Nutrition in menopause

The transition to menopause is a good time to review your current diet. Not only can this help manage menopausal symptoms in the short term, it can lay the foundations for good health through perimenopause, menopause, and the years to come.

Where do I start?

Getting started doesn't have to be complicated, but there's an enormous amount of misinformation when it comes to nutrition, and it's easy to feel confused about what's healthy and what's not. Simple dietary changes are the basis of positive change for bone, heart and digestive health, as well as management of some menopause symptoms.

Can I eat carbohydrates?

Carbohydrates include complex, starchy foods like potatoes, rice, pasta, cereals and grains. They also include simple sugars like table sugar, honey and golden syrup. Your body uses carbohydrates to make blood sugar or glucose. Starchy foods breakdown to blood sugar slowly and provide a drip feed of energy while simple sugars give quick surges of energy to the body. It's good to have starchy carbohydrates at every meal and only have simple carbohydrates occasionally.

It's a common misconception that carbohydrates lead to weight gain. But as long as they're eaten in moderation, as part of a healthy, balanced diet, they're an essential part of any diet. They provide the body with energy, and this doesn't change with menopause.

The key to balancing carbohydrates is separating simple sugars such as honey, table sugar and golden syrup from complex, starchy carbohydrates such as bread, potatoes, rice, pasta and cereals.

Should I avoid starchy carbohydrates?

Starchy carbohydrates are an important component of a healthy, balanced diet as they provide a range of nutrients, including calcium, iron and folate. Depending on the type of starchy carbohydrate, they can also provide fibre.

Refined starchy carbohydrates, such as white bread, white pasta, white rice, and skinless potatoes have a place in a healthy diet, so you don't need to avoid them. However, you should aim to have more wholegrain starchy carbohydrates. These include wholemeal bread, seeded bread, brown rice, wholewheat pasta and oats. These contain more fibre, which is beneficial for your health.

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How does fibre help?

Fibre fulfils many roles within the body, including:

- Helping you to feel full
- Helping control blood cholesterol levels
- Helping control blood sugar levels
- Feeding gut bacteria
- Reducing the risk of bowel cancer

UK adults should aim for 30g/day of fibre, which can be achieved by:

- Switching white bread for wholemeal or seeded options
- Eating five fruits and vegetables each day
- Adding nuts and seeds to breakfasts and salads
- Snacking on fruits and vegetables (with the skin left on)
- Adding beans and pulses to meals
- Opting for oat or bran-based breakfast cereals
- Switching white rice for brown rice

Should I avoid sugar?

The most simple carbohydrate is sugar, and while you don't need to worry about sugar found naturally in whole fruit or milk, you should aim to reduce free sugar intake to no more than 30g each day.

Free sugars are those added to food and drink, and also sugars found in honey, syrups, fruit juices and smoothies. Eating too many free sugars can lead to extra energy being consumed, increasing the likelihood of storing excess weight, and also increase the risk of developing tooth decay.

You can reduce your free sugar intake by:

- Reducing how often you eat foods such as sweets, chocolate, cakes and biscuits
- Switching sugary drinks for sugar-free alternatives
- Limiting fruit juices and smoothies to 150ml/day
- Limiting how much syrup or honey you add to sweeten breakfasts
- Reading nutrition labels and choosing foods lower in sugar

How can I get enough protein?

Your body uses protein to make muscle. Protein foods also provide some important vitamins and minerals, like iron. It's important to include a wide variety of protein foods in your diet like eggs, lean red meat, fish, poultry and also vegetable sources of protein like beans, pulses and nuts. Despite what you may hear in the media you don't need to take protein supplements.

Many people worry they don't eat enough protein, but most eat more than enough to meet their needs. Eating a mixture of protein sources will ensure you receive a variety of vitamins and minerals with very little thought.

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However, eating good quality protein to support the body in building new muscle, is only part of the story. It's also important to include regular strength exercise. Simply eating more protein will not result in muscle gain.

Aim to eat the following each week:

- 2 x fish (one of these should be oily fish such as mackerel or salmon)
- 2 x red meat (beef, lamb or pork)
- 1 x chicken
- 1 x eggs
- 1 x beans

If you don't eat fish, you may miss out on omega 3 fats. Plant-based sources of omega 3 include rapeseed oil, flaxseeds, chia seeds and walnuts. However, plant-based omega 3 sources must be eaten daily to obtain enough omega 3. Alternatively, you may wish to choose a microalgae omega 3 supplement.

If you don't include red meat in your diet, you may miss out on iron. This nutrient is particularly important in perimenopause, where periods may be irregular and heavy. Iron can be found in eggs, canned sardines, beans and pulses.

Vegetarians or vegans should consider using different types of beans and pulses, tofu and meat alternatives to cover their nutrient needs throughout the week.

What should I eat to protect my heart?

Estrogen plays a protective role against developing heart disease. This means as estrogen levels decrease with menopause, protection against heart disease also reduces. Fortunately, diet can help manage this risk.

Swapping saturated fats found in fatty meats, butter, cheese, cakes and biscuits for unsaturated fats has been shown to produce positive changes to blood cholesterol levels. There are two types of unsaturated fats. The first is monounsaturated fats, found in olive oil, rapeseed oil, avocados, nuts and seeds. The other is polyunsaturated fats. These are commonly known as omega 3, found in oily fish, flaxseed, chia seeds and walnuts, and omega 6, found in sunflower oil, nuts and seeds. To ensure a good intake of omega 3, aim for one portion (140g) of oily fish such as salmon, mackerel or herring each week.

Diets high in salt increase your risk of high blood pressure. Aim to eat no more than 6g/day salt. You can do this by reducing the number of processed foods you eat, such as ready meals, soups and processed meats. Try to cook from scratch where possible, and season food with herbs and spices rather than salt.

Fibre is also heart friendly. In particular, a type of fibre known as beta-glucan, found in oats, can reduce cholesterol levels. Research also shows those eating plenty of fibre have lower blood pressure. Try to get 30g/day of fibre, which can be found in fruits, vegetables, wholegrain carbohydrates, beans, lentils, nuts and seeds.

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Antioxidants are vitamins and minerals which protect your body cells from harmful pollutants called free radicals. Fruits and vegetables are the best sources of antioxidants. Antioxidants usually determine the colour of fruits and vegetables, so the more colours you eat the better your intake of different antioxidants.

Aim to eat five fruits and vegetables each day to ensure you receive good amounts of antioxidants, which are linked to reducing your risk of heart disease. Fruits and vegetables are also low in fat and contain fibre too. An easy way to get a wide range of antioxidants, vitamins and minerals is to try to eat the rainbow.

What should I eat to protect my bones?

The rate of bone loss increases in perimenopause and menopause, and can increase your risk of osteoporosis. Getting the right nutrients to protect your bones is therefore important to consider as part of a healthy, balanced diet.

Calcium is an important mineral that helps build and maintain healthy bones and teeth. The amount of calcium recommended at menopause ranges from 700-1200mg/day, depending on individual osteoporosis risk. Those at greater risk of osteoporosis will have a greater calcium requirement. Dairy foods such as milk, cheese and yoghurt, are good sources of calcium. Aim for three servings of good calcium sources, such as dairy, each day. Other calcium sources include tinned fish with bones, such as sardines, white flour and dark green leafy vegetable (excluding spinach). If using plant-based dairy alternatives, always choose calcium-fortified varieties.

Vitamin D is also essential for good bone health. Direct sunlight on your skin is the primary source of vitamin D. However, between October and early March, there's insufficient sunlight in the UK to get enough vitamin D and this is when all adults are recommended to supplement with a 10 microgram, high quality, vitamin D supplement, as per NHS guidelines. Oily fish, red meat, liver, egg yolks and fortified fat spreads and breakfast cereals offer vitamin D, but are unlikely to give you enough to meet your needs.

What can I do to help ease digestive issues?

Many women complain of digestive symptoms through perimenopause and menopause. For some, this may be the first time they've experienced digestive issues. For others, underlying digestive issues such as Irritable Bowel Syndrome (IBS) may become more severe.

If you're suffering with digestive symptoms, such as bloating, constipation or diarrhoea, it's worth recording a food and symptom diary. This should include:

- The time you ate
- The food and drink you consumed
- The amount you consumed
- Where you were
- Who you were with
- How you felt
- What symptoms you experienced with a rating from 0-10

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A food and symptom diary will help identify possible patterns or symptom triggers, and can be used as part of a consultation with a doctor, registered dietitian or registered nutritionist.

Elimination diets to help minimise patterns or symptom triggers should only be undertaken with the support of a qualified healthcare professional. Removing a food or food group from your diet increases the risk of nutritional deficiencies if not monitored carefully.

Can soya help relieve hot flushes?

Eating soya-containing foods has been linked with the potential to reduce hot flush severity in some women. Soya beans contain phytoestrogens known as isoflavones. The evidence of the effects of these isoflavones on hot flushes is mixed. Some women report improvements in hot flush severity, while others report no changes.

You may find introducing two daily servings of soya in your diet, over 2-3 months, beneficial for hot flushes. Two servings of soya-based foods could be:

- 2 x 250ml soya drink
- 100g soya mince
- 100g tofu
- 100g edamame

Women with a history of breast cancer should avoid consuming soya-containing foods in the daily serving sizes stated above. These are larger than normal serving sizes, cited as they provide the amount of isoflavones required to give any potential relief from hot flushes.

Do I need additional supplements?

No specific supplements are recommended during perimenopause or menopause, and it's important to remember that supplements can't replace Hormone Replacement Therapy (HRT) or a balanced diet.

Regardless of menopause, a 10 microgram vitamin D supplement is recommended for all adults in the UK between October and early March.

A variety of herbal supplements are available to help target menopause symptoms. Black Cohosh and St John's Wort may help relieve hot flushes in some women, but not all. Black Cohosh and St John's Wort can sometimes interact with medication, including tamoxifen, so be sure to discuss with your healthcare professional. Ginseng and other Chinese herbal remedies lack evidence to aid menopause symptoms.

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Useful contacts

National Health Service (NHS)
www.nhs.uk/conditions/vitamins-and-minerals/

British Dietetic Association
www.bda.uk.com

Royal Osteoporosis Society
www.theros.org.uk

International Osteoporosis Foundation
www.iofbonehealth.org

The British Heart Foundation
www.bhf.org.uk

REVIEWED: SEPTEMBER 2026

This Women's Health Concern fact sheet provides information and guidance, to be used in consultation with your own healthcare professional. It has been reviewed by the medical advisory council of the British Menopause Society and it will be updated when guidance changes and/or new data becomes available.

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