Is This Perimenopause? Why Regular Periods Don't Mean Your Hormones Are Fine Transcript

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Podcast Intro and Disclaimer

Don't wait until your period's stopped because as soon as something doesn't feel right or the same, I just don't like myself, that is the time when you're supposed to come in and talk about it and figure out, work with somebody, hey, what is going on?

What can I do to feel like my self again? So for me, That truly is it. Don' wait till your periods have stopped. As soon you notice that something has changed, Welcome to Beyond the Scale, where real health gets deeper than just the numbers.

I'm Dr. Darren Dubiak. And I am Alexandra Dubyak, and we are not only partners in life, but also passionate partners and integrative care. Blending safe, family, functional wellness, And a little life with our dogs.

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Hey, everyone. It's Allie. I haven't been on here for, honestly, it's been months, I think. Darren has done a ton of episodes with Dr. Piper Gibson about all the genetic stuff.

We had the Steelers chaplain on a couple of weeks ago as well, which was a really, really great episode. If you didn't see that one, you should definitely go back.

Introducing Rebecca and the Perimenopause Topic

But today I have my new partner in crime from this year, Rebecca Kamara. She is a nurse practitioner and she joined our practice earlier this. You've been with us since I think like March, April, right?

And she's been learning the ropes here at Body By Aim 360, like myself. It was very different for her as well coming into this practice, but you started out as a patient.

So you kind of got to see it from that perspective. And yeah, I think that is what kind of sparked your interest, right? And wanting to work here and kind to learn this aspect of things.

So she's been with us for a while, you're going to be seeing more of her. She is getting into building the bioidentical hormone replacement therapy side of the practice.

And yeah, I'm just super happy to have her here. We're like two peas in a pod and I found my practice soulmate, so. Yeah everything happens for a reason it's all meant to be.

I can't wait to talk all things hormones today i know. Really yes truthfully so this first episode is titled is this perimenopause so we're just gonna throw some questions back and forth that we.

get, you know, when we do events or that patients ask us, we're just going to kick some common questions back and forth and give you a little info without those.

So Rebecca, I'll actually let you, if you want to, kick off the first one there, like what actually is perimenopause? Let's talk about it. This is actually the period of time where I wish I can just capture everybody and really get them to know the symptoms and come in to see us.

But it's that period of time when our hormones are fluctuating the most. Each month your estrogen could be up, your progesterone could down, and the next month it could the complete opposite.

It's a big variation of symptoms. It's a variation in our hormones. You could have a couple months that you feel great. And I don't have hormone problems because I had one hot flash three months ago, but it hasn't come back.

So I'm fine. I'll come a little bit anxious, But that went away. Variation is the key word. Month to month is going to be different. Yep. As soon as they notice that something is different, that's usually a good sign like we're heading into a change.

Right. It's definitely that period of time, early 40s, occasionally in late 30s depending on your, you know, your history and what's going on with you in particular.

What Perimenopause Is and Why Itu2019s Missed

But that is really when I would love to start seeing patients in early, in the early forties with those I think it's most important to start educating the women as soon as possible because before Rebecca came in, I was doing and seeing all of the bioidentical hormone replacement therapy patients and I started to notice more and more younger women with symptoms.

you don't ignore it. Like as a practitioner, don t ignore, see the patients, there are things that we can do for them. And perimenopause can last for several years before they're actually considered to be menopausal, right?

Right. I think too, you know, we've talked about it before when you're in grade school and they have health class, they educate you on what to expect, with your periods and all the symptoms that come along with it and what you need if you have cramps or headaches and how to treat it.

And then you dive into when have kids and your pregnancies, your going to the doctor at least monthly and then weekly and their preparing you for these next steps in your pregnancy and you're very knowledgeable and at times you feel prepared, sometimes you don't.

But then when that's over, you get to this period in our lives and nobody talks about it. Nobody educates you on the symptoms that you could have. And I want to be that voice.

I wanna be the voice for the stage in the game and for patients to come in and feel comfortable if they don't know what's wrong, just to say, can you help me figure this out?

You know, it might not even be hormone related, but something's not right. And we'll get to that later too. Yep, I completely agree. So next question is, can you be in perimenopause and still have completely regular periods?

And the answer to that is yes, absolutely. You can be periminopausal and have symptoms of things that are starting to change, but you could still get a period every single month.

The hormone fluctuations, they can begin before the cycle changes appear, basically. Early perimentoposal women, They may seem normal and predictable, but basically at the end of the day, you know, something is changing.

And a lot of times it'll be like the patients start to experience, my periods are really heavy, they're starting to get really, really happy and that signals to us, okay, hey, there's an estrogen problem there, not enough progesterone to equal that out.

So there are a lots of things that can start early before you think that you're there and don't ignore it because it does mean something. And you might have one of those symptoms and not realize, oh, I'm still having a regular period, but it's just so heavy and there's a lot of clots and we add a little bit of progesterone.

And then they don't realize the anxiety and maybe a little bit of depression that they're having until they start taking the progesterone and they just overall feel so much better.

And it's an easy fix. They always notice it after the fact too. Yeah. Like they might, they like hyper-focused on one thing, like my period is so heavy and I'm changing my tampon like every, you know, hour and a half.

Then they started taking projesterone alone and then start to realize, wow, getting like nicer to my family. So what are the first signs women notice we've talked about a few of them early on but there's a whole list Some of being sleepy any of you.

Yeah insomnia Increased anxiety irritability mood changes brain fog difficulty concentrating is a huge one. That's another one women don't notice because we're busy, you know, and we were working and We're running kids and parents around and we just don't realize that that's a symptom.

Fatigue, low energy, changes in libido, breast tenderness, headaches, hot flashes and night sweats, and just the subtle menstrual changes we discussed as well.

So leading into the next question about those symptoms is basically, you know, why do some of these symptoms, Why do they just like suddenly show up? And it's usually the ones that women don't really associate necessarily with perimenopause.

You know when women, I think in general, when they think about this transition, they Think of like hot flashes, night sweats.

Early Symptoms and Hormone Fluctuations

I'm not getting a period anymore because That's kind of like the basic knowledge i think that we all know about this transition so they don't understand the other pieces to that so like why do some of these things suddenly show up you know.

Fluctuating when you have estrogen and progesterone that's fluctuating that affects the chemicals in your brain and so that can translate into why your mood is.

Is poor or worse than it used to be libido is another thing you notice influence by your hormones and even some slight fluctuations and that effects. your sex drive, right?

It's influenced by many things. It is not just the hormone fluctuation. But, you know, with this change in life comes a lot of changes. A lot like other things that are going on, Right?

You just don't feel as well. So you might not be sleeping well for that. You have stress in general, but now you have the stress of like, I don´t feel well, what is going?

That affects your libido. Your relationships. And if your relationships are struggling at home because you're not feeling well or you are angry all the time, It all ties into it.

Sometimes it's just like a snowball effect. Completely. Like one thing, yeah, a patient would say like, I have all these things. But then realistically, it could just be one of those things that fell out of place that did snowball into all the other things, that came afterwards.

So in all reality, you spend the time with the patient and you realize, oh, hey, You know, think that if it started here, only got to do one. I got a fixed one, thing instead of doing seven things right, which I think is another thing that

happens a lot.

The question we hear probably every visit we see, even with Dr. Dubiak, is just like, just don't feel like myself anymore. You know, that's like such a loaded, not a load of question, but like, there's just so many ways we can fix you, you know?

Yep. I think too, it's because these changes happen slowly. So it was really hard to pinpoint. Is it hormones? Is that weight loss? And the thing that we do here is it just everything so individualized.

So we come in and we get your history. We want to know what's your diet like? What are your sleep habits? You know, we got to get to the root of the problem and evaluating your labs and just really getting to now the whole self before we answer that question.

Yep. I agree. So, well, shift away. The next question kind of shifts away from the general you know, symptoms that we talk about the hot flashes, night sweats, the rain fog, a little libido.

So let's talk now about weight gain and like your body composition, because this is a big one as well. And a lot of times, you really necessarily equate that with this transition, right?

Again, it goes back to women think that everything is okay, hormonally, if they're still getting a period every month, and that's not necessarily true.

You know, estrogen has a lot to do with fat distribution and, you know how you store and burn fat. So, fat, distribution tends to unfortunately shift toward the midsection and the abdomen whenever we start to get into true hormonal types of changes.

Your lean muscle naturally declines as we age if we aren't actively doing something to preserve it. And so that also plays a part in your body composition, right?

If you're losing your lean-muscle mass and you are gaining a little extra weight around the midsection, like, that looks different. Your body shape changes and women know that and their clothes don't fit well and they don t like that.

Sleep disruptions lead into this as well. They make weight management a lot more difficult if you're not sleeping. Sleep is like our own built-in healing process, right?

Sleep as so important. One thing that I think we should all work on with patients is if they are not sleep well, doesn't it make the job so much harder to like fix all the other things that are going on?

So sleep should always be a priority for our patients.

Weight Gain, Body Composition, and Lifestyle Factors

you know activity levels metabolism change so we can't ignore the fact that as we get older unfortunately we could be doing all the right things and whatever and eventually it comes down to like hey what i was doing before it just doesn't not working.

And I don't understand. And so we have to understand that, especially in the perimenopausal phase, you know, late thirties, early forties aging things happen in body.

The metabolism does change. We get really busy. we might not be as active or prioritizing ourselves. and so all of that goes into it. It's not just one factor of like, Hey, I think my hormones are out of whack.

You have to consider all the things too and sometimes we have To change what we're doing because you know if you keep doing what you all did It's not in this case you get what she always got because things change along We

are creatures of habit and I think it's just important to point out like what?

We ate in the diets that we did and the workouts we were doing in our 20s. Just don't hit the same In our forties and fifties you know and just learning what works and talking to us and you no creating that plan that works best for you and is gonna work with your metabolism thyroid function on your insulin resistance for your hormones you help dive deep enough figure out what exactly is preventing you from losing weight and.

You know how we can go forward from there. Yeah, it's a multifaceted approach because it is usually not one thing. Nutrition becomes massively important the older that we get because we do waste muscle easier, especially as women.

And when our hormones change, our muscle mass decreases. So strength training and trying to preserve muscle-mass before we've lost it has become incredibly, incredibly important.

So our hormones during this period of time could contribute to the midsection weight gain or not being able to lose weight the way we used to. But there's the fluctuations with our progesterone and our estrogen.

It's so unpredictable. Even doing lab work consistently, which we don't do, isn't gonna help. So it's really just doing that personalized approach to figure out how we can help you lose weights.

And kind of back to the first part of, yours was kind like broken into two questions. The first of that, like, is it always hormonal? We also get the women here in this practice that come in and say, you know, I think my hormones are off and they do our comprehensive lab panel, which tests a ton of things.

And we're like well, your TSH is 12 and your inflammatory markers are through the roof and all these things that can contribute to you know, excess when we're talking about body composition and them just not feeling like themselves.

So no, it's not always hormonal. You know a lot of the times there's something else going on and it almost always like if we are addressing nutrition and getting them, making sure that they're getting moving and doing other things.

Yeah, their hormones might be off but if you're focusing on these other thing, we've seen patients be massively successful, and we've never even actually done anything for their hormones, right?

So yeah, so guide them. I think when your hormones are low, your mood is off. And when you're mood your sleep is probably off. So your motivation to do that little bit of strength training and cook a healthy meal rather than grabbing something on the go, you know, it just really makes things tough.

Like I said, It's really just a key component, but it's not the reason. Not always. And sometimes, I mean, sometimes it is, right? Yeah. The estrogen and progesterone and perimenopause is really tricky because We can check your labs and they're not necessarily super useful to us, right?

Because it's a snapshot of one day in the month of your cycle. And so estrogen and progesterone with that variability, it is why symptoms change month to month sometimes too and patients don't they just, sometimes it takes them a while to pick up on what's actually going on, right?

Because their symptoms can be very different from month to month for a period of time. And then eventually I think it all collectively clicks and they're like, wait, I thinks things are finally starting to change.

Yeah. But the next question is actually, does perimenopause simply mean your estrogen is getting low? No, actually. I mean, that's a huge misconception.

Estrogen usually typically is more on the decline when we get into like true menopause. Usually in perimenopausal it starts out as a progesterone problem, right?

So you have estrogen that comes along first and does its thing and triggers ovulation and you just don't get the signal through. You don t have enough progesterone on back end to come in and even that out.

So truly it's not a true estrogen dominance, but it feels like that to the body, right? Because you don't have enough progesterone. They're sister hormones, they like each other.

So they need each and when one is better than the other or is a little higher than other, you know, things don t go well. Yeah. And along with those fluctuations, what changes can happen with your periods?

And we see it all. They get shorter or longer, heavier or lighter, closer together, farther apart. You may skip a period. It just depends on your body.

Every woman is different and some women have no changes and someone that have low low to no symptoms you know they might just come in. The anxiety and i'm like oh my gosh.

How are you sleeping and they say i am not sleeping well and we do progesterone and it.

Hormone Testing, Treatment, and Lab Work

Solves other problems you now or you might have a hot flash here and there but that one hot slash is terrible. you know, and then we know we got to bring in some estrogen later down the road.

Every woman is different, but I think too, just knowing because your friend has really heavy periods that are really spaced apart or skips them every once in a while, like don't wait until your periods are like your friends to come in and see us because we treated her when she was like that, because.

Your symptoms may not be as severe, But you still may be in need of some hormones. And important, you know, not on the subject of that. You also have to pay attention to the fact that not all bleeding, should automatically be blamed on perimenopause too.

If you have like a very sudden, it's very heavy, sudden like horrible cramping, whatever, You truly should be evaluated for that too, because we don't want to assume with the timing of, that it is just that, We want to make sure that we roll out anything else that could be going on because let's face it, we've been in medicine for how long and coincidental things do happen.

That's incredibly important. If it's unusually heavy, prolonged, lots of cramping, horrible pain that you didn't have before, you should just make that have that looked at.

I just want plug that in there. Yeah, I agree. We want to cross all our T's and we want you to get all the appropriate testing. Yeah. It's a difficult transition.

it's hard to nail down. And honestly, we make a lot of changes with our patients in this phase. Initially it usually starts out looking like hey we're gonna give you some progesterone if they're still getting regular cycles, days 14 through 28 of their cycle, you're going to take some Progesteron and usually that's great.

Like you said, it makes them feel wonderful, things are back to normal, their periods are lighter, all of the things. But then eventually like we have to let our patients know, hey, things are going to change again and you have to let us know when that happens because eventually estrogen stops doing its thing, you know, and when it starts to happen, at some point, even in the perimenopausal phase, yes, I do give low, low doses of estrogen in perimanopause.

but it's under guidance. It's undersurveillance, getting your labs checked, evaluating the patients often and frequently to make sure that it is appropriate because they might need it for a few months and then they're like, oh gosh, I have horrible breast tenderness and my periods are getting heavy again.

And so in that sense, you might want to back off on the estrogen for a little while at that point, because, you know, their ovaries could have kicked back in and now they're producing estrogen again.

And now, they've just got a bit too much on board that they are experiencing those symptoms. So, it is a roller coaster ride, but I promise you, we can make it a lit bit easier.

It's a lot harder if you try to do it on your own. That's for sure. Yeah. Don't tough it out. No, don't. If hormones fluctuate so much, how useful is blood work?

And what else do we look at? What can women do from a lifestyle standpoint? So, I mean, always, no matter who you see, getting a baseline of blood work is always important.

We've been talking so much about our hormones declining and the symptoms that come along with that. But oftentimes we see women with really elevated estrogen.

So some of the systems could maybe overlap and without knowing that her Estrogen is really high, you know, we wouldn't want to mistreat somebody. So there's treatment options for that as well.

We also look at thyroid function, metabolic function. Your iron studies, nutritional factors. You know we want look all your sex hormones. It's just important to have that baseline.

You know, honestly, even if you don't feel like exercising, it's so important because I don' know about you, but for me, I have to do that. I am a better person if I've exercised that day.

I just feel better. So sometimes it's like, Hey, I know you don't feel like doing it, but it could be really helpful if you just do something. You know, alcohol is another big one.

I, just that conference that we went to in April, one of the bioidentical hormone replacement therapy speakers talked a ton about alcohol and she said, You know, women just, and especially during this time period, like perimenopause to menopausal, you just shouldn't be drinking alcohol.

It's terrible with all the changes that are already happening with your hormone fluctuations or when you lose them altogether and alcohol and what it does to the body.

She was like very adamant, we should just really be not engaging. activities which is hard because everything in moderation but you know think about it these women are it could be a part of the problem too yeah you now the older I guess the order I get I don't sleep if I drink If I drink wine, I don't sleep.

It gives me palpitations. I just don t feel good. But, you know, think of the timeframe for these women. They're in their 40s, maybe going into their 50s and their kids are now in college and they're at home with their husbands by themselves for the first time in a long time.

And so they re just like enjoying their lives, right? And a lot of times it involves alcohol. That speaker made a really good point. She said, all the changes that are happening and then you add something like alcohol, which is toxic to the body, it does make women feel worse.

So, but again, everything in moderation, just don't go out and have seven glasses of wine or. Yeah. But to go back to your original question, getting your lab work is really just one tool in our toolbox.

When to Seek Help and Final Takeaways

It's just one little piece of the puzzle, getting to know the whole patient like we just discussed. You know, what are your habits? Are you drinking alcohol?

are you sleeping good? Those all together is really what helps formulate our plan and better outcomes for you.

Completely. Well, that leads into our last, not so much, like I guess you could consider it a question, but just in general, you know, what's one thing that we wish our patients in their late 30s, early 40s knew about perimenopause?

And I think we both agree on this. We've talked about it many times. Don't wait until your period stopped because, you know, as soon as something doesn't feel right or the same, I just don't like myself.

That is the time when you're supposed to come in and talk about it and figure out, work with somebody, hey, what is going on? What can I do to feel like my self again?

So for me, that truly is it. Don' wait till your periods have stopped. As soon you notice that something has changed, Right. And if you're unsure, you know, just feel comfortable enough to come in and do the blood work.

I love having a baseline. i saw a patient this morning who's in her thirties and she goes, I think it's hormonal. and I said, no, not yet, but I'm glad that you are here and there's so many other things we can solve and work on and now I have your baseline so when you come back in a couple of years, hormones might be the problem but we'll just keep talking until then.

You know, and just come in, get that initial consultation is like watchful waiting, you know like those subtle symptoms. I think I gave you an analogy before to other patients.

It's like when you get a headache, You take Tylenol. You don't wait for it to get so bad that you can't take it anymore. And then the Tylinol just doesn't seem to kick in as fast.

Whereas if you just nip it in the butt while you feel like crap. Yep. Take care of it. Even if it's subtle and maybe it is not a full-blown migraine today, but you're going to take the Tylenol or whatever your meta-choice is.

You don't want it to get to that point. Yeah. It's such a simple fix. Well, I know. Rebecca and I could be here all day talking about all things women's health because we love it, and we had another nurse practitioner two years ago that she was doing the bioidentical hormone replacement therapy.

she lived kind of far, and she wanted to be closer with her family, she just needed to work closer to home, work a little bit less, so I took over those patients because I had to, I actually grew to love women's health.

It is such a special piece that we don't pay attention to and I know I didn't in family medicine. Also, it's the training, we're just not trained that way in the regular medical world.

I just wanted to build on that too. Sometimes I feel like we're just not heard, you know? You go in to your gynecologist again, not knocking any of them.

They're very busy and they know exactly what to prescribe, even sometimes with or without looking at your blood work. And sometimes a lot of women are like, they just don't listen to me.

I want you to come in and tell me all the things and I'll tell you how we can fix it. or work with you. We have the time to do it though, right? You know, that's kind of one of the blessings of having a practice that is not insurance based is we can give the times to our patients to listen to them.

Like our consults are blocked out for an hour. We could never go and see our primary care or gyne and have an expect an hour of their time. We just can't.

And it's not their fault, right? They're at the mercy of the insurance companies and the organizations that they work for. You know, they have crazy standards that that have to meet in terms of being considered productive.

It's crazy. it s not there fault. But I think that's kind of where we shine, though, for our patients. I think you are going to do great things since you're taking over this piece of thing.

So super excited to have Rebecca and we'll see you again in two weeks. Yay. Looking forward to it. Nice chat. Bye. Thanks for spending time with us on Beyond the Scale.

If today's episode helped you see your health differently, like the show, share it, and will see next time on beyond the scale.