Menopause, Advocacy, and Cultural Care: Dr. Kudzai Dombo on Empowering Midlife Women Transcript

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Introduction and Retreat Connection

Being in different environments and understanding culturally that just because I have knowledge, you know, skill doesn't. Navigating situations and circumstances requires understanding the other side.

And it takes really putting yourself to the side and meeting people where they are. So it definitely is like, I can't just bust out and be like, hey, let's do this because you have to understand the dynamics, you know, within the culture.

This is doctor talks, real talk from real doctors. Only issues that matter to you most. Hello everybody. Welcome back to Double Down with doctor D I'm Doctor Diamond three triple board certified.

Physician and your host. And today I have this phenomenal physician who I met at a retreat where empower women. We were not only looking for our dream, but we were making things happen.

And this is how fortunate I was. And I met this ObGyn, a menopause warrior and an advocate for minority women going through menopause. Please, Doctor Dunbar, introduce yourself.

Hi Paula, this is so wonderful to be able to connect with you. Paula, it is so wonderful to be here and I remember being with you in Puerto Rico on a woman physicians retreat called Empowering Women Physicians.

And we were I don't know if we were sitting next to each other or if we were behind each other, but I remember just talking about our dream and what it would be like if we could really care for women on our own terms.

And what that would look like. It hadn't become a reality yet, but we were talking about it, and it was just a space to be able to think about, okay, how can we make this happen collectively as women supporting women?

How can we be able to support one another in the fulfillment of our dreams? And I love the friendship that was created from that place because ever since then, it's been this back and forth where it's like, okay, what are you up to?

What are you up to? Let's connect over the phone. How can I support you? So it's really been, you know, it was the beginning of a wonderful friendship and the beginning of being able to see you before this beautiful space that is your practice existed.

And, and it's also a time before I even was able to get to a place where, you know, I'm doing a lot more, you know, on my terms for women who are going through the midlife transition.

Yes. It's amazing how that retreat we both were trying in, reinventing ourselves, finding with within medicine what we've been losing for a few years.

We were like totally in sync with the same the same space and moment and the pushing of the world. And then that brought us together that for me, I started gaining just right there, like meeting you and the other women in that retreat.

We were all looking for something reinventing within our passion. And what is it that you were looking then and that today, three years later, we're are you have changed that perspective that you were imagining at that point changed today, or it is exactly how you almost put it together and made it made a reality.

You know, Paula was like where I was at that time. I would describe as like experiencing what I would describe as

moral injury. And when I think about moral injury, it's like you've been in this system of medicine for a long time.

Reclaiming Purpose in Medicine

You've given up your time, you've given up your energy, you've given up, you know, sacrificing things. You know, within that system, you're constantly being expected and asked to give more, constantly give more, and yet on the other side of it, what you get back, you know, is not necessarily like the respect, the appreciation for what what you're doing.

And so being in that space for, you know, a couple of years, it just made me want to reclaim why I went into medicine. I did not want to be a physician who just showed up to work, who clocked in, got a paycheck and basically distance disconnected from the passion that made me choose to become a physician and especially a physician who cared for women.

So part of my journey was going on this retreat, you know, where other women physicians could actually sit down and talk about what they were going through and actually recreate, because I remember Elizabeth Gilbert was our featured speaker, and she was phenomenal when it came to really allowing us to connect to who we are and really be able to, you know, create, you know, what it is that we wanted.

And so having her there, having all these other women physicians who really wanted more, wanted fulfillment right in life, we wanted to be able to identify what's important to us and pursue that.

That is what also propelled me in the direction of where I am now. So where I am now, I am caring for women in the midlife transition. That includes perimenopause, that includes menopause, and I also am a director for advocacy and outreach at Alliance.

You know, Women's Health and part of what that involves is being able to bring the message to women of color, for example, black women who end up not only being dismissed and, you know, told that, oh, you know, or have their symptoms minimized.

Most women do. But I think for black women, it's it's it's just there's a lot more trust within the system that needs to be established. And there are also systemic barriers within the system itself to be able to provide access to the care that they need.

So it's not only providing education so that they can make choices, but letting them know that, hey, you know, whatever you choose, just be aware that when it comes to the risks, you know, for long, you know, long term health, you know, make sure that you're making choices and decisions that align with you, but also take into account, you know, the long term implications when it comes to your health.

Yeah. The I mean, I wanted to ask you that, obviously, because this is one of your big definitions on how you practice medicine, how you love it is how you advocate for a minority.

Like it's the women of color, which we have a lot of science behind how the health system delivers different. And this is one factor. But the second factor, it is the cultural factor.

Right? So being a ob gyn, a menopause warrior and advocate of the minority and an educator as well of that minority makes you just carry a lot of hats.

And, and I know that fulfills you because I know that everything that you give comes from your heart, but is amazing because you're putting everything together into these neat.

But give us as an example of how will you approach a person, let's say an a specific ethnicity, right? Because obesity is important and we create a whole culture cultural weight.

Yeah. I've seen things, but let's focus on menopause for example. So gives us your example on how, women of

color, due to her ethnicity approach, the menopause process and how you educate that person.

Yeah. So, you know, what's really interesting is that I try to meet women where they are. So let's say I'm looking at a group of women that I'm educating versus an individual. Right.

Who comes to my practice or who I see, you know, via telehealth. They're two very different things. So what I try to do in all in both settings is I may if I'm educating a group, come up.

Let's start with trivia right to find out. Okay. What is your knowledge? What is your knowledge base? Not only around maybe some information but around you know what you know.

And then that starts a conversation, and then you're able to kind of guide and direct what I can share with them based on the knowledge that they've provided when it comes to a specific patient, for example.

So I have a lot of patients who, especially women of color, black women who may say, you know what, I really want to start with more natural. I want to start with supplements.

And if you think of the Swan study, which is the study of women across the nation, this was done in 1996 to, I get it, spanned at least two decades.

Caring for Women in Midlife

One of the things one of the findings in the Swan study was that black women tended to complain less of sleep disturbances, however, when they actually did the to go graph testing because they the Swan study broke down.

You know, white women, black women, Hispanic Japanese and Chinese women. And this was a study of 3300 women for the black women, even though they didn't complain of problems with sleep, they found that they had the least amount of sleep.

And that directly correlated with increased inflammatory markers. So higher levels of CRP. So for me, when I see a woman, the first thing any woman, but especially for black women, automatically want to make sure that, look, what we need to tackle is making sure that you get adequate sleep, because it's really important we're already facing, you know, whether it's, you know, increased stress, you know, systemic barriers to being able to get the care you need, whether it's, you know, you know, structural racism, you know, that can impact, you know, the stressors in your life.

We really want to reduce inflammation as much as possible. So I will educate them on, hey, like the benefits of hormones and not all of them want to start with that is the honest truth.

So we try to really look at how can we maximize your sleep. Whether it's magnesium plays Nate, whether it's melatonin, if we try high doses of that, it's not working.

Let's add something else. Like we try to we try to come up with supplements that'll reduce inflammation within your system adrenal support. But again I give them a certain amount of time and I say, hey, if we can't really get this straightened out within this amount of time, we need to kind of really move forward.

And I usually get a good response with that because you have to meet women where they are, you know, trying to throw something at them and say, you need to be on hormones, you need to start progesterone, you need to be on estradiol, because that's going to really like, I could do that.

But because I, I feel very strongly that that is going to have a profound impact. But a lot of times you have to meet with more that you give them a certain amount of time.

Let's try this out. You know, for three months or a certain month, and a lot of times before the three months is up, they know that what their risks are, they may come back and say, you know what, I'm ready to do the hormones.

So I think that's the one thing. It's really being able to meet women where they are, but also educating them on, hey, you know, the hot flashes are not benign.

They can, you know, have a direct correlation with heart disease, you know, with the impact on the brain with, you know, your risk for Alzheimer's. So I think when you educate women and they hear that they are able to decide, even if it's not right then and there, at some point they'll get to a point where they come back and they're like, okay, this I'm. Ready, right?

Yes, it starts with education. You let them digest the whole information and then they are making their own decisions, informed decision, which is exactly how I promote myself as a type of practitioner.

Right now. There is something important about that and is yes, education is almost generalized. Right. I'm going to I'm going to the physiology of menopause, and I'm going to educate you on the different symptoms of menopause.

And then there is the belief system as well. And we can come in generations. So so that's when I try to bring up the whole culture. Right. I because I know, for example, in certain areas in Mexico, for example, the cultural believe of menopause is seeing different than the cultural believe of menopause.

Here in Japan, the cultural belief of menopause is really different, is for the country is seeing like a wisdom. It's a it's a transition towards wisdom.

So this is when not only you are educating them in the genital information, that science backed information that we have for them. But we are also have to, with a lot of respect, right.

Try to manage that meets or those believes that they been passing on generation through generation. And I imagine that requires a lot of it has to be very delicate, a lot of respect and a lot of understanding of different cultures and so I don't know what I'm talking to you you have to encounter often, or most maybe, of black women that you see are African-American.

Obviously, they are more embedded in this culture. So we are all on the same on the same boat, let's say it. Yeah. So so here's really interesting. So I've worked overseas, I've worked in Cambodia, I've worked in Sri Lanka, I've worked in El Salvador, you know, and so I've traveled and I've worked as an ob gyn and in these spaces.

So I am very familiar with what it's like to encounter cultural differences, you know, when it comes to care. I remember I was in this is a sidebar, but I remember when I was in, Cambodia and a patient came in, she had she was bleeding.

She was three, six weeks into an ultrasound at, look, I should have placenta previa. And I was, like, excited that I could offer her a C-section because I was at a facility that would not would take into consideration.

If she needed that, we would subsidize the cost of it. Right? We would. She would just pay whatever she could afford. So I was so excited that I'm here, I can do your C-section.

And you know what she said to me? Hold up. She said, oh no. She said she had to talk with her family and decide whether or not this is something that they have to have a family meeting, family discussion and determine whether or not this is.

And so you understand that in different cultures, just because you're able and you have the skill and the ability and the knowledge as a physician to take care of people, there's a very different process, no matter what the culture is.

Meeting Patients Where They Are

Same thing in Cambodia, you know, I'm sorry, in Sri Lanka, when I was in Sri Lanka, you'd think that pregnancy and childbirth was a happy moment, which is, you know, what we see here in the United States, it's celebration and joy.

It's not like that in, in, in Sri Lanka at least where I was, because it was right after the Tamil war when I was working there as an ObGyn. And it was just a very kind of the more, you know, time.

So I guess what I'm trying to, you know, say is being in different environments and understanding culturally that just because I have knowledge, you know, skill doesn't.

Navigating situations and circumstances requires understanding the other side. And it takes really putting yourself to the side and meeting people where they are.

So it definitely is like, I can't just bust out and be like, hey, let's do this because you have to understand the dynamics, you know, within the culture. Yes. And that's when it comes.

The whole holistic approach is not only how much we know out of our books or the pharmacopeia or even our surgical skills, but beyond right eye contact and understand even a culture that maybe we never been exposed to, which it can look weird to us.

It's easy to judge just out of what we've been exposed all our lives, but that's what makes us such a special. That's such a special caregiver, because that's what we are.

We give care and we care. So yeah, so it is it is awesome. Thank you for that story. Let's change a little bit of gears and let's go to maybe basics but not really.

And let's think about menopause really what menopause is. Tell us Doctor Dunbar you are the expert on this one. Tell us what menopause is beyond hot flashes and jokes and the 12 months without period.

Very simplistic way of putting these specific time in every women's life. Yeah, yeah. I mean, again, the basic definition is 12 months without a period.

However, it's a time of transition. That's really what it is. It's a time of transition where your home hormones may go from, again, very cyclical stable to fluctuating to declining.

And so within that scope of transition your body may either manifest certain symptoms or it may not, you know, like you may notice certain changes or you may not.

And it's very different for every single unique individual. So it's not a when you go through menopause this is what's going to happen to you. I think it's just important to be aware of okay.

What are some of the symptoms to be aware of and knowing that if these symptoms impact my quality of life, I know that I can go to a, you know, a clinician who could be able to support me, you know, during that time, and I can be able to get the care for the very specific things that I need.

And this is why I'm with every single patient I see in my own practice. I ask them what their goals are because I can share with you. Okay, from a longevity standpoint, from your family history, what you need to be considering, what are some of the things that we could talk about?

But it's so important because everyone has different goals, and unless you are in tune with what those goals are, I think being able to empower women during this transition is, is is going to be, you know, they may leave feeling more overwhelmed than not.

And so what I think of it as is, it's a time to reclaim like what is important to you. It's a time to reclaim who you are. It's a time to reclaim just turning inward and being able to sit with yourself, know who you are, what you want, what's important to you.

And that's what I try to do with every single patient of mine who comes in, you know, because one of the questions I ask, you know, just about every patient is what brings you joy.

What brings you joy. Let's talk about that so that we can actually look at ways that we can incorporate that in a regular basis within your, your life.

Because sometimes the answer is like estrogen. Estrogen will bring my joy back. Exactly. Well, we can start from that one. It's really I think what's so important to let patients know is that especially with words like hormone replacement therapy, menopause, hormone therapy, those words can come with such, you know, that it can trigger people and really, what I try to make sure people understand is that all we're doing is replacing what your ovaries would have naturally produced.

Right. We're looking to create find the safest way to again replace a little bit of like the hormone that your ovaries normally would have produced to help you feel better and also help with your long term chronic health as well.

Really wanting you to be able to health age healthfully because the benefits are are proven when it comes to cardiovascular disease, bone health, and really cognitive health depending on when you start.

Yeah, I love that approach. I try to educate the patient the same way. There is a little bit of preventive medicine behind the the treatment with hormones.

Despite the the menopause Society says hormones are not being approved recommended directly for just the prevention of. But this is an extra that we're getting from those hormones.

And sometimes we have to think a little bit outside of the box and put it in perspective, because there is symptoms that some symptoms, you feel them, but there is symptoms that you don't and you will feel in the future anything that is related to cardiovascular disease, anything that is related to your bone health.

So you don't want to come to me and say, I'm coming here because I think I my bone density is going down. Most of the people come because they feel something a specific, and they want some kind of relief from their.

We spoke about education. I'm like you, I do believe everything starts there, and especially when you give that beautiful space to people on not only putting down their believes, but also making to put them in the perspective of what's what make what gives you joy?

What are we going with this? What's your objective? Which is super important on everything, on every decision that we make in life? Actually, and that moment of just just of insight putting us together and going inside, I love it because it is true.

It is true. So is the summit. We arrive at this summit, you know, when we're hiking. I love to hike. I, I ride to the top and I sit down and just take everything in what I just got from that beautiful spot.

I'm not finishing my hiking. My hiking continues, and you might be going downslope, but it's that is that moment in life which is absolutely important, especially now that we pass, what, 40% of our time in menopause.

But for now on, this is it's the rest of our life. It is in menopause.

Understanding Menopause and Hormone Therapy

The next question, which is an important question, what would you, as I know we do in an expert in menopause and holistic a person, the physician that is so holistic approach would tell a 35 year old to know about her health at that age.

So I would tell a 35 year old the importance of really looking at lifestyle, you know, and really starting to institute some of those lifestyle measures, you know, when it comes to looking at your nutrition, you know, the amount of protein that you take in, you know, on a daily basis, fiber, what are the components of a routine nutrition plan that would really help, help you when it comes to your long term health?

Really starting to implement some of those things. Number one. And then number two, I would tell a 35 year old to look at also just, you know, the, the, the that, you know, regular exercise, but not just cardio or resistance.

How are you combining the two because that you're creating a foundation for your bone health, your heart health, your brain health. I mean, there's so many studies that have been done.

You know, that show when they looked at a, group of 14,000 sedentary individuals in the UK, they found that your cognitive there was less there was increased, you know, cognitive decline when they looked at sedentary visual individuals versus people who move their bodies consistently.

So I think it's really important to really just lay out that foundation that exercise, not just because it's a good thing, but I think it's really important that they understand the very specific benefits.

It increases blood flow to the brain. Right. So that's going to help with the plasticity of the brain. Right. And so that, you know your cognition is increased.

It brings out the, you know, the, the the neurotransmitters. Right. And it increases the feel good neurotransmitters. So, you know, so when it comes to mood and, you know, knowing it, if it's that second, you know, half of your cycle right before your period that you noticed that, you know, you tend to have like your, your lower mood times.

Those are maybe times where you can look at, okay, what are some things that I can incorporate? You know, it's really just being in tune with your body, knowing what your cycles are like, knowing what symptoms you experience the two weeks before your cycle.

I agree 100% with you because I, I'm a I'm a lifestyle medicine doctor who believes that out of those pillars we can manage either uniquely or as an extra when we need medications, because we still prescribe when it is necessary.

But it will make a big difference. And there is a lot of studies to showing how that lifestyle that you educate your patients with. And you recommend certain specific, Smart goals on your patients will make a difference on how they going to respond to that hormonal therapy.

For example, there is some studies say, showing how certain stress management will make a big difference in how you going to respond to your vasomotor symptoms, for example.

And, so once we physicians start thinking holistic and lifestyle, we're going to have a lot of good results and patients will follow it just with education.

Love that. So yes, 35 year old, 40 year old. I'm actually seeing that a lot. A lot of women are taking control from a preventive point of view. And coming to a lot of physicians and asking, you know, what can I do in a preventive way?

Now that is slowly my cycles are going to start fluctuating any time after 40. So that's that's that's awesome. That's excellent. And that brings me to your new practice, your practice, your solo practice.

Talk to us a little bit about it, because I know that life is health plays a very important role in what you do. Yes. Yeah. So I think for me, what I try to do anytime a patient comes to see me, it's a telehealth practice.

So we do a video visit, but I have you upload all your labs, all your every year, and if you don't have labs, I am happy to prescribe prescription so that you can get your labs drawn just to do a full panel of absolutely what your baseline is.

To start off with. And then we talk about like, what are your goals? Like, what are your goals when it comes to your health? And it's really interesting what women come to me saying.

Some of them are just like, look, I have a family history of Alzheimer's disease, and I really want to make sure I'm

looking at all my options to reduce my risk.

Everybody's going to have something different. And then we go through sleep, you know, and trying to optimize your sleep. We talk about, you know, things like your nutrition.

And I get into the nitty gritty of discussing what you eat for breakfast, you do for your snacks, how much protein you're getting, like, we really take to a deeper dive into exactly what you eat on a daily basis to see whether or not you have enough protein and fiber in your diet for where you are.

We also talk about sex. You know, what is the experience? You know, with arousal, you know, with, you know, orgasm, you know, with, you know, issues of, you know, pain and discomfort.

Then we also get into some of your symptoms, you know, related to perimenopause and menopause. We also talk about, like your connections, your sense of community.

What is your support system? Who is your support system. Right. What are some things that you know you do to reduce stress? Right. Those are all really important aspects of life and it's not just medication, right.

It's not just putting you on hormones. That's just one aspect, but all the other things. Make sure that we are setting you up for a plan. You know? And then I also want to make sure that I understand what brings you joy.

As I said, you know, because I think it's really being able to remember and hone in on either on a weekly basis, a daily basis, if possible, being able to reclaim those small things and big things that bring us joy in life.

That's just as important. Well, that type of practice that you do brings you joy as well. I'm sure. It does. It really does. It really does. And it's really amazing when patients start taking making decisions.

You know, to really go from, okay, I'm just going to be a caregiver to everybody. And I'm burnt out. I'm stressed, I'm pouring myself up out to actually taking hold of like, okay, this is my life and this is what I want for my life and making those decisions that are in alignment.

And this is their wellbeing. Doctor, with all the knowledge medecine, also matches the coach. Any matches the woman who identifies with the person that has in front that paternalistic or hierarchic way of practicing medicine is old fashioned.

We put it in the bag and now is more like, let's do this together. I'll empower you, I'll help you. I have the knowledge because I'm a physician, but you also are very unique and I'm not going to dismiss that.

And that will bring a successful I don't want to say the word treatment, but an achievement of that objective on that person or that patient and that I, I'm with you.

That's why we were in the same place in that bus and in a canoe, in this beautiful waters in Puerto Rico with the the seaweeds that they were all lining up around us, which was a beautiful magic moment.

Okay. Goodbye. We're going to talk about Instagram. Okay. So to my audience, she was awesome.

Lifestyle, Prevention, and a New Practice Model

Okay. Is making an impact in Instagram. She's real, she's knowledgeable and she is carrying a message a question for you could say, because you know me, how can you keep it authentic?

It can be difficult. Yeah. You know, it's really important for me to listen to what patients are saying. The rooms that I'm in when I actually interact with women, even as an educator, like connecting with what is resonating with them.

What is it that they're asking? What do they want to hear? What is it that is meaningful to them? And a lot of times it

can relate. I can relate to it as a, as a, you know, in her 50s, I can relate to what they're saying.

So it allows me just to be able to not only share my own experiences, but also highlights the things that are of value and importance to the women that I encounter.

So now that you mentioned that I about basically you are almost having a conversation with that woman out there listening to your Instagram posts and listening to information that you as a woman, would love to receive.

Give us an example of something that you posted that went viral and that gave you like an like an introspection about, wow, this is what women are really looking forward and looking to know.

You know, what's really interesting is the the one that probably has the most views is when I spoke about black women and their experience of menopause, and it was one of those that I think it's gotten a little over 40,000 views.

But it was so it was just very simple. And I was speaking from a place where, listen, ability because I am a black woman. And and here's the thing. Like all women, you know, go through it.

But I think one of the things that for me as a black woman sometimes and seeing very few people who look like me when I enter certain spaces, I want to be able to speak up so that other black women can identify that.

Wait a minute, I see myself in her and man, maybe I need to go and really get this looked into. So I want not only black women, but also their friends, their community, you know, their coworkers to be able to be like, hey, I heard something.

Maybe this was this is what it could be. So it's really appealing to all women, right? All women, so that we really can be a community where we support one another.

And I identify that, like, especially for black women, there may be some barriers that come into play when it comes to looking at their symptoms, how long they are, how much earlier they occur, how much more severe they occur.

And really, like us believing you know. Yes, ma'am. Yes. And, I, I really like when you talk about community. Well, first, because he's one of the pillars of lifestyle medicine, but also because that doesn't mean if I am not a black woman, I cannot be part of a community.

So, for example, you had this interview, which was a beautiful interview that you did with these other doctor, which she's very a big celebrity on Instagram as well and a big advocate.

And the two of you guys, it was three of you actually had this beautiful one hour conversation and educating and that video, I of course pass it over to my patients because it is a community.

And it's just this is education and it might just going to be pertinent to you. And if it's not pertinent to you, it has to be interesting to someone that you know and that you relate.

You don't relay. But when you up, you can write on. Right? So yes, I see how you can create community through Instagram. I know that keeping it authentic takes a little bit of extra effort sometimes especially I'm talking about myself and people who knows me.

They know that I, I, I'm always just walking on eggshells when it comes to all these social platforms, but I understand they can be utilized in a very positive and beneficial way.

And I'm and I'm up for I'll be I'll be following and and you know what? Copying some of the things that you do. I'm going to mirror Doctor Dumble on it.

Well, tell me something. Thank you. Paula, if we want to teach someone to self-advocate, which I know that is, this is like a concept that you really back up.

And we want to give them three signs about the that they need to speak up or to switch providers. What would you tell them? What is the three things that a provider or a health professional should be offering these women when they are looking for help?

So I think it's really important that when you even before you go to see a provider, you may want to ask like, hey, how many patients are you taking care of?

You know, who have this same issue that I have? That may be one question that you may ask even before, because I think I think about like, if I need surgery, I want to go to somebody who does the surgery that I need a lot versus somebody who only does that surgery twice a year.

Right. So I think there are things that you can do ahead, to try to get an idea as to whether or not who you're seeing is comfortable caring for women with some of the concerns that you have.

So that's one thing I recommend. Another thing I recommend is sometimes doctors may not always know, you know, and I think if you feel like you may be getting a little bit of resistance or rebuttal, like in just what you're sharing, I think it's always good to, you know, copy the 2022 Consensus Guidelines from the Menopause Society, and you can take that with you or show because a lot of doctors tend to respond well to literature, to studies, to that kind of information.

So I think, you know, if a doctor isn't sure or doesn't know, you know, you can always, you know, download that statement and take it in with you, you know, and and show them and you will know whether or not they're responsive, whether or not that's a place where you want to be.

Because clearly, if they're not even responsive after that, you know, you might want to. Decide to pivot and find somebody who, who will. Because I always tell patients that's not the end of their story.

Just because one person, 1.11 either, nurse practitioner or doctor isn't informed or educated about this particular issue doesn't mean that, you know, you must suffer like there are options nowadays and there are many options.

And then I think the third thing that I would say is make sure, like when you do go in, because again, depending on your whether you're going through your insurance, I would write down a list of your symptoms with the most bothersome ones first to the least bothersome, because then you can look at options and you can have a discussion about, okay, this is the most bothersome.

And this is something that I really want to make sure I can tackle. And you know that if they can give you options and you can kind of decide, okay, I want to go with this versus that.

And this is why you make that visit time count. So the more you can be prepared, you know, with kind of writing out like, okay, what is your menstrual cycle.

Like how often, how many days do you bleed? How heavy is your bleeding? These are all going to be questions that you know when you go to the ObGyn office.

Self-Advocacy and Finding the Right Provider

These are things that are going to be important in helping them piece together what's going on with you and when your symptoms are occurring. Is it all the way throughout your cycle?

Or if you stopped having periods, is it, you know, are there triggers to your symptoms? These are what makes the symptoms worse. What makes them better?

These are all symptoms. These are all questions that a doctor is going to ask. So the more condensed information you have to be able to help them help you.

That is what I recommend. And even after doing all that, if you still aren't getting headway, then I think. It's time I agree with you. First, investigate who's the person that you're going to have in front of you, and make sure that this person, Edie's knowledgeable about the issues that you're having with your menopause, and then ask directly how many patients you been treating.

And that's an absolutely appropriate question. And like you were saying, if this is surgery, how many of these surgeries you've been doing before? I don't want to be your first one.

That's important. The second part is how educated that doctor is or that provider is, and it's okay to educate them. It's I like it printed the 2020 recommendations, bring it over and say this is what the literature is saying.

The recommendations are saying your medical institutions are saying and it's absolutely appropriate as well. And the last part is the content. Just be prepared and summarize your specific symptoms.

Hey, that this is a little going, a little bit more, focus on the issues and is going to be more concise on what their needs are. And I have to add something which I think is super important.

And then that's a problem that is happening. Many of these platforms are they're trying to treat perimenopause and menopause and is, I think, follow up.

It is important I find that these places you come in, they fix your problem, they let you alone in the world. And it should be a follow up. Hopefully the same person should be.

Following is a good school continuing its continuity of care. We always in medicine we talk about continuity of care and how the good results of a treatment comes from continuity of care.

So I would add that as a fourth part and but I agree with you. The last one is if you still don't feel heard, if you still feel uncomfortable, if you still feel that this is not the person, it's time to switch providers, or it's time to switch that specific source of help that you are looking for.

So yes, thank you for that. And at the end it is a this focus is to educate our, our our audience on on how to proceed. Well, we are about to be over.

I'm going to do something fun. I'm going to do a rapid fire round. Are you ready? All right. So to finish the sentence okay. Menopause is. An adventure.

It's the menopause myth that drives you nuts. You could. Say that hormones in menopause or perimenopause cause breast. In love. It was your favorite go to snack between patients.

That's a good one. That's a really good. And then mommy they are good in phytoestrogens. I have my rolled oats. Rolled oats with Greek yogurt and rolled oats Greek yogurt, blueberries.

That's awesome. That does your breakfast. You know what? It's supposed to be breakfast. But what it does is I let it linger throughout and I eat it as a snack in between patients, so it literally gets me through.

So yes, I eat it in between. Love. It is the long breakfast through the day that's good, is healthy, is healthy long breakfast. If you have to pick one emoji that sums up your mood most of the.

Days, constantly thinking about how to navigate all the different things that I encounter. So the one, the emoji that's like, okay. No wonder he's looking up.

Oh yeah, with a little with a magnifying glass. Yes yes yes yes yes. Okay. I like that one.

Rapid Fire and Closing Advice

I like that one. Well good. I have to say thank you so much for your time in this podcast. Before we say goodbye to our audience, I would like you to send them one message that you want every listener to walk away with.

Being patient with yourself, being patient with the process, being patient with what your body's going through, being patient with implementing new things during this time is key.

I just say take it one day at a time. I think I see so many women wanting everything to be fixed, you know, and perfect, you know? But just be patient with yourself.

Be patient with your body, be patient with, you know, changes, and be patient with the changes that you are going to make as well, because it's not a sprint.

This is a marathon, I love it. Plus, y patience is always one of the ingredients of the recipe for success and manifesting and achieving. Between no expectations and the patience that actually seems to be the salt and the pepper of everything.

Thank you so much. Goodbye. It was a pleasure to have you in that will that with doctor the you make my podcast even more and more sophisticated. I'm so lucky to have you, not only as a friend but also as a guest.

And this is not going to be the only poll because we're going to do together. Thank you. I want to invite you for the Sexual Health podcast. Of course not.

Yeah, we're going to have many more to come I would love yeah, I would absolutely love that. Thank you so much. And thank you for my audience to staying with us for all this time.

You are learning a lot. Please don't keep me a secret. Share. My content is free of bias. Science based and awesome guests that I have, and I'll see you next in my next episode.

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