Progress Your Health Podcast - Episode 096

Why Is Perimenopause So Awful?

Dr. Davidson: Thank you for joining us for another episode of the Progress Your Health Podcast. I am Dr. Valerie Davidson and I am here joined with my co-host, Dr. Maki.

Dr. Maki: Good morning. How are you today?

Dr. Davidson: I am doing great. Thanks.

Dr. Maki: We are experiencing a little bit of almost a torrential downpour this morning. Looking out the window, it is, unfortunately, raining a little bit too hard.

Dr. Davidson: But it is not that cold. So June, June in Washington, Western Washington. What do you expect?

Dr. Maki: Hopefully the sun will come out later this afternoon. So in this episode, I think that we are going to answer a question but it is not an actual specific question. We actually wrote a blog post a while ago. Why is perimenopause so horrible? So we are just kind of playing off that a little bit. That is a blog, this is going to be a podcast, obviously. Why is perimenopause so awful. The same idea, just a little bit of a different title. As of the last few years, I think, the perimenopausal demographic, women in their late thirties to early fifties is probably the majority of the people that we see on a regular basis.

Dr. Davidson: I think you know with perimenopause, it is a little bit of an under-represented, I guess, demographic because it is, you know, it is not menopause but it is not your typical PMS. It is somewhere right in between. So a lot of times women sort of getting blown off and perimenopause is exactly what it sounds like before menopause. It can happen, you know as late as you are in your late thirties and it can

last even you know, thirty or early fifties depending on how a female's ovaries are performing, and when they decide to retire or work part-time or work full time.

Dr. Maki: And their stress level.

Dr. Davidson: And their stress level exactly but I always kind of you know, I do not want to make it so negative. You know, why is perimenopause so awful or so horrible. It is not a negative thing but a lot of women will say that to me like, "This is really awful, what do I do? I cannot stand it. Nobody else can stand to be around me." But it really has to do with those hormone imbalances. So working on those hormones is completely different in perimenopause than it is with menopause.

Dr. Maki: Yeah, right. Conventionally, in the medical community, no one is really equipped or prepared to deal with it. Given a woman in her late forties birth control to deal with her menstrual symptoms, there are a lot better options than that. I do not really agree with that really much at all. Because usually, by the time a woman is in her late forties, she is not ovulating anymore, right? So there is no real risk of pregnancy. Her hormones are declining anyway. Giving her birth control in some ways, it is kind of compounding on that problem and there are some safety issues there too. By giving a woman that is forty-eight and giving her birth control, you know, the IUD that is obviously a really popular remedy for some of the bleeding things that happen. Sometimes those are decisions that are made quite frequently, but we feel that there are better options for women out there that are struggling with some of, you know, some of these real common symptoms we are going to talk about today.

Dr. Davidson: Because it really is not one size fits all. Like, "Here take this pill and you are going to be all better." It is certainly not like that and then, everybody, for females and men too, our hormones are changing from when we are twelve to twenty-five to thirty-five to forty-five. But one distinction between perimenopause and menopause is, in menopause, the ovaries are done functioning. They are not producing any estrogen or progesterone rightly, So they retired, they are done. Wherein in perimenopause, a lot of women, if you still have your uterus, you are still having a period. You are still cycling to some extent making that estrogen and progesterone, but you are not making it in the same way that you had been, perhaps five, seven, ten years before. So that time before menopause, people just sort of, getting kind of pushed to the wayside or just deal with it, you are getting older or as Dr. Maki had mentioned, offering birth control pills. Sure if you are nineteen and you really need to prevent birth, then that is a great option. But if you are forty-nine, forty-seven, forty-six, forty-four, that is not necessarily a great option to take birth control pills. As Dr. Maki mentioned, an IUD could help with some of the symptoms but not all of the symptoms. Then, of course, a lot of women we see, they get

offered antidepressants. They get offered counseling. They get offered therapy. They get offered anti-anxiety medications or offered nothing and then sort of pushed on their way.

Dr. Maki: Yeah, right. Yeah. So I mean that is why we are talking about this because it is kind of an underserved community. Now, maybe it does not get as much attention in the medical community is because it is not really a disease. There is not an insurance billing code for it, there is sort of for menopause, there is definitely for PMS. But this period of time for a woman could anybody anywhere from a few years, let us say five years to almost fifteen years for some women. An easy good decade from forty to fifty or thirty-eight to forty-eight. We see women all the time that are in those age ranges that are dealing with these symptoms for a very long time. Usually, that is when they have children, they are working full time, they are busy. In some ways, that is part of the problem- is that there are so busy. They have so much on their plate. They are doing so many different things. That is what creates, in some ways this kind of horrible, this awful transition because their bodies just do not cooperate anymore. On paper, we have this conversation with patients all the time. Their lives on paper are really good. They have a great family, they live in a great neighborhood, kids are doing really well, got good jobs, money is no problem. But yet, they are just not quite either fulfilled or happy, or they are overwhelmed or stressed and it kind of detracts how good life could actually be.

Dr. Davidson: In some ways, I kind of understand what you are saying there. That stress level is going to make everything worse. You think about when the estrogen and progesterone or imbalance, they are not going to be able to buffer those extra stress hormones. So things seem really exacerbated. But one thing you had mentioned is "Hey, I am in my forties and so that is why." I am forty-seven.

Dr. Maki: You are in the throes of your menopause.

Dr. Davidson: Well, you have known that for several years.

Dr. Maki: Do I ever know that?

Dr. Davidson: Oh, you first stop it. But like you were saying, when we are in our forties, life is good. The kids are a little bit older if you have kids. You might be more established in your career. You might be more developed and settled in your environment, in your home, and where you live. That life is actually pretty good. Where I have women that tell me in their forties, "Hey, life is pretty good. Why am I so tired? Why do I have all these symptoms? Why do not I feel well? When I was twenty-seven years old, I had two kids, divorced, working three jobs and I juggle it all just fine. Why

cannot I juggle it now and my are older and they have more autonomy. I should be feeling better." Sure, we need to get done because that is just what happens. I tell these women when they tell me that it is not you, it is really just those hormones, that if we can balance those hormones, it is a little bit like the chicken and the egg. We balance those hormones naturally, effectively, safely, and then you feel better. Then things kind of look better. When they look better you treat them a little bit differently, see it a little bit differently, and you get the ball rolling.

Dr. Maki: Yeah, right. I do think that the amount of stress that people have, that women have particularly, they spread themselves too thin all the time. They got to go here and they got to go there, they got to do this, they got to do that. They just take on too much stuff which I think then creates a little bit more of a perpetuating kind of vicious cycle. But you are right. Their bodies are in a major transition when they go from menstruating years to that perimenopausal window to post-menstruating years that as you say, their hormones are declining. The hormones, the sex hormones tend to be kind of this buffer to the stressors of everyday living. So like you said, when you are 25, you can handle anything. Most twenty-five-year-olds really do not have that much stress necessarily. Maybe they do nowadays. You know, we live in some crazy times right now. But proportionally, people usually have more stress in their forties and fifties because they just require more responsibility. We hear it all the time, they are just not able to handle it necessarily as easy as they did even a few years ago. Or like you said, they have less stress, things are a little more settled, but they feel ten times worse than they did before when stuff was really crazy. Now, they cannot even handle a little bit. They just kind of go off the edge because they have no more reserves in the tank. So you kind of see both bull scenarios.

Dr. Davidson: Yeah. As you said, their stress tolerance has really minimized with that threshold has really narrowed, which is really common that you see especially in women. Men are a different story because you know men's hormones, their testosterone, their sex hormones, or adrenal hormones, they are changing over time. We will do a little bit of a podcast a little bit of Men-o-pause or something, what not on how that works. But for us ladies, when we are in our forties, that threshold for stress really does narrow and there is not only that, but there are those other symptoms that are coming along with perimenopause. Women will tell me, which is very true, once they hit perimenopause, it is like they put on ten to fifteen pounds overnight. Like where did it go? I eat better then. My kids, and you know kids in their twenties, you know, when you are twenty-five, you can have milkshakes and french fries and throw it down with a bunch of burgers and wake up the next day just fine. But when you are in your forties,

you have some chips and salsa, maybe a glass of wine and you are up 5 pounds the next day.

Dr. Maki: Right. Yeah. That is probably... I mean we will go through a little list of the symptoms but probably number one is that unexplained weight gain. Their lives have not really changed, probably very much in the last five to ten years, their lifestyles are very similar, whether they are doing activity or diet or any of that, but yet their weight just continues to go up, and usually, it is always around the midsection. Women proportionally do not usually put weight around the midsection, men have you know, the proverbial beer belly. Women usually put weight around the hips and thighs. That weight around the midsection though, you know, the muffin top, that is in some ways, cortisol redistributed the weight gain. It is not really supposed to be there, from a gender-specific standpoint, but that is probably number one. What would you say are the next like three to five symptoms that you hear the most?

Dr. Davidson: Definitely, sleep. Trouble sleeping at night. Not so much falling asleep but staying asleep. A lot of women, "hey," they will say, "I put my head down I am out and you know less than a minute, but come anywhere between three to four hours later, I am up." They will say you are usually up for an hour to two hours or they might even just sort of wake up periodically, you know, five-plus times plus times a night throughout for no reason. It is not like there is anything noisy out there. They are just waking up throughout the night, which of course, then comes morning time, you know, that is not going to be very refreshing sleep that is not going to be great for daytime energy.

Dr. Maki: Yeah, right. So, on another podcast and even some blog posts, we talked about the different types of adrenals, adrenal fatigue, or adrenal dysfunction. We call it adrenal fatigue, but adrenal dysfunction, how it manifests. What you just described, the person that can fall asleep okay but cannot stay asleep, as you described it as your ghost?

Dr. Davidson: Yeah. They fall asleep, they wake up periodically through the night or unfortunately, which is no fun for like an hour, an hour and a half in the middle of the night. That really is like we had talked about on that last podcast, is the bouncing up of cortisol at night. So you had mentioned earlier that cortisol is secreted from the adrenal glands in a diagonal fashion, it comes up very high in the morning so your bright-eyed bushy-tailed sharp and ready to go and then it comes down at night so that you can fall asleep and stay asleep for the night. What you end up seeing, especially in perimenopause is because of the drop in progesterone. So in menopause, you have a drop in both estrogen and progesterone. But in perimenopause, you mainly have more of a drop in progesterone. That drop in progesterone creates cortisol coming up at night.

So that is why they are waking up in the middle of the night. If you are perimenopausal female and you are in your forties or even late thirties and you are perimenopausal female and you find that you are not sleeping at night, usually they can even trace it back to saying, "It is like a week to two weeks before my period," if you have a uterus "that I am not sleeping well at night," because that typically seems to be where more the issues lie. It is not PMS. It is perimenopause.

Dr. Maki: Right, yeah. So really, a way to define perimenopause, at least the way that you and I to talk about it or define it is really when a woman stops ovulating which is not exactly clear on when that is. Some women can tell when they ovulate, some women cannot. But usually when a woman stops ovulating because when a woman does release an egg, there is a part of the ovary called the corpus luteum. I do not know what the Latin is for that but it is a yellow body or something like that.

Dr. Davidson: A yellow moon.

Dr. Maki: Yeah. Yeah.

Dr. Davidson: Yeah. Yeah. Yellow body.

Dr. Maki: The remnant of where that egg is released from the ovary is what secretes progesterone. So when a woman stops ovulating, which is in some ways genetically determined for women, I think stress level can speed that process up. But usually, that is going to happen to mom, grandma, great-grandma. They are going to have a similar... They all go into menopause roughly about the same time. When they stop ovulating, that progesterone production basically disappears and now the ovaries are supposed to pick up the slack. As we talked about from a stress perspective, most women's ovaries cannot pick up the slack. So there is this huge gap, they have plenty of estrogen because they are still menstruating, but virtually no progesterone and leaves them kind of lopsided so to speak because that balance, that monthly balance they need from those hormone fluctuations is no longer there.

Dr. Davidson: And trust me, estrogen is the best hormone in the world. She is great. But without progesterone to buffer her, that estrogen loves to grow things so that is partly where a lot of that weight gain will come from, where the thickening of the endometrial lining of the uterus. So a lot of times women in their forties, that is when they are getting hysterectomies because their fibroids are growing, being aggravated, they are having heavy periods, they are having periods for three weeks long, they are becoming anemic. So that is where you see that because estrogen is like I said, a great hormone, but tends to grow things. One interesting kind of side note to that is as a

perimenopausal female, your estrogen is pretty good. It might drop a little bit in your forties, maybe a little bit. There is a few percentage that I see where that estrogen really surges in perimenopause, but for the majority estrogen drops, maybe a tiny bitter stays the same. Progesterone will drop dramatically. But if you look at the hormonal balance of a young female just going into puberty, starting to get her first couple of periods. When you see those gals, usually between ten eleven, twelve, thirteen, maybe fourteen, when they first got in their periods, they have the same hormonal balance as a female in perimenopause, because their ovaries are trying to make all this estrogen. They may not be ovulating because their body has not gotten used to you know cycling, so it takes some time to understand how to cycle and get that cycling under their belt. So you have seen that same imbalance with the higher estrogen or maybe you know good estrogen but no progesterone which is why they have some of the same symptoms. A little bit of a muffin top and maybe a little pudgy and then they grow out of that. Then the irritability, that is the other one.

Dr. Maki: Yeah, right. That would probably be right up there at the top with the weight gain. Weight gain and irritability would be number one and number two, depending on who you talk to, and then insomnia would be like the third. The second or third on that list. So you are right, so mom is having the same hormonal profile as her daughter. No wonder why they do not.

Dr. Davidson: Everyone must run, run fast.

Dr. Maki: The men in the household are like cowering in the corner, right? Because no wonder why the mom and the teenage daughter are clashing all the time because their hormones are you know, it is just like you butting heads constantly. I mean, of course, the family dynamics and you know, whatever, but certainly hormones are driving a lot of that behavior on both sides.

Dr. Davidson: Which you know, as a lot of females know when we are around, other friends or females or family members that are women, we tend to cycle together. We just kind of fall in line like that. So yeah, then the fellows in the family need to run.

Dr. Maki: Yeah, and men sometimes, I hear some from wives right there, they say you need to go get your hormones fix. You know, it is all about your hormones. That is a little bit unfair for men to be doing that.

Dr. Davidson: Certainly. Truly.

Dr. Maki: Men have their own hormonal fluctuations. They have their own issues. They cannot just blame hormones on women. That is very unfair. That is the easiest excuse,

right? It is an easy thing to blame. But let us be honest. Men sometimes can be lazy, they are like big children, they are teenagers. I know you yell at me all the time for all the things that I do and that is just the difference between males and females.

Dr. Davidson: You are not a big baby.

Dr. Maki: I am not a big baby but I might be a kind of a pseudo big teenager sometimes. I might be a little messy, you know, compared to your standards. I think those kinds of things happen, I hear about it. I know you hear about it all the time. I think some women kind of feel a little guilty about that. They think that it is really all about them. I think some of it might be, especially the irritability part because one minute a woman will be totally fine and then something very simple, for the most part, that is very innocuous, not a big deal at all and then she is just in a fit of rage. It is like a flip of a switch and she cannot really control that, at least that is what we hear. She cannot really control it. She feels bad about it. She feels guilty. She is probably apologizing all the time. It becomes kind of like this thing in the family or around friends or even co-workers. They know to kind of tiptoe little bit because, "Oh yeah, you know, so and so is a little bitchy today." But there is a hormonal reason why some of those emotions cannot be curtailed or they cannot be controlled necessarily.

Dr. Davidson: Exactly. nd granted, we all have ups and downs in life and our hormones are always changing. So when I am talking with a female, we will talk a little bit about her symptoms and I will say well, how bad is it? Like is it tolerable? You get maybe one night sweat at night or if you wake up one night a week for a couple of hours, is that okay? Are you able to deal with that or with the mood? Are you able to deal with that? I will say yeah, I am fine. That part is fine. I am really more focused on weight. The weight gain that I did not want to have. So it is really kind of thick, you know, looking at those goals. But if things in perimenopause, if the symptoms really are kind of like, you know what this really is affecting my quality of life. I do not enjoy this. I do not want to deal with this. I have had lots of women go to their primary care physicians, especially their gynecologists and they do not really get a lot of answers. They just get told, "Hey you just got to deal with it" or "Go see a therapist" or put you on as you said, birth control pills or IUDs or anti-anxiety medications or antidepressants. Oh my gosh, the list goes on. So they get frustrated which is understandable and then they just feel like they do not have any answers. I want women to know that there are answers, that we do have some things that we do whether we do supplements, lifestyle, nutritional changes, or even bioidentical hormone prescriptions. We have lots of options depending on the female that we are working with.

Dr. Maki: Yeah, right? Yeah. That is where, again, we have said this all the time. It does have to be somewhat tailored because you could have ten perimenopausal women and you have to address each one of them slightly different. Now, most of the time, for most of them again, insomnia being a big one. That is something that we focus on first and foremost because if you are not sleeping well, then everything else is going to just perpetuate because of the role that cortisol plays in that insomnia. Everybody in America to some extent, most, not everybody, that I am being a little bit fictitious there. But so many people in America have this flipped curve, that flipped diurnal curve where the cortisol, as you said earlier supposed to be high in the morning and low at night but that is almost exactly the opposite. It is low in the morning and it is high at night or either bounces around all night long. That needs to be a foundational step to work on that and you cannot take a sleeping medication even something over the counter to really affect that. It has to be done in a little bit different way, that you know, medications, except for what we use a lot is progesterone. Bioidentical oral progesterone does a very good job for these types of situations, calming them down, leveling out the mood, and then helping them get to sleep. Not to mention as you say, the variety of different sleep or cortisol balancing. I would not say reducing necessarily. I would say cortisol balancing type of hormones and that is kind of achieved in a couple of ways by raising cortisol in the morning so they get out of bed with a bit more energy and that automatically in some ways lowers it at night. There are some other things you can do in the evening to help with that. Now, other things can start to kind of branch off once their sleep is improved.

Dr. Davidson: Yes. Many of you probably know, waking up in the middle of the night from one-thirty to three-thirty is not fun. Who would not love to have an extra two hours during the day let alone you are wide awake in the middle of the night for two hours. So you are right. Definitely the sleep is number one, which kind of domino effects into everything. But other symptoms with perimenopause is not just the weight gain, the insomnia at night, the irritability, but we do also notice acne. Like a lot of women will come and say I have never had a pimple, not even when I was in high school and now I am breaking out. That is also a common symptom because when the estrogen and progesterone drop, we still are making her androgens. We, as ladies, make testosterone as well. Not in the nearly the levels that men make it but we make testosterone a lot, a little bit through the ovaries mainly to the production of the adrenal glands to creating DHEA, and then that can turn into testosterone. So DHEA is also another androgen. So when you go into perimenopause, when the progesterone drops, the estrogen might drop a little bit. That testosterone and DHEA do not necessarily drop in perimenopause. So they end up being kind of like the leaders of the hormonal chain gang or you know, they are top of the hormonal pack. So then those excess androgens

will cause breakouts, which as you can see in teenage girls, they kind of have the same thing too because their bodies are not making enough progesterone, maybe some estrogen and they are making a bunch of androgens because our bodies are just trying to figure out their own hormones.

Dr. Maki: Yeah, right. We see, you know, it is interesting about DHEA and testosterone which are both considered to be androgens, right? We see both scenarios. We see almost a surge of testosterone and DHEA, almost like a pseudo-PCOS. They never really had that problem before and all sudden their DHEA and testosterone is either high normal or elevated, or again for the one that is really stressed out, that has been stressed out for a long time, there DHEA and testosterone, like you will see testosterone of three, right? It will be very, very, low. Their DHEA will be lower, or DHEA sulfate will be less than a hundred. That is why we test for those two hormones specifically because you will see both scenarios and sometimes it is really hard to tell by their symptoms which way their androgens are going. Are their androgens high? Or their androgens low? As you said, they are both made by the adrenal so it is a way to infer the adrenal status but you get kind of mixed answers sometimes or mixed information by testing those hormones. You see it in both scenarios and it is really hard to predict.

Dr. Davidson: Yeah. As you had mentioned earlier, you have ten different women in perimenopause. You got it, almost in some ways, treat them ten different ways because some might have higher androgens. They might have low normal androgens. They might have really low androgens. Their estrogen could be high, could be moderate. But for the most part, the progesterone we all know is low. That is one classic part of it. But depending on those ten women, they might not have all of the symptoms, somebody might have the weight gain, the irritability, and the sleeplessness, and somebody else has the sleeplessness and the acne. Everyone is a little bit different. But it is interesting that you are talking about the adrenal glands because one unsung hero coming from the adrenal glands and we always talk about is pregnenolone. So pregnenolone or pregnenolone, tomato, tomato, you know, however, you want to pronounce that but I pronounce it pregnenolone. It is secreted from the adrenal glands and that can actually drop dramatically and I think it is more with the stress like Dr. Maki was talking about. The adrenal stress, the environmental stress causing that pregnenolone to drop because one other very common symptom in perimenopause is women will say "I feel like I am so forgetful." Like. "My short-term memory is gone, but I can still remember exactly what I wore to a wedding in 1988," you know and the ship matching shoes and who I sat next to at a table, but I cannot even remember where I parked my car what I had for lunch yesterday.

Dr. Maki: Yeah, right. I hear all the time, they have lists everywhere, they have post-it notes all over their kitchen or their office or at work. They cannot remember anything. If it does not get written down, it does not happen. Because they just cannot remember anything. And they all think of course that that is like an early sign of dementia. But the brain fog kind of goes with that so they are just kind of in this haze all the time. I definitely think that that is a kind of adrenal cortisol, a stress-related issue for sure.

Dr. Davidson: With that drop in pregnenolone. Because pregnenolone, we make it from the adrenal glands. But we make a little bit from our brain and our spinal cord, which makes it very neuroprotective. So that is a great thing about pregnenolone. As I said, I consider it like the unsung hero of the adrenal glands, is it does help with memory. Like when you are twenty-three years old, you have tons of pregnenolone, which is why you can stare out the window, sit in a meeting, not take notes, and look around and still remember exactly what you heard. That pregnenolone, like, you know, your kids and they are teenagers, they remember everything. They have such beautiful memories and brains. But when that pregnenolone drops, it is hard to remember. I read the same sentence as twenty times, I cannot remember it. Or even something that people will say they are interested in, I research some stuff on Google and I am really interested in this but the next day I do not remember what I read even though it was really interesting.

Dr. Maki: Yeah, right, I talk to women too that are... They have to read. They have to read reports, they have to read certain things and they cannot. They have to reread the same thing as they cannot comprehend anything. They cannot sit down, you know, this is not all of them, this is some of them. They cannot sit down to read a book. It is like they read the words but nothing sticks in their brain. You are right, pregnenolone is very helpful in those situations for sure.

Dr. Davidson: I think in perimenopause, it is the pregnenolone with short-term memory. Because just on the flip side, which we will talk about later. I do not want to focus too much on this. In menopause, a lot of women will say that they cannot remember, that they are having dementia. But that is more about the estrogen dropping because we have a lot of receptors in our brain for estrogen. So when menopausal women are talking about their memory, it is really more about recall. Like what is the name of that author of that book you read last month? They will say, I cannot remember the name of the author, but if you come back to me in five to fifteen minutes, I will remember it. It is in there. It is in there but getting it out is more of a low estrogen issue that goes with menopause.

Dr. Maki: Or they see somebody's face, they recognize the face, but they cannot think of their name. Or certain words they are trying to pull out and they cannot think of the

word to use. That is a little bit of a distinction between that perimenopause. Granted these are all subtleties. But if you are listening and you are either in menopause or perimenopause, you can probably relate to that to some extent because we just hear this over and over and over and over all the time. That is partially why we are doing this podcast because we did not necessarily set out. I know you did not necessarily choose to focus on perimenopause. It is just the type of client that would come in to see you and that is you know. It used to be a bioidentical hormone replacement, it used to be all about menopause. Menopause was the driver because women were looking for answers to their hot flashes and there were not really very many. This is back when we...

Dr. Davidson: We are safe, yeah.

Dr. Maki: When you and I are in school, really bioidentical hormone replacement really took off in about two thousand one because of that women's health initiative study that came out in bioidentical hormones. So really it has only been around for literally not even twenty years. Nineteen years.

Dr. Davidson: Really focused on.

Dr. Maki: But it is good because now it gives women options now and women are still finding out and discovering about bioidentical hormones. But now, at least the way that we do, women of all different ages have you know, there is something that can be done. It is not just for menopause. The new kind of menopausal demographic, it is not menopause necessarily as much anymore. It is the women that were talking about that are, one underserved, with two, there are lots of options that can help them maintain their lives and in some ways maybe have a better quality life, have more joy, more happiness, more energy, better sleep. Life is just better that way because you are not dealing with some of these hormonal challenges that are unfortunately for women or some, are inevitable. They have to happen just because of...

Dr. Davidson: We will complicate it, right? We got a symphony of hormones, right? So when one instruments off, you know, you can totally tell. So we are complicated but we are definitely worth it. So that is why as you are saying, is that underrepresented or underserved demographic of women in their forties. That is what we found because, with our practice, we do not do primary care, we do not do emergency care, is a lot of people would find us after seeing, you know, three or four doctors and not finding the answers they are looking for and then they would find us. Because they are looking in

some ways like, "Hey a friend of mine told me about you and you are my last case resort." So that is how things sort of matriculated for us.

Dr. Maki: Yeah. We have just figured out by accident. Just from listening to people and understanding the situation that we found this little niche between the conventional part and what we do and being able to facilitate that. We are not a replacement for your gynecologist or endocrinologist or cardiologist. We are not a replacement for that. We are in some ways our own subspecialty that makes all of those things, at least the way we feel the way that we try to do it, it is a way to connect all the dots, right? So you still have your cardiologist. We have patients that have their entire team of doctors. They have a GI doc, they have a cardiologist, they have an endocrinologist, they have a gynecologist, and then we are in that team somewhere. We all do our part. It is really for the betterment of the patient. It is really about that at the end of the day. This is a little bit pre-planned, right? We are actually venturing into the Amazon book publishing arena. We are in the process of getting a book finished. It is going to be an e-book on the Amazon Kindle, Perimenopause Plan. We are just going through the finishing touches and we are getting ready to launch that. We do not have an official launch date yet but it is coming fairly soon.

Dr. Davidson: Now, I am blushing and feeling a little bit embarrassed. But yes. I am that age, perimenopause. But we have been dealing with lots of women of perimenopause age for years and years and years and really it is near and dear to our heart. So that is why it is our first kind of venture into the Amazon book. But the Perimenopause Plan should be coming out soon. If you have any questions, or you have any questions about the book coming out, or any questions about perimenopause, I am more than, ask you, feel free to send us an email at help@progressyour health.com.

Dr. Maki: Yeah. It is just a simple email. We have it on some of our blog posts. It is just a way to encourage some because if you notice, we do like to answer listener and reader questions so we get to hear one in a leveraged way, right? So we can share the question and the answer with as many people as possible, so as many people benefit from that. But we also, to have a better understanding of what people are dealing with. So yeah, help@progressyourhealth.com, send us an email. As these episodes keep coming out, whether we are talking about perimenopause or not, we will have kind of a plan on doing a few of those books. We will keep you updated on when they do launch. It is a little scary but also, you know, a very fun and exciting project.

Dr. Davidson: Absolutely.

Dr. Maki: So I think we kind of hash this topic out pretty well. Do you have anything, any last words to add?

Dr. Davidson: No, no. This was great.

Dr. Maki: Okay until next time, I am Dr. Maki.

Dr. Davidson: And I am Dr. Davidson.

Dr. Maki: Be careful. Bye.