Menopause and Muscle Loss

And I realized that, you know, menopause is probably the biggest change. You know, puberty, of course, is a big deal. But you're a young woman, you're more resilient.

The bones, the muscles are all resilient. Not so true. You know, when you've got a woman in her 50s and she's going through or can can go through, and this is really pivotal for all of us to realize what we hear right now about statistics of muscle loss and of bone loss is history.

So everybody, I hope you hear this. This is the history of what's happened with people exercising in the way they did. We don't have that to happen to us, because we will be the first generation who's lifted weights until we die.

If you so choose to pick up a weight and it's going to change everything. Welcome to Doctor Talks, the podcast where every episode leads to a healthier you.

Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease. In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors.

If you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place. Get ready to unlock the secrets of lifelong health and vitality.

Podcast Introduction and Guest Background

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Well, do you feel like that you're exercising, giving up the foods you love and still not getting anywhere?

Well, if so, this podcast is for you. I have a wonderful guest who is someone who puts exercise into the happy side of life. Welcome, Deborah Atkinson.

Well, thank you so much for having me. Well, can you know that? You'll know. This is vitality made simple. I'm your host, Doctor Debbie Osment. This is the podcast that's going to equip you to feel better, look better, and to enjoy better relationships.

And Deborah is doing all three of those with what she's going to tell us about today. So share with our audience a little bit about who you are. Well, I am the founder of flipping 50, which is the home of the first and the only exclusively made for menopause membership in the world.

The fitness membership that is, you know, in years ago, there's no way that I ever would have dreamed that every day I'm going to be talking about hormones and menopause.

I was set to be a graphic designer when I was a little girl, and it evolved that I realized the benefit of fitness myself and wanted to share that with others.

And it wasn't until I was 49 that I actually really exclusively started focusing on women in Perry and post menopause. Well, you know, it's so often the things that happened to us that that changed the world.

So tell our listeners, the wall, you hit, basically that has made all of this possible. Well, interestingly enough, I think a lot of people look for where's your story and what happened to you?

And it was, you know, I was in an accidental success and then later got my hard lessons, actually, because I

thought, well, this is just not going to happen to me.

And that usually catches up with you, by the way. You know, so the truth was, at 49, I had an itch. And I knew as a single parent my son was going off to college.

And, you know, they frown on your parents going to college with you. So at that's probably not a good idea that I applied to teaching kinesiology there.

I'm sure he's not going to like that. So I really wanted to have a bigger reach and impression in the fitness industry. And to help us all level up and so that so that you so that consumers had better choices because as the fitness industry was growing, it was really still in its infancy.

It's not that old when you think about it, you know. And as it grew, we were getting, you know, the each end of the continuum also grows. So there's a lot of people out there wanting to do it, but, you know, got their certification and training in a crackerjack box over the weekend.

And then there's those that are, you know, masters and PhDs that really can dance around you and teach a lot. But it was up to you to figure out which is which.

And, you know, so I really wanted to give what I saw as, senior lecturer teaching in kinesiology. I saw a lot of my students come back after graduation, after doing their internship, getting that first job to two years later, they would come back and ask for another letter of recommendation, not because they were getting a promotion, but because they needed to get a real job, because they didn't want to sell or do any marketing.

I didn't go to school for that, they'd say, and we were losing the good ones, the ones with the heart and the ones with the intelligence, because they didn't have those skills and nobody had ever presented them to them in a way that felt in integrity, you know, and something that wasn't pushy, salesy and sleazy.

And for whatever reason, I didn't grow up in that world either. But it was always easy for me. It felt like a responsibility. If I'm going to help somebody, I'm going to have to have them dip into their pocket because otherwise they're not invested in themselves either.

And so I quit at 49 to actually help do that.

Why Women Need Different Exercise Strategies

And five minutes later I realized, if I'm only talking about marketing and sales, I'm irrelevant very quickly. I'm just saying, do this. I'm not doing this, but you should do this, right?

So I said, I've got to keep at least some kind of a market myself that I'm actually the coach for. I'm working with and the loudest voice at that moment in my life.

I'm a barely boomer. So that tail end of 1964 and so all of my older siblings, all of the clients that I had worked with, really had been baby boomers.

And I said, okay, they got my attention. They kept saying, I go to the doctor and they say, well, what do you expect? Welcome to menopause. You know, of course, you're gaining weight.

That's just the way it is, you know, and they weren't willing to settle. So they were a great big lesson in okay, if they're not willing to sell. Or maybe there is something else here.

And so I began working with women in midlife at that point. And that actually took off a lot faster than helping starving trainers and health coaches did.

But we're now full circle, so we're actually giving them the tools that we've used. And we're creating flipping 50

menopause fitness specialists as well.

That's really how it all evolved. Well, and I enjoyed your Ted talk. I will, put that in the show notes. Deborah. But you talked about how during this business building, you exercise less and then as you saw yourself on camera, you're like, wait a second, I look better when I'm exercising less.

So, you know, that's just a mind bender for us because we we all think we're not doing enough. So so tell us about that. But also tell us about the research that was fascinating to me.

What we're basing our shoulds on is really the wrong thing. Yeah, that's so true. So absolutely right. So I first of all, to take you way back into a moment of panic or my moment of panic.

So I'm I'm 49. Well, 48 at the time actually handed in my resignation. So I'm cutting the umbilical cord. And remember, I'm a single parent, so there's no net, you know, and, you know, so no debt.

I was very lucky, but it was only a matter of time. If nothing's coming in. And I was going to start paying college tuition or my share of it in about eight months.

So I was really like, what did I just do? Like, you know, my parents would roll over and, you know, I realized that, you know, I had to work hard. I needed to make this work.

There was no alternative. So I wouldn't let myself away from that, you know, silver box, that that computer, while I was figuring out how to take what I had done for 30 years and do it online, we didn't have all the things we have now.

The pandemic hadn't hit yet, so we didn't. We weren't zooming like, you know, Kleenex and and we weren't building courses as easily yet. And so you had to figure it out one step at a time.

So that's where it was. And when I would let myself up, I had a dog. I had to walk every day, 20 minutes around the block. And then I would let myself, you know, do strength training for, say, 20 minutes.

I would do high intensity interval training because when you only have 20 minutes, the lesson I learned is you really make it work, you know, and I was a girl who had loved going for hours and going long runs and long bikes and lots of things that lasted a long period of time.

But you also know if you go to the gym, you'll see people exercising, and you also see them sitting and scrolling quite a bit every minutes, not counting.

Right? And not that rest isn't good, but that's where I realized, you know, after I'm shooting videos and I'm editing them and taking a look at what in the world, and I kept getting compliments, like, what are you doing?

Thinking that might, you know, you know, I mean, I'm, I'm moving, I'm hitting all the boxes, but I'm certainly, you know, not teaching 2 or 3 courses, exercise classes a day.

I'm not going for a run myself. I'm not doing that. And I thought, okay, is this me or does this happen to other people, too? So it flew against everything that I'd been taught and everything I'd been teaching for 15 years as a lecturer in kinesiology.

So what I found pretty quickly, it wasn't buried. It was right there for everybody to see that only 39% of all sports medicine and exercise science research features females.

And I'll tell you that that may not sound all that bad. You know me, we've probably have worse odds than 4060 if we're pitting ourselves against the other gender.

But what I dug into is women go through so many more significant hormonal changes in their lives than men do.

Men go into puberty, and then they kind of come in softly for a landing, you know, with and or pause.

They don't fall off a cliff like women do at menopause, you know. And so it's very different. But women also, you know, we have periods of time when we don't want babies, right?

And so we're young adults in reproductive period of time, but we don't want them. We could probably add another one now because many women are experiencing fertility issues.

That's a whole nother set of hormones that you're going through monthly every four weeks. Each of those four weeks is different in terms of what would be optimal for us with exercise.

There's a there's a week when it's really optimal for you to be strength training. There's a week when it's optimal for you not to be doing so much strength training or high intensity interval training.

And knowing what those are, we could potentially help performance. We could help body composition, we could reduce risks of injuries for girls, but we haven't actually had that at least 10 or 11 years ago.

We weren't talking about it at all. And I realized that, you know, menopause is probably the biggest change. You know, puberty, of course, is a big deal.

But you're a young woman, you're more resilient. The bones, the muscles are resilient. Not so true. You know, when you've got a woman in her 50s and she's going through or can can go through, and this is really pivotal for all of us to realize what we hear right now about statistics of muscle loss and of bone loss is history.

So everybody, I hope you hear this. This is the history of what's happened with people exercising in the way they did. We don't have that to happen to us, because we will be the first generation who's lifted weights until we die.

If you so choose to pick up a weight and it's going to change everything, it's going to change your health. It's going to change what your options are when you're 95, if you allow it to.

So realize this is a very optimistic time to be aging. There's never been a better time to be the age you are now. Getting older. So when when I unpacked all of that, it just started dawning on me.

You know, I've had women that I've worked with that you know, were trying hard. They were doing all the things, but the things they were doing were based on science, not so much for women, but on men.

Young, athletic men were most often studied on mice, you know, and very rarely even on young women. But we base our you know what? What I do now is at work anymore, right?

What I used to do that worked isn't working anymore. I've heard that more times than I can tell you. And it never will, because we don't have the hormones we had then.

But if we change our strategy and we cater to the hormones, we do have, we can still win, is the point. But the hardest thing that will do is really accept that doing less, or sometimes doing lighter, will be the thing that will get us more fit.

And I think a part of that is because who we were raised by so often, we were raised by parents who taught us hard work. Hard work is going to get you a reward.

You work hard and you get praise, right? And so not working is hard. Not making it hard, not doing more in order to get results, you know, is foreign to many of us because we listened really well to our parents.

We were that population bright, that generation. So it's an interesting conundrum that women have to really take a look at, at where we are. And by no means do I want to tell anybody that you should do less, and that's how you'll get fit for the rest of your life, because the truth is, you know, in your 60s, you need more intensity and volume than

you ever have before in your life.

Your exercise actually should be hard when you're doing it. It's just we're going to do it for short periods of time. We're going to make it count, and then we're going to recover hard as well.

And that's something we also, as females, don't do well. Recovery and rest between exercise is one of the most underrated things or components that we could name.

Wow. Mind blowing Deborah okay, so let's go back to different ages. Can we start it even though you're flipping 50? Can we still start at 40? I mean, I'm, I'm 66, so but but our audience let's let's go with if you're 40 years what the expert says what how should they be exercising.

Yeah. Great question. So between 40 and 50 and you know by the way there is no average woman. So don't mistake that I'm calling you average. But typically if we looked at time lines, a woman could go into perimenopause where the hormones start to fluctuate more in her late 30s, but the average is probably between 50 or 40 and 50.

We're safe to say that's perimenopause for most of us, or a big part of that is so what's happening at that point is you may be still cycling, but irregularly, so if if this is the hard part.

Perimenopause Training and Weight Recommendations

So some of us with birth control types, depending on what we're doing, we don't know. We're regular because we're kind of having this false regular schedule.

And it gets a little challenging to know what's going on for us. But if you're getting signs and symptoms and I'll share those, not all there are. There are probably 130 to 150 of them, but there are some that are more obvious to us.

And yet you may not link them to menopause. But during that period of time, early stage of perimenopause to late stage and on average it can last about 11 years for women before they actually hit that moment in time.

When that's your last period, you haven't had one for 1212 months. So your your post menopause just like that. But for most women we can lose 27% of our muscle mass from early to late stage perimenopause 27%.

Yeah. So that's our strength. That's our energy. That is also our insulin sensitivity. So when women often will complain about belly fat, and it doesn't matter if you have been one of those women who did gain weight or who didn't often it still shifts to the middle.

And so belly fat that wasn't a problem before suddenly is you're thicker in the center because as estrogen declines, we lose some of that insulin sensitivity and cortisol goes up.

And our cortisol or stress hormone, plus our insulin together can do amazing superhero things we don't want them to do. They can take baby fat cells and make them big fat cells.

They can create fat cells where there weren't fat cells, they could relocate fat cells to the belly from elsewhere in the body. Lots of cool things. If you think about science, but nothing that we enjoy as women to have to deal with.

And then the challenges. Okay, but nothing that I used to do to tackle something like that is working. And it's because it's not the same kind of problem that it was.

It is far more hormonal. It's not because you ate extra calories on a vacation. It's hormonal, hormonal, relocated. And so it's got to be a really hormonally based solution.

And I'm not saying you need HRT that may help the efficacy of what you do, but lifestyle changes can take you a very long way. And so in terms of exercise, that is prioritizing strength training, because that increases the lean

muscle mass the most.

So if we can increase lean muscle mass, we can increase metabolism. We can pull the blood sugar out that is causing some of that circulation to relocate fat cells to the belly.

And we suddenly then have better sensitivity to insulin. Muscle is like a blood sugar sponge, decreases the weight around the middle even by just doing strength training.

We're not talking core exercises in on the floor. Abdominal exercises, just major muscle groups like squats and lunges and those types of things that really attacks the muscular system will help significantly.

So focus priority guys on strength training. You. You want to do some kind of cardio, but I really love walking in weights and walking in weights should not be underrated.

And the reason in perimenopause that may be better even than high intensity interval training is if a woman is already feeling fatigued, stressed, you know, kind of out of energy compared to her normal self.

Adding hit or high intensity onto it could make that worse. If you're feeling good, by all means. I would say up to about two times a week doing high intensity interval training.

Those workouts, by the way, or short, those are from start to end, 15 20 minutes long. That's it. And that's a hard thing for a woman to walk away from who grew up doing hourlong classes.

Right? Yeah. Well, and you think the fittest people are the ones teaching the classes, or you think the most healthy, Deborah. And from from my researching you, it's it's a lie.

And and actually, you know, people so often think they're not doing enough so that spikes cortisol that spikes insulin. I mean, that stress response from just thinking I need to do more.

Well, I, you know, I took I walked a couple of miles, but I should have walked five miles. I should, you know, so you it really, can be a catch 22. Okay.

So go back to the weight lifting for the perimenopause group 40 to 50. How heavy do you recommend? Great question. So a woman in perimenopause, by the way, and we'll give this some relevance when we go to post menopause.

You know as long as you're reaching muscular fatigue, you know, we say how heavy we say that by how many repetitions are you doing? So if I say pick up a weight, you can reach fatigue at 15 plus or minus a couple reps.

That's how I can tell you. And I can tell ten women at a time what weight, because I can't tell you. Is 30 pounds heavy for you or is 10 pounds heavy for you?

So if I tell you 15 pounds to rep or two fatigue, you're going to probably have to go and do a little trial and error. But you, you have a pretty good idea probably of where to start because you know what a grocery bag feels like.

You know, you know, what the cat food feels like or the dog food in, you know, is that a struggle for me or not? You have a pretty good idea. So when you're starting, you could be there.

Heavier would be, say, anywhere between 8 and 12 repetitions. But I wouldn't do that unless you had been exercising regularly, probably for at least three months, and you've progressively come to that.

So you're able to lift heavy and your joints and your ligaments, the connective tissue around those joints has had a little wake up call, and you're you're when you're done, you feel the muscle.

Me maybe, you know, I did something, but your joints are not aching. That is not a part of the deal. So if anybody's

experience seeing that, that's just feedback telling you to back off a little bit too much.

Maybe not enough recovery time between, but it shouldn't hurt. And then for those who are really I've been doing this for 3 to 6 months. I don't have any previous injuries.

I have no conditions. You can go as heavy as, say, 5 to 7 repetitions that you may find when you're shooting. For that, you reach fatigue in four repetitions.

And we may have thought of that is that's what bodybuilders do. Yeah. That's actually what we do to build bone and boost metabolism. Yeah. Well and thanks for pointing out, that pain is not essential.

You know, we because we learned in my generation no pain, no gain. Right? Right. I say no pain, no brain. Good. Thanks. Get rid of it. Yeah I love it.

Okay. So that's 40 to 50. What about 50 to 60. Yeah. So if if we on average hit menopause at about 50, we can safely say that many women maybe. But if you are post menopause so 50 to 60 we need to increase the weight load now.

And the reason is estrogen has left the building. And so we're not getting that free stimulus from our estrogen that we did. It stimulated muscle. It stimulated bone.

It made it easier easier for us to hold on to it. So we have a little bit more of what's called anabolic resistance. The muscle is going further or faster than women holding on to it.

So we have to work hard to keep it. There are two things that increase our muscle protein synthesis our ability to create it. So we're either in muscle protein synthesis or we're in muscle protein breakdown.

There's a fence in between, but it's not big it up to sit on your in one or the other. So keep that in mind. So muscle protein synthesis increases by two things one eating adequate amount of protein at each meal, and two by resistance training.

So if you're doing both of those, you're helping yourself age optimally with more muscle and more bone. Bone is also made up of 70% protein. So we're doing ourselves good throughout the body if we're taking in enough protein.

Postmenopause Strength, HIIT, and Recovery

So we want to look at going a little bit heavier with our our weight training. And we want to look at potentially if we're postmenopausal now, we want to look at doing, say, 2 to 4 instances of high intensity interval training.

So we need a little bit more volume, not necessarily more days per week. But when we're talking strength training, the volume comes from the number of sets we do and the amount of weight we do, as opposed to days.

So you might think, you know, volume, okay. Instead of two days a week, I should do 3 or 4 days a week. Not necessarily. We still have to dance that dance with.

If we're going to work really hard, the muscle is going to need more repair time also. And we often forget that part, that that recovery is often the most negated component of fitness.

So we've got to keep that in mind. There's got to be a balance. You're on a teeter totter, and you want to keep it in the middle where the little red shoes are dangling on the floor on both sides.

So we're keeping it right in there. Yep. I worked really hard. And I'm also recovering. And on those days you're moving, maybe you're walking, you're doing yoga, you're doing other things you like, but you're not doing real strenuous things that also break down the muscle takes that repair in between to really do the most good.

So you're doing maybe instead of three sets the way you were doing in perimenopause, in post menopause, you're moving on and maybe you're doing four sets or even five.

Some of the studies that are looking at how do we help bone density the most, osteoporosis and osteopenia, they're actually far more aggressive than back in 1995.

We thought everybody should just be bubble wrapped, you know, because you were probably going to fracture, you know, if you sneezed, you know, in and at some point somebody got pretty savvy and decided, you know what?

In all these years of having people telling them not to, do you know, anything or all these contraindicated exercises, there are no records of fractures from people in a formal exercise program, you know, and so researchers kind of got wise and started designing long extended progressive programs so that we could start slow, we could start late, but gradually progress.

And if anything was going to go wrong, they would find out before it went too far. But they've got high intensity, meaning people are jumping, jumping onto boxes and standing on chairs and jumping down.

It's called drop jumping. That is really great for bones not starting. Don't go out and do this at home today with a cape on or otherwise. But we do what little hops we want them to start and then lifting heavier.

They were doing five sets of five repetitions, and they started in the beginning with studies that were going to go 18 months long. Some of those got stopped because of the pandemic, but even after 30 months, they noticed that there was an increase in bone density.

And the other thing that they noticed is that adherence was fantastic, which you always have to worry about in a study. Somebody is inevitably going to drop out, not go.

Or would there be injuries zero injuries, zero. And adherence was great. In fact, researchers commented, and they didn't have to do this. It wasn't included in the studies, but researchers commented that women loved the high intensity.

There was something about it. And there is something that's proven in science, too. It rewires your brain a little bit. There is so good for the brain to go really high intensity, short duration.

And and we're talking the total high intensity you do when you really do. True hit is less than two minutes each session, right. You're doing 30 minutes maybe four different times.

That's it. And complete recovery between you mean 30s. Yes. I'm sorry. Thank you. Yeah, yeah. Yeah, absolutely. And so a warm up, a cooldown on either end of that, recovering completely in between.

You know, I think most of us we've especially had children. You know, you can do something hard for 30s. You can get breathless and and then. No I get complete recovery. I'm good.

Those kinds of things actually also rewire our brains. So there you leave that kind of a session feeling a little more mastery. I really accomplished something.

But something else that women notice is when when you sometimes you leave an hour long exercise session, especially boot camp sessions, or maybe back in the day it was a step class.

You leave kind of drained, right? And you feel like you worked, but it's a little bit more draining when you finish a 15 or 20 minute high intensity interval training session, you feel rejuvenated.

You're actually you feel lighter, you feel ready or energized. And that's a huge distinction. You kind of have to taste the Kool-Aid before you start drinking it, but it's a huge benefit.

Well, Deborah, so give us an example of of somebody who is going to put that into the middle of their day at home, this high intensity training. What what are those exercises look like.

What does that timeframe look like. Great question. So the time frame really is you're going to we all need a warm up overall. So might be going for a walk. You've got a big dog.

You're probably going to go a little faster. So is probably better than a little dog right. But five minutes of warming up and that could be dancing around your living room if it's 117 or if it's -20, doesn't have to require any equipment.

If you have a treadmill, a bike, or an elliptical at you can hop on that for a few minutes and then you're going to do some some easy squats, some easy rotation just reaches take yourself back to aerobics back in the day, you know, and do some nice easy rotational movement, side stepping.

Get your body kind of warmed up and essentially activated. You're just turning the Wi-Fi signal from your brain to the body on. So we're less at risk for injury.

But once you've done, say, a 7 to 10 minute warmup, you're going to then go all out breathless for about 30s anywhere between 20 and 30 more is not better.

And the thing is here it has to be short. If you go long where we're working a different system, you have three energy systems. We want to focus on the short one.

So if you have no equipment and you're able to do high impact, that might be squatting down and jumping up 10 or 20 times, right to to get to 30, to get yourself breathless, you're not catching your breath in between.

You're trying to get to breathless. If you have your bicep curl at home, you have a stationary bike you're getting on, you're giving yourself a little resistance and you're just going to go crazy for 30s to get yourself to breathless.

And the key here is it's got to be breathlessness. So I know somebody asked me this before what is breathless mean? Like really it means breathless. So I mean you can't talk.

You couldn't have a conversation. Somebody is asking you a question. This is where you get really interested in how much longer, like five seconds long.

I need to know. It's like you're crossing a finish line. You're not going to stop and check your heart rate. You're going to go right. So just really need you to get to that breathless point.

And then you can just stay still. You can walk around if you'd like to, but the harder you go, the more you can stand still. And we come from an era where I, as an instructor, said for years and years, keep moving.

Don't let your blood pool. We would tell you that, right? I know I know, it's not true. So we're okay. If you could get to breathless, you're probably going to be fine.

You can stand still in. It's kind of an equal opposite. The harder you were working, the higher the breathlessness, the the longer you can stand still.

You know, or stand up, bend over, hands on your knees, you know. And totally recover until you're breathing totally through your nose. When your mouth is closed and your nose breathing, you're ready to go again.

Is the second, round shorter or the same? Same. So in fact, a lot of times when you're think of a cold car will do you have cold weather, you know. Oh yes. Yes. Okay.

It's relative. Yeah. Right. Right. Zero is cold. Think of your cold car. So you've got to warm it up or it's not going to run really well if it's not warmed up.

And you just try to go turn it on, you're going to drive it around. Buddy is the same. And sometimes that first interval may be actually harder for you.

Get the heart rate up, so it may take a little bit longer to get to breathlessness. But the second and the third, when you can shift into that higher gear a little bit easier.

So but no longer you're not trying to extend, you're trying to really hit it and go all out like I'm crossing this finish line. And and if that doesn't do it for you, somebody out there, I've never competed.

I don't know what crossing the finish line to me is. Think about saving a child from harm. You're running across the street to get the kid at that for most mothers, like, I think I just got the chills right.

It doesn't take much. You envision that you can go fast and hard, right? So you kind of need to tap into that kind of a feeling. And what we are doing, by the way, is we're initiating cortisol.

That's a cortisol response. But we're doing it. We're doing it responsibly. So we're driving our cortisol responsibly. And and what we do is very similar to the way cortisol was always supposed to be used.

Today in time. We use it chronically like we're we're always attached. We always got this or somebody's got that. They could reach you. We're on call for kids or for aging parents or for work.

It's it's constant. We we never really finish anything. It's like always there's another thing I could do. And cortisol at one point was, you know, we ran to get our supper or we ran.

So we weren't supper. We gave a speech in school. And so there was stress around that. But then the speech was over and so is the stress. And we don't get to experience that so much anymore.

But if you think about weight training and you think about high intensity interval training, they actually mimic the use of cortisol in the way it was meant to use.

We do this short little here's a set. Might last a minute. And then you put those weights down and you'll move on to another exercise. But you're recovering as you do that.

So it's not nearly as stressful for your nervous system. It's much more beneficial for you. And when you do high intensity interval training, the same is true provided that you allow yourself to recover.

And back in the 90s, we didn't do that. Do you remember when Tabata first came out? It was all the rage and it was 20s of hard 10s of recovery. We want you to do eight of them, and we don't care if you're falling down and getting sloppy and, you know, we just want you to do that.

Stay on track. That probably not ideal. Not ideal for women anyway. You know, and we have to remember, if we really go back, that was athletic male cyclists.

They were working at astronomical intensity levels, you know, so, so hard that probably between those sets, they were throwing up in a wastebasket. Most likely none of us are going to do that.

How to Do Safe High-Intensity Intervals

We just want to make sure that we're pushing hard, and then we totally back up so that we can calm ourselves back down, totally recover. And when we can work at our peak of, say, going fast or against resistance, you know, if you're depending on which one you're using for your interval.

So if you're just going to charge full charge ahead power walking up a steep hill, that was maybe your interval. That's based on speed, right? If you were going to get on an exercise bike and you were going to dial the intensity up.

So it was really hard, stiff. So that's resistance and strength. But if you are tired you're not completely recovered. You're not either going as fast as you could or you're not going against as much resistance.

So you're not really working at your capacity. And I think we all think if it feels hard, it must be good. And that's not true. We want you working at your capacity because your fitness level will reflect that if you work at capacity, not whether it feels hard.

Deborah, this is so refreshing because it's actionable. You know, if I'm going to if I'm going to go to some hit training, I've still got to be able to finish my day.

You know, I, I mean, I might have patients left, I might have whatever to do. I don't want to be dead and after. And that's sort of how it was back in the 90s.

You'd go do go to some class and you kind of knew you wouldn't be doing much else. You, you know, be pooped out. So, so I really appreciate that because your, your philosophy is not one size fits all.

And I don't know, I know our listeners. We don't like one size fits all clothing. Why would we want one size fits all workout or extra, you know, exercise, fitness plans.

So okay, so we're at age 60. Here we are. Well, you know, what do you what do you recommend, especially, say, for somebody who hasn't? I mean, touch on someone who's getting started.

Yeah, in their 60s. Yeah. And I think if you're just getting started, you're always going to come back to, you know, the number of times per week that you're going to strength training is always going to be the same.

We do what you doing twice weekly when you start, there is a minimum number of times per week for it to be. This is going to be helpful. So I would start with two.

That may be down the road. That increases maybe to three. But I will tell you that in all the research, the study on older adults, when it's both genders, when it's just females, postmenopausal, there is no significant difference in the benefit between two versus three times a week.

So I will tell you that I've chosen my lean and it's two. And I always choose that because it's more realistic. For most women it's more doable. And we don't have that oh, I can't get three.

So it's just not worth it. I failed, I'm too busy. It's not going to worth it. Two somehow is so much more reasonable that we can say, well, you know, if I can't do it today, I can move it around.

I have wiggle room to move it in the week, whereas when you have three, it gets a little more dicey for people. So we've chosen three. And the other reason is when I reached a you've chosen two, right? You.

Yes. Right. Chosen two. And when we reached a critical mass of about a thousand women in our membership, it was very easy to see that it almost wasn't.

It wasn't if it was when a woman was going to get to a place where there was adrenal fatigue or adrenal insufficiency, and there was going to be situational stressors that demanded she do less and just enough, not more, but just enough so that she wasn't throwing herself under the bus.

And it's, you know, coming from young adult kids, you know, or let's face it, you know, it's 20, 25. You could have a kindergartner and be 50 these days.

But, you know, aging parents, careers, lots of things coming at her from all different places. And sometimes some of those peak and so we realized that twice weekly made far more sense.

And then when you feel good because you're able to recover, you are working harder. And we've seen we've put

some other programing in where, okay, we're going to give you this option of doing three, but here's your criteria.

It's only if you already feel good. Don't do this thinking doing more will make you feel good. It's a good it's a good a backfire and have the opposite effect.

So it's it's very critical that you look at how I feel is probably the most technical question you should be asking, you know, and even coaches and fitness trainers how do you feel?

Are we forgetting to ask that there's no just quota, right? That is so key. Everybody should be listening. I think people are their own best doctor really.

You know, whether it's. It's what? Whatever they're eating. How do you feel? You know, I work with the microbiome, Deborah. And, you know, how do you feel?

You're going to know. So, so say your program. I'm really interested in your program. What does it look like? Somebody goes to your website. Tell us about that.

So we do we do a couple of things. So we all rose at flipping 50 lead. Ultimately, we love you to be in the membership, but we have a 12 week program.

We have we have a dozen of them inside. And they are because somebody is the beginner or somebody has a time obstacle. And so all those workouts are around 30, 35 minutes.

Someone loves exercise and wants to push a little harder and feels good. And so they can someone, someone else is you know, I need a little more variety because I've been doing this for so long.

We've we've evolved some gym programs that will give you if I'm traveling and I want to go to a gym or of I'm in a hotel, what else can I do? So we have a varied, but we pull one out every quarter and we offer that to the public so that we have you go through a 12 week strength training program and you're doing two workouts a week.

You're getting access to coaching so that when you're feeling like, is this enough that you have me right there saying, maybe you should ask, is this too much?

Have you asked that one? Like, to be fair, you know, you need somebody who's willing to not get in there. You know, if you're crazy, talk, you know, because what you've believed for decades, that habit gravity is so strong, you know, so just remembering, reminding, you know, checking in.

And we have a community coach, so we get you in and we want you to be surrounded by other women who are doing what you're doing and who also, you know, have the same question.

So, you know, you're not alone. But it's very different, I think, than going to, in a love community in any way, but to going to a mixed gender group, you know, or even mixed age group.

And I know that can be good for other reasons. But sometimes you need to, like, identify with women who are feeling just like you, going through things just like you are, that that others outside of that don't quite get well.

And for our listeners to understand, you might be doing lots of exercise, you might be eating a strict diet and, things happening. So this is an option to try.

Tell us about some of your success stories. Because mostly, Deborah, you tell people eat more, exercise less, weight. Oh, I know well. And if you've heard my TEDx talk, don't go there now, stay with us.

But listen to that. So Jennifer is in the Ted talk, and Jennifer and I still work together, by the way, and I have I have carte blanche to share Jennifer's stories whenever you can help somebody, she says.

If you can help somebody, you can share. So I wouldn't I wouldn't say this at a school if I could not do that. But, you know, it took Jennifer a long time to give up the old, you know, dogma of, eat less, exercise more.

When we met, she was eating about 800 calories a day, and she was exercising 2 to 4 hours a day, doing a lot of walking. But she was also on her feet, you know, for the 8 to 9 hours she was at work.

So lots and lots of movement. No surprise, when I met her, she was in a boot because she had a fracture and she was significantly overweight, and that's why she was a part of the program that I was the coach for.

And we continued to work after that completed. But it took, you know, be very honest, probably a couple of years to fully change so that she was, you know, eating more than twice as much.

She recently, in fact, very last week shared a recent, log of her calories and her protein levels daily.

Starting Strength Training in Your 60s

And I just looked at that and I said to her, do you remember when this would have made you cry? Do you remember these numbers would have just felt like, you know, panic, like, I'm going to gain weight if I do this.

And, you know, so she's come so far, but it's the six inches between here and here that were the hardest. And so the success I talked about in the Ted talk was the win for her.

Was that increasing her calories? She didn't gain weight, which is what she expected to happen. And so that was the first start of trusting this process.

So what else can I do? You know that I can eat more and not gain weight. You know, there are other things that I don't know or I've been doing wrong. She's exercising half as much, moving more.

So she moves more. She's playing golf. She's she's enjoying pickleball. So she's gotten onto that trend. We have to hold her back every once in a while from that, too.

She is my anomaly. Many of my clients need a little bit more of a push. She's one I've got to hold back. But Jennifer lost 100 pounds. She reached that threshold at some point during the pandemic.

So completely at home, lifting weights at home, not at a gym. So you're thinking, I don't want to go to a gym. That's it's not mandatory. You know, and so the real thing is looking at Jennifer in her life, she's in her early 70s now, but she is not only, you know, lost 100 pounds.

She's feeling stronger than she's ever felt in her life. You know, she's likely gotten at least a decade back on her life and lengthened it. And, you know, the life in the years is also a big factor.

But she's got a longer life, certainly, because of what she's done. Well, Eddie. I'm sorry. Go ahead. I was just going to share another story. So if you want to in general, I want to interject that you have improved her relationship so significantly by helping her feel better.

I mean, she's out playing pickleball, so she's laughing and and going to eat with people. Deborah, that it's not like, well, give me the iceberg lettuce and I'll just be miserable while you have your whatever else, your salmon.

And you know what I'm saying? It's such we we are designed to enjoy food. It's not supposed to be a restrictive. Thing. Every time we sit down at a plate.

So anyway tell your next story. That is so true. Yeah. And I talked about the pandemic and so that made me think of Diane who you know, this is true for so many women who maybe put off strength training, you know, and I believe because we've never done it before and we're not good at something we've never done for before.

So you probably very efficient and polished in your area of expertise. And then out of water, a fish out of water in the gym or exercising. And we all shy away from those things.

Diane, met me just before the pandemic, and she had been diagnosed in October. A getting a Dexa scan. That's to process. Right. And you suddenly feel there's the finish line and retirement and what I thought it looked like.

And now I don't know, I'm scared. So that feeling, you know, sent her to me. And then she realized she found me online and realized we were less than 30 minutes away.

So we met a couple of times at a gym and I said, why don't we do this? I can look at your form. I can make sure you're comfortable. A familiar pandemic hits, so it's not even an option for her to go to a gym.

I said, okay, well, let's do it all. You can do it online. I'll give you the programing. We'll we'll do it this way. She retested nine months later. This is after we initially met just nine months.

It usually takes a year, by the way, for bone to respond. And that's why they do Dex's annually, and not sooner than that. But nine months after she'd started lifting weights and she was at home walking, running her business, she had improved her bone density, so she had reversed the losses.

She was no longer seeing that. And, you know, really that was the first time we had great evidence that, you know, we can do this at home with dumbbells.

We don't need a gym Necessar really so great to know. I think it's uplifting for everybody to know if you shy away from the gym, start at home, you know you can.

You can make great inroads doing that at home anyway. And this, by the way, I'm going to say this out loud because there are doctors who on the conservative side because it's what they've practice for decades and they at some point learned the science in the 95 said, all we can do is slow the loss of bone.

We didn't think we could increase bone density once you had it. We now know that's not true and I'm talking not medicate. It naturally. Changes in your diet.

Improvements in your gut health may be important. And and preaching to the choir here. Right. But and doing the adequate strength training or impact that you're able to do safely, you can reverse bone losses even if you're over 50.

It's possible we're seeing it happen in our programs. Yes, yes. Without medication. Thank you, thank you, thank you. Yeah. The, years ago. Deborah, you might be too young.

There was a woman who wrote a book called Strong Women Stay Young, Miriam Nelson. I remember that. Just. Yeah, pioneer. Pioneer. But at the time, I was young, and I thought, and that'll never happen.

You know, that's sort of what you think that in that she showed even some really good radiographic pictures of women in their 70s who had regained bone and and of course, that translates a lot to better memory.

Well, and I just want to say, though, isn't it ironic that even at, you know, in word 2025, now that book's been out for, what, 40 years? 40 years? Debra. Yeah, but we've buried that.

So, you know, if she was showing then that you can reverse bone losses. No one else was sharing that. And I think it's, you know, everybody gets a little scared maybe of litigation, you know, or liability if they tell somebody to do high impact and they've got osteoporosis, they're very reluctant to do that.

Yeah. That well your your program is absolutely fascinating and it's obvious how much you care about people. And I really appreciate that. Thank you for that.

So I'm going to be looking at that. It's just so easy to go out and walk and or be active aerobically, I think. I don't know if I'm speaking just for myself, but to me it's harder to sit down and lift weights.

Success Stories and Itu2019s Never Too Late

You know I, I hear that and I think it's, I think it's just a camp honestly I think that some people are just drawn to, I'd rather be outside. I hear women say to me it's just boring you know.

And you know there is some of those things I don't know that I'll ever change. But the one thing I think that will hook you is feeling good. Feels good.

That's a quote from a client, you know, a reluctant one, right? And by the time she finally took the leap, she was like, why would I ever stop this feeling good? Feels good.

You know, it's it's such a game changer. And that for my sister, 16 years older than I am. And so, you know, I've always been the exercise nag in the family.

It's been my rule. And at some point I decided, you know, this is not working for any of us. I'm just going to let them come to me. I'm going to let it go.

And you know what I found just after her many decades of starts and stops. It wasn't until she and her husband started taking ballroom dancing. She then came around because the stronger she was, the better her posture was, the more she was able to do the things she loved.

So she still saw it as a means to an end, not the end, but whatever it takes to get you there, right? That works, right? To be able to do the things you love.

I think about, you know, lifting my grandbaby or putting that 30 pound suitcase in the overhead bin to go on an adventure or, you know, skydiving. You don't want you want to be able to land and not worry that you break a hip.

You know, I mean, it's I think people probably need to think about, okay, what are the ten things I want to do in the next five years? Exactly. That I am dying to know.

30 pounds. What do you put in that bag like, oh, I travel, oh, I travel only with a carry on Deborah. I'm like, oh no no no. We, we did Ireland in two, two weeks in Ireland with a carry on.

Oh my gosh my Euro. Yeah. Well it's you know you wear this thing where you get so tired of seeing the same thing but it's just so easy. So, so that's the 30 pound, in the overhead bin.

Don't have to keep up with anything else. Yes. Okay. Yeah. Well thank you. Anything else our listeners need to know? We'll link in the show notes, about your program, because I'm seriously very, very interested.

I have, you know, have all the stuff. It's just a matter I would have never guessed twice a week. Never. But that gives recovery time. It makes sense. You have made it makes sense.

Thank you. So good. Yeah. And the only thing, the only thing I would add is for anybody who's wondering is it too late. Too late for me. You know recently in an upcoming podcast that I will share, they did a study with two groups divided into 65 to 75 year olds and 85 and older, and they had them do strength training.

And they were looking at what's the difference between, you know, the benefits that they get and the changes that they get. And actually, the it was the 85 in olders that made the most progress, most likely because they hadn't been stimulating their bone and muscle that way.

But the interesting thing is that for decades we have known no matter how old you are, we could give you weights and the muscle will respond and get stronger.

We thought that muscle mass declined, that we weren't able to actually stimulate muscle mass, meaning the fibers getting bigger, more fibers mass helping with metabolism, but also with that blood sugar regulation.

We we thought that that decline. But there was no line like here's the line. That's where that stops. In this study, the over 80 fives gained both mass and strength.

And it was a very reasonable program. So imagine if you're starting now in your 40s or 50s or your 60s, where you will be already continuing to move. Our our destiny will change based on what we're doing today.

You're in control. Absolutely. Fewer medications, fewer medications, side effects, more money to spend on adventures. It's all a win win. All right. You are so inspiring.

Thank you, thank you. Oh, inspiring. Well, listeners, I know you are just ready to go to Deborah Atkinson's website. I'll put the link. I'll be there. Oh, I'm going to beat you there. Probably.

And, get my weights out and get started. I'm really good at, you know, walking and gardening and pickleball and all those things. But this, you know, I joke about, you say goodbye and I say hello.

You know, I want the arms to look better. You know, I don't want to. I don't want to be like having, you know, my granddaughter play with the saggy arms.

You know, this is just a little vanity, too. So, so we want to we want to join you in this. Thank you. And thank you to the listeners. Thanks for joining for sharing this.

If this is going to help somebody share it with them and and give me a comment and subscribe. And this thank you for loving me on this podcast. We're having so much fun.

And join me on Instagram, join Deborah Atkinson on Instagram and everything else you're on. Oh my gosh. We're going to feel better together. We're going to we're going to age fearlessly and we're going to enjoy our life to the max.

Blessings. Until next time, thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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