MODULE 4 TOOLKIT · FOOD GUIDE

Eating well in perimenopause, in practice.

What to put on your plate, how much protein the research uses, real example days, and what matters for bone, heart and symptoms. No banned foods and no diet to follow perfectly.

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PLEASE READ FIRST

If you have a history of disordered eating, or if counting and tracking food is difficult for you, skip the numbers in this guide. The plate on page 2 is enough, and support matters more than any target. Speak to your GP, or contact Beat, the UK eating disorder charity, at beateatingdisorders.org.uk. If you have kidney disease, diabetes, or another condition affected by diet, check with your GP or a registered dietitian before changing what you eat.

THE SHORT VERSION

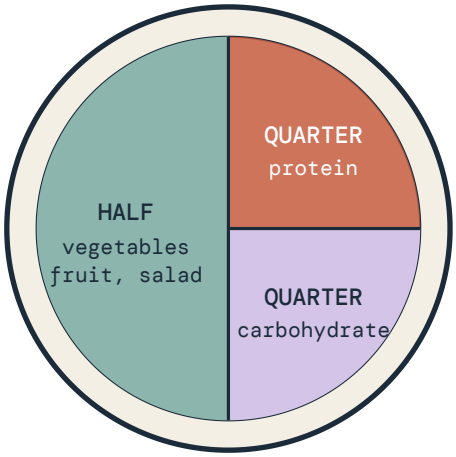
What the evidence supports

Evidence	What it says
STRONG	There is no special menopause diet. UK guidance puts the focus on eating a variety of foods for heart and bone health, not on any single food.[1] Resistance training does most of the work for muscle; protein adds a modest extra benefit on top.[2,3]
STRONG	Calcium and vitamin D matter for bone, and vitamin D is the only supplement the British Menopause Society recommends for all women in perimenopause and menopause.[1]
MODERATE	A Mediterranean style pattern, more whole grains, fruit, vegetables and pulses, is associated with better body composition, bone and muscle outcomes.[4] Mostly observational, so it shows association rather than proof.

UNCERTAIN	A plant based diet with daily soybeans cut hot flushes sharply in one small, unblinded trial.[5] Soy seems to work for some women and not others, possibly depending on whether your gut bacteria produce equol.[6]
NOT SUPPORTED	Cutting out carbohydrates, cutting out whole food groups, fasting regimes for menopause, and supplements marketed for menopause symptoms. Fasting and keto style diets have not been properly studied in perimenopausal women.[1]

EVERY MEAL

The plate



The British Menopause Society uses this model: **half the plate vegetables, fruit or salad, a quarter protein, a quarter carbohydrate.**[1] Add a little fat that does you good, such as olive oil, nuts, seeds or avocado.

It works without weighing anything, it naturally raises fibre, iron, calcium and folate, and it scales: on a training day, the carbohydrate quarter can be generous.

Do not drop the carbohydrate, choose it

Carbohydrate is fuel for training, and exercising without enough of it can cost you muscle.[1] The useful change is towards slower release, higher fibre choices:

Instead of	Try
White bread	Seeded, rye, granary or oat based bread, wholemeal pitta or chapati
Sugary cereal	Porridge oats, or muesli with no added sugar
Mashed or chipped potato	New potatoes or sweet potato, skins on
Long cooked white pasta	Wholewheat pasta, or any pasta cooked al dente
Sticky white rice	Basmati or brown rice, bulgur wheat, barley, spelt, quinoa
Crackers and crisps	Oatcakes, a handful of nuts, roasted chickpeas

Fibre: most of us are well short

UK guidance is 30 g of fibre a day, and most adult women in the UK eat well below that.[1,7] Fibre feeds the gut bacteria involved in processing soy and other plant compounds, helps cholesterol and blood sugar, and keeps you full. An example of how 30 g adds up: porridge with berries and ground flaxseed (about 8 g), a seeded bread sandwich with salad (about 7 g), an apple and a handful of almonds (about 5 g), a lentil or bean based dinner with two vegetables (about 10 g). Increase gradually and drink more water as you do.

PROTEIN

How much, and how to spread it

Muscle becomes less responsive to protein with age, and oestrogen loss adds to that. In the trials, resistance training did most of the work, and protein gave a modest additional benefit.[2,3] So protein supports your training; it does not replace it.

In the video I do not give a single number, because the right amount depends on your weight, your activity and your kidney health. These are the ranges the research uses, as a starting point to discuss with a dietitian or your GP if you want to go further.

Situation	Grams per kg of body weight per day	Example: 65 kg	Where it comes from
UK reference intake for adults	0.75	about 49 g	The amount to avoid deficiency in most adults. A floor, not a target.[8]
Older adults, to maintain muscle	1.0 to 1.2	65 to 78 g	Expert groups for adults over 65.[9] Applied to midlife by extension, not tested in perimenopause.
Doing regular resistance training	1.2 to 1.6	78 to 104 g	Meta analysis of 49 training trials: extra muscle gains levelled off at around 1.6 g/kg.[2]

WORK OUT YOUR OWN RANGE

Multiply your weight in kilograms by 1.2 and by 1.6. For 72 kg: 72 × 1.2 = 86 g, and 72 × 1.6 = 115 g. You do not need to hit it exactly, and there is no evidence of extra benefit above the top of the range.

Spread it, rather than saving it for dinner. Research groups suggest around 25 to 30 g at each main meal.[9] Most of us eat a small breakfast, a modest lunch and a large dinner. Moving protein earlier in the day is often the easiest single change.

You do not need a protein supplement if you can reach this from food. A shake is a convenience, not a requirement.[1]

WHO SHOULD NOT SIMPLY INCREASE PROTEIN

Anyone with chronic kidney disease, or who has been told their kidney function is reduced, should not increase protein without medical advice. The same applies if you have been advised to follow a particular diet for another condition.

PROTEIN

What is in a portion

Approximate figures for typical portions. Brands vary, so the label is always the better guide.

Animal and dairy	Protein
Chicken breast, cooked, 100 g	30 g
Salmon fillet, cooked, 120 g	27 g
Tuna, tinned in water, drained, 100 g	25 g
Lean beef mince, cooked, 100 g	25 g
Tinned salmon or sardines, 100 g	21 g
Prawns, cooked, 100 g	18 g
Paneer, 100 g	19 g
Skyr, 150 g pot	16 g
Strained Greek yoghurt, 150 g	15 g
Greek style yoghurt, 150 g	8 g
Eggs, 2 large	13 g
Cottage cheese, 100 g	11 g
Halloumi, 50 g	11 g
Cheddar, 30 g	7.5 g
Milk, 200 ml	7 g

Plant	Protein
Tempeh, 100 g	19 g
Mycoprotein mince, 100 g	14 g
Firm tofu, 100 g	13 g
Edamame beans, 100 g	11 g
Lentils, cooked, 125 g	10 g
Wholewheat pasta, 75 g dry	10 g
Seeded bread, 2 slices	9 g
Chickpeas or beans, half a 400 g tin	8 g
Soya milk, 250 ml	8 g
Soya yoghurt, 150 g	6 g
Porridge oats, 50 g	6 g
Almonds, 30 g	6 g
Pumpkin seeds, 20 g	6 g
Peanut butter, 1 tablespoon	4 g
Hummus, 50 g	4 g

Plant proteins are slightly less efficient for muscle gram for gram, so if you eat mostly plants, aim towards the upper end of your range and combine sources across the day. Soya, tofu, tempeh and mycoprotein are the most complete.

REAL FOOD

Three example days

Each follows the plate. Protein totals are approximate. They are examples of how the numbers translate into ordinary meals, not menus to follow.

Mixed diet · about 95 g protein

Meal	What	Protein
Breakfast	150 g strained Greek yoghurt, 40 g oats, berries, 10 g pumpkin seeds	23 g
Lunch	2 slices seeded bread, 100 g tinned salmon, a big salad	30 g
Snack	An apple and 30 g cheddar	7.5 g
Dinner	100 g chicken breast, roasted vegetables filling half the plate, new potatoes	33 g
Day	**Fits the training range for someone around 60 to 75 kg**	**93.5 g**

Vegetarian · about 90 g protein

Meal	What	Protein
Breakfast	2 eggs on 1 slice seeded toast with spinach and tomatoes, a 200 ml glass of milk	24.5 g
Lunch	Lentil and vegetable soup (125 g lentils), a wholemeal roll, a 150 g skyr	31 g
Snack	30 g almonds and a pear	6 g
Dinner	Chickpea and spinach curry with 100 g paneer and half a tin of chickpeas, basmati rice	31 g
Day		**92.5 g**

Fully plant based · about 80 g protein

Meal	What	Protein
Breakfast	50 g porridge oats made with 250 ml fortified soya milk, 1 tablespoon peanut butter, berries	18 g
Lunch	Wholegrain wrap, 50 g hummus, 100 g edamame, salad	20 g
Snack	150 g soya yoghurt with 20 g pumpkin seeds	12 g
Dinner	150 g firm tofu stir fry with vegetables and 75 g dry wholewheat noodles	30 g
Day	**Plant days often land lower. To go higher: 200 g tofu, or tempeh instead**	**80 g**

BONE

Calcium and vitamin D

Bone loss speeds up around the final period (Module 5). Food will not stop that on its own, but it supplies what training and, for some women, HRT need to work with.

Calcium

The British Menopause Society gives **700 mg a day** for women with normal bone density, and **1,200 mg** for women with osteopenia or osteoporosis.[1] Two to three servings of dairy, or fortified alternatives, usually covers 700 mg.

Food	Calcium, approx
Tinned sardines with bones, 100 g	400 mg
Milk, or fortified plant milk, 200 ml	240 mg
Cheddar, 30 g	220 mg
Yoghurt, 150 g pot	200 mg
Calcium set tofu, 100 g	200 to 350 mg
Kale, cooked, 80 g	120 mg
Almonds, 30 g	70 mg

Check plant milks and yoghurts are labelled as fortified with calcium. Organic versions often are not.

Vitamin D

You cannot get enough vitamin D from food alone, and in the UK there is not enough sunlight to make it from about October to March.

> **BMS:** a daily 10 microgram (400 IU) vitamin D supplement is the one supplement recommended for women in perimenopause and menopause.[1]
>
> **NHS advice for all adults:** consider 10 micrograms a day at least through autumn and winter, and all year if you get little sun on your skin or have darker skin.[10]

Higher doses are not better and can be harmful. Do not take more than 100 micrograms a day unless a doctor advises it.[10]

Other bone basics

Enough protein, enough total food (very low intake works against bone), and keeping alcohol moderate. Bone supplements marketed for menopause are not needed unless you are actually deficient.

HEART

The quieter priority

Cardiovascular risk rises across the transition (Module 5), so the heart deserves as much attention as the scales.

- **Oily fish once a week.** NHS advice is two portions of fish a week, one of them oily, such as salmon, mackerel, sardines or trout. A portion is about 140 g.[7] UK women eat well under half of the recommended amount.[1] If you do not eat fish: walnuts, ground flaxseed, chia and rapeseed oil provide a plant omega 3.
- **Swap the fat, do not fear it.** Olive or rapeseed oil instead of butter, nuts instead of biscuits, more beans and less processed meat.
- **Salt below 6 g a day**, which is about a teaspoon. Most of it is already in bread, ready meals, cured meats and sauces.[7]
- **Five portions of fruit and vegetables a day.** Only around one in three UK women manage this.[1] Frozen and tinned count.

SYMPTOMS

Food, drink and how you feel

The British Menopause Society is clear that symptoms are unlikely to be controlled through diet alone.[1] But some things can make them worse, and they are worth testing in yourself.

What	What is known	What to try
Caffeine	Can trigger hot flushes in some women, adds to anxiety, and has a half life of around five to six hours, so an afternoon coffee is still in your system at bedtime.	Move your last caffeine to before midday for two weeks and note the difference.
Alcohol	Can trigger flushes, fragments the second half of the night, and is linked to breast cancer risk (Module 2). The UK low risk guideline is no more than 14 units a week, spread over three or more days.[11] That is a general guideline, not one set for menopause.	Track it alongside your sleep and flushes. Alcohol free days help. Many women find their tolerance has changed.
Spicy food, hot drinks	Commonly reported triggers, but very individual.[1]	Use the trigger tracker rather than cutting things out on spec.
Soy foods	The WAVS trial used half a cup of cooked soybeans a day, alongside a low fat vegan diet.[5] It was small and unblinded, and only some women produce equol.[6]	If you want to try it: a daily portion of soybeans, edamame, tofu, tempeh or soya milk for twelve weeks. If nothing changes, you may not be an equol producer.
Iron	A quarter of UK women have low iron intake,[1] and heavy periods in perimenopause raise the risk of deficiency, which causes tiredness and breathlessness.	Red meat, pulses, tofu, dark green vegetables and fortified cereals, with vitamin C at the same meal. Ask your GP for a blood test before taking iron.

TRAINING DAYS

Eating around exercise

- **Do not train on empty if it leaves you shaky or flat.** A banana, toast or yoghurt an hour or two before is enough.
- **Have a protein containing meal within a few hours after strength sessions.** It does not need to be immediate, and it does not need to be a shake.
- **Keep carbohydrate on training days.** It is what fuels the work.[1]
- **Drink water through the day**, more if you are having night sweats or hot flushes.

PLANT BASED

The five to watch

Eating more plants is a healthy direction, and there is no evidence that a vegetarian or vegan diet is healthier than a balanced diet that includes meat, fish and dairy.[1] If you are fully plant based, check these: **vitamin B12** (supplement or fortified foods, essential), **calcium** (fortified milks and calcium set tofu), **iodine** (fortified plant milks, or a supplement), **iron** (pulses and greens with vitamin C), and **omega 3** (flaxseed, walnuts, chia, or an algae based supplement).[1]

> IF YOU CHANGE ONLY THREE THINGS
>
> 1. Build each meal on the plate: half vegetables, a quarter protein, a quarter fibre rich carbohydrate.
> 2. Add 25 to 30 g of protein to breakfast and lunch, not just dinner.
> 3. Take vitamin D, and get two to three calcium rich servings a day.
>
> The British Menopause Society advises changing two or three things at a time, slowly, rather than overhauling everything at once.[1]

References

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1. UK Chief Medical Officers. Low Risk Drinking Guidelines. Department of Health, 2016.

IMPORTANT NOTICE

This is general educational content from Navigare. It is not medical or dietetic advice and is not personalised to you. Nutrient figures are approximate. If you have a medical condition, including kidney disease, diabetes, osteoporosis, or a history of disordered eating, or if you take medication, speak to your GP or a registered dietitian before making significant changes to your diet or starting supplements.