Podcast Introduction and Guest Welcome

Welcome to hotness, the podcast that brings you practical tools to balance your hormones and rekindle connection, confidence, and desire in midlife and beyond.

I'm your host, Dr. Liz Lister. Hotness is a safe space for honest conversations about menopause, sex, identity, love, loss, reinvention, And desire because you can embrace your hot in us at every age.

Welcome to Hotness, the podcast where hormones, confidence and desire come back online. My guest today is Donna White, The beautiful Donna white, who is the hormone defender.

She is The founder of the BHRT Training Academy. she is a sought after speaker, she's an author, She's truly an expert in hormone therapy. in training of health professionals in women's health, especially related to hormones, and established this wonderful training academy.

I'm very honored to be a mentor for the participants in her academy, she's just lovely. And you will also see that she is absolutely a walking billboard for replenishing hormones.

She's in our 60s and is just beautiful, I just love when I get to spend time with her. and please enjoy my conversation with Donna White. Donna Wade, welcome to Hotness.

Oh, it's an honor to be here, Dr. Liz. It's so wonderful to have this conversation and to share things that your audience can use. And that's what we're going to do today.

Absolutely. That's exactly what I want to is give women in midlife tools that they can have their own vitality and experience their hotness. So yay, love that.

Now you have founded the Biodentical Hormone Training Academy, which I am honored to be part of that and to help and support you with that. And I loved my colleagues there and just everything you've created.

So we'll say a little bit more about that in the next little. But I want to just start us off talking about hormones because you talk a lot about the hormones that they are signals.

We're not just looking at something that declines as we get older. And a lot of people don't realize the impact of ignoring that. I know. You're so right, Dr.

Hormones as Signals and Healthy Aging

Liz. So when I think about hormones, well, they're signaling molecules, meaning they tell our cells to do things. They signal almost every single physiological process in the entire body.

like balanced blood sugar, oh, it's time to go to sleep now, or it is time for a period, ooh, hubby is looking pretty hot tonight, all of these things.

But sometimes I think our perception of hormones is so limited. We think of hormone as reproductive hormones. when in fact they do so much more than regulate our menstrual cycles or cause us to go through menopause.

They affect every aspect of our health. So that's why this conversation is so important, because we need to broaden the concept of what hormones do and why they're so critical to our heath, don't you think?

Yeah, absolutely. You talk about hormones as the foundation of healthy aging. What are your favorite hormones that you talk with everybody? I know what mine are and I talk to them all the time.

Where do you think women should start? You've written a book and you talked about your experiences early on when you were pre-menopausal, So, say a little bit of detail about all these hormones that we're always talking about.

Absolutely. I love all of the hormones. Yes, we do. Because of what they do in the body. And when we think of hormone-related symptoms, okay, Okay, is that your hormones?

Yeah, that's hot flashes. But what I love for women to really understand is, yes, hormones affect or symptoms of hormone imbalance can be sleep, can weight gain, energy, other aspects of our health, like mood, how well able we are to think and focus.

So our hormones affect all of these symptoms, right? And that's important, but they're also protective. That's why I say I don't want us to just limit them to reproductive function because here's what happens if we leave hormones low.

If we just never test them, never worry about it, just push through all the symptoms, then we put ourselves at risk. Speaking of healthy aging, if we leave our hormones low and or out of balance, we have a greater risk of cancers, including breast cancer, because we know that hormones do not increase the risk for breast cancers as long as we're talking about the safe, bioidentical hormones.

So if we leave hormones low, we have an increased risk of cancers, bone loss, diabetes, heart disease. We have poorer quality of life issues, which those are women with low hormones are more likely to have sleep issues.

Mood issues like anxiety and depression, they're more like to gain 20 pounds as they go through menopause. They have more sexual dysfunction symptoms.

And here's the kicker, women with low hormones look older. Well, okay, well, I'm in my 60s. I don't want to look old. Or I want do the best I can with what I have right now.

So leaving hormones low puts us at risk. Thank you for getting this word out to your audience. Yeah, exactly. It's not something people just, they think about the risks of hormones informed by the terrible women's health initiative from over 20 years ago.

Yes. Which used the wrong hormones, the run route of giving them the hormones. Okay, so you have set out to train and educate health professionals in your academy.

This is nurse practitioners, physicians, NPs, PAs, yes, all of the above. Who else are you training? Yes, pharmacists and health coaches. And here's why that's so important.

You can attest to this, Dr. Lister, you didn't learn how to prescribe bioidentical hormones in gynecology school or in your training. No, and it's still not taught.

Training Providers in Bioidentical Hormone Therapy

What concerns me now is that because the FDA has removed the black box warning off of estrogen and we have so many influencers touting the benefits of hormones, which is great.

I'm so excited that people are finally realizing hormones don't cause heart disease or breast cancer and women want them again, but I want to get hormones from providers like you that have clinical mastery, that know what they're doing with hormones, not walking into their gynecologist or family practice doctors and getting a prescription for hormones and a seven minute visit.

I take issue with that. Can you back me up there? I mean, you know, it's- Oh, absolutely. Amen, sister. That's exactly right. Yeah, I have no recollection of any conversations in my OB-GYN training that were particular to menopause.

At that time, I remember lamenting, this was in the early 90s, lamented that more women were not on hormones. And then I remembered when the WHI headlines came out, which came up before the study even came.

Of course, it plummeted overnight, the quantity of women using hormones, we knew were beneficial, but we know a lot more now. We do. And that one study scared everybody.

That's been like two decades ago. Not only did it scare women away from hormones, it scared well-meaning concern providers because they weren't sure either.

But the ones like you, Dr. Lister, providers like that are well informed, you've been watching these studies touting the benefits and supporting the use of the right forms of hormones for decades.

In fact, we have research supporting the use of hormones since 1976. And I'm not great at math, but I think that's 50 years. So this isn't new. Hormones therapy is not a new thing.

Exactly. Absolutely not. I remember Jonathan Wright talking about ancient Chinese cultures. where they would have the young people, they understood the differences like younger people were healthier and they actually collected their urine and allowed it to dry.

And then I don't know what they did with it. Okay. I remember the whole thing. Just remember I'm talking about this at the very first by identical hormone lectures that I went to.

But of course the fountain of youth has been something that people have been looking for forever. Okay, so if every person out there who could prescribe bioidentical hormones took your training, what do you think would change first?

Do you thing that their prescribing would changed first or their conversations with patients? How have you seen that rollout? Oh, that's a great question.

So it should be both. And the way that we teach at our academy, the BHRT Training Academy providers, is to look at the big picture. I know that you know this so very well.

That's why it's such an honor to have on our faculty. But when it comes to helping women with hormones, and men as well, you can't do that in a seven-minute visit.

So it's so important to do all of the right testing for all other hormones, because this is about more than estrogen and progesterone and testosterone.

So, it is those hormones but it about the role or the interplay between the thyroid hormones and the stress hormones. Who doesn't have stress hormone issues?

Almost every single patient. It's those sex hormones the thyroids. the HPA axis or the adrenal hormones, we need to look at insulin and glucose metabolism so you can really get a big thorough picture with thorough testing.

So that's how it would affect prescribing to a certain degree. And then it's more than just a prescription for hormones. It might be certain supplements.

I mean, you tell me, is there a prescription for a medication to lower your stress hormone cortisol? I wish there was. I need to get on your list. So it's really about helping them get the right hormones that they need.

And for some people, some women make too much testosterone or too stress hormones. You have to know the supplement protocols, the dietary protocols. The lifestyle things that we need do.

Even exercise, that changes with age. It's a very thorough approach and that's what I would really want to see our providers learn so that then they can have, to circle back to your question, conversations with women that they're

hearing them.

They need to listen to all of the symptoms. And that's what, you know, listening to all of their symptoms and helping, to guide the testing and which symptoms are most important to that patient.

One woman, hot flashes don't bother me, but my libido is so low, I'm getting ready to have a divorce. I mean, what is most to them so that women are heard and listened to and then, What are their goals?

What is their family history? Do they want to lose weight? It's just, a thorough evaluation, listening. And then I think it's a collaborative partnership.

Why Bioidentical Hormones Matter

Maybe one woman wants a cream, maybe one wants the patch, or maybe once a pellet. Women like choices. We like to have a little bit of say. Absolutely.

That's why it is so refreshing to run into practitioners like you that are, that's your sweet spot, and that is how you teach your patients. Yeah, absolutely.

I was really lucky when I as in medical school, I followed one of the OB-GYN residents into a room and she just had this conversation with this patient and I just was a little wallflower listening, that was my only job.

And I remember the patient feeling so much better just from being listened to. That's a bit of a crisis at the moment. Like you said, did you say six minutes, seven minutes?

That's sort of the average visit that people have. And we pay so much for our health insurance and for not getting the help that we need. So there's that as well.

It does require a little bit of an investment. Seeing a practitioner like you, you're going to have to pay out of pocket because unfortunately with our current medical system and lack of training, insurance makes all the rules.

Just can't get it. Even if the providers wanted to. their hands are sort of tied. So ladies, you're worth the investment to protect your long-term health and address your symptoms and concern.

Invest in yourself. Absolutely. I mean, we know that the cost of a heart attack, the costs of developing the cancers that hormones prevent, breast cancer, colon cancer and also hip fracture.

That can have just a life changing negative impact on someone just from that event happening and men get dismissed as well. We were talking about this and I was telling you that I know so many women now whose husbands are they're exhausted also right there more like the boiling frog like that the hormones Decrease gradually they don't have like a alarm system like we do for menopause where things change over a Relatively short one to two year period of time for them It's more gradual and then they end up there.

They're tired and also no libido and I do the same testing on women and men but you can even gain so much ground helping men with their hormones, but the doctors just won't measure their testosterone.

It's a little beyond me. I don't get it. That is easy to do in a seven-minute visit, I'm really not sure why. You're right. And I think it's just a gap in training.

But sometimes, Dr. Liz, they'll measure it and what the lab says is normal. isn't optimal. And so, like, just to throw out some numbers here, I think I can't remember what the current LabCorp ranges are, but maybe it's 300, 350, all the way up to 1000 or 1200. So if you're 352, you are normal.

No, most men don't feel good if their testosterone is less than 500, which brings up a point that we talk about a lot. Even when we have you as one of our guest mentors, normal isn't necessarily optimal.

And, you know, I don't want to have just barely enough to be alive. I want it to feel good. Right. Exactly. We don' t have to the levels we had when we were in our 20s.

Yes. That's one of the things I say is there's a reason we don t want 20-year-olds running the world. Pretty good, Dr. Liz. Okay. So, we've got wisdom acquired over time and experience.

So that's all really good, but definitely not just squeaking into the bottom of that range. Isn't that amazing? Say a little bit more about that because we talked about hormone replacement and you know, there's a, little people talk about the terminology and like you said earlier, it's so great that it in the public discussion now, uh, not necessarily people who also don't have a lot of training.

You know, might not necessarily be experts or people able to prescribe. So say a little bit more about hormone replacement. Sometimes they use hormone replenishment.

How do you talk about that with people? Yeah, I know. There's a lot of different words and people are saying the same thing, but I like to use this term, bioidentical hormone-replacement therapy, as opposed to animal-derived or synthetic hormones, and that's important Why is that important?

That's important because hormones fit in our cells and their hormone receptors like a key fits into a lock and it has to have the perfect shape and grooves.

Donna Whiteu2019s Hormone Journey and Advocacy

Well, hormones are the same way, like estrogen fits perfectly into its estrogen receptor, testosterone has a testosterone receptor. Now, problems occur when we use non-bioidentical hormones.

That's where the side effects come in. So, bioidentical hormones are exactly the same as our human hormones. Our body can't tell if our ovaries or, you know, men with testicles made that testosterone or we've rubbed on a cream or used a patch or an injection or maybe had a pellet or whatever dosing form, your body can't tell the difference because they're the same.

And that's where we need to stay to, stay within the safety profiles. Now, non-bioidentical hormones do have side effects and risks, specifically like synthetic progestin and even estrogens that are oral.

We also want to stay away from oral estrogen, even bioidentical to be, you know, a full disclosure here because when you swallow a hormone, it's going through the digestive tract and oral estrogen can cause clotting factors, increase triglycerides and interfere with thyroid and a whole slew of issues.

So we want and the right forms of hormones, that's where the benefits come in. And the safety profiles as well. Yeah. That's really wonderful. Well, people will either be listening to us or they might be watching this on Spotify or on YouTube, and they will see how extraordinarily beautiful you are.

You talk about your own story, I talk my story. I went into menopause when I was 43. And so I love when people tell me I'm aging backwards and Benjamin Button, I am like, yeah, Benjamin button, my hero.

You know, like you said, it has good of shape from the inside out as much as possible. And I know that you share your story in one of the books that You've written.

So would you shared just a little bit? I've heard about things that went through hormonally, which be great if you can do like a a Little recap of But then I would love to hear a little bit more of your own story, how all of mean as a rattlesnake.

Once a month, I want to bite everybody's head off. I had acne. Terrible acne, hormonal headaches, cramps, all of the PMS stuff. When I started looking for help, you know what was offered to me?

Anti-anxiety medication and birth control pills. That sounds like a band-aid. I didn't want a Band-Aid, I wanted to fix this thing and move on with my life.

And that's when I discovered Biodentical Hormones. and I have literally been on BioHormone for about 34 years. The more that I learned, the more I realized women need to know this and i loved hormones so much that i started teaching, started to teaching providers and early on realized Like you said earlier, hormones and supplements and all of these things are not taught in med school.

But my experience was medical doctors wanted to learn this. And so I began writing training manuals, putting together curriculums. Okay, well, especially the female doctors.

Because you live it and experienced it once a month. We do. A little more compassion there, perhaps. You really, really want to help their patients, and they want be able to answer these questions like, are hormones safe?

Do they cause breast cancer? What if I have clotting factors? what if my mom had breast cancers? They really what providers like you they really know this and that's why it has been such a passion for me to train physicians.

Yes, I do public speaking to women's groups and I love that because they're like, oh, tell me more, but I also really love speaking more people. If we just sat down and thought about it, how many lives have you actually impacted, Dr.

Lister? Oh my gosh. I mean, that's humbling to even think about. And so the more medical providers we can help, the harder women we conserve and help.

Because this is a startling survey statistic that I read last year. 75% of women that went to their physician to get help with menopause, 75 percent of them walked away untreated.

That bothers me. It should not be that. But it's because the providers, you know, they need and want training. So that's why I'm very thankful for the ones that have sought out training And then when it was your time to go through all of this transition, your knowledge I'm assuming was helpful.

It was definitely helpful to me. I had about one hot flash and then I still had an office. I'm so glad you brought this up. Here's a pro tip because I started hormones so much younger and this is specifically for our PMS perimenopausal listeners today or audience today.

Finding Qualified Hormone Providers and Closing Advice

The sooner you get a handle on your hormones, the easier your menopause will be. Like if some of the PMS women really need some progesterone, maybe a little testosterone, because that helps level out some the crazy estrogen fluctuations.

Thyroid. Yes, yes, and cortisol, all of hormones we've been talking about. So if you have everything more in balance, It's going to be less of a roller coaster ride, so start early.

Start learning, start working with providers before the major chaos. Don't wait, because as we said earlier, hormones help prevent heart disease, cognitive decline, diabetes, bone loss, quality of life issues.

Why wait? Let's start preventing them now. Or as soon as you get education and understand that hormones aren't something to be afraid of, they're something that we know God minutes to have hormones.

We're supposed to them in optimal levels. They're not like taking some herbs, not that I'm opposed to herbs. Take them myself. It's not taking something foreign to our body.

Hormones are something we're supposed to have. We're suppose to thyroid hormones, insulin, estrogen, progesterone and testosterone. Yes, and we have a modern problem now that we live as long as we do.

That didn't used to be the case. 100, 150 years ago, only 5% of women reached age 50 and here we are. Were working, were contributing, we were doing everything we can to feel our best so we could move out there and do our So women can reach out to you to find a qualified provider in their area.

Yes. So of course, if someone's listening in there and they are a health professional, they absolutely should reach to learn about the training academy.

We'll link to all of that. But also, can you say a little bit more? Women can actually, there's a directory, how does that? There is. On the bhrttrainingacademy.com website, we do have a list of some of the providers that have gone through our training.

And we feel like they're very well qualified and have clinical mastery. If you can't find anybody, on our website that's near you, look for your local compounding pharmacist.

They usually know who's prescribing hormones. You can also look at some of the hormone testing websites like Precision Analytical or ZRT Labs, they often have directories as well.

So do some checking and if you're just Googling and you find a list, you know, looking through providers, your looking to their websites, and maybe you give them a call.

You want to work with a provider that has been doing hormones for a while, at least a few years, you want make sure that they're testing all of the different hormones.

Make sure they are testing thyroid and adrenal hormones, that their doing a very thorough work up. not just a tele-visit for estrogen progesterone and here's your prescription, thank you, bye.

You wanna ask questions when you call up those practices. Yeah, absolutely, that's fantastic. We'll make sure to put links in the show notes. I wanna wrap us up by asking a question I ask each of my guests, which is, what is something that you personally do?

One thing that YOU personally to reconnect yourself to your own hotness. Wow, Dr. Liz. I think it's by doing as much as I can to feel good physically and emotionally.

You know, self-confidence We do have to work on it. It doesn't just happen. And I think it helps getting older. We don't take ourselves so seriously. You know, we can laugh at ourselves.

So investing in my health and my mental health, well, I hope that makes me a little hotter. Okay, I Totally see that I totally get that and that is just wonderful.

Thank you so much You know that you and I we've spent lots of time together now, which was lovely at the symposiums that You put together and just honored to know you and thank you so much for this conversation today.

As a gift for listening, go to drlizmd.com forward slash hotness for your free midlife guide filled with powerful support for you mind, body and soul because you can embrace your hotnes at every age.