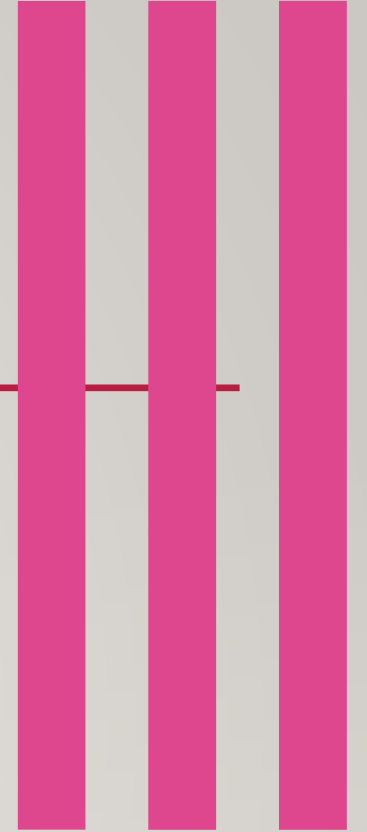

HOT FLASH HUDDLE: HELPING CLIENTS EMBRACE CHANGE DURING MENOPAUSE



IRENE MCCORMICK, MS



- Award-Winning Fitness Educator
- Published Author
- Subject Matter Expert
- Adjunct University Faculty
- Creator of The Menopause Mentor and Hot Flash Huddle
- <https://irenemccormickfitpro.com>

**“LEAN MASS REFLECTS HEALTH &
LONGEVITY NOT VANITY.”**

IRENE MCCORMICK, MS, CSCS



SESSION LEARNING OBJECTIVES

Identify the stages and symptoms associated with menopause, including her pain points and how to address them.



Explain the interconnected role of the S.A.I.D. Principle to her pain points.



Differentiate her program design needs based on her symptoms, goals and risk factors.



Empower fitness professionals to guide clients with fluctuating hormones through science-based training within their scope of practice.

THE NUTS & BOLTS OF MENOPAUSE



STAGES OF MENOPAUSE

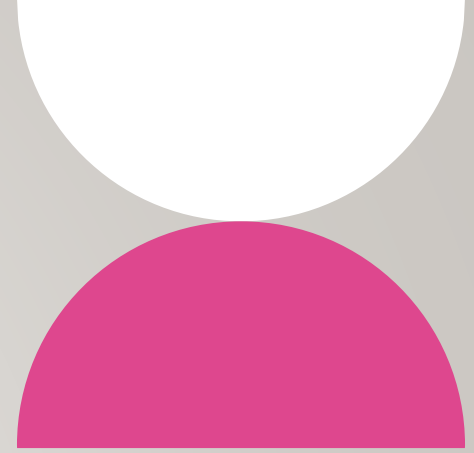
Pre-Menopause 30-32 years

Begins at her first menstrual cycle and ends when she begins to experience symptoms of menopause.

Peri-Menopause 2-10 years

Begins around age 40 but varies.

Many women begin to experience symptoms in their early to mid-30's.



STAGES OF MENOPAUSE (CONT.)

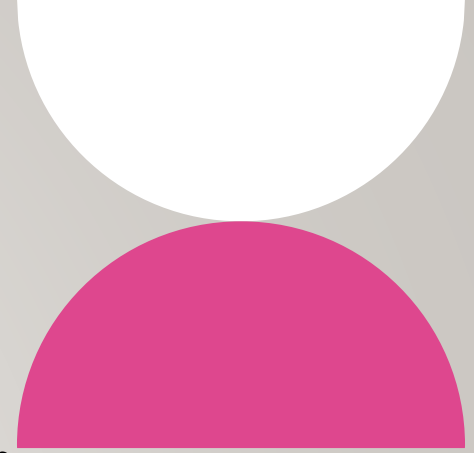
Menopause 7 years

Officially begins once she experiences her FMP (final menstrual period).

12-months from FMP with no breakthrough bleeding, she is officially in menopause.

Post-Menopause Remainder of Life

7-years from the start of official menopause, her estrogen levels drop again increasing risks for heart disease, falls, metabolic diseases, autoimmune issues and cancer significantly.



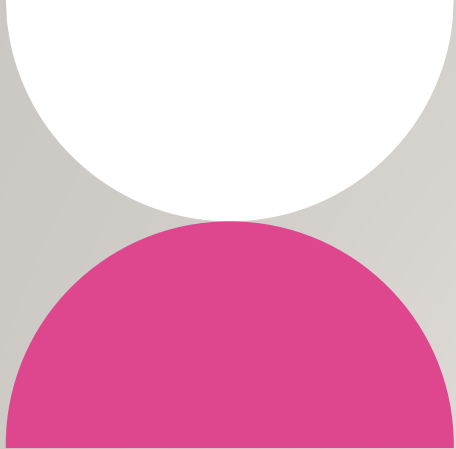
SYMPTOMS

- Fatigue
- Weight Gain
- Changes in Fat Deposits
- Hot Flashes
- Night Sweats
- Loss of Lean Mass
- Changes in Eyesight
- Vaginal Dryness
- Joint/Muscle Pain
- Anxiety
- Sleep Disruptions
- Cortisol Overload

HOT FLASH HUDDLE: APPLIED SCIENCE

**Designing programs and applying the training
strategies.**





HER PAIN POINTS DURING MENOPAUSE

How can we as fitness professionals address her new and emerging needs?

- ❖ Lean mass losses, quicker fat gain, cortisol overload, sugar cravings, continuous sleep disruptions/not enough sleep, too much cardio, lack of between workout recovery, doesn't meet her energy needs.

These lifestyle interruptions all contribute to her changing physiology during menopause.



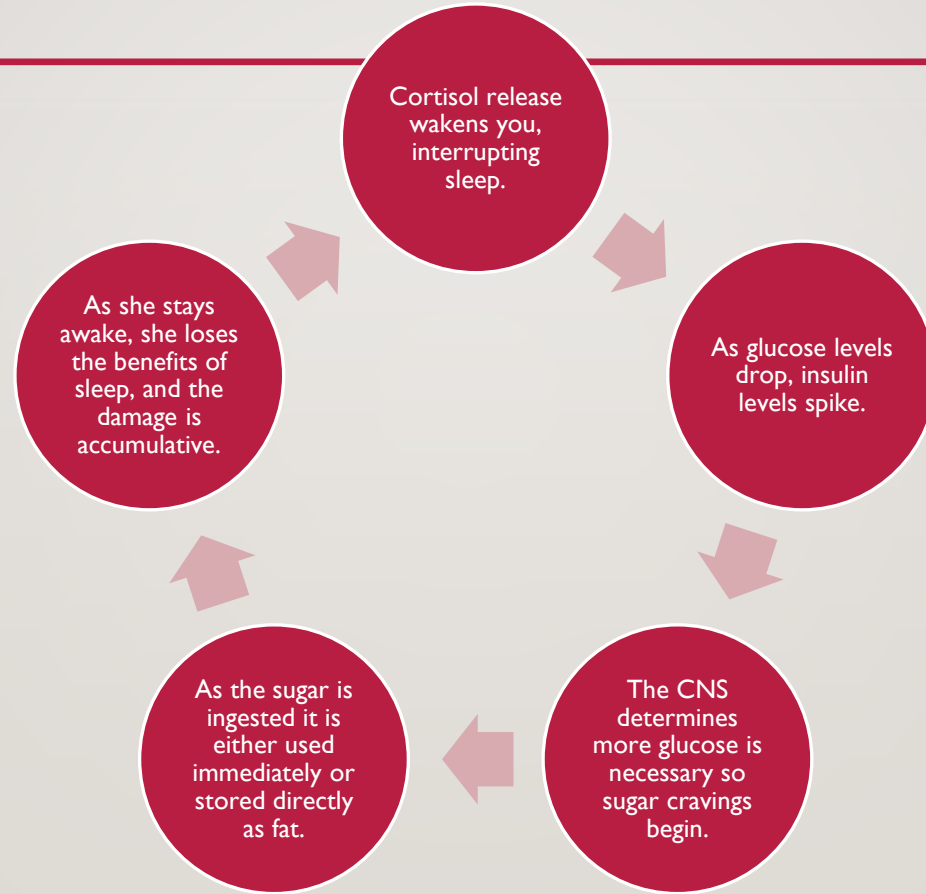
The S.A.I.D. Principle Applied

- Specific Adaptations to Imposed Demands
 - Largely ignored but massively important to fitness program design.
 - If we want to lose fat, we should train to lose fat. If she needs to increase her lean mass, we need to resistance train with enough load and in the correct duration and frequency to see results.
 - The consumer-based fitness focus today is NOT aligned with wellness and function.
 - If you want her to see results, you need to train with her new physiology in mind.

LOST LEAN MASS

-
- A study revealed that women in post-menopause had 10% reduction arm and leg muscle compared to women in perimenopause and are overwhelmingly more likely to have sarcopenia compared to pre or peri-menopausal women.
 - Research evaluating the loss of muscle and bone tissue during the stages of menopause found these tissues coincide because of the functional relationship and interaction between them.
 - J Cachexia Sarcopenia Muscle. 2020 Jun;11(3):698-709. doi: 10.1002/jcsm.12547. Epub 2020 Feb 3. PMID: 32017473; PMCID: PMC7296268.
 - Reductions in estrogen causes reductions in muscle mass and functionality.
 - Effects of Estrogen on Musculoskeletal Performance & Injury Risk; Exercise Physiology. Vol 9 2018.
<https://doi.org/10.3389/fphys.2018.01834>

SLEEP DISRUPTIONS



UNMANAGED LOW-GRADE INFLAMMATION

- Because as many as 8 million women at any one time are in post-menopause, this is a particularly important time to manage her health screenings and annual exams.
 - Chronic diseases, metabolic disorders and many types of cancers are very common during post-menopause.
 - Inflammation can be a symptom of estrogen depletion or something else.
 - Uncontrolled inflammation will exacerbate.
 - It never gets better it only gets worse.

FAT GAIN

- Fat gain with menopause is much more the result of the following combination than fluctuating estrogen:
 - Aging
 - Sarcopenia
 - Requiring less daily energy (calories)
 - Loss of lean mass
 - Previous or continued sedentary lifestyle
 - Previous injuries and surgeries

A woman with blonde hair, wearing a black athletic tank top and teal leggings, is sitting on a black foam roller on a wooden gym floor. She is leaning forward, stretching her right leg. In the background, there are several white and blue Precor T4r treadmills. The floor has a red and white curved design.

THE HOT FLASH HUDDLE PROGRAM DESIGN

Menopause Program Design

We cannot exercise away poor sleep, uncontrolled stress, cortisol overload, sugar cravings, imbalanced energy intake, or unwanted fat during menopause.

But the application of science can support clients through many unexpected and unwanted physical changes by providing options for:

- New lifestyle habits
- The right application of exercise and fitness routines
- The ability to scale

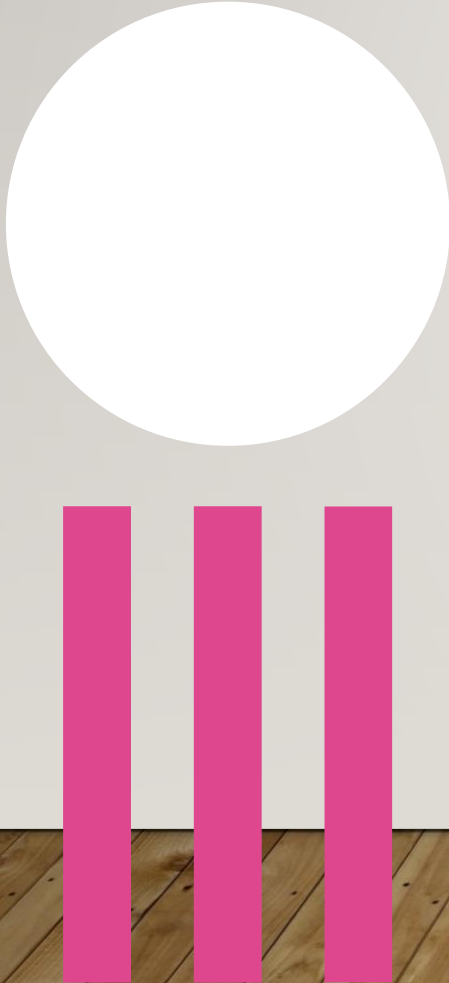


Addressing Her Pain Points with Exercise Science Application

- ❖ Lean mass loss
- ❖ Quick fat gain
- ❖ Cortisol overload
- ❖ Sugar cravings
- ❖ Continuous sleep disruptions
- ❖ Not enough sleep
- ❖ Too much cardio
- ❖ Lack of between workout recovery
- ❖ Doesn't meet her energy needs



WHAT PAIN POINTS CAN WE CHANGE WITH EXERCISE?



Lean Mass Loss	Yes	Consistent resistance training with adequate load
Quick Fat Gain	No	It's a sleep, stress, energy intake issue
Cortisol Overload	No	
Sugar Cravings	No	
Sleep Disruptions	No	
Too Much Cardio	Yes	Train skeletal muscles not the cardiac muscle
Recovery	No	
Energy Intake	No	
Uncontrolled Stress	No	

What We Can Change With Exercise...

- **Consistent training to overload**
 - ACSM 3 sets or more for volume 2-3 times weekly
 - Massive focus on posterior chain
 - upper back, spinal stability, lats, rhomboids, posterior deltoid, glutes, hamstrings
- **Metabolic Burst 2-3 x weekly**
 - Find a breathy to breathless interval (2-4 minutes max) early in the session, then maintain a consistent breathing rate throughout.

What We Can Change With Exercise...

- **Mobility**

- It is the orchestration of balance, flexibility, strength and proprioception or kinesthesia.
- Practice mobility patterns daily

- **Recovery**

- Between exercises, between sessions, between workout cycles
- You need 24-48 hours with uninterrupted sleep between workouts
- Hydration
- Sleep
- Mobility
- Energy



Having A Completely Cardio Focus

- Running on a treadmill is not a workout. It is a running workout, but it's not a:
 - A resistance training workout
 - A flexibility session
 - A mobility focused training
 - Balance and coordination training
 - Meditation and breathing with stretching
 - Rolling or using SMR for recovery

FINAL TIPS & TAKEAWAYS

- Understand the physiological stages and symptoms of menopause so you can be empathetic.
- Understand her pain points.
- Realize which pain points can be modified through fitness and exercise, and which need to be dealt with through lifestyle changes.
- Understand food as energy with qualities, not just as calories and weight on a scale.
- Support her with the right resistance program design and refer her for lifestyle coaching.



Thank You For Attending!

EMAIL ME:

INFO@IRENEMCCORMICKFITPRO

INSTAGRAM:

IRENEMCCORMICK_3

YOU TUBE:

IRENE MCCORMICK FIT PRO

FACEBOOK:

THE MENOPAUSE MENTOR_2024

