Perimenopause Symptoms and Feeling Like Yourself Again

When perimenopause really hit me and we realized it was perimenopause, I did not feel like myself. I did not know who the hell I was. I've never really been a depressed person.

I've had depression when things have gone wrong. All of the sudden, I was having heart palpitations. I was feeling dizzy. I was having panic attacks. I didn't want to get off the couch.

I didn't want to get up in the morning. I've always been a big morning person. I didn't want to go to the gym. I hated life. I was cranky all the time.

Everybody just pissed me off. I had, you know, zero intolerance for anything. My body just felt like a total stranger to me. Just complete stranger. I felt weak.

I felt like I couldn't even walk up the stairs without getting out of breath. Do you feel like your hormones have turned against you? Trust us, you're not alone.

We're Dr. Serena and Dr. Heidi, and on Hormone Heroines, we explore all the root causes that are behind hormone imbalances, and we teach you how to thrive through them.

Join us for real talk, expert tips, and even a few laughs. Hi and welcome back to Hormone Heroines. I'm Dr. Serena. And I'm Dr. Heidi. And today we're going to be talking about muscle and perimenopause and menopause, the importance of it.

And Dr. Heidi is going to be sharing some insights, scientific facts, and her general experience around strength training through the perimenopause period.

We're going to start with our first major topic of why is muscle such a critical piece of the puzzle when we talk about longevity, especially for women in perimenopause and menopause.

Well, lots of reasons, but Muscle is essential not just for strength, but like maintaining metabolic health, glucose uptake, insulin sensitivity, bone density, hormone balances.

Strong muscles help to prevent falls, maintain independence, and slow the progression of chronic diseases that often increase during menopause and even perimenopause.

Maintaining muscle mass and menopause is deeply connected to protecting cognitive function. There's a lot of studies out there that are actually showing that if you lose muscle mass, your cognitive function actually declines as well.

So muscle activity actually stimulates the production of neurotrophic factors, such as brain-derived neurotrophic factor, BDNF, and insulin-like growth factor, IGF-1, which help maintain neuroplasticity, healthy brain metabolism, and vascular function.

So when you lose muscle mass after menopause or even during perimenopause, that can accelerate the decline in physical activity and metabolic health, which are important to the blood flow and the nutrient supply, like the ones we just discussed, to the brain.

So hormonal changes, essentially the drop in estrogen and testosterone mostly, contribute to both muscle loss and decreased protection against the neurodegenerative process.

Women with sarcopenia are actually up to five times more likely to develop cognitive impairment compared to those with healthy muscle mass. So researchers have identified appendicular skeletal muscle mass thresholds that if maintained can help lower the risk of cognitive decline in women.

And so muscle degeneration and physical frailty feed into that whole cycle of reduced mobility and independence. And that can result in diminished opportunities for mental stimulation, social interactions, physical activity, all of which really protect against cognitive.

Why Muscle Matters for Longevity and Brain Health

decline. For women in menopause and perimenopause, you really have to prioritize muscle strength through resistance training, adequate protein, and physical activity because it not only helps to get rid of that belly fat that we all love, you know, when it comes to perimenopause and menopause, but it also helps to get the blood flow going to give those essential nutrients to the brain so you're not losing your cognitive health.

Wow, that was a lot of facts. sorry i can't really into muscle health i know so it's my favorite for our listeners i was going to dive a little bit into your personal life so i know because we were together for it that you hit perimenopause when we were going through med school and because of that and working jobs while going to med school you weren't really working out and then since getting out of med school and starting our practices and perimenopause starting to hit you harder, you got way back into working out.

Yes. And I know just for backstory, you used to be a master trainer back in the day. And so you were very fit going into school, but then just kind of paused to get through all of that.

So I wanted to ask you and to share with other people who may be going through the same thing of what kind of differences have you felt in your body since getting back to working out and building muscle again?

A lot. So I have to do it. differently. When I say differently, I mean, when I was younger and I used to have a six pack, before I went into med school, I actually had a six pack.

I was fit. I wasn't skinny by any means, but I was like 140 pounds and it was pretty much mostly muscle. Went into med school, had a massive adrenal fatigue, had four kids, was driving an hour and a half each way, then also had the two jobs.

And so obviously I went from teaching like eight to nine classes a week, to zero. So I actually ended up gaining 45 pounds. I ended up getting up to 185 pounds at my heaviest.

And honestly, I think that made things even worse for me because I had never really been that way before. So it was very disheartening. And so when you feel Especially in perimenopause and menopause, you feel like you can't do anything about it.

And that's the hardest thing to get past because once you get past it, you can. But you also have, you got to remember that in perimenopause and menopause, when you have all of these hormones dipping, you are fatigued all the time.

You feel weak, you feel fatigued, you're tired, your motivation goes down because depression sets in even though you've, even if you've never been a depressed person, it can set in.

So having to get through the mental blocks first was very hard because it's kind of like, well, if I, when I was younger, if I worked out for a week, my body would bounce back and I was perfectly fine.

I could lose the five, 10 pounds or whatever. Now I've been working out heavily for a good year and I am down 30 pounds, but I'm still not where I want to be.

It's a lot harder and it takes more work because my hormones go up and down constantly. Now, luckily. I work with

my doctor, and so I'm on hormone therapy.

So that has helped me. But I still have to lift heavier and work out more. And I can't take like two weeks off because it will completely negate what I've done before.

Well, I guess not completely, but it will negate it a lot more than it used to. So for instance, we were in New York for business and I didn't get to work out that whole time.

And then I stayed to spend some time with my daughter and her fiance and. I didn't work out that time either because we were busy finding them a place to live because they were moving apartments.

And so I got back and then I was completely fatigued because when you don't work out, you're even more fatigued. And I had gained five pounds and I did not eat more.

while I was there. I have intolerances and so New York is not a great place for me because I'm also vegetarian. So it's very hard to find foods that I can't eat there.

So it's not like I was just sitting on the couch eating a lot, but I hadn't worked out. So I gained like five pounds of fat and I'm sure I lost muscle.

I do have composition scales to help me figure that out, but I was so distraught by it. Like I didn't even want to go on my composition scale. So I got back into, I got over the mental hurdles again and got back into it.

And the biggest thing that I can say to perimenopause and menopausal women is you need to lift heavy and you need to eat for it. You cannot eat less. It is not what we were raised on.

It is not the calories in versus calories out. You need to eat more because you physically have to have more in your body in order to gain the same amount of muscle that we used to do easily.

And you have to lift heavy. It's not going to make you bulky. It's not going to make you look like the dude at the gym, like, you know, you won't do that.

You need to lift heavy because when you lift heavy and you do progressively heavy lifting, it tells your body to make those muscles. And it's hugely important for your cognitive health, but also your mental health.

Like that's, that's the way I stay happy. Yeah. Doctor, how do you like to talk about leg day whenever at work and it's coming up? My favorite. On that note, have you noticed any like cognitive improvement since you've been working out?

Like feeling sharper or anything like that? Yeah, a lot. I still have some of that brain fog, but I think we all do. And I think it's a lot of stress.

Sometimes I reach for words and stuff like that. And again, I'm in perimenopause. So I'm still making my own hormones, but they go up and down and up and down.

And even though I'm on hormone therapy, I'm on a steady level, but it's a lower level because I'm still making some of my own. So sometimes when it does dip, I can have the, the like brain fog and reaching for words and trying to figure out what I'm saying.

But really when I started working out real heavy and making it consistently every week, I've noticed that it doesn't take as long for me to reach for a word.

There were times where I'm like, what is that word? And I would even ask you at work. I was like, I can't even think of this, you know, simple word. And you'd look at me like, you know, apple or I don't even remember, you know, but, and, and I was like, yeah, that word, you know, but I don't have that happen as much.

There is still times where I'll have those dips or if I haven't been able to work out for a couple of days, I do feel like it creeps back in a little bit, but.

That's usually like if I didn't get to go for a walk either.

Personal Perimenopause Journey and Returning to Strength Training

So as long as I'm having physical activity, I feel like it's a lot better. But if I'm like just, you know, if I'm sick or something, or I'm taking care of my kid that's sick or something and I'm just sitting, then I definitely feel it creep back in.

I think probably a lot of women have gone through what you're going through and feel really similar, and I think it's good to hear the positives that can come out of the work that you put into it, because it can feel quite daunting, as you said.

Yeah, especially at first. Yeah. But the rewards are worth it and you're here to prove that. Yes. So let's go into kind of our next topic. Can you explain more how menopause accelerates muscle loss and what that means for women's long-term health and independence?

We've talked about that a little bit, but let's really go into the menopause aspect. Yeah, for sure. So in perimenopause and menopause, we have declining estrogen, declining progesterone, and declining testosterone.

People constantly forget that testosterone is actually our number one sex hormone. It is not estrogen. It's just measured differently. So it looks like we have more, but we really don't.

So without estrogen, testosterone, and progesterone, or in littler numbers, we really accelerate muscle loss or sarcopenia due to those declining levels.

And then that actually reduces our muscle repair and our anti-inflammatory changes. What we see is lean body mass actually decreases about 0.5% per year during the menopausal transition while fat mass increases, which is what we like to call the menopause belly.

Since this alters body composition, it makes women more more vulnerable to frailty and falls and fractures and loss of independence and loss of movement, which we just explained really helps with cognitive health.

And like I said, testosterone, even though it's often considered just a male hormone, it's super critical for women, especially during and after menopause because it plays a substantial role in muscle mass maintenance.

During menopause, both estrogen and testosterone levels decline along with progesterone, but the gradual drop in testosterone really, really can impair how a woman's ability to build muscle and maintain muscle.

We need it to build muscle. There's a lot of things we can do to add in testosterone and we'll talk about that a little later, I'm sure, with bioidentical hormone therapy.

I myself am on the testosterone cream and just rub it on the back of my shoulder every morning. And I notice a huge difference, not just in being able to create muscle that I've been able to track on my composition scale, but also my metrics on my whoop band has changed and my energy level has changed.

And I feel like it also helps cognitively too, but it definitely helps with fatigue for sure, which is another way to get you into the gym. Because if you're fatigued, you don't want to go to the gym.

Okay. So kind of on that same note, one of my next questions to follow up on that was how do changing hormones, particularly estrogen and testosterone, impact a woman's ability to build and maintain muscle during and after menopause.

So can you elaborate a little bit more on what you just touched on? Yeah, for sure. So declining estrogen, especially estradiol, which is the one that we generally replace because you and I use bioidentical hormones, which we'll go into later.

But particularly, particularly estradiol impairs satellite cell regeneration. And so that increases inflammation and it decreases muscle strength and mass.

Testosterone also helps support muscle protein synthesis. So as they both decline, women's capacity to build and maintain muscle drops, increasing the risk of sarcopenia, which as we said was muscle loss.

Estrogen is crucial for muscle health in women. And once it declines in menopause and perimenopause, it plays a major role in accelerating muscle loss and reducing muscle function even.

So research has shown that estrogen directly supports muscle repair and regeneration by maintaining the health of muscle stem cells. They're called satellite cells.

So when estrogen levels drop during menopause, these satellite cells kind of diminish or like kind of, you don't, you just don't have as many anymore.

And then that impairs muscle upkeep. And so the ability to recover from injury or atrophy is pretty much very small. Estrogen acts through estrogen receptor alpha on muscle cells, so it helps suppress genes that would otherwise drive cell breakdown.

So if you aren't having enough estrogen to stop the cell breakdown, it's going to break down even faster and even more. So that's why we see such a decline in women when their estradiol levels come down so fast.

So if I was going to like kind of summarize this and you can correct me if you think it'd be summarized better, but when we have declining testosterone, it's harder to build the muscle.

But then when we have declining estrogens, it's harder to recover and repair the muscles. So it's like a two for one problem where you can't build it.

And then if you do try to build it, you can't recover it if you don't have enough estrogen and testosterone. Yeah. Well, and even estrogen and testosterone help with metabolic health, bone density, functional independence, really.

So even having your core muscles build stronger and not be ripped up just by walking around because we need the estrogen to help with the breakdown. So even if you're not working out, those day-to-day activities of we tear our muscles a little bit every time we go up the stairs, and then we don't have enough estrogen to repair that.

So then it further advances that sarcopenia or the loss of muscle mass when we don't have enough estrogen. Does that sound right? Yeah, absolutely. Okay.

Well, since you mentioned it a few times regarding bi-identical hormone replacement therapy, let's talk about it. What role does it play in supporting muscle health and overall longevity for menopausal and perimenopausal women?

Well, so we like bioidentical hormones because they work better in your body. That's exactly what your body is used to. And that is what your body can use.

So BHRT is what the short name for it. So bioidentical hormone replacement therapy usually includes estrogen, progesterone, and sometimes testosterone.

And we tailor it to everybody. So like for me, I am in perimenopause. So I'm not on a high level of all of these. I'm kind of just in the middle range right now because I'm in the middle of perimenopause.

And that's where my levels need to be to have less symptoms of perimenopause and menopause. And estrogen in and of itself, the benefits for muscle health are well established.

It enhances the muscle mass, the strength, the satellite cell function and recovery, reducing inflammation, risk of sarcopenia, especially when we start on the onset of perimenopause and menopause.

So starting it early really helps because If you can start helping it before it gets bad, it's much easier to keep it. But if I would have started taking hormones after I was in menopause, we probably wouldn't be business partners anymore because I was crazy irritable.

You know, it would take me a lot more work to get the muscle mass back because I would have those long years of where my declining estrogen and testosterone and progesterone were just all down here.

And so I wouldn't have been able to build the muscle or really even have the function of being myself for those years. Yeah, let alone the energy to get yourself to the gym to do it.

Yeah, exactly, exactly. Progesterone is usually known for its reproductive and brain effects, but it also plays a role in muscle health. So when we use bioidentical progesterone, oral micronized progesterone, it exerts muscle relaxing effects, supports coordination and influences exercise recovery and muscle protein synthesis.

So it kind of does what estrogen and testosterone do. So you can't forget progesterone. Like we don't talk about it as much, it seems like, but it's a huge key player.

Research even indicates that progesterone supplementation in perimenopausal and postmenopausal women can increase their muscle protein synthesis rates.

So even without testosterone, it helps. That's how we need to repair our muscles and grow stronger. In these, in these BHRT protocols that you and I do, we're really trying to optimize longevity and health from the start and just make sure that we keep these levels at a, at, or keep these hormones at a level that's actually keeping your body safe and allowing you to keep the muscle and build muscle like you used to so that you don't become one of those little old frail ladies, you know, roll online.

So walking down the street, yelling at you with their pain and falling over, breaking a hip and then dying. You know, we don't want that. We want to be able to stay healthy and be able to go do not right now because it's pouring down rain.

We're in the Pacific Northwest, but go do a walk if we want to and not be afraid that we're going to slip, fall and hurt ourselves and then die. On that note first I want to say progesterone also huge benefit for sleep and if you're not sleeping all the other things we talked about are going to fall by the wayside and progesterone is probably one of the biggest factors in supporting insomnia in this phase of life and also when you sleep is when you repair all of those muscles so that way the estrogen can do its repair work during that phase as well.

But I I was curious if you could, you know, we've done pretty heavy science right at this point. Can you kind of summarize in simpler terms what all the benefits of using these hormones are together and how they're doing it?

Like if you were going to do like a little like simple diagram. Right. So simple diagram. So it wouldn't even be about muscle at this point, right? Like muscle is huge for it.

All of the symptoms of perimenopause and menopause. Insomnia, like you said, insomnia. For progesterone, that is our get to sleep hormone. It's wonderful for helping you actually fall asleep.

Estrogen, actually, people don't understand this a lot of times, but if your estrogen level drops, you wake up at two, three in the morning and cannot go back to sleep.

So estrogen is our stay asleep hormone. Testosterone is highest in the mornings, which is also our wake up

hormone, along with cortisol, of course. We just don't want too much of that one.

So all of these hormones, if we have them in a good balance, we're going to feel better. We're going to feel like ourselves. I can't even describe I mean, I know you kind of know how I felt when I started going through, when perimenopause really hit me and we realized it was perimenopause.

I did not feel like myself. I did not know who the hell I was. It just felt like a piece of crap. Like I've never really been a depressed person. I've had depression when, you know, things have gone wrong or, you know, kind of more situational.

I've had anxiety, but not panic attacks really. And all of the sudden I was having heart palpitations. I was feeling dizzy. I was faint. I was having panic attacks.

I was so depressed. I didn't want to get off the couch. I didn't want to get up in the morning. And I've always been a big morning person. I didn't want to go to the gym.

I was fatigued. I hated life. I was cranky all the time. Everybody just pissed me off. even though they weren't really doing anything to piss me off. Um, I had, you know, zero intolerance for anything.

How Menopause Hormones Drive Muscle Loss

And I, my body just felt like a total stranger to me. Just complete stranger. I felt weak. I felt like I couldn't even walk up the stairs without getting out of breath.

And I've always been a pretty fit person. I've always loved playing sports, all of the things. So, you know, getting on hormone therapy really helped me to feel like myself again.

not just with building muscle, which obviously is my love, but with helping me just, I mean, honestly, just feel like myself again and know that I'm still in there somewhere.

Because at, at one point I just kind of felt like I was like I've lost myself. I did not feel like I was myself and I didn't even know if I could find myself again.

Yeah. There's just no other way to say it when you don't feel like yourself and then you get back on hormones and then you finally feel like you again, you feel like you can.

continue with life and the things that you were working towards and your goals and what makes you happy. So there's a lot of fears around hormone replacement therapy and a lot of myths that have been, you know, perpetuated, what does the current science actually say about hormone replacement therapy?

So let's first talk about why these myths came into view anyways. There was an old study that was done, and it basically showed that hormone replacement therapy, and I'll explain in a second, but the hormone replacement therapy that they used caused breast cancer, it caused blood clots, it caused heart attacks, it caused strokes, it caused a bunch of different things.

However, they were using synthetic hormones and they were using oral estrogen as well. And then they were using a progestin, which is not the same as a bioidentical progesterone.

So this is how I kind of like to explain estrogen and progesterone. It's going to sound really weird, but Um, estrogen is kind of like the fun middle sister who likes to get into trouble, but then progesterones like her big sister, that's the really responsible one that calms her down when the parents can't calm her down.

And then she kind of like, okay, we'll be in balance together. If you don't have these balanced together. then that's when estrogen kind of wreaks its havoc and just goes all over the place and then causes like the blood clots and stuff, which there's another reason for that, but I'll go in in a second.

But when you don't have that big sister, which is progesterone, which is bioidentical progesterone, and you use a progestin, it's like a little sister who just stays out of the way and doesn't block anything bad from the middle sister.

Yeah, doesn't counteract anything. Doesn't counteract anything. The other reason that they showed so many issues, especially with blood clotting, was because they were using oral estrogen.

So when estrogen goes through the mouth and it goes through the liver, it gets conjugated. And then it kind of goes into like, just, it just gets really pissed off and it turns into more of an inflammatory picture and it goes down the wrong pathway.

So it makes the wrong choices. And then that's when it causes all of the issues. Um, when we talk about bioidentical hormone therapy, we use topical or like basically like transdermal.

So we use a patch for the estradiol or we'll use a cream depending on the person. Never do oral estrogen. It's just not good for you no matter what. And we use an oral micronized progesterone because when you use oral micronized progesterone, not a progestin, it actually works better when it goes through the liver.

So, because that's how it actually goes in your natural body. So those two working together that way don't cause the problems that they found in that original study back in the nineties.

New research shows that those things don't happen when you use transdermal forms of estradiol and actual progesterone. So instead of progestins. So as long as you're using the correct forms, it's a lot safer than we used to think.

The correct forms and bioidentical. Yes, correct form of application, I should say. So not oral, but transdermal and not oral for estrogen, oral for progesterone.

But yes, and not synthetic hormones. So not progestin or an estrogen that is synthetic. Okay. And just to touch on testosterone as well, do you know of any updates off the top of your head regarding testosterone therapy and its benefits?

So it definitely is studied a lot. It's studied a lot more in men because that's just kind of the way our research goes. But it is showing that it is healthy for your brain.

It's healthy for your heart. It's healthy for your skin. It's healthy for every, we have receptors for all of these hormones in every cell of our body.

So it's not just muscle. It is. It is for everything. We use transdermal. I'm not a big fan of the pellets because the pellets go in and you can't take them out.

So if you have a bad reaction to it, you're just stuck for the six months that it's supposed to be in there. It doesn't always come out completely or sometimes it'll be too fast.

Sometimes it'll be too slow and you're kind of just stuck with it. Injections are fine if you do them weekly and you do small doses, so you don't have the huge troughs and valleys.

But I prefer the daily application of a cream for me, just because I don't want that dip. I want to know that I'm going to have my steady level of testosterone and then I'm going to have everything that comes with it.

the muscle building, the energy, the everything. Well, just to kind of, because I pulled up some facts, the 2025 Traverse trial actually led to the removal of the FDA's warning for cardiovascular events with testosterone therapy when prescribed appropriately.

Now this was for men like you noted. It's not well studied in women but I think that does show that you know when testosterone is used appropriately it doesn't have the same risk that people have been afraid of in the past as well.

Right, exactly. And I mean, we use bioidentical testosterone also, which is testosteronecipianate. It's in a cream form, in a VersaBase cream, and it's really low dosing.

BHRT, Testosterone, and Supporting Muscle Health

It's literally like the highest dose we usually do is like four milligrams per day. So it's a very, very tiny dose, but it's enough to help women and we feel it.

We can really feel it. Okay. So next. For women who don't want to take hormones or can't, what are the best ways to support muscle health and prevent decline naturally?

Because we've talked about, not necessarily the easy fix, but one of the easier fix is to use hormones to support muscle health and longevity and just overall improvements, but some women aren't great candidates for it or just don't want to.

So what are other ways to prevent decline naturally? Okay, so here's the thing that I want to say. I love hormone therapy and even when you're doing hormone therapy, you need to do these other things too.

So just because you have hormone therapy doesn't mean it's going to magically fix everything, especially in perimenopause and menopause because it is harder.

So With that caveat, if you're not a good candidate for BHR, then there are specific things that I would say that are really good for helping you and to keep your muscle and everything.

Like I said before, resistance and strength training. Regular weight-bearing exercises is huge for muscle growth. It stimulates it, improves the muscle strength and prevents the sarcopenia that we talked about.

Exercises need to target your major muscle groups. Studies have shown that two to three times per week with the progressive overload are good. I personally like three to four times per week because I like to break it up into body sections so that I can really, really, really use every muscle in that area.

For instance, what I do is I do leg day, my favorite day, which is, you know, glutes, thighs, hamstrings, quads, calves, everything. I do that and I focus solely on those muscles.

So I'll do like my hip warmup workout on the treadmill and then I go and I lift really, really heavy. I also have chest and back day. So that would be all of these muscles and then my back.

I do this day before I do my bice, tris, and shoulders because when you do chest and back, You use a lot of buys, tries and shoulders. So if you do buys, tries and shoulders first, and then you try to do chest and back, you're really sore and you might be breaking down your muscle that hasn't regained yet.

So I always say do chest and back first in that week. Um, and then, you know, start over the next week. Then I do what I do next is I do core. And when I say core, that means front and back core.

So it is not just your abs, it is your back also. So I want to make sure that all of that going around your side abdominals, everything needs to be your transverse abdominals.

Everything needs to be worked out. And you're working it out to fatigue. So you're going to progressively go up. So what I do is I will do all of those.

I use a lot of machines. I do a lot of stuff on my own too, but that's just because I know. But you can find a gym where you can go to the machines. And then the other one is biceps and shoulders like a headset.

So I break it up into four days a week because I like to do it that way. When you do it in four different sections, you really can focus on those muscle groups.

And so you build more muscle. What I like to tell my patients is when you are going to the gym, And you're going to do those muscles, each machine that you use, if you're using machines or each workout or each muscle that you're training, you do three sets of six to eight reps, or depending on where you're at in your journey, four to six reps, if you're really, really going heavy.

And I want it to be. That first set is going to be about 80% of your personal best that you could do one rep of. If you don't know what that is, that's fine.

Just do something that it's really hard to do six of. So, you know, if, if it's really hard for you to do a bicep curl with 20 pounds each, but you can get six out.

Good. Stay there. Try that. But. What you want to do each subsequent set is you want to go up in weight. And it doesn't have to be a lot. It can be two and a half pounds.

It can be five pounds. It can be 10 pounds, depending on the muscle. Like for legs, you can go up more than two and a half pounds. But you're going to do four to six or six to eight reps each set.

And each set, I want it to get progressively heavier so that that last rep of that third set, you're barely squeaking out. but you're still doing it with good form because that progressive overload is what's going to tell your body that it needs to build muscle because you keep putting more strain on it.

So resistance and strength training is going to be your biggest thing that you need to do and that is with hormones or not with hormones and you really have to be very good at doing it if you're not able to be on hormones as well because it is going to be a little bit harder for you.

But the reason why that is your number one is because of all of its benefits that we talked about. Can you quickly summarize those? We talked about cognitive health, longevity, preventing frailty, mental health.

Was there anything I missed there? Metabolic health. Did you say mental health? I think you did. I did. Yeah. Yeah. But also just, you know, bone health, bone health in and of itself.

You know, most a lot of women after menopause are getting DEXA scans every year because they've either got osteopenia, which is leaner muscle, leaner bone, or osteoporosis, which is really lean bone.

And it's very frail. And if you literally so many people will die if they break a hip. And it's, it's Everybody knows it, but we don't talk about it enough.

Bone health is huge. And to keep your bone health, even if you have bioidentical hormones or not, there's a lot of things that you need to do, like vitamin D and calcium.

You need to make sure you're taking that along with doing the resistance and strength training, because the resistance and strength training is going to put progressive loads on your bones, and that tells your bones it needs to create more and stay stronger.

I don't think we ever talk about how to prevent bone loss enough when we're like preparing people. And I mean, like, we do, but general general medicine, it's usually like, we don't talk about it until it's all right, you're already in the osteopenia phase.

And then we're like, you've lost it. So now we just need to monitor it instead of trying to tell you like, how can you prevent it? Right? A lot of a lot of women have come to me and just be like, Oh, well, it runs in my family.

And I'm like, Well, it runs in every human, technically, whether you actually are able to stop it or not. And it, like I said earlier, it's easier to prevent something from getting really bad instead of having to fix it after it's already bad.

Now, you can get more muscle or bone mass and muscle mass, but more bone mass after you're already in the

osteopenia or osteoporosis phase. And that's going to be with the resistance and strength training, vitamin D and calcium.

Vitamin D helps uptake calcium. We live in the Pacific Northwest, so we just definitely do not get enough. Almost everybody I've ever tested has been deficient.

But these nutrients aid in muscle contraction and help bone health. So not just for the bone health, but vitamin D and calcium actually help with muscle contraction and muscle contraction help with bone health.

So it's like this huge circle that you just need to keep going, making sure you have enough protein. So you've got to have adequate protein. It changes in perimenopause and menopause.

You don't break down the things in your body as well as you used to. Our whole gut health goes wonky and we'll talk about that in another podcast. but, and there are things to help, but you have to have more protein than you probably ever had before.

Protein needs actually increase after menopause to support muscle maintenance. Like I said, it's harder for us. And especially if you're not able to have estrogen, progesterone or testosterone on board, like if you're not able to get onto BHRT or don't want to, you really have to up your protein intake.

Really in perimenopause and menopause, you want to aim for one to 1.2 grams of protein per kilogram of body weight per day. You can do this as a vegetarian.

I'm vegetarian. You can do this as a meat eater. It's a lot harder to do as a vegan, healthy, I will tell you that, but it can be done. So for instance, for me, what I do, and I like to tell my patients, that's the recommended is one to 1.2 grams of protein per kilogram of body weight per day.

So nobody knows what a kilogram is in America because we don't use it. We go off of our own system. Really a good way to kind of break it down would be if, so I, I tell people, I want you to eat one gram of protein for your ideal body weight.

So my ideal body weight is about 140. Because that's when I was, went into med school, I was 140, but I was like all muscle and lean. And I don't want, I don't care about the weight as much as I care about the lean and the strong.

So I eat 140 grams of protein a day. And I'm vegetarian, so it can be done. So don't tell me it can't be done, because it can. And there's healthy ways to do it.

But you really need that, especially if you're not able to be on hormone therapy. You also, when you're eating all that protein, you need to make sure that you're eating an anti-inflammatory diet.

So it needs to be rich in antioxidants, like vegetables and fruits. Omega-3 fatty acids are great. I take an algae oil, because I don't get as many as maybe most people who are eating fish and stuff.

fruits, vegetables, whole grains, they all help to reduce chronic inflammation that when you have chronic inflammation, that just breaks down everything in your body.

And if you're not having the estrogen and the progesterone and testosterone to help you stop that inflammation, remember we talked about earlier, all of those hormones help in an anti-inflammatory way as well.

If you don't have that, you really need to be good. You really have to be even better than if you were having VHRT because you don't have that extra level of protection.

Another thing that I would say is adequate sleep and stress management. This is one I'm terrible at, I will tell you. I am not a good sleeper and I am terrible at stress management.

I somehow can find in my day plenty of time to go work out or go for a walk or do all the things with my kid, do all those kinds of things. but I cannot find time to meditate or do kundalini or do some relaxing anything.

Natural Ways to Protect Muscle and Bone

I actually have my friend Dr. Chelsea who was on our podcast a couple weeks ago. She's making me a hypnosis track for me so that I can try to make myself do self-care.

It's just really hard for me. I've never been able to. Let's give yourself a little credit. You're good about going on your walks and walks can count as a de-stressor and the working out does help you de-stress.

That's why you love leg day. Yes, especially. Yes, but I mean more of the relaxing stuff. I mean, that's relaxing to me, kind of, but relaxing for my body, I guess.

And then the other thing that I would say for people, especially if you can't do VHRT, is you've got to have physical activity. You can't just sit on your butt.

Sitting is the new smoking, and that's 100% true. They're actually talking about using steps. as a new vital. So vitals are like your blood pressure and your heart rate and your breaths and everything like that.

They're actually talking about using steps as a new vital to talk about how healthy you are. Um, and it's true, like sitting and not moving your muscles, you're not getting the blood flow.

You're not getting any of that. So you've really got to move and it can be aerobic exercise. It could be balance exercise. Flexibility is a huge one, especially if you're not having estrogen in your body, because estrogen kind of keeps all of our joints nice and plump and juicy.

And so you'll start to get a lot of joint pain. And if you're not working on your flexibility when you're in perimenopause or postmenopause, especially if you don't have any hormones on board, you really, really will get tight.

And that is also going to make it easier for you to be frail and slip and fall. Okay. So, so much you got to do. On or off hormones, you got to do it all.

I told you it's harder. And if you're off hormones, you got to do more of it. Yeah. You're really good about it. Yeah, but those are the things that you can do to try and promote longevity.

Okay, so kind of going back to muscle specifically. Besides just like aesthetics, what are the long-term consequences of ignoring muscle loss and hormone imbalance and menopause?

We've touched on this a lot, so just do your best to kind of summarize it for people. Okay, so aesthetics aside, really Having ignoring muscle loss and hormone imbalance during menopause, it can have a lot of serious long-term health consequences that go, like we said, far beyond aesthetics.

So yes, it looks good to be muscly and lean and we all want that. I mean, most of us probably want that, especially this day and age, but it also leads to an increased risk of physical disability.

chronic pain, loss of independence, and really the greater likelihood of falls and fractures because you have that reduced muscle and bone health. So keeping up with your musculoskeletal and mobility programs Those are what's really going to help you be healthy for a long term.

So loss of the muscle mass and strength lowers your mobility and it can cause difficulties with everyday activities like standing, walking, carrying objects.

I don't know if you remember this because you're pretty, you're a lot younger than me. But back in the day, I think it

was like eighties, probably. So you weren't born yet.

That's when they came out with those standing chairs because old people couldn't stand up on their own from recliners. So those recliners that would go really slowly and then stand up, that's one of those things.

Because they have sarcopenia, they have the loss of muscle, they can't even stand up on their own. Who wants to live like that? But it's obviously a big enough market that they came up with those things, right?

So instead of teaching people how to do mobility programs or you know, increasing muscle, they came up with these chairs to help you get up. Now, there are times where there are actual, you know, skeletal issues as to why you can't do that or actual injuries or something.

But I bet you those kind of came about because the boomers were getting a little bit older and so that it was harder for them to get up and all those kinds of things.

But yeah, just even standing up, you don't think about it, but we can skeletal muscle like You can't even stand up on your own and it increases pain. So when you have musculoskeletal pain and joint stiffness and injuries, are you really going to go work out to increase the muscle?

Are you going to go walking even to help with relaxation and to just get your body moving? And like we said, without all of these movements, there goes your cognitive health.

So it's a vicious cycle, really huge vicious cycle. And you know, it's, it's, there's so many other things too. I mean, like we said before, the bone health and fracture risk with the hormonal decline, especially in estrogen.

You're it accelerates the loss of bone density. So it increases the risk of osteoporosis and fractures, especially the hip spine and wrist. And so when you lose.

up to 10% of your bone mass in the first five years after menopause and you don't do anything about it, 5% or 10% is a lot. Bones can break even when they're really dense and great.

Even when we're young, they can break if you hit them right. But you, especially in the hip and the spine, like you don't want to lose 10% of that mass.

Like we're already losing other masses. We need to keep our muscles so that it can help with the bone mass and then poor muscle support for the bones.

So you've already got less bone health, bone density, and then you have poor muscle support for the bones. Makes it harder for you to recover if you do have a break.

but it also makes it harder to keep the bone mass that you do have because you're not working out, you don't have the skeletal muscle to support it. So again, that vicious cycle.

Yeah, so if I was going to put this in a quick vicious cycle, it'd be like your hormones start to decline, which then makes your bones and your muscles start to decline, and your joint lubrication.

So then you start being in more pain, and you're also predisposed to more injuries. So then when you're in pain, you're less likely to move. And when you're not moving, that's impacting your mental health and your cognitive health.

That's also contributing to worsen bone and muscle health. It just becomes a vicious cycle from there. Well, let's not even forget the greater body fat and insulin resistance and then type 2 diabetes and high cholesterol and cardiovascular disease.

And that all comes from all those things too. Because if you're not moving and you have no muscle or bone to

move, you're going to sit there and you're going to have greater body fat, which is going to increase your insulin.

or decrease your insulin sensitivity and it's going to cause type two diabetes and high cholesterol and who knows what else. So it's not even just bones and muscles, it's everything.

Yeah. Well, and mental health and cognitive health. But basically what you're saying is there is no substitute for movement and strength training. You can't out supplement or out medicate movement.

No, not at all. Yeah. And if you really want to have a high quality of life as you age, you got to move. Yeah. Yeah. Yeah. Cause you don't want to ignore your muscle and hormone health, especially during menopause.

Cause it, it creates those cascades of effects, the weakened bones, the weakened muscles, the reduced mobility, the higher fall risk and greater susceptibility to chronic diseases like type two diabetes or high cholesterol.

Um, and here's the thing. I'm a very independent woman and I know you are too. I don't want to lose my independence. If I fall and I break my hip and I have no mobility.

let alone dying from it. If I lose my independence, that is not how I want to live. I don't want people having to do things for me all the time. I want to be able to get up on my own.

I want to go walk on my own. I want to go get my own, you know, I don't want to be a burden, especially. And I think a lot of people feel that way. Yeah, I think a lot of people feel that way.

And I think A lot of people who maybe aren't at that phase of their life also have watched their grandparents and the same thing happened to them. And just for example, I'll talk about my family, but my grandpa broke his back and my grandma broke her elbow.

She shattered her elbow. I remember that. That was like close to Juniper's second birthday or something, wasn't it? I think it was longer. I don't know.

It might have been her first birthday. Yeah, it was a while ago, but after those two falls, even though with my grandma being her elbow, not a major bone, since those two falls, my grandpa did eventually pass away because of a major break to a bone.

I mean, that wasn't the final reason, but watching the decline that happened after that, the decline was rapid. Right. from that break. So that break was kind of the turning point.

Well, because he couldn't move. He couldn't do anything. And he was very active before that, like always working in his yard before that, every single day.

Yeah. But, and then my grandma, even though it wasn't a major break, because it's your elbow, it wasn't a major balance, she's been steadily declining as well since then.

And it's like those two things were major turning points in their lives and you can watch the decline. And I think a lot of people just assume that part of getting older and I want people to know that it doesn't have to be.

I mean like we're all eventually going to get there but it doesn't have to be in like your 60s, 70s, 80s. You know you can be strong and fit well into your 80s if you maintain your health.

Yeah. Yeah. Do the things that you need to do. The strength training to keep your muscle and bone health. Having a balanced diet that's rich in protein, calcium, vitamin D, antioxidants, so lots of veggies guys, lots of veggies, fruits, whole grains, healthy fats.

Not processed foods, not sugar. You've got to get those out of your diet. They just cause all kinds of havoc and tons of inflammation, which breaks down all of the work you just did.

So don't do it. Just keep it away. Your calcium, your vitamin D, you got to get that. Usually you have to supplement those because we just don't get enough.

Um, but that's all things that you can ask your doctor to test for so that you can start preventing these things from happening versus trying to fix them after they're already bad.

Yeah. And make sure you have a community and you can maintain relationships because when you're lonely, it doesn't matter how good you are at doing all of these things that causes the decline in cognitive issues or cognitive health.

But it also like, you're not going to want to do as much if you don't have a community or have relationships with people outside of just yourself. You've got to maintain all of the aspects so that you can live happy and healthy.

for much longer than any of our ancestors ever thought. Yeah. So those are your big three, right? Your how to future-proof your health is strength training, maintaining a good community and relationships, and diet.

Yes. I hate the word diet. I will just tell you, I hate the word diet. I like food plan or healthy food or whatever you want to call it. If you're fine calling it diet, that's fine.

Food lifestyle? Can we start that? Food lifestyle. Ooh, we should. Trademark.

Long-Term Risks of Muscle Loss and Hormone Decline

um food lifestyle having a healthy food lifestyle oh i like that that's good okay um i just hate the word diet because i grew up in the 80s and 90s and everything yeah it's triggering for a lot of people so we should change it i think food lifestyle might be okay let's start using it in our practices because i like it all right so having that healthy food lifestyle like you can do all the other things but if you're eating like crap it's not going to feed your body and it's still going to cause inflammation.

So you could be working out for nothing. Who wants to do that? Okay. Well, I think that about wraps it up. But I think it's important because we've talked about, I mean, we've talked so much about like working out and how your body feels and looks.

I think it's just something we should end on is we're seeing a lot of increase in body dysmorphia in menopausal women. And I just wanted to comment about that and I know you've kind of brought it up a little bit so if you have anything to add about that because I think when you talk this much about working out and food lifestyle, which we're going to start using now, We want to make sure that we're not triggering any new body dysmorphia or obsessions around this stuff because it's all about quality of life and trying to maintain that quality of life longer, not about the way you look.

So can you talk about how you've been going through that and your experience with it and then we'll wrap up. Yeah, so I didn't have eating disorders necessarily when I was younger or anything like that.

Like I said, I was always easily fit. I've always had the hourglass, whatever, and I could just look at a weight and I'd build the muscle and not gain fat.

Um, but when it became harder and my body started changing, that definitely was a difference. And I started getting a little bit obsessed now because I was also doing research on myself.

I do a lot of things to myself before we do it to patients. I go deep into the dives of all of the research and I try different things and I do this and I do that.

I got to a point where I, so my husband thinks I had a little bit of body dysmorphia during perimenopause because I feel like my body has not changed enough.

for the amount of things I'm doing, which I'm working on. And I got real obsessive with making sure I had all of my grams of protein and all of these and not eating too much of this, not eating too much of that, but more of this and more of that.

It can get very obsessive. And I even know what I'm doing. Like I was a nutritionist and a master trainer before. So like I know not to get into those ruts.

But it was easier when I could do these things and I didn't have to be perfect at it to see the changes. Now it's harder. And so it almost feels like I have to be perfect at it to see these changes.

My husband sees so many changes in my body that I don't see. And so. What I have consciously decided is that I'm not going to be perfect. It's fine not to be perfect.

And I really rely on my composition scale especially. I don't care about my weight per se. I want to see me growing muscle. And every week I am growing muscle.

It's a little bit, but I'm growing muscle. And so that's what I go off of versus how I think my body should look because it used to look different. Can you also comment about how Like just the appreciation for your body and what it can do and what it can still do and how that's helped you get away from focusing on the look.

Yeah. Yeah. Uh, yeah. And actually, you know, it's funny cause I feel stronger now. I feel way stronger. You can, you know, incline press 557 pounds on, on leg day, which is like, it's my favorite.

It's my favorite exercise. And every week my husband adds a little bit more. He's like, no, you can do it. You can do it. You're fine. And that was more than you were doing before too.

I was like maybe 100 or 200 before when I had a six pack and I was lean and teaching classes, but I did a lot of aerobics. Like I wasn't building muscle and I never lifted heavy.

I was doing like 15 pound dumbbells. And that was like a classic eighties workout. Eighties and nineties, baby. That's me. Yeah. So I would do a lot of repetitions at lower weight.

And that's, that's what a lot of us did back then. And now I feel way stronger. Like I can lift my 15 year old daughter who's 135 pounds. I can piggyback her up the stairs if I wanted to, because my legs are actually strong enough.

I could go on a huge hike, which I don't think I ever could before. I would go hiking, but I'd always make sure they were pretty flat to just barely going up.

And then at least some flat, you know, so I didn't have to do all those things because it always burned my legs. I live in a very hilly area you've seen and so I've got like all of this and then this and then it'll be a little bit like this and then straight up again and it used to kill me to come back up to our house.

Now I can sit there and talk to my husband as we walk back up to the house because our house is on a hill like this.

Body Image, Strength, and Quality of Life

and him and I can talk the whole time that we're actually walking up that hill. I know I have a lot more strength and that's what gets me through not fitting in the same size of clothes as I used to or having a little bit of bulge in my belly.

You know, luckily my composition scale tracks visceral fat. And I don't, I have a very good healthy amount of visceral fat. I do not have overly an over amount of visceral fat.

So that's great. The visceral fat is the stuff that wraps around your organs. And it's actually the one that causes

chronic diseases. So I'm very happy about that.

I do have excess subcutaneous fat that I am trying to get rid of, but again, I'm having to get rid of it from it coming on instead of blocking it before it came on.

So the earlier you start with all of this, the better. But to summarize on like the topic of body dysmorphia and like how you can get obsessive over eating is like you're preventing that by appreciating all the new things that you're able to do.

Yes. By doing all the things, the big three that we talked about. You're doing the strength training, you're doing the healthy Food lifestyle. Food lifestyle.

You're doing the food lifestyle and you're maintaining community and relationships and you've been seeing your ability to further maintain those community and relationships with the others even though your body doesn't look like how society is saying that you should look or how, yeah.

Exactly, because I know if somebody were to say something to me, I could just pick them up and move them over. Which I couldn't do before, even when I did have the body that society liked.

I think there's two major positives in your story. One is that you're stronger now than you were before, even though you're, we'll guess, about halfway through perimenopause.

Yeah, at least I would say. hoping. So you're stronger than you were before, you're doing more than you were before, so I think those are huge things to let people know that are possible, that you know as we age there's still plenty more we can accomplish, but also by doing all those things you're not falling into that mental trap that so many women fall into that they You know, like once you're done giving birth, you're kind of just like, okay, well you can help out babysit the grandkids, but there's really nothing else for you.

That's totally not true. Not only that they can't do it, but also feeling like they don't look like they should because it doesn't really matter what you look like.

It matters what you feel like. And I think that's what your story really should let people know. Yes, for sure. Okay, well, that concludes another one of Hormone Heroines, and we will see you next time.

Thanks for listening. Bye, guys. Thanks for watching Hormone Heroines. If this episode spoke to you, follow the show and share it with someone who also needs to hear it.

And write a review. That helps more people find their way back to balance. See you next week.