

Easing Into Menopause

We recently featured a month-long series on our social media sites spotlighting perimenopause and menopause through the prism of adrenal and thyroid health.

Our goal was to educate our readers about:

1. What might be at the root of their peri/menopausal symptoms
2. Lifestyle, nutritional, and supplemental recommendations for easing into this transformational life stage
3. Common misconceptions about peri/menopause

Here is our compiled list, our peri/menopause “chapbook” – 28 misconceptions, considerations, and suggestions for helping you ease into menopause:

1. Menopause is a normal event in the aging process. Relentless and unpleasant symptoms aren't normal. Treating these symptoms as a disease isn't normal.
2. When does menopause occur? The average age of onset is 51 years, but most women can use their mother's menopausal age as a good indicator of their own. If you haven't had a period for one year, you're officially post-menopause. There really is no other way to know.
3. The symptoms of peri/menopause are largely due to the chain reaction of ovarian aging and stress.
4. Women have generally put off taking care of themselves; other people in their lives have taken priority. This can bring about difficulty in peri/menopause.
5. Although symptoms are often referred to as “menopausal,” the pre-menopausal/perimenopausal years are typically rockier than actual menopause.
6. The term “perimenopause” didn't even exist until about 20 years ago.



7. Your thyroid and adrenal health has everything to do with how you experience the inevitable hormonal transitions that occur in our 30s, 40s, and 50s. And the everyday nutritional and lifestyle choices you make have everything to do with your thyroid and adrenal health.
8. Unfortunately, the majority of women entering peri/menopause with some degree of [adrenal dysfunction](#) and [low thyroid function](#) – even subclinical low thyroid function (not revealed on standard lab results) – will experience unpleasant symptoms. Nourish, support, and balance your adrenals and thyroid and you could likely sail through perimenopause (aka “puberty in reverse”) and menopause with minimal symptoms – which, by the way, is what nature intended.
9. If you’re already in the “unpleasant symptoms” stage, is it possible to course correct and get relief from your weight gain, moodiness, forgetfulness, night sweats, and hot flashes? Absolutely.
10. Experts in the Functional Medicine community agree that peri/menopausal symptoms are signals that the body hasn’t received the needed nutritional, lifestyle, supplemental – and we would add spiritual – support.
11. “The important thing is to recognize that symptoms, at any age, are the body’s way of telling you that it is not getting the support it needs. Because each woman faces different demands, each will experience her own retinue of hormonally driven symptoms, which may ebb and flow depending on a host of other important factors, such as adrenal fatigue, serotonin depletion, and nutritional deficiencies.” - Marcelle Pick, Ob/Gyn, NP
12. The Functional Medicine community promotes a first line defense strategy of improved nutrition and lifestyle habits, including exercise and stress reduction, to manage peri/menopausal symptoms. If, after 6-9 months there are no improvements, then consider bio-identical hormone replacement therapy at the lowest dose for the shortest period of time necessary.
13. Did you know that the adrenal glands make progesterone? In fact, they’re responsible for a whopping 50% of post-menopause progesterone production. As the ovaries begin to slow their production of estrogen and progesterone (roughly after the age of 35), the body will look for back-up. If the adrenals are already fatigued from producing the stress hormones cortisol and adrenaline, they won’t be able to take on the job of progesterone production. The result? Unpleasant peri/menopausal symptoms.

14. “Healthy adrenal glands are vital for women who are peri- and post-menopausal. The adrenals are responsible for producing the majority of sex hormones in a menopausal woman once the ovaries stop functioning. If the adrenal glands are fatigued and not ready for menopause, there will be an exaggeration of symptoms such as hot flashes, weight gain, sleep problems, bone loss, mood swings, depression, anxiety, loss of sex drive, and vaginal dryness. Healthy adrenals ensure an easy transition into menopause and beyond.” - Dr. Nicholas Hedberg
15. “A woman in a state of adrenal exhaustion is likely to find herself at a distinct disadvantage when entering perimenopause, because perimenopause itself is an additional form of stress.” - Dr. Christiane Northrup
16. Lesser known symptoms of peri/menopause: social isolation and tendency toward introversion, less interest in grooming, not wanting to be a people-pleaser anymore (we say this is a good thing!), chest pain, palpitations, and a sense of, “That’s fine, but I don’t care.”
17. “The conventional misunderstanding persists that as progesterone production ceases, women no longer need to make this hormone. We may not be reproducing a life, but women are reproducing *themselves* for the rest of their lives. It’s not okay to have a hysterectomy to relieve symptoms. It’s not okay for the uterus to be taken out. It’s vital that all of our reproductive organs continue on.” - Dr. Janet Lang
18. In a perfect world, mid-life weight gain should be a modest 5 lbs or so. The more common 20-30 lb weight gain is the result of hormonal and metabolic imbalances that begin decades before the onset of menopause. If the delicate balance between the sex hormones, the adrenal and thyroid hormones, and insulin – the hormone that regulates blood glucose levels – is upset, the stage is set for the dreaded mid-life spread.
19. Ever heard of “thyropause?” This occurs when low thyroid hormone production stacks on top of waning progesterone and estrogen production. In short, it’s the one-two punch of hypothyroidism and perimenopause. Each condition can exacerbate the other.



20. As menopause approaches, pituitary hormones increase (FSH and LH) in an attempt to get a response from the ovaries. This is why these hormones are often tested when a woman wants to get pregnant after 35. But this doesn't mean that conception isn't possible later in life. "Perimenopause is a volatile time and numbers are not necessarily your destiny." – Marcelle Pick, Ob/Gyn, NP

21. Effective strategies for managing peri/menopausal symptoms:

- [Balance blood sugar](#) by balancing macronutrients at every meal, e.g. protein, fats, and carbohydrates.
- Get your Omega 3 fatty acids – lots of them.
- Watch the sugar and caffeine intake.
- Stay regular by getting lots of fiber and water.
- Support the liver with dandelion root and milk thistle to aid in efficient estrogen metabolism. Consider supplemental DIM (di-indolylmethane), which boosts our good estrogens and helps to flush bad estrogens.
- Ensure that your Vitamin D levels are no less than 50 ng/mL.
- Educate your self about endocrine disruptors in skin care, cosmetics, and household cleaners.
- If hot flashes and night sweats are a problem, consider Vitamin E supplementation, acupuncture, and a mindfulness/relaxation practice. Have a regular breathing practice; it has been said to reduce hot flashes a whopping by 44%.
- Above all, [manage your stress](#). It's ok to slow down and say "no" to as much as you can. [Sleep like it's your job](#). Your adrenals will thank you.

22. Botanicals/herbs (aka phytotherapy) can be very powerful adjuncts to managing peri/menopausal symptoms. Try:

- [Hops](#) for hot flashes, memory, mood, and blood sugar balancing
- [Passionflower](#) for sleep disturbances and easing anxiety
- [Black cohosh](#) for hot flashes
- [Motherwort](#) for emotional irritability and heart palpitations
- [Chaste berry](#) (aka chaste tree/vitex) for regulating the menstrual cycle, boosting progesterone production, and relieving moods swings and anxiety

23. “While the physical changes you are going through may cause you varying degrees of discomfort, it’s important to remember that menopause can mark the beginning of an empowering transformation. Embracing ‘the change’ as something natural and honorable can decrease the variety, frequency, and severity of symptoms. Your positive attitude can increase the transformative power – and ease – of your experience.” Dr. Aviva Romm

Menopause misconceptions:

24. **Misconception #1:** The ovaries are responsible for our menopausal experience.

The adrenals and thyroid are the major players here. The adrenal glands help to regulate the production of thyroid hormones. And, just like every other organ in the body, the ovaries require thyroid hormones to maintain a healthy balance of estrogen and progesterone.

25. **Misconception #2:** Unrelenting peri/menopausal symptoms such as heavy and/or irregular periods, weight gain, hot flashes, night sweats, moodiness, sleep disruption/insomnia, migraines, loss of libido, uterine fibroids, and worsening PMS are normal.

Normal is 12-18 months of mild symptoms prior to menopause. Normal would be the gradual cessation of menstruation.

26. **Misconception #3:** The symptoms of perimenopause are the result of declining estrogen.

In actuality, the first hormone to drop is progesterone. Estrogen levels should remain constant, or even increase a little. Estrogen and progesterone should counterbalance each other, but when that delicate dance is disrupted we can be left with [estrogen dominance](#)...the exact opposite of the conventional belief. Treating this imbalance with birth control pills or supplemental estrogen is like throwing gasoline on the fire.



27. **Misconception #4:** Hormone replacement therapy (HRT) is the only way to manage menopausal symptoms.

While low dose, short-term bioidentical hormone therapy may be helpful for some, it's likely not the answer for most. Assess the stress in your life and also thyroid and adrenal function. If this doesn't work, then move on to hormone replacement.

28. **Misconception #5:** Menopause signals the end of our youth and relevance in the world.

The old saying "perception is reality" applies here. If a woman enters this time of life with health and happiness, she will be able to embrace this transition with joy and ease. If she perceives this as a time of ill health and sadness, she will likely experience disruptive symptoms and look to others "fix" her. Women are hardwired to put the needs of others before their own. This can be a time of spiritual and emotional awakening and unapologetic self-care.

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