

MENOPAUSE & YOUR HEALTH



FINDING BALANCE THROUGH HORMONE TESTING



Do You Have Symptoms of Hormonal Imbalance?

Symptoms from one woman to another are as highly individual as a thumbprint!



Symptom Checklist:

- | | |
|---|--|
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Tender breasts |
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Uterine fibroids |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Water retention |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Sleep disturbances |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Weight gain—waist and/or hips |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Foggy thinking |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Bone loss |
| <input type="checkbox"/> Nervousness | <input type="checkbox"/> Heart palpitations |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Tearfulness | <input type="checkbox"/> Cold body temperature |
| <input type="checkbox"/> Memory lapses | <input type="checkbox"/> Sugar cravings |
| <input type="checkbox"/> Difficulty losing weight | <input type="checkbox"/> Increased facial/body hair |
| <input type="checkbox"/> Decreased libido | <input type="checkbox"/> Scalp hair loss |
| <input type="checkbox"/> Vaginal dryness | <input type="checkbox"/> Acne/oily skin |
| <input type="checkbox"/> Heavy menses | <input type="checkbox"/> Thinning skin |
| <input type="checkbox"/> Bleeding changes | <input type="checkbox"/> Aches and pains |
| <input type="checkbox"/> Incontinence | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Fibrocystic breasts | <input type="checkbox"/> Frequent illness |
| <input type="checkbox"/> Polycystic ovaries | |

Sound familiar? Two or more troublesome or persistent symptoms during menopause are a sign of related hormone imbalances that may be complicating the picture and raising disease risks.

The Three Stages of Menopause

Menopause is not a single point in time when hormone production is switched off for good, but a gradual evolution that brings an end to fertility. The ultimate pause in ovarian function is a normal feature of growing older that reshapes the way we think, feel, and phase in to our “second adulthood”—a fresh approach to aging first proposed in The Silent Passage, the groundbreaking book that changed the dialogue on menopause.

Pre-Menopause – The PMS Years

During their 20s and 30s, women should experience fairly regular cycles with balanced estrogen and progesterone production. But increasingly, younger females prone to excessive exercising, stress, crash dieting and contraceptive use are not ovulating regularly. Anovulatory cycles are associated symptoms of hormonal imbalance, severe PMS and infertility. They are also common in women with polycystic ovarian syndrome (PCOS).

Peri-Menopause – The Rollercoaster Years

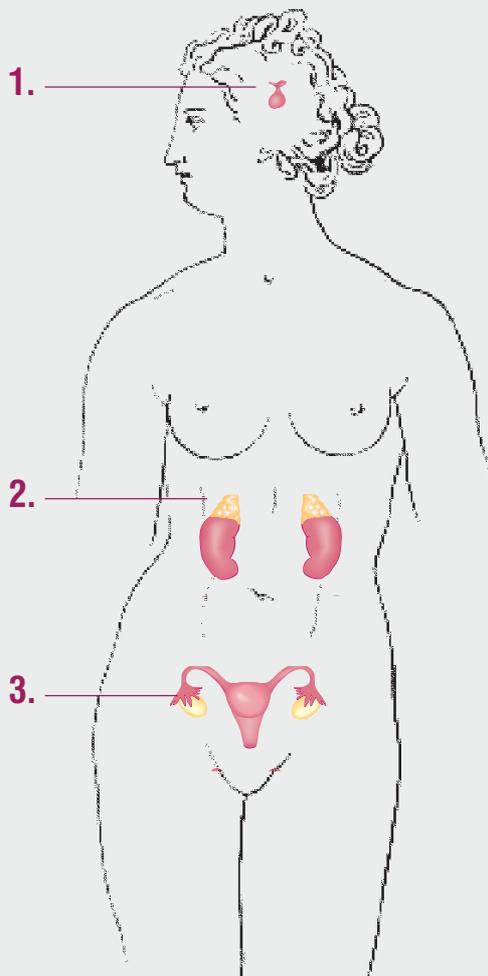
In the years approaching menopause, 40-something women begin to experience erratic cycles, as ovaries start to sputter and estrogen and progesterone levels fluctuate dozens of times a day. A whole new world of symptoms, from hot flashes and mood swings to insomnia and low libido, take women on a hormonal rollercoaster ride. Now the search for symptom relief begins in earnest!

Menopause/Post Menopause – The End of Periods

As the ovaries take their final bow, ovulation ends and menopause begins. Falling levels of estrogen, progesterone, and testosterone trigger unexpected symptoms that can surprise women. With less hormone to go around, their role in protecting the health of the breasts, bones, skin, brain and heart is greatly diminished. Now is the time when learning to balance hormones naturally becomes more important than ever.

An Illustrated Overview of Hormones

The hormones governing physical and mental function throughout our lives are produced in glands and organs, and then activated in the cells of the body. So when hormones decline or become imbalanced in menopause, we may notice changes in our bones, muscle strength, and skin elasticity, as well as our energy, mood, memory and libido.



1. Pituitary

Hormones **FSH** and **LH** signal ovulation. At menopause, the signal is no longer picked up by the ovaries, - preventing ovulation.

2. Adrenal Glands

Produce **DHEA**: key to immune function, energy, mental clarity.

Cortisol: mobilizes stress and immune response. At menopause adrenals become the main source of hormone production.

3. Ovaries

Produce **Estrogens**: to regulate the menstrual cycle and maintain health of reproductive tissues, breasts, skin, and brain. **Progesterone**: balances all hormones, particularly estrogen; regulates second (luteal) half of cycle; prevents miscarriage; natural diuretic and calming properties.

At menopause, drop in ovarian hormones brings on symptoms.

Testosterone: key to muscle mass, bone density, libido, and cardiovascular health.

Common Hormone Imbalances in Menopause

The right balance of hormones is vital to a woman's health. But in menopause, when levels are dropping, a deficiency of one hormone can trigger excess of another and result in common imbalances such as:

Estrogen Dominance (an excess of estrogen relative to inadequate progesterone levels)

Mood swings, migraines, fat gain in hips and thighs, low thyroid symptoms (cold all the time, slowed metabolism), higher breast cancer risk

Low Estrogen / Fluctuations of Estrogen and Progesterone

Hot flashes, night sweats, palpitations, foggy thinking, memory lapse, vaginal dryness

Low Progesterone

See Estrogen Dominance above

Low Testosterone / DHEA

Decreases in bone/muscle mass, metabolism, energy, strength, stamina, exercise tolerance, libido

Cortisol High (Stressed Adrenals)

Insomnia, anxiety, sugar cravings, feeling tired but wired, abdominal fat storage (belly fat)

Cortisol Low (Adrenal Fatigue)

Chronic fatigue, low energy, food/sugar cravings, poor exercise tolerance and/or recovery, low immune reserves

How Can I Balance My Hormones Naturally?

Hormone balance and the knowledge that hormones work in tandem with a healthy mind and body are the keys to menopause relief.

- *First, determine your symptoms*
- *Test your hormones to detect specific imbalances*
- *Find a natural-hormone-friendly doctor who tests before prescribing*
- *Never use estrogen alone (even post-hysterectomy): balance it with natural progesterone, the body's accustomed way*
- *If you need to supplement, consider hormones bioidentical (structurally equivalent to those made naturally in the body) rather than synthetic HRT*
- *Limit exposure to xenoestrogens such as herbicides, pesticides, BPA, chemicals, nail polish, etc.*
- *Use "hormone-free" foods and "green" personal care products*
- *Eat more fiber*
- *Take multi-vitamins daily*
- *Maintain ideal weight*
- *Boost hormones naturally with exercise and strength training*
- *Minimize needless stress*
- *Learn yoga or meditation to lower stress hormones*
- *Get at least 7 hours of sleep each night*

Menopause — the 5 W's

Who

There are approximately 40-50 million menopausal women in the US today with about 3500 to 5000 more entering menopause every day.

An estimated two million women in menopause have been seeking more natural bioidentical* treatment solutions after a major study (WHI 2002) found greater risks of heart disease, stroke, blood clots and breast cancer among synthetic HRT users.

What

Menopause is not a disease but a natural process, resulting from diminishing hormones and the end of ovulation as women age. This is the ovaries' final act: lacking eggs and female hormones, they can no longer perform their reproductive role.

Menopause plays out over time. In the years prior (perimenopause), troublesome symptoms like hot flashes and mood swings, clue us in to the fact that we are entering a new phase of life.

When

The official start of menopause is defined as 12 consecutive months without a period – occurring on average around the age of 51. But it's not uncommon to see symptoms much earlier.

Acute and/or prolonged stress, for example, can negatively impact ovarian function and can precipitate premature menopause in vulnerable women as early as their mid to late 30s. Menopause can be surgically induced through oophorectomy (removal of the ovaries), and can also be triggered by hysterectomy, radiation, or chemotherapy.

**Manufactured from natural plant steroids, bioidentical hormones are equivalent in structure and function to the body's own hormones, with fewer side effects or known chronic disease risks compared to synthetic hormone analogs such as progestins.*

Where

The ovaries are the main producers of the female sex hormones estrogen, progesterone and testosterone with a helping hand from the adrenals. The pituitary gland produces Follicle-stimulating hormone (FSH) and Luteinizing hormone (LH) to control egg-ripening and ovulation. Measuring levels of these hormones can be useful in determining fertility and/or menopausal status.

Why

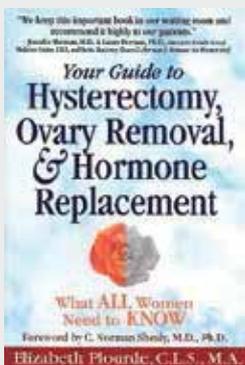
With the approach of aging and the end of fertility, key performers in the hormonal symphony begin to play out of tune. The waning of ovarian hormone production leads to imbalances and the onset of symptoms that change the way we feel from the inside out. From hot flashes that disrupt sleep, to mood, memory and libido issues, menopause is a challenge best met through maintaining the right balance of hormones. The knowledge that hormones work in tandem with a healthy mind and body are the keys to menopause relief. Once their reproductive role is over, the protective benefits of hormones governing bone, muscle, brain, and heart health become all the more important for optimal aging and disease prevention.



Menopause doesn't end your need for hormonal balance – neither does having a hysterectomy.

A complete hysterectomy with removal of the ovaries catapults women into menopause overnight, with all ovarian hormone production lost.

If a second opinion confirms the necessity of a hysterectomy, find a provider (<https://myzrt.zrtlab.com/tools/FindProvider>) who understands the importance of natural hormone rebalancing post-surgery.



Your Guide to Hysterectomy, Ovary Removal, & Hormone Replacement Elizabeth Plourde, MA

This book provides much needed information about hysterectomy and clarifies confusion around HRT since the WHI study was released in July 2002. Women do not need to suffer needlessly.

Reproductive Cycle



estrogen
grows egg



follicle bursts



ovulation



corpus luteum
forms to make
progesterone

Menopause

Cycle ceases

No ovulation

Low estrogen

No progesterone from ovaries

Adrenals become main source
of hormone production

More About Hormones

Estrogen

Estrogen has been labeled “the angel of life,” because it makes cells grow, developing the uterus, breasts, pregnancy and the egg within the ovary – and “the angel of death,” because estrogen in excess (estrogen dominance) can become toxic to the body. As they say, too much of a good thing can be dangerous, and too much estrogen can over-stimulate cells to multiply out of control, a recipe for breast cancer. Knowing and confirming the symptoms of estrogen dominance through hormone testing is a smart move since an imbalance that goes undetected for too long is not a risk worth taking.

Progesterone

Progesterone is primarily made in the ovaries and produced only upon ovulation. When for a variety of reasons we don't ovulate, our bodies can't produce enough progesterone to keep estrogen levels in check, setting us up for estrogen dominance. In a nutshell, progesterone deficiency = estrogen dominance leading to weight gain, water retention, PMS, mood swings, endometriosis, fibrocystic breasts and heightened risk of breast cancer.

Testosterone and DHEA (androgens)

Testosterone and its precursor, DHEA, generally decrease in women at menopause, and may be particularly low after surgical removal of the ovaries. This is when symptoms of “androgen deficiency” start to become apparent. Along with the most noticeable effect of low libido, testosterone and DHEA deficiency can also lead to depression as well as decreases in bone density, lean muscle, stamina, strength and metabolism.



“Hot flashes and mood swings were making my life a misery. After testing my hormones with my doctor’s help, I’ve changed my diet, begun exercising and started bioidentical hormones. Now the hot flashes have cooled down, and I feel human again!”

- Leslie B., Portland, Oregon

Cortisol

Cortisol made in the adrenal glands is master of the stress response and also keeps our immune defenses primed for battle against infection. In healthy individuals, cortisol should be at “get up and go” highest levels in the morning and at lowest “ready for sleep” levels at night. When this normal pattern is disrupted, we may find ourselves feeling “tired and wired” all the time, relying on sugar and caffeine to keep going through the day and sleeping pills to get through the night. Allergies, asthma, chemical sensitivities and susceptibility to every cold and flu bug go with the territory.

Testing all the above hormone levels at the same time can help identify which imbalances are behind your most troublesome symptoms during menopause, and what you can do about it.

What Do Hormone Test Results Tell Me?

ZRT's Comprehensive Profiles* are a group of tests that help to detect and correct imbalances. Hormone profiles are chosen according to symptoms and health conditions. By reviewing test results, your health care provider can:

- ▶ Detect hormone imbalances caused by too much or too little hormone
- ▶ Match your hormone levels with your symptoms to help individualize a treatment plan
- ▶ Retest to monitor and adjust treatment and hormone dosage as needed
- ▶ Track progress with follow-up test reports

*Recommended profiles with symptoms of/during menopause:

Female Comprehensive Profiles I or II

Saliva Profiles I, II, or III

Weight Management Profile

CardioMetabolic Profile

Sleep Balance Profile

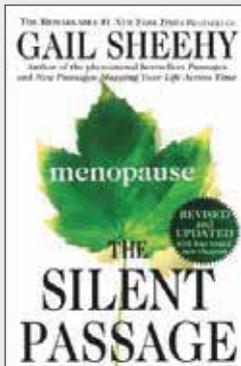


Home collection kits in saliva, blood spot and/or dried urine make self sampling easy, stress-free and convenient.

How Can I Find Out if I'm in Menopause?

As one popular book on the subject suggests: you know you're in menopause when the sound of sweat dripping on the floor keeps you awake at night! Night sweats and hot flashes may be the defining moment for some, but not all women experience menopause in the same way, unique as we are in body, mind and lifestyle.

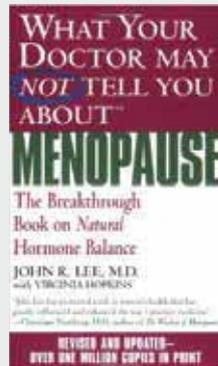
The following are a few of the must reads at menopause:



Silent Passage

Gail Sheehy

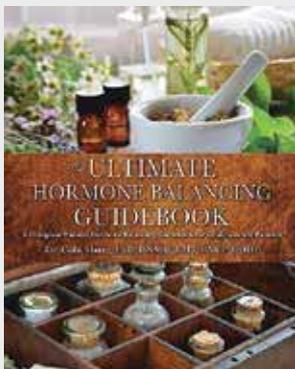
“Fifty is the youth of the Second Adulthood. In fact, we have roughly the same number of years to look forward to as we have already lived as reproductive women.”



What Your Doctor May NOT Tell You About Menopause

John R. Lee, MD

“Harmony and balance, the hallmark of a healthy body is lost when synthetic hormone replacement (HRT) takes the place of natural hormone balance.”



The Ultimate Hormone Balancing Guidebook

Dr. Cobi Slater, PhD

“Determining the levels of all hormones involved in menopause, including the sex hormones, adrenal hormones and thyroid hormones will help to bring clarity to the underlying causes of symptoms that occur in menopause.”

Helpful Tip: Use the symptom checklist on the first page to determine your own symptoms of hormone imbalance.

Next Steps: Finding the Help You Need

Finding the right provider to help you achieve hormone balance during menopause is all-important. ZRT Lab's Find a Provider <https://myzrt.zrtlab.com/tools/findprovider> includes health care professionals practiced in the art of hormone testing, who use safe natural approaches to correct imbalances. Once you have located a provider in your area, it's a good idea to ask him/her the following key questions to make sure you've found the right partner to assist you in the menopause journey.

To that end here are 7 key questions to ask:

1. Do you test hormone levels to identify imbalances during perimenopause and/or menopause. Which hormones do you test and why?
2. Do you use the more advanced hormone testing methods I've heard about, like saliva, bloodspot or dried urine?
3. Do you use hormone test results to determine the right treatment plan for my particular needs?
4. What is your approach to hormone therapy? Do you prescribe bioidenticals?
5. If I choose hormone therapy, what are the advantages/disadvantages of taking capsules, creams, gels, sublingual's, or suppositories?
6. What diet, supplements, exercise, lifestyle changes can help me relieve symptoms and stay healthy through menopause?
7. Do you retest my hormone levels to ensure I'm on the right dose and treatment plan?



ZRT

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