The Perimenopause Revolution With Dr. Mariza Snyder Transcript

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Introduction to the Perimenopause Conversation

Hello and welcome. If you're a woman in your 30s, 40s and 50s you do not want to miss this healing conversation. This is Dr. Isabella Wentz, your thyroid pharmacist and you are listening to Thyroid Pharmacists Healing Conversations.

Today, I am joined by my dear friend, Dr. Marisa Snyder, who happens to be an expert in perimenopause, and we're gonna be diving deep into the peri-menopaus revolution.

In my own personal healing journey, i feel like i thought i had Hashimoto's and my health all figured out. I thought I had pregnancy and postpartum all figure out, then I turned 38 and perimetopase really hit me like a ton of bricks.

I wasn't really expecting that I would be experiencing all of the symptoms that i experienced. I started to have panic attacks, I gained 20 pounds within I don't know a week or two it seemed like, my menstrual cycles were going crazy, i started have insomnia for the first time in my life and anxiety It was just a very, very challenging time in my life, and I wish that somebody had told me to expect this, right?

We don't oftentimes hear about perimenopause. I feel like we're finally starting to have these conversations. Um, I wasn't prepared and then a lot of the treatment options.

I just it was a very very steep learning curve So i'm super super excited to have dr marisa here with us She is a powerhouse advocate for midlife women Leveraging 17 plus years as a practitioner.

She's been an author of numerous books on health and wellness speaker all over the world. She's been very passionate about women's health and has an incredible top rated podcast called Energize with Dr.

Marisa. I'm going to link to an interview that we did together. over 13 million downloads, that's incredible, and then she's got a huge social media audience of over 400,000 people and that you could connect with her on Instagram and Facebook.

I know she is active on both platforms. She does have an upcoming book, The Perimenopause Revolution, so Marisa is somebody that is an excellent researcher, an walked the walk herself, too.

So, Dr. Marisa, it's so wonderful to have you here. Isabella, honey, It is such a pleasure to get to see your beautiful face. And let me tell you, I was also blindsided by peri-menopause, despite taking care of women in midlife for well over a decade.

What Perimenopause Is and How It Differs from Menopause

I don't know if any of us ever feel really prepared for the changes that begin to happen to our bodies, as I always like to say, without permission. Yeah, it definitely was totally without permission and it's just like, you know, we're told about.

pregnancy, we're told about puberty, or we are told menopause, but I feel like perimenopausal. I first heard of it when I was going through it. Can you tell us what exactly, what is it?

Yeah, that's such a great question. And this is the question that I get from my patients all the time, from community women who want to know, one, are the symptoms that i'm experiencing, is this peri-menopauza or is related to perimena-pause?

So I want to quickly reverse engineer. Let's talk a little bit about menopause very quickly. So menoppause, as we

define it, is that one day in time, one-day, where we haven't had a period for 12 consecutive months.

Now, natural menopus happens anywhere between the ages of 45 years old and 55 years-old. And I would say the average age of where most of us land is going to be somewhere between 51 and 52 years.

But again, women can be as early as 45-years- old, and that'd be natural Menopaus. Perimenopause is the transition of our ovaries coming offline. It is marked by declining erratic hormones as the communication between the ovary and the brain starts to become eratic.

If you've ever played telephone with a kid, you know how that message gets really garbled very quickly? That's what ends up happening between the ovaries and the brain in the HPO axis.

And as a result, hormones, again, start to erratically decline. We know that these hormones are whole body hormones. Isabella, this isn't bikini medicine.

This isn't just the breast and the ovaries and uterus. This is the bones, this is muscle, the brain, our cardio metabolic health, it's our gut microbiome.

All of these important systems of the body are profoundly impacted by the communication of hormones throughout the bodies. And as these hormones come offline, its like the BODY didn't get the message.

The body didn t get a memo. So that's what's going on in perimenopause. And one of the things that marks it, kind of very similar to puberty and postpartum, right?

All of us as women, we've gone through puverty. Puberty, if you remember, was pretty destabilizing. That is when the body is coming online to our reproductive years, our hormones are finally coming on line and they're beginning to cycle rhythmically every single month for 30 plus years.

And if you remember that time, it wasn't just a blip in time as well. It was many years, I would say that puberty can last anywhere between four and eight years.

Similarly, perimenopause lasts anywhere from four to ten years and just like puberties, this is a very destabilizing and very transformative time. But the difference, the caveat between our first puberty and our second puberty is in our secondary puperty, we are descending out of our reproductive years versus ascending into our productive years.

Every single one of these massive hormone shifts, whether it's puverty or postpartum or perimenopause, were talking about a neuroendocrine shift where our brain is massively remodeling and reorganizing.

And as a result, you know that when you come on to the other side of whether it's puberty or postpartum or perimenopause, You are a different person. Each and every one of us.

We are different because our brains are Different. Our physiology is different, especially as mama. You and I are both mamas and you're about to become a mama again.

And think about who you were before being a mom. You'll never be that person again. We'll be never that woman who wasn't a mother. Our brains are different, we're wired differently, and puberty and our second puperty, perimenopause, are very much the same.

Like who we were at the beginning of perimentopaus, We will be an entirely different version of ourselves on the other side. Yeah, it's just been such an interesting transition for me.

I went from somebody who had to like force feed myself and had a really high metabolism and all of a sudden, you know, my hunger wasn't my appetite wasn' there, but yet I was putting on weight and so many women go through all these changes where it could be one symptom they're experiencing or it could be hundreds of symptoms.

I think one of the challenging things is it happens sometimes before we expect it. For myself, I was 38 years old and I've heard of women who were in their early 30s.

If you have Hashimoto's or another autoimmune condition, sometimes that transition can happen earlier. Have you seen that in your experience? How early in life could we experience perimenopause?

Absolutely. That's such a great question. Yes, it can happen as early as I would say our mid thirties is where I will see women begin to see signs and symptoms of peri-menopaus.

When we think about our reproductive health or reproductive longevity, a lot of things can impact that. Our overall metabolic health, whether that is increasing metabolic dysfunction, even things like polycystic ovarian syndrome can put us more at risk for earlier perimenopause.

Autoimmune conditions like Hajimoto's or even endometriosis can puts us at-risk for early peri-menopausal and also just living a life full of chronic stress.

Other things that we know can increase our likelihood of entering perimenopause and menopausal earlier is going to be having lost periods and skip periods for many, many years.

So being amenorrheic would be a reason for that. But also, besides stress, alcohol usage and even You know, things that really stress the body out can also put us at risk for starting perimenopause earlier.

And I would say that the reason why we are seeing that as a whole, women are feeling symptoms earlier is the amount of chemical stress, emotional stress life stress and even physical stressors that we're kind of dealing with at an earlier age.

And so it's no surprise to me that I see women kind of in their earlier, I would say mid 30s to late 30's starting to notice that decline in progesterone and changes in menstrual cycles and along with other symptoms, particularly that are cyclical in that luteal phase of their cycle.

I think that makes a lot of sense because we do know that progesterone can get sabotaged when we're stressed out. For me, I will forever believe that the pandemic did me in.

2020 just happened to be when I was turning 38 and all of these different symptoms started for me. I'm curious about what's been your perimenopause journey?

When did it start for you and what kind of symptoms were you having? Well, I had a baby in my 40s, similar to you. I have my son when I was 41 years old, and they were two years where I just in postpartum.

When Perimenopause Starts and Why It Can Begin Early

And so I probably, you know, I knew my numbers for Hajimoto's were climbing, but my antibodies were getting higher. I didn't want to go on any medication like low dose naltrexone while I was still breastfeeding him.

And So I felt like I Was making decisions that were more in for the sake of my son versus the take of My own health and well-being. So as Iwas wrapping up that journey, I remember I Didn't even get my period back until my Son was almost two years old.

So it had been a long time since I had seen my period. And I even wondered, you know, as I'm, I think I was literally, just turned 43 when my. Finally, officially became regular and I thought, huh, curious.

I wonder how long this is going to last. But I remember I felt really good. Like I feel like I turned a corner. I had energy, my brain was firing all cylinders.

I was able to exercise pretty rigorously and I thought, okay, I'm back, like I got this. And I wasn't sure how long I

actually had, but about five months into my 43rd year, and my son was almost two and a half years old, he started to experience symptoms of low stress tolerance.

It felt like my cognitive function began to shift. My energy was just not the same that it was even a couple of months ago. I was burning out after workouts and my workout recovery wasn't great.

I would say the very standard two to three days leading into my cycle, I'd be a little bit moody, a bit tired, worn out. I definitely could not do the big, crazy workout leading in to my period.

It just was a no-go for me. And I had done that for years, and I suffered greatly because of it. But this felt different. This felt more intense. And initially, you know, I think a lot of women, when we start to experience some of these symptoms that take us by surprise, we started to pinpoint, well, what what do I know for sure about myself that this could be?

And so I was like, oh, my gosh, this must be a Hajimoto's relapse. This has got to be my thyroid. Or I deregulated my stress response system, which I have done many times in my lifetime, or I'm burning out.

I remember just trying to put the pieces together as to what this could be, what could I identify this as, that I've experienced in the past. And one thing that i find with my patients is that many of us often don't enter into perimenopause with the cleanest bill of health.

Like we've had health issues in the past, whether it's stress response system issues or it is an autoimmune condition or maybe it has been migraines or we have put on weight in past or had some level of insulin resistance or metabolic issues, or even menstrual cycle issues from back in So when we start to experience these symptoms, sometimes subtle, sometime more of a Mack truck moment like you had experienced and even I had experience, I immediately want to identify it as something I've experienced in the past.

And so I was quick to blame a lot of the things that I have dealt with before when it probably was very much a yes and. What compounded my perimenopause journey was that a couple of months into experiencing these systems, i had two major back to back concussions.

And then all of a sudden, that was the only thing I was addressing because I had very severe post-concussion syndrome. So now here I am in perimenopause.

My brain is already in this neuroendocrine transition and I get hit in the head twice within two weeks. and I spiral out of control. Like we go and do a CAT scan.

I am rushed to the emergency room. We're afraid that I have some pretty serious brain damage. Luckily, the scans are clear, but I was diagnosed immediately with post-concussion syndrome, and it took me a good 90 days of consistent, deliberate treatments and protocols to pull me out that.

And I remember I had just turned 44 finally this whole year. I just, I felt like it was just chaos at 43 and I'd just turn 44. And for the third month in a row, i was experiencing this deep sense of dread about seven days prior to my period.

and i also felt punctuated moments of rage. the kind of rage that I just felt like I was having an out of body experience. And I remember, I, you know, something I always advocate to my patients that i've been really big about advocating for myself is tracking my menstrual cycle and tracking, my symptoms along with my cycle.

It was like clockwork day 22 girl, every single day, three months in a row. where I was having this really low, low mood and these crazy rage episodes.

And I knew that on that third month after I looked at my data, I'm like, this is perimenopause. These aren't concussion symptoms anymore. This is absolutely…

So it took me about six months to finally figure out that what was happening to me was this profound perimenopause neuroendocrine transition. And it just happens to be like so many other women, things are happening along the way, right?

That, again, it could be other symptoms that I've dealt with in the past. I always say that as these hormones begin to decline, erratically, unfortunately, it's not a linear retirement that we're talking about here, that, we are losing our protective shield.

And so, maybe you've been keeping things at bay for a while. Like, you know, if you have been able to handle some health issues or handle any type of symptoms that were coming up.

But as these protective hormones begin to decline, all of a sudden, the protective shields aren't there, and things begin present themselves in a bigger, more kind of more evident way.

And so that's what I see a lot with my patients in perimenopause that things that they had maybe kind of held at bay start to come up for review. And then symptoms that had never experienced before really become more evident in this journey.

Yeah, it's interesting. I've heard a lot of people say that is like there was something going on underneath the surface and that it just like floated to the service all of a sudden perimenopause and like you I remember going through like I'm having all these weird symptoms.

and I'm going to go back to the drawing board. I know that elimination diet has always helped me. If I have low ferritin levels, because that sometimes would mess with my mood or give me insomnia, and do I get gut infections?

I did all the things that I would normally do to get Hashimoto's into remission and to feel amazing again, but they weren't necessarily sticking. Um, and somebody suggested that I might have perimenopause, but I feel like I was, I, was sort of like in denial and I.

Dr. Marisau2019s Personal Perimenopause Journey

Well, isn't that kind of, everybody has that or, you know, it, like, is this really a thing or what's going on with it? Or how do you, um, Is there a, a test that women can do for it.

How, how would a woman know like is, this peri menopausal or is it because I'm under a ton of stress, right? Is this Peri Menopau or. Is this my autoimmune condition, really?

Yeah, so often it's a yes and. So when we think about diagnosing perimenopause, it is a clinical diagnosis based on symptoms. Really, is based three criteria that we look at.

It's kind of like we're reading the tea leaves in a way when it comes to being a clinician. Number one, age. Now, again, where it can kind of get us is when it's happening earlier than we expect.

The CDC talks about or mentions that perimenopause happens at 47 years old. But for many, I know, because here's the thing, the way that we recognized peri-menopausal in the past was that it was end-stage perin-menopauas.

the Way that were diagnosing or recognizing permenapause as a clinical diagnosis was, that you had to be having skipped periods of more than 60 days. which is, by definition, late perimenopause.

So that's how we were recognizing, because we, even as clinicians, with the big knowledge gap and the research gap, we simply didn't believe women that they were going through these changes until we saw physiological evidence.

which is you're skipping periods, you are having severe irregular periods. You're having what we call, kind of,

nightmare periods or crime scene periods is what my mom likes to call them, right?

Where you have insane heavy bleeding. That's when we finally were like, okay, this woman's in perimenopause, she's one to four years out into menopausal.

Now we know that that is actually the later stage of perimenopause, that women have been in peri-menopaus up to four or five years prior to her missing and skipping 60 days worth in periods.

So it can start again, we talked about as early as our mid to late 30s, but age is a criteria. Most women that I connect with, usually they start to notice symptoms between 40, I would say 41 and 43 years old on average.

And if we take a look at the average age of menopause being 51, and it's a 10-year transition, give or take, it makes sense that women start to notice symptoms around 41, 42 years old.

However, again, some of us can go into menoppause earlier, so we can start experience symptoms earlier. And as we talked about earlier if you are struggling with an autoimmune condition or you've had other health conditions or medical conditions, that could also be a reason why we see symptoms of perimenopause and indications of period menopausal a little bit earlier.

So number one is age. Number two is cycle changes. Now, again, it's not necessarily skipped periods at this point, but maybe instead of a 29-day cycle or a 28- day cycle, you are now experiencing a 26-Day cycle.

Maybe what you'll notice with your period is that it's a little bit heavy in the beginning and then it really tapers off after about a day or all of a sudden it is extremely light or maybe you're experiencing spotting in a luteal phase of your cycle.

Again, you are noticing that things are shifting. Also, what makes it challenging is that a lot of us throughout our lifetime have had menstrual cycle changes and irregularities depending on what's going on with our lives, depending the amount of stress we're dealing with.

So again, in the beginning, it can be hard to acknowledge and kind of pinpoint, oh, is this an irregular cycle or is a slightly shorter cycle than I've been experiencing?

And that's why tracking your cycle every single month is so important. That is your monthly report card because it gives you so much information about what is happening with your body.

And then number three is going to be the symptoms, right? There are over 50 different symptoms that are happening in perimenopause, but the most common symptoms are going be brain-related, the sleep issues, mood swings, rage, irritability, lack of word recall, cognitive changes, hot flashes, night sweats, migraines, headaches.

All of this is perimenopausal symptoms. So I would say that 80% of the symptoms that women deal with or really notice in the beginning are going to be the brain-related symptoms, the lack of stress tolerance, irritability, mood swings, and often they are punctuated cyclically.

So your follicular phase, you're feeling pretty good. Especially after that day five little estradiol peak or that little rise that you get five days after your period starts, your feeling good and then you step into that luteal phase after ovulation, which if you've ovulated that month, because again, with perimenopause, there's going to be months where you are going have an anovulatory cycle, a cycle where don't actually ovulate.

But on the back end of that ovulation window, we are gonna step in to the lutial phase. And depending if we ovulate it or not, it's going to really result in how much progesterone we're creating and making in that luteal phase.

And for many of us, progeterones is declining. As a result, we are going experience a lot of those brain-related symptoms in the lutial phase of our cycle, especially the late luteral phases of the cycle.

So you may notice that sleep is okay for 23 days out of a month, but then all of sudden sleep becomes more elusive as we get closer to your period. It's just so fascinating.

A lot of women will say, like, my husband just became a lot more irritating during perimenopause, right? Or at least in that second half of your cycle during period menopausal.

It is okay that he chews food and breathes the first part of the cycle. He better be more mindful that the second phase of his cycle And yeah, and then the husband is literally not doing anything other than just like being there and breathing.

I've had women say their libido can be very much impacted. Definitely, I feel like the mental symptoms are just such a shock because perhaps you were a person that was always calm and resilient and slept anywhere and all of a sudden it's like a personality shift.

Yeah, it's extremely destabilizing. You can imagine, I mean, how many of your women in your community are very high functioning? Are moms who are taking care of their family, the household, their careers, all the obligations?

We're the sandwich generation, so we're, you know, We're attending to our parents as well and other family members. And you are used to years of being sharp, having a hundred tabs open and being able to delegate those tabs.

Then all of a sudden, it feels like the rug gets pulled under you because your brain isn't working the way that it used too. Your mental and emotional resilience isn' there.

I will say that that's probably the thing that rocks us the most to a core, is not feeling like a woman that we used be. And there in perimenopause, I just want to honor the grieving and mourning process of you changing, but not given a warning about the change.

It's one thing to know it's coming and to be like, okay, in about five months or so, you're gonna notice a lack of stress resilience that you have never experienced before.

Give me a heads up, opposed to just feeling like one day everything is okay and the next day it is not. I think that's the reason why it can feel so challenging for women.

One thing that I learned when I was in pharmacy school is like okay if you are in menopause, perimenopausal, The main symptoms are going to be hot flashes and night sweats.

And maybe low libido. Again, I think it really speaks to the knowledge gap and the lack of clinical research and understanding women's bodies during this profound transition.

It also speaks the narrative that we're talking about bikini medicine here, that these hormones only play a very specific role for a specific time, and that really is discounting how critical these hormones are as chemical messengers across the entire body.

How Perimenopause Is Diagnosed

We're talking about immune system modulators, we're taking about impacting the gut microbiome, impacting our insulin sensitivity, our cellular energy, the way that our brain functions.

There's a reason why we spend 25% more of our lives in debilitating health than men. It's because we have not been given the tools or been giving the understanding of what is going on with our bodies as we begin to lose these whole body mission critical hormones.

Yeah, can we dive into a little bit what the different hormones might be that are going to be declining in perimenopause? I know a lot of times people would talk about estrogen, right?

But is that always the first hormone that's affected? It is not. So there are multiple hormones. As I always like to say, Isabella, none of these hormones are operating in a silo, right?

This is an orchestra. Our bodies are so, if there's anything we can celebrate today is how beautifully complex the female body is. I mean, let's be honest, girl, you are 3D printing a baby right now.

Okay, only a woman's body can do that. And there are a lot of hormones at just at play right now in your body to make that beautiful miracle happen. So I just want to take a moment and just give awe and reverence to what the female body and as we move through perimenopause into menopausal, it is no surprise that we feel a lot of the big changes because these hormones are not just involved in reproduction, they're involved neurogenesis, in brain protection, and in cellular energy, particularly the brain.

The first hormone that's going to drop in peri-menopose is going be our progestation hormone, that is pro-gesterone. And as I shared a little bit earlier, how we make progesterone is on the back end of ovulation.

The corpus luteum, which is this little temporary endocrine structure, after it pops that egg out, it is then cranking out progeterrone into the second half of your cycle.

So because if you were to get pregnant, if there was to be a conception during ovlation, right, that window of opportunity there, we would need to maintain that pregnancy.

And the way that we do that is gonna be with projesterones. Now, we don't necessarily need to have an anovulatory cycle for progesterone to start to decline.

Again, ovaries, We only have so many eggs. And by the time we're in our late 30s, early 40s. We're really down to a finite number of eggs and it's amazing to me how resilient our bodies are that we are getting pregnant in Our late thirties and our 40's and beyond.

It is incredible. And just know that the ovaries, you know, they're not quite sure how it's all going to pan out, for some of us, because we are losing those at egg supply.

And really what we're talking about is ovarian longevity or reproductive longevity. As that begins to shift due to the amount of eggs that we have left, that progestation hormone begins to decline.

And so what that's going to feel like in early, early perimenopause or in late reproductive age is going be cyclical changes or cyclcial symptoms. So all of a sudden you may notice again, a lack of stress resilience, more irritability.

more mood swings, more PMS symptoms. You may also notice more water retention, a little bit more inflammation because progesterone is helping to keep those things at bay.

Also, sleep may become a bit elusive for you in early, early perimenopause. So a lot of it, again, progeterones is a major player when it comes to brain function, so you will notice those shifts in the brain just due to projesteron alone.

Now, at the same time, estrogen is shifting. Now not fully declining. We don't really see a decline in estrogen until I would say mid to late perimenopause.

And that's where we see the hot flashes, the night sweats, and the general urinary symptoms of menopausal start to happen. Things like UTIs and incontinence and vaginal dryness and low libido, all of that can start playing a role in.

but also the brain changes, anxiety, depression. This is often a result of declining estrogen. But in the beginning, when progesterone is declining, what we'll actually see is just kind of erratic estrogen behavior.

So sometimes we will have unopposed estrogen symptoms, things like fibrocystic, heavy, dense breasts, or again,

body weight composition. We'll see more fat around the hips and thighs and booty.

We may also notice migraines that are happening in the luteal phase of our cycle. So that'll be maybe unopposed estrogen. But then other times we're seeing low levels of estrogen where we are noticing the brain changes, we have the mood swings, the insulin sensitivity, body composition changes.

Even things like inflammation in joints that's often due to estrogen declining erratically. And then we've got melatonin. So melotonin, it is declining alongside of progesterone in more of a linear fashion.

That is also contributing to our sleep issues. I want to say that 66% of women struggle with sleep issue, whether it's having a hard time getting to sleep or having nighttime wake times, right?

They're waking up in the middle of the night multiple times. This is due to a combination of lower progesterone levels and lower melatonin levels. Also, if we're dealing with deregulated cortisol, which what woman isn't?

You talk about the pandemic, about how the epidemic was a major life stressor for many of us that moved women either earlier into menopause or earlier in to perimenopaus.

There's a lot of documented research showing that That was a moment in time, or a transition in a time that really sped up our journey into perimenopause and menopausal, kind of spet up, our reproductive longevity in way.

And so that needs to be noticed that During a time when hormones are declining, we're also holding the most often we are in the height of our careers.

We are, in, the, height, of raising children and we, are the high of the. Most obligations we've ever been given and so the stress is real and it kind of becomes the spiral where.

Hormones that are radically declining drive a lower level of stress tolerance, like we just don't have the same level-of-stress resilience that we used to have.

And then we have life circumstances that also are driving this cascade, and it can just feel like a spiral. So just know that cortisol is playing a role here as well.

It's doing its best to kind of navigate the life journey and the changes of other hormones. But as a result, many women feel very stressed during this transition.

Note that cortisol is also being significantly deregulated.

Hormone Changes in Perimenopause

Then lastly, probably one of the most important hormones that I see take a hit as result of declining estrogen levels and even progesterone is going to be insulin.

we become less insulin sensitive during this time and that impacts our mental energy, our physical energy and most importantly our cellular energy which puts us at greater risk for cardiometabolic disease later on down the road.

Wow. You know, it's really, really interesting when I was sitting around with some of my mom friends at play dates and a few years back, all of us are in our late 30s.

I'm going to say, It's so fun to see all these because I am a TK mom right now. So transitional kindergarten. And so many mamas are my age or a little bit younger than me.

But yeah, we're in early 40s, late thirties. And a lot of us are going through the same symptoms and, you know, we're finding ourselves being more short tempered with our kids, feeling overwhelmed with life.

And I remember we were kind of like comparing strategies, right? I was like, oh, I use GABA. It really helps me. And then another mom was like, I just have to drink wine every night to like really cope.

And, then somebody else was, like I use CBD. This is like where it's at for me. Kind of thinking back on that conversation, and I'm like. I think a lot of us could have really benefited from progesterone, right?

Just a little bit of hormone replacement. A lot times, it is hard to get hormones from your doctor. For whatever reason, women are told that hormones replacement is controversial, it's not good for you, that you should wait for it.

I'd love to know what your take is on that. First and foremost, hormones are FDA approved. So I just want to just say that they're FDA-approved for safety and efficacy for women.

And these are hormones, especially bioidentical hormones that are designed to help supplement or replace hormones in our body. They are identical to the hormones we make in the body, and so it's mind-blowing to me the fear-mongering that is out there regarding hormone replacement therapy when these hormones have been making mostly our entire lives.

And particularly progesterone, which again, so inexpensive, especially if we're talking about prometrium, the FDA approved version. I think I buy it for $10 or less every single month.

It's so expensive. And so it's mind blowing to me that it is not readily available. So this is what I tell women, because my first Kind of my first experience with hairy menopause was when my mom went through it.

And my Mom was 47 years old by the time it was fully recognized, kind of similar to what we see with a lot of women. They just are getting gaslit and dismissed about what they're experiencing.

Mind you, my mum had been dealing with symptoms for many years, but they seemed like an exacerbation of the everyday pain points that women are meant to experience.

I think where a of us are brought up with the understanding or the thinking, that narrative that, women suffer needlessly. I remember that was what I grew up thinking, is that, oh, women just suffer.

And so when my mom was suffering in her 40s, I mean, that just seemed like it was par for the course. It wasn't until she was in mid to late 40's where she dealing with the rage and the mood swings, a lot of my moms symptoms were brain related as well.

it honestly looked like a nightmare unfolding. and she finally went to a doctor who was able to prescribe, was, all of them could prescribe her progesterone the entire time.

But finally, I found a doctor who listened. My mom's symptoms really indicated progesterone. Unfortunately, a lot of women are even told today that their sleep issues, their mood swings, or PMS symptoms.

A lot those perimenopausal brain-related symptoms don't even indicate pro gesterones as a solution, which is still heartbreaking to me. But luckily, she found the doctor, who said yes to pro-gesteron.

For three months, my mom felt amazing. At the end of that three months, for some reason, my mom's prescription came up. Like it just, it wasn't renewed.

And I don't know, this is 2010. So maybe, you know we had different stipulations back then in terms of how hormones could be, that prescription can be renewed But she goes back to her doctor and her daughter, who was younger, was on maternity leave.

And so she got another doctor, and this doctor point blank told her, your symptoms don't indicate progesterone. What I recommend for what you're experiencing is an SSRI.

And so she got moved off a progesterone. She couldn't get it prescribed again. And the other doctor had given her an SSRI, which ultimately my mom ended up spiraling on that medication and she didn't last very long on it.

It just it made things so much worse for her. And it just breaks my heart. Now, mind you, this was in 2010. We are in 2025 as we're recording this interview.

And unfortunately, not a lot has changed since then, I will say. So this is what I tell all of my patients and any woman in my community, if they're working with another doctor, to treat that appointment like it is one of the most important meetings that you're walking into.

On paper, have your symptoms, particularly your most important, most disruptive symptoms and connect the dots between those symptoms. And how those systems are affecting your life.

Because when you point out how the symptoms are effecting your light, your doctor has to listen. They have to do something about it. Also, be clear about the labs that you want run.

Ask for hormone labs. Say, please, can you run my progesterone levels? Ideally, hopefully, we're testing it in a day that, you actually have pro testosterone on the scene, in that luteal phase of your cycle, particularly seven days after ovulation.

And also advocate for the labs, advocate first solutions and point Blake, ask them, do you prescribe hormone replacement therapy? Can I get HRT from you?

And if they say no, you've got to go and find another doctor. And where I recommend you find somebody is going to your compounding pharmacist that's local, calling them up and asking them who is prescribing.

Who's prescribing in the area? Who knows their stuff? who is prescribing well, who it's helping their patients, Who is making dose recommendations and changes?

Like who do you know is really on top of it? And please would you give me their information so that I can get the solutions and the support that i desperately need.

I think that's such sage and wise advice. I oftentimes tell people to do that too, is check in with the compounding pharmacist, because you never want to be somebody's first patient on hormone replacement therapy if they haven't had the proper training if they don't know what they're doing with it and you don t want to be their guinea pig.

So you want t find somebody that's willing and able and literate in this. It's not all doctors are created equally, right? No, and I want everyone to know that hormone replacement therapy is not a one-size-fits-all.

especially in perimenopause. The one thing I can promise you is that during your peri-menopausal journey, your hormone replacement dosage and application is going to change.

Because who you are and what your hormones are doing at 43 or 40 years old, it's going be a very different picture for you at 47 or 51 years. it's interesting because there are some people that might benefit from progesterone, other people, that may benefit form estrogen or a combination of those.

There might be people who might even benefit a low dose of testosterone depending on what their symptoms are and where they are on their journey, right?

Absolutely. Absolutely, I would say that there isn't I am a big proponent of hormone stacking. So starting with one, getting you dialed and then moving up to the next.

And often what we see play out is that a lot of doctors feel very comfortable and confident to prescribe and progesterone first, you know, usually cycling it depending on what's going on with your cycle.

say usually 200 milligrams of micronized progesterone. But even for some women, they may need even more than that. They may be close to 300 milligrams or 400 milligrams.

Most doctors feel pretty comfortable today prescribing oral micronize pro gesterones. But if for some reason you start taking that and you're cycling that or even taking it continuously, depending on what your symptoms are, and your still not feeling amazing, it's a worthy conversation, especially if your systems are indicating estrogen to have that conversation.

It's also worth looking at these hormones. Now, I get that in perimenopause, doctors will tell you it is a moving target. But if you are literate and you look at hormone levels and labs all the time, again, you can read the tea leaves, especially if women have symptoms.

You can correlate the information.

Hormone Replacement Therapy and Finding the Right Doctor

Labs are really meant to validate what women are experiencing. That's what I use labs for. A good practitioner who is literates in understanding hormone labs, who's literated in understand hormone replacement therapy, they can put the pieces together.

They can figure it out. The beautiful thing about hormones is that we can try them. We can see what happens. We give them a go. It's not like something that once you're on them, you can't get off of them.

You can change the dosage. There's so much that we can do. Hormone replacement therapy is very much an art. The feedback that you get from our patients, even from myself, I'm still trying to dial in my dosages of hormone replacement.

And I will say what's important to note is that as much as I love hormone replacement therapy and I loved this tool in the toolbox for every single woman who is navigating perimenopause and beyond, that it's that we are good, healthy hormone hosts.

It's, you know, because I think a lot of times women are told that hormone replacement therapy is going to be the end all be all fixing all of it. It is the magic pill.

And for some of us, it absolutely can be a light bulb moment. Oh, my gosh. Like all the sudden it was dim. In that room, HRT comes online and it is bright.

The rainbows are shining, the sun is out, it's amazing. But for some of us, we get on HRP and its just, its not doing all the things we were hoping and that's why lifestyle is such an important piece.

Very much in the perimenopause journey and beyond, It is a yes and. We need the lifestyle strategies in place and we also need to optimizers to help us feel more alive in our bodies.

Thank you for talking about that because I was just going to ask you about the lifestyle strategies. that we can do perhaps on our own that perhaps you might have more information on in your book.

I know for me, like, I had things dialed in in my lifestyle, and I have to really adjust during perimenopause, you know, definitely more strength training, Definitely working on my muscles more, which I was like where like why what is what has happening?

Can you talk us through some of the lifestyle changes, maybe some natural remedies that can be helpful or some vitamin therapies or herbal, all the things.

All the thing, yeah. I just want to point out really quickly that a lot of what changes in perimenopause are silent shifts. We don't necessarily feel bone loss or muscle loss.

we don't necessarily feel our insulin creeping up or our blood glucose becoming more variable. We don t necessarily notice inflammation in our brain. Yeah, we can feel the brain fog and a little bit of lack of word recall and maybe low stress tolerance, but we do not necessarily know that that is necessarily connected to inflammation or low energy metabolism in the brains, which can be significant in perimenopause and beyond.

We also don't notice the changes in our cardio metabolic health. We may notice that the body composition changes, but I don t think we realize how at stake it can be.

And this is why those hormones are so critical. So if indeed a decline in estrogen and testosterone and progesterone lead to less insulin sensitivity, body composition changes, a change in metabolic health, loss in muscle and bone, where we should focus our efforts more than ever before is going to be optimizing our cellular energy.

And one of the best ways that we can do that is by ensuring that have optimal blood sugar balance. I always think of blood sugar as the biomarker of biomARKers when it comes to our longevity and our cellular health.

And so the first place I tell people, probably one of the most foundational areas that we can focus on in perimenopause, especially if we're noticing body composition changes, if our energy is waning and mental energy isn't where it needs to be, is eating to balance our bloodsugar and eating reduce inflammation.

You know, your incredible community, a lot of them, you know thyroid has been on the docket for many years. I want you to be thinking about eating for your thyroid.

The same way that you would eat for perimenopause and you eat your blood sugar. We want to focus on protein. Fiber and healthy fats. Eliminate things like alcohol, added sugar, refined grains and ultra processed foods.

And I get that this is a time in our lives where things feel hard. Life is feeling hard. Yesterday, Alex and I, our son is sick. I had multiple interviews.

And I was running from one thing to the next. There was a part of us that we just didn't want to make dinner. We were so tired. This is how we keep our family healthy.

and so it's a non-negotiable. So getting clear on those non negotiables. If your body composition is changing and you're noticing besides the way that you eat in terms of eating for your metabolism, it is moving your Body in a meaningful way.

One of the best things that we can do and I know that You've heard this time and time again, but it moving after meals. We want to stabilize that blood sugar in the fastest and most effective way to do that outside of food.

It's going to be movement. Whether that is squats after dinner or cleaning your kitchen and sweeping, it's folding laundry, standing up, walking up and down your stairs three to five times, or if you're lucky, going for a walk after meals.

Unfortunately, as much as I would love to go for walk-after meals, my son wants to play Legos. So I find myself, I'm on the floor doing Legs, and then I do jump squats, then Lego, jump squat.

Like you just have to get in where you fit in. You gotta just make it work for you. And then the other thing I always tell women is to move your eating window a little bit earlier.

Instead of eating at seven or eight o'clock at night, maybe you're eating that six or five o´clock a night. Like move it as early as you can so that you've got a gap between when your last meal is and when you are going to sleep.

Sleep becomes so imperative during this time and I get that, you know, the question I always get was how do I good sleep when my sleep is elusive? It's really about that consistency of having good habits, like treating that sleep routine and that's sleep consistency like it's a million dollar meeting.

That means we're not, using wine to go to sleep, right? We're not eating late night snacks before bed. We are not watching a Netflix series leading into bedtime. We are super intentional.

we are treating our bedtime routine like it's one of the most important meanings that we have for the day. These are going to be the cornerstone stone pillars to feeling more optimized in your body, to addressing the metabolic shifts, to ensuring that you have good cellular energy.

And I would say the through line in all of it It's got to be consistency. And I get that in a time in our lives where everything is inconsistent, the one thing that we can anchor to is the consistency of our habits.

I love that. I know you've been doing like a squat challenge. So I'm a big fan of exercise snacks, mainly because like every woman I've ever met in midlife, life is full.

And, you know, there are days where I don't have time to go to the gym early in the morning. Like this morning, I have back-to-back interviews, so I got up super early to get dressed and to prep for these interviews.

Right. These are big interviews that I'm doing today. I know that it's important to be moving my body, but it is even more important today to really be prepped and ready.

You just have to know what your body is ready for. So instead, what I am going to do throughout the day is exercise snacks. And I just want to quickly define them because it isn't snacks, there is no food involved whatsoever.

Lifestyle Strategies for Blood Sugar, Sleep, and Movement

This is short bursts of movement throughout your day that range anywhere from one minute to five minutes. And the research is clear that the more that we move consistently throughout the day, it is far more beneficial for overall longevity and health span than that one big workout in the morning or in afternoon, right?

That one 45-minute workout. And so what I do in order to kind of rev my metabolism, balance my blood sugar, have more mental energy, get better deep restful sleep, and actually burn more calories, is I just squats and jump squats throughout the day.

So I call it a 60 jump squat by Isabella. Usually before a meeting or after a meaning, I will do 20 jump squats in a minute and I will do three sets of 20 jumps squats and by the end of three minutes I have done 60 jump squads.

I've revved my metabolism, I revmed my heart rate, i have given myself more mental energy and more physical energy so that I can get into the next thing.

And what I've learned, I wear a CGM, actually I'm putting a continuous glucose monitor on later on today. I always wear one around my birthday and I just turned 46 years old.

And so what what i've learnt in the last two years that I have been doing exercise snacks consistently is that my blood glucose Anytime I put on a continuous glucose monitor, my blood glucose is in optimal range 24-7.

So what I consider to be optimal ranges, I keep my sugar between 70 mg per deciliter and 103 mg even after meals. So it never goes above 105 or 110. And that's because I am punctuating my day with these mini exercise snacks that is just gobbling up all the blood glucose in my bloodstream and putting them into my muscles.

Because your muscles are your metabolic sink. Think of it as your spanks, right, the spinks of your longevity. And the more that you use your muscles, particularly for little mini HIIT workouts, again, two minutes, three minutes even one minute, The more you're doing those little, mini-HIIT workout throughout your day, Your insulin isn't necessary.

Your body doesn't have to leverage insulin to store glucose in the body. Instead, your muscles are just sucking it all

up. To me, that is one of the best ways to stay healthy and to ensure your longevity for decades to come.

I love this little strategy because it's so doable. It's doable, yes. I mean, everyone's got a minute. Everyone's two minutes. And we have multiple two-minutes throughout the day.

So I'm gonna give you an example, a real-life example. My favorite coffee shop is just down the street. It's called Lofty Coffee. Usually when we order coffee, what do people do?

They get on their phones, right? Because we're waiting for our coffee. Instead, I am not on my phone or if I listen to a podcast or I listening to book, and I walk the block.

Because it takes about three minutes, give or take three to five minutes to get that coffee made. So sometimes I'll check, I look to see if my coffee is ready.

And if it's not, i will walk another block. What I've learned is on average, while I'm waiting for my coffe, e I can clock somewhere between 1000 and 2000 steps.

Wow, that's incredible. Um, I know it before I had Demetri and even when he was a baby, i would be able to like walk for an hour every day and I would go for a hike every, day even with a stroller or carrying a, baby or walking my dog and i the gym, I would go to like exercise classes for, you know, an hour of yoga and then I'd stay to do like muscle workout classes, but it's like really hard to fit that in.

Yeah, just the driving alone. Drive to the class, drive home from the classroom. Now you're talking about an hours and a half, including the classes. A lot of us just don't have that kind of time, at least not every single day.

Not every day. And the beautiful thing about, let's say, training those muscles or maintaining good muscle mass and density is that it doesn't take a full hour.

Like if you're intentional, like you could have weights at home, you can have a little app like I love the Peloton app. If you are just focused, You can knock out a good weight workout in 20 to 30 minutes max.

Doesn't have to be a whole thing. But then it just needs to be two or three times a week. The rest of the week, I just want you to move. I want to you move your body.

When I look at the Blue Zone research, which I document a lot inside of The Perimenopause Revolution book, these people are not at hit classes. They're not doing power yoga or power Pilates.

You know what I'm saying? They are not in a weight training class. They just moving. Going to the grocery store to get their bread and their eggs. Gardening.

Walking after meals. To go and get the mail. Just physically active. Moving their body. I would say the most revolutionary recommendation I make in this book is to build your life around movement.

to build your life around movement. Just punctuate your with as much movement as possible. That is the ticket to longevity, that is a ticket a great health span, but it's also the better brain function, to more stress resilience, better mood management, feeling more alive in your body and better sleep.

I will say that movement has been the number one medicine strategy that I use to feel better in my body, across the board, hands down. Yeah, it's been such a helpful tool on my journey as well.

For a while, I felt like I was stuck because, you know, my son doesn't want to do walks. And then we moved from beautiful Boulder, Colorado with like hiking trails in our backyard to then Los Angeles, which has perfect weather year round.

Now we live in Austin, Texas. So it is like if you don't go outside, but before 6 a.m. in the morning, It's like 150

degrees. And so I got an indoor treadmill just to help me stay consistent.

You kind of have to figure it out and you have build these little routines into your day to day life. because it's so, so critically important. Like you may not live in the blue zones, but you can take some of their habits that they're doing.

Maybe you could go through, I know in Chicago in winter a lot of the ladies would do mall walking where you just get your steps in and you figure out a way to make it happen because its so critical important for you.

I would love for to tell us a little bit more about your book. So I'm super, super excited. review it beforehand and I endorsed it. I'm so excited that you've done all this research.

Like I have a bit of a template that I could follow and so many other women in my community I know are going to be so grateful for all of the research and all the personal experience and clinical experience that you share in the book.

Can you tell us more about it? Yes, absolutely. The book is broken up into three sections. Number one, what is perimenopause? Are you in it, there's a peri-menopausal assessment in there, and how your symptoms are connected to your future health outcomes.

I want you to understand what's going on with your body during permenapause. Knowledge is power and you deserve that knowledge so that, you can advocate for yourself in a beautiful and effective way.

so that you get the support that so desperately deserve. Number two, you're gonna find the pillars of this book. These are gonna be actionable strategies and protocols that are going to move the needle like never before.

Your body is changing during this transition. You're not broken. You're just requiring a new level of care and support, and this book has got all of the science-backed protocols to make it happen.

As a woman who is walking through this fire with you, believe me, I know that what I do every single day consistently is going to break my next day, my year, in 20 years down the road.

And I believe all us deserve to double dip. We deserve to do the things that are going to help us feel alive today, but also that's going help to thrive later on in life.

So the pillars are broken down in understanding your metabolic health, blood sugar regulation, cooking metabolically healthy meals, optimizing circadian rhythm, all this fleet strategies you could possibly imagine, movement, including workout videos, exercise nap routines.

I mean, Everything you could possibly need to feel amazing in your body in the next 30 days, I have given it to you, including community and mental health strategies, because gosh knows, a lot of us are struggling with mental issues during this phase.

The Perimenopause Revolution Book and Resources

And then also understanding, have a foundation of understanding what hormonal placement therapy is so that you can have knowledgeable and educated conversation with your provider to get the support that deserve.

All of these are pillars in part two. Then part three is the mindset. And it's the five week plan. So I put it all together, including the workouts and the meal plans and recipes and everything is all in one so that at the beginning of that five weeks you have everything that you need.

You set yourself up for success, you walk through that 5 week protocol and I'm telling you, You will be a different person on the other side. And the beautiful thing is, is this book is designed to be a rally cry.

It's designed. To walk you through the labs, it's design to give you everything that you need to get through. The

entire perimenopause transition so that.

You are set up for success in the second half of your life. I want every woman to know that, you get to rewrite your midlife story on your terms with the freedom to not negotiate with yourself and to do the things that You want to.

Do today and in. Oh, that's amazing that you've put all of this together for us. And so I know a lot of people are curious about labs and when to do the lab tests, and some doctors don't even like know the answer.

So what kind of labs to, do when, to them, because it matters what day of your cycle you do them. Um, so you have all that information on there. You've got recipes, you got strategies people can utilize.

you're also giving out some pre-order bonuses. Can you tell us more about those? Yes, absolutely. I don't ever want someone to have to wait to get the book to start making changes and to stop feeling more alive in their body.

And so a lot of the pieces that are built into the five week program, I give them to you in the bonuses. So you get that the lab ranges, you the list of labs to give to your doctor, and you'd get a symptom tracker, a menstrual cycle tracker so that you have agency over your body, give you all the recipes.

rituals and strategies. I give you my morning routines, my evening routines. There is, I left no stone left unturned when it came to the bonuses for this book.

So that while you're waiting to get the book into your hands, whether it's on Audible or you have a hard copy, however you want to consume this content, you had everything that you need inside of the to start today because I want you thriving in the next 10 days.

I Want you to feel like a different woman and I have built everything into this bonus protocol so that you can do just that. So you get all the bonuses, all of the goodies at drmarisa.com forward slash book.

All you got to do is go and grab the book, put your information in and you will receive the bonus instantaneously to get started. Oh, that's a great link.

I have some other links that I got here, but I'll link to this one, drmarisa.com slash book. That one's easy. the labs, all the things, so that you know exactly where to go.

I'm a big fan of supercharging results. i want you to know what you need to do, I want to you that first step in that master class. You watch it and you exactly what to next.

That's wonderful. Thank you so much for creating all these resources and for sharing so generously with the world. How much time and effort and blood, sweat and tears go into writing a book and, you know, You do have to take time from your own family, from Your own health and an effort to really help others.

It's such a gift that you've created. You've downloaded your life story and your experience and all of your research and you've put this together for us in the perimenopause revolution book that we can just learn from you and utilize this in our own lives.

And really, you're going to shorten the learning curve for so, so many people. So I'm so grateful for you, and for the wonderful work that you do for women everywhere.

Oh, thank you, honey. No, this is my love letter to every woman who's going through this with me. I just want every women to know that we are in this together and you deserve a gold standard of care.

And I'm going to do everything in my power to make sure that you get it. I love it. Thank you so much. We appreciate you. Is there a link where people can find you online?

So we know your website is drmariza.com. Yes. So drMariza dot com. You'll see the book there as well. My

podcast, which I know Isabella is linking to our last interview, although I've had the pleasure of interviewing Dr.

Isabela once a couple of times now on the show. It's called Energize because I don't know about you, but I think every single one of us would love a little bit more of that in our lives to feel more energized.

And I'm having the midlife conversations. I am, again, no stone left unturned when it comes to this podcast. That is just a resource for so many women around the world.

Lastly, on Insta, if you're looking for levity and practical recommendations, Dr. Marisa at Dr Marissa is where to go and find me. Wonderful. Well, Dr.

Marissa, thank you so much for being here with us and everybody listening. I hope this conversation has been healing on your journey.