



MARIPOSA
MENOPAUSE SPECIALISTS

THE GUIDE

When did they start making jars harder to open?

Stairs that wind you more than they used to. A body that just doesn't bounce back from a workout the way it did five years ago. None of that is you "letting yourself go." It's estrogen and progesterone quietly changing the terms of how your muscles work — and almost no one tells you this is exactly the moment to lift heavier, not lighter.

Of everything menopause changes, this is the piece that's still in your hands.

So much of this transition can feel like it's happening *to* you. Strength is different. The muscle you're losing has a hormonal cause — which means it also has a direct, proven answer that doesn't need a prescription and doesn't depend on luck. Here's what's actually happening under the surface, what the research really shows, and the handful of levers that hand your strength back to you.

WHAT'S ACTUALLY HAPPENING

Your muscles didn't get lazy. Their fuel supply changed.

Here's the mechanism no one explains. Estrogen supports muscle protein synthesis directly — it's part of how your body turns the protein you eat into muscle you keep. As estrogen declines, that process gets less efficient, a phenomenon researchers call **anabolic resistance**. Your muscles are still willing; they've simply become harder of hearing.

And the loss isn't the slow, even drift across midlife most people assume. Muscle loss specifically **accelerates around the menopause transition itself** — a Finnish study following women straight through it tied the drop in lean mass to the hormonal shift, not simply to getting older.¹ The result is a real headwind: postmenopausal women are roughly **three times more likely than men their age to end up with sarcopenic obesity** — low muscle stacked on higher fat mass, a combination that hits how your body functions harder than either one alone.²

None of that is a verdict, and none of it is your fault. It's a hormonal headwind — and resistance training is the thing that pushes back against it directly.

WHAT THE RESEARCH ACTUALLY SHOWS

The payoff is what your body can do — not a number on a scan.

Here's the honest version, nuance included. Resistance training reliably improves **strength, grip, gait speed, and the ability to push up out of a chair** — the stuff that quietly decides how your day goes.³ Interestingly, some meta-analyses have found it doesn't always move total muscle mass much on a body-composition scan, even while strength and function climb substantially.³ That's not a reason to skip it — it's a reason to stop worshipping the scan. What you can carry, open, and climb matters more than a printout ever will.

A few more things worth holding onto:

It builds bone and muscle together

High-intensity resistance training has been shown to improve both **bone density and muscle strength at the same time** in postmenopausal women with low bone density — a genuine way to counter the accelerated bone loss that rides along with this transition.⁴

It's never “too late” to start

A low-impact resistance program improved strength and balance in women **regardless of menopause status** — meaning there's no point on this road where beginning stops being worth it.⁵

Consistency beats intensity

Across the research, it's **consistency over months**, not heroics in any single session, that predicts results. This is a long game you get to win by simply showing up.

MYTHS WORTH RETIRING

The stories that talked you out of the weights.

If you've been circling the treadmill and eyeing the dumbbells with suspicion, it's usually because of one of these. Let's put them down for good.

“I'll get bulky.”

Without significant testosterone or training built specifically for size, this simply isn't how women's bodies typically respond to lifting — and least of all now, with estrogen already declining. You'll build strength, not bulk.

“Cardio is enough.”

Cardio is genuinely wonderful for your heart — but it doesn't build or preserve muscle and bone the way resistance training does. They're complementary, not interchangeable. You don't have to choose; you just can't skip the weights and call it covered.

“I'm too old to start.”

The research above included women well into their postmenopausal years seeing real strength and balance gains.⁵ There is no expiration date on this.

“Light weights and high reps are safer.”

For building strength and protecting bone specifically, your muscles and bones need a real challenge. Moderate-to-heavy loads — within a range that's still controlled and well-formed — do far more than endless light reps. This is the whole “heavier, not lighter” idea in one line.

WHAT A REASONABLE PROGRAM LOOKS LIKE

You don't need a complicated plan. You need a few durable habits.

This is far simpler than the fitness world makes it look. A program that works for this stage of life comes down to a handful of levers, repeated.

Lift two to three times a week

Resistance training two to three times a week, hitting all the major muscle groups — legs, back, chest, shoulders, core. That's the backbone of the whole thing.

Favor the big movements

Compound movements — squats, deadlifts, presses, rows — give you more benefit per minute than isolation work alone, though both have a place. If you're short on time, the big lifts earn their keep.

Keep nudging it harder

Progressive overload — gradually adding weight, reps, or difficulty over time — is what actually drives adaptation. The same weight forever eventually stops doing much, so the plan is meant to keep growing with you.

Get a little help at the start

A few sessions with a trainer who understands this stage of life is worth it if you're new to lifting. Form matters more than ego, and it's a lot easier to build a habit that doesn't hurt you first. (Pairing your training with creatine, covered just below, gives you a stronger combined effect than either alone.)

Which of these matters most for you, and where to begin, is exactly what a first visit sorts out — matched to your body, not to a one-size protocol. See our Nutrition guide for how to fuel it.

THE PART MOST WOMEN MISS

Protein isn't a bullet point. It's the raw material.

None of the training above works as well as it should without enough protein — and this is where most women fall short without ever realizing it. Remember anabolic resistance, the reason muscle responds less efficiently now? It means the “enough protein” from your thirties simply isn't enough protein anymore.

The target — **1.0 to 1.2 grams per kilogram of body weight, daily** — is meaningfully higher than the general adult guideline, and that's on purpose.² Protein isn't an optional add-on to training; it's the raw material training relies on. Spreading it across your meals rather than loading it all at dinner makes a real difference too, since your body's response to a given dose blunts somewhat with age no matter when you eat it. Think of it as feeding the work, not rewarding it. There's much more on this in our Nutrition guide.

THE SUPPORTING CAST

Three things that make the lifting work better.

Resistance training is the main event. But three other pieces genuinely change how well it works — worth knowing about, even though none of them replaces the weights.

Testosterone

Estrogen gets all the attention, but testosterone plays a direct role in muscle strength and mass too — and it declines gradually across this transition right alongside everything else. If your strength and energy aren't responding the way you'd expect despite consistent training and adequate protein, testosterone is worth raising with your Mariposa Specialist. It affects far more than muscle, which is why we cover it in more depth in our Hormone Therapy guide.

Creatine

Creatine is one of the best-studied, safest supplements available, and it pairs specifically well with lifting — research consistently shows better strength and lean-mass gains when the two are combined than with training alone.⁶ It works by helping regenerate the energy your muscles burn through fastest during a hard set, so you can push a little harder and recover a little faster. The typical studied dose is **5 grams a day of creatine monohydrate**, taken consistently — the same dose we cover in our Nutrition and Brain guides, since the benefits reach beyond muscle.

Collagen

Muscle gets the spotlight, but the tendons, ligaments, and connective tissue holding it all together are collagen-dependent — and collagen production drops off with estrogen, just like everything else. Research pairing collagen peptides with resistance training has shown better gains in strength and body composition than training alone, likely by supporting the connective tissue doing a lot of the structural work around your joints.⁷ Typical dose is **5 to 10 grams a day**. Talk to your Mariposa Specialist about which of these fit you.

THE EASIEST ON-RAMP

Don't underestimate a loaded walk.

Strength training doesn't have to mean a gym membership to count. Walking with a weighted vest or ankle weights adds real resistance to something you're probably already doing — which makes it one of the gentlest on-ramps into strength work. It's especially good for bone, since it combines impact and load in a way plain walking alone doesn't. Start light — a vest in the **5 to 10 percent of body weight** range is a reasonable place to begin — and build from there once it

feels easy, the same progressive-overload principle from above.

It's also one of the easiest strength habits to make social rather than solitary, which matters more than people expect. Consistency is the whole game here, and a standing walk with other people is far easier to keep than a solo gym habit riding entirely on willpower. If you're a Mariposa patient, our **Support Circle** walking group — part of the life of The Grove — is built for exactly this: a standing, low-pressure way to combine loaded walking with the kind of connection that also lifts mood and steadies stress. Training doesn't have to be a solitary project, and for a lot of women, it sticks far better when it isn't.

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THE BOTTOM LINE

**Muscle loss in this transition isn't a discipline failure.
And it isn't optional to address.**

It's a direct, hormonally driven shift — and resistance training is uniquely positioned to counter it. This is one of the few places in all of menopause care where the fix is entirely in your hands, doesn't require a prescription, and the research just keeps getting stronger. Start exactly where

you are. The payoff compounds.