SUPER AGE

Is It Burnout or Menopause? My Brain Fog Was the First Sign

MAY. 14, 25

When my words disappeared, this was my wake-up call in menopause.

After spending four years writing my book and exploring what it means to lead with presence, intuition, and heart, I pushed myself through a grueling, nine-month book launch during the height of the pandemic. It was a time of global uncertainty, and I responded the only way I knew how: by muscling through.

I'd experienced burnout before, but this felt different. This wasn't just exhaustion—it was disorientation. My brain, once sharp and steady, suddenly felt foggy. Reading words left me feeling a bit overwhelmed and I often couldn't find words I'd just spoken in my mind. Simple recall? Elusive.

I was embarrassed to tell anyone. I was an accomplished writer and suddenly, I couldn't comprehend or read without feeling confused and overwhelmed. I finally confided in one trusted friend, a fellow writer. He knew burnout well and offered compassion, but he couldn't relate to the cognitive decline I was describing.

Then I heard journalist **Tamsen Fadal** share her own experience:

"I remember feeling so unfocused and spacey. Once at work, I couldn't even read the words on the teleprompter."

That moment was a lifeline. I realized I wasn't just dealing with burnout. I was entering menopause.

An Integrative Approach to Menopause

My story is not just mine — it's a story shared by so many women. In the past three years, I had to fire five different healthcare practitioners (a primary care doctor, two endocrinologists, and 2 OBGYNs, one of

whom was calling herself a “menopause expert”, but was just pushing hormones with no customization while I was reporting an allergic reaction for 4 months. This is my body, my life, and my choice. Hormones are powerful things and when one part of the body isn’t optimized, giving hormones without adequate labs and understanding the “root” cause can make symptoms worse, not better. My foundation and bias is an integrative medicine approach. We are one body and the entire system is working together, not separate.

My masters degree is in medical/clinical health psychology and I trained, consulted on longevity/health research and taught at three of the pioneering integrative medical centers in the US (**Sutter Health, Institute for Health and Healing, UCSF Osher Center for Integrative Medicine**, and **Stanford’s Center of Integrative Medicine**).

I’ve spent the last few years synthesizing studies and gathering vetted experts to navigate this very challenging transition while navigating a dearth of women’s research in midlife and my own health challenges. Luckly, I’ve had a meditation practice since I was 19 years old and I know that rupture often means that an upleveling of transformation is on the other side.

Menopause is a profound transition that asks us to slow down and listen to the body’s wisdom.

What I’ve learned through this menopause rite of passage is that it’s a multidimensional journey, encompassing physiological, emotional, and spiritual aspects.

Menopause is a profound transition that asks us to slow down and listen to the body’s wisdom. To restore what’s been depleted. To reclaim parts of ourselves long buried under roles, responsibilities, or expectations. And ultimately, to rise stronger, wiser, and more whole into the next chapter of life.

In my personal and professional experience, this journey requires more than symptom management. It calls for a customized, integrative medicine and psychospiritual approach that honors the unique rhythms of each woman’s body, mind, and soul. And most importantly, a **circle of support** that reminds you that you are not alone, and that this passage is sacred.

Cracking the Menopause Code: My Search for Answers

One of the most common symptoms women report during perimenopause or menopause is brain fog—and for me, it was the first major sign that something in my body was shifting. Despite my background in neurobiology and years serving at leading integrative medicine centers, I didn't immediately connect the dots. Part of the reason? No one around me was talking about it. Brain fog, not sleeping through the night, hypothyroidism, increased anxiety—these symptoms were still shrouded in silence.

When I finally sought medical help, I was dismissed. No lab work or understanding of the clear signs of my lab work. No hormone panel. No referrals to a women's health specialist.

A 2023 national **survey** of U.S. obstetrics and gynecology residency programs revealed that only 31.3% had a formal menopause curriculum. Most programs with a curriculum relied on lectures (96.8%) and assigned readings (77.4%), but the frequency was limited, with 71.0% offering two or fewer lectures per year. In my experience, even fewer are trained in nutrition or other foundational lifestyle factors that are essential for thriving in this chapter of life. I felt invisible in the healthcare system—like I was asking for too much when all I really wanted was science-based education, clarity, and support.

So, I began a quest to understand what was happening inside my body and educated myself on women's health in midlife as an integrated system. To crack the code, I had to work with eight different practitioners and try countless herbs and protocols. I have learned the power of self-advocacy, saying No, and being very direct about what kind of care I deserve and need. My goal in writing this article is to help other women so they don't have to experience the exhausting (and expensive) search for answers I've gone through.

This article is the result of three years of navigating my menopause journey—A journey I'm still on. I share what I've learned not as a final answer, but as a living, breathing guide that continues to evolve. Thank to Tasmen Fadal, Dr. Lisa Mosconi, Dr. Julie Taguchi, Dr Sara Gottfried, Dr. Elissa Epel, Dr. Jen Wagner, and many more for leading the way and inspiring me to find the menopause answers I needed to feel healthy again.

Here's what you can expect in this guide:

- **How to understand *your* flavor of menopause (and where you are in the journey)**
- **The science behind hormone-related brain changes—and how to support your brain health**
- **The overlooked impact of chronic stress on hormone dysregulation and early menopause**
- **And, most importantly—how to reclaim rest, regulate your nervous system, and reimagine this chapter with power and possibility**

This is your invitation to be seen, supported, and informed. Let's begin.

MENOPAUSE 101

There are approximately 34 to 50 symptoms that can occur throughout the menopause transition—including perimenopause, menopause, and postmenopause. These symptoms often begin between ages 35 and 55, and their intensity, duration, and frequency can vary based on genetics, lifestyle (diet, exercise, stress), pre-existing health conditions, and how quickly hormone levels decline (whether naturally or due to surgery or medical treatment).

Why do these symptoms happen (and when)? They are primarily caused by changes in your hormone levels—especially the drop in estrogen, progesterone, and testosterone. The most common symptoms relate to sleep changes, weight, brain fog, and mood, and fatigue.

The 4 Stages of Menopause

Menopause isn't an overnight event; it unfolds over time, typically in four stages:

1) PREMENOPAUSE

Premenopause is usually between the ages of 35 and 40. In this stage you are still having regular menstrual cycles and considered to be in your reproductive years, typically before any noticeable signs of perimenopause begin. While hormone levels are generally more stable during this time, subtle shifts can start to occur in the late 30s—especially a gradual decline in progesterone, often creating a state of estrogen dominance.

- You might experience heavier, more painful periods, clotting, and increased production of prostaglandins, which cause inflammation and cramping.
- You might notice more intense PMS, heightened sensitivity to stress, or mood changes like irritability, sadness, or crying spells—even if you've never experienced these symptoms before.

While these changes aren't yet considered perimenopause, they can be early signs that your body is beginning its transition. Pro tip: If you're in this stage, get your hormone levels checked so you have a baseline for your "normal" hormone levels.

2) PERIMENOPAUSE (THE TRANSITION PHASE: 35-50ISH)

Perimenopause refers to the transitional time before your very last period, usually happening between ages 35 and 52. You can be in early perimenopause or late-stage perimenopause. During this time, progesterone drops sharply while estrogen begins to decline—leaving you estrogen-dominant but still feeling symptoms of low estrogen.

- Your cycle becomes unpredictable: periods might get closer together, then you might skip one—or several—and suddenly have a heavy bleed.
- You may notice weight gain, especially around your waist, sleep disturbances, anxiety, mood swings, or brain fog.
- Chronic stress can accelerate this stage by diverting progesterone to produce cortisol, leading to earlier hormonal shifts.
- Muscle tone may begin to decrease, and bone density may begin to drop.
- Hormonal imbalances can also impact immunity, increasing vulnerability to chronic illness.
- Sexual changes like vaginal dryness and reduced orgasmic capacity may occur

This stage often feels intense, but targeted resources can help. At this stage, you should be preparing for menopause by getting your hormones and cortisol levels checked to have a clear picture of what's happening. "This is pretty patient/practitioner dependent," says Dr. Jen Wagner, a Stanford-trained physician with expertise in medicine, human performance, and women's health. "There is a lot of controversy about checking hormone levels in this phase (specifically estrogen and progesterone)."

3) MENOPAUSE (THE MILESTONE MOMENT: 45-55ISH)

Menopause marks the official end of your reproductive years. Defined as a single point in time after 12 consecutive months without a period. It usually occurs between ages 45 and 58 (specific, I know). Hormone levels shift dramatically: progesterone and estrogen drop to low levels, and testosterone begins to decline, too. Symptoms often include insomnia, mood swings, hot flashes, night sweats, joint stiffness, and skin changes like intense itchiness. Your body's temperature regulation becomes less consistent, which can feel disorienting.

4) POSTMENOPAUSE (THE NEW NORMAL: 50S, 60S, AND BEYOND)

This stage begins the day after the 12-month mark of your last period. Your ovaries produce significantly less estrogen, progesterone, and testosterone, and your periods do not return. You may notice signs of aging like wrinkles, chin hair, and hair thinning. There's some debate as to whether "postmenopause" is the

correct term for this time period, but for our purposes, we're using it to claim our health and demedicalize this period of our lives.

With the right support, this stage can be a powerful time of strength, clarity, and reinvention. "We call this time the High Half because it's where your wisdom, experience, and energy converge and where you get to rise into your fullest power," says Dr. Wagner.

How to Prepare for the First Signs of Perimenopause

Many women are blindsided by perimenopause symptoms because we're not taught to expect them. If you're in your late 30s or 40s and noticing changes, here's what to do:

? **Track your cycle & symptoms.** Apps like **Flo** or **Foxx Health** can help you spot patterns and get support. If you're not comfortable using an app, keep a journal by your bad and have a section for tracking your cycle.

? **Support your hormones naturally.** Shifts in diet, exercise, and stress management can make a huge difference. We'll be exploring diet and OTC support with adaptogens and neutropics later in this series.

? **Consult a menopause-literate doctor or practitioner.** Not all doctors are well-versed in menopause care. Find one who understands your needs. **Self advocation** is key in this journey.

Did you know? Some women experience perimenopause symptoms for years before menopause officially begins. Taking proactive steps now can make your transition smoother.

ESTROGEN AND BRAIN HEALTH

The Estrogen-Brain Connection: Understanding Brain Fog in Midlife Women

Got Brain Fog? Emerging neuroscience is finally catching up to what millions of women have intuitively known for years—there is a profound connection between hormone fluctuations and brain health during midlife. Dr. Lisa Mosconi, a leading neuroscientist in women's brain health and newly appointed director of the **CARE** program at Wellcome Leap, has been at the forefront of this research. Her team's brain imaging **studies**, including multichannel 31P-Magnetic Resonance Spectroscopy and PET scans, have revealed compelling links between cognitive fatigue, brain metabolism, and estrogen decline.

Dr Sara Gottfried, a pioneering leader and Harvard- and MIT-educated physician-scientist, board-certified gynecologist, and a leading expert in integrative medicine has shared, "As a result of hormone fluctuations in perimenopause, Up to 80% of women experience "cerebral hypermetabolism." She has also stated that dementia shouldn't be thought of as a disease of old age but middle age. Cerebral hypermetabolism is an early sign that the brain is struggling to efficiently utilize glucose, its primary energy source due to decreases in estrogen. This metabolic shift is strongly influenced by estradiol, the most bioactive form of estrogen, which plays a vital role in regulating brain energy, glucose uptake, synaptic plasticity, and mood stability. Mosconi's **studies** show a nearly 20% drop in glucose metabolism in key brain areas from perimenopause to postmenopause.

Brain fog, a colloquial term for subjective cognitive decline, **affects up to 62% of perimenopausal and postmenopausal women.** While conventional cognitive tests may not always detect impairment, women report slowed thinking, memory lapses, and diminished mental clarity. Mosconi's imaging research has validated these concerns, women with cognitive fatigue show measurable changes in ATP production (the energy currency of the brain) in regions also affected in Alzheimer's disease.

It's critical to note: these findings do not mean women are developing Alzheimer's. What is important for you to take away is that as our estrogen levels begin to naturally decrease we are at increased vulnerability for these kinds of symptoms. This is why Dr. Mosconi and her team are fervently conducting research to get answers fast. Hallelujah!

A Hormone Explainer for the Nerds Among Us

For nerds like me who want to understand the neurobiology and role of estrogen in the body, here's a quick breakdown of the three main types:

- **Estriol (E3)** – Weakest form
  - Mainly active during pregnancy
  - Sometimes used in bioidentical HRT.
- **Estradiol (E2)** – Most potent and dominant before menopause
  - Supports brain function: cognition, memory, mood regulation

- Maintains bone density and cardiovascular health
- Essential for vaginal and urinary tract health
- **Estrone (E1)** – Weaker than estradiol, dominant after menopause
  - Produced mainly in fat tissue
  - Can be more proliferative and less protective
- **Estriol (E3)** – Weakest form

- Mainly active during pregnancy

- Sometimes used in bioidentical HRT.

What You Need to Know About Estradiol, Brain and Bone Health

In synthesizing insights from my interviews with **Dr. Julie Taguchi** — an oncologist and menopause specialist with expertise in advising safe and effective hormone use for women with and without a history of breast cancer — it is clear that estradiol plays a pivotal biological role.

Estradiol is critical for maintaining neural integrity and bone mineral density, particularly during the perimenopausal transition and into postmenopause, when endogenous levels decline significantly.

In the brain, estradiol:

- Enhances neuroplasticity, memory, and mood regulation
- Supports mitochondrial function (energy production for brain cells)
- Helps protect against cognitive decline

Low estradiol levels during perimenopause can lead to:

- Brain fog
- Mood swings

- Anxiety or depression
- Sleep disturbances

In the bones, estradiol:

- Stimulates osteoblasts (cells that build bone)
- Inhibits osteoclasts (cells that break down bone)
- Its sharp decline after menopause leads to accelerated bone loss, especially in the first 5–10 years
- Is essential for preventing osteopenia and osteoporosis

What are the optimal estradiol levels (E2)?

I took a course on hormones with Dr Sara Gottfried and she advocated for optimal levels of estradiol and all hormones. For the purposes of this article, I am only speaking about estrogen. In future articles, I will speak to the other important hormones including progesterone, thyroid hormones and levels, and testosterone.

Normal: 43.8-211.0 pg/mL

Optimal: 80-200 pg/mL (~10x the amount of progesterone)

Generally you want estradiol around 50 for bone health and 50-100 as a minimum for brain health, but these levels are not universally accepted. “Optimal” ranges aren’t one-size-fits-all. Symptom tracking, body wisdom, and emotional context are just as important as numbers in a lab. Dr. Gottfried is an advocate for blood and dried urine testing, the DUTCH, which I am also trained in. She believes it’s important to look at lab work while listening to symptoms.

Synthetic vs Bioidentical Hormones: What You Need to Know

In my conversations with Deborah Margapolous, FNP who has spent over 30 years blending the science of medicine with the art of healing to help thousands of women from perimenopause to postmenopause navigate this change and thrive. **Deborah** breaks down the difference between synthetic and bioidentical hormones.

Synthetic hormone replacement therapy is chemically created in a lab, and has a hormonal effect in the body. For instance, medroxyprogesterone is a synthetic progestin that is derived from a testosterone molecule with fewer carbons than natural progesterone. It does protect the uterus against estrogen's building effects so that you're less likely to get endometrial cancer. But it does not protect the rest of your body, like your breast tissues. Progestins are not progesterone.

Bioidentical hormones look exactly like what your ovaries would make, so your cells don't know the difference. Bioidentical hormones still have to be synthesized somewhat, which means that you can't eat a yam and get progesterone, or eat soybeans and get estrogen. The precursor molecules of those hormones in these plants can be divided in the lab into estrogen and progesterone, as well as testosterone, pregnenolone, and DHEA.

HRT and BHRT are Chemically Different

Synthetics are patentable, man-made chemicals. Bioidenticals are not necessarily patentable, although there are a few bioidenticals in pharmaceuticals that have patented delivery systems. You have choices.

The types of bioidentical hormone replacement therapy (BHRT) include estrogens – estradiol, estrone, estriol, and testosterone. Sometimes, they're combined, and sometimes, they're taken separately.

Progesterone is best micronized, meaning a smaller molecule, so that it's absorbed better. Chemically derived testosterone is methylated, which is very toxic to your liver. Bioidentical testosterone is non-methylated.

BHRT allows for a lot more customization, especially if you might be more sensitive to hormones.

Deborah states that in perimenopause, she refers to hormone replacement therapy as supplemental, meaning we're just giving you enough of those hormones to help with your symptoms, but not so much that we're replacing all of your needs because you may be able to still make it.

By menopause, you need to consider full hormone replacement therapy – both progesterone and estrogen.

In my experience, I find that BHRT allows for a lot more customization, especially if you might be more sensitive to hormones. You can work with a compounding pharmacy and collaborate with a practitioner who can order exactly the levels of hormones that will be best for you and then slowly titrate up or down.

In future articles, I will share more lifestyle practices you can implement that will support this transition naturally.

What Can You Do to Improve Brain and Bone Health?

In conventional Western medicine, the approach to menopause has historically been reactive rather than preventive. Many doctors are trained to focus primarily on managing acute symptoms — such as hot flashes, night sweats, and vaginal dryness — often with short-term prescriptions of hormone replacement therapy (HRT) or, in some cases, antidepressants. Less emphasis is placed on proactively supporting long-term brain, bone, cardiovascular, and metabolic health through hormonal optimization.

As a result, women are often under-informed about the broader protective roles of estradiol and other hormones across the lifespan. Advocating for yourself is critical. Coming prepared for your medical appointments — with clear questions, baseline lab results, advocating for labs, and an understanding of available options — can help ensure that your care is both personalized and comprehensive. When considering hormone therapy or other menopause-related treatments, it's important to partner with a knowledgeable menopause literate healthcare provider who is willing to look at the full picture of your health, not just symptom management. These conversations can open up more integrative, sustainable pathways for thriving through midlife and beyond.

7 Ways to Protect Your Bones in Menopause

1. **Resistance Training:** Lifting weights (resistance training) supports BDNF (Brain-Derived Neurotrophic Factor) production, a key protein that promotes the growth, survival, and plasticity of neurons — enhancing memory, learning, and overall brain health.
2. **Jump and Wear a weight-bearing vest:** Some studies show that jumping triggers the kind of force needed to support bone health in midlife. Wanna super-power your jumps? Wear a weighted vest. Wearing one while jumping or or doing resistance-based exercise has been shown to

maintain, and even improve, hip bone density in postmenopausal women, helping to prevent long-term bone loss.

3. **Track Symptoms + Hormones**: Consider working with a provider who combines symptom tracking with hormone testing (blood or DUTCH urine test) to monitor estradiol levels and tailor interventions. The DUTCH test (Dried Urine Test for Comprehensive Hormones) is an advanced lab test that measures hormone levels and their metabolites through dried urine samples, providing a detailed assessment of sex hormones, adrenal function, and hormone metabolism. In my personal and professional experience, it's important to understand your current levels of hormones over a 24-hour period, not just one moment in time (a blood test) to adequately understand if your body has healthy methylation pathways to metabolize more hormones.

4. **Support Brain Metabolism**: Nutritional support (e.g., B vitamins, omega-3s, magnesium, including Urolithin A, and exercise can improve mitochondrial function and glucose metabolism in the brain.

5. **Consider Bioidentical HRT**: Estradiol-based hormone replacement therapy, especially when initiated near the onset of menopause, may support brain health.

6. **Prioritize Sleep + Stress Management**: Perimenopause disrupts the HPA axis (hypothalamic-pituitary-adrenal axis). This is the body's central stress response system, linking the brain and adrenal glands to regulate hormones like cortisol that control stress, energy, immune function, and metabolism. Supporting adrenal health through mindfulness, rest, and blood sugar regulation can reduce brain fog.

7. **Take the proper calcium, magnesium, and food sources** for bone health and source this from your diet. More on nutrition strategies for menopause in a future article.

Understanding the neurological impact of estrogen decline empowers women to take brain fog seriously—and advocate for care that supports both their symptoms and long-term cognitive resilience.

The Power of Stress Resiliency in Slowing Menopause

As women move through perimenopause and menopause, one often overlooked but critical factor influencing this transition is chronic stress. Mounting research reveals that prolonged stress doesn't just affect how we feel — it shapes how we age and how our hormones behave.

Chronic stress raises cortisol levels, the body's primary stress hormone. Over time, elevated cortisol disrupts multiple systems: it impairs immune function, affects blood flow in the brain, and diverts resources from the production of estrogen and progesterone. This phenomenon, known as *pregnenolone steal*, accelerates hormonal depletion and worsens symptoms such as brain fog, mood swings, and **cognitive decline.**

Research has shown that this hormonal stress cascade not only amplifies menopause symptoms but also fuels neuroinflammation, increasing the risk for memory loss and even Alzheimer's disease. In fact, in cases of Mild Cognitive Impairment (MCI), dysregulated stress and hormonal systems often coexist, forming a feedback loop of cognitive and physiological deterioration.

Compounding this, chronic stress also affects our very biology at the cellular level. Telomeres—protective caps at the ends of our chromosomes—shorten more quickly under chronic psychological stress, serving as a marker of accelerated aging. **Women** with longer telomeres have been shown to reach menopause up to three years later than those with shorter ones. Women navigating different kinds of chronic stressors including racism, unhealthy workplaces or intimate relationships, financial stress, and caregiving stress all deepen these effects. In essence, stress ages us from the inside out.

You might be wondering, *what exactly is a telomere*? Telomeres are the protective caps at the ends of our chromosomes—think of them like the plastic tips on shoelaces that keep them from fraying. Every time a cell divides, these caps get a little shorter. Over time, as telomeres shrink, our cells become less able to function properly, contributing to aging and increased risk for disease. In essence, telomere length is a biological marker of cellular aging—and a key player in how we age overall.

Earlier in my career, I worked as a lead research consultant on three clinical trials with **Dr. Elissa Epel's** at UCSF's Osher Center for Integrative Medicine. We studied and conducted clinical interventions observing important neurobiology markers to assess stress, health, and disease prevention. Dr. Epel, a leader in stress and longevity **science** has demonstrated how chronic stress shortens telomeres and undermines healthspan. Her bestselling book *The Telomere Effect*, co-authored with Nobel Laureate Elizabeth Blackburn, offers a revolutionary look at how lifestyle, especially stress resilience, can shape how we age.

Lifestyle, especially stress resilience, can shape how we age.

This research holds particular relevance during perimenopause and menopause, when women are already navigating significant hormonal changes and increased life stressors.

This insight is especially relevant for women in midlife. As Dr. Lisa Mosconi, neuroscientist and author, has highlighted, declining estrogen — particularly estradiol — impacts the brain's energy systems, memory, and plasticity. Estradiol supports healthy brain aging, but when stress is high, the body's hormonal axes (HPA and HPO) become disrupted. This leads to irregular ovulation, premature hormonal decline, thyroid dysfunction, and can accelerate the onset of menopause. Chronic stress activates the hypothalamic-pituitary-adrenal (HPA) axis, which governs the body's stress response. This constant activation can disrupt the balance of hormonal systems, particularly the hypothalamic-pituitary-ovarian (HPO) axis that regulates reproductive hormones.

In short, chronic stress doesn't just make you feel older — it speeds up biological aging, worsens hormonal imbalance, and increases your risk of **dementia** and early onset of menopause. Building stress resilience isn't a luxury — it's a critical health strategy for women navigating midlife. In upcoming articles, I'll explore the deeper connection between trauma, chronic stress, and hormone disruption — and share practical tools to help you heal, thrive, and become a Superager through menopause and beyond.

Four Ways to Increase Your Stress Resiliency

First, this is an extensive overview of how to work with menopause. It's okay if you can't do all of these things. Even one change, one deep breath, one nourishing meal, is a step. When you feel ready, consider trying these stress-reducing techniques.

1. **Stress Resilience Is Non-Negotiable:** Regular stress-reduction practices help regulate the HPA axis and lower cortisol, the stress hormone that disrupts hormonal harmony.Support your system with:

- **Yoga, meditation, and mindfulness**, which activate the parasympathetic “rest and digest” state
- **Breathwork or nature walks** to reset your nervous system
- **Practice cognitive behavioral tools** to shift mental patterns that fuel chronic stress

1. **Nourish to Thrive:** What you eat affects how you think, feel, and age. A brain, bone, and hormone-supportive diet reduces inflammation and improves resilience.

- **Load up on antioxidants** (berries, leafy greens) to fight oxidative stress
- **Get more omega-3s** (wild fish, walnuts, flaxseed) for cognitive and mood support
- **Consider taking vitamin D + K and Magnesium** to support bone density, calcium absorption, and hormonal balance
- **Get your B vitamins** (especially B6, B12, folate) to support energy and neurotransmitter function
- **Limit sugar, alcohol, and caffeine, all** spike inflammation, decrease metabolic health and disrupt hormones
- **Increase clean and lean** protein and experiment with intermittent fasting protocols to rest your hormones and diminish bone loss. An article on this coming soon.

1. **Move Your Body, Balance Your Hormones:** Exercise is one of the most effective tools for reducing stress and regulating hormones. It also improves mood, sleep, and cognitive function. Prioritize:

- **Aerobic movement** (brisk walking, dancing, cycling) for mood and metabolic balance
- **Strength training** for bone health and hormone support
- **Movement you enjoy**, which is key to consistency

1. **Sleep & Seek Support:** Sleep is when your body restores hormonal balance, repairs cellular damage, and maintains emotional resilience. Chronic sleep deprivation increases cortisol and accelerates biological aging. Optimize with:

- **Consistent bedtime routines** to help regulate melatonin
- **Sleep-friendly nutrients** like magnesium, GABA, and L-theanine
- **Coffee:** But have your last caffeine intake by 2pm.
- **Tracking your sleep patterns** to spot disruptions linked to hormones

Partner with a menopause trained healthcare provider to assess hormone levels and consider support such as:

What to Ask Your Doctor About Menopause

Many women go years without proper guidance because they don't know what to ask.

Here's where to start:

- Ask your doctor to take a panel of all sex hormones, a full thyroid panel, and a 4 point urine or saliva test of your cortisol.

" What are my options for HRT?"

- "How can I manage menopause naturally?"
- "Am I at risk for osteoporosis, brain or heart disease?"

For a smart, empowering guide to navigating your menopause care, Tamsen Fadal outlines exactly how to advocate for yourself in the doctor's office. From finding a certified menopause practitioner to coming prepared with the right questions and medical history, her approach helps you take control of the conversation—and your health. She also shares red flags to listen for that may signal it's time to find a better provider. **Read her full guide here.**

If your doctor dismisses your symptoms, find a new one**.** Menopause care is evolving, and you deserve informed support.

I hope you found some useful information in this article! This is the first in a series I'm writing on menopause for Super Age. We want to hear from you! WHat are your menopause questions?**Write and let us know.**

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