Feeling Like A Stranger In Your Own Body? How Perimenopause Impacts Mental Health Transcript

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Introduction to Perimenopause and Mental Health

We know women don't have hormones in menopause and that there are major detrimental consequences to that. The argument is, hmm, well, kind of women still kind have them in perimenopausal when their symptoms are at their worst, by the way.

What it is. And again, I'm not saying that in Peri there isn't maybe a gut issue going on or cortisol problem or a testosterone issue or stress response situation or number of things that can be happening, nutrient deficiency, sure, all these things.

That I know for sure. is Dr. Talks. Hey ladies, welcome back to our summit, Hormones and Mental Health, Overcoming Anxiety, Depression and ADHD in Women.

I am your co-host, Dr. Sharon Stills, and happy as always to be here with you. And I've got another good conversation. This is like gonna be a real conversation coming your way.

We are gonna talk about all the things perimenopause, all the emotions, I've got an expert here with me, Dr. Maritza Snyder. She's a functional doctor, she's peri-menopausal expert, has a new book coming out on the subject, so we've like got it in the house, everything you need to know, this is I think her, is this your ninth book?

It will be my ninth That's amazing. You know, she's been featured on Dr. Oz and Oprah and Fox and all the places. So we're really, really grateful, and really lucky to have her here with us sharing her knowledge.

She can be like dropping all of the truth bombs. I already know it. On what you need to know to make your hormonal journey, I'll say, saner. Yeah. Welcome.

It's so great to Yay, Sharon, honey, it's so good to see you. I know. Last time I saw you, we were eating at my favorite place, Nectarine Grove in Sanita.

Yeah, absolutely. We were just there last night. Anyway, it's so funny because I said, you know, the summit is, anxiety, depression, can we gear our talk, I was saying to you before we came live and you were like, well, doesn't that just sum up perimenopause?

In a nutshell, when I think about Perry menopause, I'm like, oh, anxiety, depression, low stress tolerance, irritability.

Personal Story and Early Signs of Perimenopause

And I was specifically, any of us who have partners in Perry, if they could just stop eating loudly, breathing, or really anything for the next 10 years, you know, the relationship will survive.

Do you really need to chew? Definitely not in front of me or around me. So let's just dive in. I guess, you know, how did perimenopause become your expertise, your personal story, I think is powerful if you want to just talk to that.

Yeah, the first time I really understood or knew what perimentopaus was, was when my mom was going through it. My mom is 18 years older than me. She's only 64 years young right now and she's training for her 10th LA Marathon at the moment.

This woman is just vitality, energy, encapsulated. But it wasn't like that at 4748 even 46 years old. When I was growing up my mom really struggled with hormones since like sensitivity probably estrogen sensitivity connected to

her neurotransmitters even progesterone I remember when I In my 20s, I think my mom was kind of in her late 30s at the time, and she was like, you know, the women in our family just don't have progesterone.

And I was, like huh. You know at that time I didn't know a lot about our hormones. Like I did understand that it was a vital sign and I, didn I look and see, what are the hormones that really drive our monthly periods.

But this was just such a big statement and ultimately what she saying is like settle up for really horrible periods and really bad PMS. And all my life, my mom had really struggled.

And really, I think if I could go back in hindsight and diagnose her, she was really struggling with PMDD, what I call PMS's kind of meaner cousin in a way, premenstrual dysphoric disorder.

What I'll see in perimenopause is an up level of that, or kind of a segue into that, right? When women struggling with PMS symptoms, we start to lose our resilient hormones.

They're not cycling and as robust as they used to be. And then we started to see more of this PMDD profile. But my whole life, my mom really struggled.

Again, this is the 80s, This is 90s. We weren't diagnosing these things. I don't even know if we had a name for it back then. So when she got into perimenopause, it really leveled up.

And she was really struggling, not only with the sleep issues and the stress issues but you know she has said candidly in conversations on my show that she would lock herself in the house for four to five days before her period because she And she remembers going to her doctor and saying, hey, is it normal for me to want to kill someone for like five days out of the month?

And her OB-GYN was like, yes. But then that was the end of conversation. Like it didn't go any further than that. And so my mom really struggled. I remember when she finally came to me after she was put on all kinds of stuff, nothing was really working.

It was just really poorly managed. You know, I finally remember getting to take the reins. It was just a really, it just broke my heart to see my mom struggle in that way.

And I remember thinking, I'm like, this isn't, menopause. This is the transition into menoppause that nobody is talking about that really can throw us off.

One of the ways that I find is an appropriate way to diagnose perimenopaus is when a woman is saying, ''I don't feel like myself anymore.'' I don't feel like myself and they're talking about the brain related symptoms.

They're, talking, about all of a sudden the everyday activities and chores and life things that they are having to do requires more effort. they, are saying that man the tolerance that, they had for everyday irritations they don, have it.

the fogginess, the lack of sleep, all of this starts to build up. And no wonder we see an increase in anxiety and depression and just a level of irritation and ultimately at times rage as my mom was experiencing.

So I remember watching her go through this and I thought, oh my God, this is a nightmare unfolding. I though, is this going to happen to me? And I'm 45 now.

I mean, I've been in between early and late. Like, kind of in the middle. There really should be three phases, not just two, because it's not cut and dry.

None of it is. But I'll never forget three months in a row, starting to feel a little bit of rage, and I could not write it off as anything else. That's when I knew I was in perimenopause.

This is interesting. If I track my symptoms against my cycle, I want to kill somebody on the 27th day of every single

month. And I really don't get to do that as a mom to a three-year-old or a two- year- old.

That was when I knew it was the mood symptoms that finally triggered me to know that I was officially in perimenopause. I think what you said is so true.

So many women watching are like, yes, check, that's me.

Why Women Are Misdiagnosed and Dismissed

I don't feel like myself, I feel I'm going crazy, and crying at things that shouldn't be making me cry. And mad at the things I used to just brush off my shoulder.

Still, it's going on today. You're talking about your mother going to the doctor and the doctors just saying, yeah, sure, thats normal. It still goes on where women are just told, deal with it that's aging or it couldn't possibly be your hormones or here's a birth control pill, here is an anti anxiety.

And so it's just so frustrating that women are not getting the help they need. And it's beyond frustrating. It's heartbreaking, really, especially when so many of these women are caring for so Many other people in their lives in the community, whether they're moms, or they've got, you know, careers, in, friends, soul sisters, other family members, maybe parents that they're caring for.

This is such a critical time in our lives in general. You think midlife, how mission critical it is, all the things that we're doing, and all of the plates that were balancing, it just starts to feel like it crumbles on us.

You know, the fact that women, there aren't, you know one that we're not being educated earlier in advance in our 30s of like, hey, this is something to be on the lookout for.

Here's some early signs that feel like the daily pain points of life but really, that could be early early perimenopause, versus just telling a woman, oh she's not sleeping because she has young children.

Yes and, I'm not discounting that too. Yes, that's a player here, but we all know when things start to slip, when we just aren't who we were, When our brain just isn't as sharp, we're having to focus even more, where we really having a breathe through some moments, something is shifting and we deserve better care.

We deserve a higher standard of care than we are receiving today. It's really interesting You know, it is heartbreaking and I'm thinking and it's like through the realm of our hormonal journey because we get mistreated, misdiagnosed, not taken care of properly, even when we're older and then we are told, you're too old, it's too late, there's nothing we can do, this is aging.

And so you really, when you get your period there should be some training that comes along with it. Because we were so used to saying, I know when I do intakes on patients and I say, do you have any problems with your a lot of times patients say no.

And then I go, oh, okay, so you don't have breast tenderness? Oh, yeah, I have that. Oh you, don' have bloating? oh yeah I, have, that you. Don't, and like they just think, well, doesn't everyone have?

That it's normal. I don t think of that as a problem. So what you're doing, what we're on a mission to do is change that conversation to realize that if you re experiencing these things, those are signs of hormonal imbalances.

If you handle them then that they might be common, but they're not normal, then as you progress through your hormonal cycle, it's not going to get better.

Absolutely. Well, and as, you know, defining perimenopause specifically, hormonal disruption. This is what we're talking about. And not to say that there aren't metabolic concerns here or there are neurotransmitter issues or, man, you could just be dealing with deregulated cortisol or potentially low thyroid that's being missed.

100%, those could be considerations as well. But what I will say is that whether those things are happening or not, When you head into perimenopause with any number of these, you know, maybe it's high inflammatory markers.

It's like fuel on the fire, it is going to elevate, and it will bring up those symptoms even higher. and exacerbate those symptoms. And so it's always going to be, you know, what perimenopause is, is the shift in changing of these hormones that are life-giving, that have receptor sites on every single part of the body.

So if you're coming into peri-menopausal with a thyroid issue, let me tell you, if that thyroid situation is going really increase, and you may see irregular cycles, more irregular earlier in.

And so, I think, you know, the conversation that I'm excited to have is one, how can we recognize earlier, You know I, think the earlier the better the early or the intervention, and then be very honest about the types of interventions, we can bring in, a you in you I don't I kind of still in the perimenopause realm.

Hormonal Shifts, Symptoms, and the Need for Testing

I know not for you and your practice and definitely not in how I'm talking to my patients, but in a general sense of things, culturally, we're not thinking about HRT, hormone replacement therapy, until, you know, towards the end of peri-menopausal or even menopas, where, gosh, why should a woman be having to suffer these brain-derived symptoms, these, You know, general urinary derived symptoms, metabolic symptoms.

Whether it's fasting, blood glucose is going up, lipids are going, inflammation markers are up. Why should we have to get through this melee of symptoms during a time of massive transition without the support?

Not only lifestyle support, but also hormone support. I know for me, by the time I really figured out what was going on, ultimately I should have been on hormones many, many months ago.

But again, even myself, as this is what I do for a living, I just kept like, well, maybe, you know, like I was just… It wasn't that I didn't want to admit that i was in perimenopause I you know there's just this this deeper narrative that's like oh well but you're a new mom or oh Well, you are working too hard or Oh well, there has got to be another reason, and then I'm just like no, it's peri-menopaus and it's not gonna get better per se without support.

And that's what I wanna bring to the table. No woman should have to suffer through this transition because we're not willing to admit that hormones are massively shifting and that the hormones can really be the answer to that.

You know they're like we talk about root cause medicine and i'm like the root causes that your ovaries are winding down and your your molecules are going away, you are running out of molecules that is the treatment to replace the hormones and snickering here because just today in my life there's a.

I'm in a naturopathic physicians group on Facebook. There's a thread going about this very topic. And then I am also in some other chat that I get emails through a functional.

who are like screaming, you should never be giving hormones. You should ever give estrogen and perimenopause if a woman like and I'm like, oh my God, like you know so even within, even in within our realm.

Yeah, It's so frustrating. And we can absolutely go into lifestyle and 100%. There's going to be some lifestyle strategies, including a part of that lifestyle strategy is really mindset and boundaries.

I always say that perimenopause, everything is up for review. Your relationships are up for review. Your lifestyle is up review, you know, how you take care of yourself is out for a review your people pleasing up a revue.

You know what I'm saying? And the way that you have been, your operating system is ready for an upgrade. And really you don't have a choice. Like I think of perimenopause as a massive fork in the road and you get to decide if you're going to default or if you are gonna make the turn towards better health span and more longevity and really honoring and nourishing your mental and emotional resilience.

And I'll tell you what, there's a reason why all of this is coming up to us, with us for us. However you wanna call it, it's happening to me or it happening for me because it is that defining moment where as things are all flushing themselves out, neurotransmitters are going crazy.

And again, due to hormonal receptor sites, some of us are just more sensitive than others are. It's, you know, and understanding that level, like where you land in that sensitivity, I know women who could be mid perimenopause and have an estrogen, an average estrogen around 175 and be struggling.

And then I know other women who could be under a hundred and just be soaring through life. And so it just really depends on that sensitivity. That sensitivity is also reliant on the amount of trauma you've dealt with.

What had been your symptoms during your reproductive years? have you been diagnosed with something like PMDD or more severe PMS symptoms? Or maybe you've had anxiousness and anxiety throughout your 20s and 30s.

And so there's probably a decent correlation between neurotransmitter function and the variability of your hormones throughout cycle that maybe someone just hasn't pinpoint and now it is up for review.

And here we are, you know, do you have a chapter in your I want to talk about your new book to have the chapter like that says up for like, is there enough for review?

Yeah, there's an entire chapter on this topic. And it's near and dear to me, not only from what I saw with my mama, but it this, I'll tell you, this has not been an easy journey for me either.

You know I have an ACES scored adverse child event score of a six. doesn't look good for perimenopausal mood symptoms. A lot of women who have severe child adversities will see an increase in PTSD, an increased in anxiety, irritability, mood swings and rage.

And I knew coming into peri-menopause that most likely some of that stuff was gonna come up. If I hadn't dealt with it yet, You know if I kept hiding it behind writing books and whatever I was doing and if you know what I called chasing my worthiness that eventually it was it, was going to come for me and so here I am in perimenopause in the journey of struggling with some of these really intense mood symptoms and.

and the invitation to do some deeper work along with other support, hormone support. Luckily I've been very blessed to not have to touch antidepressants or anti-anxiety medications, but man, I am pulling every other lever that's out there right now.

Mm-hmm. Yeah, it really is. You know, I say it's the time to pause. I love that. The time for review. It really this opportunity, right? Because we can balance our hormones, but then it like the real work begins, because we're beings going through this life.

And most of us, if not all of, us it a very rare unicorn who doesn't have adverse childhood issues that are informing the big adult us. that needs to be worked out.

And ultimately we are here to learn and grow and, you know, step into our worthiness.

Hormones First: Treatment, Lifestyle, and Root Causes

I love what you said. You have such good catchphrases, chasing your worthness. So this is the work of being human, of a woman, being a women who's aging.

It's really just the beginning, like it's changing that mindset of, oh, this is the the end, you're over the hill now, but to like, no, now you have these tools and you'll have this wisdom and this desire to really do this review and to change the next stage and chapter of your life.

It can be, if you shift the perspective, it is actually really exciting. It is really exciting. And I definitely never want to discount. I know a lot of women listening.

You are listening right now and you are in the whole of severe anxiety or you're in a hole of major depression and it just feels like you cannot mindset your way out of that at all.

and lifestyle your way out of it. I totally get it, and that's why I say every tool in the toolbox. Sometimes some of us need a little bit of extra support to get us through a mini phase until we can rely on other strategies and solutions.

As much as I'm a root cause girl, is it low thyroid function? Is it gut health? is blood sugar deregulation? What what else is going on? Is it the deeper trauma work that we gotta do?

And I get that even me listing all these things off, it feels like I don't wanna do it. Like I, well, I didn't want to do that. Or is it just a little bit, you know, maybe it's a bit of, cycling estradiol and oral micronized progesterone, rhythmically, like, arrhythmically cycle my pro testosterone.

And right now, and I'll be honest with you, from my period. I did not ovulate this month, so there's that. And I'm currently at 200 milligrams, but I am about to start stepping it back down to 100 to kind of get ready.

on day one. So it's figuring out what is working for you. I don't want to discount your lived experience, but at the end of the day, we do have many, many years after this, and we get to decide the unknown and what it gets to look like and how we feel moving through it and moving out of it.

And like one of my favorite Peloton instructors always says to me when I'm on that darn bike is she's like, the only way is through. And I feel that. Yes.

The only ways through because it's happening. Women listening are struggling and it can be overwhelming. So there is hope. I'd love for you to speak to like advice for women who are struggling?

Do you have a hierarchy of blood sugar, hormones, gut, just some practical tips for them, anything you can share? Absolutely. So my hierarchy, honestly, is hormones.

You know, there's a lot of practitioners out there right now who are like, you know I bring on hormones second. And I'm like really? Why? Like it's yes, Anne.

Now HRT is not gonna lift weights for you. HRP is gonna do the trauma work for your, okay? HRD is going to walk your butt after meals. It will not do those things.

So there is lifestyle for sure involved here. But me Anne, it can turn the lights on. And every woman deserves that. Deserves that light bulb moment. And so to me, it's always a yes hand.

So I say, run those labs, see where you're at, especially in perimenopause. I know people are gonna say that it a fool's errand. Don't believe them. See where your at.

Look at that FSH, look at estradiol. Run a full map across your menstrual cycle. You know, some women have decent estrdiol, but they have no estridiol peak.

You know, some women, you know you, know some months have okay progesterone and the next month it's not there. You don't decide whether you ovulate or not one month or I definitely did not make that decision.

this month. It happened without my permission. My body didn't say, hey, are you cool with no ovulation and no progesterone this months? I would have said, no, absolutely not.

Can I have the whole thing? Can have all the shabang. I'd like the corpus luteum to be there to release that progeterones. But it wasn't my say. And I didn t get a choice in the matter this And so I say, test the hormones.

Look at your hormones, including thyroid. And then also I think the metabolic labs are important here because sometimes we don't always nail it with the hormone labs.

It's true. We may have caught you on a good day, on accident. But we can see, if we start to see an increase in insulin resistance or fasting blood glucose, or we started to an increasing lipids, let me tell you, that's estrogen going away.

So those are also indicators as well. If you're working with a good doctor, they should start to piece together the puzzle of what is going on here, especially if your symptoms are screaming at you.

And so that's gonna be the first step is can we get you some progesterone? Is estradiol appropriate right now? Can we do it? And then we can talk about lifestyle.

We can talking about walking after meals or just walking in general or a long time. Can we get some alone time? And we can talk about eating foods for your blood sugar.

Sleep, for goodness sake. To me, that is a non-negotiable. If I want to function tomorrow, sleep is the guard at the door. You know, sleep is gonna make or break how I show up tomorrow, guaranteed.

Is my walking 10,000 steps gonna to make her break whether I showed up to tomorrow? No, I just still do it. Don't think I don't, but sleep it's gonna be the thing.

And so get clear on your non-negotiables. What are the big levers for you that move the needle for the next day? Is it what you're eating, balancing your blood sugar?

is it no alcohol? Is it your hormones? That too, that's a very big non-negotiable for me. Is sleep? And then how do we optimize sleep for you? Because God knows that that is one of the biggest symptoms in perimenopause.

It is a long time for yourself? Is having a nice morning routine in the morning Is it some critical supplementation like vitamin D and magnesium and B vitamins?

And so it's important to get clear, but I would say the top of the ascension triangle is hormones, non-negotiables like sleep and movement and balancing blood sugar.

And then if we need to go deeper, we can look at nutrient profiles and gut profiles. but ultimately I think lifestyle and then even again, the deeper work of trauma work or internal family systems, parts work, whatever that looks like, helping to regulate your body.

Those would be some other steps that I would take too. Thank you. Because I am a big hormone first doctor and I didn't know what you were going to say, but I'm like yes, because so many women are told by our colleagues We got to work on your mold.

You know, we gotta work on your gut. You don't need hormones. I have people saying, no, I'm told I can't come see you for hormones till I work my gut for nine months.

And I like, oh. No, it's a yes and plus estradiol is what's shifting the microbiome to begin with. So it just, you know. Like you, like I love how you speak.

Yes, the hormones will turn on the lights. They'll put you on a field. then you can go knocking around your blood sugar and your all these things are important.

But why suffer when if it's your hormones that are declining, you know, You can smell all the lavender and you do all of the breath work and All the sauna, all the whatever, but if you're missing progesterone you probably not going to sleep and so this is like just so important for you to hear and it goes the same for your emotions like the hormones can just get you balanced so then you can do the I don't expect anyone who right now is suffering with

anxiety with depression who's not hormonally balanced to be able to go do trauma work like you're just trying to get through the day.

The Brain, Estradiol, and the Roller Coaster of Perimenopause

But when you can get that field leveled with the hormones. Like you said I 3000% agree the Hormones are not going to the gym for you. You know, you still have to do the lifestyle stuff, but the hormone balance enables you to be like, yes, I can actually get off the couch and cook myself a healthy meal and go for a walk because I feel more sane.

Yeah, exactly. Exactly. I mean, this is what we're coming up against for Perry. And it's still what we're coming up against in menopause, but I feel the tide is turning for menoppause.

We know women don't have hormones in metapause and that there are major detrimental consequences to that. The argument is, hmm, well, kind of women still kind have them in perimenopaus when their symptoms are at their worst, by the way.

And maybe we try all these other things first. I'm like, maybe, we don' Maybe we recognize what it is And again, I'm not saying that in peri, there isn't maybe a gut issue going on or cortisol problem or a testosterone issue or stress response situation or number of things that could be happening in nutrient deficiency.

Sure. All these things. Yes. And what I know 100% for sure is that your hormones are erratically declining. That I I don't know why we keep dancing around it like this isn't true.

It's mind-blowing to me. Now that I'm in the lived experience, it is so crystal clear that that is the thing. I can't blame it on anything else. I know it is.

Yeah, and it's a little bit of a trickier time right when I have women is very menopause. It's so little trick here treating them then postmenopausal where it just like okay everything's gone.

So you know you just yeah when you when the levels are gone, again they ain't coming back and by the way your adrenals are not ever going to make enough.

to support you, okay? Especially what we've all done to them over the years. I know, by the time you get to perimenopause, like you're lucky if your adrenals are They have anxiety, okay, at that point.

And so, yeah, I mean, all these lies, it's just perpetuated, so many issues. But yeah. Just in case you were wondering, no, we're talking about menopause, but hormones are gone.

They're at such low levels. Now you have a situation where receptor sites are shriveling up. Here's the thing, they're doing that before that. Exactly.

Way before that. And turning those suckers back on, it happened so fast. That's what I'm most concerned about. It's the lack of these. I know that this has been said in the other conversations, but I just have to reiterate it.

The CEO of the brain for women is estradiol. She is the master coordinator, master regulator, she is a master energy coordinator. She's managing glucose, all of it.

Can you imagine if your CEO decided to retire out without your permission? And she was regulating all the things in the brain. And the Brain was like, Whoa, whoa, I didn't I did say that you could do that.

Intense and profound. 80% of peri-menopausal symptoms are brain derived, including hot flashes and night sweats, and sleep. All of it is connected to the brain.

You take estradiol out of the we are struggling. But that mismatch, that HPO disconnection, the brain ovarian

connection, and the relay of estrogen, is beginning to sputter as early as our early 40s.

not 52, not 49. And so that's the realization I just want to identify and I want for us to understand is that we're pretending it's all something else when it is really the brain desperately trying to get its dial back and it isn't.

It's not happening. And I think with what you're saying I, think that's such a good visual because think about it like the CEO the estradiol or you know it's, not like she's just walking out like I quit she, is like first maybe she is drinking on the job or she playing hooky or, she leaving early or staying late so she like very erratic before when she finally is Either, you know, I'm done.

And so that's what's happening with your hormones and perimenopause. It's erratic. I was going like, it's like a rollercoaster. Yeah. That's your symptoms.

Some months are going to be better than others. some days are gonna be Better than Others. You know I, was telling you I have a migraine coming in and I know my cycles come in.

Maybe she's coming a little earlier. Who knows? I mean, again, You just don't know in peri-menopaus. Adam, maybe it is a 25-day cycle this month. i'm not sure.

But I usually don't get a migraine until like the day or two before. And now that this one's coming in hot, I'm like, huh. I'll tell you what, on the days that I don' have them, it's like when you have the flu, but then you don"t have it for several years and you just forget.

So I just forgot what it feels like to have a migrate until it comes back and knocks back on th door and I"m just like oh, this is awful. And so it kind of, it's similar to perimenopause.

Book Preview and Final Advice for Women

Some days we're having good days and we were like, okay, fine, that's good. And then the next day we are not having a good day and it is not okay. So that roller coaster is hormones.

Bringing in hormones stops the rollercoaster ride. It stabilizes things. That's what I'm really trying to impart. We deserve a level of stability in this journey.

If we go in default mode, It's that default is instability. That's what it is. that's the wind down. So I just wanted to share that. Thank you. You've done a good.

This has been an amazing conversation because it's such an important one and you just You just nailed it. So tell us, because I know you have a book coming out.

Tell us just a little sneak peek. I think you said it's coming in October with it? October 22nd this year. It's so excited. What's the title? It is called The Perimenopause Revolution.

The first part of the book is really identifying. And I really think so many women who are going to buy the books are not even necessarily know, still know.

or assume that, oh, perimenopause is just this cluster of five symptoms. And then we realize, Oh my gosh, it's all this. It's this whole thing of thing.

That I think is important because we all deserve to understand what's going on with our bodies. So that's a big part of it. But then I also talked about the metabolic aspect of things, really longevity and health span and how a lot of our big chronic diseases, heart disease, osteoporosis, dementia, those are diseases of midlife.

Those are disease of 40s. And then we see them show up, present in 60s. Again, these hormones shifting and changing far bigger than we could ever imagine.

Believe me, mood and anxiety and depression, oh my gosh, so big and it feels so dark at times. But then, we think about what's happening under the hood too.

And so I want to paint that picture. And then there's a whole chapter on HRT for perimenopause. Let me tell you, it was hard to put that chapter together because, again, there is not a lot of research.

There's only 6,400 research studies on peri-menopaus today, which, by the way, is nothing. Zero. And then it's the full plan. So that's what you're gonna get.

But there's mindset, the mood piece, friendship. I have a whole chapter on soul sisterhood because in this journey, especially when we're struggling with anxiety and depression and mood changes, it feels like such a lonely journey.

When we are in the symptoms and we don't think anyone can understand what we were going through at the time. And so one, acknowledging that. And just just holding space for you in that.

But then also, how do we find our people going through the same thing we're going? Through making it feel like it's going to be OK and safe. So all of that, I mean, no stone left unturned.

OK, it this book became a really big book. I'm curious to see what the editors do if they're gonna chop any of it, because, you know, maybe I got a little hand with all the content.

But we're talking about 10 years of a woman's life. This isn't reversing insulin resistance. How do you even address a transition? Probably one of the most profound transitions we'll ever go through.

And so I wanted to give it its due diligence because we deserve it. I am so excited for it to come out. So the very menopause revolution, look for in October.

And where else can the ladies learn? Is it just your website or where? Website, so drmarisa.com. On Insta, same place, drMarisa, D-R-M-A-I-Z-E- A. and then the podcast is called Energized and it's specifically about women in midlife.

It's these conversations. Awesome, awesome. Well, I love you so much. And I'm so glad we got to have this conversation. This is like ladies. I told you it was gonna be like truth bomb, right?

I did not lie. So this is really it. this what you need to hear and know and this should give you hope and find the right people to help you and you can get your life back.

You can your mood back, you wake up and be I feel like me again. And then it's just a, you know, as we go on, it it like a wiser, more mature, and more amazing you.

So it is a really exciting journey. Thank you for being here. Make sure you check her out, check out her book, Thank you for tuning in to Doctor Talks.

We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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