Menopause Support and Emotional Changes

52 years old, I talked to guys periodically and I always tell guys, you don't know how bad you're feeling until you start to feel good. Like you feel like you are doing good, even guys that I see on a daily basis at the gym or just socially and we start talking about testosterone and, and kind of feel I'm trying to convince them to get on testosterone.

All right, welcome back to another episode of Sibling RX. I'm Dr. Roddy. So we are happy to be back. It's been a few weeks since the holidays and the breaks and all that stuff, but we have a lot of great stuff planned for the year and starting today to talk about finishing a topic that we were talking about last time and then some of the things that listeners or subscribers, people that are supporting us basically.

We started menopause discussions last time and I think where we left off was You know, as a husband, partner, whatever, of somebody that's going through menopause.

And brother. Oh, yeah. Yeah. Boss, brother, cousin. If you're around anybody going to menopsis, what are things you can do and what things that you absolutely should not do, we should probably talk about that, to support that person going transitional period of metabolic existence.

And emotional? Yeah, and emotional. I don't know. Obviously, there's no playbook to that. You just have to figure out what works. Every woman going through it is going to it in a different way.

What might work for some person to support one person may not work the other person. Yeah, I think that, you know, some women have just the vasomotor type reactions like hot flashes, night sweats.

And some woman may have more of the weight gain. Some women had more mental issues like anxiety, depression. I know I dealt with a lot of depression going through that transition.

But I also had really bad joint pain. So, um, for me, I found the right tools to help mitigate that. Um, but it was really hard on my husband, you know, and, even with the kids, it's like, why, do I, have anxiety?

And then why do have depression? You know? Like, how are they going to deal with that? So. And I did read the study that a lot of divorces happen with women initiated divorcers during the ages of perimenopause and menopausal.

You know, it's, yeah, we go through this phase of like, We don't give a shit anymore. And it like you know it, a little bit of a feeling of liberation because you kind of feel like well, I don t care anymore, like whatever, they can deal with it.

But it s also, the depression is really, really a thing. Like when your estrogen drops, you really do get a sense of depression. You said kids too, and not to catch off, but kids, that's true.

I mean, like, you know, I think there's a confusion for them. Like, what's going on with mom? Like why is she acting this way? Why is you reacting that way if you didn't do that when she was 38 or something like that?

I think that you just have to keep talking to them. It seems to be, again, not an expert in this at all. I've only gone through it with one person, really act on a daily.

But it seems that it's just cyclical. There's good days, there's bad days. When there are good, the windows open an

opportunity to get on the same page and say, hey, kids have been feeling this way.

What do you think we can do together to not act that way. What do you think we can do to make you a little less crazy? Like, what are some ideas? I mean, there's a thing that, like, this whole Karen situation that's happening in public, I really think is hormone related.

Probably, because it's that middle-aged estrogen-supplied. Yes. And just like your patience is just gone. You know, I didn't really have so much of that.

I had more of the like hum and drum depressed type symptoms where I just didn t feel like and for me it's hard when I when i don't want to go to the gym, i know something's wrong with me, you know.

And that was a hard thing. But I also know that I have to get to the gym because I've got to keep my muscle. You also have listen to your body. If you need an off day, I know some days you'll be like, no I'm going to just do yoga today.

I don't want to go lift. to do something, but if you just need a day to veg and go on a nice walk and not go do a 1200 calorie burnout workout, you don't need to that as long as you're doing something.

Right. I mean, I've definitely done a lot more either active rest or just walking days than anything just because, like you said, You don' t want to push yourself because you also don t wanna increase your cortisol.

So it's just a listening to your body balancing act about yeah and just you know what just know that in the end it's gonna get better you just have to get through this and and find the right tools find.

The right providers that can help you manage all of this I think from a husband spouse perspective things that I can't help is just helping with stuff, you know?

Oh, that's huge. Around the house, especially. Whether it's laundry or dishes or, hey, we're going to go out to eat. Don't worry about cooking dinner.

Just take a night off or whatever. There's no, again, like I said, I don't think there's one way of doing things, but just kind of contributing in that way.

But it is a walk in on eggshells. Because from my perspective, the morning the sun comes up and you're kind All right, what version of this person is going to come up today?

Metabolic Health Markers and Lab Testing

It's tough because you see that person struggling some days and it breaks your heart. You're like, man, this really sucks. How much faster can you get to work today, get out of here?

No kidding. But, you know, it's a hard thing. But I think that you have to understand, I mean, for guys, we don't have be experts in menopause. I am by no means an expert in it, but just, treating patients with hormonal and joint issues, that's about it.

you know, use AI, listen to a podcast, like get information to figure out how do I support my spouse while she's going through menopause and pick two things and go, I'm going to start doing this.

Yeah. And don't tell her you're going do it. Just do. You know? And just do and hopefully she'll notice. Do you remember when we were in practice, we had that subset of like patients that were female in their forties and they always were diagnosed with fibromyalgia.

I, I want to say it wasn't fibromyalgia. I think fibormyalgio was made because they didn't know that it was perimenopause or menopausal. And that wasn' very long ago.

We're talking early 2000s. Or even 10 years ago! People would come in and be like, oh, I'm a lost cause. My doctor told me I have fibroomyalgio. It was almost like that's it.

That's end of me. They're like 42. You're only 42. It doesn't mean you should just lay down and let the truck run over you. And then it was like, if they had 12 of the 18 different pain points, then they got diagnosed with fibromyalgia.

By a rheumatologist. That's all hormone related, you know? And then they were always type A personality, had very high stress, high anxiety, always canceled their appointments, and getting even a massage was just…

It united them, though. But they're in true pain. They weren't like malingerers. No, they are like in actual pain, yeah. pain, but is it because their estrogen was so depleted and their metabolic system was just upside down?

Probably because back then hormones were not as accepted as they are now. They fit the same body type and it's like a person within a personal. You see that person where they once were and then they let that decline just take the best of them.

So let's talk about something that I think is super important, overlooked, is how menopause and even andropause, which is low testosterone in men, affects your metabolic health.

Because your metabolic health is really the key indicators of how well the rest of your life is going to go, right? So, let's talk about the markers for metabolic health.

What do we look at, and then what are the normals? So we've got your total cholesterol, you've your LDL, HDL and triglycerides, right? And then you have insulin.

so estrogen and well those are the hormones but yeah but for your lipid markers right because and usually what you find is the first thing that drops is your triglycerides is usually the the 1st thing and then that what do you mean drops the1st in that sorry not drops but it goes off like like goes up but meaning that it it um meaning your labs, right?

Let's set really quick, because I want people to understand. Because sometimes when people look at their cholesterol, they'll be like, oh, I'm at 180. I am totally normal.

And that's total cholesterol. So they have total Cholesterol. They have their LDLs, which is their bad cholesterol their HDL, is which their good cholesterol and then they had their triglycerides, also we want to keep low.

Yeah, so, and then the triglycerides is just the amount of lipid or fat in your cells, right? So, tell me what is, I know there's different levels for men and women, what's…

Triglysterides. What's normal in men? I don't know. I'd have to look that up. But I can say that I did my labs in early December because I was up for my testosterone.

And I've been on testosterone for a long time. It's the first time I noticed my triglycerides were high and my HDLs were kind of red-flagged low. I mean, I've been on, you know, testosterone for four years consistently now, And this was the first time I noticed that.

So even from, you know, 48 to 52, my body has changed, and maybe the level I was on or the levels being kept on is no longer appropriate for me or whatnot or what not because nothing else has been different.

It was kind of an eye opener that that's kind a textbook when people are having this metabolic kind snowball effect where they're Testosterone is low, estrogen is high, HDLs are low.

Triglycerides are high and that's kind of like that cascade of metabolic dysfunction. And for women, it's the same, but then like I know in women as once it gets 150 to like upper 100s, like 199, that's when you know that insulin

resistance is going to start.

Yeah. And the insulin resistances explain that. So insulin resistance is your cell's ability to absorb insulin. And what happens is a lot of times when your cells can't absorb the insulin, they push all the sugar into your blood.

Your blood sugar rises and then that's when you get a whole gamut of just this cascade of like all the inflammation and all of the chronic diseases that can happen, like cardiovascular disease, diabetes, Alzheimer's, which they call type 3 diabetes now.

So insulin resistance, just for our listeners, is that's when you start to need to worry about, man, I'm pre-diabetic or I am diabetic now, so you have to really watch that.

I think it's really important for people to make sure that they're doing their labs annually. People just don't do it. Twice a year would be ideal. Plus, if you're on hormones, you should be doing it more frequently.

I was kind of surprised how within a year that changed for me a little bit. If you've never done that and you don't even know what your total cholesterol is, and let's say you are at 260, 270 or something high, some people could genetically have high cholesterol and be fully functional, normal.

Because that's just the way they are. But you have to know your values. It's too easy these days for people to get labs done. And labs really just shed so much light on what's going on on the inside that you don't see.

You might think that your killing it on outside, but the outside is just screaming for help. Well, and really, like you said, total cholesterol is great to know, but it's not really the tell-all.

Not at all. You want to look at your LDL, you want look your HDL. All of it. ApoB. Apob is the most overlooked lipid panel that they don't even discuss because it It's more of a functional test and people don't really, providers aren't trained on how to manage APOB or see what that is.

And the APoB is like really like if the LDL is what is being carried on the highway, APob is how many trucks are carrying those things on highway. So it's the amount of burden that your arteries have.

I don t think a normal blood test No, you have to actually ask for it. Yeah, yeah. You have To ask her. So an April B actually is the best indicator of cardiovascular disease than any of those.

No. so that's that probably one injustice that happens, with primary care blood work. Well, I think that if you And every doctor is their main goal is to help a patient.

Nobody's trying to deliberately harm a If they're limited with what they know and they haven't gone outside the box and or they don't feel comfortable to properly co manage with somebody that can make an impact that in my opinion, I don t want to say that's medical malpractice.

In my providing them the information within the box that you know, where I feel like that box should not have a lid on it, and you should just be able to constantly get more information so you can serve your patient.

Right. If that means they leave your practice and business to go do that, well then, you-know-what, that's the right thing to do, so. Yeah. But, Andrew, pause.

Let's talk about that because, 52 years old, I talked to guys periodically. And I always tell guys, you don't know how bad you're feeling until you start to feel good.

Like you feel like you are doing good, even guys that I see on a daily basis at the gym or just socially and we start talking about testosterone and I kind of feel I'm trying to convince them to get on testosterone.

Well, and it also has because I feel like and just like hormone hormone replacement therapy or bioidentical

hormone, replacement, therapy, testosterone, everyone assumes it's like the androgenic muscle building testosterone.

And it is the same, but it s different. levels that are going to be making you into a, you know, raging, steroid. Unless you're looking to do that. I feel like it's been stigmatized.

Even in our own clinics, we had some staff members that were resistant to educating patients about the testosterone therapy that we have. You're right.

As soon as you realize how good you feel, you you never realize How bad you really had it like it's it. It's that's the only way I can describe. Yeah, yeah.

Testosterone, Andropause, and Hormone Optimization

And I think the problem is back to like labs and values and doctors. You go to your traditional physician and they do your blood work and say, Hey, Roddy, great news.

Everything looks great. Your testosterone is really looking good at 400. And your lipids are good. You're like, OK, cool. Nothing has been red flagged on the reference point.

But with the wide range of testosterone being 300 to 1,000 normal, that's a normal range, which is crazy. I wish they could redo that. For me, personally, if I'm under 950 or 1.000, I start to feel Yeah, everybody's different.

But when I first started doing testosterone, I was 267. Wow. I mean, 266, or 45, something like that. And I'm always doing injections. So everybody is different?

Yeah. Everybody's differently. People think, well, my doctor said my testosterone is good. Good. Feel good, got good libido, burn fat easily. Great. Imagine what you could be if you were at a more optimal level.

So there's normal levels, then there is that optimal right level that you should be. Yeah, I mean, some people and it also depends on your age, right?

If you're younger, you know, You don't need to be at 1100. But, and if your sedentary, If you have high muscle mass and you work out a lot and your a bit older, it's always better to have a little bit higher levels.

It's individual. You have to go on labs, but you also have It doesn't get overlooked, but it's very important to see how a patient feels with different levels.

Yeah. Age, symptoms, free testosterone, total testosterone. Like all of it together. You can't just go, oh, my labs all look normal. I think for people that are listening or watching or if anybody's listening and watching, maybe it just doesnt justice.

For the three of us in this room, I think it's important to ask questions and do your research and align yourself with providers that really know how to manage these metabolic disorders because it has now proven that when this stuff starts happening in your 30s and 40s, that's when you start dealing with all this shit when your in 40, 50, 60, 70s because testosterone alone starts to dip a little bit every year, like dip, dip dip.

If you don't stop that process, then you're just literally that fibromyalgic patient going, you know what? It is what it is. You know, this is my life now.

I have to live with it. Or the worst is when doctors would tell patients, yeah, just, it's this, You just gotta live it, good luck to you. See you next year.

And oh, that would just drove me nuts. So going back to metabolic syndrome or dysfunction or however you want to word it, let's talk about how the drop in estrogen and testosterone can actually affect your, we talked about the

lipid levels, but let us talk the insulin resistance and how it can get affected.

So tell us about how in andropause that happens So when you become insulin resistant with a drop of estrogen and drop a testosterone your body's not functioning the way it should obviously you're gonna start getting some Weight gain and visceral fat and you know all the other things that come along with you.

Okay, so Let's explain what visceral fat is because some people may not know Yeah, visceral fat is the fat that is deposited around your vital organs.

It's the fact that accumulates around our vital organ that tends to increase when this metabolic decline starts to happen. And it's not like something you look in the mirror and go, oh, my visceral fat looks pretty good today.

You have to really do these labs. There's a lot of different things people can do. One thing you could do at home, though, is measure your waist to hip ratio.

Yeah. At home that's an easy way to do that. And you want to make sure it's under 35 for women. I don't know what the value is. It's probably under 40 for men, I'm guessing.

Yeah, you can do those. Those aren't in-body scans, do visceral? I think they do, those two. But knowing that information, the point is you cannot just look in the mirror and go, my viscera fat looks awesome today.

So you have to do labs and you kind of have see where your levels are at. And if you just start to see, increase and like close start feeling tighter or you just go, gosh, I'm literally at the gym every single day.

I am doing my heavy lifting and I m doing cardio, walking or whatever and there s something dysfunctional happening inside your body that you need to fix because when you continue doing all those activities, you re going to get more out of it.

But those are the main things I would say. Yeah. And when it comes to that, the visceral fat is what is the, main cause of cardiovascular disease and all a lot of the I mean, it starts with insulin resistance, but it leads to visceral fat and leads two chronic disease like cardiovascular diabetes.

All reversible, though. People need to understand that if you're diagnosed with insulin resistance, if your told your visceral fat is increasing, it doesn't mean you give up.

It doesn' mean that, well, all right, I'm just going to eat whatever I want and not ever work out and pick up smoking and start drinking more. But every single one of those things is reversible at any age of life.

But it's also really hard when you get to that point, because when You have increased fat around your abdomen and organs, it is harder to move. You don't want to Move.

It's harder To stay active. it Is harder. To be motivated for, you know, all the healthy lifestyle things. So and then you on top of all that, You get decreased mitochondrial function, decreased energy, and you just don' feel good.

You don't feel good and it starts to affect your mental health too. If we're saying and proclaiming that you can reverse all of it, how should somebody start?

There's something that everybody should be able to do and everybody's different to start to make little wins right until they start seeing something even if it's like you know what i'm just going to get up and i'll walk every day i am walking 10,000 steps so that's the thing if you walk 10 to 15 minutes after a meal it doesn't have to be every meal let's say the last meal of the day because that is the most effective if u walk ten to fifteen minutes brisk walk not like just strolling but like a good bris walk 10 to 15 minutes after your last meal, and hopefully your meal is not right before bed, but let's say it's two hours before bedtime, that decreases your blood glucose by 30%. So that'll help with the insulin resistance.

And so that's one small thing you can do on a daily basis. Easy. Take your dog out and just go for a walk. Yeah. We experienced both sides of that this week.

The night we came to Sawyer's game and then we went to another game afterwards, we didn't dinner until like almost nine o'clock. I literally slept three.

My sleep score was like 42. Terrible. It was awful. And the last night, to Noraya's flag football practice. And we just both went, we took one of our dogs and we walked for an hour.

I slept like a rock last night. It's so, so true. We ate earlier and then we walk for and hour because we had an hours to kill. But those are simple things that people can do.

Just to make that a habit. Eat at a decent time and get a walk in or just do something to kind of burn some calories. If you don't have time for a you could do exercise snacks where if you're sitting at a desk all day, get up, do some 10 air squats, and do two rounds of that.

And then just do that if can every hour. Just do air squads. That helps push all that out and it helps regulate your blood sugar. The biggest thing, of course, is weight training.

Yeah, resistance training, I was going to go into that, so as far as metabolic health, and whatnot, whether it's menopause, andropause. The things that people can do to lessen the burden of those natural things we go through.

Obviously, we can reverse it with supplementation and testosterone and all the things people could do from the outside in. Other things they can, you mentioned resistant training.

walking was a big thing I was reading about, like just walking alone. If somebody can get 10 to 15,000 steps in a day. And that's hard. That's a lot. In our lifestyles.

Yeah. Especially if you live like, where we live in Arizona, you're not doing that in the summer, unless you have a treadmill and you go do one on the treadmill or whatever on an incline, which is even better.

But It's hard, but it's reasonable. Again, if you don't have that time, doing some exercise, break it up throughout the day, that's actually shown to be even more beneficial than walking at the end of the So movement, we've talked about movement when we talked the menopause episode.

Movement, resistive training, which is very, very important for men and women. I think, unfortunately, men tend to gravitate towards resist training than some women do.

Insulin Resistance, Visceral Fat, and Lifestyle Fixes

Women think getting on the stair climber at the gym, that's resist of training and it's not. And I know you've talk about some basic things that people can do even on a short amount of time.

And because you want to build a muscular base. If you don't have a muscle or base, your body can't absorb the glucose. So that that alone is a huge, you know, regulator of insulin resistance, right?

So absorbing that glucose, making sure you have that muscular based and making. Sure that you're constantly building it, because in midlife and beyond, we're.

Constantly losing it. Right. Yeah, we talked in another episode about the importance of protein intake. That's very, very important for metabolic wellness, you know, making sure that you're getting ample protein in the things that like and getting the right quantity in as best you can in a day.

Because again, that regulates your glucose. Yeah. And then we've talked about hormone optimization. If anybody

is watching, listening or whatever, and you're wondering if that's for you and your over 40, we can tell you that it is for.

Well, yeah. You know, you get evaluated. You know, have your provider look at your symptoms and your labs. Some people do great on bioidentical hormones.

some people don't do Great because they have too much cellular inflammation that's not letting the hormones communicate to the cells and get in there.

So sometimes people have to actually do the detox of cellular Inflammation first before they even start the hormone replacement. So they have to just kind of clean house first before they do that.

Otherwise, it's just not going to work, which is a waste of your money and a wasted your time. You don't get the results. And the first thing you get to say, you know what?

I did it. It didn't work. So I'm going give up. That's why some women claim they will not do hormone replacement therapy because it makes them gain weight.

Yeah. They gain the weight because their cells are inflamed. And like a normal, if somebody wants to do a normally cellular detox or cellular reset or whatever you want to call it, it's not a long time, three months maybe.

Yeah, I mean it ranges three to six months, but that's nothing compared to how much time you've spent in misery. And during that time, you'll get some of the results you want, right?

You'll be less inflamed, You might lose some weight. You're going to feel better. Ultimately, and then you've kind of cleaned the canvas and now you're ready to properly optimize your hormones.

Right. Because you you are only going function as well as your mitochondria do. Yeah. And if your Mitochondria, which are the powerhouses of yourselves, if those aren't functioning and they're not open to messengers, that's what hormones are, messangers, then your body is going be resistant to all of that.

And that even goes for supplements, it goes to everything. It's just not going to work. So if you're listening and you are interested in what are some cellular detox options, we'll definitely put that on the notes.

I think that's an easy thing that people can do but it's a commitment. You've got to do it and stick to it. probably, you know, change your habits with some of the things that you're doing for a period of time, but you are investing in your health span.

You're investing and feeling better, living better and, and being on this earth a lot longer than being miserable. Yeah. So, um, anything else on andropause, any final takeaways, uh, menopause?

You know? I think andrapause is always, overlooked as well. Because I know in my own experience with my husband, it's like, I don't know what he and he does testosterone injections.

But when his testosterone, he has to do two injections a week. When when he runs out, you can just tell he becomes hum and drum. He's And unfortunately, because of our lifestyles in the Western world, we have computers, devices, kids aren't playing sports anymore.

So you've got 20 and 30-somethings that are hitting andropods earlier. This generation and not to mention all the ultra processed foods that we eat that have the chemicals and the toxins that add to the cellular inflammation that are decreasing the hormone reuptake.

And you know, it's just all a bad negative cycle. I think that if you're in that age range of early thirties and I mean, I don't know. In my early 30s, that wasn't thinking about testosterone.

No. Well, in our generation, we didn't have the toxins, or the computer lifestyle, like the device lifestyle that these kids now have starting at 5, 10 years old where they're playing games.

We have gamers coming into our clinics at 20, 30 years old. They have a lower testosterone than a 40-year-old or a 50- year- old, you know? It just leads to like a sanitary lifestyle and all those other things.

Yeah. Well, again, as a summary, I think that if you are going through menopause or andropause, obviously you're not alone. There's trillions and trillions and people going though it, but don't let it just take over your life.

Right. And if your living with somebody going thru that, Just do a little research, find out like, you know, even with AI, it's so easy these days. You can just type in, what is three things I can do today to support my menopausal wife?

And if it says take a vacation, then do the house. But take her with you. No, no, that's not good. That would not be good at all. Uh, but I think there's things that people can to to their spouse because it is a, time and it's not going to be forever, but it is not a weekend either.

I think one of the easiest things that men can do to support their wives through menopause, because as women, we take care so much. And if you're a working woman, you take of even more.

So the thing that I think helps the most for me is when things are taken care of, not just around the home, but everything else, like Aaron's, you plan the trip.

I don't want to plan a trip like just things, things that are usually a burden on us. Take care that for your wife or your partner or spouse or whatever.

Right. Cool. That's a wrap on that. Yeah, I think we talked about that a lot. So what else? Anything else on I don't think so. I think that, again, just get your labs checked, discuss your symptoms, your lab levels, and create a plan for yourself, whether it's with hormones, without hormones with supplements, with diet, lifestyle, whatever it might be.

If you don t take care of it now, it s only going to get worse as you get older. So it is something that you have to really work on because it does lead to a lot of chronic disease later on in life.

Yeah, and not to put the carpet before the horse, but we're eventually going to be putting out some platforms and some opportunities for people to get some advice through us, from us with our team.

So that's to come because I don't want people Well, where do I go? And we can't provide that to people now, but soon we will provide it to you so you have a resource if you don't already have one.

So that's a wrap on that. Please make sure you like, subscribe, and share. We appreciate the support. The support has been great and I know there's been some questions about when are you guys doing your next one?

Here we are. So we're back for the 2026 and it's going to be a great year and thank you for listening. Yeah. And don't forget to review us as well. Review as Well.

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