

A practical balanced plate

½	¼	¼
Vegetables and fruit	**Higher-fibre carbohydrate**	**Protein-rich food**
Use a variety of colours and include fresh, frozen, tinned or dried options without assuming that expensive is better.	Potatoes with skins, oats, wholegrain bread, brown rice, wholewheat pasta and other grains can provide energy and fibre.	Beans, lentils, eggs, fish, poultry, lean meat, tofu, tempeh, dairy and fortified alternatives are useful choices.

This is a flexible guide, not a rule for every meal. Mixed dishes can contain all three parts, and individual needs vary.

Key nutrients and food sources

Protein	Include a protein source at meals. Beans, pulses, fish, eggs, dairy, lean meat, tofu and other soya foods can all contribute. Supplements are not normally necessary when food intake is adequate.
Calcium	Adults generally need 700 mg calcium a day. Milk, yoghurt, cheese, calcium-fortified plant drinks, calcium-set tofu, some fish eaten with bones, kale and other foods contribute. Needs can differ with osteoporosis or other conditions.
Vitamin D	Vitamin D helps the body absorb calcium. UK guidance says everyone should consider 10 micrograms daily during autumn and winter; some people are advised to take it throughout the year. Ask a pharmacist or clinician if unsure.
Fibre	Vegetables, fruit, oats, wholegrains, beans, lentils, nuts and seeds support bowel and heart health. Increase fibre gradually and drink enough fluid.
Healthy fats	Choose mainly unsaturated fats from olive or rapeseed oil, nuts, seeds, avocado and fish. UK guidance recommends two portions of fish weekly, including one oily fish portion, where suitable.
Fluids	A general guide is 6 to 8 cups or glasses daily. Water, lower-fat milk and sugar-free drinks count. Needs rise with heat, activity, illness and some medical conditions.

Food and menopause symptoms

Some people notice that alcohol, caffeine, spicy foods or very hot drinks trigger hot flushes, palpitations, reflux or poorer sleep. Others notice no link. A short symptom-and-food record can help identify personal patterns without creating an unnecessarily restrictive diet.

Try observation before restriction

Record the time, amount and context as well as the food or drink. Sleep, stress, room temperature, medication and the menstrual cycle may also influence symptoms. Change one factor at a time and review whether it genuinely helps.

Weight and body changes

Weight gain and a shift towards more abdominal fat are common around midlife, but they are not caused by one food or by a personal failure. Age-related muscle loss, sleep, stress, symptoms, activity, medication, illness and social circumstances can all contribute. NHS information says there is little evidence that most forms of HRT cause weight gain.

A safer long-term approach

Focus on habits that can be maintained: regular balanced meals, adequate protein and fibre, suitable activity, sleep support and realistic portions. Very restrictive diets can be difficult to sustain, increase the risk of nutrient shortfalls and may lead to repeated weight loss and regain.

Ideas that can make eating easier

Low energy	Keep simple options available: eggs on wholegrain toast, yoghurt with fruit and oats, soup with beans, tinned fish, frozen vegetables or a balanced ready meal.
Limited budget	Use own-brand oats, potatoes, frozen or tinned vegetables, beans, lentils and seasonal produce. Compare price per 100 g rather than relying on health claims on the pack.
Poor appetite	Try smaller meals more often and prioritise nourishing foods containing protein and energy. Unexplained appetite or weight changes need medical assessment.
Busy days	Prepare one component rather than a perfect meal: cook extra grains, wash fruit, portion yoghurt or keep a protein option ready.

Supplements and menopause products

- A supplement is not a substitute for a varied diet, although specific supplements may be recommended for particular needs.
- 'Natural' does not automatically mean safe. Herbal products can cause side effects or interact with prescribed medicines.
- Do not assume that a higher dose is better. Check the amount, evidence, quality, interactions and total intake from other products.
- If you have cancer, liver or kidney disease, a clotting condition, osteoporosis, allergies, restricted intake or take regular medicines, seek individual advice before using supplements.

When to seek professional support

Speak to a GP or another qualified professional about unexplained weight loss or gain, difficulty swallowing, persistent vomiting or diarrhoea, blood in the stool, severe abdominal pain, suspected eating disorder, recurrent faintness, or symptoms of deficiency. A registered dietitian can provide medical nutrition therapy for complex health needs.

How Health Matters UK can support you

Health Matters UK can help you review routines, recognise barriers, understand general healthy-eating information and choose realistic wellbeing steps. We do not diagnose deficiencies, prescribe supplements or replace a GP or registered dietitian. Where needs fall outside our scope, we will encourage appropriate professional advice.

One manageable starting point

Choose one meal you eat regularly. Ask whether it includes a protein source, a higher-fibre carbohydrate and some vegetables or fruit. Improve one missing part using a food you already like and can afford.

Women's health matters to us

Every woman deserves clear, compassionate and evidence-informed information that recognises her health, culture, finances, responsibilities and stage of life. Our aim is to support practical choices without judgement, fear or unrealistic promises.

Important information

This factsheet provides general education and does not replace personalised medical or dietetic advice. Individual requirements differ with health conditions, medicines, allergies, pregnancy, eating disorders and other circumstances. Do not make major dietary or supplement changes if a healthcare professional has advised restrictions without checking first.

Evidence, sources and review

Prepared to Health Matters UK's Evidence & Editorial Standards using current NHS, NICE, UK government and British Menopause Society information. External guidance remains the responsibility of its issuing organisation.

• NHS. Things you can do to help menopause and perimenopause symptoms. nhs.uk/conditions/menopause-and-perimenopause/

• NHS. Food for healthy bones; HRT side effects and weight gain. nhs.uk/live-well/ and nhs.uk/medicines/

• NICE. Menopause: identification and management (NG23); Overweight and obesity management (NG246). nice.org.uk

• UK Government. The Eatwell Guide and Healthy eating: applying All Our Health. gov.uk

• British Menopause Society. Menopause, Nutrition and Weight Gain: Tool for Clinicians. thebms.org.uk

Published: November 2026 Version: 1.0 Review due: November 2027, or sooner if guidance changes

© 2026 Health Matters UK. This original factsheet may be downloaded for personal use. Please do not alter or reproduce it commercially without permission.