

Strong For Life **with Rosie**



THE MIDLIFE TRAINING RESET

6 things to change about how you train after 40 - backed by science

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This isn't about working harder.

If you've found this guide, you're probably already working hard. You're showing up, you're trying, and something still feels off - results that have stalled, energy that doesn't return the way it used to, a body that seems to be playing by a different set of rules than it was five years ago.

I know this feeling well, because I've been through it myself. I'm 43, I'm in perimenopause, and I spent a long time trying to train my way back to how I felt in my 30s before I understood that wasn't the right goal, and that the approach I'd always used needed to change.

What I didn't know then - and what I want to share with you now - is that the body in midlife isn't broken. It's different. And different needs a different approach, not more effort applied to the same method.

Everything in this guide is backed by research. Not wellness trends, not what worked for someone's cousin - the peer-reviewed science on women's physiology, perimenopause and exercise. I've translated it into training that works in real life, for real women with busy schedules and complicated hormones.

I hope it's useful.

Rosie x

SHIFT 1: Make strength your foundation

The research is clearer on this than almost anything else in women's health.

Strength training - also called resistance training or weight training - produces the most comprehensive benefits across the widest range of midlife health outcomes. This is not a niche opinion. It is the consensus across multiple systematic reviews and meta-analyses, the highest quality of evidence we have in clinical research.

Here is what the evidence shows strength training does:

IT PRESERVES AND REBUILDS MUSCLE MASS. From around 40, women can lose 3-8% of their muscle per decade without intervention, and this accelerates with the hormonal shifts of perimenopause. Muscle is metabolically active - it burns energy at rest. Less muscle means a slower metabolism. Strength training is the most effective intervention we have for reversing this.

IT PROTECTS BONE DENSITY. Oestrogen plays a key role in bone maintenance, and as it declines, bone loss accelerates. Resistance training applies mechanical load to the skeleton, stimulating bone-building cells. Deadlifts, squats, loaded carries - these are some of the most evidence-backed bone protection strategies available to us.

IT REDUCES HOT FLUSH FREQUENCY. A meta-analysis published in the Journal of Science and Medicine in Sport found that resistance training is associated with a significant reduction in the frequency and severity of hot flushes. The mechanism involves exercise's effects on the sympathetic nervous system, which plays a role in thermoregulation.

IT SUPPORTS CARDIOVASCULAR HEALTH. A study of over 400,000 people published in the Journal of the American College of Cardiology found that women who incorporated strength training had a 30% reduction in cardiovascular mortality - and women needed less volume than men to achieve the same longevity gains.

IT SUPPORTS SLEEP AND MOOD. The same research that shows benefits for hot flushes also shows improvements in sleep quality and a reduction in depressive symptoms in menopausal women.

If you currently spend most of your training time on cardio and very little on strength work, this is the most impactful single change you can make.

Research: JACC 2024 · JSMS meta-analysis · BJSM · ACSM Position Stand 2026

SHIFT 2: Keep cardio in - and here's how it fits

Strength first doesn't mean cardio never.

I want to be clear about this, because the message "prioritise strength" can sometimes land as "stop doing cardio" - and that's not what the evidence says, and it's not what I'd recommend.

Cardiovascular exercise has real, meaningful benefits at this stage of life. It supports heart health, mood, and mental clarity. It reduces anxiety. It helps with sleep. And for many of us, it's something we enjoy - a run, a long walk, a cycling class - and enjoyment is not a small thing when it comes to building habits that last.

The distinction is this: cardio alone, as your primary form of exercise, is unlikely to address the specific changes that perimenopause brings. It doesn't build or preserve muscle. It doesn't directly protect bone density. And if you're doing large amounts of high-intensity cardio without adequate strength work or recovery, it can compound some of the fatigue and hormonal stress that midlife already brings.

What tends to work well:

Moderate-intensity cardio - walking, cycling, swimming, a class that raises your heart rate without leaving you depleted - works beautifully alongside a strength training foundation. It keeps your cardiovascular system healthy and adds variety to your week.

One higher-intensity session per week is worth including too. Beyond the heart and metabolic benefits, bone health requires impact and load, and a brisk run, a jump-based session or a more demanding conditioning class provides the kind of stress that triggers bone-building cells in a way that steady walking doesn't.

What tends not to work as well for women in perimenopause is five or six high-intensity cardio sessions a week, particularly if sleep is disrupted and energy is already unpredictable. High-intensity work places a significant demand on the adrenal system and elevates cortisol. For women already managing the cortisol effects of poor sleep and hormonal fluctuation, that additional load can tip the balance in the wrong direction.

A practical week might look like:

- 2-3 strength sessions (your foundation) + 1 higher-intensity cardio session
- Daily moderate movement - walks, lighter activity, whatever you enjoy
- 1-2 mobility or recovery sessions

The goal is a training week that supports your whole health, not just one part of it.

SHIFT 3: Train for your symptoms, not despite them

Exercise isn't just maintenance during perimenopause. It's an active intervention.

One of the most important shifts in how we understand exercise and perimenopause is this: the right kind of training doesn't just maintain your health during this time. It actively improves the symptoms that make perimenopause difficult.

Hot flushes, disturbed sleep, low mood, brain fog, joint pain, weight changes - these are not just things to get through. They are things that the research shows exercise can meaningfully reduce.

We've already covered hot flushes in Shift 1. But sleep is worth looking at separately, because for many women it's the symptom that affects everything else. A randomised controlled trial following women through a 16-week strength training programme found significant **improvements in sleep quality** - not as a side effect, but as a primary outcome. The connection runs through cortisol regulation and the way resistance training affects the body's stress response.

Mood and cognitive health follow the same logic. Exercise stimulates the production of BDNF - brain-derived neurotrophic factor - a protein that supports the growth of new neurons. The hippocampus, the brain region most critical for memory and emotional regulation, tends to shrink with age, but responds positively to regular exercise.

Joint pain and the musculoskeletal symptoms of perimenopause - stiffness, soreness, reduced mobility - also improve with progressive strength training, which maintains connective tissue and supports the joints that oestrogen used to help protect.

The practical implication is that training through perimenopause isn't something to approach reluctantly, or to modify so heavily that it loses its effectiveness. It's something to approach with the understanding that your body is responding to it - and that the response includes things you can feel in your everyday life, not just in the gym.

Research: 16-week RCT on resistance training and menopausal symptoms · BDNF and cognitive health research

SHIFT 5: Intensity beats volume

Two good sessions a week is not cutting corners. It's what the evidence supports.

In April 2026, the American College of Sports Medicine updated its resistance training guidelines for the first time in 17 years. The central conclusion: training all major muscle groups at least twice per week is sufficient to produce meaningful improvements in strength, muscle mass, bone density and metabolic health.

Twice a week. That's the evidence-backed threshold.

This matters because many of us carry an assumption - absorbed from years of fitness culture - that more sessions mean more progress, and that two sessions a week is what you do when you can't do better. The research doesn't support this. What it supports is quality over quantity: sessions that challenge the major muscle groups with progressive resistance, done consistently, with enough recovery between them to allow adaptation.

Research published in the British Journal of Sports Medicine found that 30 to 60 minutes of strength training per week can reduce the risk of premature mortality, heart disease and cancer by 10 to 20%. The dose-response relationship levels off at relatively modest amounts.

A 2026 study in the journal Biology found that people who strength trained consistently were up to eight years younger biologically - measured by telomere length, a reliable marker of cellular ageing - than sedentary adults of the same chronological age. The threshold associated with meaningful biological age reduction was around 90 minutes of strength training per week.

Two sessions of 45 minutes. That's the research-backed target.

If time is the reason you haven't built a consistent strength practice, the solution is not to find more time. It's to know that the time you have is enough.

Research: ACSM 2026 · BJSM · Biology 2026

SHIFT 6: Train for the long term

The question to ask is not "how do I get results fast?" It is "what can I keep doing for the next ten years?"

The cellular ageing research is worth coming back to here, because it reframes what we're actually trying to do when we train in midlife. The Biology 2026 study found that the biological age benefits of strength training were associated with regular, sustained practice - not periods of high intensity followed by stopping.

This matters, because the pattern many of us fall into is all-or-nothing: training hard for several weeks, burning out, stopping, then starting again. Each restart feels like progress, but the compounding benefits of sustained practice - on bone density, on muscle mass, on cardiovascular health, on cellular ageing - require continuity.

The goal is a training practice you can keep doing, in real life, around real constraints, through the difficult weeks as well as the easy ones.

That means choosing sessions you can complete in the time you have - not the time you theoretically have on a perfect day. It means having a version of your training week that works when energy is low, when sleep has been poor, when work is demanding. It means understanding that a modified session - shorter, lighter, gentler - is infinitely more valuable than no session at all.

There are many ways to measure progress in training: strength gains, how you sleep, energy across the day, how you feel in your body, bone density, cardiovascular fitness, body composition. What the research shows is that most of these markers improve with sustained, progressive training over months and years - and that the improvements compound in ways that short bursts of effort don't produce.

The best training programme is the one you can sustain. Building one that fits your actual life, rather than an idealised version of it, is one of the most useful things you can do.

This is exactly what Strong for Life is designed around.

You don't need to overhaul everything. You just need the right approach.

The six shifts in this guide aren't about adding more to an already full life. They're about making sure the effort you're already putting in is working as hard as it can for you.

Strength as your foundation.

Cardio in its right place.

Training that helps your symptoms rather than ignoring them.

Recovery as part of the plan.

Quality over quantity.

And a long-term view that builds something lasting.

This is exactly what Strong for Life is built around. It's an online membership for women in midlife and perimenopause - live and on-demand sessions, designed around the evidence, structured to fit around a real life.

If you'd like to see how it works before committing to anything, you can try a free session at: **strongforlifewithrosie.com/try-a-session**

And if you'd like to keep going deeper into the research, The Intelligence is my monthly newsletter translating the latest science on women's health and fitness into something readable and useful. You can subscribe on the homepage.

I hope this guide has been useful. You're in the right place.

Rosie x

