SOP: BELLY FAT

ADDRESSING HORMONAL BELLY FAT IN MENOPAUSE



OVERVIEW

- Definition: Excess fat accumulation around the midsection, often hormonally driven with combination of low estrogen, high cortisol + insulin relocating fat to the belly 2-3x pre-menopause.
- Target Audience: Women over 40 struggling with stubborn abdominal fat despite healthy habits.



SIGNS & SYMPTOMS

- ✓ Increased fat storage around the abdomen.
- ✓ Weight gain despite exercise and dietary efforts.
- Increased cravings for sugar or carbs.
- ✓ High stress levels or poor stress management.



WHAT TO TRY: INITIAL STEPS & PROGRESSION

STEP 1: NUTRITION ADJUSTMENTS

- Sub-step 1: Prioritize protein first, carbs last, and fiber at each meal.
- **Sub-step 2:** Reduce added sugars and refined carbs. Never carbs alone.
- **Sub-step 3:** Implement time-restricted eating (e.g., 12:12) and 3 meals with no snacks (unless struggling with Adrenal Fatigue, then see this SOP).
- Sub-step 4: Reduce caffeine.

STEP 2: INCREASE MOVEMENT

- Sub-step 1: Move for at least 10 minutes within 30 minutes after a meal.
- **Sub-step 2:** Break up each hour if possible with 2-5 minutes of movement: pace on phone calls, air squats, wall sits, deliver messages in person: 10 air squats every 45 minutes throughout the day is more effective than a single longer walk for blood glucose control. (*Journal of Scandinavian Sports & Medicine in Science, 2024*)

STEP 3: STRENGTH TRAINING

- **Sub-step 1:** Focus on resistance training 2–3x weekly: strength training independently reduces overall adiposity and visceral belly fat.
- **Sub-step 2:** Prioritize compound movements (e.g., squats, deadlifts).
- Sub-step 3: Reach muscular fatigue with each set (outside of a warm up set).

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STEP 4: STRESS MANAGEMENT

- **Sub-step 1:** Implement daily breathwork or meditation, or yoga.
- **Sub-step 2:** Reduce excessive cardio workouts in "moderate" level for more than 45 minutes.
- **Sub-step 3:** Identify all-source stressors and develop coping strategies including <u>altered</u> <u>exercise</u> when other uncontrollable stressors are high.

STEP 5: SLEEP OPTIMIZATION

- **Sub-step 1:** Ensure 7–9 hours of quality sleep.
- **Sub-step 2:** Follow nighttime hygiene practices (*See Insomnia SOP*).

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SUGGESTED TOOLS FOR TRACKING

- Metrics to Monitor: Waist circumference, energy levels, cravings, blood sugar.
- Recommended Tools/Apps: CGM (https://www.flippingfifty.com/myglucose) so clients can see the effects in real time.
- Frequency of Check-ins: Bi-weekly check-ins.



COMMON CHALLENGES & TROUBLESHOOTING TIPS

- Challenge 1: Client snacks excessively at night.
 - Solution: Plan protein-rich meals that eliminate cravings.
- Challenge 2: Stress levels remain high. (seen on GCM with increased blood sugar or on HRV in a tracking app).
 - Solution: Increase relaxation activity, discuss awareness of stressors
- Challenge 3: A vegan or vegetarian client eating high carbs and too little protein (who has been healthy doing this until now).
 - **Solution:** Point out the need for greater protein, consider EAAs, powders as willing and or introduction of fish or poultry.
- Challenge 4: Intermittent fasting actually backfires for many midlife women. Examine whether this is happening. Alternatively, a structured eating and fasting schedule can help. Set goals, monitor, all best with a CGM to know.



CLIENT COMMUNICATION TIPS

- **Tone & Approach:** Non-judgmental education to convey a message opposite what she's learned and believed to be true for decades.
- Key Phrases to Use:
 - "Belly fat is not a sign you need to work harder, just smarter."

- "Belly fat is due to insulin and cortisol: women in midlife can increase fat stores here by double or triple without these behavior changes."
- "If you love endurance and hard work, this isn't goodbye forever, just for now to improve overall health and body composition."

REFERENCES & RESOURCES

- Flipping 50 blogs & podcasts; Module on nutrition, exercise, stress, hormones.
- https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-6510-1



NEXT STEPS FOR PRACTITIONERS

Reevaluate nutrition and training plan (and compliance) after 6 weeks.
Ask about recent fasting glucose and fasting insulin levels. Be sure the client is having
the discussion with their practitioner. Help review results from an "optimal" vs norms

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