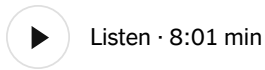


Are the Longevity Rules Different for Women?

We asked experts in health and aging about what women really need to do to live longer.



By Dana G. Smith

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The loudest voices in the longevity movement tend to be male. But a new subset of expert-influencers — the “menoposse”— has cropped up, with hyper-specific recommendations for what women should do to stay healthy longer. Are male and female bodies really so different that we need tailored guidelines around exercise, nutrition and sleep?

It’s true that hormones play an important role in health. And certain diseases, including osteoporosis and dementia, affect women more than men — a disparity thought to be caused (at least in part) by menopause.

But when it comes to the basic behaviors that keep us healthy, experts say there are more similarities between men and women than there are differences.

“We have learned a lot about longevity in women, I think,” said Andrea LaCroix, a professor at the Herbert Wertheim School of Public Health and Human Longevity Science at the University of California, San Diego. “What we haven’t ascertained is that we’re fundamentally different than men in the health behaviors that predict longevity.”

We asked experts in gynecology, epidemiology, exercise, nutrition and sleep about how to optimize women's aging, and where the conventional recommendations may need a tweak.

Exercise

The issue isn't that men and women should be working out differently, the experts say. Rather, they should be exercising in the same way but traditionally haven't — specifically when it comes to strength training.

If a woman lifted weights in the 1980s, "people would look at you like you'd grown a second head," said Dr. Jen Gunter, an OB-GYN based in the San Francisco Bay Area and the author of "The Menopause Manifesto."

Though it's much more acceptable for women to engage in strength training today, a gender divide still exists. Experts say it's a missed opportunity for women to improve their health, particularly as they age.

Both men and women experience gradual, progressive muscle loss starting in their 30s. If people have less muscle to begin with, by age 60 or 70 they can be at a greater risk for developing sarcopenia, clinically significant muscle loss that can affect daily activities. Postmenopausal women also have a substantially increased risk for osteoporosis. Strength training is one of the best ways to help protect against both of these conditions.

"It's not going to be aerobic fitness that limits you in later life, it's going to be strength and power," said Stuart Phillips, a professor of kinesiology at McMaster University in Ontario, Canada.

Some influencers are dogmatic that perimenopausal women should be strength training with very heavy weights. But studies show that lifting any type of weight — light, moderate or heavy — can improve bone density and build muscle in women and men, Dr. Phillips said.

This doesn't mean women should abandon aerobic exercise. The Physical Activity Guidelines for Americans call for at least 150 minutes of moderate-intensity cardiovascular activity a week, along with two days of strength training.

Diet and Alcohol

To help with muscle growth, women, particularly as they age, need adequate protein. And the standard recommendation of 0.36 grams per pound of body weight per day is probably too low, Dr. Phillips said. He advised people — men and women alike — to aim for 0.54 grams of protein per pound. There is no evidence that consuming substantially more protein than that offers any additional benefit, he added. (Some influencers recommend consuming as much as one gram per pound.)

When thinking about food and nutrition more broadly, consider adopting a Mediterranean diet, advised Dr. Monica Christmas, the director of the Menopause Program and the Center for Women's Integrated Health at the University of Chicago. Large studies in both men and women show that it is one of the best ways to reduce the risk of several diseases related to aging, including heart disease and diabetes.

One area where the current advice for men and women differs is alcohol. The U.S. dietary guidelines recommend no more than one drink per day for women and two drinks for men. That discrepancy is because alcohol negatively affects women's health at lower doses.

Sleep

There is no evidence that women need more sleep than men — seven to nine hours a night is ideal for both genders. But women do tend to have worse sleep than men, especially during perimenopause, whether because of night sweats or a diagnosable sleep disorder, said Shelby Harris, a clinical associate professor at the

Albert Einstein College of Medicine and the author of “The Women’s Guide to Overcoming Insomnia.” As a result, those hours spent in bed may be less restful for women.

If night sweats are the problem, there are treatments that can help, such as menopause hormone therapy or the nonhormonal drug Veozah. For more general sleep issues, consider trying cognitive behavioral therapy for insomnia.

Another condition to look out for in women, especially after menopause, is obstructive sleep apnea. At younger ages, men are more likely to have it, but the gender gap narrows after menopause. Sleep apnea “gets missed all of the time in women,” Dr. Harris said, because doctors stereotypically associate it with “an older male who’s overweight and snoring really loud.”

Being diagnosed and treated is especially important since sleep apnea can increase the risk for dementia over time.

Medications

Menopause hormone therapy is approved to help relieve some of the symptoms associated with menopause — most notably hot flashes, night sweats and vaginal dryness — and to reduce the risk of osteoporosis.

Whether it can also help protect women against other diseases of aging, particularly those that increase after menopause — like heart disease and dementia — is murkier.

Some studies show that women on menopause hormone therapy have a lower risk of developing these two diseases. Other research has found that the treatment has no benefit or actually increases the risk. The difference in outcomes may come down to the type of therapy offered and the age women start it, among other factors.

Consequently, the experts were divided on whether more women should take it.

Some experts put more weight on the positive findings. The default should be “that when you reach a certain age and you’re having symptoms of perimenopause, you should probably go on hormone therapy,” said Jennifer Garrison, a faculty member in the Department of Cellular and Molecular Pharmacology at the University of California, San Francisco, who researches the ovaries.

Others took a more cautious approach and said the data is too mixed to recommend the treatment to everyone. “One would want to logically make a jump to say, well, if aging or many of these cardiovascular risks, bone risks, cognitive risks are accelerated after menopause, then that should mean that everybody should just be on hormone therapy,” Dr. Christmas said. Unfortunately, it’s not clear that hormone therapy is able to mitigate those risks, she said.

To Dr. Gunter, there is another medication some women may not be taking that they could benefit from: statins to treat high cholesterol. “There’s been a worrying trend of some people on social media telling women that statins don’t work for them,” she said. “And we actually have good data to show statins work.”

And the shingles vaccine may be particularly beneficial to women. For one, women are at a higher risk for shingles. And there is recent evidence that the vaccine may lower the risk for dementia.

At the end of the day, regardless if you’re a woman or a man, “the basics are the basics for a reason,” Dr. Gunter said. Are you eating a good amount of protein? Are you moving during the day? Are you sleeping well? “None of these things are super sexy,” she added, but they work.

Dana G. Smith is a Times reporter covering personal health, particularly aging and brain health.

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