Navigating Your Path Through Hormonal Change with Purpose, Power, and Facts

the new menopause

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Author of the National Bestseller THE GALVESTON DIET

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No book can replace the diagnostic expertise and medical advice of a trusted physician. Please be certain to consult with your doctor before making any decisions that affect your health, particularly if you suffer from any medical conditions or have any symptoms that may require treatment.

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Letter to the Reader

Dear Reader:

As a board-certified ob-gyn, I have spent countless hours in hospital rooms, in my clinic, in birthing centers, and in the operating room. In these spaces, I've heard the anguished cries of birthing mothers and brand-new babies, and details of confounding symptoms originating in and from the wildly complex and fascinating female reproductive system. I studied for years, endured grueling residency hours, and dedicated over twenty years to clinical practice so that my understanding of this system would allow me to support and engender women's health. I prided myself on my commitment to this specialty and on my ability to actively listen to patients.

Yet it wasn't until I began to be active on social media that I discovered that throngs of women had been yelling loudly for years, but no one had been listening. And they were desperate for help. These were women in perimenopause or menopause, and they felt isolated and distressed by a collection of disruptive symptoms. They often could not find support, from spouses or from friends; worst of all, doctors and other healthcare providers were denying them the legitimacy of their symptoms. Each woman seemed to feel isolated in her own dismay and despair.

I'll admit there was a time when I wouldn't have heard them either. But once I went through menopause myself, I *got it.* I could relate not just through empathy but through my own personal experience—I too had my life severely disrupted by sweat-soaked sleepless nights, annoying and unhealthy weight gain, frustrating brain fog, significant hair loss, and drying skin.

In my case, being on a birth control pill for contraception and to control my polycystic ovarian syndrome had likely staved off perimenopausal symptoms in my late thirties and early forties. When I was about age forty-eight, however, my healthcare provider and I decided I should stop taking the pill and "see where I was hormonally," knowing menopause was coming soon. Around the same time, my beloved brother, Bob, became terminally ill, and in my rush to provide him care at the end of his life, I forgot my own. I was devastated by Bob's death, and I attributed many of the physical and emotional symptoms I was having—most notably new belly fat and little sleep—to my grief.

I tried to be tough and power through it. But night after night of disrupted sleep changed my mind. I tried melatonin, meditation, and proper sleep hygiene, but nothing was working. The loss of sleep made me groggy and fatigued during the day, which made it harder for me to find the energy to exercise and easier to choose less healthy foods. It was a vicious circle of lethargy and unhealthiness! Finally, I decided to start hormone therapy, although for a number of reasons that I now know are common (and somewhat misguided), I felt as if doing so was an act of throwing in the towel.

I was lucky that I had the ability to self-diagnose and self-treat. I was also fortunate in that I had access to research and medical insight that helped me create a comprehensive approach to my own care. This included nutritional strategies, exercise, and stress reduction techniques. Fortunately, the combined approach worked, and I began to feel better. I can't overstate the profound relief I experienced when I started to feel like myself again.

Soon thereafter, I decided to share many facets of this approach in a program I created called the Galveston Diet. I offered this program first through my clinic in Galveston, Texas, and then later in a book of the same name. I began talking more and more about menopause on social media—and my reach has grown to over three and one-half million followers across my channels.

To say the response was overwhelming is an understatement. The program clearly spoke to and met a need that many had for a realistic and attainable approach to improving symptoms of perimenopause and menopause utilizing

lifestyle and nutrition. I am so proud of the program and how many people it has helped and will continue to help.

But there are always more women to reach, to help. Indeed, the population entering this phase of their lives is not just big, it's *enormous*—by the year 2030, the world population of menopausal and postmenopausal women is projected to increase to 1.2 billion, with 47 million new entrants each year. Can you imagine the power of a population this size if we can unite to demand continued improvements in the standard of care for women at this stage of our lives? We could rally behind my personal mantra for *The New Menopause:* Menopause is inevitable; suffering is not.

Of course, even though we are in the midst of changing, this is a big ship to course-correct, and it's going to take a long time to get everyone on board and heading in the right direction. Yet simply by reading this book you are already on the gangplank; you have access to information and proven strategies that can help improve your quality of life and increase longevity.

So let me say this: I hear you. I see you. This book is for you and anyone else (partners, family, coworkers, supporters of any sort) seeking a better understanding of the menopausal transition and life after reproduction ends. My hope is that it will help educate and empower women to care for themselves or to help others care more deeply for them as they experience and deal with these changes.

A book may not be able to take the place of an in-person doctor's appointment, but the pages ahead present an opportunity for a fresh start in how you are or will experience perimenopause (the precursor to menopause), menopause, and postmenopause, and how you approach your well-being during these stages of life. Many will argue that menopause is a natural process and we should just let it take its course and allow our bodies to do what they're supposed to do. My response is that yes, the process is natural, but that doesn't mean that it is not harmful.

What do I mean by that?

Well, as your body naturally produces less estrogen (the hallmark of "the change"), your risks for developing serious medical conditions—including diabetes, dementia, Alzheimer's, osteoporosis, and cardiovascular disease—go

up. You may choose to change nothing about your lifestyle or hormonal levels to deal with the risks for these serious conditions, but I firmly believe that you should be fully informed about the range of those risks, as well as the options for mediating them. Put simply, perimenopause and menopause signal significant changes to your health, and you should be able to make an informed choice about the future of it. This book will put that agency in your hands, no one else's.

You'll see many stories from my patients and social media followers throughout this book. They're not the typical before and after stories you might expect. Rather, they are intended to demonstrate the many, sometimes surprising, ways menopause symptoms may manifest. My goal in providing these stories is to allow you to see what may be your own truth in the testimony of others and to validate you and your experience.

Part One:

THE STORY OF MENOPAUSAL MEDICINE

CHAPTER 1

It's Not All in Your Head

"We know our bodies; we know when something physically has changed."

"At age forty-seven, I was told by a gynecologist that perimenopause isn't real and was asked if I had a psychiatrist."

"I was told by my former doctor that women use menopause as an excuse to gain weight and that it's not real."

"I was told that it's all in your head."

"Welcome to your new normal."

"It's discouraging to not be taken seriously."

"Consulted my ob-gyn about perimenopause and mood swings, sexual interest. She blew me off and said I was too young for menopause."

"The migraines are a new symptom. I have only had them a few times, but they were debilitating. My doctor suggests I take Tylenol and lie down. I would prefer to address the cause and not just the symptom."

"Dr. said it wasn't perimenopause if I wasn't having hot flashes."

"I had to go to an ob-gyn and three cardiologists before I found one who believed me and had knowledge that it could be linked to hormonal changes."

"I was sent for a full blood screening and thyroid testing. All tests came back with good results, so my complaints were not addressed further."

"Still suffering."

That's just a small sampling of comments shared on my social media and in a research study on women's experiences with menopausal symptoms. The study, published in the *Journal of Women's Health* in 2023, sought to understand what kind of support a patient felt she was getting from her healthcare providers (and how that support could be improved). Overwhelmingly, the responses revealed substandard care and weak support. Many patients felt invalidated or reported that they hadn't been provided with any help or even given access to information that would allow them to understand the cause of their symptoms. My informal "survey" on my social media posts directed to gynecology patients revealed many of the same sentiments. Women said things like "My doctor told me he doesn't believe in perimenopause" and "I was told it's just a natural part of aging, get over it," and described encountering a medical attitude of "Welcome to your new normal." Sadly, these experiences aren't the exception, they are the rule. There are so many problems with this that I'm not even sure where to start. But first on the list is the fact that there are major medical consequences of this denial of care and guidance. If a woman in perimenopause or menopause is not getting top-notch care, it's a matter of life and death. Really.

Here's why: Your symptoms, of which dozens (including the well-known hot flashes and the not so well-known frozen shoulder), are the direct result of declining estrogen. My patients, colleagues, and I have been taken aback by the emerging research that's starting to explore the relationship between the menopausal drop in estrogen and issues like chronic cough, tinnitus, and benign position vertigo—just to name a few. These are issues that many women are attributing to "getting old" while they scramble to be believed, get help, and thrive during what should be a powerful and exciting time in their lives.

Estrogen isn't just a pretty hormone that's key to reproductive capabilities; it's responsible for so much more. There are estrogen receptors throughout almost every organ system in your body, and as your levels drop, these cells begin to lose their ability to assist in maintaining your health in other areas,

including your heart, cognitive function, bone integrity, and blood sugar balance.

The list goes on, but in these areas alone we can spot a few diseases that regularly land in the top ten causes of death in women: heart disease, stroke, Alzheimer's disease, and type 2 diabetes. While osteoporosis isn't on this list, it still presents a serious concern, as one in two women will break a bone in their life because of bone loss from osteoporosis, and hip fractures alone are associated with a 15–20 percent increased mortality rate within one year of the break. All this is to say that estrogen is broadly and profoundly protective of your health, and its diminishing status during perimenopausal and menopausal years is a very big deal and should be treated as such.

In the pages to come, I'll present you with a head-to-toe tour of just what you can do to prioritize taking care of yourself during this *big deal* phase. Before we get to the strategies, I want to take a step back and establish some foundational understanding of the myriad ways that hormone changes can present themselves and why exactly the symptoms and resulting suffering have for so long been inadequately addressed.

Estrogen Replacement and Aging

If you are a candidate for hormone therapy, its use may prolong your life. A study published in the journal *Menopause* reported that a woman starting estrogen at fifty can expect to live up to two years longer than women who do not, and per year it's associated with a 20 to 50 percent decrease in dying from any cause.

So Many Symptoms, So Little Support

Stop me if you've heard this one before: A patient walks into a bar…or actually, it goes…a patient walks into their doctor's office first and *then* a bar after because they've been told, *yet again,* that the symptoms they've been

experiencing for months, years even, are just normal or natural and associated with aging, that they're a manifestation of mood changes that just have to be endured, or, most insulting of all, that "it's all in your head." (No wonder the rates of alcohol use in women have climbed, although this is not a healthy trend.)

The not-so-funny reality is that you've likely not only heard it before but experienced it too. The question is: Why? Why can you go to a doctor seeking help, describe your symptom or symptoms, and then walk out feeling dismissed, absent a diagnosis, and without hope of any relief on the horizon?

In medicine, we look at this question in terms of access to care. That is, if there's an ideal patient experience, what are the barriers keeping people from having that kind of experience—the kind where a patient leaves a doctor's office feeling supported and empowered, and outfitted with treatment options? Let's take a look at the barriers to this kind of experience.

Lack of Awareness

One of the most significant issues responsible for inadequate treatment for those in the menopausal transition or in menopause is the insufficient understanding around its pathology, which is how an underlying condition or disease may present itself symptomatically. Changes in hormone levels can lead to a variety of symptoms that manifest in unique ways in each patient, making it difficult to recognize, diagnose, and treat.

It would serve physicians—and patients—well to get to know the list of potential symptoms because it extends far beyond hot flashes, night sweats, loss of bone density, and genitourinary symptoms. Here are many of the symptoms that may be related to perimenopause or menopause (see the Tool Kit for strategies to manage these symptoms).

Acid reflux/GERD

Acne

Alcohol tolerance changes

Anxiety

Arthralgia (joint pain)

Arthritis

Asthma

Autoimmune disease (new or worsening)

Bloating

Body composition changes/belly fat

Body odor

Brain fog

Breast tenderness/soreness

Brittle nails

Burning sensation in the mouth/tongue

Chronic fatigue syndrome

Crawling skin sensations

Decreased desire for sex

Dental problems

Depression

Difficulty concentrating

Dizzy spells

Dry or itchy eyes

Dry mouth

Dry skin

Eczema

Electric shock sensations

Fatigue

Fibromyalgia

Frozen shoulder

Genitourinary syndrome

Headaches

Heart palpitations

High cholesterol/high triglycerides

Hot flashes

Incontinence

Insulin resistance

Irritable bowel syndrome

Irritability

Itchy ears

Itchy skin

Kidney stones

Memory issues

Menstrual cycle changes

Mental health disorders

Migraines

Mood changes

Muscle aches

Night sweats

Nonalcoholic fatty liver disease

Osteoporosis

Pain with intercourse

Sarcopenia (muscle loss)

Sleep apnea

Sleep disturbances

Thinning hair (on head)

Thinning skin

Tingling extremities

Tinnitus

TMJ (temporomandibular disorder)

Unwanted hair growth (whiskers)

Urinary tract infections

Vaginal dryness

Vertigo

Weight gain

Wrinkles

Simply by looking at this list you can see how profoundly far-reaching hormonal changes can be, and how exactly an individual could visit nearly every medical specialty chasing a diagnosis if the common denominator of diminishing estrogen isn't identified. This is also why menopause symptoms may be mistaken for symptoms of other conditions, leading to misdiagnosis—or how it is possible to have more than one cause of similar symptoms (hypothyroidism and perimenopause).

Lack of Uniformity of Symptoms

Healthcare professionals love uniformity, and menopause is an out-of-the box nonconformist with highly individualized expression. Though the endocrine changes are relatively similar across individuals, the symptomatic experience can be distinct and diverse. Not all women will experience all of the symptoms I listed, but the majority will experience some. *When* a person has symptoms can vary too. Menopause symptoms can begin during perimenopause and can last for decades. You might be bombarded by multiple symptoms during perimenopause and reach smooth sailing during postmenopause, or experience the exact opposite.

We have a saying in medicine that if it walks like a duck and talks like a duck, it is a duck. Well, what kind of duck is menopause? It depends on the day, on the time of day even, and, as growing evidence shows, on a whole lot more. How menopause expresses itself in your body can depend upon genetics; lifestyle factors such as diet, exercise, smoking, and reproductive history; and influences like weight/BMI, climate, socioeconomic status, and even cultural beliefs and attitudes around menopause.

No Standardized Diagnostic Criteria or Screening

There is a medical definition for menopause: the point at which you have gone without a menstrual period for twelve months. But that means that you really only know you are "there" until that year has elapsed. Before then—as your periods become more sporadic (or sometimes heavier and more frequent)—you are in limbo, knowing that something is changing but unsure of how long the transition will take. That's the perimenopausal stage, but it's by definition *unpredictable.* I like to describe it as the "phase of chaos." And it has no universally accepted definition or specific diagnostic criteria; currently, there is no established one-time blood test that can tell your doctor where exactly you are in the process. A wide variety of changing symptoms means no specific and clear diagnosis for perimenopause.

There is also no routine screening of patients. In medicine, health screenings are used to detect the presence of a common condition or disease before symptoms appear so that prevention strategies and other actions can be taken to improve outcomes. We screen for high blood pressure; certain types of cancer, such as cervical, breast, and prostate; osteoporosis; depression; and more. Often these screenings are conducted using some type of tool or medical technology, but for some conditions, such as depression, the screening is done by having the patient complete a questionnaire.

There's no standard screening for perimenopause, in part because there's no cure or prevention for what's coming; menopause cannot be avoided. However, we know that many of the conditions or diseases that are initiated as you enter perimenopause and continue into postmenopause occur as a result of declining levels of estrogen and other sex hormones. Proper screening would not only alleviate symptoms and confusion but also allow for the implementation of targeted preventive steps that could lengthen both health and life span.

Gender Bias and Stereotyping