



Perimenopause: How Hormonal Changes Affect Nutrition and Metabolic Health

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Perimenopause is a complex metabolic transition, not simply a change in menstrual cycles. During this stage, ovarian hormone production becomes increasingly erratic, with fluctuations in estradiol and progesterone occurring before estrogen eventually declines. These hormonal changes can influence body composition, appetite, insulin sensitivity, lipid metabolism, sleep, and energy balance.

One of the most clinically relevant changes is a shift in body fat distribution. Lower and fluctuating estrogen levels are associated with greater accumulation of visceral and abdominal adipose tissue. Visceral fat is metabolically active and is associated with increased inflammatory signaling and cardiometabolic risk. At the same time, age-related reductions in muscle mass (sarcopenia) and physical activity can decrease energy output and contribute to changes in body composition.

Perimenopause may also be accompanied by changes in glucose metabolism. Declining estrogen, increased visceral adiposity, sleep disruption and reduced muscle mass can collectively contribute to decreased insulin sensitivity. Women may notice increased carbohydrate cravings or difficulty maintaining their previous weight despite eating as they usually do. This makes carbohydrate quality increasingly important. Rather than eliminating carbs, focus on minimally processed sources such as vegetables, legumes, berries, whole grains and intact fruits. Pairing carbohydrate-rich foods with protein, fiber and healthy fats can improve meal composition and promote satiety.

Protein becomes more important during midlife because maintaining skeletal muscle is essential for metabolic health, physical function, and healthy aging, supporting insulin sensitivity, and reducing long-term cardiometabolic risk. Muscle is a major site of glucose disposal, making preservation of lean mass relevant to insulin sensitivity. A good strategy is to distribute high-quality protein throughout the day rather than consuming the majority at one meal. Good protein sources include fish, poultry, eggs, Greek yogurt, cottage cheese, lean meats, soy, legumes, etc. Resistance training should complement adequate protein intake. Regular strength training provides a powerful stimulus for maintaining or increasing muscle mass and can also support bone health.

Perimenopause is also an important time to pay attention to cardiovascular risk factors. Changes in body composition, blood pressure, glucose regulation, and lipid profiles can collectively influence long-term cardiovascular health.

A Mediterranean-style eating pattern emphasizing vegetables, fruits, legumes, whole grains, nuts, seeds, fish, olive oil, and minimally-processed foods can provide a strong nutritional foundation.

Perimenopause requires a shift from focusing exclusively on weight to focusing on body composition and metabolic health. Adequate protein, sufficient fiber, high-quality carbohydrates, healthy fats, resistance exercises, sleep, and appropriate caloric intake all play important roles. The goal is not to recreate the metabolism of younger years. It is to adapt nutrition and lifestyle strategies to the changing physiology of midlife-preserving muscle, minimizing visceral fat accumulation, supporting insulin sensitivity, and reducing long-term cardiometabolic risk.

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