A PRACTICAL GUIDE FOR WOMEN

STRONG THROUGH MENOPAUSE

Understand what is changing. Train with confidence. Eat for strength, health and sustainable results.



NEON FITNESS

A brighter you.

EDUCATION GUIDE | SEPTEMBER 2026

A NOTE FROM NEON

You are not broken.

If your sleep, mood, confidence, body shape or training suddenly feel unfamiliar, it is understandable to feel frustrated. These changes are real. They are not a character flaw, and they do not mean your best years are behind you.

Symptoms change your current capacity - not your potential.

The answer is not to punish yourself harder. It is to understand what is happening, build muscle, fuel consistently, protect recovery and ask for medical support when you need it.

01 Understand

Learn the stages, symptoms and reasons your body may feel different.

02 Train

Use a progressive, adaptable strength plan instead of chasing exhaustion.

03 Fuel

Hit practical protein, fibre and bone-health targets without banning foods.

How to use this guide

- Start with the two-page strength plan and the five nutrition anchors.
- Use the green, amber and red training system on fluctuating symptom days.
- Track trends for 3 to 4 weeks before deciding that a plan is not working.
- Take the medical-support pages to a GP appointment if symptoms are affecting daily life.

Important

This guide is education, not diagnosis or individual medical care. If you have a medical condition, take medicines, are pregnant, have osteoporosis, or have worrying symptoms, speak to an appropriate clinician before making major changes.

THE TRANSITION

What is actually happening?

Menopause is a normal biological transition caused by changing ovarian hormone production. The timing, symptoms and impact are highly individual. [1,2]

PERIMENOPAUSE

Periods may become irregular as oestrogen and progesterone fluctuate. Symptoms can begin months or years before the final period.

MENOPAUSE

A point in time: 12 months since the last natural menstrual period, if you are not using hormonal contraception that changes bleeding.

POSTMENOPAUSE

The time after menopause. Some symptoms settle; others can persist. Bone, heart, muscle and pelvic health deserve ongoing attention.

There is no single timetable

- Menopause usually happens between ages 45 and 55, but it can happen earlier. [1]
- Symptoms can affect sleep, concentration, mood, joints, training and relationships. They may last years and do not always follow a smooth path. [1]
- Surgical or medically induced menopause can be sudden and may need specialist support.

Do I need a hormone blood test?

For otherwise healthy people over 45 with typical symptoms and cycle changes, diagnosis is usually clinical and routine hormone tests are often unnecessary. Under 45, after surgery, or when the picture is unclear, ask your GP what assessment is appropriate. [2]

SYMPTOMS

It can affect far more than periods.

Symptoms often overlap and amplify one another. A night sweat can disrupt sleep; poor sleep can raise hunger, reduce recovery and make training feel harder. [1]

TEMPERATURE + SLEEP

Hot flushes, night sweats, chills, difficulty falling asleep, waking early and daytime fatigue.

BRAIN + MOOD

Brain fog, poor concentration, memory changes, irritability, anxiety, low mood and reduced confidence.

BODY

Joint and muscle aches, headaches or migraine, palpitations, skin or hair changes and altered fat distribution.

PELVIC + SEXUAL HEALTH

Vaginal dryness or soreness, painful sex, urinary urgency, recurrent UTIs, leakage and reduced libido.

A useful reframe

A symptom is information, not a verdict. Record what you notice, what preceded it and how it affected training. Patterns give you and your healthcare professional something concrete to work with.

Track these five things for 2 weeks

- Sleep quality (1-10)
- Energy (1-10)
- Hot flushes/night sweats
- Mood, concentration and training recovery

Also note bleeding changes, pain, urinary symptoms and anything new or worrying. The final pages explain when to seek medical help.

THE HONEST EXPLANATION

Why can body shape change?

Weight gain is common, especially around the abdomen, but menopause has not made your body incapable of responding. [1]

HORMONES

Lower oestrogen is linked with a shift toward central fat storage. It can change where fat is carried, even if scale weight changes little.

AGE + MUSCLE

Without a training stimulus, lean mass and strength tend to decline with age. Less muscle and less movement can reduce daily energy use.

SLEEP + APPETITE

Night sweats and insomnia can increase fatigue, hunger and cravings while reducing spontaneous movement and training quality.

LIFE LOAD

Work, caring, stress, pain and loss of routine matter. Biology and environment interact; this is not simply a willpower problem.

Use a better dashboard

Measure	How often	What it tells you
Body weight	3-7 mornings/week; use the weekly average	Trend, not daily water changes
Waist	Monthly, same conditions	Central body-composition trend
Strength log	Every workout	Muscle and performance progress
Steps/activity	Daily average	Whether lifestyle movement changed
Symptoms	Quick daily score	Why recovery or appetite may differ

THE ANCHOR HABIT

Strength changes the trajectory.

Resistance training gives your body a reason to keep and build muscle. In postmenopausal women it improves strength and physical function, and appropriately designed exercise can support bone health. [4-6]



MUSCLE

Maintains or builds the tissue that supports movement, function and metabolic health.

BONE

Progressive loading helps preserve bone and improves the strength and balance that reduce fall risk.

BODY COMPOSITION

Helps retain lean mass during fat loss and can reshape the body even when scale change is modest.

CONFIDENCE

Being measurably stronger restores capability when your body has started to feel unpredictable.

THE NEON METHOD

Train hard enough to adapt - not so hard you cannot recover.

For most beginners and returners, two high-quality full-body sessions each week are enough to start making progress.

FREQUENCY

2 full-body sessions each week. Add a third only when sleep, soreness and life allow consistent recovery.

VOLUME

Start with 1-2 working sets per exercise for 2 weeks, then build most main lifts to 2-3 sets.

REPS

Use mostly 6-12 repetitions; use 10-15 for smaller exercises. Technique should remain controlled.

EFFORT

Finish most sets with 2-3 good reps still possible. This is 2-3 reps in reserve (RIR).

REST

Rest about 90 seconds between moderate sets and up to 2-3 minutes after demanding compound lifts.

PROGRESS

When you reach the top of the rep range with 2 RIR in every set for 2 sessions, add the smallest load.

A 7-minute warm-up

- 3 minutes easy cycle, treadmill or row
- 4-6 controlled reps each: squat-to-box, hip hinge, wall press and row
- 1-2 lighter rehearsal sets before the first two lifts

Good form is repeatable form

The last reps can be slow, but they should not become chaotic. Sharp pain, loss of control, dizziness, chest pain or unusual breathlessness are stop signs.

SESSION A

Full-body strength: squat + hinge

Choose the option that fits your joints, confidence and equipment. Keep 2-3 reps in reserve.

The session

Approx. 45-55 minutes including warm-up

Exercise	Sets x reps	Coaching focus
Goblet squat or leg press	2-3 x 6-10	Whole foot planted; finish tall. Use a box if depth is uncomfortable.
Romanian deadlift	2-3 x 6-10	Push hips back; keep weights close; stop before the back rounds.
Chest press or incline push-up	2-3 x 8-12	Ribs stacked; shoulder blades move naturally; controlled lowering.
Seated cable or dumbbell row	2-3 x 8-12	Pull elbows toward hips without shrugging or leaning back.
Farmer carry	3 x 30-45 sec	Walk tall with quiet steps; use a load that challenges grip and trunk.

WEEKS 1-2

Use 1-2 sets per exercise. Learn the movement, finish each set feeling you could do 3 more good reps, and leave the gym with energy.

WEEK 3 ONWARD

Use 2-3 sets. Progress repetitions first. When all sets reach the top of the range twice, add roughly 2-5% load.

Record: load + reps | final-set RIR | energy | symptoms

Compare this month with last month - not today with your best-ever day.

SESSION B

Full-body strength: single-leg + glutes

Leave at least 48 hours between Sessions A and B when possible.

The session

Approx. 45-55 minutes including warm-up

Exercise	Sets x reps	Coaching focus
Step-up or split squat	2-3 x 8-10/side	Use support for balance. Drive through the working foot.
Hip thrust or glute bridge	2-3 x 8-12	Pause at the top without over-arching the lower back.
Lat pulldown	2-3 x 8-12	Pull elbows down; keep neck relaxed; control the return.
Incline dumbbell press	2-3 x 8-12	Choose a comfortable grip and keep feet firmly supported.
Calf raise + Pallof press	2 x 10-15 each	Use a full, controlled range. Breathe out through the effort.

A realistic week

MON	TUE	WED	THU	FRI	SAT	SUN
Strength A	25-min brisk walk	Easy movement	Strength B	25-min brisk walk	40-60 min easy cardio	Rest / reset

WHEN A THIRD SESSION MAKES SENSE

Add a short third session only if you are recovering well, performance is stable and it improves your week. A 25-minute technique session can be more useful than another exhausting workout.

YOUR DAILY DECISION

Use the traffic-light system.

Consistency does not mean doing the identical workout in every condition. It means keeping the habit while matching the dose to the day.

GREEN DAY

Energy 6-10/10; sleep reasonable; symptoms manageable.

- Complete the planned session
- Use 2-3 RIR
- Progress if earned

AMBER DAY

Energy 4-5/10; poor sleep; hot flushes, aches or stress elevated.

- Reduce load 5-10%
- Do one fewer set per exercise
- Use 3-4 RIR and a longer warm-up

RED DAY

Acute illness, severe dizziness, chest pain, unusual breathlessness, fainting, sharp pain or very heavy bleeding.

- Stop the workout
- Do not push through
- Seek appropriate medical advice

Common symptom adjustments

Problem	Useful adjustment
Poor sleep	Keep the appointment; reduce volume or intensity. Avoid testing personal bests.
Hot flushes	Cool room, layers, water nearby and longer rests. Train at your cooler time of day.
Joint aches	Longer warm-up, controlled range, machines or supported variations, gradual loading.
Leakage / heaviness	Exhale on effort, reduce impact or pressure and request pelvic-health physiotherapy.
Migraine / dizziness	Do not train through new or severe symptoms; hydrate and seek clinical review.

BEYOND THE WEIGHTS

Cardio supports health. Strength protects capacity.

UK guidance recommends at least 150 minutes of moderate activity or 75 minutes of vigorous activity weekly, plus muscle strengthening on at least 2 days. Spread activity across the week and break up long sitting periods. [3]

MODERATE CARDIO

Use the talk test: breathing is quicker but you can speak in full sentences. Brisk walking, cycling, swimming, dancing and steady treadmill work all count. Start with 10-25 minute blocks.

VIGOROUS CARDIO

You can say only a few words before pausing. It is optional, not mandatory. One short interval session may fit, but it should not repeatedly damage sleep, recovery or strength work.

A simple progression

1 **WEEK 1**

2 x 20 minutes brisk

2 **WEEK 2**

3 x 20 minutes brisk

3 **WEEK 3**

2 x 25 + 1 x 30 minutes

4 **WEEK 4**

Add time, pace or incline - one variable only

Bone needs load

Walking is excellent for health, but progressive resistance and appropriate impact can provide a stronger bone stimulus. Exercise also improves strength and balance, which matter for fall prevention. [5,6]

If you have osteoporosis or a fragility fracture

Do not copy high-impact drills from social media. Get a clinician or appropriately qualified exercise professional to tailor loading, impact and spinal movements to your diagnosis.

THE FOUNDATIONS

Five nutrition anchors that actually matter.

There is no special menopause detox. A consistent, balanced eating pattern can support muscle, bone, heart health, energy and sustainable fat loss.



1

PROTEIN

Aim for 1.2-1.6 g per kg of target body weight daily if strength training, divided across 3-4 meals.

2

FIBRE

Build gradually toward 30 g daily from vegetables, fruit, pulses, oats, whole grains, nuts and seeds. [8]

3

PLANTS

Make roughly half of main meals vegetables or fruit and rotate colours across the week.

4

BONE NUTRIENTS

UK adults need 700 mg calcium daily; consider 10 micrograms vitamin D in autumn/winter. [9,10]

5

FLUIDS

Drink regularly and use pale-straw urine as a practical check. Increase around heat, sweating and exercise.

PROTEIN MADE PRACTICAL

The target is a range, not a test.

Protein supports muscle repair and helps preserve lean mass. Resistance training is the main stimulus; more protein is not a substitute for lifting. Benefits in healthy adults appear to plateau around 1.6 g/kg/day. [7]

START HERE

Use 1.2 g/kg if you are currently below target or new to training. Move toward 1.4-1.6 g/kg during a calorie deficit, with higher training volume, or if it helps appetite and recovery.

DISTRIBUTE IT

Aim for roughly 25-35 g at 3 meals, then add a 15-25 g snack if needed. A complete daily pattern matters more than a narrow post-workout window.

Daily protein examples

Target body weight	At 1.2 g/kg	At 1.6 g/kg
50 kg	60 g	80 g
60 kg	72 g	96 g
70 kg	84 g	112 g
80 kg	96 g	128 g
90 kg	108 g	144 g

What 25-35 g can look like

- 120-150 g cooked chicken, turkey or fish
- 250 g high-protein Greek-style yoghurt plus seeds
- 200 g tofu or tempeh plus beans or edamame
- 3 eggs plus cottage cheese or a side of yoghurt
- A protein shake when food is inconvenient - not because it is magical

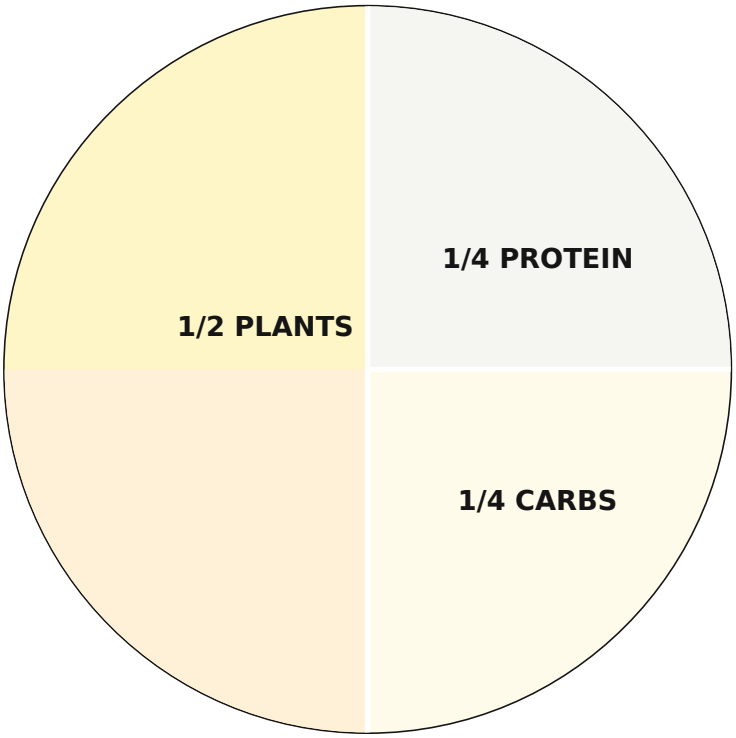
Clinical caution

If you have kidney disease, liver disease, a medically prescribed diet, or unexplained weight loss, ask your doctor or dietitian for an individual protein target. If current weight is much higher than your target range, calculate from target weight rather than automatically using current weight.

BUILD A MEAL

Use the Neon plate.

Portions still need to match your goal, but this structure makes protein and plants automatic without removing carbohydrates or fats.



Add intentionally

- 1-2 thumb-sized portions of fats
- Water or a low-calorie drink
- More carbohydrate around hard training if helpful
- A dessert or social food without guilt - account for it, do not moralise it

An example high-protein day

BREAKFAST	Greek-style yoghurt, oats, berries and seeds	**~25-30 g**
LUNCH	Chicken or tofu grain bowl with mixed vegetables	**~30-35 g**
SNACK	Cottage cheese, soy yoghurt or a protein shake	**~20-25 g**
DINNER	Fish, lean meat or tempeh with potatoes, lentils and greens	**~30-35 g**

IT IS STILL POSSIBLE

Create a small, measurable deficit - not a punishment.

Fat loss still requires average energy intake to be below average energy use. Menopause can make the process feel harder through sleep, symptoms, appetite, activity and fat distribution, but the underlying process still works.

A sensible starting point

Reduce your current average intake by about 10-15%, or roughly 200-300 kcal daily, while protecting protein, vegetables and strength training. Aim for an average loss of about 0.25-0.5% of body weight per week - slower is still valid.

01

BASELINE

For 14 days, record food honestly, body-weight averages, steps, sleep and symptoms. Do not change everything at once.

02

CHANGE

Choose one lever: portions, liquid calories, alcohol, snacks, takeaway frequency or a modest calorie target.

03

REVIEW

After 3 consistent weeks, review the weekly average, waist, adherence and strength - not a single weigh-in.

04

ADJUST

If there is no trend and adherence is genuine, reduce about 100-150 kcal or add 1,500-2,000 daily steps.

PAUSE THE DEFICIT IF...

Sleep worsens sharply, performance falls for 2 weeks, hunger is relentless, mood deteriorates, you are frequently dizzy, or food is becoming obsessive. Maintenance is strategic.

PROTECT THE FUTURE

Bone and heart health belong in the plan.

After menopause, lower oestrogen is associated with faster bone loss and changes in cardiovascular risk. Fitness goals should include what your body can do and how well it is protected, not only how it looks.

BONE CHECKLIST

700 mg calcium/day for UK adults, preferably from food: dairy, calcium-fortified alternatives, tofu set with calcium, bread, kale and fish eaten with bones. [9]

10 micrograms vitamin D/day should be considered in autumn and winter; some groups need it year-round. [10]

Progressive resistance, safe impact where appropriate, balance work and not smoking all matter.

HEART CHECKLIST

Accumulate 150 minutes moderate activity weekly, keep strength work, eat plenty of plants and fibre, include unsaturated fats, and monitor alcohol. [3,8]

Know your blood pressure. Ask whether cholesterol, glucose or cardiovascular risk checks are due based on age, family history and medical history.

Do not assume every palpitation is menopause; persistent or concerning symptoms deserve review.

Calcium-rich building blocks

Food group	Practical inclusion
Milk / fortified alternative	Use in porridge, coffee or a shake; check the label for calcium.
Yoghurt / cheese	Add yoghurt to breakfast or use a modest cheese portion with a meal.
Tofu / pulses	Choose calcium-set tofu; add beans or lentils to soups, salads and bowls.
Greens / fish with bones	Rotate kale, broccoli and pak choi; sardines can be a useful option.

SLEEP AND STRESS

Recovery is part of the programme.

Sleep disruption is a symptom, not a discipline problem. A routine cannot eliminate every night sweat, but it can reduce avoidable friction and help you adjust training intelligently.

Your 60-minute wind-down

1

60 MIN

Dim lights; finish work and emotionally loaded scrolling.

2

45 MIN

Prepare a cool room, breathable layers and water by the bed.

3

30 MIN

Choose a repeatable quiet activity: shower, reading, breathing or gentle mobility.

4

0 MIN

Go to bed at a broadly consistent time; keep the phone out of reach.

CAFFEINE

If sleep or hot flushes are a problem, trial moving caffeine earlier and reducing the dose for 2 weeks. Do not change five things at once; test and record your response.

ALCOHOL

Alcohol may feel sedating but can fragment sleep and trigger symptoms for some. UK low-risk guidance is no more than 14 units a week, spread over 3 or more days, with drink-free days. Less is better for sleep and fat loss. [11]

The day after a bad night

- Get daylight and gentle movement early
- Eat regular protein-containing meals
- Use an amber workout instead of abandoning the week
- Avoid compensating with extreme food restriction
- If insomnia persists or affects daily life, ask for clinical support

YOU DESERVE OPTIONS

Lifestyle support and medical care can work together.

Exercise and nutrition can improve health and coping, but they are not required to 'earn' treatment. If symptoms affect your daily life, work, relationships, sleep or mental health, speak to a GP, nurse or menopause specialist. [1,2]

SYSTEMIC HRT

Oestrogen is the main HRT hormone. If you have a uterus, systemic oestrogen is generally paired with a progestogen to protect the womb lining. Benefits and risks depend on your health history and the formulation. [2,12]

LOCAL VAGINAL OESTROGEN

Low-dose vaginal oestrogen can treat dryness, soreness and some urinary symptoms, with very little absorbed into the bloodstream. Ask rather than suffering in silence. [12]

NON-HORMONAL OPTIONS

CBT can support some symptoms, mood and sleep. Other prescription options may be appropriate when HRT is not wanted or suitable. Discuss evidence and side effects with a prescriber. [2]

PELVIC HEALTH

Leakage, urgency, heaviness, painful sex and pelvic pain are common but treatable. A pelvic-health physiotherapist can assess pressure management and guide a return to impact or heavy lifting.

Take this to your appointment

- Symptom and bleeding timeline
- Sleep and mood impact
- Medicines, contraception and health history
- Your priorities and questions

Remember

HRT is not a fat-loss drug and it is not contraception. Symptom relief may make sleep, training and daily choices easier. Decisions should be individual, informed and reviewed.

SPEND CAREFULLY

Supplements are the smallest part of the plan.

Build training, food, sleep and medical support first. A supplement should solve a defined problem, not sell you the idea that your body is defective.

Product	Verdict	What to know
Vitamin D	**Useful in line with UK guidance**	Consider 10 micrograms daily in autumn/winter; some at-risk groups need it year-round. Do not exceed 100 micrograms/day unless prescribed. [10]
Protein powder	**Convenient, not essential**	Use it when it makes your target easier. Food works too. Check allergens and choose a product you tolerate.
Creatine monohydrate	**Optional**	5 g daily is a simple researched dose. Evidence suggests small strength/lean-mass benefits with resistance training; no loading phase is required. Ask a clinician if you have kidney disease or relevant medicines. [13]
Menopause blends	**Be sceptical**	Black cohosh, red clover and other herbs have limited or inconsistent evidence and can interact with medicines. 'Natural' does not mean risk-free. [1]
Fat burners / detoxes	**Skip**	They do not fix menopause, and stimulants can worsen sleep, anxiety or palpitations. Spend the money on food, coaching or healthcare.

MYTH: 'Carbs stop working in menopause.'

Carbohydrates are useful training fuel and fibre-rich foods support health. The useful question is portion, quality and total pattern - not whether a food is morally 'good' or 'bad'.

START WITHOUT OVERWHELM

Your first four weeks.

The goal is not a perfect month. It is enough evidence to learn what your body responds to.

WEEK 1

Establish

- Complete Strength A and B with 1-2 sets
- Record a 7-day step average
- Track sleep, energy and symptoms
- Add protein to breakfast

WEEK 2

Build

- Repeat both sessions
- Reach 3 protein-containing meals daily
- Move fibre gradually toward 25-30 g
- Add two 20-minute brisk walks

WEEK 3

Progress

- Move main exercises to 2-3 sets
- Add reps where 2-3 RIR remains
- Use the amber plan after poor sleep
- Plan one social meal without guilt

WEEK 4

Review

- Compare strength and weekly averages
- Measure waist once
- Identify symptom patterns
- Choose one change for next month

Your minimum viable week

Two strength sessions. Three protein-containing meals most days. Two brisk walks. A consistent bedtime routine. That is a powerful foundation - even before anything is perfect.

PRINTABLE PAGE

Your weekly check-in.

Use one line per week. Look for relationships, not perfection.

Week	Strength A/B	Protein days	Avg steps	Sleep 1-10	Energy 1-10	Waist / weight trend	Notes / symptoms
1							
2							
3							
4							
5							
6							
7							
8							

WHAT IMPROVED?

Strength, energy, sleep, confidence, waist, digestion, hot flushes, recovery or consistency.

WHAT NEEDS SUPPORT?

Symptoms, food structure, training dose, pelvic health, medical review, stress or environment.

PLEASE DO NOT DISMISS EVERYTHING AS MENOPAUSE

Some symptoms need medical assessment.

You know your body. New, severe, rapidly worsening or simply worrying symptoms deserve attention.

Contact a GP or NHS 111 promptly

- Any vaginal bleeding after 12 months without a period
- Very heavy, prolonged or significantly changed bleeding
- Persistent or concerning palpitations, new severe headache or unexplained dizziness
- Recurrent urinary symptoms, pelvic pain, painful sex, or new vaginal symptoms
- Low mood, anxiety or insomnia that is persistent or affecting daily function
- Symptoms before age 45, or sudden symptoms after surgery or medical treatment

Call 999 / go to A&E; now

- Chest pain, fainting or severe difficulty breathing
- Sudden weakness, facial droop, confusion or speech difficulty
- Thoughts of harming yourself or an immediate mental-health crisis

Useful UK support

NHS menopause information

nhs.uk/conditions/menopause-and-perimenopause

NICE guideline NG23

nice.org.uk/guidance/ng23

Women's Health Concern

womens-health-concern.org

Samaritans

116 123 | samaritans.org

EVIDENCE BASE

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Scope and disclaimer

This guide provides general education for adults. It is not a substitute for assessment, diagnosis or treatment by a qualified healthcare professional. Training and nutrition examples require individual adjustment for health history, medicines, injuries, pregnancy, eating-disorder history and clinical conditions. Neon Fitness coaches work within their professional scope and will refer when appropriate.

You are capable of becoming stronger.

Start with the next useful action, then repeat it long enough to see what changes.