



MARIPOSA
MENOPAUSE SPECIALISTS

THE GUIDE

You can't starve for three days to fit the jeans by Saturday anymore.

If you've been eating the way you did in your 30s and your body suddenly stopped cooperating, you're not broken and you're not doing anything wrong. Your metabolism is genuinely running on different rules now — and the diet-culture playbook most of us grew up on was never built for what's happening in your body. This isn't about eating less. It's about eating differently, on purpose.

This isn't a willpower problem. It's a hormonal one.

Estrogen decline does two quiet, specific things that work against you if nothing adjusts. It makes your muscles less able to respond to protein and hold onto mass — researchers call it anabolic resistance — and it independently raises insulin resistance, so your body has to work harder to manage blood sugar than it used to, even if your eating and exercise haven't changed at all. A large 2024 analysis presented at The Menopause Society, drawing on data from over 29,000 postmenopausal women, confirmed that hormone therapy itself measurably reduces insulin resistance.³ Read that again: this is chemistry, not discipline. And food is one of the most direct ways to work *with* it instead of against it.

THE MIDSECTION SHIFT

The weight that moved to your middle isn't just “getting older.”

That change so many women notice — the way weight quietly relocates to the midsection — isn't vanity's problem and it isn't simply age. It's a specific metabolic and fat-distribution shift tied to declining estrogen. Which matters for a reason that has nothing to do with a mirror: that particular pattern is **linked to cardiovascular risk**, not just appearance. So when we talk about eating differently here, we're not chasing a dress size. We're protecting the body you plan to live in for the next forty years.

THE BIGGEST LEVER

Protein. Most women aren't eating anywhere near enough.

If you change one thing, change this. Protein is the single most well-supported dietary shift for this stage of life, and it's the one most women are quietly under-doing. General adult guidelines land around **0.8 grams per kilogram of body weight** — but research specific to perimenopausal and postmenopausal women points to **1.0–1.2 grams per kilogram** as the truer

target, enough to push back against anabolic resistance and protect both muscle and bone.¹ In the Women's Health Initiative data, women eating at the higher end of that range had a meaningfully lower risk of frailty and better physical function years later.⁵ And here's the cruel irony: protein intake tends to *drift down* across the transition — the exact opposite of what your body is asking for — usually without anyone noticing.

Where to actually get it

Animal sources do the job cleanly: lean beef, poultry, eggs, and fatty fish — the fish throwing in omega-3s for free. Plant sources pull double duty: tofu, edamame, tempeh, beans, and lentils bring anti-inflammatory benefits on top of the protein itself. You don't have to pick a camp; you have to hit the number.

Spread it across the day

This part is new for your body, so it's worth saying plainly: your response to a single large protein hit blunts with age. Loading it all into dinner doesn't work the way it once did. Consistent protein *through* the day — breakfast included — builds and maintains muscle far more effectively than one big evening dose. And paired with strength training — the combination with the strongest evidence behind it for protecting muscle and bone through the transition — it becomes the backbone of the whole plan. (We walk through the training side in our Strength guide.)

COLLAGEN

What it can do — and, honestly, what it can't.

Collagen decline is real, and it's fast. Research suggests women lose **up to 30% of skin collagen in just the first five years after menopause**, largely because estrogen is the signal that tells the cells to make it — and that signal drops off with everything else.⁸ Supplementing won't reverse the clock, and any guide that promises it is selling you something. But the evidence for what it genuinely can do is sturdier than most trendy supplements: randomized trials in postmenopausal women have shown modest improvements in bone mineral density with daily hydrolyzed collagen peptides over a year, alongside better skin elasticity and hydration and some relief for joint discomfort.⁸

If you want to try it

The studied dose runs **5–10 grams a day** of hydrolyzed collagen peptides, taken consistently for at least 8–12 weeks before you expect to notice anything. Think of it as a complement to adequate protein overall, never a replacement for it. And know its lane: skin, joints, and bone. It won't touch hot flashes, mood, or sleep — those are hormonal, and collagen doesn't speak that language.

A PATTERN, NOT A RULEBOOK

The Mediterranean way — one solid option among several.

It gets top billing here for one reason: it's the eating pattern with the most research behind it for this stage of life specifically. In postmenopausal women it's been linked to better bone, metabolic, and cardiovascular outcomes — and even to fewer and less severe hot flashes.⁹ In practice that looks like plenty of vegetables, fruit, legumes, and whole grains; olive oil as your primary fat; fish and seafood regularly, poultry and eggs in moderation, red meat less often; and nuts, seeds, and herbs standing in for heavily processed extras.

But hear this clearly, because it's the whole point: it's *one option*, *not the only one*, and it's a pattern, not a rulebook. A well-planned plant-based approach, a lower-carbohydrate one, or simply a less-processed version of however you already eat can layer the same principles — enough protein, good fats, steady blood sugar — onto a different frame. The pattern matters less than hitting those targets consistently, in a way you can actually sustain.

On organic, without the stress

If pesticide residue on produce weighs on you, the Environmental Working Group's "Dirty Dozen" and "Clean Fifteen" lists (updated annually) are a practical way to decide where organic is worth the extra cost and where it barely matters.¹⁰ Strawberries, spinach, and kale tend to test higher; avocados, onions, and sweet corn test consistently lower. It's a budget filter, not a rule to lose sleep over.

BLOOD SUGAR & FIBER

Don't cut the carbs. Change how you eat them.

Because insulin resistance climbs independent of anything you're doing, *how* you eat carbohydrates matters more now than it used to. This isn't a permission slip to cut them out. It's about pairing them with protein, fat, or fiber instead of eating them alone — which blunts the blood-sugar spike and the crash-and-crave cycle that chases it. Diets lower on the glycemic index have shown real benefit for body composition specifically in postmenopausal women in clinical trials, even when total calories matched the control diet.²

The three that do the most work

Fiber slows digestion and feeds the gut bacteria that play a role in hormone metabolism — add it consistently, not just when things feel “off.” Omega-3 fats (fatty fish, walnuts, flaxseed) support both blood-sugar regulation and the anti-inflammatory side of this transition. And regular, balanced meals matter more than they seem to: skipping meals or going too low-carb tends to backfire here, worsening fatigue and cravings rather than easing them.

BONE-BUILDING NUTRITION

This is the moment for your bones — not a someday concern.

Bone-density loss accelerates sharply in the year or two around your final period, which makes right now — not later — when nutrition matters most for your skeleton. Calcium needs rise to about **1,200 milligrams a day for women over 50** (up from 1,000 in earlier adulthood), and vitamin D — which your body needs in order to actually absorb that calcium — is worth getting checked directly, because deficiency is common and sun exposure alone rarely covers it for most of the year.⁴

What to reach for

Calcium-rich foods: dairy, fortified plant milks, leafy greens, canned fish with the bones in, tofu set with calcium. For vitamin D, lean on fatty fish and fortified foods — but for most women a supplement earns its place, because food alone is a hard way to hit target levels. And don't forget the protein from a few sections up: it supports the bone matrix too, on top of everything here.

INTERMITTENT FASTING

A straight answer: the evidence is genuinely mixed.

You deserve honesty here instead of a trend take. The evidence is real but mixed, and the right call is individual. Some research shows intermittent fasting improves insulin sensitivity and supports weight management in midlife women, and pairing a time-restricted eating window with exercise has outperformed exercise alone in some trials.⁶ But fasting is also a physical stressor — and in menopause, blood-sugar regulation leans harder on cortisol and adrenaline than it used to. For some women that means fasting raises stress hormones enough to *worsen* sleep, anxiety, or hot flashes rather than help. One small experimental study even found fasting itself could trigger hot flashes by lowering blood glucose.⁷

If you want to try it, do it gently

Start with a 12–14 hour overnight window rather than leaping straight to 16:8 or anything more aggressive. Prioritize protein and nutrient-dense food during your eating window — fasting on top of already-inadequate protein works directly against the muscle and bone goals above. Stay hydrated through the fast itself with water, herbal tea, and electrolytes as needed. And treat worsening sleep, mood, hot flashes, or lingering fatigue as your body telling you this particular tool isn't the right fit right now — not as a failure to push through. If it works for you, it's a reasonable tool. If it doesn't, that's real data too, not a discipline problem.

ALCOHOL

Plain talk, because it touches almost everything else here.

Alcohol earns a direct conversation because it intersects with nearly every other lever in this guide. It's a common, well-documented hot-flash trigger — it dilates blood vessels and can set one off within the hour for many women. It fragments sleep even when it seems to help you fall asleep faster. It's processed by the liver alongside estrogen, and heavier or more frequent drinking is linked to increased breast cancer risk, independent of menopause status. And it adds calories with nothing to show for them toward any of the protein, bone, or blood-sugar goals above.

None of this asks for an all-or-nothing stance. It's simply worth knowing that if hot flashes, sleep, or weight feel stuck despite everything else being dialed in, alcohol is one of the more likely reasons — and one of the more directly controllable ones.

WATER

The consequences of under-hydrating hit harder now.

Your hydration needs don't change dramatically with menopause, but the cost of falling short does. Night sweats and hot flashes both increase fluid loss, and dehydration stacked on top can worsen the fatigue, headaches, and brain fog that may already be part of your picture. A reasonable target is around **9 cups — roughly 2.2 liters — of total fluids a day**, nudged upward on high-sweat days or particularly symptomatic stretches.¹¹ Plain water covers most of it; herbal tea and water-rich foods count too. If you're waking up parched or getting frequent headaches, this is often the first and easiest thing to fix.

WHAT THIS ISN'T

Not another diet to white-knuckle through.

Let's be clear about what this whole guide is *not*. It isn't a restriction plan, and it isn't about eating less overall — if anything, most women in this transition need to eat **more** protein than they currently do, not less of everything. The goal is recalibrating what your body needs now, not punishing it for changing. If you notice yourself sliding into rigid rules or guilt around food, that's worth a conversation with your Mariposa Specialist too. This stage of life deserves a relationship with food that feels sustainable — not one more diet to grit your teeth through.

Your body isn't malfunctioning. It's running on a different hormonal reality than it was a decade ago, and it's asking for different inputs as a result. More protein, smarter carbohydrates, and real attention to bone-building nutrients isn't a trendy wellness upgrade — it's a direct, evidence-based response to what's actually changing underneath the surface. See what a first visit looks like →

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