

Balance365 Episode 145 Transcript

ANNIE BREES (INTRO)

Welcome to Balance365 Life Radio, a podcast that delivers honest conversations about food, fitness, weight, and wellness. I'm your host Annie Brees along with co-founder Jennifer Campbell. Together we have a team of personal trainers and nutritionists who coach thousands of women daily and are on a mission to help women feel happy, healthy, and confident in their bodies on their own terms. Join us here every week as we discuss hot topics pertaining to our physical, mental and emotional well being with amazing guests. Enjoy.

ANNIE

Hi, friends, welcome back to Balance365 Life Radio. We have a returning guest on the show today. Trainer, coach and author Amanda Thebe. She is a force of nature, my friends, for women who are experiencing what she calls menopause hell, and want to start feeling healthy and well into their 40s and beyond. Amanda is a straight talking, hilarious, smart, and down to earth woman. She also has a brand new book out called "Menopocalypse: How I Learned to Thrive During Menopause," which we will link in the shownotes as well as all of our social media channels. Enjoy this episode, my friends.

ANNIE

Jen, back with another amazing podcast guest. She's a return. She's been on our show before. Are you so excited?

JEN

Yeah, Amanda was one of our first podcast guests when we launched this podcast. So happy to have her back.

ANNIE

And she is like the queen of this topic we are talking about. Amanda, how are you?

AMANDA THEBE

Good to be here. And thanks for having me back. I know you've both been on my podcast, which I'm not running anymore. And so I always love talking to you both. So wise for your young years. [Laughs]

JEN CAMPBELL

Amanda, I think you might be one of the only people I know of talking about this.

AMANDA

Why is that? Why is there such a massive gap in the conversation, especially in our world of health and nutrition and fitness? We, all the years growing up doing fitness and having, I had my certifications in my early 20s, menopause was never spoken about and never heard of. And yeah, I'm talking about it from a fitness point of view. But yeah, it's not, I'm not hearing enough

either. And it's a huge disservice. There's so many disservices happening to women. But the fitness industry has dropped the ball on it.

JEN

Absolutely.

ANNIE

I think, I wonder if part of the issue, and Jen, this has come up in our, just our business planning for Balance365. But as you both know, in the fitness industry, specifically, there's kind of a shelf life for women. And when you get past a certain age, do people want to take advice from a woman in her 40s, 50s, 60s? Like, it's not the the picture of health and youthfulness that has stereotypically lined the shelves of fitness books, right?

AMANDA

Oh, you've nailed it completely sure that, you know, there is a massive like gap of like representable women, I think we're going to talk about representation a little bit later. But just in general, you know, we've all heard the overarching messages from the males in the industry, which tend to be the leaders in the industry, unfortunately, that just, carry on, nothing changes, you do exactly the same thing, whether you're a man or a woman, blahdy blahdy blah. And we know that that's not true. I mean, Stacey Simms is a big proponent of like women's physiology being different. We know through pregnancy, and post pregnancy that it really matters what you do. And I'm saying that in menopause, there are some huge nuances that nobody's looking at, and nobody's taken into account. And we can't just carry on like before, that's BS, right? It's not valid.

JEN

And we, and really what we're doing here is we're starting to get women to view themselves a different way and again, to your book, a whole different mindset and to understand what they believe is possible for them is so much greater than what they've been led to believe.

AMANDA

Yeah, and like you said, like, we almost feel like we're dispensable. Especially like I'm going to be 50, right, within a few days and I never in my wildest dreams would have imagined what would be like to be 50 I didn't think I'd still be represented in the fitness industry, but I feel really, like, healthy and vibrant and capable. And I'm like one of millions of women that feel like this. Yet, you know, we're portrayed this, as always like this, an old gray haired lady with a resistance band sat in a chair working out and I'm like, "Dude, I still deadlift two times my body weight. What the hell are you talking about?" Right? So we definitely don't seem to be very visible. And yet, menopausal women are women like, late 30s, up to their 60s, make up the lion's share of like gym goers, of like the paying client to the gyms. And actually, it's been really great because a lot of male gym owners are reaching out to me saying, "Listen, I have like 70% of my clients are menopausal women, what do I need to do differently?" So the conversation -

JEN

So awesome.

AMANDA

So awesome. Yeah.

ANNIE

Before we get too far down this road, because I know the three of us can jam on this for a while. Can we just pause to define what menopause is? I know that there's three phases of it. Amanda, do you want to provide some insight into what those phases are?

AMANDA

Yes. And I won't spend too long on this. It's just really good to have like a distinct understanding of it as we're talking through the conversation. And I know I did this on the first podcast I did, but, so here we go. So menopause itself is like a point in time, it's when a woman hasn't had a menstrual cycle for 12 consecutive months, she's no longer able to reproduce and sort of like that, sort of like the end of her childbearing years. Now, the average age for that is 51. As we stand, I'm 49 going on 50 and I was menopausal at the age of 48. So you know, there's a spectrum as usual with everything. Perimenopause is the time leading up to menopause. And this, to me, is the one where what we're really defining, because this is usually the most troublesome time for women, the most symptomatic, and it's when we see a woman's quality of life being impacted the most. And it can start from our late 30s, like 35, or six, like, I was 38, I knew things were changing at 38. It can last between 8 and 10 years. So it's a very long time. And then what happens is our sex hormones start to decline, progesterone and estrogen start to decline, estrogen declines in this really crazy type of way that has no rhyme or reason to it, it's whack a mole hormones. And so symptoms like come and go and fluctuate and like new ones turn up every day, you literally don't know how you're gonna feel day by day, and it's horrid. And for some, and the stats now is like up to 80% of women have a challenging time through perimenopause because of these symptoms from a physical, emotional, and mental health standpoint. Then we go to post menopause, which is where I am now. So that's literally anything after menopause. And usually symptoms tend to die down because our hormones are at their lowest thresholds that they're going to be, but some symptoms will remain. Often it's things like vessel motor symptoms, like hot flashes, night sweats, cold sweats, those type of things. And there's a study, just actually, I just read it before I came on that within the average time, post menopause is 8 to 10 years for hot flashes. So you go through menopause, and you're still stuck with hot flashes.

JEN

[Laughs]

AMANDA

They're miserable, right? And then things like GSM, or it's sometimes known as vaginal atrophy. This is something that happens to most women, and it never goes away. It has to be managed, and all for the rest of your life. And so it's really important to understand that things change from your health standpoint, and postmenopausal women and then more susceptible to the diseases

that ultimately kill us. Sorry, like cardio, cardiovascular disease and osteoporosis, Alzheimer's, those type of things that are health considerations that we have to be aware of. So it's all great and rosy.

JEN

So to summarize, we could have a period of eight to 10 years of perimenopause, menopause is a date and time it is 12 months from when you've last had your period. And post menopause could be eight to 10 years after that date.

AMANDA

No post menopause is how you are for the rest of your life forever.

JEN

Okay.

AMANDA

So a woman will spend at least a third or half of her life postmenopausal.

JEN

Okay.

AMANDA

The estrogen is declined, and that's where it stays. It doesn't go any, it doesn't change after that.

JEN

Okay. Okay. So, I want to talk about your book because Annie and I, obviously you sent us both a copy. Thank you. We both read it in preparation for this interview. And one thing I loved about it is just that thread of rebellion that you have throughout the book and your writings and your social media presence, in that you really call out the media and our culture in general for how they treat ageing women, and you really just come out swinging. And you want us to celebrate aging. Do you think the way we navigate this midlife transition through menopause is impacted by the cultural messages that we get about aging?

AMANDA

Yeah, absolutely, for sure. And you know, I don't, I always am a bit mousy when I talk about things, it doesn't come from a place of anger, it comes from a place of like, "Listen, guys, things have got to change." I'm not particularly a very angry person I just have a lot to say, like you guys, right? It comes from a place of emotional experience. And also just being what a menopausal woman and seeing what the media is presenting me on a daily basis. So it comes from a number of different viewpoints. So first of all, ageism definitely exists. It exists in the fitness industry, we're completely dispensable, it drives me crazy. We have, and even in our knowledge base, if we want to, like, specialize as fitness experts. And then all of the different specialty certifications you can do. It goes from pre-, post-pregnancy to over 50, resistant bands sat in the chair exercises, there's nothing far us there. So there's a knowledge gap there. You

know, in the media, they know menopausal women are probably bored with themselves. They're exhausted with feeling exhausted. They're tired of feeling fat, wrinkly, you know, gray hair, they see our vulnerabilities and they're like going, ka-ching, ka-ching, ka-ching. And they're like, "Let's sell this magic pill that's going to like, pretend to fix this woman." The other day, I saw something for \$70 called menopause talc. What the heck? I mean, I don't even get it. Like, I'm just like, "Please just stop thinking that we're these stupid women that really don't have the ability to do critical thinking. And realize that you're selling us a false promise." Unfortunately, there's so many women that are feeling vulnerable, they'll try anything and it, it just really upsets me. And then on the flip side of that, you know, I write articles, and I'm always looking for images, and I don't always want them to be of me. You know, you get sick of seeing yourself. So when I do, like this stock photography, looking for "women 50 exercising," they sit there with two tiny little pink dumbbells and stuff and you know, and I'm just like, this is why we're like, "Why don't people open their eyes?" Why doesn't the media open its eyes and look and say, "Wow, menopausal women, women in midlife are strong, capable and beautiful, let's celebrate everything about them. Let's stop airbrushing all of their wrinkles, let's let them have gray hair, and it be perfectly acceptable. Let's stop selling them anti aging miracles." Like, we need support. We need acknowledgement and we need a change in the culture because it's dismissive and it's insulting.

JEN

And that really, that representation is so important for women, period, right? So I've talked on this podcast before how I realized now I was being primed to hate my postpartum body long before I was even thinking about children. And I would say, I would add to that in the context of this conversation, is we are being primed to hate our bodies and feel like something is wrong with us before we've even seen our first wrinkle.

AMANDA

It's brilliant. And you know, I watch what you ladies say about pregnancy. And I couldn't agree more. There's a direct comparison there for sure. I've already been through with my pregnancy, I don't need you to do it to me again as I'm going through menopause, and I'm getting older. And so like I definitely have curated what I see. You know, you can do that quite easily, I make sure that I only surrounded myself with people that really are from the same viewpoint, which is also a closed minded way of dealing with it. But I just can't do it anymore. I can't put up with seeing the dismissive attitude that's out there. And also just the shills that are trying to upsell me, right?

JEN

I mean, you're really surrounding yourself with women who want to see you rise is what you're doing.

AMANDA

Exactly, exactly. And I think that, you know, women are, we're almost enemies that we definitely get drawn into this narrative, like you say, we're primed for it. But we also allow it to happen and we talk to ourselves that way. You know, I talked about this in the book, and I know that this is a big message of you ladies, is that the thought monster that comes along all of those negative

thoughts that are really dragging you down, we have to address them and we have to change the way that we actually approach aging as a whole.

JEN

Yeah. And in your book, you talk about taking control, right? And so taking control of your mind, and doing what you can to take control of your body. And I want to read, this quote is from your book, but you pulled it from your Facebook group, which your Facebook group is called Menopausal So Hard. Is that right? Yeah.

AMANDA

Yeah.

JEN

So anyone listening, they can find Amanda's Facebook group. Sounds like it's a super supportive community, and this is pulled from your community. "I'm realizing more every day that my body is doing what it's naturally programmed to do. And my role is to support, protect, and love it. I'm not a victim, and I'm not broken. I feel pretty fierce. And the support here makes me feel powerful. I'm so ready to embrace what's next." Isn't that amazing?

AMANDA

Yeah, it takes a while to get to that place, I think it's really hard to feel like that. When you're in the throes of depression or symptoms of chronic fatigue that see you lying on the sofa for hours at a time. It's really hard to have that type of like, strong mindset. But it does happen. It's sort of a little bit of a superpower that menopause gives you I think, I love this quote when she said it, because I just thought more of us need to remind ourselves of this is possible.

JEN

Mm hmm. And it's also viewing menopause as not something that, that it's a normal and natural transition for us as women, it's not something that we are, is like struck upon us. It's a natural, normal transition. And the way I would look at it is like puberty, or pregnancy and postpartum. Like, there's these major hormonal events, transitions in women's lives and women have three, right? If you choose to have children in your childbearing years, I should add, and men go through puberty. And there's no, their hormones do change as they age, but it's more of a gradual... Yeah. [Laughs] It's not these major transitions that we see.

AMANDA

It's exactly right. And so, you know, and we were talking just before we came on air about the United Kingdom. The United Kingdom has something called, it's a menopause awareness campaign. And one of the leaders of that campaign is called Diane Danzebrink. And she went through a similar experience to me, where she was left with lots of unanswered questions and lack of medical care. And she started this campaign and one of the things that she wanted to do was bring menopause education into the school curriculum. Because in every single book that you read, we read about, to do with the body's physiology. And even in the fitness world. And we talk about puberty, we know what happens there. We talk about pregnancy and postpartum,

postnatal. But we just don't even mention at all about menopause. And so that, now it's been spoken about in the school curriculum, because at least then we know that it exists, like, so, for somebody like me that went to the doctor's three or, two or three years into this, feeling the worst I've ever felt in my life. For him to say, "This is a symptom. These are symptoms of perimenopause." And that being the very first time I'd ever heard the word at the end of 42. I just was like, "This isn't right, this has to change. We have to be, this is a natural transition that women go through." Mostly. There is, there are some women that get forced into menopause through surgery or cancers, but the majority of women that go through this, it's a natural, like cycle of their lives. Why aren't we talking about it?

JEN

Yeah, absolutely.

AMANDA

Why is it this big mystery? And so part of the reason I wrote the book, well, actually, the main reason I wrote the book, it wasn't just to give, like, solutions for improving health and attitude in mind. It was actually to say, "We all have a place to talk about this. Make people feel uncomfortable," you know I like to do that. Like it's okay. Like I said, "vagina" on national TV the other day, and I was like, "Flex."

JEN

[Laughs]

AMANDA

You know, because like, why shouldn't we?

JEN

Yeah, why shouldn't we?

AMANDA

Why shouldn't we? Yeah. And so everybody's got a place, and even if it's just you with your friends, that's gonna start that ripple effect.

JEN

So Amanda, can we talk about the hormonal changes that are happening, peri- and postmenopausal? And what the consequences of that shift will be like, what can women expect?

AMANDA

So what perimenopause, as we said, is the 8 to 10 years on average of the most symptomatic time of menopause. And we know that the progesterone falls in like, almost like a slide, think of a playground slide. And then estrogen fluctuates up and down as it declines. And so there are points in time where, you know, your symptoms may be worse or better. And you really just don't know what's coming along. And I know we're going to talk about treatment methods a little bit

later. And so, what can happen though, for a woman is that, she'll wake up one day and not know what to expect and that can be a very isolating frustrating time. Especially if you aren't having the conversation with anyone and you're not saying, "What the hell's going on, what is it? Could this be?" Like, the Baroness Von Sketches out there. "Is this perimenopause?" Well, more than likely, yes. If you're over the age of 40, and you're going through these symptoms that make no sense, chances are, it is perimenopause. And so what women, often what often happens to them is they'll go to the doctor, and usually some of the first changes are to do with psychological. It could be depression, brain fog, memory loss, anxiety. And so because they don't know personally what's happening, now go to the doctor with like, one symptom, like, "I'm not feeling myself," I'm using me as an example, "I'm sat on the sofa for four hours every day, staring into space, I don't have the energy, that drive," the doctors are going to prescribe antidepressants, because you're going in with symptoms of depression. We know that doctors don't have any menopause management training at all. It's not part of the medical school curriculum.

JEN

Is this worldwide, Amanda? So this is Canada, US, UK, Australia.

AMANDA

It's definitely in the first three, I don't know about Australia, definitely there, definitely in the UK, that's changing. It's definitely in Canada and in the US. And even worse, in the US. Say if you went to a doctor and asked for a referral to a gynecologist, which you would think would be the person that could help you with this, 80% of gynecologists take no menopause management training at all. There's only 20% opt to do that in their fellowship training. So it's like, really with that invisible, like, you don't have anybody out there to help us. Now the tide is turning and that's shifting, the North American Menopause Society have a spectrum and it's like on providers like of specialists. And so you can go to their website, it's called menopause.org. It covers North America, so, Canada and the US, and you can find a specialist in your area. In the in the US there's also a telemedicine company called Gennev, gennev.com. And they're again, menopause specialists, and they can help you, and you pay like \$35 for a video conference, but it's worth it because you're actually going to get the help you need, right? And so you know, you go through all of these like psychological, physical symptoms of perimenopause. And I think that counts up to like 50 60, 70 symptoms, I don't know, there's like a new symptom all the time, because estrogen receptors are all over your body. We do produce estrogen in our ovaries, but the receptors are everywhere. So women get joint pain, they get memory loss, you know, they get gut issues, you know, racing heart, dry mouth, bleeding, gums, hair falling out, literally, the symptoms never stop. And so it's like, you know, if we're going to the doctors and getting dismissed, and we can't find valid information out there, a lot of women do just put up with it. And then if you, and then if you can't talk to your mother about it, because she doesn't, she doesn't remember, she didn't, you know, doesn't feel comfortable. It's pretty difficult, you know, to, I understand that it's pretty difficult to have that conversation, but it's a must. There's no need to suffer.

JEN

I imagine some people do feel crazy that something is going on, there's no one to talk to about it. They're, the medical professionals aren't giving any answers. And yeah, wow.

AMANDA

You know, I often think about postpartum depression when I think of menopausal depression. And it's not, it's not the same, but it just took the medical community forever to acknowledge that this was a huge issue for women. And in fact, most medical providers in the US after 60 days stop providing insurance coverage for women after their pregnancies. And yet we know that that's the time where there's the most chance of mental health breakdowns, and all of those things. And so I think the time will come when the conversation will change and the medical community will catch up. But it's not, we're not there right now. Not by any stretch.

ANNIE

I mean, Amanda, with symptoms ranging in such a wide spectrum, and maybe not always consistent, and maybe even sometimes kind of vague. How would a woman go about discerning, "Is this perimenopause. Is this menopause? Is this, like, or is this depression?" Like, how do you, how do you know the difference?

AMANDA

That's so funny, because I literally love that Baroness Von Sketch one, the episode where she they're all talking perimenopause, because you literally just say that all the time. "Is this perimenopause?" And so here's how it's supposed to be acknowledged by the medical community. Right? And so, I do write about this. There's a whole chapter on this in the book because it's one of the most confusing aspects of the treatment, sort of lay options out there. And I wanted to try and clarify, I wrote this with a North American Menopause Society menopause specialist. She's a Harvard educated gynecologist. She's brilliant. And so I felt really good to have, like, what I understood to be true, to be verified by a medical team. So if you are over 40, and experiencing symptoms, and you don't recognize, like Annie, like so you, you said a few different ones, but it could be anything, right? And you go to the doctor, and maybe you've got like a clued in doctor, right? They can run blood tests, because usually, if you're over 40, and you're experiencing perimenopause, it's young. And so they may do blood tests to try and verify where your hormone levels are. And the treatment options, usually for over 40, birth control pills, super low dose birth control pill, and that can help stabilize some of the symptoms. Now, if you're under 40, you can go through an early menopause and it does happen to 1 in 100 women. And it's always misdiagnosed, it's terrible, they're sort of like the missing community. And again, blood work and birth control pill are usually the treatment options. That means we're taking your blood levels for hormones, as they change, like every second. So it's sort of a baseline, there's no, like, people are like, "The doctor didn't give me a blood test," and their actual medical advice is, if you're over 45, you don't need any tests at all. And it's funny, because there's a lot of, like, alternative medicine and naturopaths out there that are selling, like, hormone tests that are 6, \$700 to try and give women like the absolute answers. But again, it's a snapshot of time, it's not necessary.

ANNIE

I saw a hormone test at Target.

JEN

Oh, boy. [Laughs]

ANNIE

Last week.

AMANDA

It's a saliva test. And if you go to the North American Menopause Society, they've said they're rubbish. They're not worth the money.

JEN

That's really good to know.

AMANDA

So you're supposed to get your treatment based on your symptoms. If you're over 45, because it should be a given that that's what it is. And so the doctors do not want to do blood tests, they don't need to, maybe they might do it throughout your treatment protocols over the years, just to sort of like get an idea. But it's again, it's like, it has to be at the same time every day. And it has to be fasted, but essentially, if you're over 45, and you have a lot of different symptoms. And what I recommend, and I start to give, like, how to go to the doctor, advice in the book is start cataloging what's happening. And because if you're getting different symptoms every day, if you're waking up with a migraine, my migraines would last for like two weeks, then I'd have none for a week, and then I'd have them again, you know, like, so they came and went. And I cataloged everything. And when I went to the doctor, I went, I've had seven episodes of migraines, and I've been depressed now for six months, my joints ache and I'm peeing my pants and I would list them all. And so, and then go to the doctor, knowing what valid treatment options are. And just advocate for yourself. It's really hard, but we've got to do it because there's nobody shouting in our corner right now. So we've got to do it for ourselves.

JEN

Amanda, when it comes to treatment, you talk about this in your book, and anybody listening should definitely buy it, read it, to get more details. But you are a huge advocate for hormone therapy and...Hormone therapy. You're also an advocate for calling it hormone therapy and not hormone replacement therapy. And I'm wondering if you can talk about why you are such a big advocate and how it can change someone's experience, but also what advice do you have for those who are resistant to the idea of hormone therapy and prefer a natural experience?

AMANDA

Yeah. Great question. And I'll try and be succinct because it's sort of, like, there's a huge life and background to it. But yeah, it's now called menopause hormone therapy or just hormone therapy, because the idea of saying it's a replacement is not really that valid. And so during perimenopause and menopause, the first line treatment that your medical team should give you

is hormone therapy, right? And what that is, it's like a micro dose of estrogen and progesterone. If you still have a uterus, they have to be together. If you don't have a uterus, you don't need the progesterone, and what that micro dose does is it sort of like, I don't say balance, because balancing hormones is sort of a misnomer, because like I said, they change every second. The point is that it stabilizes that threshold a little bit. It can make women feel normal again, and there's a lot of women that are resistant to taking it because they think that it can cause breast cancer and there's a couple of things to unpack there. In 2002, there was a study released that categorically said, headline newspapers in the New York Times, estrogen therapy causes breast cancer and cardiovascular disease and other diseases. It turns out that report was rushed to publication and even some of the researchers have come back out since then and said, "This simply isn't true." And it wasn't a valid study. And we know now actually from consequential data and further studies, that hormone therapy is the safest option for treatment for women through perimenopause and menopause. Everything has risks, driving a car has risks, but the risks are significantly, statistically insignificant from a scientific point of view. If you have a doctor that's resistant to giving you it because they say it causes breast cancer, that is not the current stance of the medical community. They are uninformed. That's why I think it's so great for women to actually be able to advocate for themselves, and I did it and said to the doctor, "That's not right. This is what," and I ended up getting the treatment I wanted. In the UK there's actually prescribing guidelines for doctors that tell them what to give women, but it's not in Canada in the US unfortunately. And so what happened is when that report came out in 2002, sales of hormone therapy just stopped completely. And without, I mean, my parents, my mom went without it, you said your mom and auntie didn't have hormone therapy, chance of that fall within that window. And then what happened is private clinics jumped in on the opportunity and were like, "Ah, we can sell hormones and we'll do it privately." And they created the term bioidentical, and bioidentical is a marketing term that was created by the compounding pharmacies to be able to get hormones, mix them up to a personalized and prescription for you, and and sell them for hundreds and hundreds of dollars. And that sounds wonderful. And that almost sounds natural because the bioidentical indicates that you know it is natural. But it's, and this is where it becomes really confusing. So the bioidentical hormones actually take FDA regulated hormones that are available from your doctor and then change the consistency of them. They mix them up and they lose that reliability for safety and efficacy. They probably mix it with sawdust and some sand or something as well.

JEN

[Laughs]

AMANDA

You literally don't know what you're absorbing.

JEN

It's an unregulated, it becomes an unregulated substance at that point.

AMANDA

It becomes unregulated, but they sell it to you because they're saying it comes from yams. Okay, so let me just pull back a little bit. If you go to your doctor, and he's like, on the ball, he knows what he's doing. And he says to you, "I can prescribe you hormone therapy," he might offer you a transdermal estrogen patch, or a transdermal gel, which means it goes on the skin and it doesn't go through your liver to be broken down. And he might offer you a micronized progesterone which you need to go with it. They're bioidentical. They come from the same yams that your compounding pharmacist has mixed up for you. But these ones are regulated by the FDA. They come in the exact form they were tested, they come with black box warnings, like they should, and they're safe and cheap, like mine costs, well, I'm not actually on anything anymore, but, mine will cost me \$6 a month. Women are paying hundreds and hundreds for privately prescribed and compounded hormones. And now women are getting pellets injected into them and the FDA want them pulled off the shelf because they've been shown to cause some cancers.

JEN

It's really wild out there. And Annie and I are huge advocates for pursuing regulated industries and substances rather than hitting the Wild West for your medical treatment. And it's not that doctors do everything correctly, but there is an avenue for you to even file complaints, right? So my husband's a health care professional and he has a code of ethics. He must, he can't, you know, there's things he can and can't do. And there's a regulating body that can yank his license if he messes up. So yeah, like, just getting yourself into a safer place, I guess, which it's also sounding like, it's also beneficial to you to transition from paying hundreds of dollars a month to \$6 a month for your hormone therapy.

AMANDA

And then you know, it's just also the you know, it was so, so, so great for you to say that, but it's just also the fact that like, again, women need to use some critical thinking. You need to say, "What is the safest thing for me right now? What's the best way I can support my body?" And if you only need to do a quick Google of FDA regulated bioidentical hormones because they've now adopted the term because women use it. Right? You know, it's a known unknown, but just make sure it's regulated and your doctor can prescribe them. And as far as like, what's natural and what's unnatural? I mean, that's a hilarious conversation because you can argue that natural hormones, made of yams and bioidentical hormones made of yams, either regulated or unregulated, are natural, but they're synthesized in a lab, they're not that natural.

JEN

Yeah, I think it's this bias a lot of us have around natural products. Annie, you and I were talking on Instagram the other night about like Dr. Jen Gunter shared that post about hormones. One comes from this source, and people would think it's natural. One comes from a different source, people would consider that unnatural, but there's literally no difference.

AMANDA

Yeah, exactly. So just simply go to your doctor and ask for regulated bioidentical hormones, they're very sophisticated, super low dose, very safe. And women have found that their lives

have completely turned around with them. There's, you know, we talked about puberty and pregnancy, even death are all natural occurrences, but you don't have to suffer through any.

JEN

Can we talk about weight loss for a moment Amanda? Because in your book, you talk about it. And you know, we've all heard these things that weight loss is impossible or becomes more difficult during peri- and postmenopause. But in your book, you talk about how 70% of women worldwide will gain weight during menopause. And so what's the truth here? And why is crash dieting not the answer?

AMANDA

It's really interesting, because when I saw the statistic 70% of women will put between five and 10 pounds on, that was from the North American Menopause Society. And if we're completely honest, is probably more, I think women actually tend to put more on. And then so straightaway, women are like, blaming menopause for it happening. But if you dig deeper into that research, the research actually shows that, you know, it's usually because of the impacts of menopause that causes to put weight gain on, ie that we are lying on the sofa or fatigued, or we just don't have the energy and so our energy output isn't as great and we probably aren't as cognizant of the food we're eating, and so we probably overeat. And that really does come down to, that's what most of the studies have shown. And it can feel really insulting for a menopausal woman who's put 20, 30, 40 pounds on to just say, "No, it's because you're lazy, and you're eating too much." And it's just like, "No, it's not, nothing's changed. I've done nothing differently." And so what I did is, I started to dig around and I spoke to loads of experts and I found the research and so what we know is that through perimenopause specifically, and then somewhat more, it dies down a bit into post menopause, that those hormonal changes do impact some systems in our body that make losing weight, make putting weight on easier and losing weight harder. But the answer is always the same. How to do it is always like -

JEN

It's always the same. Yeah.

AMANDA

Because we can't change the underlying science. Right?

JEN

Right. And I loved in your book, how you basically said do not diet. And that's what you know, obviously mine and Annie's message, that the mechanism is the same. Health, wellness habits.

AMANDA

We can't stress that enough, right? And I'm, again, coming back to the media and our vulnerability and the weight gain is the biggest vulnerability for women. So I've seen celebrities selling green tea extract supplements for weight loss. I've seen doctors, medical doctors who have been on nutritional training, selling keto green menopause, whatever that is, lazy keto. There's so much stuff out there. And the fact is that really if you're not taking a full nutritional

profile, you're going to be messing with your system. And so there's a couple of reasons why, is estrogen's intrinsically connected to our cortisol levels, our insulin levels, our hunger hormones, they're all sort of going whack a mole crazy a little bit. And so you start doing your crash dieting and your intermittent fasting, which was a disaster for me. Actually, I sort of did an experiment, like, it can lead to like higher stress levels, more weight gain, and just an overall feeling of just not being on top of your game, right? You want to sort of have control over your nutrition. So I laid the book out probably in a way you coach. I think we all come from this same sort of like, mindset, right? So, before I even talk about what to eat, I talk about how to eat. The how to eat is even more important in menopause because we lose sight of what we're eating. We do. We can't estimate that we're eating the same as we did. We know that it's absolute fact. Right? And then I talk about how to nourish the body and what the, where that's most appropriate for you and that there are some nuances as in like, protein intake does need to be addressed more proactively.

JEN

Yeah, yeah.

AMANDA

Through aging and through menopause, because muscle protein synthesis is affected by menopause. And also the fact that like, we may be somewhat fructose intolerant, and not through fructose, but you know, like, just our simple carbs. We may need to look at the intake of those, but it doesn't mean, like, this is in and this is out,

JEN

Quit sugar and yeah, yeah, yeah. Jump on the keto train. Yeah.

AMANDA

Cut out carbs?

JEN

I know.

AMANDA

Why would you do that at this time of your life? Like it doesn't make any sense to me.

JEN

It's brutal out there. This is a really great segue, I think into our last question, which is, how can women approaching perimenopause prepare themselves? And is there anything known that can help sort I guess, sort of help you manage your symptoms a bit better, or lead to less severe symptoms as they go through that transition?

AMANDA

Yeah. So, before I answer that, I want to tell you this really funny story. Well, it's not funny. It's just an anecdote. So I have a friend who is a menopause specialist in the UK and a yoga

advocate, and she does lots of public speaking. And she went to this yoga symposium before we could, we were locked down. And in the lunch break, she could hear people saying, "Well, it's all fine, and everything about perimenopause, but I do yoga, so I'll be fine. You know, I'm not going to get yoga." I'm not going to get yoga. [Laughs] "I'm not going to get menopause." And I'm just like, and then maybe I felt a bit like that, too, before I knew.

JEN

Like, "I'm so fit. I'm so healthy."

AMANDA

"I'm so fit, I'm so healthy. I'm gonna sail through this." And like, first of all, your genetic profile dictates more than you can imagine. Your body is super smart, it knows more than you, just part of it is like honoring, you know, what has to happen, but you don't need to suffer. So, if you're premenopausal, like, so you're in your late 30s, early 40s. And you're like, "Alright, so, something's gonna happen." The first thing you need to know is get educated, actually have an awareness about what is going to happen. Because unlike me, and the women, like, in my group who were hit by that wrecking ball of symptoms, you at least, if you go into them can recognize, "Oh, I know that this is a symptom of perimenopause. So now I'm aware, it takes away the burden," right?

JEN

Totally.

AMANDA

So, knowledge is power, share that knowledge as well. Of course, a couple of things you can do, like, from a proactive point of view is if you really are struggling with quality of life, insist on getting a choice with your medication. Right? So, doctors can offer you three types of medication. And usually, I mean, there may be others. So you can have hormone therapy, if that's appropriate for you, it's not appropriate for everyone. Some antidepressants have off label benefits for menopause, like, for vessel motor symptoms, hot flashes and migraines, and some anti seizure medication can help with that too. So there are many options out there that aren't hormonal, and you can try natural stuff as well, a lot of it hasn't been thoroughly tested or regulated, but some women do find some benefit from them if their symptoms are in the milder range. And then really focus on maintaining your fitness and your nutrition goals and your attitude moving into...

JEN

And your mindset. Yeah. It's everything, right?

JEN

Mindset, and so I mean, that's a big chunk at the end, but it all matters together and if you don't have all of those pieces of the puzzle together, something's gonna fall right? And the mindset thing is that was the biggest game changer for me actually. Sort of letting go of, like I said, honoring the body and letting go a little bit of that sort of like "Well, I want to fix this." Well listen,

darlin', you have to sort of weather this storm a little bit. But your attitude going into this can really help you and then run with that as you age, right? Like, bulletproof yourself so that all of the crap that you're reading just like flies off, you're like Teflon, right?

JEN

Yeah, awesome. And I guess hte last thing I would add is find a community like yours, that can be supportive and lifting you up and sending you to evidence based places to get good quality information and do it together.

AMANDA

Yeah, you know, and it can be any time in the life of that. I mean, that holds true. We know forever connections make us stronger. And even if you're hearing stuff that doesn't make sense to you, or you don't agree with it, it's a shared experience and just the forging forward is an army of strong women makes a huge difference at any time in our life. So yeah, that's key.

JEN

All right, thank you, Amanda.

ANNIE

Yeah, thanks so...I think I spent this entire episode thinking like, "Dude, is this me?"

JEN

[Laughs]

ANNIE

[Laughs]

JEN

You're like the sketch.

ANNIE

"Is this me? Is like, is that what it is?" So, always informative. You are just such a gem to speak with about this.

AMANDA

Thank you. And you know, like I thought of when I talk at the end of interviews, I was like, "Oh my God was that like too depressing? Did I make people think that there's like no light at the end of the tunnel?" And I sort of want to just end by saying, there is loads of hope at the end, and one of the gifts that menopause has given me, and bearing in mind I'm postmenopausal now, is that like, this sense of calmness and strength that's, like, swept over me that I've never experienced before. And it's allowed me to like make better choices. It's allowed me to say no to more things. It's allowed me to just like make like choices about my life based on what I value most, what my strengths are. And I think that, you know, when the symptoms died down, and

you start to see like, little glimmers of your old self again, just run with that because like amazing things can happen.

JEN

Like, you might write a book. [Laughs]

AMANDA

You might write a book.

JEN

And be doing interviews all around the world by different news outlets. We see you everywhere now.

AMANDA

La dee da, give me my five minutes of fame. We've all got it.

ALL

[Laugh]

ANNIE

Thank you so much, Amanda. This was so, so fun.

AMANDA

Thank you.

ANNIE

We'll talk soon.

JEN

Thank you. Bye bye.

ANNIE

Hey, everyone, if your mind has been blown while listening to this podcast, just wait until you work with us. Let us help you level up your health and wellness habits and your life inside Balance365 coaching. Head over to balance365.co to join coaching.