Using GLP-1 in Perimenopause? This One Risk Your Doctor May Miss Transcript

(Transcripts are generated by AI and may contain errors)

Why Perimenopause Changes the GLP-1 Conversation

I see more and more perimenopausal patients perimenopausal patients taking semaglutide taking semaglutide or tirzepatide (brand names brand names Ozempic, Vegovi, Ozempic, Vegovi, Munjaro, and Zepbound), or asking if they, or asking if they should start them, and should start them, and their questions about their questions about muscle loss, muscle loss, hormones, and whether hormones, and whether hormone therapy affects hormone therapy affects anything are not anything are not getting answers anywhere. This video is the answer. This video is the answer to them. Hi, I'm to them. Hi, I'm Dr. Elizabeth Dr. Elizabeth Tatakin, a naturopathic doctor practicing naturopathic doctor practicing in Phoenix, Arizona, and in Phoenix, Arizona, and consulting consulting consulting nationally and nationally and internationally.

internationally. I focus on I focus on hormonal hormonal hormonal health during health during perimenopause, and this perimenopause, and this intersection of intersection of GLP-1 (glucagon-like glucagon-like glucagon-like peptide-1) drugs like peptide-1) drugs like semaglutide and semaglutide and tirzepatide with tirzepatide with hormonal hormonal hormonal changes in your 40s is changes in your 40s is something I see in my something I see in my practice every week. By the practice every week. By the end of this video, you end of this video, you will understand how will understand how perimenopause perimenopause perimenopause actually affects actually affects the results of taking the results of taking GLP-1, what are the main GLP-1, what are the main risks to risks to consider, and whether you consider, and whether you should discuss should discuss combining combining combining GLP-1 with hormone GLP-1 with hormone therapy with your doctor. Let's begin.

therapy with your doctor. Let's begin. Semaglutide and Semaglutide and tirzepatide tirzepatide tirzepatide suppress appetite, suppress appetite, slow slow slow gastric emptying, gastric emptying, and improve insulin sensitivity. This is already a insulin sensitivity. This is already a well-established well-established well-established fact. Less understood fact. Less understood is how is how perimenopause changes the perimenopause changes the context in which context in which these medications work. A these medications work. A 2025 RAND report 2025 RAND report found that women found that women aged 50 to 64 aged 50 to 64 had the highest had the highest rate of rate of rate of GLP-1 use GLP-1 use of all groups. And of all groups. And women in their 30s and 40s are women in their 30s and 40s are more than more than twice as likely twice as likely to use them to use them as men of the same as men of the same age. That's the age. That's the problem. These problem. These drugs have been studied drugs have been studied and dosed for the and dosed for the general population, general population, not specifically for not specifically for women going women going through hormonal through hormonal transition. Meanwhile, transition. Meanwhile, your perimenopause is your perimenopause is already changing your already changing your metabolism, your metabolism, your muscles, your sleep, and where muscles, your sleep, and where your body stores your body stores fat. Adding GPP-1 fat. Adding GPP-1 to this is not a to this is not a neutral event. I neutral event. I want to be clear: want to be clear: this is not a reason to avoid this is not a reason to avoid these medications. This is a reason these medications.

The Muscle Loss Risk Most Doctors Miss

This is a reason to understand the to understand the to understand the specific landscape in which they in which they operate for you. The first place where this. The first place where this landscape matters landscape matters the most is in the the most is in the muscles. This is precisely where the muscles. This is precisely where the risk lies for perimenopausal women.

perimenopausal women. Muscle loss is not a Muscle loss is not a new phenomenon in your 30s and new phenomenon in your 30s and 40s. Women 40s. Women lose approximately lose approximately 3 to 8% of their muscle 3 to 8% of their muscle mass per decade, mass per decade, starting in their 30s. And starting in their 30s. And after 50 years, this after 50 years, this rate increases to 5–10% per decade.

per decade. Declining Declining Declining estrogen levels are a major estrogen levels are a major factor in this

factor in this acceleration. acceleration.

The drug GLP-1 The drug GLP-1 creates a creates a calorie deficit by calorie deficit by suppressing appetite. When this deficit is not When this deficit is not carefully controlled, the weight you carefully controlled, the weight you lose is not lose is not just fat. This also just fat. This also includes muscles. And here's includes muscles. And here's where the situation where the situation gets worse.

gets worse. Estrogen decreases, Estrogen decreases, calories are restricted, calories are restricted, and protein intake and protein intake also tends also tends to decrease because to decrease because with GLP-1 you don't with GLP-1 you don't feel as feel as hungry.

hungry. hungry. Combine these three Combine these three factors, and the conditions for factors, and the conditions for muscle loss muscle loss will work against will work against you simultaneously. This is you simultaneously. This is important because important because muscle is metabolically muscle is metabolically active tissue.

active tissue. Less muscle means a Less muscle means a lower lower lower resting metabolic rate resting metabolic rate, which makes it harder, which makes it harder to maintain to maintain weight over time, not weight over time, not easier. I remember one of easier. I remember one of my patients. She my patients. She was 48 years old and was 48 years old and came to me with the came to me with the goal of losing 50 goal of losing 50 pounds. Along with this are the symptoms the symptoms the symptoms of perimenopause. The weight of perimenopause. The weight was coming off, but she was coming off, but she told me she told me she just couldn't just couldn't live like this anymore. She had live like this anymore. She had no energy at all.

no energy at all. Even though Even though the scale was moving the scale was moving in the right in the right direction, this direction, this discrepancy— discrepancy— weight loss without weight loss without energy—became a energy—became a red flag.

red flag. We increased We increased protein and protein and amino acid intake, added amino acid intake, added strength training, strength training, started started started progesterone, and progesterone, and adjusted the GLP -1 dose. After 3 months, she -1 dose. After 3 months, she felt more felt more energy, strength, energy, strength, slept better, and was in a better slept better, and was in a better mood. Once mood. Once she was ready for she was ready for change, all of these elements change, all of these elements quickly came together quickly came together. So,. So, the number on the scale can the number on the scale can be misleading.

be misleading. Weight loss while Weight loss while taking GLP-1, which taking GLP-1, which occurs occurs occurs mainly at the expense of mainly at the expense of muscle, is a step muscle, is a step back for back for metabolism, not a metabolism, not a victory.

victory. victory.

The Research on GLP-1s and Hormone Therapy

There is a solution to this problem, There is a solution to this problem, and it is directly and it is directly related to the related to the hormonal hormonal hormonal aspect, which aspect, which fundamentally changes this fundamentally changes this discussion. In April 2024, a study was published in the journal Menopause study was published in the journal Menopause involving postmenopausal women taking semaglutide; taking semaglutide; Those who Those who also underwent also underwent hormone therapy were compared hormone therapy were compared with those who did not with those who did not. After 3. After 3 months, the months, the hormone therapy group hormone therapy group lost 7% of their body weight lost 7% of their body weight compared to 5% in the group compared to 5% in the group without such therapy.

without such therapy. After 12 months, this After 12 months, this gap gap gap had widened even further: 16% versus 12%. Why. Why does hormone therapy make GLP-1 does hormone therapy make GLP-1 more effective? One more effective? One mechanism is mechanism is that estrogen that estrogen enhances enhances enhances

GLP-1 receptor signaling in the GLP-1 receptor signaling in the same areas of the brain same areas of the brain that regulate appetite.

that regulate appetite. When estrogen When estrogen is present, this is present, this signaling signaling signaling seems to work more seems to work more effectively.

effectively. effectively. Hormone therapy Hormone therapy also tends to also tends to improve sleep quality, improve sleep quality, and better sleep and better sleep helps regulate the helps regulate the hunger hormones ghrelin and leptin. This is ghrelin and leptin. This is another factor in another factor in your favor, and your favor, and estrogen itself helps estrogen itself helps preserve muscle mass, which directly, which directly eliminates the risk of eliminates the risk of muscle loss we just muscle loss we just talked about. There are no talked about. There are no known known known direct drug direct drug interactions between interactions between semaglutide and semaglutide and standard standard standard hormone therapy medications. One practical. One practical point to be point to be aware of: because aware of: because GLP-1 drugs GLP-1 drugs slow slow slow gastric emptying, the gastric emptying, the absorption of absorption of absorption of oral oral oral hormonal hormonal hormonal drugs may be drugs may be impaired.

impaired. impaired. Transdermal Transdermal Transdermal patches, gels, creams, patches, gels, creams, and vaginal forms and vaginal forms completely solve completely solve this problem. This does this problem. This does not mean that not mean that every woman every woman taking GLP-1 during taking GLP-1 during perimenopause perimenopause perimenopause should receive should receive hormone therapy.

hormone therapy. This means that these two This means that these two topics should definitely topics should definitely be considered together, be considered together, not in isolation not in isolation from each other. If this from each other. If this changes your perspective on the changes your perspective on the destination, leave destination, leave a comment below. I would be a comment below. I would be interested interested interested to hear about your to hear about your experience. And if you want experience. And if you want more more more content like this, 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.

family health. And now I'm going to delve into the And now I'm going to delve into the topics of topics 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.

Protein Needs on a GLP-1 in Perimenopause

GLP-1 drugs GLP-1 drugs reduce appetite. When reduce appetite. When you eat less overall, protein is often the first thing, protein is often the first thing to drop from your diet because to drop from your diet because protein-rich foods can protein-rich foods can feel heavy feel heavy when you're not very when you're not very hungry. During hungry. During perimenopause, your perimenopause, your protein needs are already protein needs are already higher than standard higher than standard recommendations.

recommendations. recommendations. Studies suggest Studies suggest 1.2–1.6 g per kilogram of 1.2–1.6 g per kilogram of body weight per day, body weight per day, compared to the compared to the standard 0.8 g. When standard 0.8 g. When taking GLP-1, taking GLP-1, achieving this goal achieving this goal requires conscious requires conscious effort. This is not something that effort. This is not something that happens happens happens by chance when you by chance when you consume consume consume less food overall. The rule less food overall. The rule I give my I give my patients is simple.

patients is simple. Protein—first and foremost Protein—first and foremost at every at every meal: before meal: before carbohydrates, before fats. carbohydrates, before fats.

Meet your Meet your protein quota, then protein quota, then fill up the rest of fill up the rest of your plate. Strength your plate. Strength training is the second training is the second half of success.

half of success.

Resistance Training and Digestive Support

Strength training two to three times a week three times a week signals the body signals the body to use this to use this protein to protein to build and build and maintain muscle, maintain muscle, rather than simply burning rather than simply burning it as fuel. A it as fuel. A few more mandatory few more mandatory points that I points that I implement in every implement in every protocol.

protocol. protocol. Prioritize nutrient Prioritize nutrient density over density over food volume. Since you're food volume. Since you're eating less overall, eating less overall, every bite every bite counts. Combine counts. Combine fiber with fiber with plenty of plenty of water, as GLP-1 already water, as GLP-1 already slows digestion, and fiber without, and fiber without fluid can make it fluid can make it worse. Eat worse. Eat slowly and slowly and chew thoroughly. This chew thoroughly. This helps reduce helps reduce digestive discomfort digestive discomfort that often that often occurs with these occurs with these medications.

medications. medications. Digestive support is Digestive support is also important here also important here. Bitter herbs. Bitter herbs and digestive enzymes and digestive enzymes can help can help when nausea or early when nausea or early satiety limits satiety limits the amount of food you the amount of food you can eat. And can eat. And because these medications because these medications slow down slow down slow down motility, I often motility, I often add special add special support for support for regular regular regular bowel movements. A soluble bowel movements. A soluble fiber fiber fiber called "sun fiber" called "sun fiber" and the Ayurvedic and the Ayurvedic herbal blend " triphala," which has a triphala," which has a long history of long history of supporting healthy supporting healthy toxin elimination. And toxin elimination. And this point surprises this point surprises people. I usually people. I usually recommend recommend recommend taking the taking the peptide itself cyclically—with breaks peptide itself cyclically—with breaks under the supervision of your under the supervision of your doctor. This applies to doctor. This applies to semaglutide and semaglutide and tirzepatide as well as tirzepatide as well as other peptides.

other peptides. Cyclicity Cyclicity Cyclicity helps to find helps to find the lowest effective the lowest effective dose, instead of dose, instead of staying at a staying at a fixed dose fixed dose indefinitely, and sometimes indefinitely, and sometimes even constantly even constantly increasing it. By increasing it. By combining protein, combining protein, strength training, strength training, digestive support, digestive support, and and and cycling to the cycling to the minimum minimum minimum effective dose, you are effective dose, you are giving your body what it giving your body what it needs to needs to preserve muscle and preserve muscle and control the control the drug, not the drug, not the other way around. If you are other way around.

What to Ask Your Doctor at Your Next Appointment

If you are perimenopausal and perimenopausal and considering considering considering taking GLP -1, ask about it. -1, ask about it. Do we also Do we also discuss my discuss my hormone levels and whether hormone therapy is appropriate for me?

hormone therapy is appropriate for me? If you are already taking If you are already taking GLP-1, ask about it. GLP-1, ask about it. Should we Should we track my track my muscle mass and not muscle mass and not just my weight so we just my weight so we know we're losing know we're losing fat and not muscle? DEXA scans or scans or body composition analysis body composition analysis provide much more provide much more useful information than just your weight on the than just your weight on the scale. Libra can't scale. Libra can't tell you tell you what you're really what you're really missing. Several missing. Several prerequisites for prerequisites for your visit to your visit to the doctor. Daily the doctor. Daily protein intake.

Strength training Strength training two to three times a two to three times a week and regular week and regular

check-ups every 4-6 check-ups every 4-6 weeks, not just an weeks, not just an automatic automatic automatic prescription renewal.

If If hormone hormone hormone therapy and GLP-1 are on the agenda, know therapy and GLP-1 are on the agenda, know the following. Both the following. Both options have a options have a high high high safety profile separately safety profile separately from each other. What matters from each other. What matters most is most is your personal your personal risk factors, and this is a risk factors, and this is a question worth question worth discussing with your discussing with your doctor. None of this doctor. None of this replaces replaces replaces fundamentals. GLP-1 can be a fundamentals. GLP-1 can be a useful useful useful tool, but it tool, but it works best when the works best when the basic foundations are already basic foundations are already laid.

laid. laid. Nutrient-rich food Nutrient-rich food and adequate and adequate protein. Exercise, protein. Exercise, especially strength especially strength training, and training, and quality sleep, which quality sleep, which perimenopause already perimenopause already disrupts.

disrupts. disrupts. Stress management, as Stress management, as cortisol affects both blood sugar levels and muscles. blood sugar levels and muscles. And also analyzing your And also analyzing your environment—daily environment—daily environment—daily actions and habits that either actions and habits that either support your support your hormones or work hormones or work against them. These basics are not additional options not additional options that are superimposed that are superimposed on top of medication. This is the on top of medication. This is the true approach: true approach: give the body what it give the body what it needs and eliminate what gets in needs and eliminate what gets in the way. So GLP-1 the way. So GLP-1 becomes a bridge to becomes a bridge to lasting change, not lasting change, not something you something you will depend on will depend on will depend on indefinitely.

indefinitely. GLP-1 drugs may GLP-1 drugs may be effective for perimenopausal women, but the perimenopausal women, but the context of perimenopause changes both the context of perimenopause changes both the risk profile and the risk profile and the strategy. Three things to consider. The risk of consider. The risk of muscle loss is muscle loss is specific to specific to this stage.

this stage. Protect it Protect it with protein and with protein and strength training. strength training. Studies Studies Studies suggest measurable synergy suggest measurable synergy between hormone between hormone therapy and GLP-1.

therapy and GLP-1. More weight loss, More weight loss, better results—these better results—these issues should be issues should be discussed together.

discussed together. Ask your doctor Ask your doctor to track your to track your body composition, not just your weight, body composition, not just your weight, so you understand exactly what so you understand exactly what you're losing.

you're losing. Your body knows how to Your body knows how to heal itself. I'm here heal itself. I'm here to help to help remove what's standing remove what's standing in the way. I'm also in the way. I'm also preparing a video about protein preparing a video about protein and perimenopause: and perimenopause: how much, when, and why how much, when, and why it becomes even more important it becomes even more important when taking GLP-1.

when taking GLP-1. It will be released soon. The It will be released soon. The first step today is first step today is very simple. Discuss questions Discuss questions about GLP-1 and hormones with your about GLP-1 and hormones with your doctor at one doctor at one appointment. These are appointment. These are inseparable things. If inseparable things. If you're looking for honest, evidence-based information about what evidence-based information about what really really really happens during happens during perimenopause and how to perimenopause and how to get through it, get through it, subscribe so you don't subscribe so you don't miss out. New miss out. New videos every week. And if videos every week. And if you need you need help putting help putting this into practice, you this into practice, you can learn can learn more about working with more about working with me on my website me on my website drlizabethtakin.com. Take care drlizabethtakin.com. Take care,

see you in the, see you in the