Brain Fog, Memory Loss, and Menopause: What's ACTUALLY Happening Transcript

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Brain Fog in Perimenopause Explained

You may have been told it was You may have been told it was just stress, or just stress, or you may have secretly worried you may have secretly worried it was something it was something worse, like early-onset worse, like early-onset dementia. It's neither one nor the dementia. It's neither one nor the other. This is what's other. This is what's really really really going on in going on in your brain, and it's your brain, and it's not at all what you not at all what you think. Welcome to think. Welcome to my channel. I am my channel. I am Dr. Elizabeth Dr. Elizabeth Tuddiken, a Tuddiken, a licensed licensed licensed naturopath practicing naturopath practicing here in sunny here in sunny Arizona. Almost Arizona. Almost every week, women every week, women come to come to this office.

They are sure that They are sure that something is wrong with them, but something is wrong with them, but no one can no one can explain what exactly. So here's explain what exactly. So here's what I want to what I want to offer you offer you today. By the end of today. By the end of this video, you'll this video, you'll understand why your understand why your brain is working brain is working differently now, and you'll differently now, and you'll know for sure that it's not know for sure that it's not early-onset dementia. We'll early-onset dementia. We'll break down how break down how estrogen is related estrogen is related to your memory, to your memory, look at two look at two explanations you've explanations you've probably heard before, and probably heard before, and why they're both why they're both incomplete. And then incomplete. And then let's talk about let's talk about blood sugar blood sugar and sleep—something that almost no and sleep—something that almost no one associates with " brain fog." brain fog." It is this last It is this last aspect that most aspect that most doctors usually doctors usually ignore. So, ignore.

Why This Is Not in Your Head

So, let's start with what you probably want to probably want to hear first. You're hear first. You're not making this up. Yes, not making this up. Yes, this is really this is really happening. If you happening. If you forget a word in the middle of a forget a word in the middle of a sentence or walk into a sentence or walk into a room and have absolutely no room and have absolutely no idea why, you're idea why, you're not going crazy. And not going crazy. And you're not too young you're not too young for it. This is one of the for it. This is one of the most common most common problems women problems women come to me with come to me with, and it almost, and it almost always always always comes with the same comes with the same story. She is told it is story. She is told it is stress, anxiety stress, anxiety or mild depression.

Sometimes they say she's Sometimes they say she's too young for too young for perimenopause, and perimenopause, and often often often no one mentions hormones at all. If you've ever. If you've ever left the left the doctor's office with normal doctor's office with normal tests but the tests but the same "fog" you same "fog" you came in with, this came in with, this video is for you. Because when video is for you. Because when no one gives an explanation, it ceases to be, it ceases to be just an annoyance.

Women spend months, and Women spend months, and sometimes years, silently sometimes years, silently fearing that they are losing fearing that they are losing themselves, with no themselves, with no explanation or plan of explanation or plan of action. So, here's what the action. So, here's what the research shows. Your memory really.

What the Research Actually Shows

Your memory really changes during this changes during this period. Verbal period. Verbal memory, your memory, your ability to pick up ability to pick up and retain words, and retain words, noticeably deteriorates noticeably deteriorates during the menopausal transition. And then, in menopausal transition. And then, in most women, it most women, it recovers after recovers after this stage is over this stage is over. There is a larger. There is a larger study that confirms study that confirms this even more clearly this even more clearly.

.. Researchers Researchers Researchers followed followed followed more than 2,300 women more than 2,300

women for 4 years. for 4 years. Women in late Women in late perimenopause perimenopause perimenopause have shown a clear have shown a clear decline in memory and decline in memory and processing speed processing speed. Meanwhile,. Meanwhile, women at all other women at all other stages continued to stages continued to slightly improve slightly improve their test scores with practice, as would be expected. It was expected. It was just that period when everything when everything slowed down. So slowed down. So be careful. This is not a be careful. This is not a case where " everyone forgets sometimes." everyone forgets sometimes." It's a measurable decline It's a measurable decline tied to a tied to a specific period of time, specific period of time, and it has a name. And and it has a name. And a little later I will tell a little later I will tell you the number. This is you the number. This is the number of women who the number of women who actually actually actually show show show memory problems during memory problems during cognitive cognitive cognitive testing. It's testing. It's a lot smaller than a lot smaller than most people most people might think, and I might think, and I think it will take a load think it will take a load off your shoulders. Once off your shoulders. Once a woman came to me, she was in her 50s,, she was in her 50s, intelligent, sharp- intelligent, sharp- witted, living witted, living life to the fullest, and she sat down life to the fullest, and she sat down opposite me, almost opposite me, almost embarrassed to say embarrassed to say it out loud. She it out loud. She began to forget began to forget words, lose her train of words, lose her train of thought in the middle of meetings, and thought in the middle of meetings, and would walk into rooms and would walk into rooms and just stand there, just stand there, thinking about nothing.

She had already reached out She had already reached out to someone about this, and to someone about this, and left that left that office feeling like it was all office feeling like it was all just in her just in her head. She was told it was head. She was told it was stress, maybe stress, maybe a little anxiety.

a little anxiety. Get more sleep, Get more sleep, try to try to try to relax. So relax. So when she got when she got to me, she wasn't to me, she wasn't just tired, just tired, she was scared.

she was scared. She began to wonder She began to wonder if this was the beginning of if this was the beginning of something she would something she would never be able to never be able to come back from. So we come back from. So we did something pretty did something pretty simple. We compared simple. We compared her symptoms with the her symptoms with the chronology of chronology of chronology of hormonal changes.

When her cycle started When her cycle started to change, when the to change, when the night night night sweats started, when the sweats started, when the fog in her head got fog in her head got thicker—it all coincided almost perfectly. And I saw coincided almost perfectly. And I saw her whole body her whole body relax, because for relax, because for the first time, no one the first time, no one brushed her off. Someone brushed her off. Someone finally put together finally put together the facts she had been the facts she had been feeling all this feeling all this time. That's what's time. That's what's important to me, not because important to me, not because I said something I said something magical, but because magical, but because she finally she finally got an explanation, got an explanation, not just advice not just advice to relax and to relax and hope it all hope it all goes away. If any of goes away. If any of this sounds like your this sounds like your case, you're in the case, you're in the right place, because that's what right place, because that's what we'll be we'll be discussing here and below.

discussing here and below. So, if this is So, if this is happening and it happening and it can be measured, the can be measured, the next question is one that next question is one that almost no one almost no one answers. What is answers.

How Estrogen Supports Your Memory

What is happening in your happening in your brain that causes brain that causes this? Here's the part that this? Here's the part that surprised me the most surprised me the most when I first really dug into it.

dug into it. Estrogen is talked about as Estrogen is talked about as if it's if it's just a hormone for the body, the cycle, just a hormone for the body, the cycle, or the tides, but it or the tides, but it also directly also directly affects how your affects how your brain processes new brain processes new information. And here's what's information. And here's what's important to know important to know in advance: your hormones in advance: your hormones don't don't don't turn off like a turn off like a light switch during this period. They light switch during this period. They

descend gradually, like on a regulator, and, like on a regulator, and wobble as they wobble as they fall. This fall. This largely explains why the largely explains why the fog in your head fog in your head appears and appears and disappears, instead of disappears, instead of coming on all coming on all at once. So let's keep it at once. So let's keep it simple.

simple. When you learn When you learn something new—a something new—a phone number, where you left your phone number, where you left your keys, a thought you keys, a thought you wanted to express in a wanted to express in a meeting—your brain meeting—your brain initially holds it in the initially holds it in the moment. This is moment. This is short-term memory.

short-term memory. Then, to make it Then, to make it last, last, last, the information needs to the information needs to be moved to be moved to long-term long-term long-term storage. And it is this storage. And it is this movement that is the movement that is the key point.

key point. This is how I This is how I imagine it. It's like imagine it. It's like typing text on typing text on a computer without a computer without pressing the " save" button. The words are save" button. The words are on the screen right now. Estrogen is. Estrogen is an autosave that an autosave that works quietly in the works quietly in the background, background, background, transferring your transferring your work to your hard work to your hard drive so it's drive so it's there when you there when you look for it look for it later. And if you're still later. And if you're still with me, you're already with me, you're already doing something doing something most women most women never get the chance to never get the chance to do. You do. You will find out what is will find out what is really happening instead of really happening instead of just just just waiting for it to waiting for it to pass. So imagine what pass. So imagine what happens when happens when estrogen levels start to estrogen levels start to drop and fluctuate—that's perimenopause.

that's perimenopause. This autosave This autosave is starting to crash. is starting to crash. It works, then it It works, then it skips, and whatever is skips, and whatever is n't saved just n't saved just slips away. This is what " brain fog" is, not brain fog" is, not brain damage. A brain damage. A conservation system conservation system that has weakened, that has weakened, meaning you meaning you were never inattentive. The save button save button simply didn't simply didn't work, and new work, and new research points research points to even deeper reasons.

In In animal studies, when scientists animal studies, when scientists took estrogen took estrogen produced produced produced directly in the directly in the brain, they saw brain, they saw changes in memory, changes in memory, mood, and even mood, and even brain structure. And brain structure. And here's what's amazing. This here's what's amazing. This was evident in females, was evident in females, not males. Of course, not males. Of course, these are early studies these are early studies in mice, so I'm cautious about them, but it's a cautious about them, but it's a clue. This may clue. This may be part of be part of the answer to why the answer to why women have a higher women have a higher risk of risk of brain health problems in brain health problems in older age than older age than men. However, I want men. However, I want to emphasize: to emphasize: today's "fog today's "fog in the head" is not a in the head" is not a harbinger of this. These harbinger of this. These studies suggest studies suggest that estrogen that estrogen does does does a lot more for your brain a lot more for your brain than we've all been taught.

than we've all been taught. There is another system that underlies that underlies hormonal hormonal hormonal processes. It is she who processes. It is she who explains why " explains why " head fog" head fog" affects one woman severely and affects one woman severely and hardly affects hardly affects another at the same stage.

another at the same stage. Almost no one Almost no one connects these things, and connects these things, and we'll we'll we'll delve into that now. A quick delve into that now. A quick pause before we pause before we continue. If no continue. If no one has one has ever explained to ever explained to you what goes on you what goes on in your brain like this in your brain like this, do me a, do me a small small small favor.

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need to hear it.

Is This Early Dementia

Okay, now Okay, now let's talk let's talk about what you about what you might be might be most afraid of. And now I most afraid of. And now I want to answer a want to answer a question that many question that many women carry quietly within women carry quietly within themselves and are almost afraid themselves and are almost afraid to say out loud. Is this to say out loud. Is this early dementia? And I don't early dementia? And I don't want to rush this, want to rush this, because some of you have because some of you have never actually never actually asked this asked this question to anyone question to anyone else. Not to your partner, else. Not to your partner, not even to your own not even to your own doctor. So let's doctor. So let's stop there for a stop there for a moment and actually moment and actually answer. For answer. For the vast majority of the vast majority of women, the answer is no.

And I want to And I want to slow down as much as possible on slow down as much as possible on this point, because it's this point, because it's very easy to very easy to misunderstand. There is a misunderstand. There is a clinical guide clinical guide written specifically for written specifically for doctors who doctors who counsel women during counsel women during this period. And this is what this period. And this is what he discovered. If he discovered. If you take all the women who you take all the women who experience experience experience brain fog during this brain fog during this transition and give transition and give them a memory test, only one in, only one in eight eight eight shows a shows a shows a measurable decline.

measurable decline. So, it immediately becomes So, it immediately becomes clear that clear that most women who most women who experience "fog" experience "fog" do not have any do not have any measurable measurable measurable abnormality. And now I abnormality. And now I want to emphasize a want to emphasize a very important very important point. This "one in point. This "one in eight" is not one in eight" is not one in eight women who eight women who develop develop develop dementia, not at all.

dementia, not at all. This is a temporary This is a temporary decrease in memory and decrease in memory and concentration concentration concentration directly during the directly during the transition transition transition period. And for period. And for most women, everything most women, everything returns to returns to normal after normal after menopause is over. The manual clearly. The manual clearly states: this is not states: this is not dementia. And true dementia. And true dementia at this age, in your 40s or early 50s,, in your 40s or early 50s, is is is very rare. And that decline that that some women are seeing some women are seeing coincides with exactly the coincides with exactly the things that things that we've been talking about: we've been talking about: estrogen fluctuations, estrogen fluctuations, hot flashes, hot flashes, sleep disturbances, it's not related sleep disturbances, it's not related to dementia. So, to dementia. So, yes, "fog" in the head is not a fiction, but is not a fiction, but it does not mean that something is wrong it does not mean that something is wrong. This. This means your brain is means your brain is going through a going through a going through a hormonal storm, and the hormonal storm, and the prognosis says it prognosis says it will clear up soon.

will clear up soon. Now here's the part Now here's the part that I don't think you that I don't think you should just should just throw away. In throw away. In a study of a study of nearly 900 women, nearly 900 women, those who reported those who reported having “brain fog” having “brain fog” during during during perimenopause were perimenopause were more likely to have more likely to have some difficulty later in some difficulty later in life. I want life. I want to be careful with this to be careful with this because this is early data because this is early data from the conference, not a from the conference, not a definitive conclusion, definitive conclusion, and it doesn't mean and it doesn't mean you're headed for a downturn. This you're headed for a downturn. This means this: means this: how strong how strong your “fog” is in your head your “fog” is in your head right now—it’s worth right now—it’s worth paying attention to paying attention to today. This is not something worth enduring, worth enduring, hoping it will hoping it will go away on its own.

go away on its own. This is information, and This is information, and we we we can really can really work with information. And there's one work with information. And there's one specific thing you specific thing you should ask should ask your doctor about that's your doctor about that's almost never almost never mentioned during a mentioned during a routine visit. I'll routine visit. I'll tell you about it at tell you about it at the end. So, the end.

The Metabolic Layer Nobody Checks

So, if just waiting is n't the best plan, and n't the best plan, and it's not early-onset dementia, it's not early-onset dementia, then what explains why then what explains why some women are some women are affected so much affected so much more than more than others? This is the moment that others? This is the moment that almost almost almost no one talks about. This is where no one talks about. This is where the usual advice the usual advice about "brain fog " becomes meaningless.

Most women Most women are offered either are offered either nothing, nothing, nothing, antidepressants, or antidepressants, or hormone therapy. And that's it. None of them And that's it. None of them ask the ask the most important most important most important question: why exactly does question: why exactly does your brain react so strongly your brain react so strongly to these changes? This is to these changes? This is exactly the moment when exactly the moment when a woman feels like she is a woman feels like she is not being taken not being taken seriously. The tests are seriously. The tests are normal, the visit normal, the visit ends, and no one ends, and no one pays attention to the pays attention to the two systems that two systems that actually determine actually determine the degree of fog. Her the degree of fog. Her hormones and her hormones and her metabolism. In metabolism. In naturopathic naturopathic naturopathic medicine, there is an ancient medicine, there is an ancient principle principle principle called tole causam.

called tole causam. It means: treat It means: treat the cause, not the diagnosis, the cause, not the diagnosis, not just the symptom on the not just the symptom on the surface, but the cause surface, but the cause that lies beneath it. And that lies beneath it. And when you really when you really look for the cause of " brain fog," you brain fog," you keep coming back keep coming back to the same thing.

to the same thing. So, here it is. Your So, here it is. Your brain runs on sugar, on glucose. It is one, on glucose. It is one of the most of the most energy-consuming energy-consuming energy-consuming organs, and estrogen organs, and estrogen helps the brain helps the brain use this use this fuel efficiently.

fuel efficiently. Brain Brain Brain imaging studies have indeed imaging studies have indeed proven this. When proven this. When estrogen levels estrogen levels change during change during menopause, the brain's entire menopause, the brain's entire energy system energy system changes changes changes with it. So with it. So when estrogen levels when estrogen levels fluctuate, the fluctuate, the fuel supply to the fuel supply to the brain also becomes brain also becomes unstable. And that's unstable. And that's when blood sugar spikes when blood sugar spikes, inflammation, and, inflammation, and poor sleep poor sleep layer on top of the layer on top of the hormonal disruption, hormonal disruption, greatly exacerbating the greatly exacerbating the fog. Think of it as fog. Think of it as interference on a interference on a radio signal.

radio signal. Blood sugar spikes Blood sugar spikes don't break the station. don't break the station. The signal remains. They simply They simply make it harder for the brain to perceive it clearly; to perceive it clearly; exhale if this exhale if this sounds too sounds too difficult. Here is a simple difficult. Here is a simple version. Your hormones version. Your hormones and blood sugar levels are and blood sugar levels are constantly " communicating" with each communicating" with each other. And now no one is other. And now no one is "translating" this "translating" this conversation for you. This is conversation for you. This is why “brain fog” why “brain fog” affects every affects every woman differently. Two woman differently.

Why Hormone Therapy Alone May Not Be Enough

Two women at the same stage of women at the same stage of perimenopause can perimenopause can feel completely feel completely different because each has their each has their own metabolic levels—sugar, sleep, inflammation. I remember a woman own metabolic levels—sugar, sleep, inflammation. I remember a woman who came to me who came to me already doing what already doing what she thought was she thought was right. She right. She was undergoing was undergoing was undergoing hormone therapy.

hormone therapy. She She She checked this checked this box, but she still box, but she still felt foggy felt foggy, forgot, forgot words, and felt like words, and felt like her brain was her brain was stuck in mud.

She was so She was so disappointed because disappointed because she felt like she had already she felt like she had already tried this tried this solution and it hadn't solution and it hadn't worked. So we didn't worked. So we didn't give up give up hormones. We just hormones. We just looked deeper. We looked deeper. We paid attention to paid attention to her blood sugar levels her blood sugar levels and how they and how they fluctuated throughout the fluctuated throughout the day. We looked at day. We looked at her sleep, which was her sleep, which was poor quality. We poor quality. We noticed noticed noticed persistent persistent persistent low-level low-level low-level inflammation that no one had inflammation that no one had ever checked for, ever checked for, and that's where things and that's where things started to change for her. Not started to change for her. Not because the hormones were because the hormones were wrong, but because they were just they were just part of the whole part of the whole picture. The hormone picture. The hormone therapy was doing therapy was doing its job. The rest of its job. The rest of the picture just the picture just needed to be needed to be explored by someone. This is what I explored by someone. This is what I want you to hear.

want you to hear. If you're already on If you're already on hormone therapy hormone therapy and still feel and still feel foggy, it doesn't mean foggy, it doesn't mean you or the therapy you or the therapy has failed. This is a has failed. This is a sign that there is another sign that there is another level worth level worth paying attention to. And this is paying attention to. And this is true true true regardless of your regardless of your attitude towards attitude towards hormone therapy. Hormone therapy. Hormone therapy works on one works on one aspect, and only aspect, and only one. The metabolic one. The metabolic component— component— component— sugar levels, sleep, inflammation— is worth considering in is worth considering in any case.

Whether you're worried about Whether you're worried about HRT, can't HRT, can't take it, or are already take it, or are already taking it but taking it but still feeling foggy.

still feeling foggy. So what does So what does working with working with both of these levels actually look like? both of these levels actually look like?

Here's where I would start. Here's where I would start. So, let's So, let's talk about what talk about what really helps really helps because your brain isn't because your brain isn't broken. And this is not your broken. And this is not your new normal new normal forever. This is a known forever. This is a known transition period, which is transition period, which is completely normal.

completely normal. Your body already knows how to return to a how to return to a stable state once stable state once we remove what is we remove what is interfering. Here I interfering. Here I rely on what in rely on what in naturopathic naturopathic naturopathic medicine we medicine we call the call the call the therapeutic therapeutic therapeutic order. It's a simple order. It's a simple idea. Before we idea. Before we reach for reach for the strongest, the strongest, most aggressive most aggressive most aggressive tool, we tool, we start by building a start by building a foundation and foundation and removing obstacles removing obstacles that prevent that prevent the body from doing what it the body from doing what it already knows how to do. Food, already knows how to do.

Where to Start With Root Cause Support

Food, blood sugar, sleep, blood sugar, sleep, exercise, exercise, exercise, stress management. This is the basis. stress management. This is the basis.

Everything else is based on Everything else is based on it. So here's where I would it. So here's where I would start if you were start if you were sitting in my sitting in my office. First, office. First, be specific be specific about your symptoms about your symptoms and when they started. Not and when they started. Not just "I feel just "I feel foggy." Notice foggy." Notice when it gets worse. Does when it gets worse. Does this coincide with the this coincide with the cycle? Does it get worse during the cycle? Does it get worse during the week when you week when you barely slept? This barely slept? This pattern is pattern is important information, and it is worth expressing it to, and it is worth expressing it to your doctor in your doctor in these very words.

Secondly, and this is what I Secondly, and this is what I promised you earlier. promised you earlier. Ask your Ask your doctor to look doctor to look at your at your metabolic status, metabolic status, not just your hormones. And

not just your hormones. And if you want if you want to ask for something to ask for something specific, ask for a fasting insulin test, not just a fasting insulin test, not just a glucose test. A glucose test. A fasting insulin test is a simple and is a simple and inexpensive test that inexpensive test that can detect blood sugar problems years earlier blood sugar problems years earlier than a regular than a regular glucose test. Most glucose test. Most doctors simply won't doctors simply won't prescribe it prescribe it unless you unless you ask for it. And if you're ask for it. And if you're worried about worried about hormone therapy hormone therapy or have been told it's or have been told it's not right for you, please hear, please hear this. This doesn't mean this. This doesn't mean you're out of you're out of options. The whole options. The whole foundation beneath your foundation beneath your hormones and hormones and metabolism is something metabolism is something you can still you can still work on. And if you're work on. And if you're already undergoing already undergoing hormone therapy hormone therapy but still feel but still feel "foggy" in your head, don't "foggy" in your head, don't take it as a take it as a defeat. Take defeat. Take this as a sign that you should this as a sign that you should also pay attention to your also pay attention to your metabolic level.

metabolic level. This is usually the link This is usually the link that no one that no one has checked. This is what has checked. This is what working with working with the root cause looks like. We don't the root cause looks like. We don't chase the fog, chase the fog, writing out one writing out one prescription and considering the prescription and considering the job done. We job done. We restore your restore your foundation and remove foundation and remove obstacles so your obstacles so your body can body can perform the healing it was it was created to do. Your created to do. Your body knows how to body knows how to heal itself. My heal itself. My job is to help job is to help remove what is in the remove what is in the way.

way. way. So, let me So, let me summarize it all summarize it all for you. Here it is all in for you. Here it is all in one place. The “fog” one place. The “fog” in your head and in your head and memory lapses that you memory lapses that you experience during experience during perimenopause are perimenopause are not a myth and are not a not a myth and are not a sign of early sign of early dementia. Estrogen dementia. Estrogen directly directly directly affects how your affects how your brain stores brain stores memories and how it memories and how it perceives itself. So perceives itself. So when when when estrogen levels start estrogen levels start to fluctuate, this whole to fluctuate, this whole system goes haywire for a while system goes haywire for a while. It's. It's temporary, but temporary, but how hard it how hard it feels is worth feels is worth considering now, not considering now, not later. And this is something that later. And this is something that can be worked on at the can be worked on at the root through hormones root through hormones and metabolism, and metabolism, whether or not whether or not hormone hormone hormone therapy is part of therapy is part of your plan. And I want to your plan. And I want to leave you with leave you with the thought that underlies the thought that underlies all of this.

In naturopathic In naturopathic medicine, there is a phrase that medicine, there is a phrase that dates back to the time of dates back to the time of

Hippocrates: vis medicatrix

Hippocrates: vis medicatrix naturae—the healing force of naturae—the healing force of nature. This means nature. This means that your body has an that your body has an innate ability innate ability to heal itself. My to heal itself. My job is to remove the remove the obstacles in the obstacles in the way and then way and then allow your allow your body to do what body to do what it already knows how to do, it already knows how to do, including your including your brain. If this is the brain. If this is the first time first time someone has connected your " foggy head" to what's foggy head" to what's actually actually actually going on in your going on in your body, instead of body, instead of just just just telling you to relax, telling you to relax, then I'm so glad you're then I'm so glad you're here. And since we here. And since we were talking about how were talking about how hormonal and hormonal and metabolic factors metabolic factors come together, I come together, I created a separate created a separate video about video about anxiety during anxiety during this same transition this same transition period. Much of what period. Much of what causes causes causes today's "fog" also causes this. I'll leave the link. I'll leave the link right here. If you right here. If you would like to work would like to work with me directly, with me directly, find me at find me at hawthornhealingcenter.com or hawthornhealingcenter.com or dr.elizabeththaddicken.com. That's where dr.elizabeththaddicken.com. That's where I help I help women get through it women get through it. If you need. If you need honest, well-founded honest, well-founded information about information about perimenopause and a

perimenopause and a specialist who looks for specialist who looks for the cause, not just the cause, not just suppressing symptoms— this is the channel for you.

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