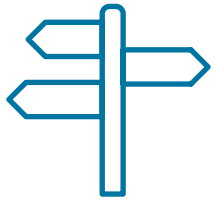
THE PAUSE LIFE

by Dr. Mary Claire Haver

The Menopause Empowerment Guide

If you're feeling frustrated trying to find relief from your menopausal symptoms, you're certainly not alone. As a matter of fact, **The 'Pause Life's FREE community** is buzzing with members who feel the same way! Despite the discomfort women experience throughout their menopausal journey and the readily available safe and efficacious therapeutic options that could improve quality of life and possibly prevent a number of chronic illnesses, only a small fraction of women are offered treatment.

How did we wind up here, and what can we do about it? I'm so glad you asked!



HOW DID WE GET HERE?

Much of the lack of treatment for menopausal symptoms is a result of the inadequately designed, evaluated, and reported results of research conducted by the 2002 Women's Health Initiative, which created panic among patients and physicians alike. The erroneous message communicated by the media, as a result, was that hormone therapy posed more risks than benefits for all women.

On top of this misinformation, according to a survey of U.S. obstetrics and gynecology residents, only one in five residents received formal training in menopause medicine.[1] This staggering statistic signifies that many practitioners feel they lack the appropriate knowledge necessary to treat women in perimenopause, menopause, and beyond, which further widens the gap between women and the relief of their menopausal symptoms.

Many years later, The Menopause Society (formerly The North American Menopause Society (NAMS) created an advisory panel to evaluate new research and reanalyze the WHI trial. As a result of this research and subsequent analysis, a new consensus was released.[2]



WHAT DOES THE NEW RESEARCH SAY?

You can read the 28-page document here[3], and this article summarizes the highlights, but here are some of the most noteworthy developments to come as a result of the reanalysis.

Benefits of Hormone Therapy

For the majority of healthy women in perimenopause, menopause, and post-menopause, who do not have contraindications, the benefits of treating menopause symptoms with hormone therapy outweigh the risks.

1. Hormone therapy is an effective treatment for hot flashes and night sweats. For women whose daily lives are disrupted by these menopause symptoms, hormone therapy can improve sleep quality, fatigue, mood, and quality of life.

2. Hormone therapy can reduce the risk of broken bones and osteoporosis.

3. Hormone therapy can treat the genitourinary syndrome of menopause: recurrent UTIs, painful sex, vaginal dryness.

Hormone Therapy and Cancer

For women with a uterus who take estrogen combined with progesterone:

- There is no increased risk of uterine cancer.
- The risk of breast cancer may increase very slightly if hormones are taken for more than 4 years, but at the time of diagnosis, breast cancer is likely to be a lower stage with a lower chance of death than women not on hormone therapy.

For women without a uterus who take estrogen:

- There is no increased risk of breast cancer for the first 7 years, but the risk may increase slightly if used for longer.

For women with a family history of breast cancer:

- Hormone therapy does not further increase the risk of breast cancer.



WHAT CAN I DO ABOUT IT?

Hormone replacement therapy can be very helpful for many women, but it may not be right for everyone. It is important for each woman to speak with her physician to review her personal risks and benefits and then decide if this is the right path. The **new guidance** from The Menopause Society provides a great opportunity to explore the details with your own physician.

I recommend you make an appointment to see your physician in person. Discussing your symptoms and concerns and asking questions in your doctor's office is often more comfortable than asking over the telephone, computer, or text.

Remember that your wonderful OBGYN, who has beautifully cared for you during your reproductive years, may NOT have received much graining on menopause or feel comfortable discussing your options. You will most likely have to seek out someone with expertise in menopause care.

Call ahead and ask if they are willing to discuss your menopause symptoms and therapeutic possibilities. Remember that this visit should not be a part of the "well-woman exam." Insurance only pays for your annual visit as a cervical and breast cancer screening appointment. You need to make a problem visit to discuss menopause.

Here Are Some Tips to Help You Prepare for Your Appointment.

1. **Try to schedule the first appointment of the morning** to ensure a fresh physician. Tell the staff about issues you would like to discuss so the scheduler knows to block off additional time.

2. **Consider showing up to the appointment fasted** (no food/drink other than water after midnight). This will avoid any delay in testing requiring a fasted state.

3. **Write down your family history of diseases and illnesses,** which relative had them, and at what age. Your family history may help to determine if you are a good candidate for certain hormone therapies.

4. **Keep a symptom journal, noting any changes to your health** since your last visit, including new aches and pains, increased fatigue, hair loss, weight gain or loss, constipation, forgetfulness, depression, etc.

5. **Write down the specific tests** you would like, and what symptoms you have that would make testing these levels a good idea. Your family history could qualify you for certain medical tests you may not otherwise be qualified for. For example, if you have fatigue and a family history of hypothyroidism, your physician can utilize that diagnostic code and increase your chances of insurance covering the test.

6. **Consider your preferences for managing your symptoms** and long-term health, e.g., hormone therapy (HT), an herbal approach, and changes in your lifestyle. It's your choice, and you'll want to ask your provider for their opinion based on your medical history.

What Tests Should I Request at My Appointment?

If you are seriously proactive about optimizing your health in perimenopause, menopause, and post-menopause, there are key tests to request that any doctor can order, and will most likely be covered by your insurance.

1 The "Standard Tests" Complete Blood Count (CBC), Comprehensive Metabolic Panel (CMP), and Lipid Panel

These three are basic tests that are often included as part of an annual checkup—but do not forget to ask for them. They are basic screening tests and do not require symptoms for insurance to cover them during an annual exam.

The CBC measures different features of your blood, including red blood cells, white blood cells, platelets, hemoglobin, and hematocrit. It is important for the diagnosis of anemia, and it is also a screening test for immune system issues and different types of cancer.

The CMP reveals information about your overall metabolism, including kidney and liver function and type 2 diabetes risk. It also looks at electrolytes like sodium, calcium, and potassium, which can indicate whether you're dehydrated, and it's a screening test for your liver and kidney function. This panel measures the blood levels of albumin, blood urea nitrogen, calcium, carbon dioxide, chloride, creatinine, glucose, potassium, sodium, total bilirubin and protein, and liver enzymes.

The lipid panel, usually drawn while fasting, is a broad picture of heart health, which is a measure of your HDL ("good") cholesterol, LDL ("bad") cholesterol, and triglycerides. One of the strongest predictors for preventing heart disease is having a good HDL-to-triglycerides ratio. Your HDL should be higher than or equal to triglycerides.

2 The Diabetes Screen: Hemoglobin A1C (HbA1C)

This test is a more powerful indicator of blood sugar dysregulation than a single fasting glucose level. The HbA1c test measures the percentage of red blood cells saturated with glucose.[4] The higher your A1C, the higher the estimated average blood glucose over the past 6 weeks. A high HbA1C marker may also increase your risk of Alzheimer's disease and cancer—potentially making the test a good predictor of overall longevity.

3 The Thyroid Panel

Thyroid disorders are incredibly common, affecting one in 10 women, and about 60% of people with a thyroid problem are unaware of their condition—and thus, unable to manage it appropriately. The TSH is a great screening test, but a more comprehensive thyroid panel is needed for women experiencing unexplainable weight gain or loss, chronic fatigue, cold intolerance, hair loss, forgetfulness, constipation, and feeling generally depressed. Ask for a TSH, free T4, free T3, reverse T3, and two types of thyroid antibody levels called anti-TPO and anti-thyroglobulin. A more comprehensive panel can spot issues early while they can still be addressed with lifestyle changes.

4 Nutritional Deficiencies: Vitamin D, Zinc, and Magnesium

VITAMIN D: 42% of patients, on average, have low Vitamin D, and this number gets worse with age and menopause.[5] This deficiency can be due to geography limiting sun exposure, darker skin limiting absorption, a genetic issue, absorption issue, or kidney disease. Vitamin D has MULTIPLE roles in the body: it is a hormone precursor that plays a key role in immune function and mood. Deficiencies in vitamin D can also be a factor in autoimmune diseases and certain cancers.[6] Be sure to ask for it if you have mood disorders or fatigue.

ZINC: Zinc is used by your body in cell production and immune functions. When you're zinc deficient, your body can't produce healthy, new cells. This deficiency leads to symptoms such as unexplained weight loss, wounds that won't heal, lack of alertness, and decreased sense of smell and taste.[7]

MAGNESIUM: Deficiency is linked to poor sleep, nerve problems, mood disorders, fatigue, muscle cramping, headaches, and brittle hair and nails. It is also important for heart health and blood pressure and keeping your thyroid balanced.[8]

5 Anemia Panel (iron, ferritin, folate, and vitamin B12)

Anemia is a major cause of chronic fatigue. Low vitamin B12 is common among vegetarians and vegans but can also exist among omnivores due to nutrient malabsorption issues caused by antibiotic overuse or celiac or Crohn's disease. Folate plays a crucial role in healthy pregnancy and preventing birth defects but often is not screened. Low iron can present as anemia or even hypothyroidism. Even if you're not anemic (which can be tested for with a CBC), you can still be iron deficient—which is why testing for iron and ferritin separately is important.[9]

6 Chronic Inflammation Testing: High Sensitivity C-Reactive Protein (HsCRP), Erythrocyte Sedimentation Rate

These tests are great ways to see if you are inflamed and then use them as a marker after nutrition/lifestyle changes to track progress. However, these markers are nonspecific, meaning that abnormal levels can show that something is wrong but not what is wrong. Since nutrition and lifestyle changes fight many causes of chronic inflammation – it is worth testing.

HSC-REACTIVE PROTEIN (CRP): CRP is naturally produced in the liver in response to inflammation. A high level of CRP in your blood can occur due to several inflammatory conditions.[10]

ERYTHROCYTE SEDIMENTATION RATE (ESR): The ESR test is rarely performed alone, as it doesn't help pinpoint specific causes of inflammation. Instead, it can help your doctor identify that inflammation is occurring. It can also help them monitor your condition.[11]

These tests can help you get the most out of your health care and your annual exam. There is nothing more important than understanding what is going on in your body to make the best nutritional choices for your future. And now that you have read through the different tests available, it's my hope that you feel more confident and empowered to ask for what you need.



WHAT TYPES OF HORMONE THERAPY ARE AVAILABLE TO ME?

Hormone therapy is not one-size-fits-all. Many options exist, allowing physicians to prescribe different types and doses to meet a woman's specific needs and overall health status. What is helpful to one woman may be very different from what another woman needs.

There are two basic formulations of hormone therapy: estrogen and progestogens. Both substances are naturally produced in the female body but decline as a woman nears and enters menopause. As the levels decline, many women experience symptoms like hot flashes, vaginal dryness, and an increased risk of bone fracture. The goal of hormone therapy is to replace what is no longer produced naturally.

Estrogen Therapy

Women without a uterus can take estrogen to relieve menopause symptoms.

Combination Therapy

Women with a uterus need a combination therapy of both estrogen and progestogens. After menopause, when the endometrial lining is no longer shed with menstruation, adding estrogen alone can stimulate an overgrowth of the uterine lining. Progestogens work to protect the lining and help reduce the risk of developing uterine cancer.

Other Therapies

The new guidance from The Menopause Society focuses on estrogen and progesterone replacement, but it is important to remember that additional types of hormone therapies exist. Testosterone therapy is available and is an option that many women are exploring. Talk with your physician about the risks and benefits of a full range of options to determine what is best for you. You can find a qualified physician in our **Community Recommended Physicians database** if you need a referral.

Dosing of Hormone Therapy: How Much is Enough?

The lowest amount of hormone therapy that can produce the needed results should be used. It is important to take the time to speak with your physician about the specific symptoms you are experiencing, along with your medical history, so that together, you can make the most informed decision about dosing.

Administering Hormone Therapy

Estrogen therapy and combination therapy can be delivered to the body in a variety of ways. Talk with your physician about which option makes the most sense for you.

- Oral medication
- Patches
- Sprays
- Gels or creams
- Vaginal rings

SAFETY OF HORMONE THERAPY

The new findings on the safety and efficacy of hormone therapy were reported by NAMS and have been endorsed by hundreds of women's health organizations. Experts say that for healthy women (without contraindications) who are younger than 60 and within 10 years of menopause onset, the benefits of hormone therapy outweigh the risks for treating menopause symptoms.

What if My Healthcare Provider Won't Discuss Hormone Therapy with Me?

If your doctor isn't willing to discuss options to consider with you, such as hormone therapy, the following tips may help.

1. Arm yourself with information and share it. Sharing information from credible sources will show your provider that you have done your due diligence and will help the two of you work together to determine the most appropriate course of treatment.

2. Print **this article** that highlights the updated position of The Menopause Society and bring it to your appointment.

3. Hormone therapy is not one size fits all, and there are many options available. This is a helpful summary of **FDA Approved Guidelines Options**.

4. Women who are treated with hormone therapy along with a comprehensive nutrition and lifestyle approach have fewer cardiovascular risks and negative disease outcomes. **This statement** by the American Heart Association published in *Circulation* magazine[13] is also a great resource to give to your provider.

You Should Not Accept Any of the Following From Your Provider.

- Your healthcare provider should not tell you that this is just that time of your life and that this is your "new normal." Yes, menopause is a natural stage, but please don't feel that means you should have to put up with every symptom without help.
- It is unacceptable for your healthcare provider to tell you that they don't prescribe HT. It's up to you and what you want to try and for them to say whether it could be right for you, depending on your medical history. If they continue to refuse, there is a **Recommended Physicians Database** on the **The 'Pause Life website**, or you can reference **the Menopause Society Certified Practitioners database** to find a provider in your area.
- Do not allow your provider to impose unnecessary time restrictions, e.g., they'll only prescribe this once or for a year or two. This is an ongoing conversation; if your symptoms persist, you'll still need help managing them.

Virtual Options

If, after all of your efforts, you are unable to get the care you deserve, please don't give up! Following are online providers that are in no way sponsored by me, The 'Pause Life or The Galveston Diet Program, but could be a very valuable resource and help you manage your symptoms.

	Evernow www.evernow.com	Alloy myalloy.com	Midi joinmidi.com
Membership Required	Yes	No	No
Insurance	**Yes.** Accepts insurance and HSA/FSA payment options (for membership & prescriptions). Members can receive prescriptions at the local pharmacy of their choice, where insurance coverage can be applied.	**No.** Accepts HSA/FSA payment options.	**Yes.** Telemedicine visits and prescriptions are covered by most major insurance plans. Clinicians work with patients to identify prescription solutions covered by their plan. HSA/FSA payment options are available (for prescriptions, supplements, and botanicals).
Cost	$29 per month with an annual plan includes unlimited access to a personal menopause medical provider, outcomes-focused behavioral programs, educational content, and a symptoms tracker. HSA/FSA payment options are available.	Varies by treatment prescribed.	Insurance coverage is subject to deductible and copay. Patients fill prescriptions at the local pharmacy to receive insurance-covered medications. Self-pay varies from $250 for initial visit and $120 to $250 for subsequent visits.
RX Cost	Covered by insurance or available at Evernow's below-market negotiated prices.	Varies by prescribed treatment, ranging from $24.99 - $74.99 per month.	Based on individual insurance coverage. Supplements and botanicals can be purchased using HSA/FSA funds.

	Evernow www.evernow.com	Alloy myalloy.com	Midi joinmidi.com
Intake	1 Complete online health profile. 2 Virtual consultation to collect details to determine if a good candidate for HT. 3 Sign up and get connected with a clinician who will review your health profile and answers to create a detailed treatment plan. 4 RX delivered to the patient's home or available through local pharmacy of choice.	1 Complete online health profile. 2 Choose a personalized treatment plan to be reviewed by a menopause medical provider. 3 Then register to discuss with a provider within 24 hours. 4 Once a treatment plan is created, the patient can purchase 3 months of RX for home delivery.	1 Create an account and review insurance eligibility. 2 Schedule a telephone visit with a clinician. 3 Complete an online health profile. 4 Meet with a clinician via telemedicine for an in-depth discussion and receive a care plan based on symptoms, health history, and goals. 5 Blood tests or imaging may be ordered depending on health history and/or symptomatology. 6 The care plan includes prescribed medications, personalized lifestyle coaching, supplements, and botanicals (which can be delivered to the patient's home).
Treatment Available	Estrogen patch, pill, cream, progesterone, estradiol, venlafaxine, paroxetine, SSRIs. Members can now consult directly with their Evernow medical provider to see if they qualify for hair loss treatments (such as oral minoxidil). The health profile incorporates guidelines from ACOG & NAMS.	Estradiol pill, patch, cream, paroxetine, Alloy Synbiotic, birth control pills, restorative skincare, and O-mazing cream. Board-certified physicians prescribe only FDA-approved, generic medications for the treatment of menopausal symptoms.	Clinicians personalize treatment for each patient, recommending evidence-based solutions, including bioidentical estrogen, progesterone, topical estrogen, non-hormonal prescriptions, supplements, and botanicals. Custom prescription solutions are available to improve skin, hair, and sexual wellness.
Availability	Not available in all states.	Available in all states and Washington DC.	Currently available in 16 states, with coverage expanding to all states in January 2024.

MENOPAUSAL BEST PRACTICES:
EVERY WOMAN'S STARTER TOOLKIT

Nutrition

1 **Try intermittent fasting** for the anti-inflammatory benefits. See ***The Galveston Diet***.

2 **Utilize a nutrition tracking** mechanism. My favorite is **Cronometer**.

3 **Consume adequate protein intake:** 1.3-1.6 grams of protein per kg of ideal body weight each day.

4 **Limit added sugars** to less than 25 grams per day.

5 Ensure intake of greater than 25 grams of **fiber per day.**

Stress Reduction

1 **Get some sunshine:** viewing sunlight increases your brain's serotonin production, the neurotransmitter linked to mood and well-being.

2 **Touch Grass! Try grounding:** getting your bare hands or feet on natural surfaces, such as grass or soil, can lower stress hormones and reduce markers of chronic inflammation.

3 **Find additional stress reduction activities that work for you:** yoga, meditation, journaling, calling your bestie, exercising, setting boundaries, walking on the beach, hiking in nature, and more.

Sleep Optimization

1 **Consider a wearable sleep-tracking device:** I use one, which has helped me realize the habits impacting my sleep.

2 Practice good **sleep hygiene**.

Movement

1 **Stretch** every day.

2 **Practice balance training** every day.

3 **Focus on resistance training** with progressive load three days a week (push day/pull day/leg day).

4 **Cardiovascular training:** aim for 150 minutes per week in cardiovascular zone 2.

Pharmacology



1 **Consider MHT**, if the benefits outweigh the risks.

2 **Consider other pharmacology**, as indicated.

3 **Supplementation** *(if not able to get from food)*:

- Consume enough **fiber** to surpass 25 grams total intake per day.
- Take **Omega 3** fatty acids 2 grams per day.
- Take **Vitamin D** 4,000 IU/Day with Vit K.
- Take **Creatine 5** grams per day.
- Take specific **Collagen Peptides with Fortibone®** for bone strength and **Verisol®** for skin.

*Optional: **Turmeric**, **Berberine**, **Vitamin E** based on risk factors/disease.*

There is truly nothing more important than understanding the options available to you in managing the symptoms you're experiencing. It has become my life's purpose to educate all who seek answers and amplify the need for more research and more resources. It is my goal that my second book, ***The New Menopause***, fills the vast void of information and that it will be your go-to reference. I am committed to doing all I can to help you feel more confident and more empowered!

You are your best advocate for the healthcare you need, and you deserve to achieve your best health!

"If you are suffering from menopause symptoms, and especially if they are interfering with your daily life, it's time to get some help." *-Dr. Mary Claire Haver*

Sources

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