# ANXIETY, MENOPAUSE, OR BOTH? #psychology #addiction #rootcause Transcript

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## Introduction: Anxiety and Menopause Biology

What if your anxiety, your insomnia, even your cravings weren't psychological weaknesses, but biology actually shifting underneath you? I'm Dr. Arwen Podesta, a board-certified psychiatrist and addiction and functional medicine physician.

On this channel, I explore how brain biology and health intersect, especially where psychiatry needs functional medicines and also addiction recovery.

Today, we're unpacking what really happens in the brain during perimenopause and menopaus, and why your symptoms are real, They're measurable and they're treatable.

## Common Midlife Symptoms and Misdiagnosis

Here's what I see time and time again in my practice. A woman in her 40s or 50s, she notices she's sleeping less deeply. She even describes it as poorly or insomnia.

Never before she had this. she wakes up at 2.30am with her mind just racing and she also feels more reactive, less patient, more irritable. Maybe she pours herself a glass of wine at night, not to party, but to quiet and nervous system that just won't settle.

And when she seeks help, She's often told it's stress. It's burnout. It's midlife, or just normal process of aging. Sometimes she might be prescribed an antidepressant or a sleep aid, which may help somewhat, but doesn't address the full picture.

It definitely doesn' t get to the root cause. Because the question we should be asking is this. What if this isn't only psychological? What if the brain is responding to fluctuating ovarian hormones?

## Hormonal Fluctuations and Brain Chemistry

Even without overt menopausal symptoms like hot flashes, hormonal changes can really affect the whole body, including the brains. During perimenopause, estrogen and progesterone don't just steadily decline, they actually swing.

Those fluctuations directly affect serotonin, dopamine, GABA and glutamate, the neurotransmitters that regulate mood, anxiety, sleep and reward. When estrogen drops, serotonin efficiency falters, bringing mood instability and anxiety.

When progesterone dips, the metabolite, allopregnenolone, which calms the brain through GABA and glutamate, that falls too, making sleep lighter and then making stress harder to buffer.

So then we get irritability, insomnia, anxiety, and even cravings. And these aren't character flaws. They're signs of a changing neurochemical landscape.

And when we treat only through a psychological lens, women often feel like they're failing instead of experiencing biology. These shifts can also heighten vulnerabilities to old coping tools, such as sugar, sedatives, wine, etc.

## Cravings, Coping, and Neurochemical Vulnerability

, because the brain's stress and reward systems are recalibrating during these neuroendocrine transitions. For all women, understanding that vulnerability is not weakness, it's prevention.

And when the medical system doesn't acknowledge this, It can make someone feel less than and listen to, even re-traumatized in some cases. This is why hormone-aware psychiatry and medicine matters.

For some women hormone replacement therapy, especially within the right clinical window, can restore neurochemical balance and improve sleep, mood, and even cognitive function.

It's not for everyone, But for many, it can be very transformative. There are also key supplements and herbs that can support this process, too. The key takeaway, hormonal transitions alter the neurotransmitter systems.

## Hormone-Aware Treatment Options

Those systems shape emotion, cognition, and resilience. And when we treat the biology, symptoms stop feeling mysterious and become understandable and treatable.

If this kind of mind-body functional psychiatry approach resonates with you, subscribe to Stay Connected. My goal here isn't to diagnose across a screen, but to help you understand your brain biology so you can make informed, confident choices with your own clinicians.

When we respect that interaction, outcomes improve, whether that means lifestyle adjustments, psychiatric medications, hormone therapy, supplements, acupuncture, other modalities that shift, or some specific combination tailored to the individual.

## Mind-Body Psychiatry and Closing Thoughts

If today's conversation helped you understand your brain in a new way, I invite you to continue learning. If you want to deepen your understanding of how biology, mood, and long-term mental health intersect, take a look at the next video on the screen.

Ask yourself, what else might change when we start looking at mental-health through a biological lens? Thank you for spending this time with me. I know these are complex and deeply personal topics, And I appreciate your willingness to engage thoughtfully.