

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/medical-industry-feature/all-about-hormones-tailoring-hormonal-balance-during-menopause-perimenopause/7883/>

### ReachMD

www.reachmd.com  
info@reachmd.com  
(866) 423-7849

---

### All About the Hormones: Tailoring Hormonal Balance During Menopause and Perimenopause

#### Narrator:

You're listening to ReachMD. This week's medical industry feature is sponsored by the Metagenics Health Care Institute for Clinical Nutrition, designed for all healthcare providers with roots in integrative, traditional, and functional medicine, seeking to optimize patient outcomes with support from clinical nutrition and lifestyle medicine.

#### Dr. Troup:

This is ReachMD. I'm John Troup from Metagenics and we're at the Anti-Aging Meeting in Las Vegas, their 23<sup>rd</sup> World Congress in Las Vegas, Nevada. We're going to talk about Women's Health and Menopause and Menopausal Transition with Dr. Taz, integrative physician from Atlanta, Georgia.

#### Dr. Troup:

So, one of the hot topics here again that we've heard was really, as part of women's health, hormonal balance, and then more specifically, perimenopausal issues. What are the major concerns and considerations during the menopausal transition years for women that practitioners should be aware of?

#### Dr. Bhatia:

Well, for most clinicians, I think most of us get hit with the quality-of-life issues that most women have as they're going through these transitions, and that's everything from hot flashes, night sweats, sleep disturbances, and for so many women this begins all the way in perimenopause, the anxiety and the irritability. So, the most common question for practitioners from those patients are usually, "Can I go on hormones" or "Do I need hormone replacement?" And it's a debate that sort of spans the type of practitioner you are. If you're in sort of in the conventional OB community, then hormone replacement may look like birth control pills for the perimenopausal woman, or may look like a patch, or even troches, or things like that. If you're kind of in the integrative world then we take a different approach. We do a lot of saliva hormone testing to try to really understand, not just current levels of hormones, but what stored levels of hormones may be, and then tailor hormone replacement to that. And having said all of that, as complex as hormone replacement is, before I even have that conversation with women, there are some key things that I think we, as practitioners, keep missing. And I think that take-home message is basically whether it's our own hormones as women, or hormones you're giving a patient, or someone's giving you, then those hormones still need to be broken down effectively, because if they're not, that's your cancer risk, that's your autoimmune risk, that's what gets you into trouble, you know, everything from mild symptoms to migraines to the heavier symptoms like the major diseases. So, for any women seeking hormone replacement as a quality-of-life issue as she experiences these symptoms, it's really important to kind of break the body down and treat the whole body, not just treat the hormones.

#### Dr. Troup:

Right.

#### Dr. Bhatia:

And that gets a little complex, but I'm so passionate about it, I wish that all of us would be on the same page about this. But it begins with really looking at the gut, because if you do not have a good functioning gut then you cannot metabolize and detoxify hormones, and we're seeing that in the research as well. This is something I'd observed in practice, but now is playing out in the research too. So, for example, I'll look at levels of estrone and if estrone levels are too high, then I don't want those patients on any type of estrogen replacement until I fix gut function, until I've maximized liver function, because I know I'm going to get somebody in trouble down the road. So, really looking at the gut, looking at the liver, and then even correcting any nutritional deficiencies are really the first step of

hormone replacement, before we get into a big conversation of how you replace hormones.

Dr. Troup:

Can we look at menopause as a series of phases? So, for example, the age of onset or early onset of menopause, are there certain issues that may bring that about sooner, and certain conditions and approaches you take early in menopause versus mid to late?

Dr. Bhatia:

I think that's such a great question. There are a couple of different ways to answer that. So, menopause, the initiation of menopause, it's an aging indicator, right? Let's face it, at the end of the day, that's really what it is. So, for many women, they think it's something out of their control, like, oh, this is when it's going to happen, this is when it happened to my mom, this is when it is going to happen to me. But remember, it's an aging indicator and so, again, those key concepts of getting your diet right, getting lifestyle right for your patient, getting their nutritional status and their deficiencies corrected are all a part of slowing down or reversing the aging process. Inflammation is a big part of that conversation. Inflammation is a direct trigger for aging and affects every system in the body. So, for women trying to slow down the onset of menopause, or to even make the onset of menopause easier, Stage 1 menopause is really about measuring inflammation, correcting gut function, and also kind of helping your patient with lifestyle interventions so that that transition becomes easier. Stage 1 of menopause, or those early years of menopause, varies for women. For some it's as early as 40 and for others it's as late as 55, but that early phase is the most painful, is what I've seen, because that's when they experience the hormone fluctuations, that's when they really have changes and there are mental changes too and emotional changes. That's when they really start noticing there's a difference. As you progress and you got into Stage 2, you have less of the flip-flop. There's less of the hormone. Hormones are up, hormones are down. The night sweats seem to go away. All of that seems to go away, but then you're starting to deal with some of the other issues. You're dealing with vaginal atrophy, you're dealing with skin changes, loss of collagen skin, trouble building muscle mass, you're losing bone; you're having some of those issues instead. So, then you have to kind of tailor your treatment of those menopausal women, addressing each of those issues. And then, finally, when you get more into the geriatric, which I think of maybe probably over 65 or over 70 and you're getting into that group, they have a whole host of problems that have manifested as a result of the hormone changes, so their estrogen depletion, their progesterone depletion, their thyroids have usually slowed down significantly by then. So again, you're really looking at cognitive function now and seeing what you can do to help those women with improving cognitive function. Continuing to watch and measure inflammation, I think, is so critical in all the stages, but even more critical here because in this latter age group that's really where ongoing chronic low-grade inflammation turns into that late-onset cancer, that late-onset autoimmune disease, those types of things.

Dr. Troup:

Are there any associations that have established helpful clinical practice guidelines on how to manage these menopausal transitions or other associated issues and concerns that you would recommend practitioners to look at? Or is that something that we need to do?

Dr. Bhatia:

I think that's something we need to do. So, you have ACOG, right? The American College of Obstetrics and Gynecology, you've got their standard recommendation. You have the integrative and functional medicine world recommending different things. But in terms of a resource for all physicians to go to that addresses this in a systematic way, I haven't seen it. I've seen a lot of individual doctors put similar type information out there and I know we're all sort of speaking the same language, but I think for the clinician seeing patients day in and day out, trying to figure out, you know, "Well, do I listen to this person, or do I listen to this person, or where do I go for information?" I don't think there is a good, established resource and I do think it's something we need to create.

Dr. Troup:

Okay. What about, and again during the menopausal transition years, other issues that you think practitioners should be aware of and try to manage, for example, cardiovascular disease or the increased risk that might take place in cardiovascular diseases with the use of hormone replacement therapy.

Dr. Bhatia:

So, there is absolutely cardiovascular disease risk and inflammation and how all that's connected is also directly related to hormonal health and there are two things that happen with the shifts in hormones. So, on one hand, as women lose their estrogen and lose their testosterone and things like that, you'll see a rise in a lipid profile and that will trigger then a rise in cardiovascular disease risk. On the other hand, if you're thinking about giving them estrogen, or things like that, and they have a gene, or if they have the epigenetics for not being able to metabolize that well then you're also increasing their cardiovascular risk. So, when you're trying to sort through that conversation it's important to understand that that hormone depletion has affected everything. It's affected their lipid profile, it's affected their cardiovascular disease risk so you have to keep measuring and managing that, and then you also, this is where the whole future of epigenetics is so exciting, because you want to be able to understand that, hey, I want to help these factors on this patient. I want to give them either a statin or an herbal, or I want to give them a hormone, or I don't want to give them that, but if they don't have, again,

the epigenetics to handle detoxification and breakdown of these medications and hormones, then you're kind of doing more harm than good.

Dr. Troup:

For those of you just joining us, this is ReachMD. I'm John Troup with Metagenics. We're at the A4M Annual Conference in Las Vegas, Nevada, and with us is Dr. Taz, integrative physician from Atlanta, Georgia. Thanks for joining us.

Dr. Bhatia:

Thank you.

Dr. Troup:

You brought up an interesting topic that is really, I think, part of, core to an integrative approach to healthcare and you talked earlier in this interview about managing menopausal transition, and particularly starting with the gut, which is a very integrative functional medicine approach.

Dr. Bhatia:

Right.

Dr. Troup:

And, obviously, we think is important, and yesterday in your presentation you also talked about managing the gut. And there's recent data now that shows that the gut is acting as a neuroendocrine site where it's creating, because of the pre- and probiotics, the microflora, creating its own chemical metabolic environment. Is that the basis of why the gut is so important, because of the influence that it has on the metabolic systems? And then, how are you trying to manage that as a menopausal treatment approach?

Dr. Bhatia:

I mean, you nailed it. So, when you look at the literature, again, a lot of this I was seeing in practice and you go back and look at the literature, you start to understand as we're learning more about the gut microbiome, what I'm seeing in practice is absolutely playing out in research. What the research is saying is that the gut microbiome itself secretes hormones. It secretes its own kind of neuroendocrine markers that influence the entire hypothalamic pituitary axis, and that, in turn, influences how your hormones are going to be regulated and that type of thing. It's probably a factor in aging as well. So, it absolutely plays a role. Now, in terms of our ability currently to go in there and measure and say that this bacteria is causing this hormone change, we're not there yet, right? So, as clinicians, kind of what we need to do is take a good gut history. I mean, that's the first thing you need to do. Does your patient go to the bathroom every day, what type of diet are they eating consistently, you know, are they eating foods that you think may not be giving them bacterial diversity, if they're eating a lot of refined and processed foods and they're eating on the go a lot. They're not eating whole meals. So those are some of the things you can dig into to try to understand where they may stand with that. And if that's not enough and you don't have a really good sense of that, then there are tests to do. There are laboratory tests that you can do. You can do stool assays to get a sense of where they are with gut function. There are some blood tests you can do as well. And once you put all of that information together, hopefully you have enough to convince the patient that the gut is something they need to think about in menopause, and kind of a first easy step to do is to think about probiotic supplementation. I mean, I am a huge believer in it. There are lots of different probiotics on the market. I know it's hard to pick one, but again, it's a high quality probiotic that's usually going to be shelf stable that will typically not degrade down and just be a product that has no benefit or is basically dead when you take it. It will be helpful in kind of reestablishing that gut flora. Prebiotics sometimes play a role, digestive enzymes, for a gut that may be slowing down or having more motility issues. All of these factors, remember, influence the microbiome which in turn influences our hormones. And that's the connection, I think, we as practitioners need to make.

Dr. Troup:

How about the aspect of managing real general lifestyle issues, so stress, anxiety, because of the transition period of time, and just life in general. Any special tools or considerations you try to recommend that your patients use?

Dr. Bhatia:

So, menopause is a tough time. You have the physical changes and I think sometimes more than the physical changes women are devastated by kind of the cognitive changes and the emotional changes. So women, many women, sharp women, they ran companies, they ran teams, they ran a 20-person family, totally capable of doing lots of different things, find themselves in a position where they're not able to do those things or they're having other issues like anxiety and depression that they didn't have before. So, for women going through menopause or in menopausal transitions, it's very important to correct everything else that you can correct. So you do want them to do an assessment of their life. You do want to correct things like, are they sleeping consistently, get a good sleep history. Help them with their sleep cycle. That's a huge factor because the hormones disrupt that. Are they exercising, because we know exercise

helps with management of serotonin and dopamine and those types of things, so exercise is an easy way for them to manage some of this. You know, they may need to readjust their routines. They may not be able to handle the stress load they were able to handle a few years prior. So helping them with those lifestyle recommendations is just as much a part of the treatment plan. And a lot of things I'll do too with menopausal women who are having a lot of these emotional issues, sometimes you have to correct the chemistry first. Before you can tell them, "Hey, you might need to repurpose your life or redirect your life" or however it is, because it's very hard when someone is in a nutritionally-deprived state or their chemistry is completely off, they are not in a state of mind to hear the information you're going to give them. So, oftentimes, the first visit for us is correcting chemistry, the second visit is putting the pieces together and seeing if they're feeling better, and the third is where we dig in and we're like, "Okay, well some of this is emotional, let's see where we need to go with you correcting your lifestyle to help with everything else."

Dr. Troup:

Okay. Well, in the last minute that we have, any final summary thoughts or recommendations for practitioners on key considerations in managing menopausal transition?

Dr. Bhatia:

Well, I think I would love for my colleagues to remember menopause is a whole-body issue. It's not a hormone issue, and I think that's where most of us get tricked a little bit. And when you're managing a menopausal patient, think about correcting chemistry, think about correcting gut and detoxification, then think hormones, and then think lifestyle.

Dr. Troup:

Great. Thanks very much for your time Dr. Taz. Always insightful and helpful information. It's great having a chance to talk to you again here at the A4M meeting in Las Vegas, Nevada. This has been ReachMD.

Dr. Bhatia:

Thank you.

Narrator:

You've been listening to ReachMD. The preceding segment was sponsored by the Metagenics Healthcare Institute for Clinical Nutrition, designed for all healthcare providers with roots in integrative, traditional, and functional medicine, seeking to optimize patient outcomes with support from clinical nutrition and lifestyle medicine. Please visit [www.mhcn.com](http://www.mhcn.com) for more information. To download this podcast and others in the series, please visit [ReachMD.com/Metagenics](http://ReachMD.com/Metagenics). That's [ReachMD.com/Metagenics](http://ReachMD.com/Metagenics). Thank you for listening.