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

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Introduction and guest welcome

Hi, ladies. Welcome back to our summit. Hormones and mental health. Overcoming anxiety, depression and 80 HD in women. I am your co-host, doctor Sharon Stills and happy, as always to be here with you.

And I've got another good conversation. This is like going to be a real conversation coming your way. We are going to talk about all the things perimenopause, all the emotions, all the things.

I've got an expert here with me, Doctor Maritza Snyder. She's a functional doctor. She's a perimenopause menopausal expert. She 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? It will be my ninth book. Yeah. That's amazing.

You know, she's been featured on Doctor Us and Open Fox and all the places. So, we're really, really grateful. Really, really lucky to have her here with us.

Sharing her knowledge is going to be like dropping all 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 have you here. Yay! Sharon, honey, it's so good to see you. I know last time I saw you, we were. We were eating at my favorite place, Nectarine Grove in Encinitas. Yes.

Yeah, absolutely. We were just there last night. We go. We go there a lot. I like. It. Anyway, it's so funny because I said, you know, the the summit is, you know, anxiety, depression, you know, can we get 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?

Personal story and perimenopause symptoms

Like when I think about perimenopause, I'm like, oh, anxiety, depression, low low stress tolerance, irritability. And I was specifically, you know, any of us who have partners in Perry, we just, you know, if they could just stop eating loudly, like breathing, but really anything for the next ten years.

You know, I think that the the relationship will survive. Like, like. Do you really need to chew? Yeah. 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. Yeah, powerful. If you want to just talk to that. Yeah.

The the first time I really understood or knew what perimenopause was, was when my mom was going through it. My mom is 18 years older than me, I guess.

I'm sure she's only 64 years young right now. And she's really. She's training for ten la marathon at the moment. This woman is just vitality, energy encapsulated.

But it wasn't like that at 47, 48, 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 was in my 20s, I think my mom was was kind of in her late 30s at the time, and, and she was like, you know, the women in our family just don't have progesterone.

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

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

And really, I think, you know, if I could go back in hindsight and diagnose her, she was really struggling with Pmdd. What I call like PMS is, kind of meaner cousin in a way.

Right? Premenstrual dysphoric disorder. And a lot of 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 in as robust as they used to be. And then we start to see more of this Pmdd profile. So my whole life my mom really struggled. And again, this is the 80s.

This is the 90s. We weren't diagnosing these things. I don't even know if we had a name for it back then. And so when she found the perimenopause, it really leveled up and she was really struggling not only with the sleep issues and the stress issues, but, you know, she had said candidly in conversations on my show that she would lock herself in the house for 4 to 5 days before her period because she was afraid she was going to hurt somebody.

It got so severe and, you know, she or 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 the conversation. But they didn't go any further than that. And so my mom really struggled.

And I remember when she finally came to me after she was put on, just put on all kinds of stuff. Nothing was really working. It was just really poorly managed.

And, I, you know, I remember, you know, finally getting to take the reins, but it was just a really it was just it just broke my heart to see my mom struggle in that way.

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

And, you know, one of the ways that I find is an appropriate way to diagnose perimenopause cause 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're having to do requires more effort.

They're saying, that, man, that the tolerance that they had for everyday irritations, they don't 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 just a level of irritation and ultimately at times, rage. Right? Is my mom was experiencing.

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

I'm, I'm in I'm in it. I mean, I'm in between early and late, like, I'm in kind of in the middle. Like there really should be three phases, not just two, because I 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.

I was like, this is interesting. If I look at my my, if I, if I track my symptoms against my cycle, I want to I want to kill somebody. You know, on the 27th day of every single month.

Why women are dismissed and misdiagnosed

And, and I really don't get to do that as a mom to a three year old or a two year old. And so, that was when I really knew it was the mood symptoms that finally triggered me to know that I was officially in perimenopause.

Yeah. I think what you said is so true. And I'm sure so many women watching are like, yes, check. That's me. I don't feel like I myself, I feel like I'm going crazy.

I'm crying at things that shouldn't be making me cry. I'm mad at things that I used to just brush off my shoulder. And yeah, we go to the, you know, still it's going on today like you're talking about your mother saying going to the doctor and the doctor just saying.

Yeah, sure. That's normal. And it still goes on today where women are just told, yeah, deal with it. That's aging. Or it couldn't possibly be your hormones.

Or here's a birth control pill. Here's an entire 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 their community, whether they're moms or they've got, you know, careers, you know, coworkers, friends, soul sisters.

I mean, other family members may be parents that they're caring for. You know, this is 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, all the plates that we're balancing, you know, it. It just starts to feel like it crumbles on us. And, 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. You know, versus just telling a woman, oh, she's not sleeping because she has young children. Yes.

And definitely I'm not. I'm not, discounting that too. Yes. That's a player here. But we all know when, when things start to slip, when we just aren't who we were, when our brain just isn't as sharp, when we're having to focus even more, when we're really having to breathe through some moments.

Something is shifting and we deserve better care. We deserve a higher standard of care than we are receiving today. Yeah, it's really interesting because, you know, it is heartbreaking.

And I'm thinking and it's like through the the realm of our hormonal journey because we get mistreated, missed, diagnosed, not taken care of properly, not listened to even when we're older.

And then we're told, you're too old, it's too late. There's nothing we can do. This is aging. And so you really. It should be like when you get your period, there should be some training that comes along with it about because we're so used to saying, I know when I do intake some patients and I say, do you have any problems with your

period?

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't have bloating. Oh yeah, I have that. You don't have cravings.

And like they just think, well doesn't everyone have that. It's normal. I don't think of that as a problem. And so what you're doing when 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.

And if you don't 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, the way you're different, defining perimenopause specifically, it is hormonal disruption. This little we're talking about like and not to say that there aren't metabolic concerns here or there aren't neurotransmitter issues or if me, 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's going to it's going to elevate. It's going to kind of bring up those symptoms even higher and exacerbate those symptoms. And so, it's always going to be, you know, what what perimenopause is, is the shift and changing of these hormones that are life giving that have receptor sites on every single part of the body.

And so if you're coming into perimenopause with a thyroid issue, let me tell you it, that thyroid situation is going to really increase. And you may see irregular cycles, more irregular earlier in.

And so I think, you know, the conversation I'm excited to have is one, how can we recognize earlier.

Hormones, trauma, and the midlife reset

You know, I think the earlier the better the earlier the intervention. And then be very honest about the types of interventions we can bring in. And you know, and, you know, I don't I don't know if it's it's kind of still in the perimenopause realm.

I know not for you in your practice and definitely not in how I'm talking to my patients, but in the general sense of things in culturally, we're not thinking about HRT hormone replacement therapy until, you know, towards the end of perimenopause or even menopause, where, gosh, why should a woman be having to suffer these, you know, brain derived symptoms, these, you know, you know, general urinary drive symptoms, metabolic symptoms, whether it's fasting blood glucose is going up, lipids are going up, inflammation markers are going up.

Why should we have to, you know, have to get through these this melee of of symptoms during a time of massive transition, without the support, not only lifestyle support but also hormone support.

You know, 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, you know, even myself, as this is what I do for a living, I just kept like, well, maybe, maybe, maybe, 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're working too hard or oh, well, you know, there's got to be another reason, you know, and then I'm just like, no, it's, it's perimenopause and it's not going to it's not going to get better per se without support.

And that's what I want to 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 hormones can really be the answer to that, right?

You know, like, we talk about records, 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 root treatment to replace the hormones. And I'm snickering here because just today in my life, there's a I'm in, like a natural panic physicians group on Facebook.

There's a thread going about this very topic. And then I'm also in some other chat that I get emails through, like a functional. And there's another conversation and there's like all these doctors, some doctors that you and I know and you know, I'm not going to name names who are like screaming, you should never be giving hormones.

You should never give estrogen in perimenopause. Perimenopausal for women like and I'm like, oh my God. Like, you know, so even within. Even within our realm. Yeah.

Even within people. So I it's so heartbreaking. 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. You know, the I always say the perimenopause, everything is up for review.

Your relationships are up for review, your lifestyle is up for review. You know how you take care of yourself is up for review. Your people pleasing up for review.

You know what I'm saying? And you know the way that you have been, your operating system is ready for an upgrade. And and really, you don't have a choice.

Like I think a perimenopause as a massive fork in the road. And you get to decide if you're going to default or if you are going to make the turn towards more, better healthspan and more longevity.

And really honoring and and nourishing your, your mental and emotional resilience. And I'll tell you what, there's a reason why all of this is coming up for a to us, with us, for us.

You know, our you however you want to call it if you it's happening to me or it's happening for me. Because it is that defining moment where as things are all flushing themselves out, neurotransmitters are, are going crazy.

And and again, due to hormonal receptor sites, some of us are just more sensitive than others are is you know and and understanding that level like where you land in that sensitivity.

You know, I know women who, you know, could be mid perimenopause and have an estrogen, you know, an average estrogen around 175 and be struggling. And then I know other women who could be under 100 and just be soaring through life, you know, and it so it just really depends on that sensitivity and also it really and that sensitivity is also reliant on the amount of trauma you've dealt with.

You know, what had been your symptoms in, in in during your reproductive years. You know, 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 your cycle that maybe someone just hasn't pinpoint.

And now it is up for review, you know, and and here we are. You know. You have a chapter in your I won't talk about your name, but you have a chapter like that says up for like, is there enough for review?

Yeah, there's a whole 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 a an essay score, a, adverse child event score of a six that doesn't look good for for perimenopausal mood symptoms. You know, you know, a lot of women who have, you know, severe child adversities.

We'll see an increase in, PTSD, an increase in anxiety, irritability, mood swings and rage. And, and I knew coming into perimenopause that most likely some of that stuff was going to come up.

And then I was going to that it was it was if I wasn't, if I hadn't dealt with it yet, if I kept hiding it behind writing books and whatever I was doing.

And if you know what I call 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, you know, I, I luckily I've been very blessed to not have to touch, anti antidepressants or anti-anxiety medications, but man, I am pulling every other lever that's out there right now.

Yeah. It really is. You know, I say it's the time to pause. I love that, the time for a review. You know, it really is this opportunity, right? Because we can balance our hormones.

But then it's like the real work begins, right? Because we're we're beings going through this life. And most of us, if not all of us, it's a very rare unicorn who doesn't have adverse childhood issues that are informing the big adult us that need to be worked out and ultimately, we are here to learn and grow and, you know, step into our worthiness.

I love what you said. You have such good catchphrases, you know, chasing your worthiness. And so this is the work of being human, of being a woman, of being a woman who is aging.

And it's really just the beginning. Like it's changing that mindset of, oh, this is the beginning of the end, you're over the hill now. But to like, know now you have these tools and you have this wisdom and this desire to really do this review and to change the next stage and chapter of your life can be if you, you know, shift that, shift the perspective.

It's actually really exciting. It is really exciting. And I definitely never want to discount. I know a lot of I know a lot of women listening. I know who you are listening right now, and you are in the hole of severe anxiety, or you're in the 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, you know, every tool in the toolbox. Sometimes some of us need a little bit of extra support to kind of get us through a mini phase until we can rely on other strategies and solutions.

As much as I'm a root cause girl and is it low thyroid function? Is it gut health? Is it blood sugar deregulation? You know what? What else is going on?

Is it the deeper trauma work that we got to do? And I get that even me listing all these things off, it feels like I don't want to do it like, I don't I don't want to do it.

Or is it just a little bit, you know, maybe it's a little bit of, you know, cycling estradiol and oral micro progesterone, you know, rhythmically, like I rhythmically cycle my progesterone.

Practical treatment priorities and lifestyle support

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

I don't want to fall off a cliff on, you know, on day one. So, you know, it's a, it's figuring out what is working for you. So I just want to say I'm not I don't want to discount your lived experience, but I also, you know, at the end of the day, you know, we we do have many, many years after this and we do get to decide the unknown and, what it gets to look like and how we get to feel, you know, 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. And there, you know, the only way is through because it's happening and yes, it's happening. You know, women listening are struggling and it can be overwhelming.

So this is, you know, there is hope. And so 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, you know, just some practical tips for them.

Anything you can share? Absolutely. So my hierarchy honestly, is hormones. I, 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 a yes and no. HRT is not going to lift weights for you. HRT is not going to do the trauma work for you. Okay? HRT is not going to walk your butt after meals, okay?

It will not do those things. And so there is lifestyle for sure involved here. But man 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. And so I say run those labs. Run those labs, see where you're at. Especially in perimenopause, I know people are going to say that's it's a fool's errand.

Don't believe them. Get to see where you're at. Look at that FSH. Look at estradiol. Run it. Run a full map across your mental cycle. You know, some women have decent estradiol, but they have no estradiol peak.

You know, some women, you know, you know, some months have okay, progesterone in the next month it's not there. You know, ovulation where do you go. And so, you know and how are you going to know do you you don't decide whether you are late or not.

One month or I definitely did not make that decision this month. It happened without my permission in my body to say, hey, are you cool with no ambulation and no progesterone this month?

What is that? No. Absolutely not. Can we have can I have the whole thing and I have the whole shebang? I'd like the corpus luteum to be there, you know, to release that progesterone.

But it wasn't my say. I didn't get a choice in the matter this month. And, 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, we don't always nail it with the hormone labs.

It's true. You know, we may we may have caught you on a good day, you know, an accident. And but we can see if we start to see an increase in insulin resistance or fasting blood glucose, or we start to see an increase in lipids.

Let me tell you, that's estrogen going away. You know, so those those are also indicators as well. Like you've 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.

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

We can talk about walking after meals or just walking in general or just alone time. Can we get some alone time? And we can talk about, you know, eating, eating foods for your blood sugar, you know, sleep for goodness sake.

You know, to me, that is a non-negotiable. If I want to function tomorrow, sleep is is the it that is the guard at the door. You know, it's sleep or sleep is going to make or break.

How I show up tomorrow. Guaranteed. Is is my walking 10,000 steps going to make or break whether I show up tomorrow? No, I do still do it. Don't think I don't.

But it's sleep is going to 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 that what you're eating, balancing your blood sugar? Is it no alcohol? Is it you know, is that how is that treating you? Is it is it your hormones?

Right. That too. That's a very big non-negotiable for me. Is it sleep? And then how do we how do we optimize sleep for you? Because gosh knows that's one of the biggest symptoms in perimenopause.

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

And so it's important to get clear. But I would say my the top of the, the 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, you know, parts work, whatever that looks like, helping to regulate your body.

Those would be some other steps that I would be taking to. Thank you. Yeah. 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, you know, our colleagues, we got to work on your mold.

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

Oh, no, it's a yes. And plus estradiol is what's shifting the microbiome to begin with. So it's just, you know, so like you I love it. You speaks I love how you speak.

So it's like yes, the hormones will turn on the lights. They'll put you on the field. Then you can go knocking around your blood sugar. And you're 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 can have all the breathwork and. You can all the sauna and all the whatever.

But if you're missing progesterone, you're probably not going to sleep. And so this is like just so important for you to hear. And it's goes the same for your emotions.

Like the hormones can just get you balanced. So then you can do that. I don't expect anyone who right now is suffering with anxiety, with depression, who's not hormonally balanced to be able to go to trauma work like you're just trying to get through the day.

But when you can get that field leveled with the hormones, like you said, I 3,000% 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 this is what we're coming up against for Perry in. It's still we're coming up against in menopause. But I feel it's, you know, the tide is turning for menopause.

We know women don't have hormones in menopause and that there are major detrimental consequences to that. We we know the argument is we'll kind of women still kind of have them in perimenopause 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't. Maybe we recognize what it is. And I'm again, I'm not saying that in Perry there isn't maybe a gut issue going on or cortisol problem, or a testosterone issue or a stress response situation, or a number of things that could be happening in a nutrient deficiency.

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

Right. I don't that it's mind blowing to me. Yeah. And now and now that I'm in the lived experience, it is so crystal clear that that is the thing. It is. It is the root cause.

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 in perimenopause, it's a little trickier treating them than post-menopausal, where it's just like, okay, everything's gone.

So, you know, you just. Yeah. When you, when the levels are gone and the and they ain't coming back.

Book preview and closing resources

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 I think. I know my time you get to perimenopause like you're lucky if your adrenals are you getting nine by a thread? If they're just like.

Oh, they're so they have anxiety. Okay. At that point. And so yeah, I mean, all these, these lies, you know, they just, you know, it's just perpetuated so many issues.

But yeah, just in case you were wondering, no, we're not we're talking about menopause, but the hormones are gone. They are at such low levels. You know, you have a situation where receptor sites are shriveling up.

But here's the thing. They're doing that before that exact way before that and turning those suckers back on. It happens. So fast. And that's what I'm most concerned about.

It's the lack of these resetting here. I know that this has been said in the other conversations, but I just have to reiterate it. The the CEO of the brain for women is estradiol.

She is the master coordinator master regulator. She is the master energy coordinator. She is managing glucose, all of it. She is doing all the things.

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.

Whoa whoa whoa whoa whoa whoa. Whoa. I didn't I didn't say that you could do that. And man, the disruption that happens is so intense and profound. 80% of Perimenopausal symptoms are brain derived, including hot flashes and night sweats, including sleep.

You know, all of it. All of it is connected to the brain. And so you take estradiol out of the brain, and it's no wonder we are struggling. But that mismatch, that that mist that, that HBO disconnection, the brain ovarian connection, the relay of estrogen that that's beginning to sputter.

It is early as our early 40s, not 52, not 49, you know. And so that's the realization I just want I want to identify and I want to just for us to understand is that we're pretending it's all something else when it's really the brain desperately trying to get its dial back.

And it's not 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's like, first, maybe she's drinking on the job or she's playing hooky, or she's leaving early or staying late. So she's like very erratic before when she finally is like, either, you know, I'm done gone.

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

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

Maybe she's come in a little earlier. Who knows? I mean, again, you just don't know in perimenopause, I don't know, maybe it's a 25 day cycle this month.

I'm not sure I need to double check. But I usually don't get a migraine until, like, the day or two before. And now that this one's coming in hot, like.

And so, and it. I'll tell you what, you know, on the days that I don't have, it's like, you know, when you have the flu, but then you don't have it for several years and you just forget.

And so I just forget what it feels like to have a migraine until it comes back in, bring in, knocks back on the door, and I'm just like, oh, this is awful.

And so it kind of it's similar perimenopause. Some days we're having good days and we're like, okay, okay, it's fine, it's good. And then the next day we're not having a good day and it's not okay.

And so that's that roller coaster is hormones. And and bringing in hormones stops the roller coaster ride. It stabilizes things. That's what I'm really trying to impart is like we deserve a level of stability in this journey.

And when if we're going default mode, that it's that default is instability. That's what it is. That's the wind down. So I just wanted to just share that now.

Thank you. You've you've done a a good this has been an amazing conversation because it's such an important one. And you just you just nailed it. So so tell us because I know you have a book coming out, tell us a little sneak peek.

I think you said it's coming out in October. October 22nd. This year. I'm so excited. It's called the Perimenopause Revolution. And it is it is really the first part of the book is really identifying, I think so many women who are going to buy the book are not even necessarily know, still know, are still, or assume that, oh, perimenopause is just this cluster of five symptoms.

And then we realize, oh my gosh, it's all this, you know, is this whole thing a thing? And so that I think it's important because we all deserve to understand what's going on with our bodies. So that's a big part of it.

Then I also talk about the metabolic aspect of things, really longevity and healthspan and how the a lot of a lot of our, our big chronic diseases, heart disease, osteoporosis, dementia, those are diseases of midlife.

Those are diseases of 40s. And then we see them show up present in 60s, you know. And so it again these hormones shifting and changing far bigger than we could ever imagine.

You know, it didn't 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, you know.

And so that I paint I want to paint that picture. And then there's a whole chapter on HRT for perimenopause. And let

me tell you, it was hard to put that that chapter together because, again, a lot of us are just it's there's not a lot of research, like there's only 6400 research studies on perimenopause today, which is, by the way, is nothing zero zero okay.

And then it's the full it's the full plan. So that's what you're going to get. You're going to 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's so lonely.

It feels like such a lonely journey when we're in the symptoms, and we don't think anyone can understand what we're 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 okay and safe? So all of that, I mean, I know Stone left unturned, okay.

This book became a really big book. I'm curious to see what the editors do if they're going to chop any of it. Because, you know, maybe I got a little a hand with all the content, but we're talking about ten years of a woman's life.

This isn't this isn't, you know, this isn't like, you know, reversing insulin resistance. You know, it's this is a how do you even address a transition?

Probably the one of the most profound transitions will ever go through. And so I wanted to give it it's due diligence because we deserve it. I am so excited for it to come out so very menopause revolution.

Look for it in October. And where else can the ladies learn? Yeah. Your website or websites. A doctor marisa.com on insta same place. Doctor Marissa, Dr.

Emma Isaiah and then the podcast is called energized and it's specifically about women in midlife. And it's these conversations. Awesome awesome awesome.

Well I love you so much. Let's and I'm so glad we got to have this conversation. This is like, ladies, this I told you I was going to be like truth bomb, right?

I did not lie. So this this is really it. This is what you need to hear and know. And this should give you hope and find the right people to help you.

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

So it's really exciting journey. So thank you for being here. Make sure you check her out. Check out her book, and thanks for being here at the summit.

And we'll be back soon.