Perimenopause & Menopause: Symptoms, Hormones, & What Every Woman Should Know Transcript

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Introduction to Menopause

All right, welcome back. Excited to have you guys. This is Dr. Roddy. And I'm Dr Yass. I brought Dr Yas today specifically because we're talking about menopause.

So this will be a 35 hour episode. First thing I read about Menopausal can last seven years. No, no, I am out of here. No, you have that wrong. Hairy menopause can last 5 to 10 years.

Menopaus is 12 months of no period. It's literally, no, 12 month and after you hit that 12-month mark, that one day is menopus, everything after that is post-menopus.

Okay. I hope everybody got that because you lost me at the first time you said menopause. Everything before that is peri-menopaus. Oh my gosh. And most, some women start perimenopas in their late 30s.

Most women started like 45, but it can last anywhere from, you know, five to 10 years, so it's, and so let's talk about that. So what is Perimenopus? You explain it.

What Perimenopause Means

So perimenopause is basically that time where you have hormone fluctuations, you start to get night sweats, usually the first thing that drops is progesterone, and then you get an irregular period the most common cause symptoms of perimenopause are irregular sleep and then irregular periods whether they're irregular meaning they are farther apart or theyre more frequent so some women have you know Maybe they start to see that they're having periods for two weeks instead of, you know, five days.

So that's really unfortunate for some women. And then they have either an increase of PMS symptoms or the opposite where things start To die down. first 30, 40 years of menstrual cycle, basically.

So where should we start? Let's talk about some of the menopause myths, right? Like, some people say, oh, it's just hot flashes, you'll get through it, But it's so much more than that because with the menopause with with a hormones declining right you've got declining estrogen progesterone and testosterone women have testosterone so declining testosterone with all of that declining.

everything starts to change because estrogen being the primary hormone that basically makes makes us different right although men do have some estrogen but estrogen there's estrogen receptors all throughout our bodies and our joints our muscles our skin our hair our organs everything has estrogen our gut so then you start to get when you have a decline in estrogen you Not only get a decline function in all of the systems in your body, but you get an increase of inflammatory inflammation throughout your life, like we always talk about inflammation, right?

So, so estrogen helps mitigate the inflammation. So as estrogen declines, The inflammatory Cytokines increase things just hurt more things. This is everything hurts more.

Yeah the brain fog the the joint pain the Motivation to go do things because you're like, I don't feel I'm off.

Hormone Decline and Body Changes

I might today. Don't you feel right? Right? Yeah a lot of women will so we have a of like you know misconceptions of what menopause really is and it's not just hot flashes.

That's just one of the symptoms. And to be honest, it is probably your least significant symptom. The biggest symptom that women really complain about is all of a sudden in perimenopausal you start to feel like you're gaining like five to eight pounds and you are like where did this come from?

Weight retention or weight retention. It's normally women when they When they have any sort of weight gain, their composition is always around their hips and their chest, you know, then it shifts and it re comps into your stomach.

And it goes into her stomach and they call it the midlife thickening. Right. So your your summit really gets your waist really get affected. Yeah. you've got decreased estrogen, which increases your gut dysbiosis.

So the flora in your got starts to get wonky, not not functioning properly. And that affects everything, you know, like we talked about in other episodes.

Those are just the physical things that women go through. Then the fiscal things, unfortunately, will spill over to the emotional, the confidence. And then you feel bad about yourself.

You know, I don't feel… I look right, so I feel right or I do not feel, or look, right. Right. Then never mind, you know the mood swings of perimenopause.

I've never experienced that. I don't know what you're talking about. Right, yeah, like you want to kill your husband and your kids and the dogs and everybody else.

Or vice versa. Yeah, or vice-versa. So it's just, there's a lot that goes on. And then you have, with the declining estrogen, you are declining, it is harder for your body to maintain muscle.

Once a woman reaches 30, Every decade after 30, we lose 3 to 8% of muscle mass. And once we hit menopause, and you're 50 and older, you lose 1.5% a year.

Yeah, that's a lot. Which is significant. Especially if you are doing nothing about it to combat that, right? Exactly. If you aren't doing strength, Strain training or you're not maintaining good levels of protein.

Yeah, then you just literally laying down and allowing menopause to just run over you and take over and so and what so what happens with with that with the increased muscle loss is We become metabolically insufficient, right?

So so happens is because muscle is like a glycogen. It's a sugar sponge. You know, I So every time you eat something, it soaks up the sugar, the carbohydrates, and it turns it into glycogen and stores it in the muscle.

But if you don't have that carbohydrate has nowhere to go. It can't go anywhere. So so then it goes into your blood sugar. And then that's when insulin starts to spike and then the labs start to change.

and women get their annual lab tests and they say, Oh, my gosh, I'm I'm developing diabetes, my A1c is high or my triglycerides have creeped up and once that trigliceride goes up, then usually the next thing that goes is your LDLs.

Which is the bad cholesterol. And so what happens is, the misfortunate thing is that Women are put on statins more during this time because of the LDLs and the triglycerides.

Muscle Loss, Metabolism, and Lab Changes

And statin are a huge cause of Alzheimer's and dementia. So if we can avoid these things by doing the things to help mitigate the inflammatory process and metabolic resilience from really kicking in, then you can really avoid the chronic medications in your second half of your life.

I think that also if you get under the care of a provider that doesn't really know how to treat, it is just taking you through the normal algorithm of, well, we got to get you on a statin now, or you're pre-diabetic, so let's put you something like that, then they're not really helping you.

They're just kind of Guiding you down the slippery slope, right? They're not like going wait a minute. We got a combat it this way You got to get you got get into the gym and start lifting weights.

You gotta start You know doing this or that or the other, you know So it's very very easy for people who put their trust in the doctors and all doctors.

They are not trying to do harm to people I'm not saying anything bad about doctors of any discipline all Doctors, we take a socratic oath to the best we can for patients, but If you've got somebody on your health team that doesn't know how to properly treat things, we're talking about menopause right now, but other things too, then you're just going to go down what they know.

They don't have any extended knowledge on it. It's whatever their specialty is. Whatever their specialties is, whatever they learned. Three months ago, 30 years ago and most patients, they don't know how to advocate for themselves and know what to ask, what not to or say, you know, this provider is not for me, I'm going to go this way because my girlfriend or my family member went here and she had a good experience in treating her menopause, so I am going there.

So I just feel it's so easy to get trapped into the care of a doctor that may not, not trying to harm you, but that's not their niche. That's what they know.

It's either not their niche, or unfortunately, but also fortunately, the women's health initiative that they the study they put out in the early 2000s, really scared providers, it scared Providers and it's scared the public on using hormone replacement therapy.

Because what happened was, they ended up doing a study on 65 year olds and older, on a cohort of 65 and horse horse progesterone, and they put them on non, which is non bio identical process pro gesterones, right?

Like synthetic, yeah, synthetic pro gesterone. And that doesn't match a human progesteron. and then you put him on a synthetic estrogen supplement. So And what happened is in this research study, there was an increased risk of breast cancer in these women.

So then the FDA released this, you know, black box warning and all these warning signs saying, you know, HRT causes breast cancer when they use the wrong group of women, because you shouldn't use it on older women that are already post-menopausal starting hormone therapy, right?

It's better to start it earlier. And then you want to use bioidentical hormones. Yeah, natural forms of it. So everyone got scared, and rightfully so, including our own mother, so over the last 25 years now, maybe a few years ago, I can't even remember exactly the date, but they've completely debunked that study.

And just last week, they took off the FDA black box label off of hormone replacement therapy, which is wonderful.

HRT Myths and the WHI Study

Because what happens is women like our own mom, we're too afraid to use hormone, replacement, therapy. They thought, oh, just, you know, all muscle through it, muscle, through, and I'll get through.

It and she did. But Then what happened? Her A1C went up, her triglycerides went and eventually she got diagnosed with pre-diabetes, and then she was diagnosed for uterine cancer.

I'm not saying that this would have prevented her utering cancer, but now there are studies showing that if you do not replace your estrogen, with bioidentical estrogen and you're not doing HRT, you actually increase your rate of getting uterine cancer.

So there's so many and, had we known five years ago, then of course. And that wasn't very long ago. It was just five year ago that she went through all that.

It's now becoming more aware last, you know, I think last month was menopause awareness month, which was great. But it all it All starts with maintaining your inflammation, right and everything we talked about and and getting your making sure that you have the right body composition of a good base of muscle.

to be able to manage these these fluctuating hormones and you know, it's just I'm just, I am so happy that they took off that black box warning because now it is like you have so many friends I can't even tell you that like either had a hysterectomy with everything early in life early.

Or they're on, let's say they had a hysterectomy, right? Then they get diagnosed with high LDL or high cholesterol or triglycerides, and then their doctor wants to put them on status.

These women are doomed for Alzheimer's and dementia when they are 70, 80 years old. And then I've got friends that maybe are breast cancer survivors that are afraid to take any kind of hormone.

Yeah, and they're which I don't blame them. Right. I Don't believe you. He has a complete fear. But if you go to a provider that is specializes in women's health with hormone replacement.

that specializes in knowing all these different things and has different resources like compounding pharmacies. They have great formulations for estrogen, progesterone, testosterone, things that you can do to help prevent all of these things.

But there's just such a fear, you know, and the unfortunate thing is women in midlife, like 45 to 55, They're, they are diagnosed the most, the highest at that time with, you know, depression.

So then they get prescribed SSRIs the Most during that Time. That timeline, that, time in their life is the Highest rate of divorce, like incidents of Divorce, because your, your mood.

You don't feel good. Your confidence, right? Estrogen is in your brain and when your estrogens low you have you know, like when I'm when i don't put my estrogen patch on if I miss it because I I was taken off for two weeks just to see how I feel I Was so depressed for no reason.

Yeah, I wasn't depressed. They don' You can't control it. You cannot well you can by you, know Maintaining your estrogen pattern. But if you forget or something or you're out.

You've got things that affect not only the woman with their depression and how they feel about themselves, and then you've the few pounds of weight gain.

You got all the things. But then, you have a husband that's like, well, why is she depressed? Why are we not having sex? Lepidos, compromise. Why is yelling at our kids?

Or other people's kids. Or just strangers in general. Yes, I mean, just. It really messes you up.

Mental Health, Relationships, and Support

You know, you just start yelling at everybody Yeah, I just want to add for the guys that are listening that men do go through menopause as well Yeah everyone in the family goes through Menopausal in form of just testosterone Drop and and so it certainly it's a bigger life change for women and we're going to talk about some of the ways that husbands can support their wives that Are going through?

But did you know that when men's testosterone drops, their estrogen starts to take over? Yeah. So then men do actually become more emotional? More emotional, start developing some gynecomastia.

Is that what happened to you? They start watching The Notebook every day, you start crying on the couch. But testosterone in men, I don't know if we've talked about that yet, but that is kind of their menopause is when that starts to take a decline, you know, a percentage or so every year, like there's a, your testosterone's going down.

So HRT, bioidentical HRRT or whatever you want to do, those are good ways for guys to minimize the symptoms of low energy, low libido, muscle mass, all the things, decreased strength that guys go through when they have low testosterone.

There's ways to combat it, You guys that are listening, both men and women, there is no testosterone therapy that is FDA approved for women. Yeah. Right now.

Even today. Only for men. Yeah, so only men have FDA approved testosterone therapies. So, you know, getting testosterone as a woman, which I get, just because it's not FDA-approved doesn't mean you don't need it.

It doesn' mean that you shouldn't take it, You need to have testosterone. As women you should be around 50. In your testosterone score on your lab values, but it's so sad that like it s not even approved for women.

And I think that that would be a really great topic to talk about one day is things that are not FDA approved and perhaps our opinions as to why. Right.

Then FDA-approved and obviously nutraceuticals are NOT FDA improved at all. And not to get into it here, but pharmaceutical is a massive, multi-billion, trillion-dollar industry.

So disease is big business, as sad as it is. Cancer, diabetes, all these chronic illnesses that all stem from inflammation. It is as big a business. And as inhumane as is sounds, like, pharmaceuticals need these around.

They need this conditions around to manage what they do, unfortunately. Anyway, so guys, you go through it as well. But I think it's important for men to understand because it is confusing for guys.

One day, everything is cool and the next day you wake up and your wife is going through menopause. You're like, who the heck is this? Like, what just happened?

So how do you deal with that? Because there's no playbook on how to deal, not deal but how, to support your spouse who's going to menapause and what do, do what don't you do?

What do say? Don't make eye contact. Even even my girls. As you know, I don't know if most people probably listening don' know I have 15 year old twin girls one minute I'm laughing with them and the next minute.

I want to rip their heads off like it's just And they're like, oh my god, mom's having a menopause moment. Like, let's just leave her alone right now.

But what's what crazy is, since I had kids at an older age, I'm going through menipause, the same time they are going to their hormone, you know, puberty stuff.

It's like oh, my gosh. craziness. Yeah. But yeah, it's a, you know, try living in a house with a wife that is almost reached her one year mark of menopause to and having girls that are teenagers that or hormone PMSing and then two female dogs that our super and a female cat like no one, no, one is a male.

And I think for guys, a couple of things I, I for, and I got to be honest, like, When I research this, I probably don't do half of these things, so full disclosure.

But some of the things I think guys need to understand when their wives are going through menopause is understand what it is, like understand how you can support, understand that it's not them choosing to go through this crazy, turbulent time of their lives.

It's just what that's the way the body's designed it's about his way of preparing yourself for this next phase of your life but a little bit of understanding and a lot of compassion of what they're going through doesn't mean you have to have a medical degree to manage your symptoms and things like that uh…

but just having some comprehension as to what's happening in The more you know, the better you can support.

Menu2019s Hormones and Shared Midlife Changes

And sometimes it's just, honestly, not to sound insensitive, just not saying anything, being there, but not trying to manage symptoms or provide insight and just say, it is just in your head.

You're really not going through this. Just shake it off. Throw some dirt on it. They're getting that at the provider anyway. Honestly, it's because most women going through perimenopause are not sleeping well.

So their patience is, oh, yeah, they're exhausted. They're trying to manage either elderly parents and teenagers or just teenagers, you know, and work career, career.

And so it is a lot what you thought you could handle in stress in your 30s, which you later in life in your 40s and 50s, it's so much harder to handle the same amount of stress, because we're just exhausted and you're depleted, you are depleting of all those things.

But it does get better, right? Oh, gets much better. And then once you once You find the right like for me, I'm on bio identical hormones. I am on estrogen, micronized progesterone, and testosterone.

and finding the Right mixture and the write formulation of what I need for my levels. has helped me so much in my sleep while I always sleep well, but I sleep my my deep sleep decreased tremendously during the early parts of my perimenopause.

But once I got it tuned in and like dialed right in, my gut was better. My sleep was My mood still goes up and down, but it's pretty down. It just depends.

But you know, like I make sure I take the right magnesiums for my mood, which helps support my sleep as well. There's so much you can do prioritizing.

Once I prioritize my protein, making sure that I'm getting at least 100 grams a day to 120 a really helped my overall body composition. I don't run or do cardio crazy cardio anymore.

I do one day of cardio and the rest is just slow strength training with progressive overload. It's made such a difference in my body composition and my just overall like well-being just because I feel like I'm in more control of my because that's the biggest problem too is you feel I have no control of anything that's going on in my body right now or my mind, right?

Managing Symptoms with Hormones, Nutrition, and Training

And then you feel worse about yourself. So once you get your hormones balanced and you do the things that you can control, like the workouts and the protein, taking the right supplements, then, you know, feel a lot better about yourselves.

Yeah, I think the hormones is definitely the very first place. Well, there's a lotta first places, but the first thing people need to do is really work with a provider that understands how to manage your hormones naturally, if you can, and get that stable.

That's like the foundation. And all the other things are building blocks on how you could maintain and go through this phase with some control. Because it sounds like if women let menopause control them, then it's going to be a really shitty year or two or whatever it might be.

But if can do those things to kind of be control of it, let your body go to this natural thing that, you know, it's totally normal, then it is not going to be as bad as it potentially can be.

But I will say though, even if you get through it without HRT and you are post-metapausal and your symptoms have gone away, the actual symptoms that you normally, that feel during the transition of perimenopause and into menopausal.

In post-menopas, those symptoms become osteopenia, bone loss, right? Osteoporosis. This is very common with women. Yeah. Yep. Again, the cancer diagnosis, metabolic insufficiency or diabetes, and then Alzheimer's and dementia.

So these things are so critical because These are all things that lead to chronic illness and disease that eventually will decrease your health span, right?

Because then why would you want the second half of your life to be on chronic medication or in and out of surgery, in an out-of-doctors offices? So you wanna make sure that you have a plan for managing these things because the drop of hormones just affects your your life so much in the second part of your Life, that you want to make sure that your you're not just physical, but your brain is also functioning, right?

You want To make Sure that You're Youre not completely like depleting in in The second half of Your life. So like you said, finding a provider, they can help you find the right levels of what you need.

starting with your labs and your full hormone panel and then someone who can actually give you bioidentical hormones because that's so critical to having a healthier elderly years in your life.

Well, if you have any questions, please let us know. This is a very, very large topic and maybe we'll do a second part perhaps.

Long-Term Risks and Closing Advice

because I know there wasn't enough time to go through everything we wanted to do. If you have questions, let us know. Please make sure you follow, like, and subscribe.

Any of the things we talked about that we can post, we'll post in the show notes. And just get get control of it. If you're going through this, if you listen to this and you like, this is me, like start to take control.

Otherwise, it sounds like again, I've never been through it, but it's sounds I can control you if we don't. Absolutely. And for the ladies out there, do you have any questions?

you know, direct message us and I will get to you. Let me know how I can support you, I have so many resources on either supplements or providers or whatever you need.

So please message and let us know because this is really crucial if you're not managing your menopause. All right, thanks for listening and watching until next time.

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