



Flourish Through Menopause

and Beyond

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MyMTTM by Dr Wendy Sweet (PhD)
MY MENOPAUSE TRANSFORMATION



 American College of
Lifestyle Medicine



AMERICAN COLLEGE
of **SPORTS MEDICINE**[®]
LEADING THE WAY

CSMC



Certified Menopause Coaching Specialist

Menopause By The Numbers

% of Women Who Will Experience Menopause

100

% of Women Who Will Experience

Will
ause

What perimenopause/menopause symptoms do you struggle with?



Them Bones

Musculoskeletal Health



Musculoskeletal Health

Decrease in estrogen levels lead to the following:

- Increase in inflammation
- Decrease in bone mineral density
- Arthritis
- Sarcopenia
- Impaired muscle regeneration

Many won't get a bone scan until they break a bone!



- ***We are losing bone:*** During perimenopause average reduction of 10% in bone density. This accelerates in menopause.
- ***We are losing muscle:*** 0.6% reduction in muscle mass per year after menopause

Musculoskeletal Syndrome of Menopause

*Aging is normal.
Suffering is not!*

- > **70%** will experience **musculoskeletal symptoms**
- Roughly **25% will be disabled** by them through the transition from perimenopause to postmenopause
- Includes **arthralgia, loss of muscle mass, loss of bone density** and progression of **osteoarthritis**
- **Musculoskeletal symptoms are not often recognized** by clinicians
- New term introduced to describe this phenomena
Musculoskeletal Syndrome of Menopause



Genitourinary Symptoms

- The **pelvic floor** is impacted by **declining estrogen**
- **Decline in health and functionality** of tissue
- **Common symptoms include:**
 - **Painful sex**
 - **Urinary frequency**
 - **UTIs**
 - **Vaginal dryness**
 - **Pelvic floor muscle dysfunction**

***Aging is normal.
Suffering is not!***



Find a **Physical Therapist** who specialises in **pelvic floor** dysfunction!

<https://www.tandfonline.com/doi/full/10.1080/13697137.2024.2380363#abstract>

Bone Density

- Part of the aging process **accelerated** by **menopause**
- **Reabsorption increases**, new bone **formation slows down** with a **decline in estrogen**
- Certain **medications** accelerate **bone loss**
- **Prevention is key**
- Have a **bone density test** sooner than later!
 - Typically **not recommended** or **covered until 65!**

*Many don't get a
dxa scan until
they break a bone!*



All Night Long

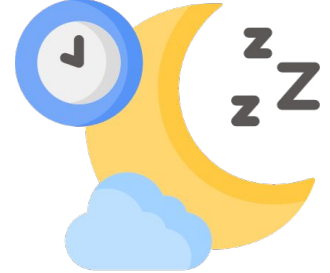
Sleep & Fatigue



Sleep

- Decrease **blue light** exposure at **night**
- Increase **sunlight exposure** in the **morning** (15 min)
- Avoid **alcohol, caffeine**
 - **Caffeine** competes with **adenosine** (helps to keep you asleep)
 - **Caffeine** more **difficult** to **tolerate** with age
- **Type** and **timing** of **food** and **exercise** matter
- **Cognitive behavioral therapy** for insomnia (CBTI)

*A number of
lifestyle
approaches can
help with sleep*



Stop Draggin My
Heart Around
Cardiovascular Health



Heart Health & CVD

- Usually silent
 - Hypertension
 - Cholesterol increases

What can you do?

- Meet **CDC guidelines** for **physical activity**
- Complete your **annual physical**
- Follow a **heart healthy diet** (Mediterranean Diet)
- **Sleep** more and **destress**

Estrogen helps regulate lipid metabolism in the liver



Under Pressure

Brain Health, Stress, Mental Health



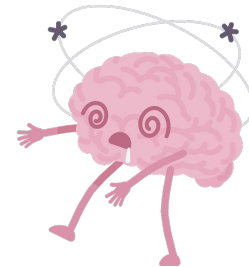
Brain Fog

MT related: 80% of us experience issues with:

- Word finding
- Complex calculations
- Losing our train of thought
- Reading and retaining information
- Memory

Age related brain changes:

- Word finding/recall
- Ability to task switch decreases
- Time to refocus on task increases
- Sustaining attention



Key points to remember:

- **MT related brain changes start in perimenopause**, tend to **dissipate** after hormones stabilize **post-menopause**
- **Vocabulary, reading and verbal reasoning** remain **unchanged** or even **improve** during the aging process
- **Cognitive testing** is recommended at **age 65** to establish a baseline or sooner if you are having concerns

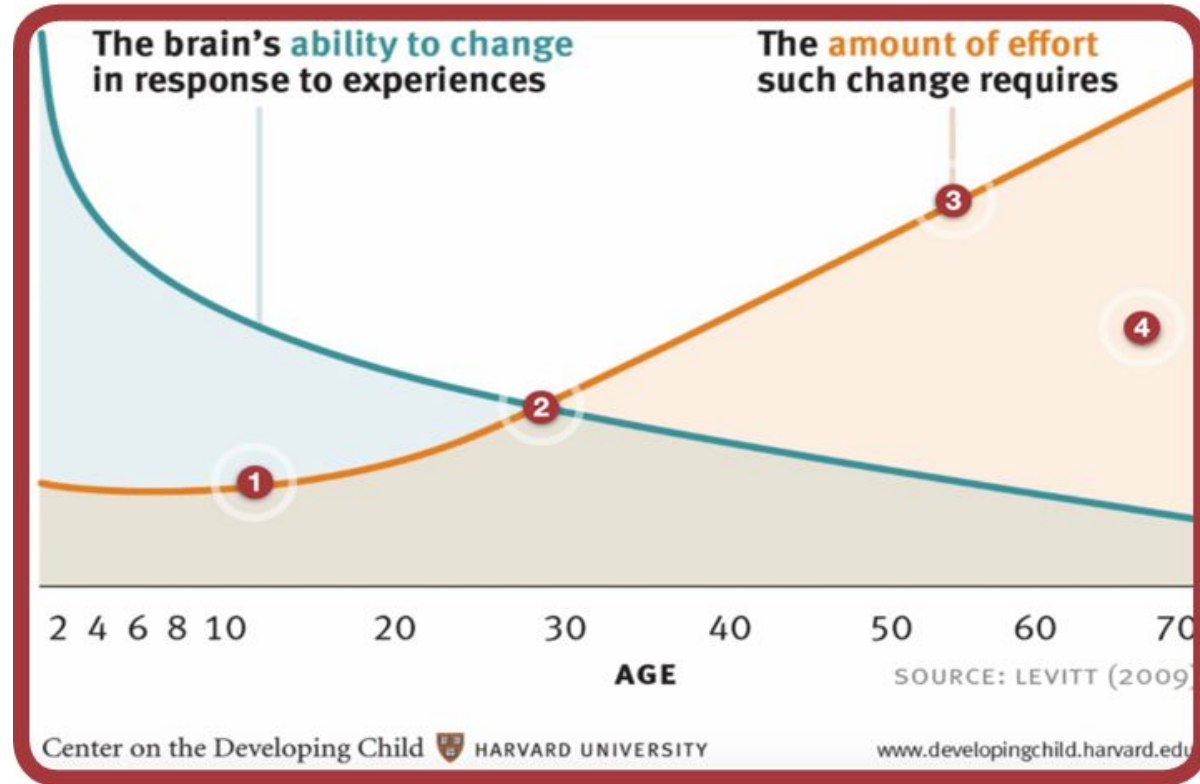
The Result

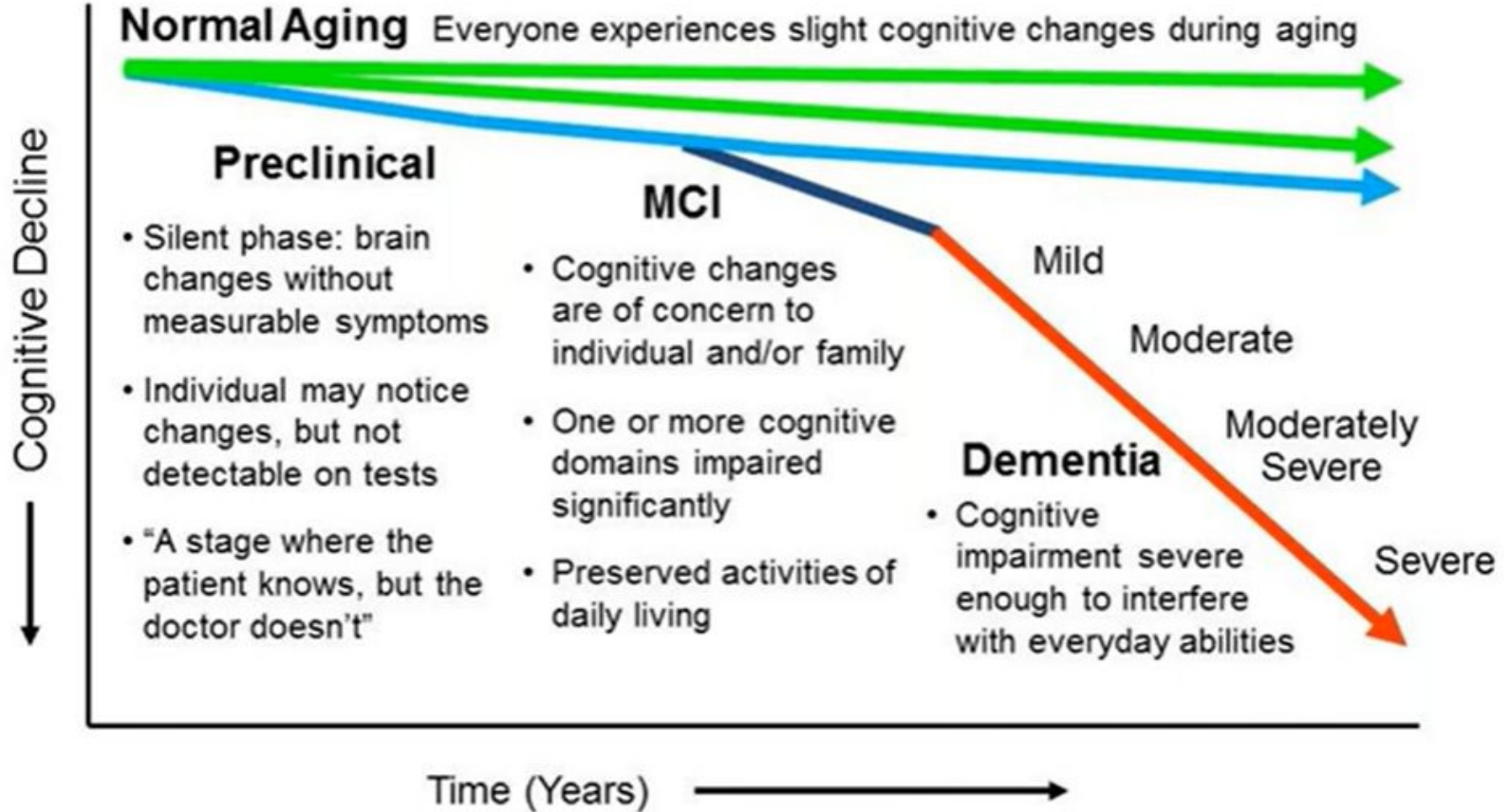
*Women should
be thriving
in mid-life!*

- 1 in 5 women **quit their jobs**
- Loss of confidence
- **Sleep disruption** interferes with responsibilities
- **Increase anxiety** and **depression**
 - *45-55 most common age for women to commit suicide*
- **Relationship challenges:**
 - Survey by AARP Magazine found over **60% of divorces** are **initiated** by **women** in their **40s, 50s, or 60s**



- Changes to the brain normally occur with age
- Brain's ability to change in response to experiences is available into late adulthood
- The effort required to elicit change is greater
- Modifiable risk factors, such as exercise and diet modify the trajectory of brain aging
- As we get older we tend to be more lax when we need to be doing more!





Menopause and Dementia

2x as many women have **Alzheimer's Disease** What you can do to **mitigate your risk** for all forms of dementia:

- Cardiovascular exercise
- Open skill activities
- Combine cognitive exercises with physical activity
- BMI <30
- Don't smoke! Minimize/quit drinking
- Learn something new - language, musical instrument
- Follow the MIND Diet!

Dementia prevention starts in mid-life, not old age



All Night Long

Sleep & Fatigue



Sleep ...zzzzz

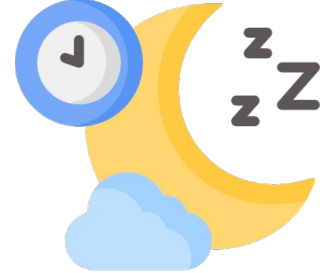
A number of factors influence sleep

- **Progesterone decreases** with menopause
- **Melatonin decreases** with age
- **Cortisol increases** during the **menopause** transition
- **Stress** from work, caregiving, finances, aging
- **Postmenopausal** women are **two to three times** more likely to have **sleep apnea** compared with premenopausal women
- Research show **postmenopausal** women have a [weakened circadian rhythm](#)

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It's Getting Hot
In Here
Hot Flashes



Hot Flash Management

The **North American Menopause Society (NAMS)** recommendation highlights:

- Cognitive behavioral therapy
- Clinical hypnosis
- MBSR
- Weight loss
- Some medications may assist with vasomotor symptoms

NAMS Position Statement reviews multiple modalities for symptom management



Recommend reading the NAMS Position Statement and reviewing with your healthcare provider.

Bust A Move

Exercise



Optimal Exercise

- Strength training is key
 - Lift heavy sh!@# min 2 x a week
 - Better at stimulating muscle and bone growth
- Interval training 2 x a week for 20 minutes
 - Body composition
 - Cardiovascular health
- Balance, posture, open skilled activity, recovery
- Get cleared by your doctor and seek out a qualified trainer or PT to build up to the recommendations

*We are now learning
the most effective
way to build muscle
in mid-life*



Struggling With Exercise?

Assess mutually reinforcing health habits:

- Are you sleeping?
- Are you giving yourself a chance to recover?
- Are you over exercising or doing the wrong program for your body at this time?
- Is your nutrition balanced?
- How is your stress level?
- Joint aches and pains:
 - Seek out care from your doctor & physical therapist

*Meet your body
where it is at!*



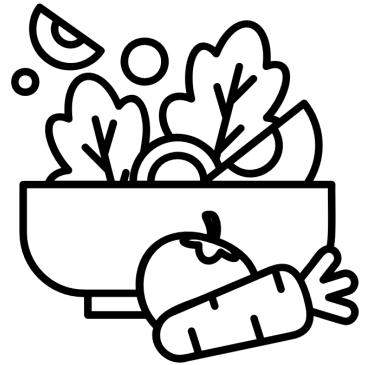
Pour Some Sugar
On Me
Nutrition



Nutrition

- Must **support** your **basal metabolic rate**
- Must **support muscle** and **bones**
- Nutrient **type** and **timing**
 - Don't make up your daily protein intake at the end of the day!
- **Anti-inflammatory foods**
 - **Avoid sugar, alcohol, processed foods**
- **Support gut** and **liver health**

Nutrition must support our changing body!



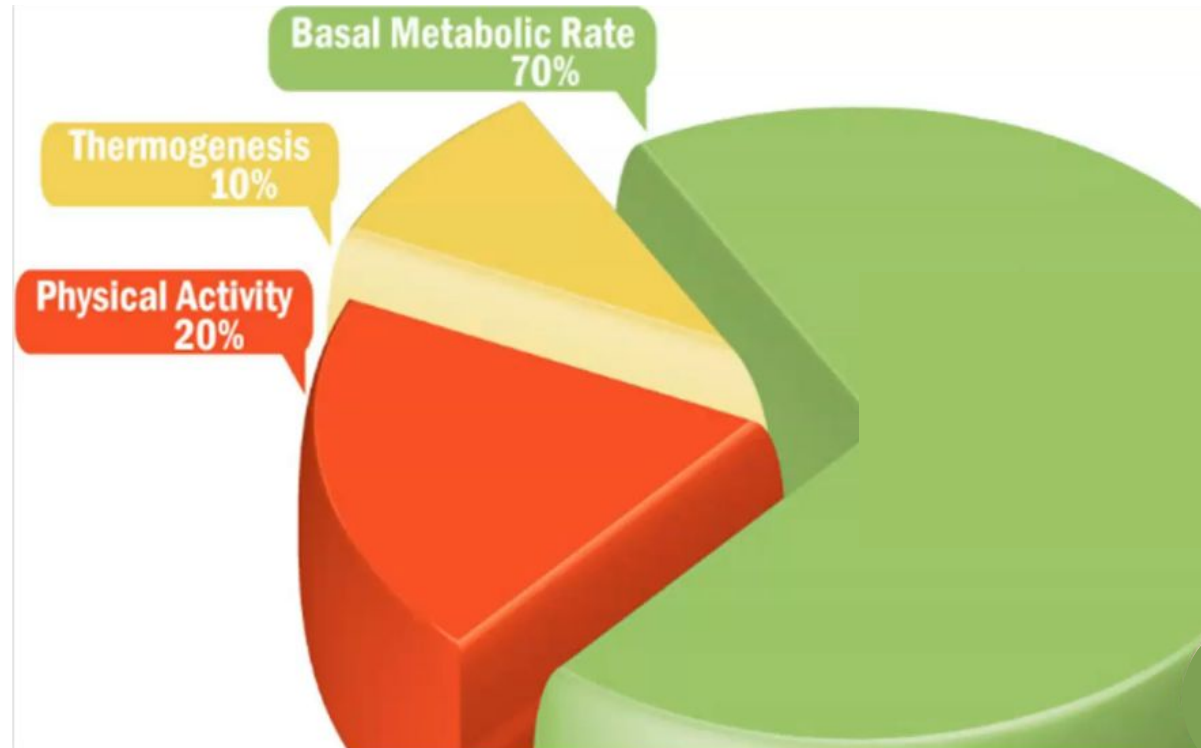
Metabolic changes during the menopausal transition include an increase in the proportion of adipose tissue, an increase in visceral fat, and a decrease in energy expenditure

-BMR **decreases** with age (250-300 kcal)

-Energy intake **below** BMR **NOT** advised

- **Physical activity** often **impacted** at this stage in life

-**Thermogenesis** - influenced by **diet**



Nutrition

Important nutrients:

- Vitamin D
- Calcium
- Magnesium
- B vitamins
- Vitamin C
- Fiber >25 grams
- Added Sugars <25 grams
- Protein .8 to 1 gram per kg of body weight
- Carbs from veggies, fruits, whole grains



What the research tells us...

See a dietitian for an individualised plan!

Resources

[Dr. Mary Claire Haver on Why Women Are Living Longer, but Not Living Well with Katie Couric](#)

The New Menopause; Dr Mary Claire Haver

Estrogen Matters; Dr Avrum Bluming, Carol Tavris, PhD

Menopause Society

- North American Menopause Society Position Statement

Next Level; Dr. Stacy Sims, PhD

- Dr. Sims also has a variety of resources and courses on her website

The Menopause Brain; Dr. Lisa Mosconi

[Musculoskeletal Syndrome of Menopause Paper](#)

[Menopause Transition and Cardiovascular Disease Risk: Implications for Timing of Early Prevention: A Scientific Statement From the American Heart Association](#)

Resources

- [The circadian variation of sleep and alertness of postmenopausal women](#)
- [Society for Women's Health](#)
- [NAMS POSITION STATEMENT on hot flash management](#)
- [The Importance of Nutrition in Menopause and Perimenopause—A Review](#)
- [SWAN Study](#)
- [UCSF Healthy Brain Aging](#)
- [The Importance of Nutrition in Menopause and Perimenopause—A Review](#)

What's next?

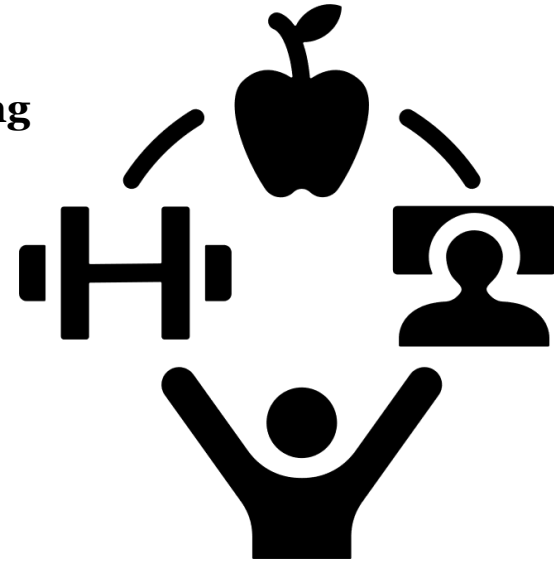
Monthly Support Group - Let us know if you are interested!

Thrive Through Menopause group coaching program starting October 16th

Includes:

- 6 sessions over 10 weeks
- InBody Scan
 - Measures lean muscle mass, fat mass, basal metabolic rate
- Comprehensive Wellbeing Assessment
- Session with Lisa Fligor, RD
- Personalized exercise plan
- Make topics discussed this evening important to YOU actionable!

Individual coaching also available!



Don't hesitate to reach out if you have any questions or comments! I am here for you!

Liz Schenk

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MENOPAUSE

Remember, it is the
eggs that expire,
not the hen!

