

# Foods to Avoid During Perimenopause and Menopause (and What to Eat Instead)

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## Details:

Now I have comprehensive, authoritative data to write the article. Let me compose the final verified piece.

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### ## Foods to Avoid During Perimenopause and Menopause (and What to Eat Instead)

Most dietary advice for menopausal women focuses on what to *\*add\** — more protein, more fiber, more calcium. That framing, while valuable, misses half the equation. For women navigating the metabolic turbulence of perimenopause and menopause, certain foods don't just fail to help — they actively accelerate the hormonal and physiological processes that drive weight gain, visceral fat accumulation, hot flashes, and bone loss. Removing these dietary obstacles is not about deprivation; it's about removing friction from a body already working harder than it used to.

This article takes a decisional lens: here is what to eliminate or significantly reduce, here is precisely *\*why\** it matters during this hormonal transition, and here is the specific swap that addresses the same craving or habit without the metabolic cost. Every recommendation is grounded in the hormonal mechanisms that make midlife women uniquely vulnerable to these food categories — mechanisms covered in depth in our foundational guide, *\*Why Menopause Causes Weight Gain: The Hormonal and Metabolic Science Explained\**.

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### ## Why "Foods to Avoid" Is Different During Menopause

This is not a generic "eat less junk food" list. The foods discussed below cause harm during menopause through specific pathways — insulin resistance amplified by estrogen decline, a thermoregulatory system destabilized by hormonal fluctuation, and a skeletal system losing the protective buffer that estrogen once provided. Understanding *\*why\** a food is problematic at this life stage makes the swap feel logical rather than arbitrary.

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### ## Ultra-Processed Foods: The Metabolic Multiplier

#### ### Why They're Especially Harmful During Menopause

Ultra-processed foods (UPFs) — defined by the NOVA classification system as industrial formulations containing substances derived from foods plus additives like flavors, colors, emulsifiers, and preservatives — are the single most impactful category to reduce during menopause.

The poor nutrient profile of ultra-processed foods — high in salt, added sugar, and unhealthy fats and low in dietary fiber, micronutrients, and phytochemicals — makes them intrinsically nutritionally unbalanced, hyper-palatable, and habit-forming. This is a problem for any adult, but it compounds

dramatically during menopause.

A meta-analysis of prospective cohort studies found a consistently positive association between high UPF intake and increased risk of developing diabetes (37%), hypertension (32%), hypertriglyceridemia (47%), low HDL cholesterol concentration (43%), and obesity (32%). Each of these outcomes is already elevated during the menopausal transition — UPFs don't create the risk so much as they accelerate it.

A study examining the relationship between ultra-processed food consumption and menopausal symptoms in postmenopausal women evaluated data from 305 postmenopausal women, finding associations between UPF intake and somatic, psychological, and urogenital symptom scores.

### ### The Swap

Replace packaged snack foods, frozen entrees, and fast food with minimally processed whole-food equivalents. A handful of walnuts and an apple instead of a granola bar. A bowl of Greek yogurt with berries instead of flavored yogurt cups. The macro profile is similar; the metabolic outcome is not. (For a full framework of what to eat instead, see our guide on *\*The Best Foods for Menopause Weight Loss: A Science-Backed Master List.\**)

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## ## Refined Carbohydrates and Added Sugars: The Insulin Resistance Accelerant

### ### The Hormonal Mechanism

This is the most mechanistically critical category to understand. During perimenopause and menopause, the hormonal environment fundamentally changes how the body handles carbohydrates.

The decline in estrogen levels during perimenopause and menopause significantly affects insulin sensitivity, and lower estrogen levels can lead to body fat redistribution, with more visceral fat accumulating around abdominal organs.

This abdominal fat is metabolically active, releasing fatty acids and inflammatory cytokines that interfere with insulin action and worsen insulin resistance — creating a self-reinforcing cycle.

Accumulating evidence shows that biological sex has a major influence in the development of cardiometabolic disturbances, with females being more protected than males — a protection that appears to be driven by female sex hormones (estrogens), as it tends to disappear with the onset of menopause.

Against this backdrop, refined carbohydrates — white bread, white rice, crackers, pastries, sugary beverages — cause rapid blood glucose spikes that an estrogen-depleted body is progressively less equipped to manage. After 40, insulin resistance tends to increase, meaning cells don't respond as well to insulin's signals to absorb glucose from the bloodstream, making the blood sugar spikes from refined carbs even more problematic as the body struggles to clear glucose effectively.

When you eat refined carbs, glucose has fewer places to go, increasing the likelihood it will be converted to fat. Muscle tissue is metabolically active and helps maintain healthy insulin levels — so the double-whammy of muscle loss and refined carb consumption can accelerate weight gain.

### ### Added Sugars and Hot Flashes

The connection between added sugar and vasomotor symptoms is increasingly supported by evidence. A study of over 6,000 middle-aged individuals found that dietary patterns significantly impact vasomotor symptoms — those following a Mediterranean-style or fruit-rich diet experienced fewer hot flashes, while high-fat and high-sugar diets were associated with increased symptom frequency.

The body becomes more sensitive to sugar during menopause, and changes in blood sugar levels worsen symptoms like hot flashes. Consuming excessive sugar can lead to fluctuating blood sugar levels and increased inflammation, which also makes it more difficult for the body to regulate its internal temperature.

Foods and beverages high in added sugars often have very few nutrients but can easily lead to excess calorie intake and weight gain. Added sugars include table sugar, syrups, honey, and other sweeteners added to foods or beverages. Notably, naturally occurring sugars, such as those found in fruit and dairy products, are not the same as added sugars and do not need to be avoided.

### ### The Swap

| **Avoid** | **Eat Instead** | **Why the Swap Works** | |---|---|---| | White bread, white rice | Quinoa, barley, oats, farro | Higher fiber slows glucose absorption | | Sugary breakfast cereals | Steel-cut oats with nuts | Protein + fiber stabilizes blood sugar | | Flavored yogurt | Plain Greek yogurt + berries | Eliminates added sugar; adds protein | | Fruit juice | Whole fruit | Fiber intact; slower glucose release | | Soda and sweetened drinks | Sparkling water with citrus | Zero added sugar; hydration maintained | | Pastries and baked goods | Dates + nut butter | Natural sugar + fat slows absorption |

(For detailed macronutrient targets and carbohydrate periodization strategies, see our guide on [\\*Macros for Menopause: How to Set Your Protein, Carb, and Fat Targets for Weight Loss.\\*](#))

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## ## Alcohol: A Compound Disruptor

### ### Why Menopause Changes Your Relationship with Alcohol

Many women find that alcohol hits differently during perimenopause — and the physiology explains why. Alcohol intolerance is made worse in menopause because as you age, the amount of water in the body decreases, allowing alcohol to enter your bloodstream more quickly and linger longer. As someone gets older, their liver becomes less effective at metabolizing alcohol, so alcohol levels stay higher in the body for longer.

Alcohol disrupts hormone balance, which can exacerbate many common menopause symptoms, including hot flashes, sleep disturbances, and mood swings.

### ### Alcohol and Hot Flashes

Because alcohol causes dilation of blood vessels, hot flashes might be triggered. While alcohol initially creates a feeling of warmth, it actually lowers core body temperature over time. In menopausal women, whose thermoregulatory systems are already sensitive due to hormonal fluctuations, this disturbance can make hot flashes more frequent and severe.

Furthermore, alcohol affects sleep patterns by impairing rapid eye movement (REM) sleep and causing fragmented sleep. Poor sleep quality not only worsens overall menopause symptoms but also diminishes the body's ability to re-stabilize temperature regulation during the night, resulting in night sweats and hot flashes that can last for hours.

### ### Alcohol and Cancer Risk

The cancer risk data deserves explicit attention. The NIH-AARP Diet and Health Study analyzed 184,418 postmenopausal women and found even one glass of alcohol a day increases a woman's risk for breast cancer — with a 32% increased risk in women who had one or two drinks a day, and a 50% increased risk for women who had three or more alcoholic beverages a day.

Alcohol can trigger or worsen hot flashes, disrupt already-fragile sleep quality, add empty calories that promote weight gain, and interfere with calcium absorption when bones need all the help they can get.

### ### The Swap

- **\*\*Instead of wine with dinner:\*\*** Sparkling water with a splash of pomegranate juice and fresh mint — visually satisfying, antioxidant-rich, zero alcohol. - **\*\*Instead of a cocktail:\*\*** Kombucha over ice with citrus — provides the ritual and carbonation without the metabolic disruption. - **\*\*If you choose to drink:\*\*** Limit intake to no more than one drink per day, and avoid drinking within three hours of bedtime to protect sleep architecture.

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## ## High-Sodium Foods: Blood Pressure and Bone Risk

### ### The Menopause-Specific Concern

Too much sodium can negatively affect your health by increasing blood pressure and the risk of stroke, and higher amounts of sodium are found in many packaged and ultra-processed foods.

This matters acutely during menopause because cardiovascular risk rises sharply after estrogen declines. Medical guidance recommends monitoring sodium intake, aiming to consume less than 2,300 milligrams (mg) of sodium per day to manage blood pressure.

Processed foods high in sodium can worsen bloating and increase blood pressure — two concerns that become more clinically significant as the estrogen-mediated cardiovascular protection women enjoyed in their reproductive years diminishes.

High sodium also has a direct effect on bone health: excess dietary sodium increases urinary calcium excretion, depleting the calcium reserves that menopausal women are already struggling to maintain as bone turnover accelerates. Bone loss accelerates dramatically because estrogen plays a crucial role in helping the body absorb calcium and build new bone tissue, and without enough estrogen, women can lose up to 20% of their bone density in just five to seven years after menopause.

### ### The Swap

- Replace canned soups (often 700–900mg sodium per serving) with homemade broth-based soups seasoned with herbs. - Swap deli meats for freshly cooked chicken breast or canned wild salmon (low-sodium varieties). - Use herbs, citrus zest, garlic, and vinegar to add flavor in place of salt. - When buying packaged foods, target products with  $\leq 140$ mg sodium per serving (the "low sodium" threshold).

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## ## Spicy Foods and Other Hot Flash Triggers

### ### The Vasomotor Mechanism

Spicy foods are one of the most common culprits when it comes to triggering hot flashes. Ingredients like chili peppers contain capsaicin, a compound that activates nerve endings and raises body temperature — a reaction that mimics the sensation of a hot flash, making symptoms more frequent and intense.

Spicy foods dilate blood vessels and raise body temperature, which can set off or worsen vasomotor symptoms. This is the same vasodilatory mechanism by which alcohol triggers hot flashes — the thermoregulatory system, already destabilized by declining estrogen, interprets the temperature signal as a threat and responds with a flush.

It is important to note that spicy food sensitivity is highly individual. Some women tolerate capsaicin without vasomotor consequence; others notice an immediate response. Keeping a food journal is helpful for individuals who suspect specific dietary triggers — by recording meals, snacks, beverages, and related symptoms, people can identify patterns and pinpoint foods that may contribute to their discomfort.

### ### Other Common Vasomotor Triggers

The Academy of Nutrition and Dietetics recommends that women in menopause focus on nutrient-dense foods while limiting added sugars, saturated fat, and sodium, and notes that caffeine, alcohol, and spicy foods may worsen hot flashes for some women.

Even a small amount of alcohol close to bedtime can disrupt sleep, exacerbating fatigue and mood swings already worsened by hormonal fluctuations, and poor sleep can also alter the hormones that regulate hunger and appetite.

### ### The Swap

- Replace chili-heavy dishes with deeply flavored alternatives using cumin, smoked paprika, turmeric, ginger, and fresh herbs — complex flavor without the capsaicin. - If you love spicy food and tolerate it well, track symptoms for 2 weeks before eliminating it permanently. Individual variation is real. - For caffeine: if reducing coffee, try matcha (lower caffeine, high in L-theanine for calm focus) or rooibos tea (caffeine-free, antioxidant-rich).

(For a full mapping of foods to specific menopause symptoms, including hot flashes, sleep, and mood, see our guide on [\\*Eating for Menopause Symptoms: Which Foods Help Hot Flashes, Sleep, Mood, and Brain Fog.\\*](#))

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## ## Saturated and Trans Fats: Cardiovascular and Inflammatory Risk

### ### Why This Category Matters More After Estrogen Declines

With cardiovascular risk already elevated after menopause, limiting saturated fat is important. Prior to menopause, estrogen provided meaningful cardiovascular protection — it supported favorable HDL/LDL ratios and helped maintain arterial flexibility. As estrogen's protective effects on blood vessels fade away, cardiovascular risk increases.

A diet high in saturated fats (found in fatty cuts of red meat, full-fat dairy, coconut oil in large quantities, and processed meats) and trans fats (found in some commercially fried foods and partially hydrogenated oils) accelerates LDL oxidation and systemic inflammation — two processes that the estrogen-depleted cardiovascular system is less equipped to buffer.

A 2023 study reviewing the importance of nutrition in menopause and perimenopause found that eating a nutritious diet featuring fruits, vegetables, whole grains, lean protein, and healthy fats — while avoiding too much sugar and processed foods — reduced menopausal symptoms.

### ### The Swap

Swap animal fats for unsaturated options like olive oil, avocado, and nuts. Aim to keep total fat intake below 30% of daily calories, with most coming from healthy unsaturated sources.

Practical swaps: - **Butter** → Extra-virgin olive oil for cooking and finishing - **Fatty beef** → Salmon or sardines (adds anti-inflammatory omega-3s) - **Full-fat processed cheese** → Avocado or hummus on toast - **Cream-based sauces** → Tomato or olive oil-based sauces

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## ## Key Takeaways

- **Ultra-processed foods** are the highest-priority category to reduce — they amplify every menopausal metabolic vulnerability simultaneously, from insulin resistance to inflammation to excess calorie intake without satiety. - **Refined carbohydrates and added sugars** exploit the estrogen-insulin connection: as estrogen falls, insulin sensitivity declines, making glucose management harder and

visceral fat accumulation faster. Blood sugar swings also directly worsen hot flash frequency. - **Alcohol** disrupts thermoregulation, fragments sleep, interferes with calcium absorption, and — even at moderate levels — significantly increases breast cancer risk in postmenopausal women. Its metabolic effects are amplified in midlife due to reduced liver efficiency and lower body water content. - **High-sodium processed foods** raise blood pressure at a time when cardiovascular risk is already rising, and accelerate urinary calcium excretion at a time when bone density is already declining. - **Hot flash dietary triggers** — spicy foods, caffeine, and alcohol — operate through vasodilation and thermoregulatory disruption. Individual sensitivity varies significantly; a symptom journal is the most practical diagnostic tool.

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## ## Conclusion

Dietary exclusion during menopause is not about eating less — it is about removing the specific inputs that conflict with a fundamentally changed hormonal environment. Ultra-processed foods, refined carbohydrates, added sugars, excess alcohol, high-sodium foods, and vasomotor triggers each interact with the declining estrogen landscape in distinct and measurable ways. Replacing them with targeted alternatives doesn't require a complete dietary overhaul; it requires understanding *why* these foods are problematic now, even if they weren't ten years ago.

The practical substitutions in this article are designed to address the same cravings and habits — the desire for something sweet, something savory, something that feels like a reward — while supporting rather than undermining the metabolic and hormonal goals specific to this life stage.

For the complete dietary picture, pair this article with *The Best Foods for Menopause Weight Loss: A Science-Backed Master List*, which provides the evidence base for what to eat. Then move to *7-Day Menopause Weight Loss Meal Plan: A Full Week of Hormone-Supportive Meals* to see both sides of the equation built into a practical, day-by-day structure. If you're already eating well but still not losing weight, *Menopause Weight Loss Plateaus: Why the Scale Stops Moving and How to Adjust Your Diet* addresses the advanced troubleshooting steps that go beyond food selection alone.

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