## Introduction to Functional Edge and Guests

estrogen, progesterone, and testosterone all help with inflammation. And as we know, as doctors, inflammation is the number one cause of cancers and pain and just sitting, really.

Because if you're in pain, you're going to sit. And if you're in pain, you're probably having a lot of inflammation. And if we can get all of that gone before we even get into the part where we don't have any of our own hormones, then we can live longer and healthier and actually feel better while we're living longer.

Welcome to the Functional Edge. I'm Dr. Julia Ward, and this is where science meets real world strategies for living healthier, sharper, and stronger.

From uncovering hidden environmental toxins to unlocking peak performance and mental clarity, we cover it all. Ready to take control of your health and thrive?

Let's dive in. Okay, hello and welcome to the Functional Edge podcast. I'm your host, Dr. Julia Ward, medical director and founder of Balanced Body Functional Medicine.

Today, we're honored to welcome Dr. Serena and Dr. Heidi to our show. In this episode, they'll be sharing insights about bioidentical hormones, offering expert guidance to help you navigate your health journey with the latest advancements in functional medicine.

So stay tuned for an engaging conversation that promises to empower and inspire your path to wellness. Welcome, Doctors Serena and Heidi. Hi. How are you today?

Thank you so much for having us here today. Thank you. Thank you for being here. Why don't you tell us a little bit about yourself and your practice? Yeah, so I'm Dr.

Serena and Heidi and I started our business pretty much right after we got out of school. We have a brick and mortar where we do, you know, primary care, lots of holistic functional medicine for primary care.

And then we have our other business, blossoming longevity, which focuses on hormone health for both men and women throughout life. And that's really our passion and where we put a lot of our focus.

And is there anything you want to add to that? No, I mean, we're naturopathic doctors, so we've really our whole medical school training was on the more naturopathic side.

We do medications also, but we really try to go to the root cause of everything to actually fix the issues and to help the issues instead of just kind of glossing over them with some medications.

That's awesome. We love that. Well, let's start with the basics.

## What BHRT Is and Why It Differs

What exactly is bioidentical hormone replacement, or BHRT, and how does it differ from traditional hormone replacement therapy? Yeah, so bioidentical hormone replacement therapy is really different than traditional hormone replacement therapy, mostly because of their molecular structures.

So when you get bioidentical, it's molecularly identical or chemically identical to the hormones that your body was

producing itself. And so when you have a bioidentical form, your body knows exactly how to use it, how to process it and how to absorb it and just does what it's supposed to do with the hormones versus older synthetic forms or non-bioidentical forms.

They're still active as estrogen, progesterone, testosterone. any of them. However, they are not chemically identical to ours, and because of that, the safety profile is different.

There has been studies, so we have the Women's Health Initiative, that came out back in the day, and all of the risks that were found from that study were based off a non-bioidentical form of hormone replacement therapy.

And now, since we've had the Traverse trial and the updated Women's Health Initiative follow-up, we see that bioidentical hormone replacement therapy has much safer than those other forms.

And they actually are showing that they may decrease the risks that we originally thought were directly tied to hormone placement therapy, such as those cardiovascular risks and estrogen sensitive cancers, such as breast cancer and those types of things.

So big difference is their molecular structure, how the body processes them, and then their safety profile. That's great. So how can BHRT support longevity, not just symptom relief, but especially for women navigating perimenopause and beyond?

So I'll take this one because I am in perimenopause and I am on hormones with BHRT. So really when you start in perimenopause, your hormones start declining naturally, right?

And when your hormones start declining naturally, you're losing all of those protective mechanisms that progesterone, estrogen, even testosterone do for you.

You lose muscle mass, you lose brain health, heart health, bone health. Even within starting perimenopause, you lose 10% of your bone health. and we don't want to get any further and have osteopenia by the time we're still in perimenopause and not even menopausal because it's really hard to get it back versus if we start earlier and we start helping ourselves earlier and having more of a level estrogen and level progesterone and even testosterone, while we're going through these, it helps our longevity because we're not damaging our body.

estrogen, progesterone, and testosterone all help with inflammation. And as we know, as doctors, inflammation is the number one cause of cancers and pain and just sitting, really.

Because if you're in pain, you're going to sit. And if you're in pain, you're probably having a lot of inflammation.

## BHRT for Longevity in Perimenopause

And if we can get all of that gone before we even get into the part where we don't have any of our own hormones, then we can live longer and healthier and actually feel better while we're living longer.

Yeah, that's awesome. Yeah, that makes total sense. To add to that also, as far as like longevity goes, it's hard to reverse aging, not just around bone health, but also around brain health and heart health, skin health and our muscle mass in general.

And if we let our body do that whole transition, then that's gonna impact our longevity versus if we use bioidentical hormone replacement therapy earlier on in that transition and prevent basically the aging that happens, that's a natural part of that transition, then you can preserve those aspects of health for longer in your life.

Instead of having to go back and try to fix it. Right, right. It makes sense. It's sort of like, you know, it's easier to stay warm versus to rewarm yourself after being cold.

Exactly. Yeah. It's just easier to prevent that damage in the first place versus going back and trying to repair stuff.

Right. Makes total sense. What are some of the most common hormonal imbalances you see in perimenopausal women and how do they affect quality of life and aging?

Really the biggest thing that we see is like when women start getting into perimenopause, we start to see progesterone be kind of the first one that starts to decrease.

And when progesterone is the first one to go, then you start having this estrogen dominant picture. And that's when, you know, periods get more irregular, they get heavier, they get more painful, you start having all these symptoms that are common in that perimenopause phase.

But really it's like what's happening is your progesterone is going down and now you're in this estrogen dominance phase and that's aggravating all of our cycling issues that we may have had before or if not now we're having at this point in our life.

Then as you further get into the perimenopause, then your estrogen really starts to go down. And that's when you start seeing a lot more of those aging effects as well that we were just talking about.

And that's when you get a lot more of the classic perimenopause symptoms, I'll say. I feel like there's a lot of symptoms that we don't talk enough about, but like the classic ones of like the hot flashes, the mood swings, those types of things.

So you really start to see those even more so when the estrogen starts to decline. And then, you know, it's a little bit different for everyone, but I do tend to see the testosterone be kind of like the last one that hangs on there towards the edge.

but eventually you see them all decline. And throughout the process, you can have peaks and valleys of all of them, which was why sometimes you feel better and sometimes you feel worse throughout the process.

But, you know, ultimately they're on a decline with kind of a roller coaster ride along the way and aggravating the symptoms along that whole process.

Yeah, that's the most common pattern we see. Yeah, I definitely see that the most. And to be fair, when you're having those fluctuations, it really makes the symptoms so much worse.

So when you are having those fluctuations, even if you have like a normal estrogen when you get tested, it could be super low for you, or it could just be at that time that they did the blood test or they did the urine test, you had okay levels, because it's so hard to predict in perimenopause, it's constantly up and down.

So really, when we're working with our patients, we really work a lot. We do testing, obviously, because we'd never want to do too much, but we really go off of symptom picture.

Yeah, because if they're experiencing symptoms, they're having a lot more fluctuations. You just can't catch it. You know, you can't always catch it on blood tests or urine tests.

And they're great helpful markers that we can track, but they're not everything because like, you know, when your ovaries are starting to kind of peter out and they're really done trying to make all these hormones, you've got these fluctuations that are causing all the problems.

So that's why like having the BHRT on board really helps to kind of just level it out so that you're not having to have those fluctuations and you're having like a base level like you usually would when you were younger.

And I found too that when women are going through this perimenopausal phase and the progesterone is the first one that drops off the chart and that makes the estrogen dominant and that makes them gain weight really easily.

## Common Hormonal Imbalances in Midlife

Or maybe it's really difficult to lose weight and they're like, they get so frustrated, like I'm eating the same, I'm exercising the same, yet I'm gaining all this weight and it's really frustrating.

It is very frustrating. I myself was a nutritionist and a master trainer before I went to med school. Like I went into med school with a six pack. And then came out, obviously, you know, with all the stress, came out not with a six pack.

But I know how to work out. I know how to eat. I eat very, very clean. And I have had the struggles of trying to lose weight and I gained weight. And it was my progesterone dropped and the brain fog.

Nobody talks about the brain fog. The brain fog from progesterone not being there is ridiculous. Or the sleep. Or the sleep. Yeah, the sleep for sure.

Inability to sleep, that's another big one, yeah. Which makes the brain fog worse. Right, which makes everything worse because then you're tired throughout the day and then you just naturally gravitate towards, you know, carbs or sugar to give you a little energy and then- Exactly, yeah.

A vicious cycle. Yes, for sure. Can you speak to the role of estrogen, progesterone, and testosterone in maintaining muscle mass, brain health, metabolic function in midlife?

Sure. I mean, we kind of touched on it a little bit. I'll take the first. This is kind of my, I talk about this every day. Yeah, this is kind of my jam.

So I think people forget that estrogen, progesterone and testosterone receptors are in every cell of our body. So it's not just a sex hormone, right? It's in our brains, it's in our muscles, it's in our heart, it's in our vascular system, it's everywhere.

And when we have declining levels, that's when everything starts to decline. So, you know, one of the biggest things that estrogen does is when estrogen starts going down, it alters specific molecular signaling.

So like the micro RNA pathways that promote cell health and cell growth, those kind of decline. And so that's when you start seeing the sagging skin, the fading breast health, you know, everything starts kind of…

Gravitating downwards. And muscle mass, you start to lose a ton of muscle mass. Everybody thinks that just testosterone is for muscles, which testosterone is great for muscles, but estrogen is huge for muscles too.

We can't get that signaling and the growth without having estrogen as well. So testosterone, especially in muscle health, but it's also for brain health too and fatigue.

And progesterone also, especially for gut health, progesterone is great too. And so it really helps to have all of them at optimal levels to keep your muscle mass up.

You can't just have one or the other. You really need to have all three of them in good levels because they really work in every cell of our body. And the signaling to get new growth for those cells comes from all of them.

Yeah, yeah, absolutely. So they all have to be like balanced and at youthful levels. And I think a lot of women are surprised to know that they naturally have more testosterone than they do estrogen.

Yes, thank you so much. We don't talk about that very much. I know. Yeah, most people are like, what, even have testosterone? I'm like, yes, yes, we actually have more than estrogen.

Yeah, it's technically our predominant sex hormone, but they don't ever think about that. It's just, it's measured differently. So it looked like we have more estrogen, but it is our predominant sex hormone and it's not just for men.

We need it too. But through my training in medical school and stuff, we never really talked about testosterone in

women that much, except to blame it for the problems of, oh, this is what happens when you have PCOS.

So all of a sudden it becomes this sort of bad actor, but we need it, and it is highly beneficial. Yeah. And it's really frustrating too. I see a lot of patients come to us and we see it all the time where, you know, they'll, they'll maybe put them on a little like low dose of estrogen and a low dose of progesterone, but then they complete, they didn't even test testosterone and they're still struggling with massive fatigue, sarcopenia.

They, they can't, they don't have any motivation to do anything. And it's like, well, did they ever test your testosterone? Let's test it. And then it, you know, it's like at a nine.

Right, right. and it's super low and then you give them testosterone and it's like a game changer. And it's really frustrating that, you know, it's not talked about enough.

So when you said that, that made me so happy. Also, if we're talking about longevity and testosterone, we got to talk about libido too, because if you want to have good longevity throughout life, that means you want to have a good sex life too.

And like we want to have a libido. And if you don't have any testosterone, you're not going to have that either. So come down to me on all aspects. Women like sex too.

And I think we should be able to want it also. Yes. And I think that that is part of like the natural, I don't know, course of things as you especially, you know, maybe you've had some babies and you're getting perimenopausal range and your hormones are low and you have no interest in sex.

And you're just like, wow, I feel like I could just go the rest of my life without ever having sex and I'd be okay with that. But we realize that that's not okay.

It's one of the things that it is very healthy for you as a person to have an active sex life. Right, for many reasons. I mean, it's great for immune health.

It's great for emotional connections. And that's a big thing as we age, we often lose a lot of our emotional connections in our community. And being able to have a sexual relationship with your chosen partner is gonna be huge at maintaining the quality of that throughout life.

And we know how much relationships impact quality of life and longevity as we age as well. So that's a huge part of it too. Yeah, absolutely. Well, how does nutrition support or hinder hormonal balance during perimenopause and are there specific nutrients or eating patterns that you recommend?

Yeah, I'll start with this one and then you can talk about what you've done personally. So the biggest thing that I always tell people is that you've got to get off the standard American diet.

It's hugely inflammatory. It has no nutrients in it and it's going to mess up your microbiome and your gut microbiome is going to play a huge role in regulating your hormones.

So cutting out processed foods, cutting out sugar and increasing fiber and protein are kind of like my main rules around what you should be focusing on at any stage of life, but especially as you get older.

And then also I'm really big on food intolerances and I think they're not looked into enough within medicine. So, you know, a lot of people are like, oh, well, you know, like I don't have any food intolerances because I'm not having any gut symptoms.

And I'm like, But are you having like early onset arthritis?

## Hormones, Muscle, Brain, and Metabolism

Are you having brain fog? Are you having fatigue? Your food intolerances could be causing that. And if you cut them out, then you're going to have less inflammation in your gut.

And then when you have less inflammation in your gut, you have less inflammation in your entire body, which means everything's going to be functioning better.

To summarize kind of like the key places to start is eat a whole food diet that's high in protein, high in fiber, and has a good amount of healthy fats, and don't eat your food intolerances.

Yeah. Yeah. And then to go more into that for perimonopause especially, our bodies work very differently than it used to, right? So we actually have to feed our bodies more in order to lose that weight that we probably gained during the first part of perimenopause, if not haven't lost yet.

So the biggest thing is having the correct ratios and whole foods is the biggest thing. You can't have the ultra-processed crap. And all of it causes so much inflammation that it just makes it even worse.

So what I generally go by for people in perimenopause and menopause is it for protein, I want you to have at least one gram for every pound of your ideal weight.

So like my ideal weight would be 135 to 140 because I'm 5'7". So, and I don't want to be skinny, I just want to be fit, right? I want to have the muscle.

So in order to get that muscle though, it is harder for us to get muscle. So even when we are on hormones. So I want them to eat, you know, 130 grams of protein, but they have to be good sources of protein.

And we spend hours going through all of this. And you also have to feed yourself more fat. I don't know about you, but like I grew up in the eighties and nineties and everything was fat free and hey, calories in calories out.

It really doesn't work like that anymore. And you have to have natural fats in order for your body to burn actual fat. So it's kind of counterintuitive for the Gen X generation for sure, because that's definitely not what we were taught.

So it's kind of a mind game also. But you've got to have really good amounts of healthy fats. And healthy fats is not the saturated fats. It's not the crappy fats.

It's not fried foods. It's not any of the ultra processed fats. It's nice, healthy fats like olive oil, avocados, nuts, seeds, those kinds of things. And again, whole foods.

So if you are going to have carbs, that's fine. You need carbs to survive. I want all of your veggies. Those are free. You can have as many veggies as you want.

But if you are going to have other types of carbs, they need to be whole grain. You can't just have a bunch of pasta or short grain rice or anything that's super processed again.

Our bodies just don't metabolize like they used to and you really have to feed it good, healthy medicine. On that note, I think in longevity, a lot of people are talking about fasting and intermittent fasting.

when you get into perimenopause and menopause in particular, those types of diets and habits don't serve your microbiome and your metabolism very well.

And I mean, even just with like your story too, because like before you hit perimenopause, I know like we used to do a lot of intermittent fasting together and then you hit that and it just started aggravating everything.

And so we really don't recommend doing those types of diets in perimenopause or menopause. either because they're not supportive of your metabolism and your goals to have a healthy weight and build muscle because your body's not set up to do that anymore.

Yeah. I always find that that's a very hard point to drive home because most women are thinking, if I eat less, I will lose weight faster. And I think the biggest pitfall of these GLP-1 injections to lose weight is that it takes out the appetite.

And so now the woman goes down to eating maybe once or twice a day and she's not losing that much weight. I'm like, well, because now your body's in this winter metabolism mode where it's like hanging on every calorie and it's counterintuitive, but you have to eat more to lose weight.

But it's more food of high quality proteins, vegetables, all the good stuff that you were just talking about. Yeah, for sure. You have to feed your body in order for it to actually build muscle.

And it's so much harder for us to build muscle and keep a healthy, balanced weight when we're in perimenopause and menopause that you really have to feed it.

Like you just have to feed it. Yeah, exactly. And, you know, from my experience working out at the gym quite a bit and being in bodybuilding, you know, sometimes at the gym you would see these, what we call the cardio queens where they're doing, you know, usually they're instructors and they're doing like, six hours of classes of spin and pump and whatever it is.

And yet they don't look particularly healthy because they're burning their muscle mass all day long and they're just not getting there.

## Nutrition for Hormone Balance

That's the weight they're losing is muscle mass. Yeah, exactly. Not fat. Right. They become skinny fat. Yep. All right. Well, let's turn towards something similar or a little bit different.

What role does gut health play in hormone metabolism and detoxification? And how can we support it during this hormonal transition? Okay, so my favorite thing, there's so many aspects of this, like we've already covered quite a bit, but my favorite thing to talk about during this is our estrobolo, which are specific bacteria that help us regulate our hormones and specifically estrogen.

estrobolum are bacteria that make beta-glucaronidase. Beta-glucaronidase is an enzyme that helps us recycle our estrogen. When we are processing our estrogen and our body says like, okay, we're done with that, let's send it through and out, then it goes through this and then when it's going through the gut, the beta-glucaronidase has the opportunity to make it active again and send it back into circulation.

So this is hugely important when you're in perimenopause and menopause because we don't want to get rid of more of our estrogen. We want to keep it. So it's really important to support the estrobolum.

And one of the best ways to do that is to eat a high fiber diet. And if you are doing gut testing, if you're low on your lactobacillus and your bifidobacterium, then you should be doing probiotics with those in it, as well as doing things to increase those.

So fiber is one of the best ways to increase those, but also eating things that are rich in polyphenols like pomegranate. blueberries. Your dark, rich, colored fruits and vegetables are going to be a natural way to increase your polyphenols, which are also going to support that microbiome diversity and support a better estrobolum, as well as eating the overall fibers.

So that is probably the biggest thing that I like to talk about, how it relates to carrying menopause and menopause. But like we were talking about nutrition and overall gut health, you got to keep the inflammation down.

You got to eat the right things. but it's also important to support the bacteria that are actually responsible for processing our hormones. And the other aspect of that is if you have, you know, as your estrogen decreases, it completely disrupts your estrobolum.

And so it makes our like, it increases the inflammation. It makes us more prone to leaky gut. So you have to be doing all the things to support a healthy gut.

when you're in this phase of your life to maintain that extra volume and to just overall maintain good health. Yeah, that's great. Great advice. I also think that people forget that eating more fiber or taking…

I prefer people eating fiber. There are fiber supplements. I don't prefer them as much. I would rather you chew your fiber so it's a nice good broom to clean out your gut.

But having more fiber actually helps you lose weight. So I think people forget about that. And I think our society especially is really focused on the weight loss aspect.

So a lot of times when I am seeing patients and that's what their main focus is, I'm like, okay, well, you need to have 30 grams of fiber a day if you want to lose weight.

Yeah. Yeah. It's really important to be pooping every day. You know, having a bowel movement every day is really critical because otherwise you're sort of recirculating some of these toxins that need to get out.

Yeah. Exactly. Yeah. So why is strength training especially important for women in perimenopause and how does it interact with hormone health, both naturally and when on BHRT?

I lift heavy weights. I love going to the gym. My family says that's how I get my crazies out. It really is. It's really great for your mental health.

But weight lifting and strength training, it's different in menopause and perimenopause because we need to make sure that we are building muscle. And again, it's harder for us to build muscle.

So in order to build muscle, you really need to activate your satellite cells that send signals to all of your muscles saying, hey, we're getting heavier loads.

We need to build more muscle. When you're in perimenopause and menopause and your hormones are a little bit lower and everything's just kind of slower, it takes more to get that activated.

and have them do that. So strength training is huge because one, it's great for brain health, heart health, skin health, muscle health, obviously, and bone health.

And again, we lose 10% of our bone mass during perimenopause and in two menopause and then more after that. So we want to make sure that we're keeping it up because like we said before, it's much harder to fix it after it's already broken.

Right. But when you're doing strength training, I'm not talking about, hey, I've got my five pound weights and I'm going to do 20 of them here and then I'll do three sets of that.

I'm talking about when you need to do heavy weights. So in order to build muscle, you really need to do heavy weights. And so like, for instance, what I do is I break mine up into four sections of my body.

I do bice tris and shoulders. I do chest and back. I do core, which is, you know, front and back core. People forget that our back is part of our core.

And then I do leg day. So like they, which is my favorite. It really is. It really gets me happy. But what you want to do is you want to do heavy weights.

And I know, especially in the Gen X generation, we were always taught, oh, do little weights because you don't want big muscles. That's not really how it works.

That is not really how it works. You're not going to bulk up. It doesn't, unless you're on like really high testosterone, you know. Or steroids. Yeah, or other steroids.

That's not really how it works. To build lean muscle, you actually have to lift heavy weights. And so what I do is I do loading. So the first set, I do three sets of six, four to six, depending on how heavy or how great I feel that day.

But I will do an 80% of my personal max. and for the first six. And then the second six is 85 to 90, and then 95% of my personal rep. And usually it's by the fourth rep of that third set, I'm just like barely lifting it up, you know, I'm barely getting it.

But that's the kind of weight you have to do.

## Gut Health, Estrobolome, and Detoxification

And that progressive loading is how you build your muscle because that sends more signals to those satellite cells telling your muscles, oh, we're getting more, we need to actually build more to be able to lift this.

And it's really a disservice for women of my age and older when we tell them, oh, no, just do cardio and you'll lose your fat. And you can use your little ankle weights and that'll be fine for building muscle and body weight.

And body weight is good and it's great. And I love all the moves. Cardio is great for your heart health and you do need to do that also. But in order to build that muscle that we're losing at a steady rate in perimenopause and menopause, you really have to lift heavy.

in order to trigger our cells in our muscles to actually build more. Yeah, yeah. I always point out, you know, like when the astronauts go to space and they're in a zero-gravity situation, they're losing bone mass quite rapidly, you know, because they don't have that pull of gravity on their bones.

And so if you're not lifting weights and you're past a certain age, you're losing bone mass. Yeah, exactly. We need to reverse that, yeah. Yep. Are there women who are not good candidates for bioidentical hormones and who are they and what kind of monitoring or customization is needed?

Well, first I'd like to say that you should have a conversation with your doctor. Whoever's going to be prescribing you hormones, you should have a thorough conversation with them about, are you a good candidate or aren't you a good candidate?

And then once you have that general conversation, I think it's okay to then have a further conversation of like, well, based off my risk, does it still sound worth it to me for quality of life?

And then that's where you really need to individualize it and have a really good doctor who knows what they're doing and what the risks are and you can work through that with them.

However, in general, the rules are women who are not good candidates are ones who have a history or currently any hormone-sensitive cancers. So like breast cancer, uterine ovarian cancer are the most common ones, but any hormone-sensitive cancer.

And that also includes if you have a strong family history of hormone-sensitive cancers. There is genetic testing, so you can see if you're part of like the genetic carrier, but those are all things that need to be discussed and looked into.

But the general rule is strong family history or personal history of hormone-sensitive cancers, not a good candidate. Other women who tend to not be good candidates are ones who have a strong history of cardiovascular events.

So such as a history of blood clotting, history of heart attacks, history of strokes, those types of things make women not the best candidate for them.

However, like I said, I think you can have a conversation with your doctor about this may increase my risk for these things. But do I want to take that chance?

Also, you know, if you had more of those issues earlier on in life and you've done a lot to heal your body, even though you have that history, you may be an okay candidate now.

Either way, it really needs to be individualized and you need to have a good doctor who knows what they're doing to really have that in-depth conversation with you.

But the big rules are, you know, history of the cancers, history of cardiovascular, active cancer. Yeah. active panther as well. And then also if you have any unexplained vaginal bleeding currently, generally makes you not a good candidate.

The other thing that I like to chat though is like, you know, we first talked about the difference between biojungle hormone replacement therapy and the traditional like synthetic forms and If you do have that history of blood clotting or cardiovascular events, you transdermal estrogen does seem to be a lot safer based off newer research.

And protective. Yes, and potentially protective compared to the old research.

## Strength Training for Perimenopausal Women

So that's why I say you really need to have a conversation with a doctor who knows what they're doing, who knows the updated research, who knows the different forms, and can really dive into your health history and individualize it.

Because just using the transdermal as the example right now, that one, like we said, can be protective, but also it's not going through that first pass metabolism, which is what causes that increased risk of the cardiovascular events, also because you're not and you're not having to take a higher dose to get through the first pass metabolism to then get an active form into your body.

If you're just doing transdermal and you're absorbing it directly into the bloodstream and you're foregoing all of those extra risks. And also, if you have a history of migraines with estrogen, transdermal is probably going to be the one for you.

So there's lots of individualizing it. Ultimately, it's got to be a personal conversation with you and your doctor. But just know that if you have a history of the things that we just talked about, you may not be the best candidate for it.

I don't see a lot of women on oral estrogen, but when I do, I generally try to get them off of that right away. Whether it's bioidentical or synthetic, it's still causing that liver inflammation.

We never keep women on it. People come to us all the time that have been put on things and we're just like, okay, we're just switching things right now because it's not healthy and I will not do this to your body.

Yeah and I actually had a friend a long time ago who when she and she was in her 40s and when she stopped her oral contraceptive she lost 30 pounds just from stopping oral contraceptive.

Yeah well also I've had a lot of patients that came to me on Madroxy progestin and It affects their mental health so extremely like I have seen multiple people have like beyond that medication for their home replacement therapy and it severely aggravated their depression or their anxiety or just generally made them feel like I've never had these issues before and now I'm feeling like I'm going crazy and I don't know why.

switch them off that and get them on the oral micronized progesterone. And they're like, oh my gosh, I feel like a new person. So that was the synthetic progestins that you were talking about.

Yeah. And in the synthetic progestins, they don't block the negative effects of estradiol or estrone. Generally,

estradiol is very safe. It's estrone when it converts in your body to the inflammatory estrone.

That's usually the one that kind of causes the problems. I call it the naughty like middle sister that progesterone has to kind of take care of. But progestins don't do that.

Yeah, I think it was the original women's health initiative back in the 90s, and they ultimately did link the synthetic progestins to the breast cancer risk.

That was the riskiest thing. So how do you integrate BHRT with lifestyle medicine, like nutrition, movement, stress management when you're working with perimenopausal women?

I'll start with like nutrition. So I mean, we've covered a lot about nutrition already, but whenever I have someone that's coming in and they want to get on hormones, it's like, you know, we do our initial screening to see if they're a good candidate, make sure that we're optimizing other aspects of health, like their cholesterol, blood pressure, all those types of things.

But then I also like, yeah, I start them on the hormones, but I also start them on, let's get this nutritional stuff because I want them to feel good enough to do it.

And I do feel like if you have women come to you and you're like, OK, well, we're not going to give you the hormones until you do all these other things.

They're not going to do it because they don't feel good enough to so. Start the hormones and then start the long-term plan of optimizing nutrition, starting to manage stress better, and get into strength training as well.

So we kind of do it a step-by-step process, but it's a whole process. You got to work together. It's going to take months to really get all the pieces in place.

I like to start with nutrition and movement as my biggest things because those also decrease stress. And those often take the longest to get people on board and making them part of their routine.

But I'll let you talk a little bit more about that stuff. She's a lot nicer than I am. She is. She's just a lot nicer. I am like, you know, I am in perimenopause.

So I have lost all of my patience and not patience as in my patience, but patience as in I don't have the time for that. And I feel like, especially in perimenopause, when you feel like crap, you need to make all of the changes, right?

Yeah. And you are going to feel better when you make all of the changes. So when I first do hormones, you know, we usually start them out at a certain level, just depending on if they're in perimenopause or menopause.

## Who Is and Is Not a Candidate for BHRT

And, you know, we have to do follow up testing, we have to do dose adjustments, because it's not one size fits all. So we will do dose adjustments. We will do all that stuff.

But even in that very first thing, I'm like, okay, this is the thing. If we're doing hormone therapy, you can't just do this. We need to do this, this, this, and this because it will help you.

It's not your saving grace. It's not the only thing. It's not the end all be all. You have to actually still work for your health. And generally speaking, The patients I've seen feel like such crap, they're willing to do anything, right?

They're willing to feel better. I'm not gonna put them, I talk to them about strength training and I talk to them about nutrition and I make sure I give them, you know, handouts for diet plans, not, I hate the word diet, not diet plans, like food plans.

And I tell them like the macros that I'd like them to eat. And I just kind of like have them start with that while I'm getting their hormones on board.

And when we get to a level where they're not so freaking fatigued that they feel like they have to take a nap three times a day, because their hormones are so low and everything else, and we get their eating better, because most of the time we see people who are on the standard American diet.

They don't know any better. That's just what it is, convenience. We clean up all of that stuff. We generally will do food intolerances, test for their food intolerances so that we can make sure that they're getting everything inflammatory out.

And then I layer in different levels of nutrition and movement. And I always put in there something with stress. Reduction, not everybody is the same with that either.

Like meditation does not work for me. I can't do it. I just really can't do it. So I have to do other things like read a book or I have to, you know, do exercise is definitely kind of my de-stressor and everybody is different.

So we kind of work with that depending on what will work for them. But I layer it in. But I do start it right away. I'm like, listen, if you want hormones, that's fine.

We're going to put you on hormones if they're the right candidate. But I'm like, you have to do these things too. I'm not going to work with you if you're not going to do these things.

I don't say that. And that's been my experience too. If we just focus on the hormones and nothing else, depending on their health, it may or may not have an effect.

Exactly. And it might have a little bit of effect, but not as much as it would if you do all the other things with it. Right. Right. And so I had a number of patients who early on said, I just want my hormones tuned up.

I don't want to work on anything else. And I would do that. And then they'd come back and they're like, well, I didn't really feel much difference. And like, okay, because we didn't address the other sources of inflammation in your body that we need to with diet and movement and everything else.

So. Yeah, exactly. Yeah. So for a woman in her early to mid 40s starting to notice hormonal shifts, what are three things she can do now to support her health and set herself up for graceful aging?

Well, let's do our top three that we've just said. Movement, nutrition, and hormones. Yeah, I think the biggest thing with hormones, though, is you need to find somebody who knows what they're doing.

Because there is a lot of misinformation out there. There is a lot of doctors who still don't know anything about hormones. and who really haven't done any of the research, so they're still going off of the old research, and they're like, no, no, no, no, it's too dangerous, you can't do it.

And they're like, oh, it's just a part of aging, it's fine, you know.

## Integrating BHRT with Lifestyle Medicine

Yes, you can do the movement, you can do the food, but you also need the hormone support. You got to do your research and find a good doctor in your area that can help you with it and start it earlier.

Like you can start it during perimenopause and it's very helpful because like we said earlier, if you start it earlier, you're combating that damage from happening instead of having to try to fix the damage after it's already happened.

Yeah. So, you know, basically finding a good doctor that you can talk to and talk to about all of this, getting your

movement, finding somebody that can help you with your movement.

I don't care if it's a personal trainer. Hopefully they're trained in perimenopause and menopause because it is very different. It is very different. You need a lot more loading and you need a lot more help with different things and then even a nutritionist or just hopefully you find a doctor that has all of that encompassed in one and then Stick with it.

Like it's it's gonna be a journey for the lifetime. It's it's not like a one and done fix all Right. Right. Awesome. Well, thank you guys so much. It's been so informative and thanks everyone for joining us today on the Functional Edge podcast.

I hope you've enjoyed this insightful conversation with Dr. Serena and Heidi and come away with a deeper understanding about how hormone optimization can be a powerful tool for restoring health and vitality.

So to learn more about Dr. Serena and Dr. Heidi, we'll put their website on our show notes section. And I also encourage you to start a conversation with your primary care provider who understands the full picture of your health.

So until next time, I'm Dr. Julia Ward. So stay informed, stay balanced, and keep leaning into the functional edge and what's possible for your health.

Thank you. Thank you so much. Thank you. Thank you for joining me on the Functional Edge. I hope today's episode gave you fresh insights and practical tools to level up your life.

If you found value in what you heard, don't forget to hit subscribe, share the podcast with someone who needs it, and leave a review. It's the best way to support our mission of bringing powerful health solutions to more people.

For more resources, updates, and behind-the-scenes content, visit drjuliaward.com. Until next time, stay strong, stay healthy, and keep living on the functional edge.