Beyond Hot Flashes: The Real Story Of Perimenopause Transcript

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Introduction to Dr. Brianne Callanan

Today, I have an incredible guest who truly embodies what it means to be a high achieving woman. She's a leader in the world of health and wellness, a doctor of naturopathy, and a thriving entrepreneur, all while balancing motherhood and personal excellence.

By the age of 25. She had already earned an honors degree in biomedical sciences. Her Doctor of Naturopathy degree started a family and had built a successful business.

But she didn't stop there. She's on a mission to help women step into their power, fueling strong looking their best and achieving greatness in every aspect of their life.

Welcome, doctor Brianne Callanan. Well, Doctor Callanan, I am so excited and grateful that you're here today. I'm excited to connect in real life. I've followed your work for quite some time, so I'm thank you so much for being here and kind of demystifying so much around the topic of perimenopause that women need so much support in.

Thank you so much for having me. Yes, it's definitely an important topic and I'm excited to be here talking about perimenopause. And you're absolutely right.

It was kind of a topic that wasn't discussed very often. You know, in the last even 5 to 10 years, it's really been progressing. And I think it's wonderful the conversations we're having.

Yes.

Common Perimenopause Symptoms

And I'm excited too, because we're going to look at this and through a bit of a different lens. Of course, we'll touch on like hormone replacement and things, but I love that you want to emphasize other aspects of our physiology and just looking at our body from a global, holistic standpoint and how we can best support it during this time.

But let's start with kind of the basics. The building blocks tell me some of the most common symptoms that you see that are associated with perimenopause.

So the most common symptoms that we typically think of and hear of when it comes to perimenopause and menopause is of course, the classical hot sweats, right?

Night sweats, hot flashes during the day. And that definitely the basal motor symptoms are concerning for individuals. And I don't know if you see this in your practice, but when individuals come to me, their main concerns are actually a little bit different.

It's the mood changes, it's the cognitive complaints. So the difficulty recalling what they're wanting to recall, the lack of concentration, the sleep disturbances, even joint pain to night is cited.

Depression, vaginal dryness, increase urinary tract infections as well. So it's not actually the classical hot flashes that I see in my practice that are the most bothersome for individuals.

And I love that we're having this conversation because there's so many other symptoms that changes to your hormones can cause. Absolutely. And it is like, I feel like hot flashes are so loud and overt, like they're very noticeable.

They're not subdued. You don't ease into them over time and only realize when they're super severe, they kind of

are pretty easy to notice. But some of the other hormones, the other symptoms that you described are more subdued and they kind of slowly increase over time.

And I think people just dismiss them and don't realize it until they're profoundly significant and really, really impacting their lives. So I love this conversation because people can intervene a little bit earlier.

And. I know that's. Yeah. Sorry. Another misconception too, that you just have to deal with these symptoms until your period stops and then you can get treatment.

But there's so much we can do in the perimenopause stage before we actually see changes to the menstrual cycles or absent menstrual cycles. A man, this idea that women just sort of need to suck it up and suffer through in medicine until things are like definitively one meet like specific criteria is crazy.

Like it's absolutely crazy. And I can only imagine you see the same thing.

When to Suspect Perimenopause

But I see losses of hormones like testosterone and progesterone and changes there so early, like so, so incredibly long before the menopause that not intervening with them and helping support these systems really can have long term implications in their quality of life.

But even even their health. It impacts relationships, whether it's. Intimate relationships, relationships with friends and family, their children can impact their job.

I see so many individuals, women in perimenopause thinking these symptoms are so severe for me. They're not being taken seriously. They've actually had to reduce their work hours to part time.

And I'm just wondering, you know, how many individuals are being missed and how much of this quality of life can we improve, and the detriment to income and relationships that otherwise could be prevented?

Yeah, absolutely. Tell me some sort of red flags, yellow flags that women should be looking for, leading them to get a workup for perimenopause. And then tell me a little bit about what that workup looks like for you and for your patients.

Yeah, of course there's the big ones, like the obvious ones, definitely. If you're having the hot flashes, the night sweats, irregular menstrual cycles, that's a great time to have a look at.

Is perimenopause a factor here? But also the more subtle things that you talked about loss of libido, vaginal dryness, increase, urinary tract infection, new onset anxiety or depression that's not related to changes in your lifestyle or events that have occurred.

Weight gain all of a sudden, your cholesterol goes up, your blood sugars going up or having joint pain. Tonight is hair loss. There's many, many symptoms that could lead us to want to really take a look.

Is this related to the changes that occur in perimenopause? Perimenopause can occur 5 to 10 years prior to the onset of menopause. And yeah, the average age of menopause 50 5152.

But it also can occur earlier for individuals. So I don't look as look at age as a defining factor, whether or not we're going to do a full hormone workup.

I always look at symptoms and what the individual is experiencing. Blood testing can be helpful, although it's particularly challenging during perimenopause because it's not this nice, natural, easy decline in hormones until your period stops.

I think of it more as a hormonal rollercoaster or a second puberty. So yes, I love as a functional medicine doctor, I

love looking at labs. I love testing, but we have to recognize because the hormones are so erratic during this time.

One cycle we might get perfect labs and then the next cycle it could be completely different. So it's not just about looking at the blood testing and what that says, but we have to look at both the patient's symptoms and the labs.

I totally agree, and I want you to people get so confused about the lab thing. Like they they go when they get labs and they're like, oh, my labs were fine.

How Hormone Testing Works

But what they don't understand is the lab ranges are enormous. And the the fluctuations and hormones and the importance of timing of labs and why that's difficult with perimenopause.

Can you extrapolate on that a little bit so that people can? Because I think this is an aspect of the medicine that is patient driven, meaning patients are going to their doctors advocating for themselves and being knowledgeable and empowered.

So they're driving the care that they need to receive. So I want to really empower them with an understanding of this so that they can kind of go a little bit deeper.

Yeah, absolutely. And the common misconception that I hear for a lot of individuals is they'll say, well, my doctor won't run my hormones because hormones change all the time.

Yes, that's true, right. Our hormones as women will change throughout our menstrual cycle. But if we understand when you went for the labs in relation to your period, when your period started and where your next one came, we can definitely use that as information.

It's not definitive in terms of whether or not you would receive treatment, but it can help drive our treatment approach. I usually want to see our individuals ovulating and to get that information, I send individuals for their blood work about a week to ten days before their next menstrual cycle.

We can also look at an FSH if that's elevated, that can suggest perimenopause, but there's no one definitive blood marker that's going to say yes or no.

You're in period menopause. It is often, it's always not often, and it's always important to combine individual's labs with their symptoms and also looking at other things that can cause similar symptoms to perimenopause.

Right. So, you know, maybe it's not your hormones, maybe it's an underlying thyroid condition, or it's your blood sugar that's throwing off your hormones, or it's a nutrient deficiency that's causing your symptoms or it's issues with other hormones like cortisol.

We really have to take both the symptoms and the labs and interpret it very carefully. It's not just enough to say, oh, I hear this all the time. Your hormones are normal.

But the progesterone was tested on day three. A progesterone is going to be low on day three. Yes, it's a low for like 95% of your cycle. And we need to know what it is at its peak when it's actually showing up.

Exactly. Yeah. And you know, sometimes it's not the absolute hormone level that's driving people's symptoms. Sometimes it's just the dramatic fluctuations that we see in.

Some individuals are very sensitive to the changes in those hormones. So it's more than just, you know, blood work. It's more than just looking at those big, broad, normal ranges.

We have to look at what's optimal. And and actually what's optimal is going to be different for each individual. Tell me some of the most common things.

You kind of touched on this, but I'd love for you to expand on it that you see in your clinical practice where people show up, they think their symptoms are perimenopause, but maybe it ends up being something else and sort of what those symptoms are in terms of their overlap.

So I definitely see everything as interconnected. And we do know that our hormones impact our blood sugar regulation. For instance. And when we do start to see declines in estrogen, we can start to see insulin resistance increase.

Other Causes That Mimic Perimenopause

And we can also see inflammation increase, which can drive a whole host of other chronic diseases. It's almost like this chicken or the egg analogy. Is it the underlying conditions that are driving the changes to the hormones, or is it the changes in the hormones that are leading to other issues?

And there definitely it's hard to tweeze those out sometimes. What is causing what some individuals will come to me. And like you said, usually the first hormones that I see to decline are the testosterone and the progesterone.

It's not always a complete absence in estrogen that are driving some individuals. Sometimes they're estrogen is actually higher relative to these other hormones.

And that's we're looking at the labs and the symptoms all together and really teasing out what is causing what is really important. There are some secondary effects that can happen with perimenopause.

So some women will actually see heavier cycles and their cycles come more frequently. And this can lead to iron deficiency anemia. And so in perimenopause I'm always screening patients for iron deficiency anemia because that can lead to things like the hair loss, the fatigue, the difficulty concentrating.

So is it the iron or is it the hormones. And this is where, you know, I see individuals and I see clinics just focusing on the hormones, which is an important piece, of course, but there's so much else that goes into it, especially when we're looking at taking a holistic approach.

Absolutely. Tell me kind of your if someone is struggling with perimenopause symptoms, tell me kind of the, the three steps that you feel like people should know to take whether it's first like getting tested and then looking at these other factors tell me kind of it a step wise fashion that people could proceed through to be able to garner this information clearly on what they need to do to be informed and empowered.

So step one is I always take a thorough history. So I'm so lucky that I get to spend an hour, hour and a half with individuals really reviewing what is so bothersome with these symptoms.

Where did they start? What was your past medical history? What else have you had going on? Do you have any other comorbid conditions that we need to know about?

So I always take a full, thorough health history first. Then I explain that the current guidelines do not recommend that we test hormones, and I explain why the current guidelines don't recommend that we test hormones.

I still run them because I do feel that they're a very important piece to my practice. But I like individuals to be educated on why their doctor might not have recommended it.

I don't necessarily agree with all of those guidelines. I do think that the testing is really important, but I think individuals, sometimes they feel misunderstood, they feel dismissed because it's just not being explained to them.

Right. So we can say perhaps hormone testing was denied for you before because yes, it's true that the hormones do change.

Hormones, Metabolism, and Insulin Resistance

Yes, it's true that there's going to be great fluctuations in perimenopause, but I still think it's valuable to run them. They agree to run them. And we have a look at what those labs say.

I always look at all the hormones, the dial, the progesterone, the testosterone free and total. But I also include other blood panels. So looking for insulin resistance, overall metabolic health, a full thyroid panel that you talk a lot about nutrient deficiencies because there's more often that's at play than just the hormone piece.

And it's interesting, this study that came out showed that individuals who have impaired insulin sensitivity, this could actually potentially influence the severity of their menopausal symptoms.

So more severe hot flashes, more frequent night sweats. So looking at the body as a whole, I think is very important. Then what I do once we have those labs back is I'm really big on doctor as a teacher.

So I go through what those labs mean, what I feel is the optimal range in terms of what I see clinically when individuals feel best. And then I like to review all of the different treatment options.

So I'm trained in naturopathic medicine. So I have education on supplements and herbal based options. But I also like to use an evidence based approach.

So I will go through what our current literature has to say on supplements and herbs, as well as bioidentical hormone replacement therapy. I do a lot of education on the misconceptions with hormone replacement therapy.

Where did those misconceptions come from? How is data misconstrued in the past, and what is the difference between the new therapies that we have? And then with all of that information, I leave it up to the individual to make the informed choice of which treatment they want to start with.

And then we monitor, right? We make sure that their symptoms are improving. Most importantly, but I also want to see that their metabolic health is improving because that's really where we're looking at reducing chronic disease risk, heart disease, cardiovascular disease, which I feel is huge in our population right now.

Absolutely. And seems to significantly increase. You know, I mean, the marker of time where people are studying it at an increased incidence is, is postmenopausal. You're at menopause, right?

Where we become really, really vulnerable to metabolic dysfunction and heart disease and inflammation and all of these things. But no one's studying it during perimenopause because it's just such a confusing time that medicine doesn't invest a whole lot into the study of what's happening in our physiology during that perimenopause.

Go a little bit deeper if you can. If if you know you have some insight into this. But the role between hormones and insulin resistance and perimenopause and menopause, or just the breakdown of our metabolism during this season.

So one of the great benefits with estrogen is it's anti-inflammatory. And we know that there is a big connection between inflammation and the metabolism and the immune system.

Even at that point and the overall increase in inflammation. There are studies that we see not only can predispose you to insulin resistance, but even alter your gut microbiome, which is a new area of research that I'm particularly fascinated in because there seems to be so much the gut microbiome can influence from our overall health.

When you have insulin resistance, the way I explain it to individuals is essentially your body's having to work extra hard to control your blood sugar.

That's a great thing because your body wants to prevent you from developing prediabetes and type two diabetes. So it is, to a degree, a protection mechanism because, yes, higher blood sugar is damaging, right?

It can damage our eyes, our nerves, our kidneys, and we don't want that. But on the other hand, when we have

higher amounts of insulin, that creates the symptoms that we don't want right?

That causes concerns with weight gain. We can see triglycerides go up. Nonalcoholic fatty liver disease, food cravings, fatigue, insulin resistance plays a role in hair loss as well.

We can see, you know, all of a sudden this worsening of androgenic alopecia cases in perimenopause and menopause, where it was otherwise quite controlled for them.

So there's definitely a big connection between when hormones start to change. It can absolutely alter our ability and our resilience to how we manage our blood sugar, as well as cortisol.

Right? Our ability to handle the impacts of cortisol or stress is altered when we don't have optimal hormone status to.

Stress, Cortisol, and Lifestyle Factors

And from a symptomatic perspective, what I hear patients telling me is I am more overwhelmed, I am more easily aggravated. You know, sounds and smells just seem to bother me so much more than they otherwise did.

I'm not sleeping as well and even that lack of sleep, right? So if you don't have this great rise in progesterone that helps you sleep if you're sleep deprived, it's going to be really hard to have good energy and good blood sugar control as well.

So it's very much integrated together and it comes down to the chicken or the egg analogy. Right. And I don't think we can separate it. I think the hormones declining plays a negative role in our metabolism.

But those metabolic changes can also alter our hormones too. And I love that you brought in the adrenals because you know what I see in my clinical practice is stress really high levels of stress even chronic thyroid dysfunction leading to poor adrenal function.

Then in turn I find shortens sort of the time frame before women hit perimenopause, or at least until their testosterone, their progesterone start to drop, and that adrenal dysfunction then worsens the perimenopause experience or makes it onset a little bit sooner.

Do you find do you find a similar pattern? Absolutely. And cortisol, I think we really downplay the effects that stress can have. And I think we just assume, well, everybody's dealing with this right.

Everybody's stressed. This is just our normal and it's absolutely not the case. And it definitely can be leading to lower levels of progesterone. Not ovulating as consistently.

And stress raises inflammation. Stress impacts our blood sugar right. So stress and short term amounts is really great for us. We need that cortisol response.

But it's when this chronic stress response over time builds and builds and builds that it really starts to impact our our hormone base symptoms. So I always tell individuals that there's no magic pill.

There's no magic supplement for cortisol. Yes, there's B vitamins, magnesium, adaptogens, things like that. But we also have to look at the lifestyle piece.

So how is your diet contributing to elevated cortisol. What exercise routine are you doing? Are you getting 4 to 5 hours sleep so that you can wake up and do that early gym class that you're dragging yourself to and, and you feel really inflamed and you're not recovering well?

Is that something that we need to have a look at? So it's not just the mental emotional stress that definitely plays a big role, but it's also the stress that our diet, our sleep routines and our exercise routines even have on our bodies.

Amen. Yeah, people think they boil adrenals down so much to just the cognitive stress piece. But our physiology I mean, even thyroid dysfunction, right.

Like not fixing your thyroid appropriately is going to tax your adrenals and everything else you mentioned. It's it's so important to have the perspective that it's not simply psychological stressors that tax your adrenals.

And I love this kind of segue perfectly into the idea of what can people do in terms of their lifestyle to support their physiology through perimenopause.

What are some lifestyle things that anyone can do on a day to day basis that can help them? I definitely think looking at diet and lifestyle is going to be a game changer for individuals.

So look at the amount of processed foods like I have my patients track their foods because sometimes we don't realize, you know, the kid snacks here, this takeout here, we don't really appreciate how significant it is.

So looking at how much processed foods are you consuming, how much alcohol are you consuming? Breads, pastas, white sugars, all of the big things that everybody can agree probably aren't the healthiest for us.

Removing processed foods alcohols to the best of your ability 8020. It doesn't have to be 100%. It doesn't have to cause more stress for you to follow this really rigid nutrition plan.

But make sure that, yeah, make sure that you're getting like the basics, like your protein, your healthy fats, your not under eating. That's stress on the body too, that we need to look at.

Really take an objective look at your nutrition. And oftentimes once individuals track all their nutrition we'll come back and review it and we'll say yeah, you're probably deficient here okay.

Lifestyle Support and Hormone Therapy

You're not eating enough here. Let's start with that. Because those are really easy things that are going to add up to a big improvement in your overall health.

Sleep is a big one too. If you're not sleeping, we need to figure out why that is and how we can support you. I had sleep deprivation after I had my kids and it is awful to have to go through.

It's like a form of torture in my opinion. We need to make sure that we get you sleeping and it's going to help with your energy. It's going to help with your mental clarity.

Your ability to exercise and work out is going to be better. And then also looking I'm big on iron deficiency. I see so many patients with iron deficiency.

And I'm like, it's so simple. We can so easily correct that for you. And not having enough iron. And I'm not talking like mild iron deficiency that I see like I see ferritin of five and 12.

And that's been progressed for years and years. And I'm like, your body is not properly getting oxygen to these vital organs. That's a stress on the body too, that we need to look at.

So running the basic labs, making sure that you are sleeping, having a solid foundation with your nutrition but not going too crazy with it. And then also looking at what are you doing for fun?

Like I asked individuals, what do you do for fun? Like what are your hobbies? And so many times individuals are taken back like, I don't have any hobbies, I don't know what I like.

I'm like, that's an area that you need to explore too, because if you're spending eight hours a day at a job that you don't really like, and then you're coming home to do all the X, Y, and Z to do list things, and there's no joy and

there's no things that you're looking forward to that's not really an environment for your body to thrive either.

Yeah, I couldn't agree more. And we forget about that. Right? The the play part of our life, which is huge too on our adrenal function. Like it, it really can reset so much from that tune and planetary perspective.

All of it. Well, and then tell me to your thoughts on the hormone replacement piece and all of this. Is that something that you really advocate for? Do you find that it really changes people's lives in a pretty significant way?

And then just reiterate to the timeline of that, does it need to be when we're officially in menopause? How often or how useful is it in the perimenopause phase?

Yeah. So hormone replacement therapy I'm a big advocate of individualized therapy. So you want to understand is there anything else that's contributing to your symptoms that's unrelated to your hormones and correct that?

At the same time, I think a great time to initiate hormone replacement therapy is for individuals where their quality of life is really affected. And that oftentimes is more so in the perimenopause state, because you have this roller coaster of emotions or emotions too, but of your hormones up and down.

And the hormone replacement therapy can really help level that out for individuals. So for patients who they're they're worried about their weight regain, they have a weight loss goal.

But their hormones are really erratic. They're having heavy, painful menstrual cycles. It's lowering their iron. They're not sleeping as well. It's like, how are you going to have the energy and the capability to do all the right things when it comes to the exercise that you know you should do and you want to do, and then meal plan that you know you should do and you want to do when your hormones are really the obstacle in the way that's leading to the success of those things that many of my patients are trying really, really hard to accomplish.

And they're putting a lot of pressure on themselves to accomplish that, to hormone replacement therapy, you do not have to wait until your period stops to initiate that treatment.

Some individuals, they do really well, starting with testosterone. Other individuals may start with progesterone. Some need a combination therapy, and we always use the lowest, most effective dose first.

But that might not be right for you. So working with your practitioner to figure out what is the dose of HRT that's going to be the most beneficial for you.

And recognizing to that it's going to be a journey. Things are going to change as you go through perimenopause and menopause, and the guidelines are that hormone replacement therapy can be continued as long as the benefits outweigh the risk.

Where to Find Dr. Callanan

And working with your practitioner to decide specifically for you, your lifestyle, your family history, your conditions that you might already have, that's really going to be the best approach because it's it's not a one size fits all.

It's not just like, here's your bag of HRT, come back when you're 60 kind of thing. It does need to be ever evolving, and the dose often needs to be adjusted.

Absolutely. I couldn't agree more. Well, this was incredibly insightful. I would love for you to share with everyone where they can find you outside of this, where they can learn more from you.

If you have anything that's coming up soon that maybe they would be interested in, tell us where to track you down. You can find me on social media. My handle is my name, Brian Callanan.

You can find me on Instagram and TikTok. I do a lot of education over there. And then every week I do live videos

over on TikTok with educational, topics, whether it's hair loss or perimenopause, as well as every couple of months I run a webinar.

I haven't done one in a little bit, but if you're interested in the past webinars on my YouTube channel as well, same name brand Calen and I have recordings on thyroid, perimenopause, hair loss, insulin resistance.

So there's lots of different resource for individuals. I love it. Well, thank you so much for being here today, for sharing your wisdom, for shedding so much light on this really misunderstood topic.

So thank you. Thank you for having me.