Dr. Jaclyn Smeaton (00:00:09:15 - 00:00:28:00)
Hi everyone. Welcome to a A4M Longevity Fest. For those of you who are joining us online, I'm so glad that you're here live streaming. It is such a busy expo hall. The hall just opened up and I'm really excited to kick off a fabulous day of interviews today. Starting off our day, I have Doctor Tara Scott with me.

Hi, Tara. I just thought, nice to see you. We're going to be discussing perimenopause, which I think is one of the most confusing hormonal transitions for providers to be able to treat. And so you're going to want to really hear everything that Doctor Scott has to say. I had the chance to hear you on this yesterday and really dive in.

And I have a lot of questions for you today. Before we dive in, I want to just introduce Doctor Scott. Doctor Scott is a doctor who spent nearly 20 years as an OB-GYN. Before you shift your focus to more of an integrative and functional medicine provider, she's a graduate of Northeast Ohio University College of Medicine and did her residency at Summa Health Systems.

Doctor Scott's also an associate clinical professor at Northeast Ohio Medical University. After seeing so many patients struggle with hormone related issues, she became passionate about hormones and wellness care. She's certified by the North American Menopause Society and is also board certified in integrative Medicine. In 2020, she started consulting for companies in the wellness space and now helps develop an integrative medicine fellowship for UC Irvine.

So Doctor Scott, thank you so much for joining me. Yeah, thanks for having me. So I want to start by asking, like, what makes perimenopause a pause or that menopausal transition so difficult for providers to help patients feel better during.

Dr. Tara Scott (00:01:50:00 - 00:07:54:10)
Well, I think there's a couple things. First of all, the definition of perimenopause cause is very vague in the sense that it's once your menstrual cycle lengthens by seven days.

So if you have a normal 30 day cycle and now you have a 140 day cycle, by definition you're in perimenopause. Using that, women can start in their late 30s and it can go on for 20 plus years. It's not the 3 or 4 years that we thought, you know, 20 years ago. So that's the first problem. The second thing, as a traditional practitioner, you're thinking, how do I make this diagnosis?

What blood tests can I order? Well, there's no tests to diagnose both menopause and perimenopause. So that's the first thing that practitioners say. Well, you know, you're there's no testing or there's no reason to do any testing. So a lot of women get, I don't want

to say brushed off, but they they're not getting the attention that they need and they're not getting the, the definition of what's going on with them.

And so it can be a time where one month you can have high estrogen and then you could skip a period. So it's constantly changing. That's why it's so crazy to navigate. And so a lot of my patients can literally be in this phase for 20 years. Yeah I think a lot of women report just feeling that, it's just this rapid time of change.

I always think about it as it's like women get to go through puberty twice, like once at the beginning of your reproductive years and ones at the end of your reproductive years. But tell us a little bit about what's happening with our major reproductive hormones, with estrogen and with progesterone during that perimenopause. Right. So we we think that the hormones only are involved in reproduction, but we now know that they do many, many, many other things.

But the basic premise is, you know, thus the menstrual cycle is geared towards ovulation. So at the beginning of the cycle the brain sends a signal for the egg to grow your ovulate. And then the shell of the egg for simplicity way to describe it produces progesterone. So those two hormones are really important. When you go through perimenopause you've got these old eggs.

So the they not they don't always respond. So you might have one month that you got an old puny egg not producing a lot of estrogen. And certainly over 40 a lot of women. These old eggs don't produce progesterone. So in the OB world, we acknowledge that over 35, if you try to get pregnant, your quote advanced or advanced maternal age or the I even heard don't always love that one.

Right? I don't like. So if it doesn't fit for fertility and there's risk, it certainly would follow that the hormone production is different. But again, this is that black hole where no one really thinks hormones matter in perimenopause. And this is, I think, where most women get neglected more than menopause. I mean, menopause has gotten a lot of press lately.

You know, Gwyneth Paltrow, Halle Berry. Yeah, because they went through menopause. But it's the perimenopause where I think women are really suffering because they can have a lot of estrogen, too much estrogen, which can cause nuance at panic attacks. They get put on maybe an antidepressant which could help the symptoms, but maybe also has side effects decreased libido, weight gain.

And then there's more issues that they're already suffering with. So I think at that time what ends up happening is you have some months that you might have be completely imbalanced and you might notice the flow of your cycles different, like, oh, this one was okay. This one is really heavy. It lasts a long time or this one is barely there.

That's also a reflection of the hormone production. So it becomes very difficult for women to know, like what's going on in their body. And also this is the time where you start being less sensitive to insulin, so you can't become a prediabetic. So it's not just about your weight and your libido. It's also about your metabolic health, whether or not you're going to have heart disease, diabetes and bone loss.

Dr. Jaclyn Smeaton (00:05:34:15 - 00:05:58:17)
So you're bringing up such an interesting point, which I think is worth diving into a little bit more, which is in perimenopause from a patient point of view. They really come in oftentimes thinking like hormone replacement therapy is my option or my problems relate to estrogen and progesterone. But I want you to expand on because I think this is so important, the fact that those are really important elements.

But what I'm hearing you say is that the problems that kind of kick in at this time, or maybe as a result of changes in estrogen and progesterone, could be insulin, could be cortisol, could be, you know, more broad and not that hormonal change actually impacts so many other systems that maybe sometimes the right approach is something different or something in addition.

Dr. Tara Scott (00:06:19:07 - 00:06:39:08)
Right. And that's a huge point. And that, you know, that in medicine we're so siloed. So maybe you do have a practitioner that's willing to talk about estrogen production, but they don't understand how estrogen affects the thyroid. When you have those swings in estrogen it increases all of your binding proteins. One of them is thyroid-binding globulin. One of them is called sex hormone binding Liban.

So what that means is it takes your hormone and connects to it. It's like taking it out of your paycheck and putting it into your 410. You have that money, but you can't use it, right? It's there, but you can't. You're not going to see it. So you now have less thyroid that's free to work at the receptors.

So women will come in and like, I'm tired, I'm gaining weight. But you check their thyroid, maybe you're a practitioner and you've checked the TSA, maybe even you checked a total T4, but you missed that. The free levels are low, so they have what's called a functional hypothyroidism, that it's really secondary to the changes in estrogen. Or maybe now they have less free testosterone or more bound hormones.

And then estrogen is important for insulin sensitivity. And so maybe the level is okay. But your insulin itself and and you know, insulin is changing minute to minute. So how maybe we're not catching it when it's fasting. Maybe you're fasting labs and many practitioners will order the glucose in A1 C but not the insulin. And I've made that mistake.

Checked the fasting insulin. It's okay. But then you got to check it after they eat. So maybe that's where the problem is. So and I think you know, you know, the more you know than you realize the less you have. Yes. The more you learn or I don't know, I don't know, the saying goes, but like, the more you know, the less you understand.

Dr. Jaclyn Smeaton (00:07:54:10 - 00:08:00:00)
Yeah. You realize how complex it is and how everything is so interrelated.

Dr. Tara Scott (00:08:00:00 - 00:08:44:02)
Yeah. And so I think it's a matter of and a lot of that testing is mostly covered by people's insurance, unless they have some kind of crazy high deductible plan. So I think that's an important point, is that maybe you found someone that's willing to look at your sex hormones, but they can't make the connections or they're not taking the step back.

Many integrative and functional practitioners kind of learn about the whole person, instead of and I was that first practitioner that started learning about hormones. And then I was like, hormones, hormones are ones. But I didn't understand the connection because I was an OB and I was like, okay, I want to help people. And then as I continued my learning, you know, learn more about how they interact.

Dr. Jaclyn Smeaton (00:08:44:02 -00:09:31:04)
Well, that's actually reassuring because I think a lot of people go into their conventional provider, and we can only do what we know.

And actually we taught a hormone seminar all day yesterday, and so many providers, mostly conventionally trained, came up to me, I'm sure, the same as you afterward. And they said we never learned this level of physiology in medical school. Or they said, why weren't we exposed to this research? You know, why wasn't I made aware of that connection of stress and hormone imbalance?

And you can only do what you can do with the tools that you have available to you. So I think that's where that inspiration for like a functional and integrative approach comes in. And personally, I really believe that perimenopause is one of those times where the number of tools available for women in a conventional provider's office are limited, and perimenopause and so much broader from a functional, integrative perspective.

Dr. Tara Scott (00:09:31:06 - 00:10:37:30)
And if there's ever time to do a personalized precision medicine, it's perimenopause because, you know, no two women are alike, no two women have the same hormone levels. No two women process hormones the same, no two women go have the same symptoms. They can have the exact same hormone levels. High estrogen, never have a hot flash, you know.

And so, you know, this morning I was sitting in Doctor Gottfried's. Let us, Doctor Gottfried Salz lecture, and she was talking about how now hot flashes are an indicator that you could have cardiovascular disease. So it's important to know there's been several studies that have been published. So now it's not just like, oh, they're hot flashes. Just use cooling techniques or, you know, dress in layers. Well, now, if you're someone who has a lot of hot flashes, you better worry about your cardiometabolic health, right?

Dr. Jacyln Smeaton (00:10:37:30 -00:10:38:00)
Yeah. That's fascinating. So when women are coming into your practice in that perimenopausal transition, what are the top complaints that they come to you hoping that you can address?

Dr. Tara Scott (00:10:38:00 - 00:12:53:19)
So most of it is fatigue, a lot of insomnia, a lot of, a lot of weight gain. Right. It's mostly that and mood. Mood changes either mornings it's not always the same thing. It's not always PMS per se. It could be just generalized depression or irritability. And it's interesting because one of my colleagues, Andrea Dawn, she she's a nutritionist, but she's done all this, research. She just had four abstracts published in the Menopause Society's annual meeting.

She's just collecting data. And so I think she she, cataloged 104 symptoms. Like, if you Google it, you might say that there's now 35 accepted symptoms, but there was just a publication that said not feeling like myself is a symptom. So women come in and they don't know what their symptom is, right. And so I was I can't remember the reference for that.

That was just published within the last month, not feeling like myself. And I'm like, that's great, because sometimes that's what women say, I don't know, but I'm just not feeling like, yeah, so that could be a symptom that your hormones are off. That's really fascinating. And I think one of the challenges is at what age do you start to connect those types of symptoms to perimenopause and to estrogen and progesterone changes versus looking down other paths?

Well, in my practice, I am seeing even women in their 20s with unbalanced hormones. And by unbalanced, I just mean you should think that those equality is good. They should have above the 50th percentile or estrogen levels, right? They should have normal progesterone levels. They should still be ovulating. And I'm seeing a lot of it that's not happening.

I mean the teen years, the first couple years, it can be up and down, but after that it should settle down. And we're not seeing that. And it could be environment, it could be eating issues. It could be it's a lot of stress. So I'm seeing younger and younger women with issues. So I believe everyone should have the opportunity to find out if you know how, check their levels and see what's going on.

And even if we don't have a published paper that says a 25 year old shouldn't do that, we operate as an end of one, meaning we're going to individualize what you have. And it doesn't mean that we're going to start giving hormones to 25 year olds, but at least we can start thinking about what is normal. So can you talk us through like if you are going to assess a woman in perimenopause.

Dr. Jaclyn Smeaton (00:12:53:21 - 00:13:17:21)
Let's talk about lab testing. What types of tests do you like to order for like comprehensive functional look. And I know you're probably talking about hormones but I think the other things I'd love to hear more about what you recommend with some of the screening like metabolic health screening, thyroid screening, which things are you doing on everyone and which are you doing additionally with kind of those common symptoms that come up?

Dr. Tara Scott (00:13:17:23 - 00:16:25:08)
So keeping in mind that a lot of what we do is dictated by what insurance is going to cover, let's say, and for the most part, you know, we order labs based on a diagnosis code that we're using a regular menstruation, not chronic fatigue. I think it's just fatigue, abnormal weight gain or unexplained weight gain. So there are diagnosis codes we can use.

And so for the most part, as I mentioned again, everybody has different insurance coverage. There is hasn't been a problem for patients. So if a patient comes in and perimenopause, we will do a couple things. I mean, generally we check labs after ovulation, as you mentioned yesterday, in the middle of that luteal phase, because we're trying to catch progesterone.

And that's the most likely thing that would be abnormal. So we're doing blood testing. We're checking FSH and LH which are pituitary hormones. Those just give us an indirect reflection of how hard it is to get the egg to release. We check estradiol levels, we check I check estrogen levels. Check. Free testosterone. Total testosterone. I check a sex hormone binding globulin, which is that binding protein which goes up with too much estrogen, and it goes down with metabolic syndrome, which is considered a pre-diabetes state.

Metabolic syndrome being insulin resistance, generally abnormal lipids and, waist circumference and blood pressure issues. So I do I don't always check a little bit panel, but for now I'm because I was concerned about coverage. But now I'm thinking everyone should have a lipid panel. I check a comprehensive metabolic panel, which just has your electrolytes, as have a glucose fasting.

It has your liver function test. And I'm starting to see abnormal findings on those. Well, with NAFLD, like going through the roof, I'm seeing that in younger and younger patients. Also younger nonalcoholic fatty liver disease which is actually more dietary related. And even in Nondrinkers we're seeing this big impact on liver function, which of course affects hormones as well.

Yes of course. And so I'm usually doing a full thyroid panel, which is not just a TSH but a free T3, a free T4. I will check their antibodies the first time. And if that is normal, I might not necessarily. That's TPO and thyroid globulin. And I also like to check a reverse T3. So that's my full thyroid panel.

I'll check. What we call a diabetic panel, which is the metabolic panel on insulin. And an A1 c I in a perimenopausal patient. I also like to check some inflammatory markers, which is a high sensitive CRP, which is, one of the more sensitive indicators of heart disease. I like to check, occasionally a leptin and adiponectin, which are still considered investigational, but leptin will go up if you have a lot of inflammation, and sometimes it impairs you from feeling full.

So women that come in that are maybe gaining weight. So I'll check those. And then I'm trying to think if I'm forgetting anything else, that's the basic list. Depending on if there's something else specifically, I don't routinely do an autoimmune screen unless someone has a history of it. Maybe I should be checking that more often because women, you know, 40s have checking in an RNA or something like that.

Dr. Jacyn Smeaton (00:16:25:08 - 00:16:50:07)
That's an interesting discussion because the data, like conventional perspective, is that those A's in the they're like low normal. So what is that 1 to 120 and and up or down. Whenever the ratio of greater than 1 to 120 is considered abnormal like a 1 to 60 would not be considered abnormal. But I think it is interesting when you look at the levels to see if they're changing over time, are they moving in the wrong direction? I think there's an argument for that.

Dr. Tara Scott (00:16:50:07 - 00:18:00:08)
Unknown
Right. And I think the statistics are it takes ten years to get diagnosed with autoimmune. We use a great test, called advise which tests 120 markers. And they actually plot that continuum. So it's really nice that that you can that people can get that test done and then pull it out and see if they're moving on that line.

Dr. Jaclyn Smeaton (00:17:12:04 - 00:18:00:10)
I love that you're looking at such a broad perspective, because it does feel like this pivotal point for women's health, where things start to really move in the wrong direction more quickly. It's like a rock at the top of a hill. You might have been able to hold it up and hold it up and hold it up, but after a lifetime or decades of chronic stress, sleep, managing a family, managing a job, you know, the impact of environmental toxins, all of the things that contribute to our health.

You hit this tipping point where you are moving faster toward a disease state where it would be tougher to reverse or prevent. Just feels like there's a tipping point. So I love the comprehensive look that you're taking because it is such an impactful time. And women come in very motivated when they feel junky to start to make improvements to their diet or exercise pattern or stress management.

Dr. Tara Scott (00:18:00:10 - 00:19:48:00)
And it's not that common that we don't find anything. Oh yeah. You know, it's I mean, I'm trying to think I'm starting to see more people with less complaints. I just want to be proactive. You know, they just want to say, I want to see where I am. I want to be proactive about perimenopause. I want to understand what my levels are, and they may not have a ton of symptoms.

And I don't mind seeing those patients either. I mean, I think that prevention I mean, that's one of the reasons why I really kind of shifted my focus. My my brother died suddenly at 38 of a heart attack. I mean, he literally just had a heart attack one day. And when I was looking at the autopsy report and everything, he had every risk factor.

He was a diabetic. He was on a staff. He was a smoker. He was a lawyer. He was stressed. He was sedentary, get every risk factor. So it was a complete preventable. So that's one of the reasons why I'm kind of so passionate about checking all these things. Because if someone would have just he was under the care of an endocrinologist.

It's not that he wasn't being seen. So I think we we can do a lot like you mentioned before, you get to that tipping point, you have to identify the risk factors. And then if we find someone with high cholesterol that we have the advanced lipid profile that we can order, then, do kind of throw out that wide net.

And then, for example, if I find someone who has estrogen issues, I want to know why is their estrogen high? Is it high because they make a lot or they have no problem clearing it? And that's what we do like a dried urine test. Because then we want to know, is it just high. Because this cycle is high or are they holding on to estrogen or are they making more in their tissues.

So then we look at the metabolites. We look at the cortisol. Is cortisol causing any of the symptoms. It's very hard to monitor that in the I guess I left off that we do do an 8 a.m. cortisol a pregnancy alone. We'll look at some of those things. But it's very hard to really make a cortisol assessment with blood testing. Right. So it's kind of like that's the second layer of once we look at the blood testing.

Dr. Jaclyn Smeaton 00:19:48:00 - 00:20:28:09

So let's double-click on urine metabolite testing is of course Dutch. So we love to talk about that. And you teach on this a lot. Tell us a little bit more especially for people who are listening in who maybe don't know about the value and that added value.

How does understanding hormone metabolites or estrogen metabolites specifically, how does that fit into a woman's wellness picture? Can you tell a little bit more about what you're looking at and maybe a little bit about the phases of metabolism?

Dr. Tara Scott (00:20:28:09 - 00:25:16:17)
Well, and it's it's so huge. And I and I just was scrolling on Instagram today for a traditional menopause practitioner who said you don't need to know your status at all, for estrogen has nothing to do with estrogen. And so for those of you that know about that, it's the second phase. So if you think about it, I mean, if I'm going to clean my floor, I would sweep it and then I would mop it, and then maybe I might even have a Roomba behind it, you know.

So there's two phases. You don't just start mopping and then there's crumbs all over the place. Right. So our livers are where we detox. And so your ovary makes a hormone, it circulates in your body has this action through a receptor. Then after that the liver takes care of it and clears it. So all the hormones work through receptor and have an action.

So it's kind of like if you had I always tell the story about water. I mean, if you're somebody sweating like you need more water, you're somebody who has kidney failure, you need less water, right? So it's not that water is the problem. It's that we need to know how your body handles water. And so that's the all the things like how can estrogen be so harmful.

We make estrogen. We have estrogen. Men have estrogen. Men need estrogen. Right. I mean think about the men who has prostate cancer. They put them on these estrogen blockers. Now their bone health is a problem. Heart disease goes up. So, the urine metabolites for me is that window into you know, it's obviously looking at urine. So it's leaving your body.

How has your body handled. And taking care of your estrogen be like giving my receipts to my accountant so they can see like okay, well yeah, he cares about how much money I made, but he wants to know, well, how much did you pay it? Did you pay for marketing? Did you pay rent? Did you pay your staff?

You know, and those are expenses, right. So everybody understands money. So for me to look at an estrogen metabolism test, this has been kind of a game changer, especially for young women. Young teens with acne, women with end Dimitrios fibroids, any estrogen pathology because they're not taking hormones. Right. So we need to understand what their body is doing with it.

So the first phase you have three pathways. Your body take turns your estrogen into it. What's called an intermediate metabolite that can end up being more damaging. So then it has to be deactivated. So sort of like your liver puts in a new box, ties a bow and sends it down a slide to be pooped out. That's how you get rid of things sweating or pooping or peeing.

So if you're someone that doesn't do that, or even in the gut, if you have abnormal gut bacteria, it can open up that box and send estrogen. This has been documented. It's not like poop backs up into your body, but it's been documented that estrogen metabolites go back into the system, that the gut is super important for your estrogen.

So knowing the estrogen metabolites has to do with several things as you know, your genetic coding of those enzymes. All right. We now have an era of genomics where we can look at these snips. We've identified some meaningful we we don't understand a lot of it. Some there may be more than we don't know. It's one nucleotide is like one rung in the ladder of a whole ladder.

That's a gene. So it's it's probably more than I can even understand myself. And so that's one thing that can affect how your body processes estrogen. And then obviously other hormones. As we talked about cortisol and I can't find a reference for exactly how it happens. But I know there is a physiologic phenomenon that when you're stressed you don't clear estrogen as well.

And I even asked Mark, do you have any references on this. And I haven't been able to find that also on my team to look for them. Yeah, sure. I know that something's probably come across for sure because I know there's some I want to know the mechanism because it definitely happens when women are stressed. And if you think about it, I know how women how high estrogen suppresses FSH from the pituitary.

And you skip a period when you're but I also believe that it also slows down your estrogen metabolism. So everything's interconnected. And then the other thing I love about the the urine test is that you get that kind of bonus organic acids. So are there co-factors other B vitamins? I'm big into the neurotransmitter thing because I definitely think it ties in with your hormones.

All of your hormones have like a best friend. That's a neurotransmitter. So I like that as well. I wish there was still serotonin on it, but so I think for me it's a really great test for endogenous hormones. I also think it's really helpful for people who are taking more young. We know that, you know, blood is great, I love blood, I love saliva, I love urine, but hormones are not static.

They're constantly moving. It's like they're going from one place to another in the blood. It doesn't do anything in the blood. It's being carried. Right. So what's happening? The tissues. What? What's happens after the tissues? So that's why I think it's a great test for every patient.

Dr. Jaclyn Smeaton (00:25:16:17 - 00:25:38:20)

Thanks for diving into that. Yeah. So I want to shift gears a little bit and talk a little about for women who are in perimenopause, let's start with lifestyle changes.

What are some good recommendations that providers can make for their patients in perimenopause to help with symptom management and maybe also prevent the progression to heart disease?

Dr. Tara Scott (00:25:38:20 - 00:27:27:08)
I mean, so you're hitting on a really important point, right? You can do a lot before you even check your hormones and the pillars of optimal health are definitely what you eat, what goes.

And you do have control over what you put in your mouth, right? Yes. Your body movement, your stress. I'm not going to say stress. I don't know if I should say stress management, how you resolve stress, how you adapt to stress because you can't decrease stress. Right. And then your sleep. Right. So we have control over how much we try to sleep.

Some people can't control it because they can't sleep. But at least how many hours do you allow yourself to sleep? So when I was delivering babies in my 40s, I was like, oh, if I just get a few hours here, I'm fine. Which that caught up with me. Right? So you've got to get 7 to 8 hours of sleep.

If you're not falling asleep, you're not staying asleep. Hopefully you're investigating the cause of that. It could be a lot of things. Eating is so important. So women in perimenopause start to become very carb sensitive. And I'm generalizing here. A lot of women don't eat enough protein, and I thought I did pretty good until I actually logged in, you know, and I'm not eating enough protein.

I'm trying to figure out, you know, how I can get more protein, and it doesn't mean it has to be meat. You know, you might be a vegetarian. There's lots of vegetarian sources. So whatever is with your philosophy, but you got to have 80 to 80 with 100g of protein a day, which a lot of women don't do.

And I'm not a huge breakfast fan. So that's in two meals. You know, that's hard to do. Right. And so I think what you eat and as far as the quality of the food is really important now we

have our environment that has all these endocrine disruptors. So we have the Dirty dozen, which is environmental work groups. List of things that you should do organic.

But then there's also the clean 15 which you don't need to buy organic of these foods so it doesn't break the bank. Right. So what you put in your mouth should be an I call it the naked diet, meaning that you don't have to sit and be naked while you eat. But more like, is that the original form?

Dr. Jaclyn Smeaton (00:27:27:11 - 00:27:29:11)
That would be a really interesting therapeutic approach, right?

Dr. Tara Scott (00:27:29:11 - 00:27:44:22)
Yeah. And so what you eat is super important. The timing of what you eat, the pairing of what you eat. So now we're thinking about like think about when. And I know you're a lot younger than me, but when I was growing up things clothes you couldn't get food after 10:00.

Dr. Jaclyn Smeaton (00:27:45:03 - 00:27:47:12)
You're right.

Dr. Tara Scott (00:27:47:12 - 00:27:53:00)
You know what I mean? Interesting. And there's no TV. There's nothing on TV. The mall was closed on Sundays. You're right. Even the TV shut down.

Dr. Jaclyn Smeaton (00:27:53:00 - 00:28:00:12)
Yes, yes. Everything. I was always up to early, and I would turn the TV on and get that, like I was waiting for my cartoons to come on is. Yes. Yeah.

Dr. Tara Scott (00:28:00:12 - 00:29:22:05)
So it's so true. I think so many people eat late at night. And so I really, really, really. And it's hard when it's winter and it's dark, especially here at 430. I really hate eating late. And so I think we are meant to have a time of not eating. And that's like your overnight fast. I mean, this is all this is all very trendy now, but I think it's how we used to eat, you know, in the caveman days, you didn't eat at night, right?

So I think those are things taking out the other toxins in your environment, the plastics, the things in your skin care, everything that can go very far. Avoiding excessive sugar. I'm not saying all sugar. I like sugar too, to be honest. But excessive sugar, added sugar and excessive alcohol. You know, I enjoy a drink now and then. Same thing.

But people are drink. Women often are trying to relax them, you know, and then they'll they'll without realizing it, they're doing 1 or 2 drinks a day and that adds up. That does add up not only calorically, but alcohol disrupts your sleep. So those are just some some things

that I will go to the basics with our patients on, like how can you navigate these hormonal changes?

I mean, the diet is huge, the movement is huge. I mean, you've got to move your body. It doesn't mean you have to run a marathon. It doesn't mean you have to go overboard, but you've got to be sedentary.

Dr. Jaclyn Smeaton (00:29:22:05 - 00:29:41:11)
. Yeah, I think that's a huge piece, and I do. I am of the belief of like it's move it or lose it. Yes. And I think when it comes to women, like the studies show that the more muscle mass you retain, the more likely your metabolic health and bone health are going to be for long. So I am a huge piece of that. I don't think we harp on it enough like one. I think women are always on the you know, we've been traditionally on the treadmill in the cardio circuits and walking is enough.

Like I just encourage pace 30 to 40 minutes of walking every day and then build muscle mass up. And another, I mean, so don't be afraid of the weight.

Dr. Tara Scott (00:29:41:11- 00:30:21:18)
I mean, I am a recovering exerciser and so I run a lot less. I go to the gym more. I'm not someone who builds a lot of muscle, but I'm tracking my body composition like I think it's that I needed to put more muscle on my legs.

I'm like, I hate squats. I hate being sore when you can't sit down, you know? But I'm like, I got to do it for my bones. I have huge osteoporosis history in my family, you know? So I think that's so important. And I walk more like it's I meet a friend after work and we just it's like our social catch up, but it's like we're walking at a pretty good.

Dr. Jaclyn Smeaton (00:30:21:18 - 00:30:22:18)
That's awesome.

Dr. Tara Scott (00:30:22:18 - 00:30:39:02)
So it's like that counts, right? You have to be pounding the treadmill or hit. Although I like hit, but it's you got to be really careful because then we talk about the cortisol. Yeah you can overdo it. And I think women are more sensitive to overdoing it. You know, when you hit that very menopausal transition. Right as well.

Dr. Jaclyn Smeaton (00:30:39:08 - 00:30:59:01)
It's interesting. My husband and I, we do we love to do a walk after dinner. And that's also something that we picked up because my husband started getting that like pre metabolic syndrome. He's and studies show that walking immediately after a high carb food significantly blunts the glycemic response of that meal. So that's another behavior that we've gotten into.

Dr. Tara Scott (00:30:59:01 - 00:31:17:23)
So that is such an easy thing. You have to face it. I know that's what we try to I have to walk to my mailbox now. And so that's a that's a thing that I was doing more when the weather was nice. But I mean, it's so important. Yeah. You said if it's just something the two of you are unwinding about your day and you're connecting and you're just chatting 20 minutes, 30 minutes, whatever.

I mean, people are time-starved. I know even if you could walk ten minutes at lunch, walk ten minutes after dinner, walk, you know, you're right because you can. Right?

Dr. Jaclyn Smeaton (00:31:17:23 -00:31:49:03)
Like the studies show that even breaking out apart makes a big difference. And the other tip for my husband, he's so great about this and he is a manager, isn't it?

Super busy. It can be tough for him to carve out time to exercise, but he's found a couple of other people that have health goals and they've made their one on ones, walking one on ones. So he puts on his like Bose headphones and goes out for a walk for these 30 minute or 60 minute one on one. And so does the other guy. And they get as much done.

Dr. Tara Scott (00:31:49:03 - 00:31:52:10)
Yeah. That's good. And you see the under the treadmill desk.

Dr. Jaclyn Smeaton (00:31:52:10- 00:31:57:10)
Oh, those are treadmills too. I have one of those in the office.

Dr. Tara Scott (00:32:10:10- 00:32:43:10)
And so those are great to just walking you know, because it's just sitting or I've seen the bike thing. I don't know if that's as effective. Like it's just a pedal thing, but, thinking about that, parking far away, taking the stairs, little things like that that you can do is some is better than none.

Dr. Jaclyn Smeaton (00:32:43:10 -00:32:38:00)
Yeah. I love these practical tips. I think it can be tough for, like, busy women.

Dr. Tara Scott (00:32:38:00- 00:32:48:00)
Well, I know I get it. If you tell them that you you need to exercise 30 minutes a day, they're going to look at you.

They're going to be like, yeah, they're like, thanks. I've been told that my whole life. Yes. And they're like, well, I have the kids and I. And we won't skimp on our kids. Right? Women will neglect themselves, you know, all the time. So you got to make it a little bit more

practical or say, okay, well, could you just do one day a week, two days a week on this on the weekends?

Or if your kid is at soccer practice, can you just walk around? I remember doing that walk around the soccer field or whatever, like just during warmup and then watch their game or something, you know? Yeah, exactly.

Dr. Jaclyn Smeaton (00:32:48:10- 00:33:02:14)
Yeah. So we've talked about in the lifestyle pieces. What about supplements like when do you know that you should be implementing like supplements support and maybe just give us your top couple of supplements that you're using most regularly?

Dr. Tara Scott (00:33:02:14 - 00:34:40:20)
I know there's so many and it depends on the so many. It's so because, because you'll hear people that say, don't go, don't take any supplement. It's all like, yeah, but I might even be like a multivitamin or magnesium or some basics. There's a few things that women, if I had to pick a few. I mean, I live in northeastern Ohio.

Everyone's low in vitamin D, you know, and plus we need the vitamin K to with that as well. So that's always at least during the winter I advise my patients to take that. It seems like every woman needs magnesium. And there's so many forms of magnesium. We have people who take neuro mag or magnesium three and eight who are more anxious.

Magnesium place a need for just general replacement magnesium Torrey for people to be more achy. So we have a lot of different types of magnesium. Seems like almost everyone benefits from taking magnesium. I mean, the probiotic thing, you know, a lot of people don't eat well. Not that a probiotic helps bad eating, but many women do need some more along it.

If you're not, like vigilant about prebiotic and probiotic foods like your sauerkraut and your kimchi, that could be helpful for you. The fish oil thing I kind of go back and forth. I eat a fair amount of fatty fish. I don't currently take it, but I'll get on it and go off of it. I actually, I mean, I'm kind of a minimalist as far as supplements.

I do, even though I recommend, but those are some things that and the b-complex I mean, that a lot. A lot of it depends on your particular biochemical individuality. As far as your enzymes. It seems like a lot of women need that, though. You know, the B12, they we need that for processing our hormones. And so that always seems to be a good one for energy as well.

Dr. Jaclyn Smeaton (00:34:40:20 - 00:36:20:21)
Yeah. I'll share I because there's a couple I'm like also a supplement minimalist. So I love to share the things that I've been able to be consistent with. Vitamin D is one, the drops make

it so easy, just so, so easy to be consistent. I actually, because I'm a mom, I've got five kids, two really young kids, and I'm terrible about remembering my supplements.

Like I fill those weekly containers and I fill up for my husband and he'll just take them like a handful. He'll take anything I put in there. He doesn't even oh, that's good. But for myself, if I if I get it like twice a week, I'm doing pretty well. But the drops I told my kids, they're like sweet dream drops.

And so I put them in the kids bathroom and it's part of their, like, nighttime toothbrushing routine. And then they get a drop of vitamin D before bed, which they think helps them get rid of nightmares. And then I remember to take it because I'm giving it to them. So that's my number one tip. And then the other ones are carnitine I'm sorry.

Creatine. Creatine. And that's one that I've gotten more excited about recently. And I started taking it really just to support muscle building. But then there's been so much interesting studies on cognition. And really that's one where it seems like the risk to benefit ratio is pretty high. It might be interesting to look into, and then the other thing I love is this mitochondrial support powder by Bio Clinic Naturals, because I'm really terrible about taking my supplements and that one has like CoQ10 and some nutrients, alpha lipoic acid, but it tastes really good.

So I just add it to like a 32 ounce bottle of water and it makes me drink more water. And I like how it tastes. Bio clinic naturals. It's like, I think it's watermelon or mango flavored, but it just it's really nice. It's easy. It doesn't taste like vitamins.

Dr. Tara Scott (00:36:20:00 - 00:36:20:21)
That's a great idea for women to just put something in their water.

Dr. Jaclyn Smeaton (00:36:20:21 - 00:36:35:18)
It's the only way I take anything is like mixing things into my water. So for people that are listening, I came from the supplement world, so I've had the chance to try a lot, and it's some of the only things I can be consistent with because of like the ease of use.

Dr. Tara Scott (00:36:35:18 - 00:36:52:22)
Yeah, yeah, those are some good ones. Yeah. The creatine. There's a lot of data on that. I'm trying to remember to put it in a smoothie. I don't always do the smoothie. Yeah. You know so I've, I've experimented with like chia pudding and all in one. Yeah. You know putting it in there because there's a lot of women who your skin changes. So a collagen could be helpful.

Dr. Jaclyn Smeaton (00:36:52:22 - 00:37:09:18)
You're right.

Dr. Tara Scott (00:37:09:18 - 00:37:27:02)
Fiber a lot. That's so big. Yeah. I started taking this. I don't know, maybe you don't agree about the gummies. I mean, I love fiber, no added sugar. Yeah, to make sure there's nothing else in it. But it's like I come home from work. I take my fiber gummies while I'm cooking dinner. So it's like, like you said, you don't want to take.

And I if I could be consistent with the smoothie, I do the powder fiber powder because a lot of women, a lot of people, Americans don't eat enough fiber. Yeah.

Dr. Jaclyn Smeaton (00:37:27:05 - 00:38:29:17)
Well, I love this discussion because this is the practical stuff that makes it hard for patients to be successful with changes. And so I really thank you. So I don't know what you think about gummies.

I think getting things in formats that people will take every day is great because the best supplements, like they only work when you take them. Yes. And so if you're not a pill taker, your patient's not going to take pills, then don't recommend them because it's not going to work. Like part of our job as providers is to build plans that work for patients.

So I think that gummies have become a format that's so popular in the industry, and it does have their drawback. If you did everything as a gummy, they're generally lower dose. They cost more money and they sometimes have sugar or like a dentist, but they like nothing chewy and sticky. Yeah, right. But I do think that if that's the only way that you're going to remember to take it, fabulous.

Dr. Tara Scott (00:38:07:18 - 00:38:12:00)
Do it right now. That's great.

Dr. Jaclyn Smeaton (00:38:12:00 - 00:38:18:17)
Fiber is a good one because you don't get your dose too, too high for your gas.

Dr. Tara Scott (00:38:18:17 -00:38:20:17)
You do. You have to do a lot of it. But there's like the right kind of fiber. Right? Yeah, definitely.

Dr. Jaclyn Smeaton (00:38:20:17- 00:38:33:00)
So yeah. Good. And then my last question for you, which is the one probably everyone's been waiting for, is like, how do you know when to start hormone therapy for a patient in perimenopause?

Because it seems so tricky. There are times where, you know, okay, I think we've given things a good shot. The supplements aren't helping or they are helping, but not enough. Let's let's take this next level.

Dr. Tara Scott (00:38:33:00 - 00:40:07:04)
So that's a really great question. And it's probably not the same answer for every patient. Right. And obviously if you are skipping your period and having 3 or 4 months at a time that you're miserable in between from the hormone drops, you know, that might be a good time for you to start estrogen.

Now, a lot of times women need progesterone long before they need estrogen. So there might be, something to say. I think I was 38 when I started taking my progesterone, and it depends. You just need to get it checked. You need someone to sit with you and say, here are the risk benefits, alternatives. You know, I probably prescribe less hormones now the longer I go.

Right. And I'm doing a little bit more deeper. Dive into the dietary lifestyle changes. And then also maybe something like by tax or some a supplement potentially. So it really depends on how how much risk it is to the patient, how much how bad they feel. Right? I mean, I guess if you look at the indications for hormone therapy, it's a lot of it hinges on symptoms, right.

Vasomotor symptoms, genital urinary symptoms. Yes. There's prevention of osteoporosis. But I think it's a discussion with you and your provider. I will say like I said, I mean obviously in the younger subset in those 30s and early 40s, like things can change. So you do need the continuum of monitoring to compare what their hormones are. They are not always going to be the same.

And that might be my hesitation to start something. If it's just a one time snapshot. You had this hormones that are low, but then they're normal.

Dr. Jaclyn Smeaton (00:40:07:04 - 00:40:34:12)
Okay, that's great advice. And what about the flip side? A lot of women probably come in requesting hormones where you feel like they're probably not ready for it yet. And I'm the reason why I ask is this is probably a lot of our listening providers have been in that difficult situation.

How do you handle that? If they want hormones, they're asking. They come in because they're like, you know, maybe they're 36, 37 starting to see some changes. And they're like, I want to get on hormones. So I'm not feeling great. Yeah. You're not thinking that that's probably the best option for them. Yeah.

Dr. Tara Scott (00:40:34:13 - 00:41:36:09)
I think most of the time when we start with the monitoring, they seem satisfied. You can show them that their levels are okay. Okay. So that seems to to pacify I don't wanna say pacify them, but it satisfies them. They just want to know. And I think where the disconnect

is, is that a lot of people aren't getting the testing. They're not, you know, traditional, traditional doctors don't believe in hormone testing or we're taught that there's no validity to it.

This is a whole other podcast. But, you know, but but I think I think my patients, I try to keep them involved in the decision and I, I don't I wouldn't say that I prescribe something when I don't feel like I should just to appease the patient. I feel like it's a discussion. And when you tell them the pros and cons or you tell them, you know, we're going to keep an eye on this and then we can try this.
I usually almost always give them a 3 tier option. One is like either expected management with some lifestyle changes. The second would be a supplement and the third would be a hormone. So they could do either of those three pathways.

Dr. Jaclyn Smeaton (00:41:36:09 -00:41:42:00)
And I love that because it empowers women to be able to be a part of that decision. And I think ultimately that is such a need for women in this phase of life that they're not getting in a conventional office all the time. Yes, they want and they want to be empowered.

Dr. Tara Scott (00:41:42:00 - 00:41:44:00)
Yes, they want and they want to be empowered.

Dr. Jaclyn Smeaton (00:41:42:00 -00:42:00:00)
Yes, they want to be empowered. They want to be validated. Well, I just thought it's always great to talk with you. I've really enjoyed getting time on the podcast and this whole weekend. So thank you so much for joining us tonight.

Dr. Tara Scott (00:42:00:00 - 00:42:09:08)
Thanks for everything you're doing to spread the word and empower women.