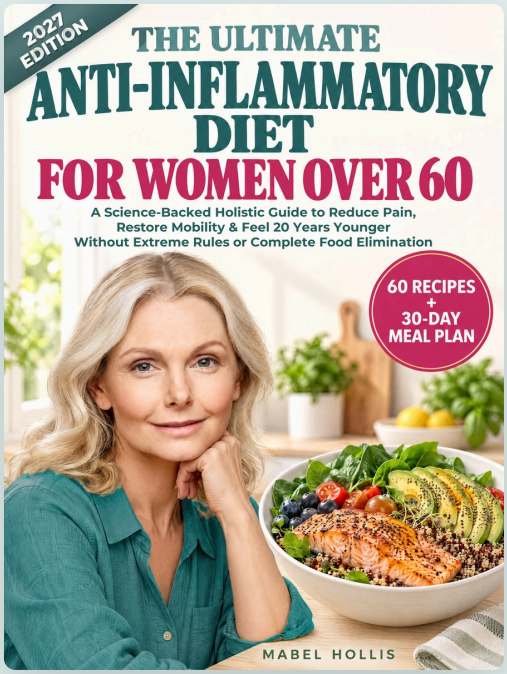
BONUS KIT · 2027 EDITION

Living With Lipedema

The Complete Guide

A companion to The Ultimate Anti-Inflammatory Diet for Women Over 60 · 2027 Edition



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PART OF YOUR BOOK

Before You Begin

This guide is part of *The Ultimate Anti-Inflammatory Diet for Women Over 60*, 2027 Edition. Bonus 4 in the book introduces lipedema in a few pages; here there's room to go deeper, at your own pace. Read it from start to finish, or jump to the part you need today. The last pages are made to be printed: a one-week diary and a sheet to bring to your doctor.

TALK TO YOUR DOCTOR

This guide is for information only. It does not replace a medical diagnosis or treatment. Lipedema can only be diagnosed by a doctor, and every change in diet, medication, compression, or exercise should be agreed with the professionals who know your health.

1. The Story So Many Women Share

Ask a group of women with lipedema how it started, and you'll hear the same story told in different voices. It often begins in the teenage years: legs that seem heavier than those of friends, jeans that fit at the waist but never at the thighs, a mother or an aunt with "the same legs." Then a pregnancy, and the legs grow again. Later, menopause, and they grow once more.

Along the way come the diets. Many women have tried them all: counting calories, cutting carbohydrates, skipping dinner, walking every evening. And many describe the same frustrating result. The face gets thinner, the waist shrinks, the arms may change a little, but the hips, thighs, and calves stay almost exactly as they were. By evening the legs ache and feel heavy. Bruises appear without a bump to explain them. And, again and again, someone (a relative, a stranger, sometimes a doctor) suggests the obvious solution: eat less and move more.

That's how years of quiet self-blame begin. You start believing you lack willpower. You hide your legs under long skirts in summer. You stop going to the pool. Some women also live with other conditions, such as joint pain, thyroid problems, or digestive troubles, and their legs become just one more thing that "doesn't work."

Then, often only recently and often by chance, comes a word: **lipedema**. A magazine article, a video, a doctor who finally looks at the legs instead of the scale. For many women, that moment is a mix of relief and anger. Relief, because the problem has a name, a description, and real research behind it. Anger, because it took decades to find out, and because so much of that time was spent blaming themselves.

If you recognize yourself in this story, this guide is for you. And if you don't have a diagnosis yet, it can help you prepare the conversation that may finally give you one.

2. What Lipedema Is, and What It Isn't

Lipedema is a chronic condition of the fat tissue that affects almost only women. German specialists, who have written some of the most detailed guidelines available, describe it as a **painful, disproportionate, symmetrical** buildup of fat in the limbs (Faerber et al., 2024). Each of those three words matters.

- **Painful.** The tissue is tender when pressed or touched, and many women feel a deep ache, tension, or heaviness in their legs. According to the German guidelines, lipedema is always painful: a disproportionate buildup of fat that doesn't hurt is called lipohypertrophy, and it's a different thing.
- **Disproportionate.** The legs (and sometimes the arms) are clearly larger than the trunk. Hands and feet are usually spared, which can create a "cuff" of fat at the ankle or wrist.
- **Symmetrical.** Both sides are affected in a similar way. A single swollen leg points to something else.

Lipedema often starts or worsens at times of hormonal change: puberty, pregnancy, and menopause. Many women have relatives with similar legs. It's not caused by eating too much, and it's not a lack of discipline.

It also doesn't follow a fixed path. The German guidelines state that lipedema should not be considered a disease that always gets worse: how it evolves depends on many factors, including weight, activity, and other health conditions (Faerber et al., 2024).

How lipedema differs from similar conditions

	LIPEDEMA	ORDINARY WEIGHT GAIN	LYMPHEDEMA
Where	Legs, hips, sometimes arms; feet and hands spared	Whole body, often the belly	Often one limb; feet or hands usually involved
Both sides alike	Yes	Usually	Often not
Pain when pressed	Yes, typical	No	Not typical
Easy bruising	Common	No	No
Responds to dieting	Legs change little	Yes	Little

This table is a simplification, and the conditions can overlap: a woman can have lipedema and obesity, or lipedema with swelling of another origin. That's exactly why the diagnosis belongs to a doctor.

A condition the world is finally recognizing

For a long time lipedema was barely taught in medical school. That's changing. The World Health Organization lists it in its international classification of diseases (ICD-11), in use since 2022. In the United States, a multidisciplinary group of specialists published a standard of care in 2021 (Herbst et al., 2021). In 2026, an international panel of experts from the Lipedema World Alliance published a consensus on how to define and manage the condition (Kruppa et al., 2026).

Yet diagnosis still comes late. In a national survey of 245 women with lipedema in Sweden, about 70% said their symptoms began before age 30, but only 1.6% had been diagnosed by that age (Falck et al., 2022). Many women over 60 are hearing the word for the first time now.

3. Lipedema and Inflammation

Throughout the book you've read about chronic, low-grade inflammation, the "fire that never fully goes out." In lipedema, inflammation seems to be part of the picture, although researchers are still working out exactly what role it plays.

In a study at Washington University in St. Louis, researchers compared fat tissue from women with obesity and lipedema. In the thigh fat they found more immune cells called macrophages and more activity in genes linked to inflammation and fibrosis (a kind of internal scarring) than in the fat of the belly (Cifarelli et al., 2025). The women then lost about 9% of their weight with a diet. Their metabolic health improved and their body fat went down, but the markers of inflammation and fibrosis in the tissue did not change.

What does this mean for you? Two honest things. First, food alone can't erase lipedema: the tissue has its own biology. Second, extra weight on top of lipedema still adds to the load on your legs and joints, and caring for your overall health remains worthwhile. The German guidelines put it clearly: overweight and obesity can increase the volume of the limbs and worsen the condition, so managing them is part of treatment (Faerber et al., 2024).

Inflammation may also help explain why so many women with lipedema live with other conditions at the same time. In the Swedish survey, almost every participant reported at least one other health problem (Falck et al., 2022).

4. Getting a Diagnosis

Why only a doctor can say "lipedema"

There is no blood test, scan, or genetic test that confirms lipedema. The diagnosis is **clinical**: it is made by a doctor who listens to your history, examines you, and measures you (Faerber et al., 2024). Tests are still useful, but for a different purpose: to rule out other conditions. An ultrasound, for example, can check your veins; blood tests can check your thyroid, kidneys, or heart.

This matters because large or swollen legs can have many causes: lymphedema, vein disease, heart or kidney problems, an underactive thyroid, side effects of some medications, or simply fat that isn't painful. Some of these can exist alongside lipedema, and each one changes the treatment. A quiz, a video, or a friend's opinion can raise the question, but only a doctor can answer it.

Who to see

In the United States, the doctors most familiar with lipedema are often vein specialists (phlebologists), vascular surgeons, lymphedema clinics, and some dermatologists and plastic surgeons. Your primary care doctor is a good place to start: if they're not sure, it's perfectly fair to ask for a referral. The Lipedema Foundation shares information for patients and doctors and can help you understand where to look.

What usually happens at the visit

The doctor will ask when your symptoms started, whether they changed with puberty, pregnancy, or menopause, and what makes them better or worse. They'll look at the shape of your legs and arms, check for tenderness, swelling, and skin changes, and record your weight, height, and waist and hip measurements (Faerber et al., 2024). They may ask about other family members and about the medications you take.

Could this be you?

If you don't have a diagnosis, read these statements and notice which ones feel familiar. This isn't a test, and it can't tell you what you have. It's a way to organize what you've noticed, so you can describe it clearly.

- My legs, and maybe my arms, have always been larger than the rest of my body.

- Both legs look alike.
- My feet and hands stayed slim, sometimes with a “cuff” of fat at the ankle.
- My legs are tender to the touch, ache, or feel tight.
- My legs feel heavier at the end of the day or in hot weather.
- I bruise easily, often without remembering a bump.
- When I lose weight, my waist and face change, but my legs barely do.
- The changes began or got worse at puberty, during pregnancy, or around menopause.
- Other women in my family have similar legs.

If several of these sound like you, fill in the sheet at the end of this guide and bring it to your appointment. Then ask directly: “Could this be lipedema?”

> **TALK TO YOUR DOCTOR**
> Seek medical care right away if one leg suddenly becomes swollen, warm, red, or painful: it can be a blood clot. Call emergency services if you also feel short of breath or have chest pain.

5. Food: What the Research Really Says

Let's start with honesty, because you deserve it: no diet has been shown to make lipedema disappear. But food can still make a real difference to how you feel, and the research, though young, is growing.

What the guidelines recommend

The German lipedema guidelines dedicate a whole chapter to eating (Faerber et al., 2024). Their main messages are:

- Women with lipedema should know early that overweight and obesity can worsen the condition, and that healthy eating and an active life matter.
- If you also carry extra weight, losing it can reduce the volume of your legs. Weight loss should combine better eating with physical activity, and plan for keeping the weight off in the long term.
- **Short-term diets should be avoided.** The goal is a permanent, healthy way of eating that suits you.
- A **Mediterranean-style diet**, reduced in calories if needed, can be recommended because of its anti-inflammatory properties.
- A **ketogenic diet**, reduced in calories if needed, can also be considered, because weight-reducing and symptom-reducing effects have been described.

The studies, explained simply

The Mediterranean study. In Italy, researchers asked 14 women with lipedema and 15 women without it to follow a modified Mediterranean diet, with about 20% fewer calories than usual, for four weeks (Di Renzo et al., 2021). Both groups lost weight. The women with lipedema lost fat in their arms and legs, and reported being able to do daily activities with less fatigue, pain, and anxiety. It's encouraging, but it was a very small and very short study.

The low-carbohydrate study. In Norway, 70 women with lipedema and obesity followed a 1,200-calorie diet for eight weeks (Lundanes et al., 2024). Half followed a low-carbohydrate version, half a standard one. The low-carbohydrate group lost on average 2.8 kg (about 6 pounds) more and reported a larger reduction in pain (about one point on

a scale of zero to ten). Both groups improved their quality of life. The women were on average 47 years old.

The weight-loss study. In the American study described earlier, a moderate weight loss improved metabolic health but didn't change the inflammation inside the lipedema tissue (Cifarelli et al., 2025).

> GOOD TO KNOW
> When you read that a diet "works for lipedema," ask three questions: How many women were studied? For how long? And what exactly improved: weight, leg fat, pain, or quality of life? These are different results.

After 60: protect your muscles first

Most of these studies involved women in their forties. After 60 the priorities shift. Strict diets can make you lose muscle, and muscle is exactly what your legs need to stay strong and mobile. European guidelines on nutrition for older adults advise avoiding restrictive diets in general, and considering weight-loss diets only for older people with obesity and weight-related health problems, always combined with physical exercise (Volkert et al., 2022).

So, if you decide to cut calories or carbohydrates:

- Keep your protein up, about 25 to 30 grams at each main meal (Bauer et al., 2013). Bonus 5 in the book shows easy ways to get there.
- Choose a pace you can keep for years, not weeks.
- Plan the change with your doctor or a registered dietitian, especially if you take medication for diabetes or blood pressure, or have kidney disease.

What about water pills?

Many women with lipedema have been prescribed diuretics ("water pills") for their swollen legs. The German guidelines are clear: diuretics should not be used to treat lipedema itself, although a doctor may prescribe them for other medical reasons, such as heart problems (Faerber et al., 2024). Never stop a prescribed medication on your own: talk to your doctor first.

6. The Raw Vegetable Question

Some women with lipedema are told to stop eating salads and to have their vegetables only cooked. Perhaps you've heard it too. It sounds very specific, so it's fair to ask: where does it come from?

I looked for the science behind this advice and found none. No study has compared raw and cooked vegetables in women with lipedema, and the German guidelines, which discuss diet in detail, don't mention it. On the contrary, the Mediterranean pattern they recommend is rich in vegetables of every kind, raw and cooked.

That doesn't mean the advice is always wrong for you. There can be good personal reasons behind it:

- **Your digestion.** Some people feel bloated or uncomfortable after large amounts of raw vegetables. If that's you, cooked vegetables are gentler, and comfort matters.
- **Other conditions.** A sensitive gut, certain bowel conditions, or some medications can make cooked vegetables a better choice for a while.
- **A different eating plan.** Some approaches limit certain vegetables for other reasons, such as their carbohydrate content.

So if you've been told to give up salads, simply ask: "Why, in my case? What should I eat instead, and when should we check whether it helps?" A good professional will be happy to explain.

And remember: **cooked vegetables count just as much.** Gentle cooking keeps most of their fiber and many of their protective compounds, and it makes some, like the carotenoids in carrots and tomatoes, easier for your body to absorb. If you prefer cooked vegetables, these recipes from the book are built around them: Baked Cod with Spinach & Garlic, Butternut Squash & Lentil Stew, Spiced Chickpea & Spinach Stew, Turmeric Ginger Roasted Cauliflower & Chickpeas, Roasted Brussels Sprouts & Sweet Potato Bowl, and Hearty Mushroom & Spinach Quinoa Bowl. And when a recipe calls for raw greens, you can wilt them for a minute in a warm pan.

7. A Lipedema-Friendly Plate

The way of eating in the book already fits what the guidelines recommend. Here is how to put it on your plate:

- **Half the plate: vegetables**, raw or cooked, as you tolerate them. Leafy greens, broccoli, cauliflower, zucchini, peppers, carrots.
- **A quarter: protein.** Fish (especially oily fish like salmon), eggs, poultry, legumes, Greek yogurt.
- **A quarter: whole carbohydrates**, in smaller portions if you're following a lower-carbohydrate approach. Quinoa, oats, sweet potatoes, lentils.
- **Healthy fats** to cook and dress: extra virgin olive oil, avocado, nuts, seeds.
- **Less often:** sugary drinks, white bread and pastries, fried foods, and salty, ultra-processed snacks, which can make swelling and heaviness feel worse.
- **Water** through the day. Thirst can fade after 60, so keep a glass within reach.

In the book's 30-day plan, the protein boosts marked "+" help you reach your protein every day: they're especially useful if you're eating less.

8. Compression: Support for Your Legs

For many women, compression garments are the cornerstone of lipedema care. The German guidelines recommend compression to relieve pain in the affected limbs (Faerber et al., 2024). It's important to know what compression can and cannot do: **it eases pain and heaviness, but it doesn't reduce lipedema fat.**

Choosing the right garment

- **The lowest pressure that gives you relief** is the right one. A garment that's too strong is hard to wear, and a garment that stays in the drawer helps no one (Faerber et al., 2024).
- **The material matters as much as the pressure.** Flat-knit and round-knit fabrics feel very different, and some women need custom-made garments because standard sizes don't follow the shape of their legs.
- **Choose together.** The guidelines recommend that you, your doctor, your therapist, and the fitter decide together. Tell them what you want to be able to do: walk to the store, stand while you cook, travel.
- **Tell them about your health.** Poor circulation in the arteries of the legs, severe heart failure, or reduced feeling in the feet can make compression unsafe or require special care (Rabe et al., 2020).

Living with your garment

Ask to be shown how to put it on and take it off, and practice in front of the fitter. If you have stiff hands, back pain, or balance problems, ask about donning aids, gloves, or a different design. Look after your skin every day, and check the places where fabric can fold, such as behind the knee and at the ankle. If you notice numbness, unusual pain, or a change in color or temperature in your foot, take the garment off and contact your doctor promptly.

9. Movement That Feels Good

Exercise is a key part of easing lipedema pain, and the German guidelines recommend including it in every treatment plan, ideally while wearing your compression garments (Faerber et al., 2024). The aim isn't to "burn off" lipedema fat, which exercise can't do, but to keep you strong, mobile, and more comfortable.

- **Walking and cycling** activate the calf muscles, which act like a pump for the legs. Start with short sessions and build up slowly.
- **Water exercise** (aqua walking, aqua cycling, swimming) is often a favorite. The water supports your weight and gently presses on your legs, and the guidelines note it can have a positive effect.
- **Gentle strength work**, such as standing up from a chair, light weights, or resistance bands, protects the muscle you need after 60.
- **Manual lymph drainage**, a gentle massage done by a trained therapist, can be considered together with other treatments to improve quality of life, although it doesn't reduce fat volume (Faerber et al., 2024).

After each session, notice how you feel that evening and the next morning. If something hurts more, try a shorter session, more pauses, or a different activity, and tell your therapist.

10. When Pain Doesn't Ease: Surgery

For some women, pain remains severe despite months of compression, movement, and good eating. For them, specialists may discuss liposuction designed specifically for lipedema. The German guidelines consider it the surgical method of choice to reduce lipedema fat in the legs and arms, when pain persists despite conservative treatment or when mobility is seriously limited (Faerber et al., 2024).

In 2026, a large German trial compared liposuction with conservative care in 410 women with lipedema (Podda et al., 2026). After one year, about two in three women who had surgery reported a meaningful reduction in leg pain, compared with fewer than one in ten in the conservative-care group. But adverse events were more common in the surgery group, and serious complications occurred only there. The researchers are still following the women to see how long the benefits last.

Surgery is a major decision, and it doesn’t replace everything else: the guidelines recommend continuing compression, movement, and weight care afterward. If you’re considering it, ask the surgeon:

- How many lipedema operations do you perform each year, and with which technique?
- What results can I realistically expect, given my age and health?
- What complications are possible, and how are they handled?
- How long is recovery, and what care will I need afterward?
- Will my insurance cover it?

11. The Weight You Carry Inside

Living with a condition that went unnamed for decades leaves marks that aren't only physical. Many women describe years of shame about their bodies, of avoiding beaches and photos, of feeling judged by doctors and family. The German guidelines recognize this: they recommend considering psychological and social factors alongside medical ones when assessing lipedema pain, and encourage women to take an active role in their own care (Faerber et al., 2024).

A few things that can help:

- **Talk about it.** With your doctor, a counselor, or other women who understand. Support groups, online and in person, help many women feel less alone.
- **Be precise about your goals.** "I want to walk to the park with my grandchildren" is more useful than "I want smaller legs."
- **Practice kindness with yourself.** Bonus 1 in the book, on emotional eating, and Bonus 2, on relaxation, offer tools you can use every day.

You were never lazy, and you never failed a diet. You were living with a real medical condition that didn't yet have a name in your doctor's office. Now it does.

IN ONE LINE

Lipedema is not your fault. Naming it is the first step; caring for it, one meal at a time, is your strength.

12. Your One-Week Diary

Choose one everyday activity to watch this week, such as walking to the mailbox, standing to cook, or climbing the stairs. Each evening, write down how it went. Rate pain and heaviness separately, from 0 (none) to 10 (the worst you can imagine). Try to write at about the same time each day.

DAY	ACTIVITY AND HOW LONG	COMPRESSION WORN?	PAIN (0-10)	HEAVINESS (0-10)	NOTES: FOOD, SLEEP, A LONG DAY ON MY FEET
1					
2					
3					
4					
5					
6					
7					

A single bad day doesn't prove that a food or an activity caused it. Look for patterns over the whole week, and bring the diary to your appointment.

13. A Sheet for Your Doctor

Fill this in before your visit and hand a copy to your doctor.

When my symptoms started (age, or after puberty, pregnancy, menopause)

Where I notice them (legs, hips, arms; one side or both)

What I feel (pain when pressed, aching, heaviness, bruising)

What makes it better or worse (heat, standing, time of day)

Other women in my family with similar legs

Other health conditions I have

Medications and supplements I take

Diets or treatments I've already tried

The everyday activity I'd most like to do more easily

My questions for you

Questions you might ask:

- Could this be lipedema? Which other conditions should we rule out?

- Would compression help me, and which kind?
- Should I see a specialist, a physical therapist, or a dietitian?
- Is there anything in my diet or medications we should change?
- When should we meet again to see whether the plan is working?

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