The REAL CAUSE of Perimenopause Anxiety Transcript

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Why Anxiety Peaks in Perimenopause

Why does a woman who has Why does a woman who has never had never had anxiety anxiety anxiety suddenly develop it at suddenly develop it at age 42? And why does it age 42? And why does it peak a peak a week or two before week or two before menstruation?

menstruation? menstruation? The answer points to The answer points to one specific one specific hormone that hormone that most anxiety treatment plans most anxiety treatment plans don't even mention. Hello, I'm don't even mention. Hello, I'm Dr. Elizabeth Dr. Elizabeth Tatakin, a naturopathic doctor practicing naturopathic doctor practicing in Arizona.

Anxiety is one of the Anxiety is one of the most common most common most common problems I problems I see in perimenopausal women see in perimenopausal women, and one, and one of the least of the least treated because treated because most doctors most doctors view it as a view it as a psychological, not a psychological, not a hormonal, problem. Today I want to. Today I want to show you the show you the neurochemical reason why neurochemical reason why this this this happens at this particular time in a happens at this particular time in a woman's life, woman's life, why standard why standard treatments often fail, treatments often fail, and what and what you can you can do about it. In the middle of do about it. In the middle of this video, there will be this video, there will be information that information that most women have most women have never heard. Here's never heard. Here's something that surprises something that surprises many women and, many women and, frankly, frankly, frankly, many doctors too.

Anxiety and Anxiety and depression occur depression occur two to three times more two to three times more often during the perimenopausal transition than at perimenopausal transition than at any other any other time in a time in a woman's adult life. Two or three woman's adult life. Two or three times. This is a significant and times. This is a significant and consistent finding across consistent finding across studies. This is not studies. This is not just a minor just a minor statistical statistical statistical indicator. And that's what indicator. And that's what makes this especially makes this especially important. These symptoms important. These symptoms often appear often appear before the physical signs of before the physical signs of perimenopause, before perimenopause, before hot flashes, before hot flashes, before irregular irregular irregular menstruation. This menstruation. This means that women at 38, means that women at 38, 39, 42 years old are experiencing 39, 42 years old are experiencing real hormonal real hormonal anxiety. But anxiety. But because their because their cycles look cycles look normal on the outside, no one normal on the outside, no one associates it with associates it with perimenopause. The perimenopause. The standard response is to refer them to to refer them to therapy or prescribe therapy or prescribe antidepressants.

antidepressants. antidepressants. Both options Both options can be can be helpful, but if helpful, but if you ignore your you ignore your hormone levels, hormone levels, you are treating the symptom you are treating the symptom while leaving the cause while leaving the cause untouched. I see untouched. I see this all the time in my this all the time in my practice. Women who have practice. Women who have already been to therapy already been to therapy are doing everything are doing everything right emotionally, right emotionally, but still barely make it through but still barely make it through each each each week. When we week. When we look at hormones, look at hormones, the picture becomes the picture becomes much much much clearer. So clearer. So what actually what actually causes this? It's about causes this?

The Progesterone and GABA Connection

It's about one hormone that's not not mentioned in most conversations about anxiety, and it mentioned in most conversations about anxiety, and it starts to decline starts to decline before estrogen.

before estrogen. Most people Most people believe that estrogen is the first hormone to is the first hormone to drop

in drop in perimenopause. perimenopause.

perimenopause. In fact, this is not In fact, this is not quite true from a quite true from a chronological point of view. chronological point of view.

Progesterone starts Progesterone starts to decline first, and to decline first, and this has a huge this has a huge impact on your impact on your nervous system.

nervous system. Progesterone has a Progesterone has a metabolite metabolite metabolite called called called allopregnanolone. This allopregnanolone. This compound acts compound acts directly on directly on GABA receptors in the GABA receptors in the brain. GABA is the brain. GABA is the main main main calming signal of calming signal of your nervous your nervous system. Think of it as a brake pedal built into your brain.

brake pedal built into your brain. Allopregnanolone is what Allopregnanolone is what helps these helps these brakes work brakes work properly. When properly. When progesterone drops, allopregnanolone levels drop with it. And allopregnanolone levels drop with it. And when this happens, the when this happens, the brakes become " soft". The result is a nervous system that is nervous system that is more easily excited, more easily excited, slower slower slower to calm down, and has to calm down, and has much less much less resilience to resilience to everyday stress. This is not a metaphor. This is a. This is not a metaphor. This is a real real real neurochemical neurochemical neurochemical mechanism. That's why. This mechanism. That's why. This begins in the begins in the begins in the late 30s and late 30s and early 40s.

early 40s. When you enter When you enter perimenopause, you perimenopause, you begin to have cycles begin to have cycles during which ovulation during which ovulation occurs occurs occurs incompletely. No incompletely. No ovulation—no ovulation—no ovulation—no corpus luteum, and no corpus corpus luteum, and no corpus luteum—no luteum—no luteum—no progesterone surge progesterone surge in the second half of in the second half of the cycle. Your period the cycle. Your period may still may still come on time.

Estrogen levels Estrogen levels may seem may seem normal, but normal, but progesterone levels have progesterone levels have quietly dropped, and your quietly dropped, and your nervous system nervous system is feeling it to the fullest.

This also explains This also explains why so many women why so many women notice that their notice that their anxiety anxiety anxiety increases the increases the week before their week before their period. This is the period. This is the luteal phase, when luteal phase, when progesterone levels progesterone levels should be highest. In should be highest.

How Estrogen Affects Your Stress Response

In perimenopause, this is perimenopause, this is often not the case. There's often not the case. There's another level here, because it's another level here, because it's not just about not just about progesterone. The stress response system becomes louder stress response system becomes louder during during during perimenopause, and it's a perimenopause, and it's a completely different completely different mechanism. Estrogen mechanism. Estrogen has a function that has a function that few people know about. It few people know about. It helps regulate helps regulate what’s called the HPA axis— the system that controls the system that controls your response to stress. When. When estrogen levels are stable, this system works, this system works properly and properly and recovers recovers recovers predictably. When predictably. When estrogen begins estrogen begins to fluctuate, as it to fluctuate, as it does in does in perimenopause, this perimenopause, this regulatory regulatory regulatory support weakens, and the support weakens, and the result is that result is that stress that you used to stress that you used to easily overcome now easily overcome now doesn't let you go.

Little things that Little things that your nervous your nervous system used to system used to handle easily now handle easily now cause a stronger cause a stronger reaction. Recovery time reaction. Recovery time increases. You increases. You may feel may feel stressed for hours stressed for hours about what would have been minutes at 35. This is what. This is what many women many women describe as a state of “ exhausted exhausted

exhausted arousal," where you are both arousal," where you are both active active active and exhausted at the same time. This is not a and exhausted at the same time. This is not a feature of your feature of your character. This is a character. This is a dysregulated dysregulated dysregulated stress response that stress response that operates without the usual operates without the usual hormonal hormonal hormonal support. Sleep support. Sleep makes the situation worse.

makes the situation worse. Sleep is one of the Sleep is one of the main ways main ways to reset the HPA axis. When sleep axis. When sleep is disrupted, cortisol is disrupted, cortisol remains remains remains elevated, and high elevated, and high cortisol further cortisol further narrows your narrows your tolerance window. So tolerance window. So if your if your anxiety now anxiety now seems completely seems completely inadequate to inadequate to inadequate to real life, it's real life, it's because the resource of your because the resource of your nervous system nervous system has indeed diminished.

It's not that It's not that the problems have become the problems have become bigger, it's just that your bigger, it's just that your "safety margin" "safety margin" has become smaller. If you has become smaller. If you see this logical see this logical connection, connection, subscribe. This subscribe. This channel covers channel covers naturopathic and naturopathic and functional functional functional medicine issues in the field of medicine issues in the field of women's and women's and family health. And family health.

Why SSRIs Alone May Not Be Enough

And now I'm going to delve into the now I'm going to delve into the topic of topic of perimenopause and perimenopause and menopause. You won't menopause. You won't want to miss what want to miss what comes next.

comes next. SSRIs work with the SSRIs work with the serotonin serotonin serotonin system. This is a real system. This is a real and effective way to and effective way to combat anxiety combat anxiety and depression. But perimenopausal anxiety perimenopausal anxiety engages both the engages both the serotonin and serotonin and GABA systems through the GABA systems through the allopregnanolone allopregnanolone allopregnanolone pathway that we pathway that we just talked about. If just talked about. If you only affect you only affect one thing, you may one thing, you may only get only get partial relief.

partial relief. This is not an argument against This is not an argument against SSRIs. For some SSRIs. For some women, this is the right women, this is the right tool, but those tool, but those who have tried it and who have tried it and still feel like still feel like something is wrong often something is wrong often have a hidden have a hidden GABA GABA GABA or progesterone deficiency.

Partial relief is Partial relief is worth acknowledging. A woman worth acknowledging. A woman who takes an SSRI and who takes an SSRI and says it helps a little says it helps a little but but but still feels still feels uncomfortable often uncomfortable often describes exactly this describes exactly this picture. The picture. The serotonin aspect serotonin aspect has been taken into account. The has been taken into account. The GABA aspect—no. And the GABA aspect—no. And the hormonal cause hormonal cause underlying underlying underlying both remains both remains unproven.

unproven. unproven.

The Right Lab Test to Ask For

A question to A question to ask your doctor: Has ask your doctor: Has my my my progesterone really been progesterone really been tested? And it is in the tested? And it is in the second half of second half of the cycle, approximately from the cycle, approximately from day 19 to 21, and not just day 19 to 21, and not just as a one-time analysis on an as a one-time analysis on an arbitrary day.

Standard Standard day 3 tests, FSH and day 3 tests, FSH and estradiol, often estradiol, often appear completely appear completely normal in normal in early perimenopause.

.. Luteal phase progesterone is a Luteal phase progesterone is a more sensitive more sensitive early marker. early marker. He is the first to discover this He is the first to discover this picture.

picture. picture. If this test has never If this test has never been prescribed, this is the been prescribed, this is the first topic for first topic for conversation. So, what to conversation. So, what to actually do? Here is the actually do?

A Naturopathic Protocol for Hormonal Anxiety

Here is the practical part. In practical part. In naturopathic naturopathic naturopathic medicine, we medicine, we use an use an use an approach that goes back to the approach that goes back to the origins of the field.

Identify and eliminate what prevents your prevents your body from regulating itself. body from regulating itself. Give the body what it Give the body what it needs. For needs. For perimenopausal anxiety, perimenopausal anxiety, this this this means a direct impact means a direct impact on on on progesterone and GABA levels, progesterone and GABA levels, not just superficial not just superficial symptom management. First, the tests.

. First, the tests. Ask your doctor Ask your doctor to do a luteal phase progesterone test. Precisely luteal phase progesterone test. Precisely on days 19-21 of the cycle, and not on days 19-21 of the cycle, and not just on FSH and just on FSH and estradiol. This is the test estradiol. This is the test that most accurately that most accurately detects hormonal detects hormonal imbalances in imbalances in early perimenopause. Request it by. Request it by name. Magnesium name. Magnesium glycinate. This is a glycinate. This is a GABA cofactor. Many perimenopausal women are deficient in it, and this deficient in it, and this deficiency deficiency deficiency directly directly directly impairs impairs impairs GABA function. The glycinate GABA function. The glycinate form crosses the form crosses the blood-brain blood-brain blood-brain barrier more effectively than barrier more effectively than other forms. 200-400 mg at other forms. 200-400 mg at night is a reasonable night is a reasonable starting dose. But be sure be sure to consult to consult your doctor before taking.

your doctor before taking. Ashwagandha. It is an Ashwagandha. It is an adaptogenic herb adaptogenic herb with good clinical with good clinical evidence to support evidence to support cortisol levels and cortisol levels and calm the calm the calm the hypothalamic- hypothalamic- pituitary- pituitary- adrenal axis.

adrenal axis. Especially useful for Especially useful for the state of "exhaustion the state of "exhaustion due to overexcitation" that we just that we just talked about.

talked about. Phosphatidylserine. This Phosphatidylserine. This phospholipid phospholipid phospholipid directly directly directly supports the regulation of the supports the regulation of the GnRH axis and the modulation of GnRH axis and the modulation of cortisol. It's worth cortisol. It's worth discussing this with your discussing this with your doctor if you have a doctor if you have a predominant predominant predominant stress response. Bioidentical stress response. Bioidentical progesterone for progesterone for women with women with confirmed confirmed confirmed low low luteal phase progesterone levels. This is luteal phase progesterone levels. This is often the most direct often the most direct intervention. This is a question intervention. This is a question for your for your naturopath or naturopath or gynecologist. However, you gynecologist. However, you should not start without a should not start without a complete clinical complete clinical examination. But if examination. But if your anxiety is your anxiety is cycle-related, it's cycle-related, it's definitely definitely definitely worth talking about.

worth talking about. The system in which The system in which most of most of us grew up views us grew up views anxiety as a anxiety as a psychological psychological psychological problem. Sometimes this is problem. Sometimes this is true, but when it true, but when it appears or appears or worsens during a worsens during a specific specific specific hormonal period in hormonal period in your life, the your life, the hormonal factor hormonal factor should be evaluated first should be evaluated first. Removing. Removing the obstacle is the the obstacle is the beginning of truly beginning of truly solving the problem.

solving the problem. Anxiety during Anxiety during perimenopause has a perimenopause has a specific specific specific neurochemical cause. Progesterone. Progesterone declines earlier than declines earlier than estrogen, reducing estrogen, reducing allopregnanolone levels, which allopregnanolone levels, which weakens weakens

weakens GABA signaling.

Your brain's main calming system Your brain's main calming system becomes less active. At the same time, fluctuations in At the same time, fluctuations in estrogen levels estrogen levels destabilize the destabilize the HPA axis, making it HPA axis, making it harder to regulate the harder to regulate the stress response. This is stress response. This is not a figment of your imagination. This can be measured,. This can be measured, tested and tested and corrected. Start with the corrected. Start with the right tests, right tests, support the support the GABA pathway, and discuss your GABA pathway, and discuss your progesterone levels progesterone levels with your doctor. The with your doctor. The progesterone-GABA connection progesterone-GABA connection also explains a significant also explains a significant portion of portion of sleep problems during sleep problems during perimenopause.

perimenopause. perimenopause. Same mechanism, different Same mechanism, different symptom. I symptom. I explained this in detail in a explained this in detail in a video, which I will link to video, which I will link to right here.

right here. If no If no one has explained the one has explained the hormonal hormonal hormonal aspect of your aspect of your anxiety to you until today, anxiety to you until today, I hope this has I hope this has helped. This is exactly what helped. This is exactly what this channel was created for this channel was created for. Every week, I. Every week, I cover cover cover naturopathic and naturopathic and functional functional functional medicine topics in the area of medicine topics in the area of women's and women's and family health.

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