



# Transcript

RhondaNP

## The Menopause Guide Podcast with RhondaNP Episode #001

Show notes at <https://www.rhondanp.com/001>

### Intro/music:

Welcome to RhondaNP's Menopause Guide Podcast with Rhonda Jolliffe, nurse practitioner, hormone expert, and menopause mentor. Balance your menopause experience with natural solutions and regain control to live the life you love. Let's get started.

### Chris Dockter:

Welcome to the Menopause Guide Podcast with RhondaNP. This is episode number 001. Our topic today is Menopause 101: The Big Picture. I'm your co-host Chris Dockter and I'll be joined in just a little bit by Rhonda Jolliffe. If this is your first time listening, thank you for being here and hanging out with us. We produce this podcast weekly and you can find our show notes and any resources we mention during the podcast at our website [rhondanp.com](http://rhondanp.com).

Today's episode is really packed with information. We cover a lot of ground about our hormones and what is happening during this transition of both perimenopause and menopause. We provide a high level overview of menopause and we look at it in a few different ways. We look at the endocrine system, some basic human physiology, basically, what the heck is going on in your body during perimenopause and menopause, details on our hormones such as what they are and their function within our body as regulators. We talk about all of the symptoms connected to perimenopause and menopause such as hot flashes, anxiety, depression, fatigue, insomnia, brain fog, and really how, as women, we are just not expecting or prepared at all for this time in our lives.

Also, if you aren't quite sure about all this menopause stuff, this episode is for you. We will provide you with a quick education. I just love Rhonda's style in explaining all these details. We also have a free resource guide on our website to complement this episode. It's called Menopause 101 and it's a quick overview of the endocrine system, as well as a handy hormone and menopause dictionary, so you'll be all set. [You can grab that download at rhondanp.com](http://rhondanp.com), so let's jump right in.

Okay. We're going to start with my first question to Rhonda and it's about hormones. Can you tell us a little bit about hormones? Basically, what are they and what are they doing during menopause because this stuff is fairly complicated and let's face it, it's pretty overwhelming, especially for the non-medical among us and especially when we aren't feeling good.



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**Rhonda Jolliffe:** It's interesting that you say that it's confusing for the non-medical because actually, it's very confusing for the medical, as well. I really don't think that we have this all figured out in regards to the endocrine system. It's very detailed. It's complicated. There's just so many entities and everybody is so unique and different, so we don't really know how one endocrine system is going to work from individual to individual.

Hormones, in itself, they're chemicals that are secreted from our organs and our organs make up the endocrine system. It's the endocrine system that has these series of organs in our body that secrete these hormones and their role has many functions in our body. It really is our regulator of so many things. As you'll learn through this whole menopausal moment, menopause university, that there's so many different functions. It's why the endocrine system is acting up and why you feel like you do.

If I can give you a little visual on that, think about a tree. A tree, when you think about it, has roots, roots below, and then there's a trunk and then there's branches. Down in the root, really, is those hormones, so it's actually the hormones that are really the foundation of how our body functions. The tree, or the trunk, has to do with the whole system itself and then the branches would be more of our organs. Really, the chemistry, the chemicals that make up the root are our neurotransmitters and our hormones. Then our systems and our organs go up the trunk into the branches of the tree. Hopefully, that's a visual. When you think about the actual roots of a tree in itself, they need to be very stable for the tree to grow, so that's just kind of a visual that I like to explain to people.

**Chris:** Okay. When I was before this time, my roots were really stable because I had estrogen and progesterone. I really understand that piece of it because as women, we always think about either we're trying to get pregnant or we're not trying to get pregnant, so we really focus on estrogen and progesterone, but there's so much more going on right now during perimenopause. Can you touch on that just a little bit?

**Rhonda:** Oh, yeah. That's a great place to start because they really work together like a symphony. You have progesterone, estrogen, testosterone, which we think of as our main ones, but there's some other minor things going on there that affect it and so you're looking at DHEA and pregnenolone and insulin and cortisol and adrenaline and thyroid. These are all hormones and they all work together in a symphony.



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- Chris:** Wait, wait, wait, wait, wait. That's a lot. Wait. Can you go back over those just a little bit more slowly? Don't worry if you're listening. We're going to have this really nice, handy hormone dictionary for you, but let's go over some of those just a little bit more slowly.
- Rhonda:** Okay. Let's start with the brain and work down.
- Chris:** Okay. I like it.
- Rhonda:** The brain has a pituitary and hypothalamus and these are I want to call them our computer, our messaging system for the other organs. Then if you work your way down, at the neck is the thyroid and then right in the middle of your chest is the thymus gland. Then we have the pancreas, which is just behind your stomach, which secretes out insulin and adrenaline or, I'm sorry, just insulin. Then we have our adrenals, which secrete out cortisol and adrenaline. Then you have your ovaries in women and your testes in men.
- Ovaries in women mostly control the progesterone, estrogen, and testosterone. However, in menopause, when the ovaries fail because that's the word that we use, they fail because of natural aging process, the adrenal glands take over the working of the estrogen, progesterone, and testosterone.
- Chris:** Okay. Wait, so I get this straight, I know fail is such a sad word, like they're tired, but during perimenopause and menopause, as things are slowing down, what kicks in again?
- Rhonda:** The adrenal glands.
- Chris:** Okay. The adrenal glands.
- Rhonda:** The adrenal glands start taking over some production of estrogen, progesterone, testosterone. They always did, but the ovaries were kind of like taken over. Now, we have to look at when those ovaries start to fail. I know you hate that word, but that's what it is. When that happens, we really need our adrenal system to be nice and healthy because it's going to take over the work of the ovaries. Whenever any of those endocrine glands are not functioning right and the hormones aren't secreted correctly, it will affect all the others.
- Chris:** Okay. In perimenopause, what's happening with your estrogen during this time?



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- Rhonda:** In perimenopause it is interesting. About age 35, our progesterone starts to decline. It declines at a very slow rate, over a 15-year period, basically. Obviously, it's different for all women, but on an average, 50 is the golden age where menopause really starts, so the progesterone really is a gradual decline. Estrogen, for a lot of women, will stay the same up until age 50 and that's when it just starts. You can actually have an increase in estrogen because the ovaries are starting to fail. It's like it starts kicking in to say oh, my gosh. I don't want to fail and so you might get surges of estrogen. Taken with a really low progesterone, there's such an imbalance of estrogen and progesterone and that's what happens in the perimenopause phase is that big imbalance that's really now causing a lot of symptoms.
- Chris:** Okay. When you have this surge of estrogen, it's saying oh, let me, please. I can do it. I'm not failing. What happens? What are the symptoms that you can get?
- Rhonda:** We always think about the hot flash is the lack of estrogen, but actually, you can get some hot flashes when you have these surges of estrogen because there's hardly any progesterone available and you get these surges of estrogen and now, there's this huge difference between estrogen-progesterone balance. You can actually get hot flashes with estrogen surges, so that's kind of different. Everybody thinks it's because of lack of, but in the perimenopause phase, sometimes, those hot flashes are worse because you have such fluctuation of estrogen. One minute they're really high. The next minute they're really low and so you have this ongoing fluctuation. The hot flashes, actually, for a lot of women are more intense in the perimenopause phase.
- Chris:** Okay. Okay. During menopause, then, the menopause phase, which is ...
- Rhonda:** Menopause is defined as when you have not had your menstrual cycle for one year. That means that you really don't have enough estrogen now to have a menstrual cycle, so now you have low estrogen. Basically, post-menopausal, it's low estrogen. It's not the surges anymore.
- Chris:** But you can still have hot flashes in menopause?



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- Rhonda:** Absolutely because even in menopause, if your estrogen is low and your progesterone is low, it may still be out of balance, that you still, in relation to each other, have a high estrogen still.
- Chris:** Okay.
- Rhonda:** You can still get hot flashes from high estrogen in menopause. That just sounds ...
- Chris:** Unfair.
- Rhonda:** Unfair, yeah. It's kind of confusing because we tend to think of all the hot flashes are because of lack of, but hot flashes really come from the imbalance of that estrogen to progesterone and it can be lack of, as well.
- Chris:** That makes sense. Those other hormones you mentioned earlier, DHEA and is it ... How do you say that?
- Rhonda:** Pregnenolone.
- Chris:** What do those do?
- Rhonda:** DHEA and pregnenolone are really important in this menopause place because what happens if you look at the whole endocrine system and at the very top of the estrogen tree, should I say, or hormonal tree, where you need certain things, you need cholesterol to make hormones. You need pregnenolone to make hormones and you need DHEA to make hormones. Given a little DHEA or pregnenolone, just a tiny, little bit can really support your body's production of estrogen, progesterone, and testosterone because they're precursors to the hormones.
- Chris:** Okay. You mentioned you need cholesterol. Really?
- Rhonda:** Yeah.
- Chris:** Talk a little bit about that.
- Rhonda:** That could be a long day's talk, but in a nutshell, we need fat in our bodies for hormones to be produced, okay, and cholesterol in our body is fat. It's the fat in our body and so if you think about different avenues of a girl's life, like let's say an eating disorder, everybody knows that some gals with eating disorders lose their menstrual cycle. It's because they don't have enough fat to make their hormones to have a menstrual cycle. If their body fat gets too low, that can actually cause a disruption in their cycles at a young age. In menopause, same thing.



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If their body fat gets too low, that can actually cause a disruption in their cycles at a young age. In menopause, same thing. If your body fat gets too low, you're not producing enough hormones of what you do have, so you're low already in menopause, but if you have a really low body fat, you can't produce any at all. You have no help and so the hot flashes can be worse in that case.

**Chris:** Okay. I know we're going to talk about this in future episodes, but really, what's healthy cholesterol look like in your diet, just real quick.

**Rhonda:** I'm a fan of the good fats such as avocados, olive oil, coconut oil, nuts and seeds. I'm a really big fan of those. Some saturated fats is okay, but it should not be your staple or your main source that you're getting your fats from. Saturated fats are like dairy product and ...

**Chris:** Ice cream.

**Rhonda:** Ice cream, yes.

**Chris:** Damn, had to ask.

**Rhonda:** I know. Yeah, and it's meat and cheeses and all of that so that's more saturated fat. It's okay to get a little saturated fat, too. We tend to think that it's a big, bad bully, but it is okay, but you want most of your fats to get in the form of the poly-unsaturated, monounsaturated fats, avocado, olive oil, those good oils that we know of, nuts and seeds.

**Chris:** Okay. Great. Now, we talked a little bit about regulators and you mentioned cortisol and insulin. Can you go through those a little bit because those are big topics, obviously, but I think what happens in perimenopause and menopause it's really that cortisol that can cause a lot of problems, right?

**Rhonda:** Yes, it is. That's how my practice has changed over the past 20 years. When I first started prescribing bio-identical hormones 20 years ago, a woman would come in and I'd give her estrogen and progesterone. Now, I really look at okay, we need to support your body because you don't have estrogen and progesterone. We need to support your body in other ways to help support the production of what you do have before giving you any extra or it could be not to your benefit.



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Insulin is the hormone that comes from the pancreas. Its role is really regulation of blood sugar and so how you manage your insulin, really, is through diet and exercise. That is extremely important in menopause is to really get on a nice, healthy diet and a really good exercise program, extremely important because now, the insulin becomes that much more important. When you were in your 30s and you had enough estrogen and progesterone circulating around, that insulin might not have made that big a deal. Now, it makes a really big deal. When you start regulating that insulin, it will definitely help your hot flashes and night sweats.

**Chris:** Okay. Then what is cortisol? What's the relationship with cortisol and insulin?

**Rhonda:** Right. Cortisol is a hormone that comes from the adrenal glands. This is our stress hormone, so when we're stressed, it's our fight or flight kind of thing and it's excreted out. It's really our stress hormone. Interestingly, if you have high cortisol levels because you're under a lot of stress, that will increase your insulin level and vice versa, so remember I said the whole endocrine system works together. They do not work separately and so anytime one organ is a little bit off, it's going to affect the other organ. With cortisol, managing your cortisol level, the stress is a huge piece. If you do not manage your stress in menopause, you will not feel well.

**Chris:** For many of us who are adrenaline junkies, we just go and go and go, what happens during menopause in terms of you really can't sustain this anymore, can you?

**Rhonda:** You can't. When you're in 20s and 30s and you have this perfectly little symphony going on, your body actually can manage a lot more, but when you go through menopause and you don't have estrogen, progesterone, and your testosterone might be a little low, you can't handle things like you used to. The cortisol becomes that much more important because it actually is a stressor on the body just losing your hormones so that's a physical stress. We think about stress as this major emotional thing or you lose your job or you lose a family member or something and that's that emotional stress, but the physical stress is what's going on in your physical body. At menopause, it's a huge stress on your body just losing your hormones.



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**Chris:** That's interesting. Now, I know you treat a lot of women in your practice who are in this kind of crashing situation, but you have a pretty interesting story about your own crash. It's a perfect example of how you were sustaining this and then what happened, so you want to share that?

**Rhonda:** Yeah. Adrenaline junkie might fit me, or workaholic, click, click. That is definitely who I am and who I've always been. Yeah, you do well for a long time because that's who you are and you probably don't even realize you're under the stress you are. Then when you lose your hormones, you really can take a crash, and it is. It's extreme fatigue. It's mood swings to the point where you think you're so depressed. By the way, speaking of depression, that usually is the number one drug that is prescribed at menopause is anti-anxiety meds and antidepressants. If you go in, that's usually what you're offered.

**Chris:** Why?

**Rhonda:** You are depressed because it's the whole cortisol thing is trying to kick in because it's making up for your loss of estrogen and progesterone and you still haven't quit your 60 hour a week job. You still are raising your kids. You're still doing everything that you used to, so it's really a time when you have to reflect and say you know what? Maybe I need to slow down. Maybe my body can't handle all it used to and you know what? It's okay. It's hard to get there, though. For a lot of women, it's really a tough thing and so this is an area that I really want to help women with because I think it's a big issue.

I actually think that there should be you know how we have maternity leaves, menopausal leaves. I think it would be great to have a 12-to-16-week menopausal leave when you're going through all this. It would help out our physical bodies so much, so I might be on a movement on that. Who knows?

**Chris:** When you crashed, what was that like?

**Rhonda:** Oh, I was so extremely fatigued, but yet, had to keep going because I had all these responsibilities and so many things with my clinic. Yeah, I would have to say the depression. The fatigue was unbelievable. I used to be a really good sleeper and then I wasn't sleeping well and then that just precipitated the whole energy thing. You just feel like you're not yourself. It's like where am I? Where did I go? I had all those feelings. I think everybody goes through it to some degree.



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Some women will say, "I went through menopause just fine," because they never had a hot flash, but I've been treating them for insomnia and anxiety and depression. That's menopause, so just because you don't have hot flashes doesn't mean that you aren't experiencing menopausal symptoms.

**Chris:** Interesting. You're saying then, if I'm hearing you correctly, that menopause wears many masks, then, right? The complexity of a woman's symptoms has to do with many factors.

**Rhonda:** Oh, it does. I treat women ... Before I went into menopause, 18 years of treating women and a lot of anxiety, depression, insomnia and I actually didn't really know what anxiety or insomnia was. When I went through that, it was like oh, my gosh. These women aren't sleeping. This is what it's like not to sleep because I was such a good sleeper. The anxiety thing, too, I never experienced that. I'm a really laid back person and one day, I was just like heart palpitations and just feeling oh, my gosh. This extreme feeling of overwhelm came over me and I knew that it was anxiety because I had been listening to this all these years. I had never experienced anxiety before so that was a really rude awakening. Those were two things that I had never experienced before until going through menopause.

**Chris:** Yeah. For me, just I'll share my story was I was always pretty put together and I had a pretty large job. The wheels starting coming off for me and so I thought that some of my things that I was experiencing with brain fog and not being able to articulate thoughts and string them together, insomnia, I actually thought it was something completely wrong, like do I have breast cancer? What's going on? I think there's such a lack of understanding about the natural progression of you as a woman that all these things start to happen and just cascade over you and you kind of start to freak out.

**Rhonda:** Yeah. That's a really common thing. Women will come into the clinic and they're just like, "I can't function. I can't handle anything. Not sleeping. I'm not handling things at work. I'm irritated. I can't think. I can hardly function." I kind of joke about it, but it I'm kind of serious about the menopausal leave because if women could actually take a leave of absence for three to four months, they really could let that whole system balance out so much better because their cortisol would be supported and it's the cortisol that you have to control now.



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If you keep doing your life the way it's going and you don't slow down, it can be very, very hard and so I think that's why women take such a hit because we continue to try and do everything that we've always done when in reality, we're going through a change here that we probably should be cutting back on some things.

**Chris:** Right. It's just to say at a high level, it's really complicated.

**Rhonda:** Very, very complicated.

**Chris:** In terms of what we have for this podcast is we've gone over a lot of terms and definitions and we have created a download that's available on our website, [rhondanp.com](http://rhondanp.com). It's called [Menopause 101: The Big Picture](#). It's a resource guide and it gives you a very high level overview of the endocrine system and some of the terms we talked about today. There's some terms in there that we haven't talked about yet, but we will in future episodes. You can go and download that and just get a little bit more educated on that information.

**Rhonda:** Yeah. That's very good. That's exactly what I want to do. That's really my big goal here is to help women understand what they're going through, give them ideas on how to support themselves, lifestyle changes that are good for you at this time in your life because those are different at different times in your life and really working through maybe you just need a little bit of supplementation to help you through. Maybe you don't need hormone replacement or maybe you do and really helping women to make those choices and good choices, healthy choices so they can live a really healthy life.

**Chris:** Awesome. As we launch our podcast here, this is just one of our first episodes and we will be getting into many, many more topics in great detail, but we are so glad that you were able to join us today.

**Rhonda:** Thanks for joining.

**Announcer:** Thanks for joining the Menopause Guide Podcast with RhondaNP. You'll find the show notes and other valuable information at our website, [rhondanp.com](http://rhondanp.com). Don't worry about this menopause thing. You've got this.