Introduction and guest introductions

That's. Hi, everyone. I'm Doctor Sharon Stills, your host of the Mastering the Menopause Transition Summit. I'm excited to have you here today. And super excited because this is my first threesome of the summit, and I love it because these women that we're going to spend some time with and learn from before we get online here we were talking about how they do everything together and they're joined at the hip.

And I thought, this is just such a beautiful expression of sisterhood. And that's such a theme for mastering the menopause transition. We need our community. We need our sisters.

We need to rise these that rise each other up. And so I love that we're going to have this conversation with not one expert today, but two experts. And so the ladies who are joining me, I'm Maria, who is a health coach, and Kristen, a board certified nutritionist, and they are plainspoken and friends and practitioners who share a passion for women's health, especially women's health at midlife.

Hello everyone who's listening. And so we're going to talk about metabolic health. We're going to talk about diet and muscles and all these important things to help you have the healthiest vessel, the healthiest body to go through this transition.

And so welcome, Kristen and Maria. I'm super excited you're here. Thank you. Thank you. We are to. So I always ask everyone before we start, maybe you can each take a turn and just tell us a little bit about your personal journey.

How did you end up here? Most of us, to have some kind of personal health crisis we experienced or someone in our family experienced, and that's how we got into this line of work.

And so I'd love for you to just share with the listeners so we can get to know you each a little better. Sure. I was in my early to mid 40s and I was experiencing some perimenopausal symptoms that felt pretty profound to me.

So like sleep disruption and a little bit of weight gain. And I think probably the biggest thing were just mood issues. And, now, I had always been somewhat holistically minded, so I knew that going to my local doctor wasn't going to be the best fit for me, because he was a nice guy.

But really, really, all I did was write prescriptions for people. So I trekked into New York City to kind of, visit with a quite well known doctor, but didn't turn out to be a great experience overall because, you know, it was all right.

I believe I was 42 or 43 at the time. He wanted to put me on bioidentical hormones, which I'm not categorically against, but even so, I think that was a little bit young for me at that point.

A truckload of supplements. I really like a lot of testing. Again, these things were a big, but there was no support. It was like, oh, well, here's what's happening with your restoration and your progesterone and your cortisol.

Maybe your insulin too. And, I just, I quit, I just I just stopped everything, but I knew I was still struggling and I knew there had to be a better way.

So it was at that point that I was like, oh, I have got to figure this out. Something is happening. Something's askew. So I went back to school and then after school I was, you know, mentored by several doctors with decades of clinical practice.

And so here I am today helping others. Some. And how about you, Kristen? Yeah. So I had, I would say similar timing to my journey, but a different, path slightly is that I too was suffering.

I think there's a magical age around 43, 44, where women start to feel the shift palpably. I had everything from the brain fog, the sleep loss, you know, really struggling with just, hunger and energy, mood, libido, the whole shebang.

And I went to my doctor because intuitively, to me, this was hormonal and she looked at me and she said, you're too young, and this has nothing to do with your hormones.

And I said, well, could we at least just test them? And she said, no, refused to test them. So, you know, whereas Maria kind of got the kitchen sink thrown at her, I had the entire toolbox kept from me.

And, you know, it was a little bit left to be, made to think this was in my head, right. There was something I was doing, to be causing this or that.

The midlife metabolic triad

Like, this is normal. Just suck it up. You'll get through it. Sort of a thing. And I, you know, got mad enough, finally, that I just started digging and trying to figure out my own stuff and worked on for me.

I brought the nutrition angle to come to bear first, and really did move the needle quite a bit, which, you know, goes to show that there are interventions that women can be undertaking at this time of life that doesn't have to include HRT to start.

And, you know, at one point my husband looked at me and said, look at how much improvement you brought to your life. You need to do something for other people with this.

And I'm an attorney by background and training and past profession, and I thought, I don't have any credentials. I mean, I just I wasn't any one and I had done a lot of work and research, but, that's where I just finally said, fine, I'm going back to school.

And, you know, came out of it with nutrition and was focused kind of in general nutrition. But you start to attract people that are like you. And my clients ended up usually being midlife women, struggling with a lot of the same issues that I had struggled with.

And that's where the hormone piece became just wildly relevant for me. And then, you know, kind of focused everything on that. So. And how did you two connect?

Well, I was doing a training on, like midlife hormones. And Kristen was initially my student, but now, you know, and then I just like, I was running a program and I, we just kind of fell in love with each other.

So it was. It sounds. I just asked her to help me run a program, right. To kind of be a coach assistant, so to speak. And then when that program was over, I was like, I don't want to work without you anymore.

Will you marry me? No, I was like, I was like, can we, you know, what do you think? Like, should we kind of join our businesses? I mean, really seriously, legally.

So we had a really good attorney who joined our businesses. It was her getting. Yeah. So that's your story? Well, I love it. I love it so much. So let's talk about you guys.

Talk about the midlife metaverse storm triad. That sounds scary. So let's break that down for the listeners. What what do you mean by that? Is that something that's happening to every woman as she goes through perimenopause and menopause?

And what can they do about it. Yeah, I mean, it's you know, we kind of have this confluence of, of events happening. And the first one is what we all can't run from, no matter how much we try, which is aging.

Right. And so we have these sort of catabolic processes that are a result of aging. They're normal. It's it's you

know, like I said, we can't outrun them.

We can try and mitigate them. The second kind of piece of the triad is going to be declining hormones again, something there is not a woman on this earth that's going to outrun declining hormones.

It happens to all of us different times of life. Sure, but it's going to happen. And then unfortunately, we sort of have this common thread amongst women is that we start to intervene on our own behalf.

And usually the interventions that we take are a little misguided. And so we exacerbate the results of these declining, you know, catabolic issues and, the declining hormones.

So that's the sort of metabolic triad that we see is that we've got aging hormones and then some misguided attempts to address them. And it results in a really significant metabolic storm.

And that's it's starting to put women's health at risk. And we just want to be loud and proud about it because we do have influence over these things.

And I think a lot of women think it's happening to them. And, you know, we do play a role in our own health. And so we want to give women a little bit more agency about that.

I love that because that is that is so true. And just such a good reminder that I totally don't like the word anti-aging. And a lot of people think you say a lot of people say, oh, you're an anti-aging physician doctor still.

And I'm like, I am pro aging. I am pro graceful aging, I'm pro health. And so it is. I love that you bring that up just to start that this is something that's happening.

It's part of life. And when we try and run or resist, we just get into problems rather than going with the flow and enjoying it. And it sounds like you're going to tell us ways we can do this and be healthy and take control and be empowered and aging.

I always say it's a privilege and it's a gift, and it's something we can enjoy. And I, I truly feel better every year. Aging just keeps happening, and I just keep feeling better because I feel like I learn more, I embrace more, and so I want to flip the script and not have aging be a scary process.

It's actually a very beautiful one. Yeah. We agree. I mean, Marie and I say all the time, I wouldn't go back to my 30s. Oh God. No, no, nothing. I mean, I love my 50s right now and I plan on loving my 60s.

Muscle, hormones, and metabolic health

And I know Marie is the same. And we look at this as, you know, it's not an inevitability that we all have to be miserable just because we kind of, you know, turn the page on the five zero.

So, exactly. So you mentioned the word catabolic. And I'm just thinking if you could just describe because there might be some people listening, thinking keto, what, what is that?

So could you describe the difference between catabolic and anabolic and how it impacts us and what women can do for that whole process? Sure. So catabolic, you know, if you think of catabolic as breaking things down, anabolic is growth.

Catabolic is to kind of reduce and break things down. And you know, as we age we start losing some of our sort of central nervous system inputs to the body.

We start seeing changes in growth hormone IGF one. So different hormones and, and molecules in the body that just naturally decline with aging. We also develop what's called anabolic resistance, which is that our ability to, exert growth mechanisms and inputs on certain things, particularly muscle, starts to become harder.

So we like to say that, you know, something that you could do in your 30s, you almost need to do twice as much in your 50s. That's anabolic resistance.

So we have those catabolic stimuli happening with aging. And then very I can go into the hormonal piece because that starts to layer on top of it and magnifies it.

Absolutely. So we are declining in hormones and perimenopause as much as people want to say, oh, well, you know, perimenopausal women tend to be estrogen dominant.

Okay. We'll give you that. It's really temporary. Okay. And and so that just means that, you know, you didn't ovulate and you're, you know, and if you had a kind of a spike of estrogen that month from, you know, the brain directing the ovaries to do that, and you didn't ovulate.

Yeah. You have a little bit more estrogen. But you know what? It's temporary. It is essentially in decline, even though you might be assured and dominant.

We don't love that term. Sharon. So yeah. So and when we lose those hormones we lose just total metabolic homeostasis. So we have yeah, I had triggers including I think estrogen is like a roller coaster at that point.

And so maybe it seems like you're dominant because you're up at the top, but you're just about to go down the roller coaster. So it's not lasting long, right? Yeah.

So muscle there's so much talk nowadays about muscle and muscle being the organ of longevity and how it's so important for us to have muscle. And so what do you ladies have to say about muscle?

How is it affected? What, what can you do? What should you be doing? What are your what are your best muscle advice? Yeah, I mean, I think what people don't appreciate about muscle because it is something to be appreciated, if we're honest, is that muscle is this huge sink for glucose disposal.

And it's a very much overlooked thing. We think of muscle, we think of locomotion, we think of functional abilities. Right? Being able to sit down in a chair and looking good.

Exactly. It's been shredded. And it's like a lot of us want to focus on looking good, which is okay, but we like to go deeper than that. Right? Right.

So it it is fulfilling sort of a metabolic role for you well beyond your function and your appearance. And that's the piece that we think people are missing.

And how to appreciate muscle. So muscle regulates your metabolism. It regulates your insulin sensitivity because it is this big disposal sink for glucose.

It regulates inflammation. So we release things called cytokines. And cytokines can be either inflammatory or anti-inflammatory in the body depending on the organ that releases them.

And the organ of muscle releases anti inflammatory cytokines. So and then we also have organ regulator I mean muscle regulating immune system function because there are certain amino acids that serve as co-factors for different antioxidant production and whatnot.

So if you think about muscle in that way, right, is this organ that has these biochemical implications when we lose muscle due to aging, which again, is normal, there's a certain loss of the quantity of muscle.

We lose those three factors, we lose that glucose disposal thing, we lose that inflammatory control and we lose that immune system function. Modulator.

So that piece of it becomes, even to us, more relevant than the physique and the function piece. Aging is also

going to affect the function. We see this huge switch from kind of your, fast twitch type to muscle fibers start shifting to slow twitch.

And so I should say, yeah, yeah. Fat type two to type one fibers, the fibers of our muscles actually become shorter and thinner as well. So that means you're losing function on top of quantity.

And those things combine for. This is why it's harder to bend over and pick something up. You know why we might not sprint across the lawn after our dog or something?

And so while we can all appreciate those functional impairments and shifts, we need to understand those chemical, you know, modulators that muscle provides.

And then, you know, there's the loss of hormones also affects muscle memory. I can talk about that. I mean, that's a huge piece that sort of amplifies this for women in particular.

The loss of hormones is is really I don't know if I want to say it's the root cause, but it's a, it's a major. It's sort of like that neuroendocrine theory of aging is thinking that we age because we lose hormones.

So whether or not we age because we lose hormones or we lose hormones because we're aging, I think is irrelevant. But the fact of the matter is that the loss of hormones is really going to it's it's going to be very impactful.

And there's many reasons why. But the one that I like to focus on is when we are in a low estrogen state, that's that's an inflammatory state. Okay. And so then, you know, we're losing some muscle mass and we are inflamed and what happens, Sharon, is that a lot of people take either misguided intervention interventions.

They'll like cut calories. Right. They will not nourish themselves. They'll go largely, if not exclusively, plant based plants are not bad, but they they displace protein, okay.

And the protein that we want women to get is going to be it has to be animal protein. They have to get some animal protein a good amount into their diet.

And that is to kind of help with the processes of inflammation that are going on due to the low hormones. So that that's, you know, one of the things that maybe I jumped ahead of, but so and and I was going to say too, that the insulin piece is huge.

And Maria, I know just, would have mentioned that we lose our ability to handle carbohydrates as we lose estrogen. We just talked about we lose our insulin sensitivity as we lose muscle.

So now we have this like, huge sort of insulin resistance set up. And like Maria just said, the women then will intervene and actually make it worse. And we have this sort of insulin sensitivity loss begetting more insulin sensitivity loss.

That in and of itself is an inflammatory process. Now add on the inflammation from the low hormones and inflammation breaks down muscle. So it just becomes a super vicious cycle.

And then women take matters into their own hands in ways that need to be stopped. And what we're really learning on here that, restricting calories over exercising, things that we've been taught are not really what we need to be doing to nourish ourselves at this point.

So what do you what do you ladies recommend for the women listening? What are things that are guided, not misguided, that they can be doing to help themselves?

As this is going on? Well, I'll grab the first one and that is they have to lower their carbohydrate intake and in some cases, Sharon, that might even be like healthy carbs, like sweet potatoes and black beans because of a couple of reasons.

So Christine alluded to the first one, which is if you're low in estrogen, and let's just assume that, you know, you're you're perimenopausal you're going to be low in estrogen.

If you're not low enough, just who will be eventually you you can handle the glucose okay. So that that's a big deal. And then the second reason is is that it just it displaces protein.

So we're again we're not anti plants. What we are is saying hey go have a big salad. And just like throw a little bit of chicken on that because you know a rule of salad. Wonderful.

We both eat it. But you know you'll get full from that right. Because of the fiber. And again we're not saying fiber's bad. You need some, you know, as much as maybe some people promote, but, then you're you're stretched, you're full, you're bloated, and oh, I can't eat.

I can't eat anymore. But meanwhile, in your head, you know, maybe just a couple of ounces of chicken. So, yeah, women have to be careful not to go largely plant based because it will displace protein dense animal protein, which is very helpful if you're doing appropriate strength training to build muscle.

And without that animal protein, you're not going to build muscle. And without the muscle, you're not going to have the sink for glucose when you do have that birthday cake, because no one's saying we have to be perfect, but we do have to eat, you know, really well, I don't know, 80, 90% of the times or more.

So yeah. And I think the other piece of it is then training and a lot of women, you know, they're intimidated by the gym. We get it. A lot of women have a misguided notion that they're going to become bulky.

Ladies, we are here to tell you that in a state of estrogen decline, IGF one and growth hormone decline, you are not going to get bulky unless you're doping.

You do not have the chemicals in your body to become bulky. So what we want women to do is not just eat for muscle, but also train for muscle. Because we talked about this.

So litigious will excuse me slow twitch to fast twitch, my fiber change. We want to try and head that off. We want to head off the loss of quantity as well as loss of kind of quality of muscle.

The only way to do that is to provide the substrate, which is eat the animal protein and then stress the muscle, create the, you know, kind of anabolism the moment of growth.

And that is not your peloton.

Protein intake and breakfast strategies

That is not orange theory fitness, that is not taking walks every day. That is stressing your muscle by lifting heavy things with slow movements. It's also not going to be those group fitness classes where you have 5 pound dumbbells and you're doing sets of 20, you know, arm curls or something.

We need women to be working out with the aim of increasing their muscle. And again, if nobody heard it, the first time, you're not going to get bulky.

It's impossible because that is just not how we are chemically made up at this stage of life. So the training piece becomes huge to women don't want to do it.

They're intimidated, they don't know how. And so we say, get in the gym, hire a trainer. You know, just find someone who can guide you through this. Doing it on your own is not going to work.

Cherry picking videos off of YouTube is not going to work. It needs to be a very progressive sort of plan, programed training regimen that takes advantage of that animal protein you're eating and creates muscle from it.

So what do you consider heavy like pound wise? You said not 5 pounds. So what do you think women should be thinking about working up to? Yeah, I think if they are lifting in sets of 8 to 10 max, where they are starting to reach failure by their third set.

So, you know, I tend to more like 5 to 8, 8 to 10, 8 to 12, depending on the muscle that I'm working, let's say the glutes and the hamstrings, the lower body, those should be you're lifting heavy enough that you're only doing 5 to 8 reps in a set, and you're usually starting to fail by the end of the third set.

That's heavy, and most women aren't doing that. And and you know, trust me, we don't want women going and doing that straight away in terms of thinking they need to be throwing a barbell on their back and doing this. You need to work up to that.

And so if someone's been out of the gym, you know, it's very individual. They need to hire a trainer, learn good form, understand their biomechanics. How is their hip range of motion, you know, how is their knee range of motion?

It's a slow process and unfortunately it's one that requires a lot of persistence and a lot of consistency. It's not going to be an overnight transformation.

And this is where social media drives Maria and me. Absolutely bonkers is women are you know, they're doing these fits things and they're showing their bodies and they're doing the the befores in the afters.

What people aren't realizing when they're seeing that is that was four days a week, an hour a day in the gym for months. And we're talking nine, 12, 18 months before you start seeing these improvements.

But a little bit of time now starts to lock in that it's 70 and you're lifting that grandbaby up over your head, right? That you don't need help getting the groceries in the car.

Like that's what we're talking about. It's not about that fits, though, that you see on Instagram. This is about just really improving your health and your metabolic function and locking in all these great interventions that you've done such an important thing for everyone listening that we haven't really touched on yet, but that yes, social media can be fantastic and fun and educational, but it can also be very misguided and so can't be.

Comparing yourself to yourself is a really good place to start. And also to get a trainer that this is we need. Like you said, when you set up your business, you needed, attorney, you happen to be one, but we need to be okay hiring professionals.

You know, people of see me because I'm a physician and they want guidance with their health. And the same goes for training. It's not something we should just take on upon ourselves, because there's a good chance we're going to have poor form.

We're going to injure ourselves, and then we're going to think training doesn't work, and then it's all over. And so taking the time and investment, money wise, time wise, to get a trainer and maybe it's not something you need forever, but just to get you started and to make sure you know what you're doing and you're doing it safely, I think that's such important.

So two big take home mindset. Like you need to have a trainer. You need to have know someone's doing and you need to not be comparing yourself to these falls before and afters.

And that ends up making you feel bad. So two really important points. And you also talked about proteins. So I'd love to hear your thoughts on what do you like for protein.

Do you have a goal for the women listening of how much protein they should be eating? Does it need to be divided doses just a little bit on that? Well, I'll start with that.

We really like women to nail down that first meal of the day. That is the most important thing they can do for energy and satiety and craving management for the entire remainder of the day.

And in fact, if they don't get the required amount of protein. And we'll just start by saying 30g, it has minimum actually, and sometimes 40 to 50 could even be better, but it has to be a minimum of 30.

So Sharon, when we see, you know, dietitians and coaches and trainers saying, yeah, I get you just get your 20 to 30g of protein. And you know, that's pretty common.

Like that's just not enough. It's just not. So we would switch 20 to 30 to 30 to 40. And so that nailing that first meal is critical. If you don't, you'll play catch up for the rest of the day.

And the catch up is not usually protein. It usually tends to be just like sweets and treats and carbs, because you're just off if you don't nail that first meal.

And as far as like a favorite protein source, I think I can speak for the both of us. We just love red meat. We said it. Hey, my brand is red and so red meat is red.

And you just love beef. Beef, bison. Yeah, yeah, yeah, I think, you know, Maria was spot on. And one of the things that a lot of women will lie to themselves and think, well, I'm getting 30, but 15g of it is from collagen in their coffee and collagen is not a complete protein, ladies.

It does not count towards your protein goals for the day. So what we'll see is a woman will say she'll have her coffee and a scoop of collagen and two eggs for two eggs or six grams each.

So that's 12g of protein. And that collagen might be 15 to 20. And they'll go, voila, I got my 30. And we're saying, nope, you're not even halfway there.

The only thing that counts as those eggs. And so once women start to realize that, you know, remove the collagen, we're kind of steaks over shakes, girls, as we like to say it is, you know, eat your protein, not drink your protein.

And nailing that first meal, that's key. But then we do kind of want this distribution across the day. That's somewhat even. Okay. So a lot of women, they do this very, kind of tilted consumption of protein a little bit at breakfast, a little bit at lunch, maybe that tiny piece of salmon or chicken with their biggest salad, and then they'll kind of nail it at dinner.

It's too late at this point. You you have not set your body up to thrive and be nourished, and you will be having energy changes and whatnot. So we say, you know, breakfast like a queen, lunch like a prince, and dinner like a pauper if you want to look at it that way in terms of calories.

But the protein is the same. So 30g is a minimum threshold in order to reach what we call the leucine threshold, which triggers muscle protein synthesis.

But a super easy way for women to look at it is a gram of protein per pound of their ideal body weight. So if you want it to be 150 pounds 150g of protein, divide that between three meals. That's 58.

That might be a big ask for some women. So we'll say sure, use that afternoon to have a little protein shake or yogurt stirred up with some whey protein or something.

That's sort of a bridge, but at least 30 of those meals, and then your total during the day is going to be that kind of targeted weight that you want to be.

So I have two questions. So for breakfast, because I, I was just laughing because I have a handout that I always given to patients for 20 years with the eat breakfast like a queen and lunch like a princess and be poor at dinner and don't really eat.

And so what do you recommend? So if the two eggs is only a fraction of their what are your breakfasts look like? Just to give the ladies listening some ideas.

Well, so I, will kind of change throughout the course of a year. But what I've been having is, so a shake in and of itself almost always does not fill me up like I want to be really satiated to the point where, you know, I don't have to think about food for another five hours.

Like, I don't like if I have to have a mid-morning snack, which is almost never, I'm going to be kind of pissed off. It's just a to me, I don't. Yeah, it's just because I've not balanced our blood sugar.

If that's the case, if I'm having a good morning snack. So, so but because we're more in the summer now, I'm going to have a shake. But I'm gonna have a little something with that that's going to be like a little cottage cheese on the side, or say, two eggs, or a little piece of salmon or Arctic char.

And man, I am like just set for 4 or 5, sometimes six hours, easily. So but I mean, I will like in the winter I'll have a steak for breakfast. I mean, steak and eggs is classic.

So I have always taught patients eat your dinner for breakfast. Totally. Always look at me like I have seven heads and five eyes. And I'm like, just. I know it sounds weird.

It's stale. They always come back and they're like, I thought it was so weird, but oh my God, I love this. It's like it's life changing. Really big, big deal. And how about you, Kristen?

What's breakfast look like for you? Yeah, I, I'm often a dinner for breakfast, so whatever leftovers we have, especially I live in a house with all men, as Maria does.

And so they're good leftovers in the kitchen. You gotta clean them early. That's just the reality. So I'll usually have those for breakfast.

Why the scale is misleading

Like, I made a kind of taco pie the other day that was like eggs and cheese kind of poured on top of a mixture of, meat and veggies and whatnot. And I had that with some yogurt and some beef protein stirred into the yogurt.

So, I mean, I'm my breakfast is normally 50 to 80g protein a day, and it's not a lot of volume. And this is what a lot of women think is they think, oh my Lord, I have to get all of this in.

And it's going to be, you know, a 12 ounce ribeye for breakfast sort of thing. It does not have to be that way. And this is where, you know, like you said, reimagining what breakfast looks like is kind of the first place to start.

But we like to talk about layering proteins. Right. So Maria just talked about her cottage cheese and maybe some eggs. You know, it doesn't all have to come from one source.

And I think that starts to help women when they realize, oh, they can kind of have this, you know, menagerie of proteins on their plate. It's more food variety, it's more palate pleasing.

And, you know, you get a wide variety of flavors. So there's it's nobody's telling you, you have to eat it all from one place. And for the women listening, do you have is there a tool or an app?

How do they know how you you just rattled off how many grams of protein in an egg? Oh, it's someone listening. Be able to learn that. Yeah. We recommend, you know, we want to be conscious that or conscious that, you know, disordered eating is a thing that's very common.

Unfortunately, with midlife women, it's whether they've had a long history of it or a more recent history. They don't like that micromanagement, and we don't either.

We don't think that's great, but there is a certain learning curve that we just all need to kind of take a journey on. And so that's where we'll say using an app like My Fitness Pal or Chronometer, there are wonderful apps for you to just kind of eat what you normally eat, but log it right.

This isn't about tracking for limitations standpoint. This is just learning. And so write it down, put it in the app and be like, oh, I didn't know an egg was only six grams.

If I'm going to get 30g, I have to eat five eggs. You know, for women to kind of learn that piece of it. And then they can start looking at what works for them.

And this is where Marie and I, we're not super fans of these like prescriptive diet plans. Or here's the seven day, you know, menu to follow that doesn't teach a woman anything.

And it doesn't need a woman where she's at. Right. I'm not in your household, Sharon. I don't know what your, you know, kitchen looks like or your schedule at 5 p.m.

or who else you're cooking for, what commitments you might have later, etc.. So we try and get women to see, like, this is something that you do have to put a little skin in the game.

You need to kind of learn the process that works for you and teach yourself. What does 30g look like? What does 40g look like? How can I tweak this to even get more?

And what you'll find is that when women start doing this, they start to see, oh my gosh, I felt so much better with that 45g protein meal than I did 30 right?

And they start to connect the dots. And once we do that, all sudden we see that we're the ones holding that control. It makes it a lot easier to make those changes.

So I love that. And what about the scale? We just wrote a long blog post. I think you really, as I said, muscle weighs more. And so what you tell us about this blog post here.

But Kristen, talk about the scale, but I just I want to talk about women and weight for a second. And that is that I think we're just way too focused on the scale and our weight.

And I, I Sharon, I truly believe that almost every woman is going to put on a little bit of weight as she ages. You know, we're just we're just not going to be that same body that we were at, say, 30 or 35.

And I think we need to come to terms with that. I think, you know, this, this hyper social media culture that we live in, you know, we're comparing ourselves to 35 and even 40 year olds.

And when you have actual aging in the tank, still you have a metabolic advantage. And even if you are replacing long lost estrogen, it is very good. It's not the same as when it came from your ovaries.

So I think we need to learn to accept that our bodies are going to change. There are going to be some functional declines of aging. We fully agree with you.

Aging is absolutely a blessing, a privilege not everyone gets that. But stop trying to look like you're 30 years old. Or way you're 30. Yeah, yeah. I mean, the scale piece, it's it's such an made up false benchmark.

I mean, what does it tell you, Marie and I see very skinny women, or I should say, lean women come to us and they have horrific metabolic health. They're wildly insulin resistant.

They're inflamed, they're not sleeping. They've got, you know, a dry vagina and they're miserable, but their weight, I guess, matters, right? Or we'll see women who are very frustrated with themselves.

They feel like they've got ten extra pounds on and we'll pull their metabolic markers and they are rock stars. They have phenomenal insulin sensitivity.

They have no inflammation. You know, they've got nice curvy boobs and, you know, things that indicate that they've got some, some hormonal sufficiency left.

These things are important. So what we tell women is, you know, ditch the scale. It tells you nothing. If your end point is true, metabolic health scale doesn't even come into that equation.

But if you want to follow progress, if you want to have some knowledge that your interventions are doing something for you, take your measurements. Get your favorite pants that you don't fit into any longer.

We call it the tight pants test. Right is go in, try them on. Put them back on the shelf. After three four months of working hard on yourself, try them on again.

See how these things fit. The body measurement piece is huge and we hear all this muscle weighs more than that. It's not muscles denser. And so it takes up more space.

It's you know, a pound is a pound is a pound. But when you add muscle on to your body, this those scale may go up. And yet your measurements may go down.

I shared, you know, kind of vulnerably, in this blog post that I am 20 pounds heavier today than I was when I was in my 30s, and I had felt like I was this rock star, and yet I could kick my 30 year old ass right now in the gym.

So these things matter, right? Is that pounds doesn't. And I'm wearing the same clothes, sharing the exact same clothes. I got clothes in my closet that are 15 years old.

I'm still wearing them so you know, that scale does not matter. And and it's is isn't being said to like, appease women's egos or tell us all to throw at our scales as though we don't care any longer.

You do want to care about your metabolic health. You just need a different measuring stick in the scales, not it. So all right, so we're going to have a mass exodus of scale throwing out after this all everyone get ready.

It's going to be grand. And so to know for women listening could you give them maybe a little checklist or some like what should they be if they shouldn't be relying on the scale, which is what we've all been taught, then are there lab tests they should be asking their physician for or what are some of the benchmarks that you like for women to monitor to know that, hey, I'm a metabolic rock star, even if I am 20 pounds heavier?

Yeah. I mean, I think one of the things, we would say the very first thing should be fasting insulin. This is a number that's rarely ever pulled.

Metabolic markers and hormone therapy

You'll see glucose on your comprehensive metabolic panel. And a lot of people, doctors be like, oh, your glucose looks good. Well, a couple things. The standard reference ranges of the labs are not optimal.

These are based on standard Americans health, which as we all know, is quite poor. Then, you know, looking at, in addition to insulin, looking at measures of inflammation, are a huge factor.

So things like, where do you I just want to stop you for a second. Where do you for the ladies listening, where do you like to see the insulin level between 2 and 5.

Okay. Yeah. So they have a understanding. Yeah. And that's going to be a big ask for a lot of women. They're going to realize oh my gosh mine is ten. And I think the reference range what rate goes up to 2420 19 or 2020 somewhere in there.

And I hate to break it to anyone, but if you're in the teens with your insulin, you're probably pre-diabetic. That's just the facts. So. And your doctor would probably pat you on the shoulder and say, this looks great.

So, you know, yes, knowing the functional ranges or the optimal ranges are really important, but insulin 2 to 5, you know, homocysteine between 5 and 7, I would say crp ideally below one.

But if you can stay below two, that's fine too. Vitamin D is a huge modulator of inflammation. A lot of people don't realize that it's gotten the big focus on a, you know, immune system over the last little bit of years.

But vitamin D sufficiency is important, and vitamin D impacts muscle. This is another thing a lot of people don't realize. When vitamin D is low, we actually break down muscle more.

So I'm trying to think around what are some of the other ones that we I mean, if fractionated lipid panel is huge, we like to look at the quality of people's lipids, not just separate.

Okay, I said right. Yep. I, you know, thyroid health is another big thing that's women just seem to feel like failure is when their thyroid slows down with age.

Ladies. It's another fact of life. The thyroid is changing in ages, just like your ovaries. But looking at thyroid health, because that does impact your metabolic health as well.

It's it's kind of another leg of the stool of metabolic health, so to speak. Oxidative stress. So ferritin would be another one we'd look at. But kind of in the context of a full iron panel, we're seeing women, you know, one 8200 on their ferritin.

That's wildly too high. That can be really inflammatory with the liver. So, you know, keeping it below 100 would be better. And when women stop menstruating, we lose that sort of monthly bloodletting, which keeps our ferritin within an optimal range.

So if women are menopausal, it is a number they should be looking at. They have. So like great. Anything else you want to add to that? Maria. No I think she covered it so well and so in closing just any other tips.

It sounds like throwing out your scale, getting your mindset clear, not comparing, getting a guide, getting the protein in anything else that you want to leave the ladies with that they can do.

Yeah. So we didn't do a deep dive into this, but I think it would be, really imprudent to leave it off the table. And that is Christine. And I feel that women really need to be solidly educated around their choices when it comes to hormone replacement therapy.

More women can do hormone replacement therapy than think that that, you know, than even those that sometimes think they can't sustain a family history.

Or maybe they have like genetics for, you know, blood, blood clotting issues. So, we want women to know what their options are and to make an informed decision whether that's.

Yes, I'm going to do this. No I'm not. Unfortunately, what happens is, you know, they go to the doctor that they think are women's issues and the doctor they trust, which is their gyn, right?

Unfortunately, unless that guy is trained in hormones, they're going to usually get bad advice when it comes to that or. Yeah. So we feel that women just need to learn what their options are and make an informed decision on.

Yeah, we we have definitely covered this extensively. I mean, I have been practicing over 20 years, and I utilize bioidentical hormones with women who have active breast cancer, who are recovering from breast cancer, who are I'm popular here that has cancer.

And so there's such confusion around estrogen, and there are actually estrogens like two methoxy estradiol and all that actually are part of a really good comprehensive cancer treatment protocol.

So yes, we are we are pro education here. We are pro understanding the benefits of bioidentical hormones. And I'm I'm a huge fan both personally professionally and a huge fan of understanding that it's not just your hormones, it's all these other things that they are talking about.

And that was one of the leading causes for me to want to host the summit, to really educate women that, yes, hormones are safe when prescribed by a physician who really understands them and knows how to monitor them, and that it's not just about your hormones, it's about the thoughts you think, the food you eat, the social media accounts you follow or don't follow that it is this.

Mastering this transition is very comprehensive and there's lots of pieces from gratitude to meditation to sleeping. They're all equally important. But when you when you get engaged and you get into it, it's like, wow.

Then you say just what we were saying. I would never want to go back and be 30. I, I rocking my 50s. I remember rocking my 40s and kind of thinking, wow, 50s.

And then you get to your 50s and you're like, oh, well, 50s are pretty cool. So I can only imagine what the 60s and 70s and the 80s are going to bring.

And so I love that you brought that up. Thank you. So well, this has been fun. And you I always ask everyone because everyone's been so kind and generous and giving free gifts to the listeners.

Do you ladies have a free gift you'd like to offer for people to learn more about you and your work? We do. It's called 21 meals for Midlife Women. Since everyone always needs food ideas and these these food ideas are going to be very protein centric.

So that's why I love it. And I think that's great because I'm sure when like you mentioned, when we think about protein, we just put out and I'm just going to have a big T-Bone steak.

So I think that's a wonderful gift. Thank you. That women can open up and look at I love that idea. You term layering your proteins. I think that's that's super important.

And of course when we're talking about protein I always like to remind ladies you're not just what you eat, you're what you're you absorb. And so making sure your hydrochloric acid levels are sufficient because I see so many patients who maybe are eating enough protein.

But then when I run their labs, I'm like, you're not absorbing it. And they have low hydrochloric acid and they're not absorbing their calcium, they're B12 and all of these other things.

So just a reminder that absorption is equally as important as what you're putting in your mouth. So thank you both for being here. I kind of like a little three thing.

I feel like it's a full on style thing. So this is fun and I appreciate the work you doing for ladies out there in the world. And thanks for taking time to be here with us all today.

And thanks to everyone. So what are we all going to do when we put down this interview? We're going to go to our bathrooms, we're going to get our scales and we're going to toss them, and we're going to find a pair of pants that we want to do the pant test with.

So I love that we're going to the garbagemen of the world and be like, wow, everyone's thrown out their scales today and we're so thank you all for being here.

I look forward to being back soon. Thank you, thank you. Well.