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Hi, I'm Dr. Mache Seibel, an international women’s wellness and menopause expert and author of the best selling book, The Estrogen Window. If you’re confused about menopause, you’re in the right place. My mission is to help YOU get the information you need to figure it out so you won't have to tough it out as you transition into, through and beyond menopause. With over 30 years of experience helping more than 10,000 women navigate the change and spending nearly 20 years at Harvard Medical School, I can help you understand what’s happening to your body, mind and spirit and offer you the tools and guidance you need to deal with the the ups and downs of menopause.

Why I Do What I Do

I began my career as one of the world’s leading experts in infertility, performing one of the first successful in vitro fertilizations (IVF) in the United States, defining the growth of the human egg in women, the timing of ovulation and many more discoveries published in over 200 articles and multiple books. Author Robin Cook used one of my textbooks as the main source of information for his novel Vital Signs. After 20 years of treating women from around the world, many of my patients wanted me to continue taking care of them as they went from trying to get pregnant to getting through menopause.

Seven months after the 2002 Women’s Health Initiative (WHI) study was published saying (incorrectly) that estrogen causes breast cancer, heart disease and more, my wife Sharon had surgery that threw her into early menopause. Since many of her doctors were reluctant to give her estrogen based on the WHI results, I had to figure this out and began turning my
focus to the treatment of menopause and the risks and benefits of estrogen to help both my wife and my patients. I had to find out the truth!

I’ve spent years investigating menopause, sorting through the confusing data and putting the puzzle pieces together into an understandable picture. Now my goal is to help as many women as possible get clarity on how to best take care of themselves during perimenopause, menopause and beyond.

I’ve created a number of educational resources to do this including The Hot Years™ (My Menopause Magazine) in the Apple newsstand and Google Play and on the desktop at bit.ly/TheHotYears. As editor, I’ve interviewed hundred of the doctors who did most of the major studies on menopause and on estrogen. I am invited to speak all over the world to share my wisdom and experience and was awarded the Media Award from the North American Menopause Society for advancing the understanding of menopause. For over two decades I’ve been voted by my peers as one of the Best Doctors in America.

After speaking to countless women around the country, it’s clear that there is a great need for accurate, up to date information on menopause so that women can get the correct care they need. Many of the popular books on menopause are outdated with misguided information. In addition, it is very difficult for an individual to sort through all the different aspects of body, mind and spirit that need to be addressed during this time.

Women need help creating a “menopause breakthrough,” a breakthrough that cuts through fear and confusion and leads to clarity and a course of action. That’s what led me to create the Menopause Breakthrough™ System. I know some women are independent learners who just want information to feel empowered or might find the Menopause Breakthrough Action Plan or elite one-on-one coaching to busy professional and entrepreneurial women out of reach at this time. I want you to have options so you can get started now. My goal is to help you take time to stay well so you don’t have to make the time to get well. Doing so will help you make menopause one of the best times of your life!
Introduction

Welcome to the Menopause Breakthrough™ System! Menopause is confusing. The natural fluctuations in your hormones and the results of aging change your mind and body. And to add to the confusion, much of the information in popular books and articles is often incorrect and outdated, and that makes knowing what to do really challenging. In fact, many women tell me that they are so confused that they are just going to tough it out. I’m always saddened when I hear that.

I don’t want you to tough it out; I want you to figure it out! That’s why I created the Menopause Breakthrough System. It’s the five step system I developed after helping over 10,000 women travel into, through and beyond menopause, and it takes the mystique out of menopause.

Menopause Breakthrough System addresses your mind, body and spirit. It considers the SUM of you, not just SOME of you.

As an independent learner, you’ll be provided with self-mastery tools, strategies, checklists, and more that will prepare you for what is happening to your mind and body, help reduce the symptoms, and enable you to make more informed decisions so midlife can become a new beginning; a transition from one time in life to another with enormous opportunity for longevity and vitality. Health is the greatest form of wealth!
How do you view midlife? Is it exciting, embarrassing, scary or just unfamiliar? Do you wonder when the changes will stop? What else is going to happen? What is normal and what is not? What can I do about it? Where do I start?

I’ve heard these questions and many more over and over, and after treating so many patients, I discovered 5 steps that are essential for every woman to incorporate in order to feel empowered during this time of life. In my experience, to get the best results, these steps should be taken in a very special way and specific order, with each step building on the one before it. That’s why I created The Menopause Breakthrough System™ to help you navigate the journey and make sense out of what’s happening to your mind and your body.

The Menopause Breakthrough System is the framework of my 5-Step Menopause Breakthrough Action Plan Online Course, and addresses the challenges and decisions that face most women as they transition into menopause and beyond and experience the physical and emotional ups and downs. The difference is, the Menopause Breakthrough System is a self-study course. It also provides access to the Menopause Breakthrough private Facebook group. The Menopause Breakthrough Action Plan Online Course allows women who want to take a deeper dive access to additional resources including videos, audio, bonuses, and up to 12 hours of live group calls with me so we can work together directly. And if you want to work with me even closer, at the end of this program, I’ll tell you how to do that too.

With the Menopause Breakthrough System, you’ll get my unique proven strategies that support your emotional ups and downs to help you feel happy, healthy and whole for a lifetime. You won’t find this information or approach put together like this anywhere else. It includes my insights, tips, tools and practices. You’ll get worksheets and lists and questions to ask your provider that will be an essential resource for you to feel more confident. You’ll have a framework to help you look hot and feel healthy.
Congratulations on deciding to invest in your health and wellness! Take your time reading through each of the 5 Steps, use the easy to follow tips, tools and trainings, and start to put all of this into play. Make your own Menopause Breakthrough!

The Menopause Breakthrough System can lead to some remarkable benefits. It’s never too early to be aware or too late to begin. So let’s get started!
Step 1

Get Prepared For Changes In Your Body

In Step 1 you will discover what is happening to your body now, and gain awareness of what symptoms may occur going into the future. This information will serve as the foundation for Steps 2 to 5 and the basis for creating a healthier and more vibrant life. There are also some powerful tools to help you, which I’ll outline below. Because Step 1 is the foundation for much of what lies ahead, it can open the way to creating your menopause breakthrough and offer skills you can use your whole life long.

Why Changes In Your Body Happen

Women’s hormones are always changing. At puberty, the hormones estrogen and progesterone rise from very low levels to the much higher levels that are typical of women in their reproductive years. Estrogen and progesterone levels are not synchronized initially; they fluctuate somewhat independently until eventually they become paired.

During that time, a young girl’s body begins to respond to the estrogen and progesterone, which starts her on the journey to being a young woman. Breasts start to develop, curves start to form, an interest in boys begins, and with increases in testosterone, hair begins to grow in places it didn’t exist before. It’s an unfamiliar and sometimes strange time.

Menstrual periods also begin; at first somewhat irregularly and eventually, fairly regularly for most women. These are the reproductive years for women - a time when pregnancy can occur.

After 30-40 years, hormones again become unsynchronized and more
irregular. And once again how a woman looks and feels changes. Clothes get tighter, feelings of warmth can occur, bladders become more sensitive, sleep may be more challenging and sexy thoughts may be less frequent. It’s all due to fluctuating hormones that are no longer synchronized.

This window of time is called *perimenopause*, and it can last from a few years to a decade or even more. During this time it’s particularly important to start taking advantage of the tools you’re going to discover in Step 1. The first is called The **Self-Care Rx™**.

**The Self-Care Rx™**

Wellness is more than just a lack of disease. It’s a continuum that goes from wellness to illness. Our bodies are so good at keeping us well that at first, we don’t realize that things are changing. But as some point, our body reaches a tipping point and we transition from wellness into illness.

The purpose of the Self-Care Rx is to help prevent that from happening by taking care of your body, mind and spirit; to take care of all of you. But how do you go about doing that? What are some simple but powerful things you can start doing *today* that will help you improve all three of these areas?

The Self-Care Rx is a prescription for improving the wellness of your body, mind and spirit; and you can start implementing it today in just minutes. It’s helped many of my patients and coaching clients and it will help you too. You'll be amazed how much better you'll feel if you take care of all of your areas of wellness. Most women spent time looking out for others and being helpful to everyone else. It’s time to nurture the nurturer! Get started today!
1. Look over the Self-Care Rx and each week select one choice from each of the three categories.

2. Over the course of the week incorporate these three selections into your life. It's easy, simple and effective.

3. **Take Action:** Print out the Self-Care Rx Plan at the end of Step 1 and keep it by your desk or other convenient place as a gentle reminder to yourself. *Time spent on you isn’t time lost; it’s time invested.*
remember is that **menopause is a time of change**. Acknowledge these changes and share them with your healthcare provider so you can receive help when needed. Also, realize that you’re not alone; **6,000 women each day**. two million of your sisters every year, enter menopause.

**So What Is Menopause?**

As I’ve mentioned earlier, it's very much like puberty – only backwards. Puberty marks the beginning of fertility; menopause marks the end of fertility. In puberty you go from having no periods to irregular periods to regular periods. Menopause is the transition from having regular periods to irregular periods to no periods.

Reproductive hormones stop their monthly, naturally balanced fluctuations that prepare women for a possible pregnancy, to becoming irregular and out of balance. That causes periods to become irregular. Over time, estrogen levels drop to prepuberty levels, periods stop and pregnancy is no longer possible. The **definition of natural menopause** is one year after the last period. And like in puberty, changing hormone levels around menopause can make you feel out of sorts, foggy, irritable and sleepy.

So there may be a lot going on that seems unfamiliar. For some women symptoms are very mild, and for others they can be more extreme. Occasionally the symptoms can cause you to wonder if you’re having a medical or an emotional problem.

The most important thing you should
When Does Menopause Happen?

Menopause doesn't happen by a schedule; it can happen earlier or later. Although menopause occurs before age 40 in 1 in 100 women, a condition called *premature menopause*, the mean age of natural or spontaneous menopause in the United States is age 51 and the range is between age 40 and 55 years old. And just like puberty, it doesn't happen in a day. The transition into menopause, *perimenopause*, can take as long as 10 years.

So you may notice mild changes up to a decade before menopause! If you enter menopause at 51, you could have subtle symptoms from age 41. If you enter menopause at 40, you might notice changes from age 30. That's why it's so important to realize this time frame and be tuned in to your body. As you can see, menopause is not about age; it is about transition.

If your ovaries are removed surgically, that is called *surgical menopause* no matter how old you are. When this happens, menopause occurs abruptly and the abruptness often causes symptoms to be more intense. *Taking out your uterus and leaving in your ovaries stops your period but it is not menopause*. However, even when the ovaries are left in, menopause often occurs within 7 years after removal of your uterus because the surgery can affect blood flow to the ovaries.

<table>
<thead>
<tr>
<th>Onset of Menopause</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before age 20</td>
<td>1 out of 10,000 women</td>
</tr>
<tr>
<td>Before age 30</td>
<td>1 out of 1,000 women</td>
</tr>
<tr>
<td>Before age 40</td>
<td>1 out of 100 women</td>
</tr>
<tr>
<td>Before age 45</td>
<td>1 out of 10-20 women</td>
</tr>
</tbody>
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From: *The Estrogen Window (EstrogenWindowBook.com); Rodale Press 2016*
Changes During the Change

When you go through menopause, you'll have to decide whether to live with your symptoms or try to bring your hormones back into balance by taking Hormone Replacement Therapy (HRT). Sometimes it's also called Hormone Therapy or HT. What you decide may determine how much your symptoms bother you, so it's important to learn about the risks and benefits of taking HRT or other types of treatments. I'll tell you more about this in Step 4.

Below I'm going to talk about some of the more common symptoms of menopause. Fortunately, most women do not experience all of them. Knowing what is possible will help you tune in to any changes you are having so you won't be caught off guard. This is especially important since symptoms sometimes start up to ten years before menopause, when you're probably not thinking about menopause and the hormonal fluctuations that go along with it.
1. Who turned up the heat?

Hot flashes (sometimes called hot flushes) are a common complaint. Up to 85% of women experience some feelings of warmth.

For some women this is a mild experience and not very bothersome. Other women have very intense feelings of flushing, sweating and heat that interfere with everything.

One of the challenges is that they are hard to predict, although some women recognize personal triggers that may include stress, spicy foods, alcohol, caffeine and chocolate.

No one knows exactly what causes hot flashes but we do know the thermostat that regulates body temperature is not working perfectly. Blood vessels suddenly dilate and give off heat. The body senses the heat and quickly cools down which can lead to chills.

Hot flashes tend to be most intense during the one to three years leading up to menopause and in women who have had a surgical menopause. There are many treatments available that include hormones, prescription non-hormones, alternative treatments and lifestyle changes. There’s more on hot flashes in Step 5. The best option for you depends on your particular circumstance, so talk with your doctor about which would work best for you.
2. Riding the Mood Roller Coaster

Emotional changes are also very common. In the past you might have felt anxious or a bit sad from time to time, but now your emotions are more intense and unpredictable.

That is caused by the unbalanced hormones that fluctuate wildly up and down causing feelings to go up and down with them and feel stronger or last longer. Mood changes can be especially difficult for women with a prior history of a major depression including postpartum depression, anxiety and premenstrual dysphoric disorder. In this situation, medications may need to be adjusted and it is especially important for your mental health provider to be in communication with your healthcare provider to optimize your care.

3. Whacky Periods

If your menstrual cycle are whacky in perimenopause you’re not alone. More than 70% of women will have irregular menstrual cycles in their 40s. Your may have longer or shorter cycles, heavier or lighter cycles, increased bleeding or skipped bleeding. Within 1 – 3 years of menopause, cycles often become more than 60 days apart.

4. My Heart Is Racing

Palpitations are rapid heartbeats, usually about 12 to 18 more beats per minute than you're used to. They are common just before a hot flash but can happen by themselves. Palpitations can be a sign of a heart problem, but they are usually just one of the many changes that occur naturally as a result of shifting hormone levels.

Lower estrogen levels can increase your risk for heart disease. This is a
larger discussion that I cover in my book *The Estrogen Window*, but I wanted to at least mention it here.

**5. I Am So Tired**

Menopause can wreak havoc on your sleep. According to the National Sleep Foundation, approximately 61% of menopausal women have sleep problems. Sleeping difficulties can lead to other problems, such as daytime drowsiness. It can also increase the risk of high blood pressure, type 2 diabetes and heart disease.

**Here are some of the reasons why menopause challenges sleep:**

- Waking up at night to go to the bathroom
- Low estrogen lowers REM sleep which lowers sleep quality
- Hot flashes that disturb sleep
- Restless leg

If you are having a sleep problem, either falling asleep or waking up early, talk with your doctor to see what can be done. We’ll talk about this more in **Step 3**.

**Other Changes During The Change**

In addition to the 5 changes mentioned above, some women experience

- dry eyes
- thinning of hair
- skin changes
- vaginal dryness
- weight gain
- bladder issues
- bone loss
- lower libido.

Thinking about all of this can be overwhelming and can leave you wondering what you can do to take care of yourself. Some women breeze
through and others find it hard to function. By purchasing the Menopause Breakthrough System, you have already taken the first step to better health during menopause.

**Take Action:** At the end of the Menopause Breakthrough System is a “Menopause Checklist – Physical Symptoms.” Please print it out, complete it and bring it with you to your next doctor’s appointment. This will help get the conversation going in the right direction.
Welcome Your New Mind

Am I losing my mind?!

Menopause not only affects your body; it also affects your mind. The unbalanced hormones that cause your body to act and feel differently can cause your mind to act and feel differently as well.

Fortunately, some women sail through the transition into menopause and beyond with minimal changes. But most experience changes that are at best uncomfortable and at worst, really impact their mental health. But don’t worry, there’s lots that can be done to make things better.

Take Action: Talk about these issues with your healthcare provider and get the emotional support you need; it’s very important.

Where are my car keys?

Is brain fog and memory loss making you feel you can't depend on your memory any more? Some of it is due to the effect of unbalanced hormones directly on memory, but some of it is due to difficulty falling asleep, and waking up at night due to hot flashes or going to the bathroom. It’s easy to understand how being chronically sleep deprived can do a number on your memory. As you’ll see, there are a number of ways to improve your sleep.

It’s easy to understand how a chronically tired people is much more likely to feel irritable, moody, and unfocused. Unbalanced hormones also have a direct effect on the brain, making mood swings, anxiety and depression much more common.

Balancing hormones, controlling sleep, exercising and good nutrition are very helpful ways to bring emotions back into control. We’ll discuss this more is Step 3. Stress reduction, cognitive behavioral therapy and
sometimes medication can also be helpful. As I’ve said throughout, it’s a good idea to coordinate your mental health provider with your physical health care provider.

My medicines aren't working?

Women who have a known psychological condition may find that the fluctuating hormones and lower estrogen levels in and around menopause affect their symptoms, and treatment that has worked well for a while might become less effective. Treating the symptoms of menopause is very helpful in controlling your mood, so it bears repeating - coordinate your menopause expert and mental health expert to get the best results.

Other Emotional Symptoms During "The Change"

Some women notice other emotional symptoms as well, such as clinical depression, panic attacks, crying more easily, obsessive thinking, stressed out and others. Does this sound like you? There is a lot you can do about all these feelings and you’ve already taken the first step by following steps in The Menopause Breakthrough System.

Take Action: At the end of the Menopause Breakthrough System, is a “Menopause Checklist – Mental Symptoms”. Please print it out, complete it and bring it to your next doctor’s appointment with you.
Self-Care Rx™

Use this Self-Care Rx as a resource for things to do for yourself. Each week choose one from each category to nurture your body and mind and renew your spirit.

**BODY**

☐ Take a walk in nature

☐ Park further from the entrance of your final destination

☐ Use the stairs for 1 floor up or 2 floors down rather than take the elevator

☐ Walk up and down the escalator

☐ Stand while talking on the phone

☐ Get up to change the TV channel without using the remote

☐ Remove all the soda in your house

☐ Spend 10 minutes doing simple stretching exercises

☐ Avoid bread for a week

☐ Next time you go out for lunch or dinner, cut the meal in half and either share it or take half home
Self-Care Rx™

MIND
☐ Work on a puzzle for 15 minutes
☐ Sit comfortably in a chair with both feet on the floor and your hands in your lap and do slow, deep breathing for 5 minutes
☐ Spend 15 minutes drawing a picture
☐ Listen to a new genre of music
☐ Listen to relaxing music
☐ Relax with a nice hot cup of herbal tea
☐ Repeat an affirmation 3 times daily and when you feel stressed such as 1) I am capable, 2) I am lovable or 3) I am successful
☐ Spend 15 minutes doing creative writing
☐ Make up a song
Self-Care Rx™

SPIRIT
☐ Find a photo that makes you happy and place it where you can see it during the day
☐ Write on a sheet of paper 3 things you are good at and read them aloud once each day and before bedtime
☐ Do a volunteer activity
☐ Light a candle with your favorite scent and sit quietly enjoying the glow
☐ Write down 3 things you are grateful for and read them before going to bed
☐ Call someone you care about but haven't spoken to in a while
☐ Arrange some flowers in a vase
☐ Spend 15 minutes un-cluttering a defined area like a corner of your desk
☐ Smile at least three more times each day and watch it lift your spirits and the spirits of those around you
☐ Sing a song out loud
This is a powerful self-awareness tool I created to help you realize how important you are and how many people and groups you impact. You nurture your family and provide support to so many because of your loving nature. Women also make 85% of all healthcare decisions. But who is nurturing you? Who is nurturing the nurturer?

When you travel by air, flight attendants say, "In case of an emergency, an oxygen mask may fall. Place the mask on yourself first and then place it on children and others traveling with you."

If you aren't taking care of yourself first, you won't be able to help the people you want to help the most. It's not selfish to take time for you; it's essential. Time spent on you isn't lost; it's invested. The better care you take of yourself, the better you will be able to help those you care about. That's the power of the You Zone.

Take Action: Please print out the “You Zone” image and display in a prominent place for you to view and refer to daily. It will reinforce how many people you impact, and how important it is for you to nurture yourself.
Vision Pyramid™

The first step to getting to your desired destination is knowing where you want to go. Imagine getting the job you always wanted, having the relationship with your partner or family member you always dreamed of, writing that book you wanted to write or traveling to the place you've always wanted to visit. Impossible? Not necessarily. But where do you begin?

The Vision Pyramid will help guide you.

Take Action: Print out the Vision Pyramid Guide.

"Vision is the reality we intend to inhabit in the future created by the habits we develop today."  

Mache Seibel, MD

How do you see your future? What will your life look like in 5 or 10 years or more? Since it doesn't exist yet, it has the potential to become whatever you want it to be. Your life in the future is influenced by the actions you take today. It has the potential to become the future your mind sees.

If your eyes couldn't see far into the distance, what would you do? You would likely get your eyes examined to look for any problems that were affecting your vision and get a prescription so you could focus further into the distance with new vision. That's called a refraction test.

If you think the same way about how you mentally see your future, it's actually very similar. But instead of getting your eye refracted, it involves refracting your mind's eye.
It's really amazing! You have the power and the potential to mold your future. If you can see your new reality, you can take the steps necessary to create it. As Henry Ford said, “Whether you think you can, or you think you can't, you're probably right.”

"Not possible," you say? How would you even begin?

It is possible and I'm going to tell you how. In fact I'm going to give you my 5 steps to creating your new reality that I call Vision Pyramid™. But first, let me share two personal examples of how this works.

I was visiting my mother a few years ago to help her move from the house she had lived in for many years. As you might expect, there were many boxes of "stuff," and I came over to help her unpack.

One of the boxes contained old newspapers - Pearl Harbor Attacked, VJ Day, JFK Assassinated, and one old newspaper with a front page story of a very fat two and a half year old boy standing in front of the Sears building. Just above the photo was a caption that read,

"Mighty Might – The Fattest Kid in the County."

I was just about to ask my mother why she kept that paper when it suddenly clicked: that front page story in the Galveston Daily News was about me. I just kept thinking, "Fattest kid in the county."

In elementary school, I had to go into the local department store and buy special pants from Mr. Gallashaw; Huskies brand. They were in the back of the store behind a counter. It was very embarrassing.

But when I was about 12 years old, I had a vision for a new reality. I imagined myself as no longer fat. I imagined I was able to play sports well and buy my clothes in the front of the store with the other kids. By high
school my vision became a reality. My vision helped me change my diet, exercise more and lose weight. I attained my goal and played varsity basketball. And I have stayed my ideal weight.

Here is another story.

My mother is now 92 and she really wanted to walk down the aisle at my daughter’s wedding. Though she had really bad arthritis in her knees, she had a vision of walking down that aisle. It was very important to her. She asked my wife and me what she could do about it and we offered some suggestions, which included some exercises.

After our conversation she began taking walks; at first just to the corner; and slowly further. Then she asked her doctor about getting physical therapy. She just kept talking about walking down the aisle and kept walking down the street to get ready. And nine months later, she accomplished her dream.

Think of the power having a vision gives you!

● You can engage your body, mind and spirit
● It keeps hope alive because anything is possible
● It adds meaning to every day as you move closer to realizing your vision
● It adds joy to the challenges that inevitably get in the way
● It stokes the fire within you to take your life to the next level - one step at a time

And you can also create your new reality by refracting your vision – the one in your mind's eye.
Below is my **Vision Pyramid: 5 Steps to A New Reality**. Yours may vary slightly, but this is a proven way to begin.

1. **Thoughts.** It all begins with a thought; an idea that occurs to you. The notion that a new reality exists somewhere out there in the future and that new reality is one that you want to inhabit.

Maybe you want to lose weight. It may not be because you want to be healthier. You may be like me and you just want to stop buying your clothes in the extra large size area.

Or maybe you want to be in better shape so you can walk down the aisle at your child’s or grandchild’s wedding. It doesn't matter. As Walt Disney said, "If you can dream it, you can do it." Give yourself permission to dream.

2. **Words.** Have you ever thought something about a person and one day when you were with them accidentally blurted out what you were thinking? Thoughts are powerful stimulants for the mind and eventually, if you think about something long enough, you will begin to talk about it. Talking about it makes it much more real.
Some people find writing it down helpful because some people are more visual than auditory. Either or both are effective next steps.

3. Actions. You've heard the expression, "Actions speak louder than words." Maybe you'd like to eat healthier. You think about it. In a conversation you say, "We really have a lot of junk food in this cabinet." Then one day, you walk over to the food cabinet and throw out all the junk food! It all started with a thought. Then you talked about it and then took action.

Sometimes I wish we could all remember when we were infants. There you are, crawling on all fours. You look around and see everyone else is walking. You know you can't walk; you crawl. And then one day as you're crawling around you think, "Hey, I would like to do that." And one day while you are on all fours you say, "Walk," or whatever sound babies make to mean walk. And pretty soon you are standing, wobbly, until one day you have advanced to upright and off you go. You did it then; you can do it now. I guess we could say, "It's the same steps."

4. Habits. Once you do an action over and over it becomes a routine; a habit, something you do almost unconsciously. Bad habits take you in a downward direction. Good habits take you to a new and better reality. Don't be discouraged; new habits take a minimum of three weeks to put into place. If you keep doing it, whatever it is will eventually be a new habit.

5. New Reality. Congratulations! You've successfully taken the steps to create the reality of your vision. Here are some additional tips to help your planning along the way.

a. Begin talking, speaking and acting as though your vision were a reality
b. Think backwards from your new vision and notice the imaginary steps you had to take in order to get to where you wanted to be. These are not the steps of thinking and talking, etc. but the imaginary choices you actually had to make in your mind. Who did you associate with? What decisions did you make for work, investments of time or money, or jobs you either took or turned down?

c. Trace this imaginary time line in your mind all the way back to today. Remember, the future hasn't happened yet, so you can create the reality you intend to inhabit by creating the habits you develop today.

d. Now you have a real map that you can follow forward. If you get to a block, don't worry. Just repeat the exercise again as needed.

I know this may be a new way of thinking for you, but it's amazing how many people have successfully used these tools to make incredible transformations in their lives. I did. My mother did. You can too!

Whether it's losing weight or creating your personal menopause breakthrough action plan. Remember what Walt Disney said, "If you can dream it, you can do it!"
Menopause Checklist – Physical Symptoms

Check all symptoms that apply to you. If you have additional symptoms, add them in the spaces below, print this and bring it to your next visit.

☐ Hot flashes or night sweats
☐ Sleep problems either falling asleep or waking up
☐ Irregular menstrual problems
☐ Vaginal dryness or discomfort during sex
☐ Bladder problems – leakage or more frequent urination
☐ Symptoms similar to PMS
☐ Rapid heart rate or palpitations
☐ Joint and muscle aches
☐ Weight gain
☐ Skin changes
☐ Dry eyes
☐ Hair changes – either thinning hair or more facial hair
☐ Increasing tiredness
☐ Headaches
☐ Leg cramps
☐ Increasing dental or oral cavity problems

__________________________________________________
Menopause Checklist – Emotional Symptoms

Check all that apply to you. If you have other symptoms not mentioned, add them in the spaces below, print and take with you to your next doctor's visit.

☐ Mood swings
☐ Irritability or Anxiety
☐ Depression
☐ Memory problems
☐ Loss of concentration
☐ Worsening of existing mental health condition
☐ Crying more often or more easily
☐ Loss of self-esteem
☐ Dream less or bad dreams
☐ Brain fog
☐ Overreacting
☐ Panic attacks
☐ Obsessive thinking
☐ Changing needs for mental health or sleep medications
☐ Chronically tired
☐ Stressed out
☐ __________________________________________________________

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Step 2!

Navigating The Emotional Journey

The emotional challenges of menopause can be among the most challenging. They can leave you feeling foggy, not quite yourself and hamper your self-esteem, preventing you from accomplishing all the things you want to do, need to do, and are capable of doing. And that can cause a sense of self-doubt and isolation.

But it doesn’t have to be that way. In Step 2 of the Menopause Breakthrough System you will discover three emotional anchors that together form the foundation of positive emotional health to help you overcome these challenges.

This information will build on Step 1 and support all the valuable information you are going to learn in Steps 3 – 5.

You are about to gain some additional powerful tools to help you prepare for and overcome the challenges of the emotional journey. These tools are outlined in Step 2 of the Menopause Breakthrough System.

Take Action: Before you read Step 2, please take a minute to download the Self-Care Rx™ plan and choose 3 self-care activities to do for yourself this week.
Three Emotional Anchors

I want to share with you the three emotional anchors that together will form the foundation for your positive emotional health.

1. **Self-Esteem**: When you do a self-evaluation, how do you feel about yourself? About your abilities and limitations? You've seen people with healthy self-esteem; they feel good about themselves and believe they deserve the respect of others. You also know people with low self-esteem who don't believe their opinions or ideas have value. They constantly worry if they're good enough. It all starts in childhood but self-esteem can definitely get boosted all along the way.

**Factors that influence self-esteem:***

According to Mayo Clinic, here are 7 factors that impact self-esteem.

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• Your own thoughts and perceptions
• How other people react to you
• Experiences at home, school, work and in the community
• Illness, disability or injury
• Culture or religion
• Role and status in society
• Media messages

Relationships with significant people in your life such as your parents, siblings, friends and teachers also mold your self-esteem. Words of encouragement or someone who believes in you make a huge positive difference just like always getting put down or teased can erode even a healthy self-esteem.

That's why it's so important to spend most of your time with positive people and people who support you. Even a short stay with negative people or people who criticize you constantly is something to avoid. But how you feel about yourself doesn't only depend on other people. Some of it definitely depends on you.

If you can master a set of skills so that you can do something well, it helps to build healthy self-esteem. My mother as she has gotten older told me, "I can't do a lot of things I used to do, but I'm still a great cook." And that allows her to continue feeling good about herself. If you focus on your strengths and acknowledge your weaknesses without dwelling on them, you can keep your self-esteem balanced and healthy.

**Balancing your self-esteem**

We are all exposed to positive and negative factors that constantly keep our self-esteem a little off balance. But if you are aware of the things that make you feel either good or bad about yourself, you can catch your balance before your self-esteem falls too low and keep your self-esteem in the healthy range. Boasting and feeling superior isn't a sign of too much healthy self-esteem; it's usually a sign of insecurity.
Why Self-Esteem Matters

A healthy self-esteem matters both to you and to those around you. The more you feel good about yourself, the more you can be open to learning new things and not be afraid of failing. And the more receptive you will be to feedback you need to improve your life or your work, or to enter new interactions where give and take is a natural part of building long-lasting, positive relationships. Feeling confident trying something new gives you the opportunity to expand yourself and develop new skills that will in turn enhance your self-esteem. If you fail, at least you tried and you can learn from it, and try something else. Also, when you feel good about yourself, you realize you should take good care of yourself. This all goes back to the You Zone™; a healthy self-esteem affects overall health and wellness.

The Masks of Low Self-Esteem

Low self-esteem may not be obvious. Some people with low self-esteem may put on an outer bravado but are really insecure underneath, or appear contrarian as if others opinions don't matter to avoid being judged by authority, or act like a victim or helpless so they won't have to be responsible. If any of these disguises sound familiar, the 5 steps below will be helpful.
5 Steps to Healthy Self-Esteem

1. Be kind to yourself - practice forgiveness when all is not perfect, realize humans make mistakes.

2. Identify your inner-tapes – These are the auto-responders inside your head. Are yours overly critical, catastrophizing, illogical, or unrealistic?

3. Reframe negatives into positives – Everyone experiences negatives; they are a part of life. When a negative is turned into a positive, we grow and learn to be positive. What negative thing that happened to you can you turn into a positive one? Thomas Edison once said, “I haven’t failed; I’ve just found 10,000 ways that don’t work.”

4. Ask for help reframing your tapes – If you’re finding rewriting your tapes too challenging, realize you deserve help, and supportive friends, family and therapists can all be helpful

5. Create a win – small wins are the foundation for larger successes; larger successes lead to competency and competency leads to mastery. At each step congratulate yourself. Celebrate your successes. Competency also elevates self-esteem. This is a good place to review the Vision Pyramid™ in Step 1 to refresh your memory on how to create a new reality.
2. A Sense of Purpose

Having a sense of purpose in life can go a long way towards boosting your confidence and creating healthy self-esteem.

What is a sense of purpose? It's the thing that makes you excited to wake up in the morning. It's the thing that gives you direction and makes you feel like you're doing something worthwhile. It's the thing that makes you happy to be alive, not just alive.

Here's a map to find your *Path to Purpose*. 
Identifying your purpose is important because it adds meaning to your day and to your life; it elevates your self-esteem and it makes life more enjoyable.

Some people have more than one purpose. For instance, you might really find your work is meaningful and you love it and it makes you happy to get up in the morning, but you also care deeply about your family, doing what you can to support and nurture them. Someone else may be passionate about the environment and uses her skills to make a difference in that area whether it's lobbying Congress or picking up the tar along a polluted beach. Another person really loves animals and volunteers at an animal shelter to help place pets for adoption.

A sense of purpose helps create a life of fulfillment. For example, Jane
was feeling a bit lost. Her husband travelled a lot for work and was often unavailable. She left her work as a Social Worker when the children were younger to be available for them, but now that they had gone off to school, staying at home made her feel her life had no purpose and it caused her to feel empty.

Jane heard about a woman's shelter that helped women get back into the workforce so they could be independent. She decided to volunteer there and with her skills as a retired social worker helped dozens of women gain an opportunity to start a new life. The more she helped others the more she felt elevated herself. As her self-esteem got healthier, she also began to travel with her husband on some of his trips, which helped their relationship. And because Jane used the trips to visit museums and other educational opportunities wherever she travelled, it further improved her self — esteem. Helping other women and enriching herself helped her regain her sense of purpose.

3. Social Connection

The third emotional anchor is social connection. Just like self-esteem and a sense of purpose, social connection is one of the three essential emotional anchors for a happy and vibrant life. Social connection shapes and molds our personalities, helps educate us and teaches us skills. It also helps us develop a sense of connection that makes us a part of rather than apart from others.

But social connection is much more than that. According to author Dan Buettner in his book *Thrive*, it's one of the most dependable, universal means to a thriving life. Data from Gallup-Healthways polls on wellbeing show that the happiest Americans socialize six or seven hours a day — especially with family and friends. In another study of 12,000 people done by Nicholas Christakis, a social scientist at Harvard and James Fowler, a political scientist at the University of California at San Diego, the happiest people were the ones who were most connected.
So social connection is not just a good idea; it's an essential part of happiness. And happiness is an essential part of living a healthy and fulfilled life.

But positive social connection is not just being around anyone; it matters who you hang out with. It shouldn't surprise you that the people you associate with have an impact on how you feel. If you hang out with depressed people, you are much more likely to feel depressed.

According to Dan Buettner, each additional unhappy friend you hang out with drags you down by 7%. On the other hand, each additional happy friend boosts your happiness by 9%.

Some of this has to do with the way our brains work. You know when babies see us smile, they often smile back. That's because our brains are hardwired with “mirror neurons.” The more we see a person smiling, the more likely we are to smile. The more happy people we hang out with, the happier we are. And laughter has been shown to lower stress and anxiety.

So who are your friends and your acquaintances? Are they negative, depressed and irritable? Or are they uplifting, encouraging and positive? If they bring you down, it may be time to reconsider how you spend your time and start spending more of it with positive people. If your family members or a roommate are negative, limit your time with them and counterbalance the negativity with people who can help elevate your daily experience. If it is your partner or spouse, it may be time to seek a counselor to try and create a more positive relationship.

Step 2: Take Action: Download and complete the “Higher Self-Esteem”, “Path to Purpose™” and “Social Connection” worksheets found in this section.
Building Your Circle of Support

Now that you have the tools for advancing your three emotional anchors, you can start using them to build your circle of support. With menopause and beyond, a circle of support becomes very important as the support you have grown to count on may be changing.

Children become more independent and move out of the house. Parents might become ill or pass away. Friends move, careers change, your own health might limit your activities, and divorce can change your friend group. Whew! A lot can happen.

But with change comes opportunity. You have the power and ability to reshape things in your favor and build your own You-niverse.

You may be wondering whom to include in your You-niverse™. We all need different types of support and it can be broken down in the following way:

A. Inner Circle – people with whom you can share your inner thoughts and emotions. These are the people who will be your posse or core group.

B. Middle Circle – friends and family you share time with and go out with but relate to on a less intimate way. Most of these people should provide positive interactions.
C. **Outer Circle** – organizations, groups or religious affiliations or faith based activities that you are engaged in. These are ongoing but may be more or less active as needed.

D. **Professional Support Circle** – doctors, trainers, hairdressers, teachers, therapists or other paid professionals that support you and help you achieve your goals.

With your new skills you can create your new circle of support. It may not seem easy, but realize there are millions of women who are in the same boat and looking for the same things you are. You are only looking for a few good women for your core group. From there you can help each other extend your Circles of Support.
How to Create Your You-niverse™

How do you create a new circle of support? Begin by incorporating the four actions below that together create a new You-niverse. These include:

1. **Create Your Posse**: Find a core group of women who meet the criteria above. Two or three is enough. Walk together, talk on the phone, celebrate together and support each other in times of joy and grief. Get to know each other well enough to feel comfortable sharing your inner thoughts and emotions. This small group can have a powerful impact on the quality of your life – and on theirs. It's not quantity; it's quality.

2. **Get Involved**: Find an activity or group that will support your interests and become an active member. A monthly book club, a knitting circle, a garden club, a walking club or regular volunteer activities are the types of
things to consider. You can either choose something that you're passionate about or expand your interests by trying out something new. Become an active member and even consider mentoring others. The most important thing is to attend regularly and be involved.

3. Create Positive Relationships: I call this “CPR” for mental health. Think about the people you spend the most time with. Do they make you laugh? Are they positive? Can you trust them and can you have really great conversations with them? Do you feel uplifted when you leave? These are the qualities that are important for people in your positive circle of support and for the new people you add to your inner circle. If you're hanging out with people who generate negative energy leaving you depleted, depressed or dissed, minimize time spent with them. This will leave more time to spend with positive people.

For some people, family can be a great source of support. For others, family dynamics can be negative. It's important to realize that even with family, the same rules apply. If you are in the role of a caregiver for a family member, this in itself can be draining and isolating. This is all the more reason to have or create an inner circle of support.

4. Rekindle religion: Did you know that people who attend a faith-based activity on a regular basis live longer – in some studies as much as 14 years longer. Spiritual health has a very positive impact on physical health. Another study of 95,000 women using data from the Women's Health Initiative (WHI) found that women aged 50 and up who attended religious services weekly were 20% less likely to die in any given year compared with women that never attended religious services, even when they controlled for age, ethnicity, income level and most current health status with one exception – it did not apply to death from heart conditions. It's time to rekindle religion if you aren't an active

Step 2: Take Action: Complete the “Circle of Support” Worksheet.
Circle of Support Worksheet

1. With whom do you share your thoughts and feelings? Your daily struggles?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Who do you spend time with? Who do you go out and do things with?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. What organizations or religious affiliations are you engaged with?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Who is in your professional network that supports and encourages you?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. List three things you can do this week to expand your social connections?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Step 3!

The Impact of Lifestyle: Stress, Nutrition, Sleep and Exercise

The time around menopause is a time of great change. But you don't have to feel out of control; there are things you can do to be more in charge whether or not you decide to take HRT. By focusing on just four lifestyle areas, you'll be amazed at how much you can gain back control of your body, mind and spirit. These four areas are all interconnected. If there are challenges in one area, work on that area first so it will stop negatively affecting the others. Conversely, the more you improve one area, the easier it will be to improve the others. And the more you improve the others, the more you will experience a healthy and more vibrant life.

Here are the four components of a healthy lifestyle:

Each of these areas could be an entire course and areas I work with when I coach individuals. In Step 3 you will discover approaches to optimize these 4 lifestyle components that together form the foundation of a healthy life. This information will continue to build on Steps 1 and 2 and support all the valuable information you are going to learn in Steps 4 and 5. You will gain powerful tools to help you that are outlined in this Menopause Breakthrough System and that I guide you though in the Menopause Breakthrough System.
Breakthrough Online Course.

**Take Action:** Download the Self-Care Rx™ plan and choose 3 self-care activities to do for yourself this week.

**Four Components of a Healthy Lifestyle**

The diagram above illustrates the interconnectedness of these four key lifestyle areas. If you're overstressed, eat poorly, overtired or out of shape, it's pretty clear you are not going to be at your optimum. By addressing these four areas, all other aspects of your life will come more into control, including menopause and its symptoms.

Where to begin may at first seem overwhelming. After all, there is so much information out there on each of these areas and a lot of it is contradictory. To help you move forward, I've distilled the essence from each area and provided you a framework. By the end of this module, you'll have a clear direction and a set of tools that you can put to use today. So let’s get started!
Stress Control

If you think stress is a normal part of life, think again. Chronic stress is neither normal nor healthy. But it is a reality for many. According to the Occupational Safety and Health Administration (OSHA), stress-related ailments and complaints are responsible for up to 85% of all doctor's office visits and stress is now considered a hazard of the workplace.

Although stress is not a symptom of menopause per se, menopause can be extremely stressful. First, the physical changes; then the changes associated with this time in life: at work, in relationships through death or divorce, in sleep quality, caregiving for younger or older family members, dealing with the symptoms of menopause or possibly a newly diagnosed disease.

What Is Stress?

Stress is an emotional state of tension. When it happens for a short time as a part of life – giving a speech, submitting a report on time, participating in class – that's normal. Shortly afterward, once the stress is gone, your body returns to baseline. In those situations, a little stress can be helpful to keep you focused and at peak performance. At the extreme other end, never feeling any stress can create a problem of being too lackadaisical and cause you to lose your competitive edge.

The response to stress developed as part of survival. When our caveman and cavewomen ancestors had to fight or run for their lives, their eyes dilated to see better, they breathed faster for more oxygen, their heart
pumped faster to circulate the oxygen in their blood to their tensed muscles, their blood vessels constricted, their adrenal glands poured out more cortisol to mobilize sugar into the bloodstream for instant energy and their blood pressure soared. It was all about getting ready for either “fight or flight.”

All of those changes are extremely important in the short run. But being in that state for long periods of time literally wears out your body. Think of what happens to a motor or the microwave when it’s kept running at full throttle for long periods of time; it burns out. So does your body.

**Productivity/Anxiety Curve**

![Productivity/Anxiety Curve](image)

**What does chronic stress do to your body?**

It makes you ill. Just like too many programs running will cause your computer to crash, too much stress causes your body to crash. You feel awful: anxious, in knots and like you could explode. Here's why:
10 Physical Effects of Stress

1. Blood pressure increases
2. Heart rate increases
3. Muscles ache
4. Digestion problems
5. Immune system weakens, so more susceptible to infection
6. Skin disorders such as eczema and psoriasis
7. Allergies, asthma, breathing increases
8. Increased sensitivity to pain
9. Trouble sleeping
10. Difficulty coping

Chronic stress affects your chromosomes

The cap on the tip of your chromosomes is called the telomere. Like the plastic cap on a shoestring, it protects the end of your chromosomes from unraveling. Telomeres also protect against cancer. People who are chronically stressed have telomeres that are about 50% shorter than people who say they are less stressed. A study done by Dr. Dean Ornish showed that stress reduction was able to lengthen telomeres. This is a very important reason to reduce stress. Here are some ways to do that.
Top 10 Guaranteed Stress Busters

The best way to control stress is to short-circuit it. Learn to do things that disrupt stress’s harmful effects. Here is my top 10 list:

1. **Exercise** – reduces stress, increases feel good endorphin hormones
2. **Yoga** – slow deep breathing, stretching, focusing
3. **Meditation** – deep thought with positive affirmations
4. **Laughter** – releases endorphins and equivalent to exercise
5. **Prayer** – increases happiness and relieves stress
6. **Social Contact** – relaxing time with others is a great stress buster
7. **Biofeedback** – you can actually learn to control your vital signs
8. **Slow, deep breathing** - stress causes rapid shallow breathing 12 – 18 times/minute. Slowing and deepening your breathing to 6 times/minute makes a huge difference
9. **Cognitive Behavior Therapy (CBT)** – retrain negative thoughts to manage stress. This is a powerful tool that works.
10. **Sleep** – adequate sleep reduces stress

**Smoking and Stress**

I don’t have to tell you that smoking is bad for you. You already know that. Yet many people who are stressed smoke. In fact, people who are stressed out often smoke even more. They say it helps calm them.

Here’s why stress and smoking are a bad combo. Nicotine narrows blood vessels and makes your heart work harder. Remember with stress, the heart is already working overtime. The nicotine and carbon monoxide from the cigarette also reduce oxygen to your brain. Not good.
Un-Smoke a Cigarette

Next time you want a cigarette, consider this. Walk outside and find a nice quiet spot as if you were going for a smoke. But don't light up a cigarette. Instead, just inhale deeply, hold the breath a few seconds, then slowly blow it out. Just like you would if you were smoking a cigarette. Repeat this slow deep breathing for five minutes, smile and enjoy the nice quiet spot. This is a very powerful stress buster. I guarantee you at the end of that time you'll feel more relaxed. And your heart and lungs will thank you.

How does a person know if professional help is needed?

The simple answer is, if you are asking this question, you would likely benefit from seeking professional help. The longer you wait, the more effect stress has on your body. Talk with your healthcare provider or clergy. Just the act of seeking help will lower your stress.
Healthy Nutrition

Diet and nutrition are among the most complex areas of healthcare to understand. Most of the popular diets disagree on the best way to lose weight and none work for everyone. Some are hard to stick with.

In the beginning of Step 3, I pointed out that the four lifestyles in this module are interconnected. For that reason, I want to provide you the framework for a global approach to healthy nutrition rather than favoring a particular diet. By understanding these four health pillars are interconnected, you can start rethinking your diet today.

To begin, think about how your body deals with the food you eat. There are only three types of foods: proteins, carbohydrates and fats. Carbohydrates are the body's main source of energy, fats increase vitamin absorption and are essential for our brain and cell functions, and proteins are essential for growth, maintenance and structural support of muscle tissue. Your body's goal is to digest the food you eat into tiny bits of protein, fats, and carbohydrates so they can be absorbed from the intestines into your bloodstream to do their jobs. What isn't used is excreted as waste. Extra calories are stored as fat.

Digestion begins in your mouth. First you chew bites of food into smaller pieces that are swallowed down your esophagus into your stomach. Acid and enzymes in the stomach break down the food a little more and pass it into a short segment of the intestines – the duodenum.
There, enzymes from the pancreas and gallbladder help to further dissolve food, especially fats, into even smaller particles so they can be absorbed into the body as the food passes through the small and large intestines.

The silent partners in digestion are the bacteria. The partially digested food has a 30-foot digestion journey from stomach to anus, and along the digestion path are nearly three pounds of bacteria; 100 trillion of them known as the gut microbiome. That's more bacterial cells and genes than there are cells and genes in your body. The bacteria continue to digest the food and separate the nutrients from the waste that eventually ends up as poop.

When you eat whole foods, your body's bacteria get the food they have gotten used to over thousands of years and you benefit from good nutrition and a healthy intestinal tract. But when you substitute fast food and junk food (food from a box, can or package) and sweetened drinks and trans-fats for whole foods, the bacteria that aid digestion are not nourished properly. Some bacteria flourish and others die away.

When that happens, you end up with an unhealthy intestinal tract. That leads to inflammation, heart disease, diabetes and weight gain. Poor nutrition can also rob you of your energy, and make you feel stressed and out of shape. It may even lead to certain cancers. See how one thing affects the other? With this in mind, here is a new way to think about good nutrition.
The 5 Elements of Healthy Nutrition

Who?
Let's begin with "Who." Whenever possible, eat with a friend or family member. People who eat alone tend to eat less healthy food, eat less in general and lose out on a wonderful opportunity for social connection. Older individuals who eat alone are at risk for malnutrition; they eat whatever is available and tend to make poorer food choices. An exception is if you eat watching television. The distraction of TV can increase your calorie intake by 14% due to mindless eating.

What?
What you eat matters a lot. And what matters most is eating whole foods, ideally whole foods that are organic.

Eat lots of vegetables. Fruits are great but contain more sugar so fill half your plate with salad and veggies. Your gut bacteria will love you.
People who eat in restaurants typically eat more calories, more salt and sugar and less healthy food. Fast foods tend to have even more calories, salt and sugar and less healthy food ingredients. All of that wreaks havoc on your gut bacteria.

I used to eat cereal for breakfast every day with bananas and berries and lots of milk. I was often hungry a few hours later. Then one day I read the labels, added the calories and realized how much sugar I ate.

Now most days I eat one whole egg and two egg whites, a salad and some walnuts, sometimes with a slice of gluten free bread or cooked greens and a cup of hot tea or an 8 ounce glass of almond milk. For some people, a smoothie with a cup of almond or coconut milk, a half-cup of frozen berries and a scoop of protein powder works well. Protein helps offset the impact of the sugar. You can even add a half-cup of spinach and not taste it. I also like a half cup of kefir. If you haven’t tried it, it’s a fermented milk drink that’s filled with beneficial yeast and friendly probiotics and a great source of calcium and protein. It can be a bit tart and tangy, but I’ve grown to like to taste. It’s kind of like drinking yogurt.

Poor food choices such as eating too much junk food and comfort food, and drinking too much alcohol are not only bad for your weight and health, they contribute to stress. Avoiding sugar and white grain and eating more vegetables, fish and green fats like olive oil and avocados are all great ways to control weight and eat away at stress, instead of stress eating away at you. One (for women) to two (for men) glasses of red wine daily
(but not more) can also be helpful and healthful. If you're feeling tired, depressed, achy, bloated, and gassy or have skin problems, you may have a food allergy. Talk with your doctor or other healthcare provider.

**When?**

Although what you eat matters a lot, when you eat also has an impact. The goal is to keep your blood sugar as even as you can throughout the day. That means limiting those empty calories full of sugar that cause your blood sugar to rise rapidly and then two hours later fall just as quickly leaving you tired, hungry and even a little bit shaky or cranky.

Try eating every 3–4 hours and at the same time every day. Most people tend to eat three meals a day with a small snack in the afternoon, though some eat four smaller meals each day. Separating your meals in this way helps your body regulate the hormones insulin, which drive sugar levels down, and leptin, which is responsible for curbing your appetite.

I agree with my mother who said, "Always eat your breakfast." Skipping breakfast often results in poorer eating habits later in the day and gaining weight. If you like to work out strenuously, it can cause small tears in your muscles. Eating a small snack of protein within 30 minutes of a workout helps to repair and heal your muscles. Cottage cheese is a great snack as is a protein shake or a quarter cup of humus on carrot sticks or celery.

Likewise, try to eat your evening meal at least two to three hours before bedtime. Eating closer to bedtime increases your blood sugar and insulin levels and reduces growth hormone and melatonin production, all of which interfere with a good night sleep. Poor sleep in turn lowers the production of leptin, a hormone that makes you feel full, and increases production of ghrelin, a hormone that makes your stomach gurgle and ask for more. If you do eat later in the evening, opt for a small portion of a higher protein meal such as grilled chicken and skip the huge dessert.
Where?

When it comes to eating, there's no place like home. I mentioned the benefits of a family meal above under "Who". Here's why; families that eat together eat slower, healthier (more fruits and vegetables and fewer fried foods, soda and foods with trans fats) and have children with better manners. Since it takes about 20 minutes for your stomach to tell your head you are full, eating slower allows you to feel full after eating less. One study by the American Academy of Pediatrics found that sitting down as a family for at least 20 minutes to have dinner in a positive atmosphere resulted in fewer kids with weight problems.

How?

Only buy healthy foods. Leave the unhealthy foods in the stores or restaurants. Eat mindfully. Savor each bite. Chew your food better (at least 25 chews per bite), which makes digestion easier and slows your eating time so you feel full with less eaten. The famous yogi, Yogi Bhajan, once explained to me, "Chew your food; there are no teeth in your stomach."

Turn off the television and let the telephone answering machine do its job. Keep cell phones turned off and focus on each other. If you are dining alone, eat on real plates, pour your beverage into a glass and celebrate the wonderful meal you've just made. In other words, make your meal a lovely and positive experience.

Keeping the serving trays off the table makes it more of an effort to reach for seconds and reduces how much you eat. And if you have your meals planned for a week, it makes shopping easier and preparation faster – it's all there waiting for you. If you have a family meal, involve family members in the preparation and keep the meals simple. Save the fancy stuff for special occasions. Finally, make the dinnertime positive with music, laughter and good conversation. Resolve problems or deal with business matters some other time. Enjoy!
Enough Sleep

Do you wake up tired? We live on a very tired planet. Most people get too little sleep, and sleep both affects and is affected by every other aspect of life. Too much stress, too much food eaten too late, too little exercise and too many demands on our life all causes poor sleep. And being tired makes everything worse. Yet with so much going on in our lives, sleep seems like the only thing we can cut back on. After all, we aren't doing anything while we're sleeping, are we?

But we are! Sleep is a very important and active time. A survey from the American Cancer Society found that people who sleep 6 hours or less per night, or who slept 9 hours or more, had a 30% higher death rate than those who regularly slept 7 to 8 hours.

Sleep is when we restore our vitality and refresh our body and minds. We repair muscles, consolidate our memory and release hormones that regulate growth and appetite and build our immune system. You can see why we need both quantity and quality of sleep. Unfortunately, poor sleep is one of the most common problems affecting women in and around menopause. And poor sleep increases stress, makes it difficult to exercise and increases weight. It's all connected!
The Stages of Sleep

Sleep is divided into 5 distinct stages:

- **Stage 1** is light sleep, between awake and falling
- **Stage 2** is the onset of sleep. Body temperature drops so sleeping in a cool room is helpful.
- **Stage 3 and 4** are the deepest and most restorative sleep stages. Blood flow to muscles increase, tissues grow and repair and energy is restored. It's also a time when hormones are released.
- **REM (Rapid Eye Movement)** REM takes up about 25% of sleep time and occurs about every 90 minutes. It's when energy is provided to the brain and body and when dreams occur.

How Big is the Problem?

For women in and around menopause, poor sleep is one of the most
common complaints. According to the National Sleep Foundation, about 46% of US women 40 to 54 years and 48% of women 55 to 64 years report sleep problems. In general, insomnia increases as women transition into and through menopause. Women in perimenopause to postmenopause sleep less, have more symptoms from their insomnia and are more than twice as likely to use a prescription medication to help them sleep as women who are premenopausal. If you went into menopause because your ovaries were removed (surgical menopause), sleep problems are often worse.

What are the symptoms?

Too little or poor quality sleep affects your body, mood and cognition – in other words, poor sleep causes you to not feel well, feel moody and have brain fog. It's a huge problem for women because how can you be at your best when you feel achy, unmotivated and unable to concentrate. Not surprisingly, poor sleep has been linked to heart disease, depression and increased automobile and work-related injuries, attendance and performance in general. Poor sleep also causes anxiety and makes it hard to exercise or excel at work or feel like cooking a healthy meal.

Many things contribute

In midlife, lots of things affect sleep. Aging in general contributes. Then there is getting up to go to the bathroom, mood problems like stress, anxiety and depression, sleep apnea, restless leg syndrome, pain and among the largest of them all, lower estrogen levels. Hot flashes are a major cause of poor sleep. We also know from recent studies that poor sleep or insomnia is a two way street; it feeds back...
and makes many of the conditions above worse.

Insomnia includes:

- Difficulty falling asleep
- Inability to stay asleep
- Waking early and unable to go back to sleep

Insomnia can be:

- Transient – a few days
- Short term - ≤ 3-4 weeks
- Chronic or persistent - ≥3 nights/week/month or longer

Menopause and Sleep

The good news is that not everyone in menopause has disturbed sleep. But about half do and of that half, the most affected usually have anxiety and have most of their nighttime hot flashes in the first half of the night. If you have sleep apnea (breathing stops repeatedly during sleep so the body may not get enough oxygen) (hint: people with sleep apnea usually snore really loud), nighttime urination, significant stress, anxiety or depression or restless leg syndrome (involuntary leg jerking or pain), you are also more likely to have problems sleeping. Studies show that 53% of midlife women with difficulty sleeping have sleep apnea, restless legs or both.

Stress is another major cause of poor sleep as are painful chronic illnesses like arthritis, fibromyalgia and gastrointestinal problems. Heart, lung, neurological and thyroid diseases are also common, as are a number of side effects from medications. I've provided you with a list of the most common medications below. As you can see, understanding what’s causing your sleep disturbance will determine the best treatment. To help you talk with your healthcare provider, I've also provided a Sleep Diary.
Treating Sleep Disorders

Behavior Therapies

Behavior therapies are one of the most effective ways to improve sleep. They are designed to eliminate behaviors that interfere with sleep and promote behaviors that enhance sleep. Remember in Step 2 we discussed *Mastery Begins with Small Wins™*. This is no different. Start with changes you can make in your lifestyle and if those do not work, or do not work completely, you can progress to other approaches. Yoga and acupuncture have been found to help women in menopause in recent studies. *Cognitive Behavior Therapy* or CBT is increasingly being proven as an effective treatment.
Prescription Remedies for Sleep

There are several types of prescription medications that can be helpful for sleep. They generally fall into two categories:

* Sedatives and Hypnotics for Sleep

These are medications known as sleeping pills. They are best used for a short period of time to break the cycle of insomnia and get you on a more regular sleep cycle.

- **Short-acting nonbenzodiazepine hypnotic sleeping aids** These are medicines like eszopiclone (Lunesta), zaleplon (Sonata), and zolpidem (Ambien, Ambien CR). If you're looking for a short-term solution for poor sleep, they can be very effective, but over time can disrupt natural sleep cycles. They shouldn't be used with alcohol or barbiturates. Antidepressants can add to their potency. One worry is that they may become addictive with long-term use. The other is that some people lose their balance at night and fall. That can lead to breaking your hip.

- **Benzodiazepines** These are medicines like alprazolam (Xanax), clonazepam (Klonopin), diazepam (Valium), lorazepam (Ativan) and temazepam (Restoril). They are habit forming and the longer you use them, the less effective they become. Be careful with these. They can cause serious side effects, especially if used with other sedatives or alcohol and should be used cautiously.

- **Ramelteon** This works in the same part of the brain as melatonin and is its own class of hypnotic sleep aid.

*Hormone Therapy*

Hormones are not FDA approved as a sleep aid, but as I explain in my...
book, *The Estrogen Window*, they do work. First of all, they reduce hot flashes, which can greatly disturb sleep. According to a report in the *American Journal of Obstetrics and Gynecology*, estrogen helps to restore sleep patterns back to normal. It increases REM sleep, which is reduced in menopause. Estrogen improves the quality of sleep, the time it takes to fall asleep and the amount of REM sleep. For some of my patients who want to improve their sleep but not take estrogen at typical dosages, low doses of short acting estrogen like estradiol at bedtime can be helpful.

**Nonprescription Remedies for Sleep**

These include over the counter (OTC) herbal supplements and melatonin.

**Herbal Remedies for Sleep**

There are a number of these on the market. Most do not have well done clinical studies but some women definitely benefit. Examples are valerian, German chamomile, lavender, hops, lemon balm and passion flower. Consider taking one at a time for 1-3 months. If you don't feel better stop it and consider another or stopping. Always tell your doctor you are taking these remedies.

**Melatonin**

Melatonin is a hormone produced by the pineal gland in the brain and is important in regulating sleep and circadian rhythms. Synthetic melatonin is a popular dietary supplement sold as a sleeping aid and antioxidant. It may help jet lag and delayed sleep phase disorders, but isn't a proven treatment for insomnia or improving sleep quality.
Exercise

Does thinking about exercising make you tired? Too crunched for time, too tired, too painful, too depressed, too many medical problems like diabetes or osteoporosis. One woman told me, "When I do get the urge to exercise, I just sit down and wait for the urge to pass."

Benefits of Exercise

Here's the good news: although it may seem counterintuitive, exercise will energize, and a whole lot more. Did you know that for women > 40, exercise has also been shown to:

<table>
<thead>
<tr>
<th>Reduce arthritis pain</th>
<th>Lower weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve stress, anxiety, depression</td>
<td>Improve blood sugar</td>
</tr>
<tr>
<td>Improve sleep</td>
<td>Lower blood pressure</td>
</tr>
<tr>
<td>Lower risk of heart disease</td>
<td>Lower risk of breast cancer</td>
</tr>
<tr>
<td>Lower risk of dying from breast cancer</td>
<td>Improve bone health</td>
</tr>
</tbody>
</table>

Exercise also helps stress, sleep and nutrition, all the lifestyle areas we've discussed in this module! They are all connected.

In this section of Step 3, I want to provide a framework for you to set up your own exercise action plan so you can reach the goals below set up by the American Heart Association (AHA):

**Exercise Goals**

- 150 minutes/week of moderate-intensity exercise like brisk-
- 75 minutes/week of vigorous exercise or
- A combination equal to both aerobic exercises
But these are exercise goals; it may not be where you are today. That's OK. I know it's really hard to get started. It's my "Balloon Principle™." When you blow up a balloon the hardest puff is the first one. It's really hard to get that first puff to go into the balloon. But once you get it started, the next puff is easier and the next one is easier yet. Eventually you can blow it up as much as you want with much less effort. The same is true of exercise. You just need to "get the first puff in." The most important thing is to start. Once you do that, you can find out your current level of fitness, create a schedule, set goals, find different types of recommended exercise, and ways to incorporate fitness into your daily life as a new habit. The Exercise Pyramid below outlines how.

**Exercise Pyramid™**

![Exercise Pyramid Diagram]

**Level 1** is know where you are today in terms of physical fitness and any physical limitations. No matter what your health issues, it is possible to do some sort of exercise. But if you have certain medical issues, one type may be better than another. And there are so many choices – walking, dancing, gardening, yoga, tai chi, aerobics, love making, swimming and even housework are all a form of exercise. My friend and colleague Suzanne
Andrews has a show on PBS called Functional Fitness where the exercises shown are always demonstrated both standing and sitting in a chair for people who are unable to do the full exercises. "Can't exercise" isn't a valid excuse.

**Level 2** is establish your fitness baseline. The Activity - Scale worksheet at the end of Step 3 will help give you a realistic idea of your starting point so that you will be able to really celebrate your successes as you become more physically fit. Move ahead at your own pace and celebrate your wins. Participate; don't compete. If you regularly exercise, you've already won.

When you exercise, how do you know you're getting the optimum cardio workout? The goal is to choose a level that will cause your heart to beat at 60-75% of its maximum capacity.

It's always a good idea to discuss what is an ideal heart rate for you with your healthcare provider before you start on a new exercise program. As a simple estimate, subtract your age from 220 and multiply that times 0.65. Below is a table to make it getting your optimal heart rate during exercise easy to do.

<table>
<thead>
<tr>
<th>Age</th>
<th>20</th>
<th>25</th>
<th>30</th>
<th>35</th>
<th>40</th>
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<tbody>
<tr>
<td></td>
<td>Beats per Minute</td>
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<td>120 - 160</td>
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**Level 3** is to make an exercise schedule. Studies show that just planning to exercise daily seldom works well. Selecting a specific time and place to exercise does work well. You'll be much more likely to follow through. Making an exercise plan with a friend or group of friends further ensures that it will happen. If you have someone depending on you to go on a walk at a specific time, you will not want to let him or her down. The buddy system helps make it a time that can always be counted on.
Level 4 is to set realistic goals. If you aren't exercising at all and decide to run in a marathon, it's easy to get discourage. But a goal of walking 5-10 minutes during your lunch break with someone you work with is an easy win. Remember from Step 2, **small wins are the first step to mastery.**

Ideally your exercise plan will include wind, strength and flexibility. As an example, start your 10 minute lunchtime walk with a two-minute stretch to increase flexibility. Each 10 minute increment can be combined until you reach the desired goal. The wind or aerobic exercise of walking will help endurance. Small chunks of exercise are fine, and you'll be surprised how fast they add up, especially if you incorporate exercise into daily activities. Examples are standing and pacing while on the phone, walking meetings, or parking away from the entrance of stores when you go shopping.

Buy a pedometer and wear it or get a phone app! Your target goal is **10,000 steps daily.** A pedometer makes it easy to see where you are at the end of the day and if you would benefit from another walk around the block.

As you progress, add muscle-strengthening activities that include all the major muscle groups on 2 or more days a week. According to the CDC, strengthening exercises are both safe and effective for women and men of all ages, including those who are not in perfect health. In fact, as mentioned in the table above under benefits, people with health concerns—including heart disease or arthritis—often benefit the most from an exercise program with supervision that includes lifting weights a few times each week.

Flexibility and balance is the third components of a total exercise plan. Regular Yoga practice, Pilates, or Tai Chi all help with strengthening your core group of muscles for better balance and flexibility. And classes have the added benefit of making new friends.

**Level 5** You are almost there. For most people, consistently engaging in a new activity for 21 days creates a new habit. Congratulations!

**Take Action:** Download and complete the “Activity Scale”, “Stress
Activity Scale Worksheet

Would you describe yourself as active or inactive? ________________

How many flights of steps can you walk up before getting winded? ______

Do you carry your groceries into your house? _______________________

What is your favorite type of exercise? _____________________________

How many days a week do you exercise? _____________________________

How much time do you spend exercising each day? _________________

Do you have a pedometer or App? _________________________________

    If yes, how many steps do you walk a day? _____________________

Check which if any of these are part of your weekly routine:

  ___Weight bearing exercise
  ___Stretching exercises
  ___Aerobic exercise
  ___Yoga, Tai Chi or related activities

Repeat this worksheet every few weeks to see if and how much you are progressing.
Stress Reduction Worksheet

1. What is typically going on when you notice you feel stressed?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. When you start to become stressed, what changes do you notice in your body?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. Create your own personal Stress Reduction Action Plan from the 10 techniques provided or others from the 10 Bonus Stress Busters so you are prepared to take action to reduce your stress.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________


________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Healthy Nutrition Worksheet

1. Who could you eat with to add joy and companionship to your meals?
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

2. What 1 - 3 changes could you make in your food choices that would provide you with a healthier food choice?
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

3. What 1 - 3 changes could you make in the timing of your meals or snacks to help your body regulate insulin?
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

4. What night(s) of the week can you eat at home with your family or prepare a meal for yourself and dine elegantly?
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

5. What 1-3 things can you do to make your meals more relaxed and positive?
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
Top 10 Tips to Improve Sleep

1. Don't consume caffeine, alcohol and nicotine close to bedtime. One cup of coffee (80-115 mg of caffeine) takes 15-30 minutes to reach your brain, up to 7 hours to clear your system.

2. Don’t eat heavy meals close to bedtime. If you are hungry, eat light and include protein to promote brain serotonin and small amounts of carbohydrates to promote brain entry. Half a turkey sandwich on whole grain bread has protein and carbs; warm milk has tryptophan, a precursor of serotonin.

3. Don’t exercise strenuously within 2 hours of bedtime

4. Don’t use computers / television 1 hr before bedtime -too stimulating

5. Don't stay in bed if you can't fall asleep in 10-15 minutes. You’re better of leaving the bedroom and doing something relaxing elsewhere until you are drowsy, then trying again.

6. Do keep the bedroom cool, dark and quiet.

7. Do try to go to bed at the same time nightly and get up at the same time daily, even on weekends.

8. Do "dock your problems." People often go to bed with something on their mind that either worries them or that they don't want to forget. Keep a pen and paper by the bed and write it down. That allows you to "forget" it for the moment. It will be there in the morning.

9. Do use your bed only for sleep and sex; nothing else such as work.

10. Do listen to relaxing music such as the Sleep and Relax CD set, or use relaxation techniques such as creative imagery or meditation.
Step 4!

Estrogen and Estrogen Alternatives

Hormones?! Should I take them? What kind? Which one? How long?

Deciding if taking hormones is the right choice is one of the most important midlife decisions you will make.

But the information is ever changing and very hard to interpret. In this module you are going to discover the facts you need to talk with your healthcare provider so you can make choices that are based on solid and current information rather than older and often misleading information.

We will cover the following topics to provide you with valuable information that is essential for you to create your own personal Menopause Breakthrough.

1. Understanding Estrogen and Hormone Therapy
2. The Estrogen Window™: Background Information
3. The Impact of the Women's Health Initiative (WHI)
4. The Estrogen Window™: Estrogen and Dementia
5. The Estrogen Window™: Estrogen and Breast Cancer

The information included in Step 4 will impact your entire life. You will finally understand why hormone therapy has been so confusing, how
estrogen myths developed and how new information has both clarified and changed the game regarding menopause and hormones. More importantly, you will discover the **Estrogen Window** and how a time sensitive period determines whether or not estrogen is a reasonable consideration for you. This information will continue to build on Steps 1, 2 and 3 and support all the valuable information you are going to learn in Step 5.

Menopause has only recently affected the majority of women. Even as recently as 1900, the average life expectancy was 48 years. Today, the life expectancy for women is 82 years. That means most women will spend one third of their lives in menopause. By 2025, there will be approximately 1.1 billion women in menopause worldwide. In the United States, 6,000 women enter menopause daily. That's 2 million women per year.

**Hysterectomy and Menopause**

Women are sometimes confused about the impact of a hysterectomy on menopause. A hysterectomy is the surgical removal of the uterus. If you are still having periods, removing only your uterus will stop your periods but it doesn't throw you into menopause because your ovaries are intact. However, removing your ovaries will send you into menopause, even if you still have your uterus inside you.

If you have a uterus and take estrogen, you also need progesterone or a
progestin (synthetic chemical that acts like progesterone) such as Provera® in order to prevent the estrogen from building up the uterine lining and causing uterine cancer. The progesterone prevents uterine cancer from happening nearly 100%. If you do not have a uterus, you will only need estrogen. Progesterone or progestin is not needed. You’ll see the importance of this later.

What’s in A Name?

Whether you go into menopause naturally or surgically, when you consider taking a hormone, you will hear them called by many names. Here are some of the most common ones to understand (progestogen = either progesterone or any substance that acts like progesterone in the body).

- HRT – Hormone Replacement Therapy (estrogen + progestogen)
- HT – Hormone Therapy (estrogen + progestogen)
- ET – Estrogen Therapy (estrogen only)
- EPT – Estrogen Progestin Therapy (estrogen + progestogen)
- MHT – Menopausal Hormone Therapy (estrogen + progestogen)

Bioidentical Hormones

Bioidentical hormones have identical chemical structures to the ones produced in the body, but they are not natural; they are manufactured in chemical plants. Bioidentical refers to the structure and does not mean it is natural or naturally found in botanical plants. Bioidentical hormones can be purchased from both compounding pharmacies and chain drug stores; however, the prescription you pick up can vary depending on where it is filled.

Bioidentical hormones sold in chain drug stores are manufactured by pharmaceutical companies under strict guidelines and are FDA regulated and approved. Bioidentical hormones from compounding pharmacies are not FDA regulated and the amount you receive may vary from what was prescribed. There have been several reports of women taking estrogen and progesterone from compounding pharmacies developing uterine cancer.
because the estrogen dosages they received were higher and the progesterone dosages they received were lower than what was prescribed. There is a lot about this in *The Estrogen Window*.

**Estrone (E1), Estradiol (E2), and Estriol (E3)**

There are three types of bioidentical estrogens and they differ in their molecular makeup. The suffix –one stands for 1 –OH molecule, -diol stands for 2, and –triol stands for 3 OH molecules.

- Estradiol is the most potent and only FDA approved single-estrogen
- Estrone is 50-70% less active
- Estriol is 10% as active as estradiol

### Common Bioidentical Formulations

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Ingredients</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tri-Estrogen</td>
<td>Estriol</td>
<td>1.25 – 2.5 mg/day</td>
</tr>
<tr>
<td></td>
<td>Estrone</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Estradiol</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8-1-1 ratio</td>
<td></td>
</tr>
<tr>
<td>Bi-Estrogen</td>
<td>Estriol</td>
<td>1.25 – 2.5 mg/day</td>
</tr>
<tr>
<td></td>
<td>Estradiol</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(8-2 or 9-1 ratio)</td>
<td></td>
</tr>
<tr>
<td>Estriol</td>
<td>Estriol</td>
<td>2.0 – 8.0 mg/day</td>
</tr>
<tr>
<td>Progesterone</td>
<td>Progesterone</td>
<td>100-200 mg/day</td>
</tr>
</tbody>
</table>
Other Types of Estrogen

- **Non-Human Estrogen** – Also called *conjugated estrogens* or CE. These are a mixture of at least 10 estrogens obtained from natural sources, typically, the urine of pregnant mares. Their effects are caused by the sum of the 10 or more estrogens. Premarin is the most well known conjugated estrogen.

- **Synthetic Estrogens** – Manufactured in chemical plants and resemble (not identical to) human and non-human estrogens.

- **Plant-Based Estrogens** - Phytoestrogens. Some act like an estrogen and others act like an anti-estrogen, depending on which part of the body the phytoestrogens effects. They’re non-prescription hormones. Examples are the phytoestrogens genistein and daidzein found in soy.
How to Take Estrogen and Progesterone

There are a number of dosing regimens for hormone therapy and it is best to work with your healthcare provider to determine which is best for you. Sometimes you may start with one regimen and make changes to get better results.

<table>
<thead>
<tr>
<th>Hormone Regimen</th>
<th>Hormone Pattern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequential</td>
<td>Estrogen daily, Progesterone daily half the month</td>
</tr>
<tr>
<td>Continuous Combined</td>
<td>Estrogen and Progesterone both daily</td>
</tr>
<tr>
<td>Daily Estrogen/Intermittent Progesterone</td>
<td>Estrogen daily, Progesterone 3 days on/3 days off</td>
</tr>
<tr>
<td>Daily Estrogen/Occasional Progesterone</td>
<td>Estrogen daily, Progesterone (10-12 days every 3-6 months)</td>
</tr>
</tbody>
</table>

The Estrogen Window™: Background Information

It is helpful to have a historical context to understand the estrogen story. Below are important milestones.

- 1942 Premarin was FDA approved – Universal treatment for menopausal symptoms. Given to all, rarely even to men
- 1977 Premarin given alone to women with a uterus developed uterine cancer
- 1980s Adding progesterone to estrogen prevents uterine cancer
● 1986 FDA approves estrogen as prevention for osteoporosis
● 1986 observation that estrogen reduces heart disease in women
● 1990s Women's Health Initiative (WHI) begun to prove estrogen's role in heart health as 33% of women die from heart disease versus 3% who die from breast cancer
● 2002 WHI report incorrectly reports estrogen + progestin increases risk of heart attack, stroke, pulmonary embolism and breast cancer
● 2002+ Women throw their estrogen away in droves and doctors don't/won't prescribe it.
● 2004 The estrogen only arm of the WHI cast some doubt on the 2002 WHI results
● 2011 Studies started to raise more questions about the accuracy of original WHI results

As you can see in the bullet points above, estrogen was considered good and bad several times since it first came on the market in 1942. But the biggest scare came in 2002 because a very large study reported that estrogen caused some very serious medical problems. The unfortunate fact is, the well-intended but poorly interpreted study got it wrong. A recent more careful reevaluation of the very same data along with some very important new studies have shown that in fact, if taken at the right time, estrogen can actually lower the risk of disease.


Here's what's shocking: It was initially not clarified by the news, and even many doctors didn't realize, that most of the women in the WHI who received Estrogen + Progestin were 60 to 79 years old and many of them were smokers and had diabetes and high blood pressure. Most of the women who did not receive the hormones were 50 – 59 years old, did not smoke and were healthy. Which group do think would be more likely to have a medical problem? The older group that
contained smokers and had diabetes and high blood pressure, of course. This was a major flaw in the study; older women have more health problems than younger women with or without hormones.

_The Estrogen Window_ also points out that women who have a uterus and who only need to take estrogen without any type of progestogen actually have a lower risk of breast cancer, heart disease and dementia than women who take a placebo IF they start taking it in their estrogen window.

Women who have a uterus and take estrogen + provera in general don’t have a lower risk of heart disease and dementia, but it isn’t any higher. The risk for breast cancer is _slightly_ higher; about the same risk as it would be if they drank one glass of wine daily. This information is very complicated to explain here but it is overall _very_ positive. In the Menopause Breakthrough Action Plan Online Course and in my Elite One-on-One coaching I have more time to delve into this.
The Impact of the Women's Health Initiative (WHI) and Estrogen and Heart Disease

Almost 600,000 women each year have a hysterectomy and their average age for having it is 46.1 years. Before the first WHI study was reported, more than 90% of hysterectomized women in their 50s used ET, and continued it for an average of 4 - 5 years. Within 18 months of the first WHI report, half the women in the United States taking estrogen stopped using it. And of those, nearly 2,000,000 were women who had no uterus and therefore were not taking the estrogen-progestin medicine reported in the first WHI study. Women thought all estrogen-containing medicines were the same and all forms, dosages and routes were equally dangerous.

Estrogen Only and Heart Attack

Two more WHI studies came out in 2004 and 2011 with much less fanfare. Women with a hysterectomy between ages 50-59 who took estrogen only were at less risk than women who took a placebo; 13 less women per 10,000 died, mostly due to less heart disease.

In another report (The California Teachers Study) 71,237 menopausal women aged 36 to 59 who only took estrogen had a 46% lower risk of dying. These studies clearly show that if you are a woman younger than 59 and you take only estrogen, you will greatly lower your risk for the #1 killer of women in the United States – heart disease.

This is particularly important if you go through early menopause, which puts women at an even greater risk of heart attack. Here is what is essential for you to know; it's not age but rather how many years since you went through menopause that matters most. That is what determines if it will be protective or harmful. The longer you've been without estrogen, the
more plaque in your arteries and the greater the risk of heart attack and blood clots. Starting estrogen close to the time of menopause results in fewer deaths. How many? Based on the newer WHI information, a recent article in the American Journal of Public Health estimated that between 2002 and 2011, about 45,000 postmenopausal women died prematurely because of the avoidance of estrogen therapy. In my book, The Estrogen Window, you will discover that every organ in the body has a slightly different estrogen window of opportunity and more detailed information about estrogen timing.

**Estrogen and Progestin and Heart Attack**

The story for women with a uterus who want to take hormone replacement is not as clear-cut as for their sisters with a hysterectomy.

Why? Women with a uterus who take estrogen must also take some type of progestin to protect their uterine lining from uterine cancer.

The first WHI study in 2002 used an oral estrogen, Premarin, plus a progestin called Provera — not a bioidentical progesterone, but a chemical of similar structure to progesterone that the uterine lining perceives as progesterone. It was the most common medicine used with estrogen in 2002.

The 2002 study showed Estrogen + Progestin increased the risk of heart attack, but as I mentioned, they did not consider the age of the women receiving the medicine, their medical condition, or the age when the women went through menopause. This initial study understandably caused women to fear they were at greatly increased risk of a heart attack and coronary artery disease if they took hormone therapy.

But most recent WHI analysis done in 2013 had some data that was really
quite different. They analyzed risk of a heart attack based on both age of the woman when she started the medicine and the number of years since going through menopause.

If you looked only at age, there was some overall increased risk of heart attack by taking estrogen + progestin. However, when you look at risk based on the number of years since menopause, women who started taking estrogen + progestin in the first decade after menopause, in their estrogen window, actually reduced their risk of heart attack. You can see why it is helpful to have guidance and strategies as you navigate menopause. The stress of it all can be as great as the symptoms.

The Estrogen Window™: Estrogen and Dementia

So many women joke about losing their mind, not being able to find their car, brain fog and the like. They're joking about something they are really worried about - Alzheimer's disease. Here's why; 14.7% of Americans over 70 have some type of dementia and Alzheimer's is now the 6th leading cause of death in the United States, and it affects 20% more women than men. The prevalence is expected to triple by 2050, with an estimated cost of $20 trillion dollars. Hot flashes are the number one reason women seek treatment, but many of my patients are really worried about dementia.

What do we know about taking Estrogen + Progestin and dementia from the Women's Health Initiative Memory Study (WHIMS) study? Once again there is an age window. Women who were started on estrogen + progestin after age 65 were at increased risk of Alzheimer's disease; they nearly doubled their risk of Alzheimer's. If you haven’t taken estrogen before age
65, the window for most women has closed!

What if Estrogen and Progesterone, or Estrogen only are given earlier? There is some evidence that it might lower the risk of Alzheimer's disease if it is begun within 5 years of the time of menopause. In one study, those who began within 5 years of menopause had a 26% reduction in Alzheimer's; those who used it only in late life had a 46% increased risk and those who used it throughout had a neutral impact.

What about women with early menopause? Here is where new data makes a huge difference; Women who go through surgical menopause due to removal of both ovaries at an early age are at a 70% increased risk of Alzheimer's disease unless they receive estrogen treatment. But if they take estrogen until the time of natural menopause, age 51, the risk disappears. With more women having their ovaries removed before menopause, this is extremely important information and a very strong reason to be thinking about taking estrogen to prevent dementia. It's all in the timing.

**The Estrogen Window™: Estrogen/(E+P) and Breast Cancer**

One of the biggest fears of the first WHI study in 2002 was the increase in breast cancer. Women and their doctors literally panicked. The study reported an increase of breast cancer with the use of estrogen + progestin if they used it for more than 3 to 5 years. Overall, the increase was 8 additional breast cancers per 10,000 women among women who used it for 5 years or more. The good news is that within three years of stopping the estrogen + progestin, that increased risk disappeared. Recent information also shows that women who use a bioidentical progesterone rather than a progestin also have a lower risk.
A more recent WHI study in 2013 further refined this date. Women who used E + P continued to be found to have a small increase in breast cancer when age alone was the only criteria for analysis. But when they looked at the same data and analyzed it by the number of years since menopause, once again there was an estrogen window. Women who began E + P within 10 years of the beginning of menopause did not have an increase in breast cancer; in fact, they had a small decreased risk.

I recently did an interview with Dr. JoAnn Manson who was the lead investigator for the 2013 WHI study (and many others). It was her belief that if you are struggling with severe symptoms of menopause and want to consider E + P as treatment, and you are within 10 years of menopause, treatment is a reasonable consideration. Of course this has to be individualized with your doctor to consider your personal risks.

What I can now share with you is that it appears it was the progestin and not the estrogen that caused the breast cancer.

Here's why. Women who began estrogen alone (without Provera) shortly after the beginning of menopause had a 23% decreased risk of breast cancer. I want to repeat this. Women who began estrogen alone shortly after the beginning of menopause had a 23% decreased risk of breast cancer.

This supports the notion that it's the progestin that's the problem and not the estrogen. There are also other ways to treat patients who have a uterus to lower their risk of developing breast cancer or other potential risks of E+P that are not widely offered that you can discuss them with your doctor. One of them is to use a bioidentical progesterone and not a progestin.
New Prescription Medications for Menopause

In 2013 three new medications were approved to treat menopausal symptoms. These and other information are in The Estrogen Window.

1. Brisdelle: This is the first non-hormonal FDA approved treatment for hot flashes. It contains a low dose of the antidepressant paroxetine in a dose of 7.5mg, too low to treat depression, but high enough to treat the hot flashes. Overall women had few side effects but the most common ones were headache, fatigue and nausea/vomiting. This is a lower dose of the same medication called an SSRI used in the antidepressants Paxil and Pexeva.

Osphena: Osphena (Ospemifene 60 mg) was approved for the treatment of vaginal dryness and painful sex. The medication is a SERM or selective estrogen receptor modulator, which means it acts like both an estrogen and an anti-estrogen. Although it may act like an estrogen on the uterine lining, it isn’t yet clear whether women need to take progesterone with it to prevent build up of the uterine lining. As of this writing, most experts think progesterone isn’t needed.

DuaVee: This medication is a combination of the estrogen Premarin paired in the same pill with a SERM called bazedoxifene, which is typically used to prevent osteoporosis. DuaVee is intended for postmenopausal women who have a uterus because the bazedoxifene protects the uterine lining from the effects of Premarin. It is also believed to protect the breasts from any risks of Premarin as well.
However, the Premarin does lower hot flashes and improve sleep, and both medications protect bone. DuaVee has not been tested in breast cancer patients at this time.

**Venlafaxine:** A study in JAMA Internal Medicine in November 2014 compared the estrogen estradiol 0.5mg daily with the antidepressant medication venlafaxine 75mg daily and a placebo in 339 perimenopausal and postmenopausal women who had an average of 8.1 hot flashes per day at baseline. Women who took estradiol had a 53% reduction overall in hot flashes during the 8 weeks of treatment; women taking venlafaxine had a 48% reduction; and women in the placebo arm had a 29% reduction in hot flashes. In terms of satisfaction with treatment, 70% of the women reported satisfaction with estradiol treatment; 51% were satisfied with venlafaxine, and 38% were satisfied with placebo. While not FDA approved, venlafaxine could be another treatment option if you either cannot or do not want to take estrogen.
Hot Flashes: 5 Tips for Considering OTC Supplements

Hot flashes can make you feel strange, uncomfortable and are often embarrassing. It’s no fun to be talking with your friends or working and suddenly look all hot and sweaty.

If hot flashes are making your life unbearable, over-the-counter (OTC) supplements and remedies may be a solution to consider. They can provide non-estrogen relief for women experiencing premenopausal hot flashes but it can take some patience and commitment.

For many women, the relief can be life changing without the worries often associated with estrogen replacement therapy. Here are 5 tips to get you started.

1. **Get into the right frame of mind**. Unlike prescription medications, which often work in relatively short periods of time, over-the-counter supplements could be thought of as a concentrated healthy food choice to produce a desired outcome over longer periods of time - usually in one to three months. Knowing this sets you up for reasonable expectations and outcome because otherwise you'll likely be disappointed. My experience is that it takes one to three months to see how it's working for you.

2. **Keep an open mind**; some may work for your friends but not work for you and vice versa. Don't be in a rush to judge whether or not...
something is working. Each individual is different so give it a chance. It is helpful to keep a journal to record your progress.

3. **Don't mix and match.** Take only one over the counter supplement at a time. That's the best way to find out what is working for you and what is not. Otherwise, you may get a benefit from one supplement but since your are taking several, you're not sure if you should continue with one and stop the others. And remember to always tell your doctor when you take them. Some can interfere with other medications or anesthesia.

4. **Be committed.** In order to tell if something is going to work for you, you must be willing to keep a schedule and not miss a dosage. Over-the-counter supplements typically have a short half-life. Meaning most of them last, at most, 8-12 hours. I recommend taking them twice a day, about every 12 hours. That should work well to keep levels the highest and to show the benefits since that keeps some of it is always in your blood.

5. **Have realistic outcomes.** Your hot flashes may not go away 100% but may improve enough to provide the relief you're looking for. That may be the difference between feeling miserable and your symptoms being tolerable. I think that is a very important distinction for you.

Once again, you want to set your expectations because it could take one to three months. You want to keep an open mind. It may not work for your friend Jane but it may work for you and vice versa. You want to commit to the process by not missing a dosage and taking them on time twice a day, take only one kind of supplement at a time. And, you want to have reasonable expectations so that you're not disappointed with the outcome if things are not perfect. This can be the difference between satisfaction and dissatisfaction. And ALWAYS tell your doctor or medical team about any supplements or herbal remedies that you add to your regimen.

Below is a chart with some of the most common OTC options and my personal rating of them.
<table>
<thead>
<tr>
<th><em>Botanical Name</em> (Alphabetical)</th>
<th>My Rating (1 - 4)</th>
<th>Suggested Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black Cohosh</td>
<td>2</td>
<td>20 mg twice daily</td>
</tr>
<tr>
<td>Chasteberry (Vitex)</td>
<td>1</td>
<td>250 mg crude herb; 20mg/d</td>
</tr>
<tr>
<td>Dong Quai (Angelica Sinensis)</td>
<td>1</td>
<td>4.5 grams/day Caution with blood thinners.</td>
</tr>
<tr>
<td>Evening Primrose</td>
<td>1</td>
<td>1,500 - 3,000 mg daily</td>
</tr>
<tr>
<td>Flaxseed</td>
<td>2.5</td>
<td>1-2 Tbsp oil or ground seeds daily</td>
</tr>
<tr>
<td>Ginseng (American &amp; Asian)</td>
<td>1.5</td>
<td>100-600 mg/day</td>
</tr>
<tr>
<td>Maca Root (Peruvian Ginseng)</td>
<td>2.0</td>
<td>¼ Tsp twice daily</td>
</tr>
<tr>
<td>Red Clover</td>
<td>1.5</td>
<td>Powdered herb capsules: 40 - 160 mg per day, or 28-85 mg red clover isoflavones</td>
</tr>
<tr>
<td>Rhubarb (Phytoestrol)</td>
<td>2.0</td>
<td>4 mg daily at same time of day</td>
</tr>
<tr>
<td>Soy (food, protein, isoflavones)</td>
<td>2.5</td>
<td>25-40 grams/day protein; 50-200 mg/day isoflavones</td>
</tr>
</tbody>
</table>

*Please Note: Always tell your doctor what OTCs you take to ensure safety.*

In this rating, 1=limited response; 4=comparable to prescription meds.
Step 5

Thriving Beyond Menopause

Body, Mind and Spirit – A Deeper Exploration of What’s Next

You've learned so much and now we are on Step 5. Congratulations! You are now going to discover additional empowering information that will help you create your own personal Menopause Breakthrough. This is some of the most powerful information because it supports you with strategies to help you get through menopause.

The first section is on Body:

1. Better Sex and Intimacy.
2. Understanding and Improving Bladder Symptoms
3. Cooling hot flashes
4. Menopause and Diabetes

The second section is on Mind:

1. Mind and Mindset
2. Menopause and Mood Disorders
3. Menopause and Keeping Your Mind Young

The third section is on Menopause and Spirit. In it we'll discuss why staying connected with a higher source is a key component of healthy aging. We'll discuss yoga, meditation, religion and mindfulness as helpful tools to a healthy, happy and vibrant life.
The information in Step 5 will impact your entire life. It will continue to build on Steps 1 to 4 and further support all the valuable things you've learned so far. So let's get started! I've arranged this module into three sections:

![Diagram showing Body, Mind, and Spirit]

**Body**

**A. How to Achieve Better Sex and Better Intimacy**

Sexual problems don't affect everyone, but they are so common that many women think they are normal. And the difficulties may begin gradually. At first, you may just stop initiating lovemaking and then eventually make excuses: “I'm too tired” or “I have a headache”. Many of my patients have told me that they would rather be shopping. Others worry that not being intimate will hurt their relationship with their partner so they reluctantly participate but aren't really interested. Some are struggling with personal issues and others are having problems in their relationship and sex is just one example of those problems. As one woman told me, "I don't need testosterone; I need different testosterone."
Menopause and Sexual Problems

Many women, particularly those with great sex before menopause, continue to have great sex. It is a best kept secret that sexual problems are particularly common in peri– and postmenopause, affecting about 1/3 to 1/2
of women in their 40s and 50s. Many women don't tell their healthcare providers about these issues because they are embarrassed or they think they will embarrass their doctor. Or they think nothing can be done to change the situation. Don't be afraid or embarrassed to talk about sexual problems. How else can you get help? If you're uncomfortable talking with your doctor, ask for a referral. A lot can be done to help you.

It may surprise you that sexual problems peak at midlife, and are lowest in women 65 years or older. If you're having a problem, things often get better. But why wait?

**Why you should take action!**

Sexual problems affect the quality of your life similar to the impact seen with diabetes or chronic back pain. Compared to women who are not experiencing sexual difficulties, women with sexual dysfunction are more likely to experience negative emotional states such as low self-esteem, frustration, hopelessness, and anger. Yet, in a study of over 1500 women struggling with this problem, **less than half had sought treatment**. I'm telling you all this so you will be proactive and go to a health care provider who can help you!

**Types of Sexual Dysfunction**

Here's how to think about sexual problems to explain them to your doctor.

- **Low desire** – not interested.
- **Slow or no arousal** – interested but can't get turned on; no tingling in genitals or breasts or vaginal moisture
- **Difficult or no orgasm** – interested, get turned on, but can't orgasm
- **Painful sex** – sex hurts or is uncomfortable
Hormones and Sexual Desire

Estrogen plays a major role in your level of interest in sex. Lower levels can affect libido and cause vaginal dryness, painful sex or bladder problems that impact on sexual function.

Low estrogen is the main reason for these changes, but testosterone also gets lower. By age 70, testosterone levels are half what they were in your 20s. Overall general health and well being also play a role in sexuality. As we discussed in Step 3, the less stress and more rested you are, the better physical shape you are in, and the better your nutrition, the more your body and mind will be in the mood for sex.

Factors Affecting Women’s Sexual Function

Painful Sex

When estrogen levels are low, vaginal tissues are often not as well lubricated and over time can become narrower, shorter and thinner (vaginal...
atrophy – AT-row-fee). That can lead to pain and pain lowers desire, arousal and orgasm. In general, the more sexually active you are, the more lubricated and elastic the vaginal tissues remain. Even so, painful sex, called dyspareunia (dis-puh-ROO-nee-uh) and vaginal atrophy are very common. The good news is, effective treatment is available.

**How To Make It Better**

Local Treatments. Most sexual problems can be treated successfully. There are a number of nonprescription lubricants and moisturizers that can help milder cases of vaginal dryness and painful sex. Some come in flavors but those can be irritating. Low dose vaginal estrogen is an extremely effective treatment that comes as creams, gels, tablets and rings. The American College of Obstetrics and Gynecology recently published an clinical opinion stating that vaginal estrogen should be considered safe, even in women with estrogen receptor positive breast cancer. This is great news!

A new medication that is an oral non-estrogen tablet called Ospemifene (a type of medication called a SERM or selective estrogen receptor modulator) is now available and seems to be working well for many women. It hasn't been studied in breast cancer patients but does make sense as a possible choice in that situation.

Another new prescription medication called flibanserin (Addyi®) has recently been approved by the FDA. The medication does increase sexual desire a few episodes per month over placebo and is something that you can discuss with your healthcare provider to see if it is right for you.

**Counseling and Sex Therapy**

A study from several years ago found that only 3% of women with sexual
problems initiate discussing it with their doctor. If they do mention it, most women wait till they are about to walk out the door when no time remains. Unfortunately, surveys show that most doctors don't ask their patients if they are having a sexual problem.

So it is up to you. Even if you don't have a partner, changes in sexual function still happen and things can be done to improve them. If you're being treated for cancer, talk about sexual function before treatment and include your partner. It will make a huge difference. Special things can be done to help you. Ask if estrogen is appropriate for you after treatment and if not, find out what is. Ask for help.

**Nonmedical Treatments**

There are many ways to improve sexual function:

- Change your sexual technique
- Increase sexual novelty
- Improve your relationship
- Improve communication
- Improve your health
- Improve your stress and sleep habits

One study showed that a 12-week yoga program played a major role in improving sexual desire, arousal, orgasm, pain and satisfaction.

**Medications**

Flibanserin and Addyi are the only FDA approved medication for lower sexual desire for women although several are in the pipeline. For many women who have low estrogen levels, estrogen is very helpful, though studies don't prove it is a sex therapy medication.
Here is a tip: If you receive oral estrogen and it doesn't help you, ask your doctor about transdermal estrogen applied through the skin. The reason: oral estrogen lowers free testosterone by increasing the Sex Hormone Binding Globulin (SHBG) in the blood. For some women, adding testosterone is helpful, but in my opinion, only if your testosterone levels are low. It's not a cure all: some women with low testosterone have normal libidos and some with normal testosterone levels don't.

It's hard to feel sexy when you're depressed or anxious and if you're feeling that way it’s important to get treatment. SSRI antidepressants are known to lower sex drive. Bupropion, an alternative medication to discuss with your doctor, helps some women with low desire even if they’re not depressed.

New Treatment That Works: For some women, vaginal pain prevents them from being intimate. Here is one relatively new way to help treat this problem that works really well for women with breast cancer who can't or won't take estrogen or other medications. It’s only used right before intimacy.

Dr Martha Goetsch presented this at the North American Menopause Society’s Annual meeting. Here's how. Ask your doctor for a prescription of 4% lidocaine. Place some on a cotton ball so it's dripping wet and put it just on the areas that hurt near the entrance of the vagina. Leave it in for 3 minutes, remove the cotton ball, use lubricant and move on to intimacy.
B. Understanding and Improving Bladder Symptoms

Another best kept secret is difficulty with bladder control. If you live in fear you won't make it to the bathroom in time, or are afraid every time you laugh you're going to wet your pants, you are not alone. Urinary tract problems are extremely common and embarrassing. That’s why most women wait 5 to 7 years to tell their doctor they are having a problem. Less than half of women with moderate incontinence seek care.

**Why Does it Happen?**

The urethra – the tube from your bladder out of the body – is much shorter in women than it is in men. There is also the wear and tear of childbirth. That’s why women with children are more likely to have urine loss than those who don’t. Fortunately, now most can improve without surgery.

Menopause also contributes to urinary tract problems because declining estrogen levels often cause changes in the estrogen sensitive tissues and muscles. This leaves the tip of the urethra more exposed and easier for bacteria to enter.

There are several types of incontinence. If you are having a problem with loss of urine, notice when and how it happens so you can explain it to your
healthcare provider. Here are some examples of what to consider:

- **Overactive bladder** - Do you suddenly have an unstoppable urge to urinate, even if you don't have much urine in your bladder?
- **Stress incontinence** - Does it happen when you cough, sneeze, laugh or exercise?
- **Frequency** - Do you go frequently? Frequency is urinating more than 8 times/24hrs.
- **Nocturia** - Do you get up at night ≥ 2 times to go to the bathroom?

Overactive bladder affects about 17% of women but it increases to over 50% after menopause. It may be common, but urine loss doesn't have to be tolerated. And it is treatable.

**First Find the Cause**

Treating urinary tract problems can be tricky. First, look at your behaviors such as your diet to see if you can limit irritating foods. Sometimes just eliminating caffeine, alcohol, and spicy or acidic foods can make a difference. Your doctor will most likely do a complete urine analysis and a pelvic exam and then determine if specialized studies of the bladder are needed. Keeping a bladder or "voiding" diary can be helpful.

Many gynecologists are able to determine the cause of your urinary tract problem and treat it. But if he or she is not, there is a subspecialty of gynecologists called *urogynecologists*. After completing their training in Ob/Gyn they spend an additional three years learning about these types of problems. Some urologists also focus on female urology and some physical therapists, nurses and physician assistants specialize in this treatment as well. If you aren’t sure of the cause, unhappy with your treatment options, or want a second opinion, make an appointment to see one of these folks.
Choosing a Treatment

Twenty years ago there weren't many treatments for urinary tract problems. The most common choice offered was a hysterectomy. Today, there are lots of surgical and non-surgical options. Sometimes the first thing you try may not work. If this happens, don’t get discouraged, try another type of treatment.

Here are some of the more common ones:

1. Bladder training
2. Kegel exercises
3. Physical Therapy
4. Biofeedback Therapy
5. Pelvic Floor Electrical Stimulation
6. Medications
7. Pessaries
8. Special devices
9. Surgery
C. Hot Flashes

Probably no symptom is more associated with menopause than hot flashes. And it’s no fun sitting down to visit girlfriends or leading a seminar at work and suddenly breaking out in sweat and hot flashes. But about 80% of women will have them and they can vary from a mild nuisance to totally disruptive of sleep, embarrassing at work, and unpleasant for life in general. They may only last for one to three years, but they can stick around for up to a decade and for a small minority, hot flashes can still occur after age 70.

And they are more than a nuisance. A study by Dr. Philip Sarrel looked at roughly 500,000 women with a diagnosis of hot flashes working at fortune 500 companies. Half of them were treated and the other half was not. The 250,000 women who were not treated for their hot flashes went to the doctor a total of 1.5 million more times over a 12 month window costing hundreds of millions of dollars in medical costs and much less productivity at work. Another recent study found that hot flashes often continue for as long as 10 years. About 9 million American women have severe hot flashes.

If you have hot flashes and can tolerate them, you don't have to treat them; but if they are causing you a problem, why suffer? Hot flashes may be affecting your life and work in ways you don't realize. For instance, a recent study found that women who have more than 12 hot flashes daily may be at increased risk for heart disease and should be checked for it. There are many treatments for hot flashes. A treatment table is available for you below and a discussion of prescription alternatives to estrogen was discussed on page 87 and is also available in my book The Estrogen Window.
# Treatments for Hot Flashes

**LIFESTYLE**
- Cognitive Behavioral Therapy (CBT): the most effective non-medical treatment for hot flashes
- Relaxation, meditation, yoga, massage or a leisurely warm bath
- Regular exercise to stay fit, lower stress, improve sleep and control weight
- Dress in layers, use chilling towels or chilling pillows, wicking pajamas and sheets, and keep the room cool at night
- Control your weight: Lower weight associated with less hot flashes, especially in perimenopause and early menopause
- Don’t smoke
- Breathe deep and slow when a hot flash begins – remember those birthing classes?

**NON-ESTROGEN PRESCRIPTIONS**
- Brisdelle – 7.5 mg of paroxetine (an SSRI) – First FDA approved non-estrogen for hot flashes. Possibly unsafe with tamoxifen
- Venlafaxine – 37.5 to 75 mg/day (SNRI) Although somewhat effective, it is not FDA approved for hot flashes
- Desvenlafaxine – 100 – 150 mg/day (SNRI) Although somewhat effective for hot flashes within 2-4 weeks. Not FDA approved for hot flashes
- Eszopiclone – helps nighttime but not daytime hot flashes. Hypnotic medication also reduces anxiety and depression – not FDA approved for hot flashes
- Gabapentin – 300 to 900 mg/day. Antiseizure medication not FDA approved for hot flashes. Can cause lightheadedness
- Fregabin – used for fibromyalgia and nerve pain due to diabetes and other nerve pain and for some seizures. Not FDA approved for hot flashes
- Clonidine – 0.05 to 0.1 mg twice daily. Antihypertensive medication with some effectiveness for hot flashes. Not FDA approved for them.

**Conjugated estrogen + bazedoxifene**
Combines the SERM EZA with 0.45 mg Premarin. First FDA approved medication of this type.

**ESTROGEN ± PROGESTIN OR PROGESTERONE**
- Very effective for treatment of hot flashes
- Can be used alone to treat hot flashes

**EXPERIMENTAL**
- Stellate Ganglion Block – This is a new treatment with lots of promise. A single local anesthesia injection in the neck blocks hot flashes for up to 6 months. Appears safe and promising
D. Menopause and Diabetes

You may wonder why I'm talking to you about diabetes in this Menopause Breakthrough System. It's because diabetes is much more common after menopause. In the United States, girls born in 2000 have over a 1 in 3 chance of becoming diabetic in their lifetime.

Quick Facts

- 9.7 million US women have diabetes
- 1.3 million 18-44 (1/2 million don’t know)
- 2.4 million 45-64 (3/4 million don’t know)
- 4 million ≥ 65 (1 million don’t know)
Types of Diabetes

**Type 1**: It is usually diagnosed in children, teens or young adults. It happens when the beta cells in the pancreas, which make insulin, stop making enough insulin to move glucose from the bloodstream into cells to be used for energy. It's often called insulin-dependent diabetes.

**Type 2**: it is much more common (about 90-95%) and usually occurs in adults though it can occur in children. It is caused when a person's body either resists the effects of insulin or their insulin levels get too low.
Screening For Diabetes

There are three main tests for diabetes:

1. **HbA1C**: This test represents an average of your blood sugar levels over the past 3 months. You don't have to fast before this test.

2. **Fasting glucose**: This is your blood sugar level first thing in the morning before you eat anything.

3. **Oral Glucose Tolerance Test (OGT)**: This tests your blood glucose levels before and after eating a specific amount of sugar.

<table>
<thead>
<tr>
<th>Normal, Prediabetic and Diabetic Blood Test Levels *</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HbA1c %</strong></td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Prediabetes</td>
</tr>
<tr>
<td>Normal</td>
</tr>
</tbody>
</table>

* OGT = Oral Glucose Tolerance Test

*may vary by lab

Test every 3 years after age 45 if you have no risk factors. If you are overweight and have one of the risk factors below, you should test now.

**Diabetes Risk Factors**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical inactivity</td>
<td>Close relative with diabetes</td>
</tr>
<tr>
<td>Baby born ≥ 9 lbs</td>
<td>B/P ≥ 140/90</td>
</tr>
<tr>
<td>Good cholesterol ≤35 mg/dL</td>
<td>Triglycerides ≥250 mg/dL</td>
</tr>
<tr>
<td>Polycystic Ovary</td>
<td>Acanthosis nigricans: dark velvety skin around neck, arm pits, groin</td>
</tr>
</tbody>
</table>

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Menopause Risk Factors for Diabetes

The good news is that menopause per se doesn't seem to increase the risk of diabetes. But some things that happen at menopause likely do. In Step 3 we talked about the importance of lifestyle. Poor sleep, belly fat, chronic stress and poor food choices all increase the risk of diabetes.

The Way You Take Estrogen & Dosage Matters

We discovered in Step 4 that there are several ways to take estrogen. The different routes affect how your body will respond to insulin. If you use transdermal estrogen, insulin will work more effectively in driving glucose from the bloodstream into cells. Lower oral estrogen dosages of 0.45mg or less accomplish the same.

One study found that if you have Type 2 diabetes, being on HRT will lower your HbA1C by 0.5 points. That represents a 10% reduction in diabetic complications and a 7% reduction in heart attack.

Metabolic Syndrome

Before we leave the topic of diabetes I want to at least make sure you know about metabolic syndrome. It's a cluster of 3 out of 5 of the findings below and if you have it, you are at increased risk for diabetes, heart disease and stroke. Talk about it with your healthcare provider.

<table>
<thead>
<tr>
<th>Metabolic Syndrome = 3 of 5 Below</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Fasting Blood Sugar ≥ 100 mg/dL</td>
</tr>
<tr>
<td>2) Blood Pressure ≥ 130/85 mm Hg</td>
</tr>
<tr>
<td>3) Waist &gt; 40” men; &gt; 35” women</td>
</tr>
<tr>
<td>4) Triglycerides &gt; 150</td>
</tr>
<tr>
<td>5) HDL-C &lt;40mg/dL in Men; &lt; 50 mg/dL in Women</td>
</tr>
</tbody>
</table>
2. MIND

1. Mind and Mindset:

Mindset plays a major role in the transition into menopause. How you experience perimenopause and menopause will in large part be determined by how you expect to experience it. As Price Pritchett said, "If you must doubt something, doubt your limits." You become what you think.

With life expectancy inching upward every year, one third of your life is before you. And you enter it with grace, wisdom and many more resources than you ever had before. These are not only the tangible resources of money or goods, but life experiences, your circle of support, your knowledge.

Clearly life comes with challenges. As Lily Tomlin said, "The road to success is always under construction." But you know that and taking this course is just one of the ways you are getting prepared for a happy, healthy and vibrant life.

Uncluttering your mind of negative thoughts, self-doubts and limiting beliefs will help you continue to grow, enjoy and thrive. Take a moment to review the Vision Pyramid™ in Step 1 to help you achieve new levels. Keep using the Selfcare Prescription™ you've been discovering as part of every week. By now, some of those actions will be becoming your new habits.

Continue to strengthen your three emotional pillars and circle of support revealed in Step 3. And make every day a blessing; a day that you improve the four lifestyle areas you discovered in Step 3: lower your stress, improve your sleep, eat healthy and exercise. Make these things your mindset. Make them part of your intention for every day. This is your time!
2. Menopause and Mood

One of the most important goals of this section is to help you realize that changes in mood may be due to perimenopause. Remember, perimenopause begins up to 10 years before menopause. That means if you are going to go through menopause at age 45, which is normal, your changing hormones and mood swings may begin as early as 35. For some these will be mild nuisances, like the mild mood fluctuations around the time of your period. But for others, perimenopause will bring hormone swings that can leave you feeling anxious or tearful, or cause mood swings that suddenly feel like it isn't you any more. This is especially true if you have a history of clinical depression, PMS or postpartum depression, or particularly challenging past experiences.

Many women and many of their doctors won't put the two together because you are so young. So just be aware of this possibility; your mood changes may be hormonally related.

Evaluation

If you are feeling changes in your mood, start with your primary care doctor or your ob/gyn. It's important to find out if it's hormonally based or if there is an underlying psychological issue, or both.

During perimenopause, estrogen is often normal or high and it is progesterone levels that are low. For that reason, taking progesterone in the second half of your cycle may make you feel better. Notice this is progesterone and typically a bioidentical progesterone. Progestins (the synthetic non-bioidentical progesterones) often don't help mood and may make it worse.

If you have a mood problem such as depression or bipolar illness, you may notice that medications you were taking or methods you used to control your mood are not as effective and may need to be adjusted.

Low thyroid function (hypothyroid) is another common cause of mood
changes at this time of life. It occurs in about 5% of women so having your thyroid hormones tested is important. It's also a good idea to test your 25-Hydroxy-Vitamin D level. Many of my patients are low in this vitamin and correcting the deficiency can make you feel much better.

If you’re not feeling better, seeing a mental health professional is an important next step. Make sure the doctor helping you with your hormones in working together with your mental health professional. You need this team approach to optimize your experience.

<table>
<thead>
<tr>
<th>MEDICATIONS ASSOCIATED WITH DEPRESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain Meds (ibuprofen, indomethacin, opioids)</td>
</tr>
<tr>
<td>Anti-seizure Meds (phenytoin, carbamazepine)</td>
</tr>
<tr>
<td>High Blood Pressure (reserpine, clonidine, thiazides, beta-blockers, hydralazine)</td>
</tr>
<tr>
<td>Dopamine Agonists (levodopa, bromocriptine, amantadine)</td>
</tr>
<tr>
<td>H2 Receptor Antagonists (cimetidine, ranitidine)</td>
</tr>
<tr>
<td>Sedatives (corticosteroids, birth control pills)</td>
</tr>
<tr>
<td>Stimulant withdrawal (amphetamines, cocaine)</td>
</tr>
</tbody>
</table>

From Landau C: Menopause.1996;3(4):201-207

3. Menopause and Keeping Your Mind Young

There is a child in each of us. A youthful part of our mind that yearns to be free and does not want to age. It’s the Peter Pan in us. And at the same time, we definitely don't want to give up even 1% of our grown up intellectual capital. Nor should we. We want it all!

How do you keep your mind young? The fact is, we've been talking about it all throughout Menopause Breakthrough. Here are the major known ways believed to preserve your mind at peak performance:
All of the nine ways listed above only work well when they are incorporated as part of a lifestyle as early as possible. Waiting until mental aging begins makes all these preventive measures much less effective.

There are two other areas I want to mention in this section. One we discussed in Step 4 and that is the use of estrogen. While the data is increasing all the time about the benefits of estrogen reducing the risk of dementia for women who go through natural menopause at age 50 or 51, the benefit of taking estrogen for the sole purpose of preventing Alzheimer's is still being proven.

But for women who go through menopause at or before age 46 and possibly as late as age 48, taking estrogen appears to greatly lower the risk for Alzheimer's disease later in life. However, if you miss the window of time around the time of menopause, and I discuss this extensively in my book, *The Estrogen Window*, and wait until you are 65 or older to begin, there is strong evidence that it may increase your risk for Alzheimer's disease.

Preventing falls is another important area to discuss. Falls are the second most common cause of head injury after motor vehicle accidents. Even a
relatively mild head injury can cause loss of the processes of thinking, remembering, understanding, reasoning, and communicating. Head injury can also cause changes in emotions or behavior. You may have seen the movie Concussion about the NFL football players with head injury and all the brain damage it can cause.

Because preventing falls is so important in keeping your mind young, I'm including them in this section. Here are my top tips to help you:

<table>
<thead>
<tr>
<th>Top Seven Tips to Prevent Falls</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exercise:</strong> Keeping your core strength and balance in shape lowers the chance of falls</td>
</tr>
<tr>
<td><strong>Medication:</strong> Some cause dizziness that leads to falls at night and when rising quickly</td>
</tr>
<tr>
<td><strong>Glasses:</strong> Make sure your prescription is current. Misjudging a step causes many falls</td>
</tr>
<tr>
<td><strong>Obstacles:</strong> Keep you floor and stairs uncluttered. Unexpected objects are risky</td>
</tr>
<tr>
<td><strong>Rugs:</strong> Watch for wrinkles, folds and edges that aren’t flat</td>
</tr>
<tr>
<td><strong>Nightlight:</strong> A small light is very helpful getting to the bathroom, etc.</td>
</tr>
<tr>
<td><strong>Tubs:</strong> Handrails and floor mats are very effective safeguards</td>
</tr>
</tbody>
</table>
3. Menopause and Spirit

SPIRIT: The Relationship Between Spiritual and Physical Health

The last time you went in for a doctor's exam, did she ask about your spirituality? Did he ask if you felt isolated or connected, hopeful or pessimistic, or what you were doing to support your spiritual health?

Perhaps they should. Increasingly the connection between the mind and the body, and between spirituality and health are being investigated. And the results, not surprisingly, suggest a strong relationship.

Here I'm not talking about one religion or even religion at all. It could be a higher source like the one portrayed in the movie Avatar, or G-d or Buddha or nature. But in common it carries a belief that there is a higher power in the universe that is far more powerful than you. It is a source you can connect with; and when you do there is a feeling of connection, compassion, altruism, hope, and inner peace.

So how can spirituality affect your health? It starts with spiritual practices. Think of sitting in a sanctuary for a religious service. We are literally there to "be present" and address our spiritual self and to connect with a higher source.

We also connect with the memory of those we have lost, and by attending with family and friends we connect with those who matter most. This contributes to our inner peace, lowers anxiety, isolation, depression and stress and conveys a sense of relaxation, optimism and hope in a world that is scary and sometimes seemingly out of control. This entire stress reducing process enhances our immune, hormonal, cardiovascular and nervous systems. All of this may be why a study from The Journal of the American Board of Family Medicine found that people who attend weekly
religious services tend to live 2 to 3 years longer than those who do not.

Another study of 95,000 women, using data from the Women's Health Initiative, found that women aged 50 and up who attended religious services weekly were 20% less likely to die in any given year (15% reduction if they attended less than weekly) compared with women that never attended religious services, even when they controlled for age, ethnicity, income level and most current health status with one exception - the lower risk of death associated with attending religious services weekly did not apply to death from heart conditions.

Religions such as the Seventh Day Adventist do not consume alcohol or smoke and tend to be more vegetarians. A 10-year study in the Netherlands found that Seventh Day Adventists who follow these practices live longer. The men live 8.9 years longer and the women lived 3.6 years longer. Both men and women had a 60-66% lower risk of dying from cancer or heart disease.

**Spirituality and practices outside traditional religions**

There are many studies that show the health benefits of techniques that bolster spirituality. Dr. Herbert Benson reported that using the Relaxation Response lengthened telomeres, the tiny caps on our chromosomes that prevent our DNA from unraveling and causing disease. Multiple studies have shown that meditation lowers stress and blood pressure and allows better tolerance to chronic pain. Yoga has been shown to increase flexibility and balance, which decreases the risk of falls. It also helps minor tremors become steadier and builds better posture and breathing.

Make time to reconnect with your higher power; realize that what is good for the soul is also good for the body. Those who practice religion regularly heal faster from surgery, are less stressed and depressed and cope better with chronic illnesses. Spirituality doesn't guarantee health, but it certainly encourages it, and is an integral part of wellness.
Mindfulness

According to Psychology Today, mindfulness is "a state of active, open attention on the present. When you're mindful, you observe your thoughts and feelings from a distance, without judging them good or bad. Instead of letting your life pass you by, mindfulness means living in the moment and awakening to experience." Put more simply, mindfulness is being present; being in the present. It's doing something so completely engaged that for the moment, nothing else is on your mind.

Stop for a moment and consider what you are thinking about now. Are you reading this information and thinking about nothing else? Are you thinking about dinner that has to be made; errands that have to be done; somewhere you have to be; regrets from the past?

What things are you thinking about that you can delete? What things can you save to think about in the future? What things need to be done soon that you can write down on a list in order to bring your attention back to what you are doing now.

Being mindful doesn't mean other thoughts don't enter your mind; it means you ignore them rather than let those thoughts take you away from what you are doing.

To improve your mindfulness, try sitting in a quiet place and taking slow, deep breaths. To help you focus, try counting to 10 on the inhale and then backwards from 10 on the exhale for a total of 10 times. If you lose your place, start over at the beginning.

You can experience mindfulness with eating, for example, a grape. Pick it up and notice the color, shape and size. Place it against your lips and experience how it feels. Place it in your mouth and notice the texture and shape on your tongue and in your mouth. Bite it slowly and taste the juice as it runs over your tongue and down your throat.

As you master these steps, turn times of annoyance into times of
mindfulness. For example, the long line at the checkout counter can be used for slow deep breathing and being present in the moment.

These are just examples to get you started. Enroll in classes of tai chi, meditation, yoga or other mindful experiences. You will notice a difference and it will make a difference in your life and health.

**Yoga and Menopause**

Yoga is a wonderful practice that combines body, mind and spirit. Do you want to do yoga but don’t know where to begin? In my book, *A Woman’s Book of Yoga* written with Hari Kaur Khalsa, you can discover the connection between yoga and why it is so effective. I interviewed prominent yogini Jill Abelson (on right). She offered 7 clever tactics to get you started in yoga after menopause. Here is her message:

“I’m now fifty and already four years into menopause and my yoga practice has done wonders for my overall conditioning. But things are beginning to change. Improved flexibility and strength count among the many benefits of yoga for women in midlife and beyond. I’ve been physically active my entire life but natural wear and tear of the joints, loss of flexibility and osteoarthritis are some of the age-related issues we encounter practicing yoga into our menopause years. With yoga’s growing popularity among all age groups, here are seven ways to keep your practice safe and sustainable.”

- **Choose a class level that’s right for you.** Trending now are “mixed” or “all-levels” classes. Though open to all, they don’t often cater to mature students with detailed instruction or modifications of poses.
Choose a class corresponding to your level of experience. Beginners
● or gentle yoga is a great starting point.
● **Pick your style.** Iyengar, Integral, classical Hatha and Kundalini are well-rounded styles of yoga popular among mature practitioners. Faster-paced styles – vinyasa and Ashtanga – are physically demanding, drawing a younger set.

● **Work on the basics.** As with other fitness regimes, take time to learn correct alignment for common positions — important for safety and injury prevention. Examples are basic standing poses (Mountain, Warrior, Triangle Pose), simple back bends (Cobra, Bridge Pose), and forward bends which stretch the back body (Seated Forward Bend, Cobbler’s Pose). Challenging weight-bearing positions (Plank Pose, Downward Dog, Dolphin Pose) also need attention to detail and correct form.

● **Work at your own pace.** Yoga isn’t meant to be competitive, but you’ll still see other students pushing themselves to the max. Competition leads to injury. Do what feels right for you.

● **Don’t push through pain.** As your practice advances, you’ll eventually notice the difference between intense feeling or sensation and actual pain. Never push through pain or ignore a nagging injury.

● **Look for an experienced teacher.** Renowned yoga instructor Sandra Sommerfield-Kozak once said that the best teachers are those who’ve got some life experience and have even “broken down” a bit. Mature, experienced teachers tend to be more familiar with injuries, contraindications and the unique needs of older students.

● **Celebrate progress.** Knowing that our bodies are changing and inconsistent as we get older, savor your breath, freedom of movement and any progress – however large or small.
A One-Time Offer to Take it Further

Congratulations! You’ve just completed the Menopause Breakthrough System™. That’s a great success and I want to acknowledge how hard you have worked and all you have accomplished.

You have studied on your own to learn the information and used the worksheets, strategies and assignments to navigate the ups and downs that you are experiencing. I know you have learned a lot from your hard work and now have many new techniques to help you going forward.

Many women have said it would be helpful for them to have someone experienced like me to answer their questions and to help and guide them. If this sounds like you and you would like to work with me closer to answer your questions and guide you through the Menopause Breakthrough System, you can join me in one of two ways.

One is to sign up for the Menopause Breakthrough Action Plan Online Course. When you do, you’ll have 24/7 access to the Menopause Breakthrough platform for 6 months and all the videos and bonuses I provided in it. You’ll also gain access to 12 hours of live calls with me to address all your questions about the course.

In addition, you’ll have access to the Menopause Breakthrough Facebook group and you’ll become part of a community of other women on the live calls who share your desire for more information and deeper connection. You’ll also receive updates to the course in an ongoing way.

You’ll also receive some amazing free bonuses to help you even more, such as the Better Sex, Better Intimacy Digital Audio Program, a $197 value that features my in depth interviews with six of America’s top sex experts, my Sleep and Relax digital music set, and free access to The Hot
Years™, My Menopause Magazine available for iphone and ipad, android or your laptop or pc.

Because I’m certain of how much it will help you, and as a Thank You for participating in the Menopause Breakthrough System, I want to make it easy for you to say yes. So I’m making you a one time offer.

Sign up now for the Menopause Breakthrough Action Plan Course and instantly receive a $500 discount off the $997 investment so you pay only $497 or two easy payments of $249.

You will receive access to 12 hours of live group calls with me, six months of access to the entire online course where you will join a community of fabulous women, all the bonuses, and live Q & A calls to address your questions, and unlimited access to the Menopause Breakthrough Facebook Group. Click here to sign up now and claim your instant discount when you enter “save500” in the discount code at check-out.

Want individual menopause coaching with Dr. Mache? Click Here to apply for a complimentary consult for Elite One on One Coaching geared toward women professionals and entrepreneurs.