Insulin Resistance & Anxiety: What Your Doctor Isn’t Telling You Transcript

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Introduction and Guest Background

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 Doctor Cassie Smith. I'm a holistic endocrinologist and today I have a treat for you. I have Doctor Jen Flieger, the 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 going to 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 going to talk about microdosing GLP ones, 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. So Doctor 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 Saint Vincent Mercy Hospital, and did her fellowship at the Andrew Y.

Andrew while center for Integrative Medicine. Doctor Jen brings more than just expertise to the table. She coauthored 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. After being diagnosed with Hashimoto's, doctor Jen 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 Doctor Mom or running her hub at Healthy by Doctor GenCon, 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 Doctor Jet. 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. You know, 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.

And I'm a functional medicine provider myself. And I feel like that insulin is kind of the root of all illness because it 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.

Hashimoto's Journey and Root Causes

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 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 had 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 we've got to take it out. We got to do a biopsy, all this stuff. So it was kind of a whirlwind. And I remember 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 this is a while ago.

This was when I was in medical school. And I remember asking the surgeon, what? What does that mean? I was only a first year medical student, so I hadn't gotten to under chronology 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 and your thyroid will just burn out eventually.

And I'm like, oh, okay. Because I was a med student and I thought conventional medicine, you know, was that was everything. So fast forward to, you know, 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, little bit of Epstein-Barr infections when I was in high school.

A lot of these compounding factors 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 anxieties all off. 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.

You know it's just a big cycle. So with my story with the Hashimoto's and finally getting in into remission, my body really went back into homeostasis and, you know, even today, so many women are just gaslit when they go into their doctor.

You know, 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. And so this is a very frustrating, you know, disease process. I struggle with it myself. But then as our hormones change it's totally different.

And then to your point, gaslighting happens a lot. And you just have to be your 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, you know, if something hurts, don't do it. If something's causing you, you know, anxiety, fear, you know, don't do that. But if you feel like something's wrong, you have to find a provider that will that will help you with that.

So I kind of want to start talking about so like how do hormonal changes and Perry menopause 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 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.

Perimenopause, Hormones, and Blood Sugar

So a lot of these little symptoms can show that you're maybe getting into this gradual perimenopause period, which can be about 5 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 and feel really stable.

So 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 phase.

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 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're 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 heard a song that you love right?

So you play it in your car, you played at home, you heard on the radio, in the stores. It's just your jam into the song. Well, then a couple of 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 this 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 eating 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, is we get over 40, we start losing precious muscle mass. Okay. 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 unless you stop it right. It can be a vicious circle. Unless unless you're actively working on it through diet, exercise and and, you know, this is when a nice bioidentical progesterone can come in to play to.

And when 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 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.

So now that we've kind of talked about the way that blood sorry. Oh no, I agree. Now that we've kind of talked. About such 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 gas. Let's say I will not it 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 this GLP one agonists play in managing not only blood sugar, but also possibly mood disorders.

And you know why? May they be beneficial for women in perimenopause or menopause? Yes, yes, for GLP ones. And for those of you who don't know, these were originally used for people with diabetes, right?

But now we are seeing GLP ones. They're affecting so many more things in blood sugar. 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 and the liver and the kidneys and our blood vessels, our heart.

So we have these GLP one receptors all over our body. What 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, you know, losing muscle, losing weight too rapidly, having the side effects such as like gastroparesis. But if you're 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 or losing a little bit of weight.

Right. And it really modulates, the body and the immune system and the inflammation. Really.

GLP-1 Microdosing for Inflammation and Mood

Well, now when we're talking about perimenopause and, you know, we're stressed, a lot of women in perimenopause, they're they have a career, they have kids, they have a house to take care of their are rushing to kids activities and, you know, 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 one 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 stress. It wants something quick and fast. We need the fuel. We at the run from the bear. So when we 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 resistance, 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 one in there, it can shut off that that food noise, maybe that food addiction pathway.

And that's through the GLP one 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 one. And that will prevent that muscle

loss from that. And I don't know where you stand with GLP ones exactly, but I think they're great.

You know, they shouldn't be ramped up to the really high doses. You know, people shouldn't look like they're on a GLP one if they 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 one. That's not a good thing. They you want them to just look normal on a GLP one and like they're getting lean right.

Yeah. No, I completely agree. I love GLP ones. And so for listeners we're talking about semaglutide turns up the tide. I like them in micro doses. So to your point very low doses.

So I prescribe 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 and you know, inflammation affects so many things.

So it can affect your 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, 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 yes, exactly. And it hits all those points where, you know, you need to have that 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 and and 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 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 questions about food and diet.

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 hounds, 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 our mental health as well as is what we look like.

Yeah it's great question. So the carnivore diet that is basically just eating meat okay. Think of like what a saber tooth 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 and different things. Some eat allow even certain like cucumbers and stuff.

So I, I've been using the carnivore diet from a like 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're done in males though, but it's show 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, you know, 6 to 8 weeks because they're getting all the nutrients.

But we were fixing their gut health because we couldn't put them on, you know, Rifaximin or Reggiano oil or anything like that. So I love carnivore diet for short term prescription.

Okay. For 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 menopause, we become very carbohydrate intolerant. Okay. It's it's sad. It's just how it is. And that is, you know, the fluctuation of the hormones, the loss of estrogen.

But 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 perimenopausal 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 of 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 fast.

Carnivore Diet and Metabolic Flexibility

You can go back into, you know, strict carnivore diet, maybe play around with some sardines and a sardine fast or something like that. So I, I really let them listen to their body and, you know, when we look at that strict carnivore diet for women in their perimenopause and menopause, I haven't seen it in real life with real patients working like, 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 and 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, they're 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 and I'm like, you know, what is it?

Real life is an influencer who doesn't run their kids to and from appointments and where, 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 apparent menopausal woman is completely different from a 20 year

old female and from a 50 year old male.

So but 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.

So that's that's my take on it from, you know, 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, 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 need as many carbs, but I don't necessarily deprive myself of carbs.

Like if my body says I want to sleep 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 are 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 we her 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 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 in 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. We need to make sure our sleep is is good. If you're not getting good, sleep good deep and REM sleep is is the important part.

So making sure you're dreaming and 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 adrenaline and our leptin levels, our growth hormone.

In 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 and that makes sense. So that could set you is that you want a blood sugar medium? When you wake up in the morning and have protein and fat, right.

If you're doing some intermittent fasting, that's fine to just wear continuous glucose monitor and make sure it's not stressing your body out or affecting you negatively.

I 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 you have to listen to your body what it needs nourishing.

But 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 that's 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 with lots of sirup 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, you instead of me just telling you that, you will be like, oh wow, I see that I had a patient that was coming to me for for mood stuff.

And you know, we are working on, you know, 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 sirup in it. 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 she swapped that out for like, eggs in the morning and regular coffee. And she did so much better. She she felt great all day.

So setting the stage in the morning is is very important. We talked about weight lifting that is super important for blood sugar stability and 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 can take adaptogens. I love healthy anything 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.

Practical Blood Sugar and Cortisol Strategies

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 but but I, I adapted I took I took some l-theanine and DHP which is from Magnolia bark. I would take that before the games in. That helped. But 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 to play together. But, starting if you can't change anything, you know, if you just, you're like, this is overwhelming.

We'll start with your diet, start with just eating healthy proteins and fats. And then, you know, other things will fall into part into place. Because, you know, I'm sure you've seen lots of patients that they just are really resistant to changing their diet.

And you can't put like, you know, okay, I don't know if anyone's ever done this. This is a really embarrassing story. So my my husband had a diesel car and I was just my son was like really little.

He was in the backseat. 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, is going to break down because my husband's car, like, died, like because of that.

But, you have to put the right things in your body. So that is a great way just to just 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 like 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 I 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 11:00.

I'm like, well, what did you eat? You know, and you start your day with a donut. You fuel your your car with the wrong gas. You're going to feel like crap at 11:00.

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, yeah, yeah. And with the our food system right now, I mean it's you're not set up for success.

And that's what's frustrating. We if you live in America you you are set up for failure. Like you have to swim upstream against all of this, but it's it's worth it.

It's be the weird one that's like, I'm the weird one. I bring like, carnivore bars with me and just eat on them or, you know, people just. It's okay to be the weird one.

It's totally fine. We'll all be weird together. But but just recognize that, like, yeah, the odds are stacked like, against you. You have to like 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.

And and it's 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, like, was that worth it? I don't know, like, so you just you just play around with it and see.

But but you do have to, like, take it all out for a while, you know, do 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. You know, to to hold on to after this. Yeah absolutely.

So so perimenopause definitely focus on balancing your blood sugar.

Key Takeaways and Where to Find Doctor Jen

Focus on lifting weights and also focus on know getting your hormones checked 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.

That's what I would say too. Yes, absolutely. Okay. So thank you very much, doctor Jen, 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?

Or 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 doctor mom, integrative doctor mom.

I like to hang out and teach on there. I have a podcast, the Integrative Health Podcast with Doctor 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 Doctor Jen. And I do see patients virtually and 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 can take a list of labs to your, to your own doctor and, and get everything checked out correctly. Yeah. Well, thank you for everything that you do for educating people and for helping educate the guest today on this hormone and mental health summit.

We appreciate you.