

Resistance Training as a Therapeutic Strategy for Managing Metabolic Syndrome in Women: A Comprehensive Review

Mohammad Bagher Afshar Naseri*

Master of Sport Applied Physiology, Exercise Physiology Department, Islamic Azad University Tehran North Branch. Tehran. Iran.

Abstract

This review investigates the vital role of resistance training as a therapeutic method for women with metabolic syndrome, a condition characterized by insulin resistance, high blood pressure, abnormal lipid levels, and central obesity. The primary goal of the review is to consolidate existing research on how resistance training impacts metabolic health in this group. A thorough review of peer-reviewed studies was conducted, especially those published in the last twenty years. The analysis focused on studies exploring how resistance training influences metabolic factors such as insulin sensitivity, glucose metabolism, lipid profiles, and body composition in women with metabolic syndrome. The literature indicates that resistance training significantly increases muscle mass, improves blood sugar regulation, and positively affects lipid profiles, reducing waist size, total cholesterol, and LDL cholesterol levels. Furthermore, the review emphasizes that resistance training enhances insulin sensitivity and decreases serum triglyceride levels. The review concludes that resistance training is crucial for managing metabolic syndrome in women, helping to improve metabolic health and overall well-being.

Keywords: Resistance training, Metabolic syndrome, Insulin sensitivity, Women's health, Hormonal regulation

QR Code:



Citation: Afshar Naseri M B. Resistance Training as a Therapeutic Strategy for Managing Metabolic Syndrome in Women: A Comprehensive Review. IJDO 2025; 17 (3) :198-205

URL: <http://ijdo.ssu.ac.ir/article-1-969-en.html>

 10.18502/ijdo.v17i3.19269

Article info:

Received: 25 August 2024

Accepted: 10 June 2025

Published in July 2025



This is an open access article under the (CC BY 4.0)

Corresponding Author:

Mohammad Bagher Afshar Naseri, Exercise Physiology Department, Islamic Azad University Tehran North Branch. Tehran. Iran.

Tel: (98) 935 533 4957

Email: mafsharnaseri@gmail.com

Orcid ID: 0000-0002-7815-9834

Introduction

Metabolic syndrome, a collection of metabolic disorders including insulin resistance, hypertension, dyslipidemia, and central obesity, has become a major global public health issue (1). This syndrome raises the risk of developing more serious conditions like cardiovascular diseases and type 2 diabetes mellitus, and it emphasizes the importance of effective management strategies in modern healthcare. The disorder is characterized by disrupted hormonal responses in the body, leading to impaired blood glucose regulation and reduced insulin effectiveness (1,2-4). Consequently, individuals with metabolic syndrome often face challenges in maintaining normal metabolic functions, which can greatly impact their overall health and, notably, their quality of life.

A key strategy for managing metabolic syndrome is lifestyle modification, particularly through exercise (4). Among the different types of exercise, resistance training has been shown to be highly effective for individuals with this condition (4,5). Resistance training improves muscle strength and endurance, reduces the effects of metabolic syndrome, boosts metabolism, and enhances insulin sensitivity. This form of exercise lowers blood glucose levels and enhances insulin function by increasing the GLUT-4 glucose transporter in muscle cells (5,6). This mechanism is essential for reducing insulin resistance, a central problem in metabolic syndrome.

Research indicates that resistance training offers substantial benefits, particularly for women with metabolic syndrome (6). Studies show that resistance training can significantly enhance muscle mass, blood sugar control, and lipid levels, all of which are crucial for managing the symptoms and risks associated with metabolic syndrome (6,7). For instance, resistance training has been shown to reduce waist circumference, total cholesterol, and LDL cholesterol, especially in postmenopausal women who are more susceptible to

complications arising from metabolic syndrome (7,8).

The physiological processes activated by resistance training lead to muscle protein synthesis, increased muscle mass, and greater strength, all of which are important in preventing the muscle and bone loss that accompanies aging (8,9). These benefits are further supported by hormonal responses, such as the increase in testosterone, human growth hormone (HGH), and insulin-like growth factor (IGF), which play a key role in helping muscles adapt to exercise (8,9).

While the benefits of resistance training are well-documented, further research is needed to fully understand its long-term effects, particularly across different demographic groups. Most studies have concentrated on postmenopausal women, but it's also important to investigate how resistance training affects younger women and those with varying degrees of metabolic syndrome (6). Additionally, exploring the combination of resistance training with other forms of exercise, such as high-intensity interval training (HIIT), could help identify the most effective strategies for managing metabolic syndrome (6,10).

In summary, resistance training has been shown to offer substantial benefits for women with metabolic syndrome, contributing to improved body composition, metabolic health, and overall well-being (7,10,11). This research aims to provide a comprehensive review of the existing literature on the role of resistance training in managing metabolic syndrome, with a particular focus on its benefits for women. By integrating current findings, this review seeks to highlight the importance of resistance training as a key component in managing metabolic syndrome and to identify areas where further research is needed to improve treatment strategies for this increasingly prevalent health issue.

Impact of resistance training on metabolic health in women

The literature review examined relevant studies using keywords related to metabolic syndrome, female health, and resistance training. This review did not concentrate on specific studies or target a particular age group; instead, it aimed to provide a broad overview of the effects of resistance training on metabolic health outcomes in women. The findings indicate that resistance training can lead to increased muscle mass, reduced waist circumference, and improved regulation of blood lipids, including decreases in total cholesterol and LDL cholesterol (11,12). Moreover, resistance training has been shown to enhance insulin sensitivity, as reflected in lower fasting blood glucose and insulin levels (12-15).

The consistent improvements in muscle mass, glycemic control, and lipid profiles observed across various studies confirm the effectiveness of resistance training as a therapeutic approach for metabolic syndrome (14,16). Metabolic syndrome in women is heavily influenced by hormonal and metabolic changes that occur throughout different life stages, especially during menopause (6,15). The interaction between estrogen, insulin resistance, and adipocytokines plays a critical role in the development and progression of this condition (15-17).

Hormonal influences

The drop in estrogen levels during menopause is linked to an increase in body fat and insulin resistance, both of which are key factors in metabolic syndrome. Estrogen replacement therapy has shown promise in counteracting these effects by enhancing glycemic control and reducing visceral fat through mechanisms like activating lipolytic enzymes and suppressing lipogenic gene expression (17,18).

Metabolic mechanisms

Hormones like leptin and adiponectin, which are produced by fat tissue, play a role in the

development of metabolic syndrome. Dysregulation of these adipocytokines can exacerbate insulin resistance and inflammation (15,19). Insulin is central to metabolic syndrome, and its dysfunction can lead to conditions such as obesity and diabetes, which are more prevalent in women (19). While hormonal changes significantly contribute to the development of metabolic syndrome, lifestyle factors like diet and physical activity are also crucial in its progression and management (19). Metabolic syndrome has a significant impact on reproductive health and fertility in women, influencing various physiological and hormonal processes (20).

Effects on fertility

Women with metabolic syndrome often experience hormonal imbalances, which can lead to conditions like polycystic ovary syndrome (PCOS). PCOS is commonly associated with anovulation and menstrual irregularities (20). While some studies indicate that weight loss may improve fertility outcomes, the evidence is inconsistent, particularly for women with unexplained infertility (20).

Assisted reproductive techniques

Research suggests that metabolic syndrome does not significantly impact the success rates of assisted reproductive technologies, with pregnancy and abortion rates being similar between women with and without metabolic syndrome (20,21). However, underlying metabolic issues may still elevate the risk of pregnancy complications, such as gestational diabetes (21).

Long-term implications

The negative effects of metabolic syndrome on reproductive health may extend to future generations, increasing the risk of obesity and metabolic disorders in offspring (21,22). While metabolic syndrome poses significant challenges to women's reproductive health, the relationship is complex, and further research is necessary to fully understand these

impacts and develop effective interventions (20-22). Resistance training plays a crucial role in enhancing insulin sensitivity in individuals with obesity, offering a practical intervention to combat insulin resistance, a precursor to type 2 diabetes mellitus (23). Research shows that both short-term and long-term resistance training can lead to significant improvements in insulin action (12,23,24).

Overall benefits of resistance training

Resistance training has been associated with reductions in cardiovascular risk factors and inflammation, further supporting its role in managing metabolic syndrome (24). Improvements in adipokines and lipid profiles have also been observed, contributing to enhanced insulin sensitivity (24,25). While resistance training offers substantial benefits, combining it with aerobic exercises may result in even greater improvements in metabolic health, as shown by studies comparing different exercise modalities (13,25,26).

The relationship between hormonal changes in women and metabolic syndrome is complex, with significant effects on insulin resistance (25). Hormonal fluctuations, particularly those involving estrogen, play a crucial role in metabolic health and are closely linked to the development of insulin resistance (27).

Insulin resistance mechanisms

Insulin resistance is a core component of metabolic syndrome, significantly influenced by hormonal changes and obesity (27,28). It occurs when tissues do not respond effectively to insulin, a condition often exacerbated by hormonal imbalances (28,29). Studies indicate significant correlations between hormonal markers such as leptin and adiponectin in cases of metabolic syndrome, implying that hormonal dysregulation may play a role in the development of insulin resistance. While hormonal changes in women can increase the risk of developing metabolic syndrome and insulin resistance, it's important to recognize the multifactorial nature of these conditions,

which also involve genetic and environmental factors (30).

Table 1 provides a simplified and structured overview of the key stages and outcomes of resistance training as it relates to improving metabolic health, particularly in women with metabolic syndrome. By breaking down the complex processes into distinct stages, the table offers readers an, easy-to-understand, summary of how resistance training initiates various cellular and molecular pathways, ultimately leading to significant health benefits. Each stage from the initial activation of muscle cells to the systemic improvements in insulin sensitivity and glucose metabolism is clearly outlined, allowing readers to quickly grasp the key takeaways and the overall impact of resistance training on metabolic health.

Resistance training has gained recognition as an effective method for improving metabolic health, especially for women with metabolic syndrome (30-32).

The benefits of resistance training are multifaceted, engaging various cellular and molecular pathways that enhance glucose metabolism and insulin sensitivity (Table 1) (32,33).

Key pathways in resistance training

One critical pathway activated by resistance training is the AMP-activated protein kinase (AMPK) pathway (6,11,19). This pathway plays a vital role in enhancing glucose uptake by promoting the expression of GLUT-4 transporters on cell membranes (11,15,32). This mechanism is particularly important for individuals with metabolic syndrome, where insulin resistance is a significant concern. By facilitating glucose entry into muscle cells, resistance training helps lower blood glucose levels and improves overall insulin sensitivity (6).

Another important pathway is the mammalian target of rapamycin (mTOR) pathway, which is activated in response to nutrient availability and growth factors.

Table 1. Effect of resistance training on metabolic syndrome

Stance Stage	Description	Result
1. Resistance training initiation	Engaging in resistance exercises such as weight lifting or bodyweight exercises.	Muscle fibers are stimulated, leading to muscle cell activation.
2. Muscle cell activation	Muscle cells respond to the mechanical stress of resistance training.	Cellular signaling pathways are triggered, including AMPK and mTOR pathways.
3. AMPK pathway activation	Activated by the increased demand for energy during resistance training.	Enhances glucose uptake by increasing GLUT-4 expression on cell membranes.
4. Increased glucose uptake (GLUT-4)	GLUT-4 transporters move to the cell surface, allowing more glucose to enter muscle cells.	Blood glucose levels are reduced, improving insulin sensitivity.
5. mTOR pathway activation	Activated by resistance training, particularly by the availability of nutrients and growth factors.	Stimulates muscle protein synthesis, leading to muscle hypertrophy.
6. Enhanced muscle protein synthesis	Increased production of muscle proteins due to mTOR pathway activation.	Muscle mass increases, which further improves glucose metabolism and insulin sensitivity.
7. Systemic effects	Cumulative effects of enhanced glucose uptake and muscle protein synthesis.	Improved metabolic health, reduced insulin resistance, and lower blood glucose levels.

This pathway is crucial for muscle protein synthesis, leading to muscle hypertrophy (15,32). Increased muscle mass is strongly associated with better metabolic health, as muscle tissue is a primary site for glucose uptake and utilization (Table 1) (15).

Hormonal changes and metabolic syndrome

Hormonal changes triggered by resistance training also play a crucial role in managing metabolic syndrome (35). Resistance training is known to cause acute increases in hormones such as testosterone, human growth hormone (HGH), and insulin-like growth factor (IGF) (35). These hormones are vital for muscle repair, growth, and adaptation, which in turn contribute to improved metabolic function. The capacity of resistance training to stimulate these hormonal responses makes it an effective strategy for enhancing body composition and metabolic health in women with metabolic syndrome (32,35).

Research gaps and future directions

Despite these clear benefits, there are still research gaps that need to be addressed. Most studies have concentrated on postmenopausal women, underscoring the need for more research on younger women and those with varying degrees of metabolic syndrome severity (6). Additionally, while resistance training has been shown to be effective, the potential benefits of combining it with other forms of exercise, such as HIIT, have not been

fully explored (6). These combinations could provide even greater benefits by targeting different aspects of metabolic health (6,11,13,15).

Long-term studies are also needed to understand the sustained effects of resistance training on metabolic syndrome. While short-term improvements in muscle mass, insulin sensitivity, and lipid profiles are encouraging, it is essential to determine whether these benefits are maintained over time and how they contribute to long-term health outcomes (12,13).

Conclusion

In summary, resistance training is a highly effective intervention for managing metabolic syndrome in women, providing significant benefits in improving body composition, enhancing insulin sensitivity, and regulating lipid profiles (15-17,35). The activation of key pathways such as AMPK and mTOR, along with beneficial hormonal changes, underscores the effectiveness of resistance training in mitigating the adverse effects of metabolic syndrome (15,19,35). Given its proven benefits, resistance training should be a fundamental component of treatment strategies aimed at managing metabolic syndrome in women, particularly those at higher risk due to factors such as age (7).

Future research should aim to broaden the demographic scope of studies to include younger women and those with less severe forms of metabolic syndrome. Additionally,

exploring the combined effects of resistance training with other exercise modalities could lead to more comprehensive and effective management strategies. By addressing these research gaps, the scientific and medical communities can better refine resistance training protocols to maximize their benefits for women with metabolic syndrome (11,13,30).

Acknowledgments

None.

Funding

The author did not receive any financial support for this article's research, authorship, and/or publication.

Conflict of Interest

The author has no conflicts of interest concerning this article's research, authorship, and publication.

Authors' contributions

MB.AN: Researched the manuscript, conceived and designed the study, and wrote the manuscript. MB.AN agreed to be fully accountable for the integrity and accuracy of the study.

References

1. Ghanbari-Niaki A, Saeidi A, Gharahcholo L, Moradi-Dehbaghi K, Zare-Kookandeh N, Ahmadian M, et al. Influence of resistance training and herbal supplementation on plasma apelin and metabolic syndrome risk factors in postmenopausal women. *Science & sports*. 2020;35(2):109.e1-109.e5.
2. Katz A. Brief periods of resistance training enhance insulin sensitivity in humans. *Experimental Physiology*. 2019; 104(4):458-59.
3. Ahmad A, Soliman AA, Shaheen E, Obaya H. Effect of adding high-intensity interval training to diet and carboxytherapy on metabolic cardiovascular risk factors in women with metabolic syndrome. *Gastroenterology Review/Przegląd Gastroenterologiczny*. 2022;17(4):280-7.
4. Komorian A, Kottenstette S, Magallanes E, Smith J, Burton CA. Does resistance training in patients with metabolic syndrome reduce cardiovascular risk factors?. *Evidence-Based Practice*. 2023;26(6):17-8.
5. Tomeleri CM, Souza MF, Burini RC, Cavaglieri CR, Ribeiro AS, Antunes M, et al. Resistance training reduces metabolic syndrome and inflammatory markers in older women: A randomized controlled trial. *Journal of Diabetes*. 2018; 10(4):328-37.
6. Andrade DC, Flores-Opazo M, Peñailillo L, Delgado-Floody P, Cano-Montoya J, Vásquez-Gómez JA, et al. Similar adaptations to 10 weeks concurrent training on metabolic markers and physical performance in young, adult, and older adult women. *Journal of Clinical Medicine*. 2021;10(23):5582.
7. Hassan P, Maryam E. Comparison of two different resistance training intensities on metabolic syndrome risk factors in obese women. *International Journal of Applied Exercise Physiology*. 2019;8(1):74-83.
8. Sarin HV, Ahtiainen JP, Hulmi JJ, Ihalainen JK, Walker S, Kääsmaa-Schildt M, et al. Resistance training induces antiatherogenic effects on metabolomic pathways. *Medicine & Science in Sports & Exercise*. 2019;51(9):1866-75.
9. Winnick JJ, Gaillard T, Schuster DP. Resistance training differentially affects weight loss and glucose metabolism of White and African American patients with type 2 diabetes mellitus. *Ethnicity & disease*. 2008;18(2):152-6.
10. Zupkauskienė J, Laucevičienė I, Ryliskytė L, Navickas P, Kizlaitis R, Laucevičius A. Ambulatory and successive home-based heart rate targeted aerobic training improves arterial parameters: a follow-up study in people with metabolic syndrome. *Annals of Medicine*. 2023;55(2):2250363.
11. Consitt LA, Dudley C, Saxena G. Impact of endurance and resistance training on skeletal muscle glucose metabolism in older adults. *Nutrients*. 2019;11(11):2636.
12. Bucci M, Huovinen V, Guzzardi MA, Koskinen S, Raiko JR, Lipponen H, et al. Resistance training improves skeletal muscle insulin sensitivity in elderly offspring of overweight and obese mothers. *Diabetologia*. 2016;59:77-86.

13. Ratajczak M, Krzywicka M, Szulińska M, Musiałowska D, Kusy K, Karolkiewicz J. Effects of 12-week combined strength and endurance circuit training program on insulin sensitivity and retinol-binding protein 4 in women with insulin-resistance and overweight or mild obesity: a randomized controlled trial. *Diabetes, Metabolic Syndrome and Obesity*. 2024;93:106.
14. Nazari M, Gholamrezaei S, Shabani R. Effect of a Period Circuit Resistance Training on Components of the Metabolic Syndrome in Females with Type II Diabetes. *Iranian Journal of Endocrinology and Metabolism* 2016; 17(5) :362-370.(in Persian)
15. Evans PL, McMillin SL, Weyrauch LA, Witzak CA. Regulation of skeletal muscle glucose transport and glucose metabolism by exercise training. *Nutrients*. 2019;11(10):2432.
16. Pataky MW, Young WF, Nair KS. Hormonal and Metabolic Changes of Aging and the Influence of Lifestyle Modifications. *Mayo Clinic Proceedings.Elsevier*. 2021; 96(3):788-814.
17. Carr MC. The emergence of the metabolic syndrome with menopause. *The Journal of Clinical Endocrinology & Metabolism*. 2003;88(6):2404-11.
18. Ziaei S, Mohseni H. Correlation between Hormonal Statuses and Metabolic Syndrome in Postmenopausal Women. *Journal of Family Reproductive Health*. 2013; 7(2):63-6.
19. Jorge ML, de Oliveira VN, Resende NM, Paraiso LF, Calixto A, Diniz AL, et al. The effects of aerobic, resistance, and combined exercise on metabolic control, inflammatory markers, adipocytokines, and muscle insulin signaling in patients with type 2 diabetes mellitus. *Metabolism*. 2011;60(9):1244-52.
20. Westerman R, Kuhnt AK. Metabolic risk factors and fertility disorders: A narrative review of the female perspective. *Reproductive Biomedicine & Society Online*. 2022;14:66-74.
21. Kianpour M, Mohammadi MF, Kazami A, Mokhtari F, Arti S, Ahmadi SM. Metabolic Syndrome and Assisted Reproductive Techniques. *Journal of Family & Reproductive Health*. 2023;17(2):80-85.
22. Portha B, Grandjean V, Movassat J. Mother or father: who is in the front line? Mechanisms underlying the non-genomic transmission of obesity/diabetes via the maternal or the paternal line. *Nutrients*. 2019;11(2):233.
23. Sammut MJ, McBey DP, Sayal AP, Melling CJ. The effects of resistance exercise training on skeletal muscle metabolism and insulin resistance development in female rodents with type 1 diabetes. *Journal of Diabetes Research*. 2024;2024(1):5549762.
24. Rodriguez-Hernandez M, Peart A, Suire K, Winkler D, Jones C, Wadsworth DD. The Effect Of Sit And Resistance Training On Metabolic Syndrome Outcomes For Black And White Women: 915. *Medicine & Science in Sports & Exercise*. 2022;54(9S):223.
25. Turri-Silva N, Garner DM, Moosavi SH, Ricci-Vitor AL, Christofaro DG, Netto J, et al. Effects of resistance training protocols on nonlinear analysis of heart rate variability in metabolic syndrome. *Brazilian Journal of Medical and Biological Research*. 2018;51(8):e7459.
26. Skidmore BL, Jones MT, Blegen M, Matthews TD. Acute effects of three different circuit weight training protocols on blood lactate, heart rate, and rating of perceived exertion in recreationally active women. *Journal of sports science & medicine*. 2012;11(4):660.
27. Mezghani N, Ammar A, Boukhris O, Abid R, Hadadi A, Alzahrani TM, et al. The Impact of Exercise Training Intensity on Physiological Adaptations and Insulin Resistance in Women with Abdominal Obesity. *Healthcare*. 2022; 10(12):2533.
28. Navale AM, Paranjape AN. Glucose transporters: physiological and pathological roles. *Biophysical reviews*. 2016 Mar;8(1):5-9.
29. Gargallo P, Tamayo E, Jiménez-Martínez P, Jueas A, Casana J, Benitez-Martinez JC, et al. Multicomponent and power training with elastic bands improve metabolic and inflammatory parameters, body composition and anthropometry, and physical function in older women with metabolic syndrome: A 20-week randomized, controlled trial. *Experimental Gerontology*. 2024;185:112340.
30. Kazemi SS, Heidarianpour A, Shokri E. Effect of resistance training and high-intensity interval training on metabolic parameters and serum level of Sirtuin1 in postmenopausal women with metabolic syndrome: a randomized controlled trial. *Lipids in Health and Disease*. 2023;22(1):177.
31. Amanat S, Sinaei E, Panji M, MohammadporHodki R, Bagheri-Hosseiniabadi Z, Asadimehr H, et al. A randomized controlled trial on the effects of 12 weeks of aerobic, resistance, and combined exercises training on the serum levels of nesfatin-1, irisin-1 and HOMA-IR. *Frontiers in physiology*. 2020;11:562895.
32. Geisler S, Brinkmann C, Schiffer T, Kreutz T, Bloch W, Brixius K. The influence of resistance training on patients with metabolic syndrome—significance of changes in muscle fiber size and muscle fiber distribution. *The Journal of Strength & Conditioning Research*. 2011;25(9):2598-604.
33. Åkerström T, Stolpe MN, Widmer R, Dejgaard TF, Højberg JM, Møller K, et al. Endurance training improves GLP-1 sensitivity and glucose tolerance in overweight women. *Journal of the Endocrine Society*. 2022;6(9):bvac111.

34. Son WM, Park JJ. Resistance band exercise training prevents the progression of metabolic syndrome in obese postmenopausal women. *Journal of sports science & medicine*. 2021;20(2):291-99.
35. Schiaffino S, Reggiani C, Akimoto T, Blaauw B. Molecular mechanisms of skeletal muscle hypertrophy. *Journal of neuromuscular diseases*. 2021;8(2):169-83.