Not Feeling Like Yourself Anymore? The Truth About Perimenopause, Menopause, and the Female Brain and Body with Dr. Liz Lyster, MD Transcript

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Introduction and guest background

I really think that the vast majority of women would benefit and I invite them to at least give a try to replenishing hormones with bioidentical hormones.

So there's a few things that are important. Number one is that, the hormones are bio identical. The women's health initiative study used estrogen from horses.

Women's bodies do not make that estrogen. They, as I was mentioning, they use progestin. Our bodies don't make pro gestin, so bio-identically hormones When we use estrogen, we want to use an alternative method other than by mouth, and it is truly beneficial.

I believe that all women can benefit from replenishing hormones, even if they've gone into menopause. With the wisdom from holistic, alternative and these conventional medicines, we are here to challenge the status quo.

We're curious about the connectivity and complexity between diverse fields of knowledge as a relief to consciousness, chronic illness, mental health, resilience and beyond.

Learning more about art and science of healing, or listening to stories of extraordinary healing. You're in the right place. Let's dive in. Welcome to another episode of Two Curious MDs where medicine is more than science.

It's story, art, and connection. Today we have a special guest. Her name is Dr. Liz Lister. She's a board certified OB-GYN with 35 years of experience and is passionate about helping women and men in midlife to boost their energy and balance their hormones and achieve their optimal health.

She's also a bestselling author and podcaster, a mom of two grown sons, widow and a world traveler. Dr. Liz helps people in person and online to feel their best so that they can do their.

I love that. And thank you for being here, Dr Liz. My pleasure. Delighted to be here. Thank you. I am really interested to learn more about what I hear often from women at our center is, I just don't feel like myself anymore.

And what is actually happening hormonally when women enter menopause?

Hormone changes across perimenopause and menopause

And also, if we could talk also about their cycle, like from the beginning of their cycles, which I think starts even before they start their period. Right.

Even after what happens, after they go through menopause. So that whole lineage of what actually happens. And what does that look like? If you can explain that to our audience, that would be really wonderful.

Sure, absolutely. First of all, I'm delighted that you said that exact phrase because my patients say that exactly phrase to me as well. To the point that the first book that I wrote was an encapsulation of the steps that take patients through.

And so I called it Dr. Liz's easy guide to menopause, five simple steps to balance your hormones and feel like yourself again. I literally put that phrase into the book title.

So that's just great. Yeah, absolutely. The classic way of understanding it, and I'll give the classic ages. of when hormones start to change, although as we all are aware, there's a lot of hormone disruptors in our world nowadays, and so we are seeing these younger and younger.

But definitely by the time a woman is in her 30s, her progesterone starts to decline. Progesteron calms the brain and helps with sleep. helps calm anxiety.

So those are the types of things that start to prop up a little bit as early as in her 30s. Again, sometimes even younger. But then by the time we get into our 40s, the estrogen starts to fluctuate.

And that can cause issues. It can cost the period to be irregular. It can cause mood disturbances, it can make sleep worse, that can do the temperature, right?

Most people know about hot flashes and night sweats, they made the Menopause the musical about that. But there's all sorts of other things. It influences insulin resistance, and so all our usual efforts stop working in terms of managing our weight and our metabolism.

And then there's other hormones that do a steady decline, probably starting in our 20s, definitely by our 30s. So testosterone, a lot of women aren't even aware that we have testosterone.

And it's a wonderful hormone for us. It's very, it a mood stabilizer for women. DHEA is an adrenal hormone. And when we just go, go go and we don't get enough sleep and just push through, our adrenals take the hit.

So that's the little nutshell of what's happening through premenopause and then perimenopaus can be ten Or more years. Average age of going into menopause is 51 years young.

However, changes can start to happen a decade or more prior to that. And a lot of times women get dismissed, right? Oh, you're still having your period.

Or as youths also say, we talk about band-aids. Right? They're anxious or their sleep is disrupted and they're given a medication or a sleeping pill or birth control pill to control their cycles.

And as I like to say, sometimes you need a band-aid, but you don't want to only put a Band-Aid. Yeah. Well, we do think of estrogen and progesterone and even testosterone as reproductive hormones.

But what else are they? They do so many functions of the body. It's absolutely incredible. Well as I was mentioning, they directly impact metabolism. All right.

So one of my definitions of good hormone balance for women in midlife especially and mid-life and beyond is Your efforts for managing your system and your weight are working.

That's good hormone balance. When your efforts are not working, that means that something is going on underneath. So metabolism, brain function, cognitive function.

Women really get worried. They start to think that they're developing dementia. I have to do a lot of reassuring. There is data that shows that when a woman goes into the one to two-year transition into menopause, that's when the symptoms are usually the worst.

And then she comes out on the other side, and the hormones are really at low levels. The symptoms settle down. However, we have what I call a modern problem, which is we live a third, sometimes up to a half of our life, in menoppause now.

Birth control, medical menopause, and symptom management

That did not used to be the case. We didn't live this long. Yeah. So tell us more about then hormone replacement

treatments and what are the options?

Because, of course, we have, I do believe also, and you can correct me if I'm wrong, that birth control is a form of menopause, right? We're actually eliciting a medical menoppause.

Tell us about that cohort of patients who are on birth-control and having symptoms. And then what are the symptoms that you see in menopause as well? Yes, absolutely.

You're correct. That's absolutely correct, right? The birth control pills basically shut down the cycle to prevent ovulation so a woman doesn't get pregnant.

Now, of all the people who do the type of more alternative medicine, I always talk about a continuum of doctors. There's conventional doctors who are, again, just putting the band-aids on all of the way down to the other end of which is going to include doctors who do all kinds of things that are very experimental and that type of thing.

But I'm on this side of the middle because that's where the preventive approach lives. So when we have women in midlife who are having these types of symptoms, they don't want the band-aids.

They know that something is off, they're just not feeling the way that they know is normal for themselves. So, say again where we were headed with that question, because I can talk in so many directions.

Yeah, I'd like to kind of understand a little bit about the effect of medical menopause on the younger age women on their mental health, and of course, what is a similar, if not different, effect on men opause, on mental Yeah, it is different.

Yeah. It's different for a variety of reasons. So one of the things we've learned about hormone therapy is that oral estrogen is not as ideal as transdermal.

A birth control pill, of course, is oral estrogen. That's one feature that can be an issue. Because oral estrogen, we swallow it, it goes in the stomach, goes straight over to the liver and stimulates the first pass effect and stimulate clotting factors to be produced.

And we know birth control pills do this. So they do it even more in women who smoke. So, we know that about oral estrogen and we've learned that in the last couple of decades.

Women in midlife and beyond who actually really can benefit immensely from hormone replenishment were deprived. They were denied those options because of what I call the long dark shadow of the Women's Health Initiative study.

But we learned from that study that transdermal estrogen, and from a lot of other data, the transgermel estrogen does not have that increased risk of a blood clots, heart attack, stroke.

So that is why birth control pills have increased that risk. Also, the way that that non-bioidentical estrogen and a nonbiodentical progestin, okay, we also learned from the Women's Health Initiative and lot of other studies that bioidentically pro-gesterone is very beneficial.

That is what our female ovaries make, our human ovary. They do not make the progestin that's in a birth control pill. And so we see it's very interesting because those hormones, for example, they increase sex hormone binding globulin.

This is a protein that one of my colleagues talks about it like an Uber, Uber car driving around the estradiol and testosterone, delivering it around body.

And if there's too much SHBG, then it doesn't allow those hormones to exert their effect. So this is how birth control pills treat acne, and treat hercotism, right?

So if you have a young woman, she may have polycystic ovary syndrome, which is now being renamed as it should be, because it doesn't require anyone to have cysts on their ovaries, but it's a hormonal alteration.

Bioidentical hormone therapy and delivery methods

And so birth control pills will treat the symptoms signs of that hormonal imbalance by increasing the binding glob and acts like a sponge and it's gonna soak up the testosterone and then you have a teenage girl whose acne is gonna get better, which can of course be extremely mentally distressing for a young woman.

And so, but again, as we talk about it, it is a band aid. It's not treating the underlying what's happening there. That is interesting because there's still conflicting discussion about.

All right. I was raised in between those two worlds, the conventional world and the more integrative. I'll say, we say alternative. I think we said integrative now.

That word's gone by the wayside. But my parents are both doctors. They're both retired now, my mom was a pediatrician and my dad was an neurologist when they were practicing.

And so for my Dad, if it wasn't in the New England Journal of Medicine, it just wasn' true. Yeah. My mom had more influence by parents doing research and asking, so she and I have had Yeah.

Different types of conversations. But a lot of, you know, in regular medical circles, it's a useful band-aid. The birth control pill is a helpful band aid.

It can also control symptoms going into menopause. So for example, a woman's in maybe as early as her thirties, but oftentimes by her forties her cycles getting irregular and she may still need birth All right, so I'm not as anti as some of my colleagues because I think that it has to be a net benefit to the woman so it can have the benefit of providing birth control.

Women in perimenopause who think they can't get pregnant anymore often end up with a surprise. Yeah. Tell us a little bit about how you do with your philosophy on hormone replacement for postmenopausal women.

And also if I can add on another question for those patients in perimenopause as they're fluctuating their hormones. I love that. So I'm getting bolder as I get older.

Yeah. I really think that the vast majority of women would benefit and I invite them to at least give a try to replenishing hormones with bioidentical hormones.

So there's a few things that are important. Number one is that, the hormones are bio identical. so the women's health initiative study used estrogen from horses.

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And it is truly beneficial. I believe that all women can benefit from replenishing hormones, even if they've gone into menopause. They went into menopause and it was pretty smooth and they felt okay.

So they didn't pursue hormones. And then they get to around age, like late fifties or sixties and all of a sudden the system crashes. Correct. From almost one day to the next, just not sleeping.

Mood has just completely gone by the wayside. Also a lot of women who are having children a little bit later in life. So they're in menopause and they may have small children or they might have teenagers in the house.

management of, say, you know, do you do kind of single kind-of dosing throughout their cycle or presumed cycle?

Or do do cyclical adjustments in dosage, even for postmenopausal women? What is your kind approach to kind monitoring their cycles and adjusting based on where they're at in their transition?

Yeah, absolutely, so my approach starts with their symptoms. It starts what she's feeling. If poor sleep is anywhere on the list, we always start there.

And progesterone can be used all by itself. Estrogen, if a woman has her uterus and she's using any kind of estrogen, she needs to have balance it with pro testosterone.

But a women who is not completely into menopause, uh, Testosterone is a wonderful hormone for women. It really can help. And on a long list, cognitively, metabolically, it helps with bones, muscle, helps, like I've said earlier, with the emotional sort of stability.

I really think testosterone is the main reason that, you know, men are bathed in 20 times as much testosterone as we have. That's not menopause. Then they really have more than we do.

Although there's declines as well. But I think testosterone is the reason they look at us and they just don't understand what the problem is. Where we're upset, we are off balance, and testosterone can be really helpful with that.

I want to insert one more piece for women who are not fully into menopause. This is very fascinating and so important. We start to lose bone mass before we even completely go into Menopausal.

So typically by like late 40s. And we don't build as much bone mass as the men do. That's one of the reasons osteoporosis is more common in women than in men because they just build more bone mess in the first place.

So I'm really getting more and more gung-ho. The older I get, the more Gung Ho I am getting to encourage women definitely not to suffer, not tolerate symptoms.

It's just not necessary. Luckily doctors are You know, they're thinking like it's new information, but it is not new. These are things that those of us who do this kind of practice have known for several decades.

But it was more out there in the discussion and in a doctor's awareness. What is the best formulation for testosterone administration? You mentioned progesterone, what are the most best formulations for women?

At the time of our conversation today, There are no FDA approved forms of testosterone for women. So there are a few different ways for woman to get testosterone, usually from a compounding pharmacy.

I know several doctors who use the FDA-approved, the products are FDA proof for men that they will use those for They feel more comfortable with the production of that.

However, it's a misconception that compounding pharmacies are not regulated. They absolutely are regulated, and so the most common ways that I have women use testosterone are usually topical, a gel or a cream.

It can be applied on the inner forearm, the belly, inner thigh, could be translabial. A lot of different ways. Also, trochies that are, again, made by a compounding pharmacy under the tongue.

Risks, breast cancer concerns, and local estrogen use

There's also hormone pellets that I have as part of my practice. Those are common in some parts of the country, but it's kind of surprising. It's quite hit and miss where women can go to get hormone pallets, and men can get them also.

And then, of course, injection. Some women just love, you know, who don't mind doing the self-injecting. That's going to give really great levels, so lots of options.

What are the ways that you would monitor, say, their response by labs or symptoms or both? Both. Definitely both. My priority is how they're feeling. my priority as the symptoms.

I definitely do blood work. Sometimes I'll do other types of testing, urine or saliva, depending on what's happening. And I start everything low dose and go up slowly.

So start low and slow, another important principle of hormone replenishment. Those are sort of the nutshell. And again, depending on what's happening.

We don't want to do everything all at once. If she's been in menopause and all the levels are close to zero, we really want go slowly and I want start every thing on the same day.

Yeah. Do you recommend any imaging prior to, I mean, with the women's health initiative, there was always this cancer scare. And for women who are receptor positive or have had a history of breast cancer, what is your view on hormone replacement?

Well, the data is, has good news. The data shows that hormone therapy lowers the risk of breast cancer. It also lowers, it also lowered mortality, even in the women's health initiative study.

So I always talk about absolute risk versus relative risk. So, for example, the relative risk was reported as somewhere in the neighborhood of 30% increased risk of breast cancer in women on the non-bioidentical estrogen and the progestin.

However, that absolute risk is four additional women out of 10,000. So it was a small increase from an absolute-risk standpoint. And in those women, they had lower mortality of all causes, including breast-cancer.

So luckily the data, it also hormone replenishment lowers the risk of colon cancer, heart disease, dementia. It's really a very osteoporosis, bone fracture.

I have a few patients who are again receptor positive had post breast cancer. Which is a better kind. Right. That's actually a… And they've been told not to even touch hormone replacement.

What is your view there? So that is unfortunate. And again, so for example, I believe based on my reading of the data that they can use testosterone with impunity and they get a lot of benefit out of that.

Probably also progesterone. So it's really, it is difficult, you know, and I would never try to persuade a woman to do something she's not comfortable with.

Absolutely not. I usually try have that shared decision-making, as the phrase goes, that we're using these days. And there are also some, for example, a woman who's had breast cancer and let's say she's having recurrent urinary tract infections or she is having painful sex or cannot have sex and intimacy with her partner, then she gets to weigh those possibilities against each other.

But it's mostly considered that the local use, like vaginal use of estradiol is really not going to stimulate anything in the body. It's not gonna help those other risks.

Lowering, it's gonna lower breast cancer, colon cancer dementia, those require higher levels. However, very important to avoid those silent bladder infections because they can ascend, they could become kidney infections.

It's a huge morbidity in women in their 80s and older who don't have that genitourinary syndrome of menopause treated, easily treated. And, you know, these women can end up in the, even in intensive care from sepsis.

So small local treatment that can have a Yeah. What do you think doctors are getting wrong right now in this age of hormone replacement and treating women in general?

Doctors? A lot of doctors now are overwhelmed and just not able to take the time to really look at the data. And so, like I said, we've had over 20 years of this long, dark shadow of the Women's Health Initiative, and it's only been in about since late 2025 that There were, for example, in summer of 2025, there was a roundtable for menopause that the FDA commissioner at the time convened.

And that was just awesome. People can find that on YouTube. Yeah, it's really worth listening to. You will just hear experts speak very passionately about the benefits.

Study after study after the study was presented, correct? Yeah. Yeah, so doctors are just, I'm not sure it's possible to keep pace. The pace has been fast.

And even a study that I was aware of 15 years ago showing a 17-year delay between new research and implementation. And now what we have with, especially AI, we've got just information coming at us at this high, high speed.

And it just takes a long time to implement into practice. It doesn't make sense to me anymore that. If hormones in general, like in all hormones, including vitamin D, I include that.

That's right. It's a hormone. Influence, sleep, mood, cognition, sexuality, metabolism, who we are, identity, and how we feel about our body. Why has it taken it so long?

Why is this such a controversial topic? Like, it's like we start to whisper when we started talking about replacement. Like why? What is it about our society that we are missing here?

And what do you think that is? Well, God bless the celebrities who are going into menopause and who were talking and sort of bringing it out of the shadows.

So I think I'll put more thought into that.

Why menopause care is still misunderstood

You know, I don't like to say, that any particular group of people is out to get us or keep us down or anything like that. However, we really have to be, and I tell this to women, that we have be the tail that wags the dog.

We just have advocate for ourselves. Doctors have, We used to say eight minutes in a visit. I think it's gotten less than that now. for most doctors in most practices.

Yeah. And one thing that's also shown in many studies is that doctors won't bring up topics. Women, I'm sure men as well, but we need to bring-up the things we to talk about.

We need talk-about it like when we walk in, like as soon as the doctor walks in the room. That's right. Because the doctors' worst fear is we're going to ask the important questions while they're actually like by and trying to leave.

Yes. By the way, yes. So the constraints on doctors definitely has a lot to do with it. This takes time to talk to. I love my job because I get to to women all day.

That's right. Sometimes men, about 5% of my practice. But I really, really love it and I enjoy it, and… I left the insurance world a little over a decade ago.

Because now I can spend the time that I want to spend and that my patient needs me to spent with her. So I've freed from those constraints, which has been a good thing.

Well, I'm going to go through some rapid fire questions. What do you think? Okay. Okay, ready. So rapid fire with Dr. Liz Lister. Estrogen. Hormone or neurotransmitters, best friend?

Ooh, both. Okay. Most underrated hormone for women? Testosterone. most misunderstood hormone? Estrogens. Progesterone, calming or complicated? Calming.

It really isn't. Anyone can use just a little bit. Yes. Okay. Testosterone in women, overhyped or underappreciated? Underappreciated. Perimenopausal symptom that surprises women the most?

The cognitive changes. They don't connect that with hormones. Yeah. Anxiety at 45, hormones, life or both? Both. Brain fog, hormones or sleep deprivation?

I'm going to give sleep depravation 51% and 49% to hormones. Okay. One symptom women don't realize can be related to perimenopause. Short fuse Oh Cranky with co-workers and kids and yeah snapping.

Yeah, they know that they actually like Yes. Yes, especially when you're tired. It tends to happen like when your sleep deprivies Normal hormone level.

What does that mean reassuring or potentially misleading? Well, the other word potential misleading or yeah reassurings What does normal mean? We have to go with potentially misleading because the levels are just, they're secondary to how she's feeling.

Yeah. I have a friend, she is in her late 50s and she feels fantastic with a really high testosterone level. She just loves it. That's it! That is where she feel good.

It's okay. So testosterone for women, when should women be talking to their doctors about it? Well, really by their 40s at the latest, but good luck getting it checked.

Good luck, right? Yeah, that's true. Okay. Alcohol after menopause, does the body really respond differently? That's so interesting. I think yes. Yeah. I think so too.

One food you could encourage women to eat more of? Anything with fiber. I was going to say wild yam, and soy, there's lots of natural hormones too. Yes.

Biggest menopausal myth you would like to retire? Ooh, that hormones are dangerous. Yeah. Okay, finish this sentence. Menopause isn't the end of anything.

That's a good one. It's the beginning of a whole new opening chapter. And then as we close our podcast recording today, what would be a question that you are curious about?

Because this is Two Curious MDs. question that I'm curious about is a way for women to have a process to go through. I would love to see women, even starting in adolescence, right, when that's when hormone changes really begin.

To have method that they could, that maybe you and I will develop this.

Rapid-fire hormone myths and takeaways

that women can use really at every age, every decade to think about their own hormones, talk about the hormones with their doctor, get checked regularly, because that's when we'll know about normal, when can do baseline on every woman who's 15, and then when she's 20, then she is 30, 40, that then we will really know.

It's very interesting. In my own practice, before I was a pediatric hospitalist, so I really dealt with just that cohort of patients. And now that I see women of all ages, all the way past 82, and the young adults, I find it that, that get to

I kind of see the younger adults looking at their apps and saying, okay, And I'm like, oh, there is an app for that. And then they're really tracking it and they have so much like awareness.

Then I see now in the older age group and like oh let's think, now tell me about your cycle when you first started. They were going back in time to really understand exactly how they got to where they are.

That whole history is so And getting to just ask those questions, sitting with patients like you said, wow, it really, I think I wish we could do this more in just general conversation, you know, with just our family.

Hey, my daughter does it with me. I used to be very embarrassed talking about my period, but she's like telling everybody in my family, this is where I'm at, and we're like, Okay.

But it's a conversation that you can have without the stigma, without that like, oh my God, I'm so embarrassed about having a period. That's how we grew up.

You had to hide it. This is a beautiful, beautiful expression of how your body changes every single day and every, single month and even after it, you know, things change or your transition.

So I think it is beautiful thing to celebrate now. Absolutely. It absolutely is. So tell our audience how they can contact you. I'm sure they will have lots of questions to ask you, I do feel that that's our largest cohort of patients coming to me for treating their mental health.

And I would love to see more people like you and I could refer to you say, yes, she knows what to say. She's not going to be afraid of hormone replacement, which is often still a lot of people, a lotta doctors, gynecologists included, who are telling women the opposite, that they should avoid this.

We need more of you. Tell us how they can contact you? Very easy to reach me through my website, which is drlizmd.com.

Closing reflections and how to contact Dr. Liz

Every page of the website which has lots of information on it has a place to click to book a free discovery call. And so I love doing those calls and I have wonderful people on my team who also help me with those.

So that's very easy. And I love answering questions. That's really, my heart is the heart of a teacher. So I just, I loved what I do. Let the audience see your book, you know, bestselling author.

You've written a book. I'd love to have that in our center as well. Yes. Yeah. This is, here's the one, the first one. The five simple steps to balancing your hormones and feeling like yourself again.

This one is the bestseller. This is called Go for Great, Dr. Liz's Guide to Thrive at Every Age. So, you know, this was a bit of a step forward for me to put myself on the cover.

It was little, a little while ago, but I love writing as other books that I've been a part of. All of that's on my website as well. Yeah, it's obviously very important to share your knowledge.

I'd love to host that in our center too for women. And I'm a big proponent for people in general, especially for woman, because we have been the silent.

majority for such a long time and have been silenced, I feel. And now we're awakening to that. We are. As men are as well. I think this is another topic to be had, but TRT is also just as important in men as it is in women.

Absolutely. Thank you. Thanks for joining us on the Two Curious MD podcast. We hope today's episode inspired you to ask new questions and explore fresh perspectives.

post or comment with a question or curious inquiry that you have and seek to explore or learn with us. Stay curious and we'll see you next time.