Menopause Myths That Keep Women From Feeling Better Transcript

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Introduction to Menopause

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It is? Estrogen can be like, the Oil in your joints and your bones. And if you have women, this is like an unspoken, I dunno why, you know women don' talk it more and it's not common, but some women suffer from like shoulder pain and hip pain, And they get on hormones and that pain goes away.

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Now it's kind of nice, we're doin' this little series here. You know, last two weeks ago was about perimenopause and everything that goes into that, and now today we are going to talk about?

Menopaus. So much to know with women's health. Yeah. There's so many variables. And so much of it overlaps, but so of much it can look so different too.

Let's get into it. All right. So for this episode, again, we're talking about menopause. What qualifies a woman to be in menoppause? Just piggybacking off of our last episode and summarizing a little bit with perimenopaus is when you have the variations and fluctuations in all of your hormones, and towards the end, you stop ovulating, stop having a period, period of time where you go 12 months without a period.

And everything following that would be considered postmenopause. So the average age that we're seeing in the United States is 51. Again, it's just considering too that there's no other medical reason that you didn't have a periods for that 12-months.

True menopausal, 12 month without the period, and then you hear all the gods go, You did it. But we're like, yeah, I guess we did. And it's awful down here.

Yeah. Send help immediately. So kind of the same structure as the last one. We're just going to throw out some common questions and things that we get asked.

that patients want to know about.

Defining Menopause and Postmenopause

So like Rebecca said, menopause, you know, it's that 12 month milestone where you haven't gotten a period every month for 12 months. And then post-menopaus is everything that follows after that.

the hormonal fluctuations, they generally become less and less erratic than they were during perimenopause. You know, peri-menopausal, you get these like highs and lows, highs, and low, s and one month it happens, the next

month, it doesn't happen.

And when you truly hit menopase, The ovaries are kind of like, well, my work is done here. you know your levels fall and what you got is kind of what she got a lot of times yeah and i knew i i know i threw like a little party for you being post-menopausal cause for celebration to never Yeah, that's what I'm saying.

There is reason for celebration because, you know, our little visitor never shows up for vacation again or, on your wedding day. Planning what you're doing for the week because your periods are holding you back.

Exactly that. So, we probably did touch base on it, but what's the difference between menopause and post-menopausal? So basically, it's just the timeframe.

You know, those 12 months of, you've gone 12-months without your period, and you know you're experiencing symptoms, obviously symptoms tend to get a little bit worse you know as you go month after month without a period because the hormones just aren't there to trigger the cycle to happen and then once you hit that twelve months clinically they can say that you are menopausal and anything beyond that we get into the postmenopause years which is usually looks.

basically the same. They're just basically milestones, I guess, is what you would call it. And hormonally, you know, what happens hormonaly once the ovaries significantly decrease hormone production?

So estrogen, we talked about this in the last episode, usually in perimenopause progesterone typically becomes the initial offender, estrogen follows along later on.

So when we get into menopause, post-menopausal years, estrogen production, it declines substantially. You know, ovulation completely stops, ovarian progesterone production essentially disappears because you're not ovulating any longer, you don't have the estrogen to trigger your ovulations, so you have no pro testosterone.

Testosterone also declives, but you know I feel like testosterone is more of age-related, but also you do get testosterone from your ovaries, so there's some contributory factors there.

Testosterone is not like estrogen and progesterone. When you get into menopause, postmenopausal, it doesn't just disappear like the other ones do. It's more of a gradual decline typically.

So postmenopause, estrogen, progesterone, generally consistently low. Testosterone can kind of be all over the map. And, you know, there's other things that we like to check too.

DHEA can be, can play an important factor when we're looking at women menopausally, post-menopusally. The DHA is another one that kind it declines often with age, but is great to add in with other hormones because it has anti-aging benefits.

It's great for your skin, it's good for hair. Makes you feel good. Can give you a little bit of energy. That's what we're looking at in terms of what happens with the hormones when we get into that transitional period.

Yeah, for sure. And even in menopause, like we said, you're still at times symptomatic.

Hormone Changes After Menopause

You know, perimenopausal is like up and down, up Menopause is kind of status quo. You're still getting the hot flashes and night sweats, sleep disruption, vaginal dryness or discomfort, changes in libido, the brain fog, skin and hair changes.

We see a lot. And of course the unfortunate body composition changes, but they vary woman to woman. So it's just important to be aware of the symptoms.

Even though they may not be as severe, unfortunately they still hang around. Subjective hot flashes is the next question. You know, do hotflashes eventually go away for everyone?

And that answer is no. I would say in the years that I was seeing the bioidentical hormone replacement therapy patients, Hot flashes is one of the most common symptoms and the majority of women experience them for the duration.

There was a study that I talked about in one the events that we did I was speaking at, actually in your neck of And I quoted, there was a statistic that the average woman experiences things like hot flashes and night sweats and sleep disturbances for seven years.

That's the Average Woman. So that means some of them are a little less than seven-years, and it means that some are even longer than 7 years, so no. Hot flashes do not go away for everyone.

The lucky ones, which are the minority, are ones that don't. really, they kind of breeze through it and don't really notice anything. I think they're just enigmas and their body somehow has this innate ability to adapt to no hormones.

Yeah. Those women, but they are not the majority of our patients. They can improve over time. You know, we've had before BHRT became a big thing, women just had to deal with it, right?

There was nothing for them. We didn't give them anything like, well, it's just a natural thing. It just happens. But, you know, there are women that over time they will improve, but still it's miserable if you're thinking like an average of seven years you got to deal with that.

Hot flashes, night sweats, your sister's disturbed. That's a miserable. And like my mom started into, she started in to menopause at age 44, which kind of scares me for myself, But she still, She's 69. She still gets a hot flash here and there.

But I remember them being horrible for her. Oh, I bet. Yeah. And they are horrible. They hit you when you're least expecting it or in the middle of the night.

I just think it's important for women to know, you know even if you postmenopausal like still come in, we could still treat these hot flashes. Don't wait it out for them to leave because they can linger.

Like you said, You cannot go seven years having hotflashes. No, who wants to do that? Who wants the wake up sweating in their pajamas and have to change or go sleep somewhere else because their bedsheets are soaked.

Nobody. I don't want to do that. You will be giving me hormones just to let you know. same. So why is sleep such a common complaint? What about mood and brain fog?

Those are all common complaints, perimenopause, menopausal, postmenopose, you know. Estrogen is involved in thermoregulation. When your estrogen is low, that's what's going to trigger those hot flashes.

Common Menopause Symptoms

Progesterone hits the GABA receptors in the brain. You know, we don't just have these receptors and our uterus and that's the only thing we're treating.

And that the symptoms it's going to target, you know the taking progesteron before bed hits, the gaba receptors relaxes your body, helps you get a good night's sleep.

Estrogen helps with the thermal regulation, it helps decrease the hot flashes and the night sweats. So you never know when it is going trigger a hot flash.

No, you don't. Not sounding like anything that I want to do, but let's keep talking. Yeah. Why does maintaining muscle become so important? As we age, we naturally lose muscle.

And it's a lot easier for a woman to start losing their muscle mass than it is for man. There are all kinds of data and studies behind the importance of this.

But menopause, it contributes to, sadly, contributes an unfavorable body composition. You know, the changes that happen with your hormones, just the aging process, in addition to losing your hormone, you know your bone health suffers, your brain health, suffers.

You have cardiac risks. There's so many things outside of just muscle mass that suffer here. So, when it comes to your muscle, if your bones are gonna suffer, You also are going to need support from your musculature, or your connective tissues.

to support your skeletal system right if your bones are a little more brittle and susceptible to breaking then you need more support around them to give them a lot more structure and protect them so your muscle super important we're talking about your strength and your mobility.

I don't think a lot of women know, and we did not talk about this in perimenopause, is what estrogen is almost like the oil, like The Tin Man and The Wizard of Oz.

It is? Estrogen can be like, the oils in your joints and your bones. And if you have women, this is like an unspoken, I dunno why, you know women don t talk it more and it's not common.

But some women suffer from like shoulder pain and hip pain, And they get on hormones and that pain goes away. You know, again, going back to we have receptors all over the body.

It's amazing what hormones can do for you. Even if you're not having hot flashes, night sweats, brain fog, you know? Bone pain. Yeah. Sometimes it's pain?

That you are experiencing is now inhibiting you from working out. And if your not working you, your'e not gaining muscle. Again, the snowball effect. women are at a greater risk for a frozen shoulder in their menopausal years.

And I will tell you, I have a patient, one of my current BHRT patients, she's 44, 45 I think now, but she has been seeing me for about two years for hormone replacement.

She initially started with progesterone and then things had changed again and we talked about it and I said, this is the point where we need to add a tiny bit of estrogen in.

It changed her entire world whenever we did that. And as a side note, she never attributed the shoulder discomfort that she had been experiencing to something being hormonal.

But when I started her on the bias cream, She was like, and this is a sidenote that I never mentioned to you. You know, all my other things are better.

My libido, my mood, you know my periods are not as heavy, blah, but she said my shoulder pain that has been really affecting my workouts, My shoulder paint is gone.

So it is real. It is real. Yeah. And now she probably has great shoulders doing all her workout. Got to get back to it. So, it's funny. It is. I love them.

We talked a lot about muscle maintenance and bone health, but what about cardiovascular and metabolic health? Because that ties in with the weight loss and the hormones and everything in between.

Hot Flashes and Sleep Disruption

The estrogen supports endothelial function, so it really helps with blood pressure. It helps even with your cholesterol, your LDL, HDL. They just have so many benefits.

What are your thoughts? The cardiovascular one I think is super important and most women don't even know that and I always bring it up anytime do any event and talk about it because you know estrogen and progesterone are very important but estrogen once you lose estrogen, and it's in the tank.

It just sets you up for so many other horrible things and cardiovascular health is a big one. They found that women are, I can't remember the percentage off the top of my head, but they are at a significantly high rate of having a cardiac event in the menopausal years just because they don't have estrogen on board like they used to.

And that's crazy to me. I mean, that is so powerful, right? That it protects your heart. It protects everything. Your bone health, I already mentioned this, your brain health your bone, health like it's good for your connective tissues, it is good your gut.

Like it so important. Well, just I love everything about this because there is now so much more data out there now that hormones have been around for an extended period of time and they've been studied more.

And there's so much supportive data now that we can actually stop doing our patients a disservice and do what we need to do for them. And they don't have to be afraid of taking hormones.

It comes with all these benefits, even if they're not having symptoms. We still talk to our patience about, hey, these are the known risks according to what know from studies.

Even if I don' have symptoms, there is still a conversation to had of whether they should have a low dose of something just as a protective mechanism.

Very true. And I don't want to toot my own horn, but you know, I was asked to be a leader of impact for the American Heart Association for this fall or this up and coming year.

Because, and I remember the exact number, it's somewhere around 30% that estrogen helps, or I'll just say hormones in general, help decrease the risk of heart disease in women.

which is huge. And I'm so grateful for my friend that asked me to be a part of this because I don't think women know. You know, it's such a stigma out there of like hormones are so bad.

Don't take them. But that's not the truth anymore. We are such advocates. To be able to get the word out of what hormones can do for you is so huge, so I am really grateful to that opportunity.

Awesome. I love it. Well, for those of us listening that, you know, they're like, well, what is BHRT? What does that actually mean? what does it stand for?

So, BHT, that's just the shortened acronym for bioidentical hormone replacement therapy. And so you have bio-identicles and you as synthetics and, the bio identicals are typically compounded medications from a compounding pharmacy and they are molecularly The same the same as the hormones that we make in our own body so they're there thought to be more readily available to the body right there better tolerated cuz your body recognizes them they look like our home hormones so patients experience less side effects you know they are well tolerating.

You know, you get all of these benefits from hormones when your body can no longer make them on its own. All of those benefits, bioidenticals, they're so well tolerated.

I think in the last, I don't know what, three or four years that I've been seeing patients for hormones, i've had two patients that i can think of off of the top of my head that had any issues with starting on hormones.

One of them, she had breast tenderness, so basically all we did was just kind of back off for a little bit, start a

Another one was getting headaches, which can happen a lot with when you start progesterone for people.

Sometimes they can do that or a combination of hormones. She was giving headaches. So we just same thing. We just stopped it, waited until the headache seemed like they resolved, got back into it and she did fine.

It's not even that they didn't tolerate it.

Muscle, Bone, and Joint Health

They just needed a slower start than the average person. Have you even had anybody since you've been with us that has not tolerated the hormones that you prescribed to them?

No, not one. I usually, you always have to say, there's potential for side effects. But I always say low to no side-effects, really. And like the ones you described, they're just sensitive to it, I wouldn't say it was- I won't even call it a side effect.

No. You know, the commonly uncommon side affects, right? You could, these are the most common if it's gonna happen, but they really don't happen often.

Right. Let's see. So what are estrogen, progesterone, and testosterone each doing? What are common misconceptions? So with estrogen that's the primary hormone that when it starts to decline as you get the hot flashes, the night sweats, it also can improve if you take it your genital urinary symptoms.

We have patients come in with frequent UTIs. That's another symptom that women don't talk about that could be from low estrogen. And we talked about how it helps with the bone loss.

Progesterone is important for protecting the uterine lining. It helps shed the excess tissue when you're cycling. It also helps calm the brain, ease your anxiety.

If you're having any depression, it helps with that. Testosterone is more of like your endurance, low libido, hypoactive, you know, sexual desire, things like that, which is so common, All us women are tired.

Let's dive deep into what's causing, you know. Yeah. Just to kind of like give some clinical insight on what you just talked about with all those hormones.

You know, yeah, our women were tired and a lot of them have low libido. But what I often find is it's not just that low-libido happened all of a sudden, right?

Right. If you dig a little deeper into that, it's not because their testosterone is middle of the road, that their libido is lower or whatever else is going on.

If they complain of, hey, I have vaginal dryness and it was painful intercourse, their libido is low because they are uncomfortable, right? It's uncomfortable to have sex.

And so that is actually the trigger. If you fix that, then the libidio issue actually becomes a non-existent problem because it wasn't the real problem from the beginning.

Sometimes we have women just coming in for the vaginal creams and it helps in so many ways. Works wonders. Your one patient was in the office the other day and said the Vaginal Cream was a miracle drug.

It's a magic cream, she said. I was like, yes, it is. Her husband feels the same. We help fix all relationships. Yep, that's right. Common misconceptions.

Let's talk about some common misconceptions, this is a big one. This is big. A lot of things to talk and the number one thing on the list here is hormones always cause cancer.

You know, Rebecca, you've listened to talk to patients about this because it is a question that comes up. Our patients want to know what was out in the public, what you could read about and search and Google and what people talked about on social media about hormones are bad for you.

This is my favorite thing to talk about because when, when women ask that, you know, a lot of that information of why hormones are bad for you came from the old drugs that we were giving for hormone therapy way back in the day when it first became a thing.

and old study data which we ended up finding out that last year at the end of the year the FDA commissioner actually went on record and and did like a public announcement about how we were doing women such a huge disservice for the last how many decades since that women's health initiative study was done because it was completely misrepresented to the public.

The data was not good. What came out of that was no good so they actually did a re-analysis of changed everything about hormones. Yeah. So no, hormones do not always cause cancer.

Is there a propensity for that? Yeah, not everybody is a good candidate for hormones, that's why a console and good follow up is everything. And we will we'll be the first ones to tell you, hey, we don't think you're a Good candidate.

Let's talk about other things we can do to potentially help your symptoms. And if you're following up with your practitioner like you should be, if your getting your blood drawn or having your follow-up testing done the way that you shouldn't be so we can keep an eye on your levels while you are on hormones and everything looks good.

At that point, you were going to develop, I hate to even say the word cancer. I don't know why it bothers me so bad. But you will develop cancer whether you on hormone or not.

Cardiovascular Benefits of Hormones

because I've also said if you kind of imagine the woman gets a menstrual cycle for all these years, how many decades of your life, right? And you have these high peaks of hormones and they fall off and this happens every month, every months for how much decades and then you come along and I'm giving you a little bit of estrogen, supplemental estrogen a bit supplemental progesterone and your labs are normal for years and years that you're on it and all of a sudden something pops up and you mammogram is abnormal.

It wasn't the hormones you're taking it was more likely hormones that you are making on your own and not metabolizing in a great way you know so i quote gosh i can't remember that guy's name is from a book and he said it's not the hormone that u take it hormones.

A problem. And I just love that, because now with all the new data, it totally supports that. And you just have to be aware of your body, be up on your testing.

I know I'm just reiterating what you said, but it's so important. There's still much more to it. God forbid you're diagnosed. We stopped the hormones, there's adjustments we have.

But it didn't cost them. It's kind of like, you know, think of somebody who has, who all of a sudden something happens and they end up with some sort of chronic kidney disease, whatever it was, right?

And now you have to take a look at, well, what are all the things that they're taking? Because they could be on blood pressure medications. Hey, can't take that any longer.

We have, we have do something else because you develop this kidney, which unrelated to the medications that their taking, We have to take you off of some of these things and give you something different to accommodate for that it's the same for hormones in the event that god forbid.

You know anything happens but it does happen. So we know how to handle that you know the next thing is bio identical hormones are completely risk free because they're natural.

No, they're not. Nothing is risk free. The Tylenol that you take because you have a headache is not risk-free. the supplements that You bought online are not Risk-Free.

You know, the prescription drugs that your taking that were given to you by a medical provider. Those aren't risk Free. nothing is Risk Free, you know.

It's all the risk versus the benefit when we're talking about things like that. That's super important. Another misconception, every woman needs testosterone.

That is not true. I mean, there are some women who their testosterone really doesn't decline, you know, at any age. So again, that's where lab work is important, a thorough visit is, important to get the background.

Health history, yep. Thank you. Yeah. Hormones have to be stopped between 60 and 65. And that is not true. We see women beyond those ages. Your symptoms are most important to us because your lab work's most likely going to support the symptoms that you're having at that age.

I would never turn down someone who's in their late 60s that still occasionally having a hot flash or needs the testosterone for a little bit of endurance or low libido, you know?

No, no. And, a, little, bit goes a long way. Even if you're older, and oh, when they say like, Oh, you should start within 10 years of going losing your periods.

That's just a guideline. It doesn't mean you have to a little bit can go a long way for those patients, even if they're 6570 years old, Yeah, it's fine.

What BHRT Means

It's totally fine, and the risk is so low, right? So the next misconception, every woman should be on hormones. And, I mean, in one hand, But no realistically no not every woman should be on hormones because there are some women that it's not appropriate for right certain things in your past medical history certain types of hormone sensitive cancers if they have a history of blood clotting you know cardiovascular issues stroke heart attack like.

There are things to consider there, so not everybody should be on them. And that's, again, back to a good follow-up and having a health history, a consultation with somebody to help determine.

As long as they are good to communicate for it, then, yeah, you should on. Even if you're not having symptoms again. If you have symptoms, great. We can fix that.

Let's talk about all the ways I'm going to protect your mind. It's protected to the breast, estrogen, and everything. So yes, I mean, that's like, you're a good candidate.

Yes, we all should be for sure. You're good. Candidate. Your healthy. Yeah. That leads us to our next question. Now, who might not be a candidate and a Good consultation, a And an individualized plan is key.

Come in if you're unsure. We go through all the questions. History of cancers, history of blood clots, whether it's you or your family, the history is stroke, over disease.

You know, we want to know your entire background, very thorough assessment in order to make that determination. So Ali, you could probably go more in depth with the estrogen specific cancers, the different types of cancers.

You know, first degree relatives, things we would want to really, really know. Yeah. And, you know, I haven't had a

lot of those patients. Really, it boils down to first degree relatives, and the risk also gets associated if you've had multiple first-degree relatives.

Not necessarily just one first–degree relative that has been diagnosed with a hormone-sensitive breast cancer. This is the piece where education comes in a ton, right?

And this is where if occasionally this comes up and I'm like, okay, there's obviously something here I need to think a little deeper into. Anytime that happens, I go digging, Right?

I got on a deep dive. I want to know has anything changed with the guidelines or the recommendations? Like what does the study, what is the very current today study data suggest in terms of somebody who has no personal, you know, history of cancer, but their sister had, an estrogen progesterone sensitive type of cancers.

So I recently did have to do this with the patient. I went and I looked, right, because it had been a while. And I just want to make sure that nothing had changed.

Hormone Roles and Common Misconceptions

You have to be able to trust your practitioner, too. You want somebody that's going to spend the time with you, that is going ask all of the questions, listen to what you're saying, go through all your history, and take the extra step, right?

Just to reassuring that, hey, you know, because it doesn't automatically mean that because somebody has a family member with a history of breast cancer or uterine cancer, whatever, it does not automatically means that that woman cannot have hormones, it might mean she can't have all of them, she could have some of that, right?

So it's so individualized. It's not an easy, not a yes or no of whether you can take hormones or not. There's much more that goes into that. Yes, for sure.

Also, just talking about like trusting your practitioner. We haven't really talked about our route of administration because that matters as well. Totally matters.

Here at Body by Aim 360, we do topical estrogen, vaginal estrogen. oral progesterone and topical testosterone. All providers have different opinions on different ways of administration, and nobody's really right or wrong.

I personally don't feel comfortable prescribing an oral estrogen. But, you know, maybe those are appropriate for other people. We just don't do them here.

I really see the effectiveness of the topical administration and what it does for our patients, because you've explained and taught me, that you get that even administration daily.

You're getting that burst of estrogen or testosterone daily, whereas the patches, you know, You may get a burst on day one, but by day three, those hot flashes are starting to come back.

And then you're almost like going up and down with your symptoms. Yeah, I can't wait to put your next patch on the same for injectables. I mean, the thing is, patches and pellets, injectable, they're more convenient, right?

Because you have to worry, do it less than topical or oral things. So I know there's something to be said for that. But honestly, my patients are just happier when, topical estrogen, testosterone, they're just happier.

They don't get these highs and lows from the injections and the pellets and patches. You know, the just have this more even level of hormones that they are getting every day and they just feel better.

People are very sensitive to hormones. So you give yourself a shot of testosterone. Your like levels go up over the next couple of days and you're feeling amazing like you could do a triathlon and then as it starts to fall off before

you get your next injection, you kind of like want, want want.

I just dont. feel is good. So nobody wants to do this with their how they feel. You just kind of want to be here. Right? That's better. Everybody's happier when we're here?

Yes. Leveled off. Yeah. And you know, the next question, we kind have already touched on this. Why do medical and family history matter? Why are follow up and repeat labs so important?

And we've The last couple of questions we've already touched on it. So just to reiterate, you know, family history is important. There are things that could disqualify you for hormones or certain hormones.

Good follow-up is everything. If you're on hormones, You gotta be seeing your practitioner. You have to be doing your follow up labs to make sure everything is okay.

We want to Make sure your hormones are in a, at a good level, right? Do we need to made adjustments? We don't want anything bad to happen. We welcome women of all ages at our practice, and it's never too early or too late to come in and discuss your symptoms and then just decide what treatment options are available.

Also, I had a woman come last week who was about seven years post-menopausal. And she just was having low endurance and not sleeping well. And, you know, hormones aren't always the answer.

We have a supplement called Relax, which helps with sleep. So her and I discussed that and we did end up doing like a low dose testosterone just to help with endurance.

But she had the courage to come in and say, I'm not feeling like myself and I just am always tired.

Who Is a Candidate for Hormone Therapy

I hate when doctors are like, well, you are 65 now. You don't have to feel that way in your 60s and 70s. This one was active. She had a very large family with a lot of grandkids and she just wanted to be able to keep up with them.

And she needed a little boost. Needed a boost? She just needed little help. Yeah. I hate when our patients come in and say that they just chalk it up to, oh, well, you're getting old.

It's just a part of life. That's normal, we're all getting older. You know, what's one thing you wish women knew before coming in for menopause, like BHRT consultation?

Like, What do we want them to know ahead of time about that? don't be afraid to come in and just explain the whole picture. You know, when we're going through family history, if like cholesterol or a history of diabetes, you know thyroid issues, we could segue and not talk about hormones.

And if you're not sure, just get the blood work and let us do the work. Let us to the homework and tell you why you are feeling the way you feel and know we are going to get to know you as a whole.

We're not gonna just come in and say, I saw your blood work and everything's fine. So I'm gonna see you in a year. No, we have women come and I think I told the story before, and apologize if I am getting off track.

She was started on testosterone and had repeat labs and her testosterone level was completely normal. Well, not going to say well, sorry, already put you on Testosterone and your Blood Works show me that you're normal, but she's like, well I don't feel any better.

So we bumped our ghosts up. So I love knowing I'm like that person, like I need an answer. And at this practice, we find the answer, I don't know how many doctors that will just say like, but you're healthy, your blood pressure is great.

Your blood work is Great. You must just be depressed. You should go see a counselor. Oh my gosh. Before we leave this episode, can we just mention- Don't do that.

Come see us. Can we mention how many of our patients come in and are told you're depressed, you are anxious, here's Lexapro. And they say, please get me off of this because they know they're not depressed.

I mean, they might be in a hormonal state where like, oh my gosh, I'm getting depressed because no one will tell me what's wrong with me. Yeah, of course.

Because they are not diving deep into the patient as a whole. No, their not paying attention to all aspects of the patients, which again I love that we have the ability to do that here for our patients.

We see patients, they come in and they think it's their hormones and it is not. It's not their hormone, right? Something else pops up in the blood work.

And so that's why the baseline labs are so important too, you know, because they've come and thinking it hormones, and we put them on hormones. They don't feel any better.

Now they're spending money on hormone and on visits to follow up and nothing's changing because we didn't check anything else to begin with, we want to know as much about you as possible before we decide on Are we going to put you on hormones or not?

Do you even really need them right now? Well, this has been another fantastic episode. I think Rebecca and I could go on and on about talking about these misconceptions, all the benefits, what people are talking out there that's true and false.

We could on on forever, but we'll save some of it for another session, I guess. Yes. Stay tuned. All right. Well we will see you again in a couple of weeks.

See you. Thanks for spending time with us on Beyond the Scale. If today's episode helped you see your health differently, like the show, share it, and we'll see you next time on beyond the scale.