Introduction to Hormones and Blood Sugar

When we get this weight gain around the stomach or we notice that we're starting to gain a little bit of weight, one reason for that could be blood sugar dysregulation.

As we enter in this perimenopause and our body is not having as many eggs come once a month, maybe the body's like, hey, put out an egg, and it's not good quality, so maybe another one comes out, or you just skip that cycle and you don't ovulate at all.

That can cause our estrogen or estradiol levels to fluctuate up and down, and that can lead to some dysregulation in our blood sugar. This is Dr. Talks.

Hello, welcome to this episode of hormones and mental health overcoming anxiety, depression and brain fog in women. I am so excited to have you joining us today.

I am the host Dr. Cassie Smith. I'm a holistic endocrinologist And today I have a treat for you. I have Dr. Jen Flegar. She's a functional emergency medicine doctor out of Ohio.

And she's actually going to talk to us about how her health journey brought her to more an integrative approach. She's now seeing patients, but we're going to focus on talking about blood sugar regulation.

So she's gonna teach us how our blood sugar fluctuates in the perimenopausal phase and how those blood sugar regulations can affect our mood, can affect anxiety, depression, brain fog, and things like that.

We're gonna talk about microdosing GLP-1s, which a lot of you are very interested in, also about the carnivore diet and just some things that we can do to keep our blood sugar more regulated so we do not have issues with mood, anxiety, depression, and brain fog as we go through the perimenopausal phase.

Hello, welcome to this episode, Dr. Talks Hormone and Mental Health Overcoming Anxiety, Depression, and ADHD in Women. I have someone very special for you today.

So I have Dr. Jin. She is going to talk to us about balancing blood sugar and cortisol in perimenopause and navigating hormonal shifts for better mood and health.

So she's going to help us kind of tie back how blood sugar is going to affect our mood as we transition through menopause. So Dr. Jen is a double board certified physician in emergency and integrative medicine.

She went to medical school at Lake Erie College of Osteopathic Medicine, completed her training at St. Vincent's Mercy Hospital, and did her fellowship at the Andrew Weil Center for Integrative Medicine.

Dr. Jin brings more than just expertise to the table. She co-authored Eat, Sleep, Move, Breathe, A Guide to Living a Healthier Life, and serves on the board of the Invisible Disabilities Association.

She's also vice president of the Northwest Ohio Osteopathic Association and part of the American Osteopathic Association's Bureau of Osteopathic Research and Public Health.

Her passion for healing isn't just professional, it's personal.

Dr. Jen's Hashimoto's Journey

After being diagnosed with Hashimoto's, Dr. Jin dove deep into the world of autoimmune conditions, hormone

imbalances, and thyroid health. Now she's on a mission to guide others towards better health, both in Ohio and virtually.

When she's not sharing insights on Instagram and YouTube as at integrative Dr. Mom or running her health hub at healthybydrjinn.com, you'll find her cheering on her kids, enjoying time on the water, lifting weights or soaking up wisdom from her favorite book, the Bible.

So please help me welcome on this episode, Dr. Jinn. Thank you so much. I'm so excited to chat with you today. Yeah, we're excited to have you. So blood sugar is a huge issue in this country.

I'm sure you know this as a functional medicine provider. It's estimated about 93% of people actually have insulin resistance because we all know that, you know, normal and optimal insulin levels are very different things.

things. And I'm a functional medicine provider myself and I feel like that insulin is kind of the root of all illness because it stems back to inflammation.

And so blood sugar issues are a huge problem, especially with the diet that most of us follow today. And so talk to me a little bit about, you know, I guess let's start with this.

Start with your struggle with Hashimoto's. Did it affect your hormones at all? Did it affect your You know, your health at all, did it affect your mental cognition?

How did that go? Right, absolutely. I remember being diagnosed with Hashimoto's in medical school. I was palpating my thyroid after anatomy class, and I felt like a big nodule.

And I had struggled with hypothyroidism in high school. They'd found a nodule. They were watching it. And then all of a sudden it grew bigger. So then they went down this hole.

It could be cancer. We've got to take it out. We've got to do a biopsy, all this stuff. So it was kind of a whirlwind. going to take my final before Christmas break and then right off to surgery.

And, you know, thank God that it wasn't cancer, but it was Hashimoto's. And they hadn't actually tested me for it before that. They found out with the frozen biopsy.

of my thyroid, which is kind of crazy, right? But this was a while ago. This was when I was in medical school. And I remember asking the surgeon, what does that mean?

I was only a first-year medical student, so I hadn't gotten to endocrinology yet. That was second year. And he's like, oh, it's just an autoimmune disease, not a big deal.

It was named after some fancy scientist. your thyroid will just burn out eventually. And I'm like, oh, okay, because I was a med student and I thought conventional medicine was everything.

So fast forward to integrative medicine, me realizing that Hashimoto's, which is an autoimmune disease of the thyroid, it's rooted in root cause, which mine was gut health.

probably SIBO, a little bit of Epstein-Barr infections when I was in high school, a lot of these compounding factors that led to my autoimmune disease, but I was able to reverse it.

If you look at pictures though of me in medical school, And in high school, like after I got diagnosed with thyroid problems, my face just looks puffy.

I look so inflamed. It's really crazy if you put the picture side by side. I look inflamed. I had inflammation and I probably had some insulin resistance at that point.

And I had a little bit of PMS, you know, anxiety before my cycle. And it was just, it was a mess, right? No one was addressing the root cause. They put me on birth control for my hormone dysregulation, which was rooted in my thyroid.

So we can see how conventional medicine, we think that we're getting help by putting all these medications and all these band-aids on the problem, but we're not looking at the root cause.

And when, as women, we see this a lot with blood sugar instability, right? We might be anxious because we're on a blood sugar roller coaster and we go to our doctor and they give us an antidepressant that's for anxiety, Zoloft, right?

And then that's just going to make it worse because it's not fixing the root cause. So then you're insulin resistant, you're having blood sugar problems, plus you gain the weight of being on an SSRI.

We know that that leads to weight gain. Plus, you're not interested in having intercourse with your husband anymore. It's just a big cycle. So with my story, with the Hashimoto's, and finally getting into remission, my body really went back into homeostasis.

And even today, so many women are just gaslit when they go into their doctor. And we'll talk today about the right labs to order, what to ask for, because it can be really frustrating to navigate all of this right now.

Yeah, I completely agree. So, Hashimoto's is a very frustrating, you know, disease process. I struggled with it myself. But then as our hormones change, it's totally different.

And then to your point, gas lighting happens a lot, and you just have to be your own advocate, unfortunately. And I think what people really need to do today is listen to themselves more, like listen to their body, like if something If something hurts, don't do it.

If something's causing you, you know, anxiety, figure, you know, don't do that.

Perimenopause, Hormones, and Blood Sugar

But if you feel like something's wrong, you have to find a provider that will help you with that. So I kind of want to start talking about how do hormonal changes in perimenopause affect blood sugar and cortisol levels and what symptoms can result from these fluctuations, not only like physical symptoms but also mental symptoms.

Yes, now perimenopause, when we enter in perimenopause, you might notice just really small changes such as your cycle length shortening, not the amount of days you're bleeding, but the amount of days from the first day of bleeding to the next month.

So you might have been 28 days. all the time, right? Every single month you're always 28 days and then you notice you're going to 24 days and then maybe 30 and then maybe back to 24 for a couple of months.

So you start having these fluctuations in your menstrual cycle. That could be one of the first signs. Another sign could be some weight gain around the abdomen and another sign could be anxiety, a little bit more irritable.

leading up to your period where you've never had that before. So a lot of these little symptoms can cue that you're maybe getting into this gradual perimenopause period, which can be about five to 10 years before menopause, which is when we stop producing estrogen from the ovaries, okay, estradiol, which is our main estrogen of our body.

So that can be confusing to women because we don't really hear a lot about perimenopause. We just hear about menopause, right? And hot flashes and you're there.

But there's this whole road leading up to it that we don't need to be miserable. We can actually enjoy it and feel

really stable. When we get this like weight gain around the stomach or we notice that we're starting to gain a little bit of weight, one reason for that could be blood sugar dysregulation.

As we enter in this perimenopause and our body is not having as many eggs come once a month, you know, maybe The body's like, hey, put out an egg and it's not good quality, so maybe another one comes out.

Or you just skip that cycle and you don't ovulate at all. So that can cause our estrogen or estradiol levels to fluctuate up and down. And that can lead to some dysregulation in our blood sugar because estrogen, we tend to be a little bit more insulin sensitive in our tissues.

So if we're having really wildly up and down estrogen, that can play a role. The other problem is we start to have lowering progesterone during that perimenopause.

This happens during that second half of the cycle. That is when progesterone really shines. It is preparing the body for implantation of an egg. This is when you just want to cozy up, read a book, stay in, but it's also a calming hormone.

So when our progesterone is lower, because it's starting to just decline and our body makes less, that can lead to more irritability, which could lead to more stress, which could lead to blood sugar problems.

So we were kind of hit hard at this perimenopause time, and that could mean to the point of anxiety, feeling, even a little bit of depression, and then this blood sugar dysregulation.

And when we have blood sugar dysregulation, that can lead to this coined insulin resistance. And what insulin resistance is is, the way I like to explain it to my patients is, have you ever, you know, you've heard a song that you love, right?

So you play it in your car, you play it at home, you hear it on the radio in the stores, it's just, you're jamming to this song. Well, then a couple weeks go by and you hear the song and you're out at the store, but you don't even notice the song is on.

You're almost like resistant to it because you've had such a flood of the song for so long that now you just don't really notice. So when we have a lot of big insulin spikes all the time from blood sugar going up and down, you know, from being really highly processed, lots of sugar, food, high carbs, then those cells, those tissues become resistant to insulin, and then we just have glucose floating around for longer, and we're not able to shuttle it into the cells as easily.

So a lot of these things happen in the perimenopause age. Another reason is as we get over 40, we start losing precious muscle mass. And a lot of women don't think about muscle and muscle mass because that's a man thing, right?

And times are changing, so women need to focus on muscle because muscle makes us insulin sensitive. When we have a lot of muscle tissue, muscle mass, then we can really combat that insulin resistance.

That is why perimenopause is such a good time for women to start weightlifting, even before that, right? But weightlifting is also going to be really helpful when you're trying to balance out these hormones in your blood glucose and your mood during perimenopause.

So it sounds like as our hormones start to shift and we develop perimenopause, that loss of some of those hormones, that actually makes our insulin get higher.

Is that what you're saying? And so then that will further drive insulin resistance, whether you were metabolically healthy or on your way to developing insulin resistance, it gets worse as our hormones shift.

And then as our hormones shift and we lose estrogen and our insulin gets high, that further drives all of our

symptoms that we're having, including the mood symptoms.

Yes, unless you stop it, right? It could be a vicious circle, unless you're actively working on it through diet, exercise, and this is when a nice bioidentical progesterone can come in to play too.

And what I think I want women to hear that are listening to this too is that, you know, this does happen and it's not because you're crazy. So like if you are developing these symptoms of, you know, wow, I'm more anxious than I was, I'm more depressed than I was, I'm just more down or I'm crying more, don't let doctors be dismissive to you or write you a prescription for an SSRI.

I mean, there are other ways that we can fix this. And so that, I mean, these are things that are happening to your hormones, but it doesn't have to be, let's band-aid it with a medication.

No, I agree. Now that we've kind of talked to an important point, because how many times, you know, women, they are struggling in their 40s. Like, I always say, like, think about when people get divorced or have problems, you know, big life changes.

It's it's in their 40s. It's because they're, they're not thinking like they used to. And then they go like you were saying to their doctor, and they're given a prescription.

And they're told, I'm sure how many times have patients come to you and said this, that it's because they're a mother, right? I think that is the biggest cop out I'm like, No, you're supposed to be good when you're a mother.

You're supposed to be enjoying your kids and your marriage. So if you're listening out there, yeah, don't be gaslit. Say, I will not take an SSRI. I want to do labs.

I want to figure out what's going on. Yes, I 100% agree. So now that we know that changes in hormones can affect our blood sugar and also our cortisol level, which can ultimately affect our mood, tell me what role does GLP-1 agonists play in managing not only blood sugar, but also possibly mood disorders and why may they be beneficial for women in perimenopause or menopause?

Yes, yes, the GLP-1s. And for those of you who don't know, these were originally used for people with diabetes, right? But now we are seeing GLP-1s, they're affecting so many more things than blood sugar.

GLP-1s for Inflammation and Mood

We have receptors on our, not only the pancreas, which was kind of the main function and why they're being prescribed to diabetics, but also in the brain, in the liver, in the kidneys, in our blood vessels, our heart.

So we have these GLP-1 receptors all over our body. What is cool about them is I really like using them at a smaller dose in my practice when we use a compounding pharmacy for this.

when you're using them and you're just ramping up to the highest dose, that is when we get worried about the side effects. And that would be losing muscle, losing weight too rapidly, having the side effects such as gastroparesis.

But if you're starting really low and just titrating up really slowly or staying at a lower dose, then you see more of the mood benefits, plus they're losing a little bit of weight, right?

And it really modulates the the body and the immune system and the inflammation really well. Now, when we're talking about perimenopause and we're stressed, a lot of women in perimenopause, they have a career, they have kids, they have a house to take care of, they are rushing to kids' activities, and they really have a lot of cortisol rushing through their body all the time, which it's not ideal, but We have to be real.

We just can't tell our patients that are women just to take a break and to take a spa day once a week. It's just not realistic. So, you know, obviously we want to work on sleep and their nutrition and everything, but sometimes a

GLP-1 will help because If you think you're just rushing around and stressed all the time, when we're stressed and we're not maybe sleeping as well, that is making it so we're craving sugar, right?

That's what our body does when it's stressed. It wants something quick and fast. We need the fuel. We get the run from the bear. So when I have a lot of patients that are struggling with their weight, it's a vicious cycle.

Once again, they're stressed, so they're eating food that maybe isn't the best, not making the best choices. Then they're getting into that insulin resistance.

Then when you're insulin resistant, it's really hard to lose weight because your body is just holding on to all that fat. So when we put a lower dose GLP-1 in there, it can shut off that food noise, maybe that food addiction pathway, and that's through the GLP-1 receptors in the brain.

So that is where it really is helpful and shines because then they can focus on eating high protein, high fat food that is going to stabilize their blood sugar.

And then they can also go to the gym and lift weights while they're on a GLP-1 and that will prevent that muscle loss from that. And I don't know, where you stand with GLP-1s exactly, but I think they're great.

They shouldn't be ramped up to the really high doses. You know, people shouldn't look like they're on a GLP-1. If you do, notice like, oh yeah, you can tell.

And I do that all the time. I'm like, oh, I can tell that they're on a GLP-1. That's not a good thing. You want them to just look normal on a GLP-1 and like they're getting lean, right?

Yeah, no, I completely agree. I love GLP-1s. And so for listeners, we're talking about simulutide, trisipatide. I like them in micro doses. So to your point, very low doses.

So I prescribed them in very small doses, smaller than you can even get from the pharmaceutical world. So we start tiny, tiny doses. And yes, the point is to stop the inflammation is the main point.

And what I find is just fascinating. You know, joint pain gets better. Brain fog gets better. mental clarity, you know, they say, obviously they lose some weight, their muscle mass is better, but it just stops inflammation in general.

So people just feel very different on them. And it, you know, inflammation affects so many things, so it can affect thyroid symptoms as well. And so I do think, you know, especially when people are going through menopause and hormones are shifting and we have you know, a shift in hormones and plus we're inflamed.

I think that they're very beneficial and I have seen a ton of people benefit from anxiety and depression symptoms as well on very low doses. And it hits all those points where, you know, you need to have that food noise go away and then helps with the stomach fat.

So it's really good. It helps with the visceral fat too, which is the dangerous fat, which is inflammatory. Like, you're the same as me. Like, we don't want our patients on really, really high doses.

That's not the goal. The goal is lower doses, get inflammation under control, and then hopefully get off of it or cycle it, because all peptides I really like to cycle.

But yeah, I think it gets a bad rap sometimes when it's not being used properly. I agree. So I kind of want to transition to a couple of questions about food and diets.

So one of them is about the carnivore diet. And so how might the carnivore diet support blood sugar stability and cortisol balance? And what are some potential challenges for women adopting this approach?

Like a lot of people on social media hound, you know, cortisol, or I mean, carnivore, carnivore, carnivore. A lot of

those are men. A lot of those are 20-year-olds, like you pointed out.

So what about women that are 30, 40, 50? Is carnivore diet really good for us? And will that affect our mental health as well as what we look like? Yes, great question.

So the carnivore diet, that is basically just eating meat, okay? Think of like what a saber-toothed tiger would eat, okay? So you're just eating meat, eggs, fish, dairy you can have.

And then there's animal-based diet where you're allowed to have some fruit and honey and different things. Some allow even certain cucumbers and stuff.

So I've been using the carnivore diet from a medical diet standpoint for a couple years. I really like to use it in patients with small intestinal bacterial overgrowth.

I mean, there are some studies, I think they were done in males though, but it showed that it reset that gut, okay, because you're starving the gut of basically short chain fatty acids found in fiber and vegetables.

So it would kind of reset everything. And I have prescribed the carnivore diet before in pregnant women for six to eight weeks because they're getting all the nutrients, but we were fixing their gut health because we couldn't put them on, you know, refaximin or oregano oil or anything like that.

So I love carnivore diet for short-term prescription. Okay.

Carnivore Diet and Metabolic Flexibility

For most people, if we're using it for a specific point, and then I would like them to transition to more animal-based where maybe they're getting a little bit more variety, maybe getting a little bit of fiber.

Now, for women, if they are looking to maintain stable blood sugar levels, we look at their continuous glucose monitor that they wear, and the older we get, the more women, when women hit perimenopause and then especially in perimenopause, we become very carbohydrate intolerant, okay?

It's sad. It's just how it is. And that is, you know, the fluctuation of the hormones, the loss of estrogen. But even my women on bioidentical hormones, you know, they still are a little bit intolerant of some of these carbohydrates.

But I'm talking about carbohydrates like white sugar and white flour, right? Stuff we probably shouldn't be eating anyway. So I do, with my paramenopausal women, I don't mind them being on a carnivore animal-based diet.

And maybe though, during that luteal phase, that second half of the cycle, I allow them some grace. And I do this personally, you know, if I want to have some sweet potatoes, if I want to have some vegetables, if I want to have some like Mesa chips, they don't.

affect my blood sugar, but I allow a little bit more carbs during that luteal phase to support that progesterone. Okay. And then when they go back into their follicular stage with the first day of bleeding, then you can do some longer fasts.

You can go back into strict carnivore diet, maybe play around with some sardines and a sardines or something like that. So I really let them listen to their body.

When we look at the strict carnivore diet for women in their perimenopause and menopause, I haven't seen it in real life with real patients working really well.

I haven't. I adjust their macros based on where they're at in their cycle. I allow them days of feasting. I allow them days of fasting. Just to keep that body really metabolically flexible, Because as you said, when we look at the carnivore diet and it gets a lot of social media buzz because we have the vegans and we have the carnivore diet

and it causes, you know, controversy and clicks and all of this.

But most of the big proponents of the carnivore diet, you know, a lot of them, you look at their lifestyle, their 20 year old females, 30 year old females, maybe they're just males.

And it's just like a different life. Like I talked to my 16 year old daughter about it a lot. And I'm like, you know, but is it real life? Is an influencer who doesn't run their kids to and from appointments and work, you know, is that real life?

I don't know, right? Because I work with patients that are real life. So a lot of the things that we see online, we have to remember you have to do what works with you.

and your body and where you're at in a stage of life because a paramenopausal woman is completely different from a 20-year-old female and from a 50-year-old male.

So it is a great way though to get your body in a little bit of ketosis. And then you can transition into some fasting, and fasting we know really does help with insulin resistance and to help our body become more insulin sensitive.

That's my take on it from real life and from patients and patient outcomes. Yeah, no, I completely agree. So you have to do what's best for you. You can't be super strict all the time.

And, you know, there are certain types of carbs that I feel like are okay as well. I mean, I eat a lot of carbs at certain times, especially when I'm lifting really heavy.

On days I don't lift as heavy, I don't eat as many carbs, but I don't necessarily deprive myself of carbs, like if my body says I want a sweet potato, I eat a sweet potato.

But if my body says I want a cookie, that doesn't mean I eat a cookie all the time, right? So it just, it kind of depends. So the next question, this kind of goes with that is, what practical strategies can women use to start balancing blood sugar and cortisol before consuming medications or going towards a strict diet?

What are some things that we can do? Because this also, you know, to your point, this also is going to feed into your mental health, right? Because if your blood sugars are fluctuating a lot, that's going to provide a lot of inflammation and then that is going to change your mental health, for sure.

Oh, absolutely. And I had a patient that her anxiety attacks were purely blood sugar imbalance. So once we smooth that out, her anxiety attacks got so much better and now they're gone.

So you really have to look into the whole picture. It's not just one thing. And I, and when we go to a conventional medicine doctor, they try to compartmentalize everything and say, well, for this, you have to go there and this, you have to go there.

It's, it's not, it's all connected. So it's, you know, it's like a symphony. We need all the parts to be working well. We don't want to, you know, go to a symphony and have a violin be out of tune.

It would sound horrible. It kind of messes everything else up. So when we look at other strategies, we need to make sure our sleep is good. If you're not getting good sleep, good deep and REM sleep is the important part.

So making sure you're dreaming. If you track, you want to make sure that you are having good deep sleep along with the REM sleep. If we're not having good sleep, then that's going to mess with our granulin and our leptin levels, our growth hormone, and the next day we're going to be hungry.

So I don't know, you know, if you're traveling or your kid's sick and you don't get a good night's sleep, think about the food choices you make the next day, right?

They're terrible, and that makes sense. So that could set you on a blood sugar mayhem. When you wake up in the morning, have protein and fat, right? If you're doing some intermittent fasting, that's fine too.

Just wear a continuous glucose monitor and make sure it's not stressing your body out or affecting you negatively. Kind of go with, sometimes, you know, in that luteal phase, I eat breakfast, where in my follicular phase, I usually don't.

So you have to listen to your body, what it needs nourishing. But if your body, yes, is craving like a donut, like you were saying, or a cookie, you know, something like that, then that is not You're not listening intuitively to your body.

Now, breakfast. So wake up, have something that has fat and protein in it, and that will set the stage for the rest of the day. Because if you wake up and you have a donut and a coffee with lots of syrup in it, then that is going to set you on a roller coaster.

I've seen it time and time again with patients. What's awesome about this is if you wear a continuous glucose monitor, Instead of me just telling you that, you'll be like, oh, wow, I see that.

I had a patient that was coming to me for mood stuff and we were working on optimizing her progesterone, the luteal phase and all of that. Had her wear a continuous glucose monitor because her fasting insulin was elevated.

And she was like, wow, you know, I gave up my Starbucks. It was like you could buy, I've never bought it before, like iced coffee at the store, like, you know, to put in your fridge and it's pre-made.

So it already has the sugar syrup in it.

Practical Steps for Blood Sugar Balance

And she was drinking one of those every morning, like first thing in the morning. And it was just. wrecking her day and her mood she noticed too. So she swapped that out for like eggs in the morning and regular coffee and she did so much better.

She felt great all day. So setting the stage in the morning is very important. We talked about weight lifting. That is super important for blood sugar stability and also some stress relief too.

When you're lifting weights, when you're going for a walk, that's going to help you mitigate stress. And if we are super stressed, you know, we're going to have our blood sugar go up.

So managing stress by, you know, prayer, meditation, like I said, going on walks, that will be good. You could take adaptogens. I love L-theanine because that really helps when I like to take it in the afternoon when all the kids are bustling around.

Because we forget how much stress really impacts our blood sugar. I was coaching my kids flag football team last year and I was wearing a continuous glucose monitor and it went up so high during the games.

I'm like, no wonder why a lot of these like football coaches are overweight because they're They're becoming insulin resistance from cortisol all the time, but I adapted.

I took some L-thenine and DHHB, which is from Magnolia bark. I would take that before the games and that helped, but it's crazy. It's crazy to think about how connected cortisol and blood sugar are thyroid to our adrenal glands, our sex hormones to our thyroid to our adrenal glands, right?

It's that symphony. They all have to play together. If you can't change anything, if you're like, this is overwhelming, well, start with your diet. Start with just eating healthy proteins and fats, and then other things will fall into place.

I'm sure you've seen lots of patients that they just are really resistant to changing their diet. I don't know if anyone's

ever done this. This is a really embarrassing story.

My husband had a diesel car. I was just, my son was like really little. He was in the back seat. He was like screaming because he wanted to go home and I put gasoline in the diesel.

Okay. So that's like your body. If you're putting the wrong food in your car's going to break down because my husband's car like died because of that.

But you have to put the right things in your body. So that is a great way just to start. If you're very lost and confused or you're like, where do I start?

Start with the food you put in. Yeah, for sure. And to your point, you know, I've worn continuous glucose monitor as well. And when you aren't sleeping or when you are eating the wrong types of food, it does affect not only the rest of your day by how you feel, but it affects your mood because when your blood sugar goes up and then it comes down, you're tired.

So then if you're tired, you don't want to go do the things that your kids want to do after you get home from work. You don't want to finish those projects before you leave work.

It really does affect your mood. And then when you do that every day, your brain says, wow, you're not getting anything done. And then it starts making you more depressed.

And then when you're depressed, what do you do? You eat more. And so it's like this continuous feeding cycle. And it is really important. And, you know, to your point, it is so important to start your day off right.

And I tell people this all the time, like this country, we, you know, we tell people, oh, eat pop tarts, eat cereal, stop at Starbucks. And it drives me.

insane. Like this is how we feed our kids too. And it's like, no, you need to start your day with eggs or a protein shake. Like that, I don't really know that there's any other way you start your day.

Like that's not negotiable for me. It's either a protein shake after I'm done lifting. I might put like this much of a banana in it for texture, but like it's a protein shake or it's eggs with ground beef and like mushrooms and you know, things like that.

And there's an avocado. Like there's no other way to start your day in my opinion. And I also will tell you that like, you know, I work at an office with 14 people and there's a lot of people that work there sometimes that are like, oh, I feel terrible after I eat lunch or I feel terrible at 11 o'clock.

I'm like, well, what did you eat? You know, you start your day with a donut, you fuel your car with the wrong gas, you're going to feel like crap at 11 o'clock.

But in general, I mean, I feel pretty good. I always make sure that I have protein with every meal. So I think that's a really good point. And then, you know, if you are someone who's struggling to your point with anxiety, what are you eating?

Because the more sugar you eat, it will make those symptoms worse. Yeah. And with our food system right now, you're not set up for success. And that's what's frustrating.

If you live in America, you are set up for failure. You have to swim upstream against all of this. But it's worth it. Be the weird one. I'm the weird one.

I bring carnivore bars with me and just eat on them. It's okay to be the weird one. It's totally fine. We'll all be weird together. But just recognize that odds are stacked against you.

To be healthy right now in America, you have to be different than everyone around you. But it's like a ripple effect because people will see and maybe they will change then.

It's not like you have to 100% just like go carnivore or give up everything you like. You don't, but you need to take it out for a while so you can feel really good again.

And then like, like, gosh, my kid's birthday, I had some gluten free cake with ice cream. And the next day I was like, was that worth it? I don't know.

Like. So you just play around with it and see, but you do have to take it all out for a while. Do three days without sugar and then your body will already, they'll be like, okay, I don't really crave that anymore.

But you got to give yourself a chance. Yeah. I completely agree. I completely agree. And listening to your body is really important. So I think we kind of covered everything I wanted to talk about.

So kind of tipping or like takeaway points, I guess, for patients, what would be like your top three patients for somebody listening to this? From what we've discussed, somebody that's listening with brain fog, with anxiety, with depression, feels like their hormones are changing, feel like they're gaining weight, what are three kind of takeaways that you would like for them to hold on to after this?

Yeah, absolutely. So perimenopause, definitely focus on balancing your blood sugar. Focus on lifting weights and also focus on getting your hormones checked.

Key Takeaways and Where to Find Dr. Jen

So you can see if you need support with your hormones, which you might, or support with your thyroid or more support with your blood sugar, like peptides or supplements.

Yeah, and just finding a provider that listens to you and understands individualized medicine and is on your side. So make sure they're not just trying to give you pills to cover everything up, but they're really trying to dive in with you to the root cause and actually make you feel better is what I would say too.

Yes, absolutely. Okay, so thank you very much. Dr. Jin, can you tell everyone where they can kind of find you? Obviously, we'll put all your stuff in the show notes, but is there like, how can people find you if they want to learn more?

Are you on social media? Do you have a website? Can they be your patients? Yeah, absolutely. So they can find me on Instagram at integrative dr mom integrative doctor mom.

I like to hang out and teach on there. I have a podcast, the integrative health podcast with Dr. Jen. I also stream all of that on my YouTube channel.

You can just look up integrative doctor mom. And my website is called Healthy by Dr. Jen. And I do see patients virtually in select states. And I also have a lot of fun blogs on there and protocols that you can check out.

So you can just feel better. And you could take a list of labs to your own doctor and get everything checked out correctly. Well, thank you for everything that you do for educating people and for helping educate the guests today on this Hormone and Mental Health Summit.

We appreciate you. Thank you for having this summit, Dr. Smith. Appreciate it. Yeah. Thank you for tuning into Dr. Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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