

Ep #66: Talking Perimenopause with Dr. Tracy Page



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With Your Host

Jill Angie

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Welcome to *The Not Your Average Runner Podcast*. If you're a woman who is midlife and plus sized and you want to start running but don't know how, or if it's even possible, you're in the right place. Using proven strategies and real-life experience, certified running and life coach Jill Angie shares how you can learn to run in the body you have right now.

Hey rebels, you are listening to episode number 66 of *The Not Your Average Runner Podcast*. I'm your host, Jill Angie, and today I am speaking with Dr. Tracy Page about menopause and running. Now, Dr. Page is a double board-certified physician, who has studied the science behind weight loss, she's a certified life, health, and weight loss coach, who specializes in working with women in perimenopause.

She's also trained in sports medicine and spine, plus she has certifications in Pilates, yoga, and strength and conditioning, and she's an athlete in her own right. She's also a woman in her 50s, so she has firsthand experience with how menopause affects us, and we are going to dive into all of that today. The science, the hormones, the thought work, which is also very important, and how the changes in your body impact you as a runner and what you can do to handle it and thrive.

Now, this is one of my favorite interviews to date because I struggled a lot with perimenopause in my 40s. I thought I was losing my mind because suddenly my body felt so different. I mean, it wasn't just hot flashes but a whole host of weird symptoms that I never knew were associated with hormonal fluctuations. I was just like, "The F is happening with my body?"

And it really took me a while to figure out what was going on because it's not something that's talked about, not even when you go to your family doctor and you say, "Hey, something's not right," and they want to put you on statins or antidepressants or a whole host of other things without ever mentioning, "Oh hey, you're 45, maybe this is perimenopause."

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So I invited Tracy on the show today to help you avoid some of that frustration and let you know that you are not going crazy, let you know that what's going on in your body is completely normal, and also, how to make your second act even better than the first.

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Jill: Hey rebels, so here I am with Tracy Page, and you just heard all about how amazing she is and here is the woman herself, and we are going to talk about all things menopause. So Tracy, thank you so much for joining me and welcome to the show.

Tracy: Thank you Jill, I'm so excited to be here and I appreciate you having me on. I can't wait to just talk to all of your listeners and hopefully give them some great information today that will help them in their journey.

Jill: Oh, thank you because I think that this is a topic that - most of my listeners are in their 40s and 50s and may or may not realize that they're even in perimenopause or menopause, and there's a whole collection of symptoms going on and they don't know what's happening, and so I just think this is a really timely call for us to have and share with everyone.

So I would just love to start out by saying menopause took me by surprise. I didn't realize it could happen as early as it did. Like, to me - I was probably like, 46 maybe when I started having symptoms and I was like, wait, this is 10 years too early. So I didn't realize what exactly was going on with my body until I talked to someone who was very well versed in menopause. But I don't think all women have that, so like, let's kind of start out with what are some symptoms that women might start noticing or what can they expect as they head into perimenopause and menopause. And actually, maybe even back it up. When does it start? Just tell us everything.

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Tracy: Yeah, exactly. So I do think you have to back it up for a second because women will be surprised that perimenopause can actually start as early as age 35, and it can occur any time between 35 and up to 55. So the definition of perimenopause is that you're still having periods, but your hormones are fluctuating. And it's kind of like - have you heard of like, the mama bear, papa bear, and baby bear? So estrogen is either you're making just the right amount or you're making too little or you're making not enough. Like, you just fall in that little range. And so some days you'll feel fantastic during perimenopause because you're making just enough estrogen, progesterone, and testosterone, and then other days, you're going to feel like crap and you don't want to get out of bed because your hormones are out of whack.

And so that's part of perimenopause. So age 35 up to age - even as late as 55. Still having periods, they could be irregular, mood swings, and you have fluctuations in your hormones. Then, when you actually are truly in menopause is when you have not had a period for exactly one year. So you've gone 12 months without a period. So a lot of women get confused because they'll go like, four or six months without a period, and they'll think, "I'm in menopause," but then they'll have a period, some breakthrough bleeding, and then they have to really start that clock all over again.

So one year, no period is menopause. And that usually happens for most women around the age of 51, but like you said, it can happen earlier. It can happen in your 40s because if you go through perimenopause early, then you're going to hit menopause sooner. But usually menopause happens about 51, so menopause is no period for one year. And that means you're no longer - your ovaries are no longer making estrogen, progesterone, and testosterone. Those are the three main hormones that happen in our ovaries when we're making eggs.

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Jill: Wow. Alright, so I feel like I'm right on schedule then because for me, it happened, I think my year was up just before I turned 51. So yay for like, being an achiever and getting it done right on schedule.

Tracy: So I have something funny to tell you though is that usually, two years, right before menopause and three years after are when people are going to experience the most symptoms associated with menopause. So you're in the thick of it.

Jill: All in. And I tell you what, if my boyfriend is listening to this like, I want him to pay attention when we talk about hot flashes, because I swear, he's like, "What is your problem? Why are you so hot all the time?" and I'm like, "You don't understand."

Tracy: Exactly.

Jill: So what are some of the symptoms then that you can expect as perimenopause begins and progresses and so forth?

Tracy: Okay, so the reason that you have symptoms is because of estrogen is one of the big hormones that changes during this time, and we have estrogen receptors, like, in so many places. So we think of estrogen as - we think about our periods and we think our hormones and our mood, but estrogen receptors are in our brain, they're in our lungs, they're in our bladder, they're in our bones, they're in our heart. So all of these areas rely on estrogen, and all of a sudden, this pool of estrogen, either we're making way too much of it when we're in perimenopause, we're not making enough. Sometimes we don't make enough progesterone, and I mention that because progesterone is like the break to estrogen.

So if you're someone who's making estrogen still but you're not making progesterone, it's like running crazy. It's like a car with no breaks, and so it

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doesn't have anything to bring it down. And so those women will have lots of estrogen symptoms and we can talk about what those are, and then - that's why you have so many different symptoms, and what are they? So some of them that you named were like, two, and one you mentioned already are hot flashes. So you may experience hot flashes and that's that feeling that all of a sudden, your chest is getting warm your face starts flushing, you want to take clothes off, you feel sweat coming down the sides of your temples. And that is called hot flash, and that can happen at any time, and sometimes it doesn't take any initiating event. Sometimes it will just happen.

Other times, you could eat a spicy food or have caffeine or alcohol, and that can initiate a hot flash. So that's one thing that can happen. Another one is you could get heart palpitations because - women don't even realize that, and especially runners, all of a sudden you could be experiencing rapid heartbeat, so your heart could just start racing really fast, it feels like it's going to jump out of your chest, and you're like, "I'm sitting here, why is my heart racing?" And again, it's because we have estrogen receptors in there and they're no longer bathing the heart like they used to. So think of estrogen as like, a nice warm bath for the heart, and all of a sudden, it's gone.

So you can experience heart palpitations. Another one that you can experience is night sweats. So it's different than hot flashes. So night sweats is your body's ability to try to cool off. So we have a thermostat in our body, it's run by our brain, and we know we have estrogen receptors in our brain. It's called the hypothalamus, fancy word for it, but it actually keeps our body in a temperature regulation. And so all of a sudden, that's not working properly and so then we get night sweats where our body just starts sweating, we want to take our clothes off, remove the sheets, and we just are drenched, and that's our body trying to cool ourselves down. So that's why we have night sweats. So that's something that you may be

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experiencing, you're like, "Why am I waking up all sweaty and hot?" and it's because you're experiencing a night sweat.

Another one could be you might be experiencing changes in your memory. So you'll walk into the kitchen and you won't even remember why you went in there.

Jill: Why yes, that's happened to me.

Tracy: Foggy thinking, or you'll like, go to the store and you're like, well, I had five items but I can only remember three, I know I was supposed to get five things. So you'll forget what you were supposed to go to the store and get when you're there. Problem solving, which is really interesting, and verbal recall. So you'll try to remember someone's name or remember something and you can't verbally recall it or you'll say words that don't sound correct. Like, all of a sudden, you'll say something, you're like, "Well, I meant to say this but something else came out."

Jill: Oh my gosh. So wait, so this happens to me all the time. I'll be talking all along and all of a sudden, the next word in the sentence is just not there, and I have to pause for like, two or three seconds until I can get it from my brain to my mouth and then like, oh my god, is this dementia? What's happening? And so it's just normal?

Tracy: Yeah, it's normal. It's crazy because you're like, why is this happening? I can't remember a word, and like you said, you'll have a relapse. You'll be like, I have to think about it. So that's just your brain because again, estrogen receptors in the brain, they're not bathing the brain like they used to and then all of a sudden you have changes in your memory. And it's actually 60% of women experience it. Foggy thinking, memory, verbal recall, and problem solving. 60% of women will experience this.

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Jill: Oh my gosh. I know I've experienced all of those.

Tracy: So - yeah, you're right. Other things that women don't think about - and we'll talk about this a little bit more about bone health because when we have such a drop in estrogen, we lose the bone density of our bones, and so you're at risk for fracture, and that won't show up unless you actually have a fracture, but we'll talk a little bit more about how running and exercise can prevent that, but it's something to be very aware of and how what you're eating and calcium and vitamin D is very important in that time of your life. So definitely a risk for fracture, and we'll talk more about that.

Other things you might notice are headaches, difficulty putting on muscle, so we don't make muscle because we're not making testosterone as much during this time, so it's harder. You'll notice that you may get a little bit flabbier, it's not easier to maintain muscle even though you're working out, and that's going to change. And then bladder changes. So this one can be very surprising, but all of a sudden you are running and you look down, especially if you have tights on, you're like, did I just pee my pants? Or you could just not even realize it and then all of a sudden, you look down and you're like, I'm kind of wet down there, and that's because we have estrogen receptors in the bladder and we don't have those strong pelvic muscles that we used to have before we started going through perimenopause and menopause.

Jill: Wow. So there's a lot of changes that happen.

Tracy: Yeah.

Jill: It's like you get a brand new body.

Tracy: Exactly, with no warranty.

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Jill: No warranty and no warning. It's like, okay, today, this is the symptom. Tomorrow it's going to be something different. So do you see a lot of women who - and who also don't realize that these are symptoms of menopause and think that there's something really wrong with them?

Tracy: Yeah. So I actually personally can attest to that. So you have all these changes going on, especially with your foggy thinking, the weight gain, the moods, things that used to didn't bother you all of a sudden are bothering you all the time, your temper's short and you're like, "What's wrong with me?" Another thing too is especially I think women, they start - their energy level goes down and they start feeling fatigued and they start putting on weight. And so they think something is wrong with them, and a lot of times they'll seek out, maybe I need to go see my doctor, be tested, and a lot of times you're just going through perimenopause and there's really nothing wrong with you. You just haven't identified that that's what's happening. And you know, a lot of times you have to look at gut health and sleep and your moods and get all of those things. Look at a holistic approach to kind of get you back on track and to feeling better.

Jill: Okay, well that makes a lot of sense. I know - and this is probably before I realized I was in perimenopause. I woke up in the middle of the night with just a racing heart and I was very dizzy and I thought oh my god, I'm having a heart attack, and heart disease runs in my family, and my husband at the time was out of town. I was home alone, it was 3am and so foggy thinking, I got in the car and drove myself to the emergency room, which in retrospect was obviously a terrible, terrible idea if I'd really been having a heart attack. But I just didn't know what else to do and calling 911 didn't occur to me. And I got there and they did all these tests on me and they're like, there's nothing wrong with you at all, but not at one point did anybody say, "Hey, maybe this is a symptom of perimenopause," because I was 46 or 47 and coming to that age and nobody ever said that. They were just like, no, go home, you're fine. I'm like, okay, but why did that just happen? And that was the first big symptom that I can remember, feeling

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like, who has taken my body? What is happening? Why is all this weird stuff happening? So it's good to know that that's normal.

Tracy: Yeah, and I'd be curious to know if they checked your magnesium level because a lot of times when women are going through perimenopause, especially women who like to exercise and who are runners, you know, usually, 90% of the population are deficient in magnesium, and magnesium relaxes our blood vessels and helps with panic attacks, anxiety, and the increased heart rate, and so something as simple as checking the magnesium level, you might have just been deficient in magnesium. You're someone who likes to exercise and so that could have made a huge difference in something easily that you can add into your diet via food or supplement that would probably make them go away.

Jill: Wow, alright, well that's good to know. I actually did start taking magnesium supplements shortly after that, but it was more because somebody said that might help with your sleep.

Tracy: Yeah, it's great for sleep.

Jill: Yeah, it's fascinating, but okay. So what are some of the things that obviously the audience for this podcast is women who exercise, but just in general, what are some of the things that we can do to identify, oh, this is actually perimenopause or menopause related and how can I deal with this symptom and continue running. Because I know for me, like, achy joints have been a big problem. They started about five years ago and I just feel like my hips and my ankles and my knees, they're just always achy, even when everything's fine. And I'm always like, how can I make that go away?

Tracy: Yeah, so that's really interesting because that's a very common thing, and that's one of the things I wanted to talk about today amongst others. So when we lose estrogen, and we'll talk about which hormones

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play a role, but in achy joints, it's usually estrogen because it affects collagen. And collagen is that elasticity that we have in our ligaments and our tendons. So I always think of tendons to bones. So our tendons attach our muscles to the bones, and our ligaments keep our bones together. So those two things are affected with a loss of estrogen during perimenopause and menopause. So what you're going to notice is that you're going to have achy joints because those joints are put together by those ligaments, so it's going to affect you.

And so you're going to notice that when you run you may have more discomfort, your stability might be a little bit off, and you may hurt a little bit more after your runs, it may take longer to recover. And so ways to prevent that from happening or to help is that you definitely want to strength train, and the reason you want to strength train is because when we have strong muscles, those muscles again attach to the bones via tendons. So you want to strengthen those muscles, which helps strengthen those tendons.

And then that way, when you have the impact of running, it's not going to hurt so much. Your bones are not going to - your ligaments and tendons are not going to be as achy. So it's a way to help prevent it. It also improves joint stability. So the more that you - and I'm not saying you have to spend every day in the gym strength training. Twice a week. 20 minutes can make a huge difference with the achy joints.

And it kind of leads into another thing where strength training comes in. So another thing that your runners or your exercisers are going to notice is that their speed is not quite as fast, and their ability to recruit muscle, maybe to get over the finish line if they're running a race might not be as good. And so this is where strength training is really important, and that's because we make less testosterone when we go through perimenopause and menopause, and so therefore we have less muscle. And therefore, you have less - so you have different types of muscle fibers and it's - not to get real scientific, but it's your type two fibers. So your fast twitch fibers, you

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want to train those because that's going to help you have more muscle, that you're naturally going to lose as you go through this stage, so it'll help you maintain it, but also it's going to help you increase your speed or keep your speed so you don't slow down.

And it's not really important to be fast. I've always been of a belief it's better to do it and do it slow than not to do it at all, but for someone who is trying to run a race or get their best time, doing strength training is going to help and also your plyometrics are going to help. So doing hill running, speed running as your plyometrics or even like, in the gym, any time of jump roping, box jumps, all of those things are also going to help with your type two fibers, which is going to help keep your muscle, which you're going to lose during this stage.

Jill: Okay. So plyometrics are basically things that require sort of explosive movements like jumping onto a box or sprinting or something?

Tracy: Exactly.

Jill: Okay. That's good to know, and that's also good for running in general.

Tracy: Exactly. So you get two for one.

Jill: You mentioned bone loss earlier too, or bone density. Did you mention that or did I imagine that?

Tracy: Nope, I did. Because I said that estrogen receptors are found in the bone, and so when we lose - so during perimenopause we're still making estrogen to some extent, it's just kind of wax and wanes about how much. Sometimes not enough, sometimes too much, but in menopause, you stop making estrogen, and so that's when you really see a change in bone density. And that's when it's really, really important, again, it kind of goes

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back to the strength training or weight bearing exercises because that will help increase the bone density so that you're less likely to have fracture. And then also too is I always recommend foods that are rich in calcium and vitamin D because those things help you maintain the bone that you have and to continue to make bone.

Jill: So running is actually desirable for women who are in menopause because of...

Tracy: Oh yeah.

Jill: So like that weight bearing sort of - I mean, everybody's like, oh, it's just pounding, pounding, pounding, but that's actually strengthening your bones, which is a good thing.

Tracy: Yes, so a lot of women don't know that when you run, it stimulates the bone growth. So it helps, so that's why weight lifting and running, any weight bearing exercise, or even walking, if they don't want to run, but all of those - like, getting on an elliptical trainer is not going to really help your bone density as much because you're not actually doing any weight bearing, but walking, running, strength training, anything that's going to stimulate the bone is going to help it to grow. So it's really important to do those things. And so that will be a reason in itself if you're in perimenopause and menopause to take up one of those activities, definitely.

Jill: Alright, I'm preaching this to the hilltops. It's funny, I just had a - I've been having some knee issues and I have some small miniscule tears and my doctor was like, you should probably stop running. You know you're 50 years old, this is really terrible for you, this is a terrible idea. And I'm kind of looking at him like, I think I disagree with you but I'm not sure why. So you just kind of explained why is that - he said, "Oh, you're 50, you should be slowing down." I'm like, wait, what?

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Tracy: No, no, no, no. So one thing I like to say - first of all, I say you should cross-train. That's the very first thing I would say to someone who would come to see me or talk to me about this. I would say you should cross-train, and that just means is that you could still run, but then one day you may bike, you day you may swim. Just do something different so you're not doing those same repetitive things, which is good for any of us. Our muscles get used to what we're doing, so it's always good to cross-train.

And then the second thing I would say is strengthen the muscles around the knee because when you strengthen the muscles around the knee, which is what you do with weight training, you - the best way to say it is you decrease the forces across the joint. So when you have a meniscus like you, that sits between the joint, when it gets compressed, it hurts. So when you strengthen the knee, you improve the joint, you decrease the forces across the joint, the knee feels better. So the best thing you can do is train your hip muscles because the hips affects the knees, and train your quads and your hamstrings. Best thing you could do and keep running.

Jill: I love this. Okay, I'm sending him a card. For me, going to a female doctor is so much more - not satisfying but just like, I feel so much more comfortable talking to a woman about menopause but when I had the knee issue, the only doctor I could find was male in the orthopedic specialty, but like, I do feel like the men don't always - because they don't go through it. So they...

Tracy: They have no clue.

Jill: So they know it from a clinical and a textbook capacity, but not necessarily from personal experience, so I'm glad we're having this conversation. But I think I probably will mention that to my doctor.

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Yeah. And I do want to mention when we're talking about osteoporosis - so there's two terms. There's osteopenia, which means that you're losing some of your bone density, and then there's osteoporosis, which means you're at risk for a fracture. You have lost your bone density. And it's very common in women in menopause, so I want to just take a moment to say that you should be getting some calcium in your diet, and calcium for women over 50 or at 50 should have at least 1200 milligrams a day. you can get it in your food. You don't have to take a supplement, but I always encourage that and also vitamin D because it helps with the absorption of calcium into the bone with some vitamin K, and those two things are really important.

And so you can get them in eggs, vitamin D, mushrooms, fresh tuna, but you just want to make sure you're getting those things in your diet because you want to keep those bones strong. You can't run or workout if you have a fracture, so it's really important to make sure you're getting that in your diet.

Jill: Okay, so eggs, mushrooms, fresh tuna. Is there anything else? Any vegetables that are high in calcium?

Tracy: Yes, actually it's interesting that green vegetables - so I'll just think of calcium, like, drink the milk, eat the cheese. We go right there first with dairy, but actually, our green leafy vegetables have more calcium than actually cheese or dairy. So we always think of those as the first thing, so your green leafy vegetables, your broccoli, your Brussels sprouts, your kale. All of those are excellent sources of calcium. You don't even have to have cheese, but you can have cheese if you want. But yeah, so all of those are great sources of calcium. Make sure you're getting it in your diet.

Jill: And is it better to have them cooked or raw?

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Tracy: I think it's better - it's kind of like exercise when they ask me what's the best exercise to do and I say the one that you like because you'll do it. So it's kind of the same thing. I don't care if you cook them, I don't care if you eat it raw. They're both good for you. Do a variety, as anything in life. A little bit of both is always the best.

Jill: Okay, I love this. That's good, because I do love my kale smoothies so.

Tracy: Yeah, eat them up. And so and vitamin D, a lot of women don't realize it but even though you're outside and you may be exercising outside, we don't absorb or synthesize it as well as we get older, and it can - we think of vitamin D as a vitamin, but it's actually a hormone in the body. So you can notice you're getting sick more often, you might feel fatigued, you don't have the same energy, and it could just be a lack of vitamin D. So if you haven't had it checked, make sure you get it checked. But that's something that's easy also to make sure you're supplementing.

Jill: Oh wow, okay, that's good to know. And can you ask your doctor to test that?

Tracy: Yes, you can ask your doctor. They'll test for vitamin D. Ideally, you want to be in between 60 and 80, but - and they'll give you the normal ranges and you want to make sure that you're getting that. And a lot of times people don't get that checked and they may come in and just say, "I'm tired, I feel fatigued," and they could just be very low in vitamin D. So easy thing to check.

Jill: Fascinating. Okay, I'm going to get mine checked immediately. I love this. So what other things should runners be aware of when it comes to perimenopause and menopause, and post-menopause?

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Tracy: Yeah, all of that. So there's a big one. I wanted to talk about blood vessels because blood vessels are really important and we don't really think about our blood vessels in menopause. So our blood vessels are what allows us to sweat when we're exercising. So for your exercisers out there, two things that they need to be aware of during this time is so they are not going to start sweating maybe as well as they used to. So they're not going to get rid of that heat. So they'll start running, normally you'll start sweating, and as your blood vessels do what's called vasodilatation, so they open up and expand, they bring the blood to the surface, and that way that you sweat, and that's how you cool off your body when you're running.

So when you go through menopause, it doesn't work as well because we have less estrogen, which affects our blood vessels. It also affects the regulation in our brain, the hypothalamus we talked about earlier. So for your runners, it's really important to know that you should probably dress in layers when you go out to run, which you probably already do, but realize that you're probably going to not notice that you're sweating as much, and then you're going to all of a sudden get really hot. You're going to start sweating, so you want to be able to take those layers off when needed.

Also too is that some people I know take a cloth, maybe a bandana or something, put it in the freezer, and then they put it on their head and it slowly starts to melt and that keeps them cool while they're running because they make it hot really fast. So everybody's a little bit different, but that's just something that can change. So you may not release the heat as fast and your body temperature may go up really fast. And so you want to be able to just keep yourself cooled off when needed.

And it's also the flipside, so you don't think about this, but when you're done running, you're not going to - your blood vessels are not going to constrict as fast, and so you may become really lightheaded fast, feel kind of nauseous after your run, feel a little dizzy, and so this is where

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compression garments might be really good to have because they help bring the blood back up to the heart. It's going to pool in the legs.

Also, your cool down maybe should be a little longer. So maybe go from run to slow jog to walking, and then you might even have to sit down. So you just want to be a little bit more aware of your heating up during your run and cooling down after your run because your blood vessels are definitely going to change.

Jill: Oh wow, that I had absolutely no idea about. That's fascinating.

Tracy: Yeah, and just not something you would think about. The other thing I wanted to talk about was sleep too because yeah, your sleep changes. Did it happen to you?

Jill: Oh yeah, every night around 2am I'm wide awake and it's like - but then by like, maybe three o'clock or 3:30, I'm exhausted again and then I'll fall asleep, but like, yeah, I'm just wide awake in the middle of the night for no reason whatsoever. It's very annoying.

Tracy: Yeah, so - and the reason that happens is because when we lose estrogen and then the other hormone, progesterone, what happens is we don't make as much melatonin either. So you'll notice a couple things. Either you'll have difficulty initiating sleep, so you'll have difficulty falling asleep and that's where melatonin comes in because melatonin's made in our brain, it kind of tells us it's time to go to sleep. Or what will happen is you'll be awakened by a night sweat, so you'll be sleeping fine, all of a sudden your body will get really hot and then you'll have a night sweat and you'll wake up. And then once you're awake, you're like, hey, I'm awake, and then your mind starts thinking and you don't fall back to sleep.

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And all of that can affect your exercisers because a lot of times we plan our exercise routine thinking okay, I'm going to sleep tonight and get up tomorrow and do my exercise. So a lot of things that can help them is one, try to do your exercise in the morning because it does rev up the system, and so if you exercise later in the night, it's going to be harder to fall asleep because you kind of get the body going again and so it's better to do the exercise early in the day if you can.

Always is best to exercise regardless, but it's better to do it early in the day if you can because you'll sleep better at night. So it helps with sleep. Practice good sleep hygiene. So going to bed at the same time every night if possible, cool room, try to have the room cool, no noise if possible, except maybe white noise. All of those things will help. So I call it sleep hygiene, kind of get yourself in a routine. 30 minutes before you go to bed, start winding down, different things like that.

I know I like to read so I do the orange little goggles and I puts them on. Makes everything look kind of orange, takes away the blue light so the melatonin then will work appropriately. Some people have to take a melatonin supplement to kind of get to sleep. I always believe in trying everything first before doing that, but a good night's rest is important, and when you don't get a good night's rest, that's when you really have to listen to your body with your runs, your exercise. Do what feels good to your body. Don't overdo it because when we go through menopause, we need that good sleep and if we're not getting it, then you have to be kind to your body as well. Think about that.

Jill: Yeah, and you can totally like - my brain does not function as well all day long if it's been one of those nights where I've been up for two hours in the middle of the night just reading or doing whatever because it just doesn't work as well. I've started taking this supplement that I heard about from Corinne Crabtree called Doc Parsley sleep remedy. It's a combination of melatonin, tryptophan, vitamin D and magnesium. I never have a

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problem falling asleep. Like, I can fall asleep just about anywhere, but it's staying asleep that I struggle with, and I have found that this - I still wake up, but when I wake up I'm able to go right back to sleep instead of being awake for an hour or two. So - but it's funny. It's got melatonin in it and vitamin D or - no, it's got vitamin D, calcium, magnesium, and melatonin.

Tracy: Yeah, so calcium...

Jill: And tryptophan.

Tracy: So tryptophan helps with GABA. So GABA - and that's another one that I recommend. So I usually do a trio of magnesium, melatonin, and GABA. And the reason is GABA is our relaxation, feel good hormone, kind of want to go in to sleep, and so that's why - and tryptophan is the same thing. Tryptophan is like when they say you eat turkey and all of a sudden you feel tired after you eat turkey at Thanksgiving because it has tryptophan. So tryptophan is a precursor in that, and so that's why it has tryptophan in it, and it's supposed to put you in that relaxation mode and melatonin is what lets you know it's time to go to sleep.

They do make a melatonin with it. It's called sustained release. That's what I prefer when I recommend it because therefore it helps throughout the night, so that way you stay asleep. And then magnesium is the same thing. Magnesium relaxes blood vessels, brings the blood pressure down, puts you in a relaxation mode. So magnesium, so the combination of melatonin, magnesium, calcium is great for the bones, and then also tryptophan. Perfect.

Jill: Great. Do you have specific supplements that you recommend like specific brands and amounts that you can share with us?

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Tracy: Yeah, so I'm happy to give you some information. I always use pharmaceutical grade brands. So there have been studies that show that unfortunately, what's sold in our local Walgreens or Walmart or drug store grocery store doesn't always have what it says on the label, and actually, when they actually looked at what's inside, probably 60% or 70% of the time it didn't even have the ingredients that were listed on the label.

So actually, I recommend only pharmaceutical grade brands, things like Thorne Research, Pure Encapsulations, Ortho Molecular, Integrative Therapeutics, some of these you have to get through a doctor. What's really nice for myself is I have online portals so I can just make recommendations to my clients, they go directly to them. They can choose if they want to have those, they pay for them themselves, and then they handle it on their end. But they get a discount and they're pharmaceutical grade.

So it's really nice because in that way, they can get something that I know has what's in there. Like, I know that when I tell them you should take this, I know that they have it. And these are the ones I use. So I use those brands, and I would say those four. So Pure Encapsulation, Thorne, Ortho Molecular, and Integrative Therapeutics, but those are really, really good brands.

Jill: Okay, cool. We'll put links to all those in the show notes.

Tracy: Yeah. Happy to give those to you. So another thing, I think we talked about running speed. Let's talk about mood. What did you notice about your moods during this time?

Jill: Well, so interestingly enough, my onset of perimenopause for me sort of coincided with starting to work at The Life Coach School, or work from The Life Coach School, so I think my mood, which could have gone all kinds of crazy actually, I've been able to keep myself fairly even-keel, and

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I've always been like, a super positive person. I mean, I have noticed some unexpected mood swings for sure, but I think the life coaching tools have really helped me.

Tracy: Yeah, they do because you always get to pick your thoughts, right?

Jill: Exactly, exactly. But I do - yeah, I mean, I have noticed some like, some mood swings that I'm just like, why am I so upset over this? When it doesn't really seem to make sense, I guess.

Tracy: Yeah...

Jill: Is that typical?

Tracy: Yeah, and it's - and again, it comes back to hormones. So when we stop making estrogen, it can actually affect our serotonin levels. So serotonin is a word you may have heard before. It's a hormone in our body, and I like to call it our feel-good hormone. So it's what makes us feel good and makes us happy and a good mood, and so it will decrease when we start making less estrogen. So some women can just experience mood swings or just not feeling quite as happy and as good, and they can go all the way to clinical depression where they can actually get depressed.

So it's something to watch for during this time that you're going through perimenopause and menopause because it definitely can change in the body. I mean, you can have your levels checked. So with my clients, I work with them, I do do testing, I do check neurotransmitters and serotonin is in that group. It's not something you run to get checked all the time, but if you're definitely noticing changes in your mood, it could be because you're just not making as much serotonin.

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And there are things you can do, so serotonin fights depression, so that's important. It promotes sleep, also it helps with GABA, so that calming effect that we were just talking about, and then it's our endorphin that makes us feel good. So other thing all of your listeners, hopefully are doing, is exercising because exercising brings up our endorphins. Like you said, makes us feel good, usually gives us more energy and pep and we just show up differently in the world. So that's definitely something you want to keep. That's another benefit for exercise during this time.

And then you want to choose food. So foods high in serotonin include eggs, cheese, pineapple, which I was surprised, tofu, salmon - I love salmon - nuts and seeds, pumpkin seeds are great for you, pistachio nuts, almonds, all of those have it. And then also turkey, like you were talking about. So turkey falls in that group. And turkey is because it increases - so proteins increase tryptophan, and tryptophan is on that chemical cycle of making those hormones that make you feel good. GABA, the serotonin. So Thanksgiving, I think, is right around the corner when we're doing this, so everybody eat their turkey.

Jill: I know, this is perfect timing, definitely. So this episode will come out either - will it come up the two days after Thanksgiving? I think we might. We might come out two days after Thanksgiving, so for all of you listening, if there's leftover turkey in your fridge, go eat some right now.

Tracy: Yeah. And then I want to mention the foods that naturally increase estrogen, because if you are going through perimenopause or menopause, especially menopause, that's when you're not making estrogen, you're not having periods, it's been a year. Seeds like flax seed and sesame seed are great for natural ways to produce estrogen in the body. Fruit, apricots, oranges, strawberries and peaches help with estrogen. Veggies, so again, Thanksgiving, yams are great, carrots, maybe not glazed carrots with sugar on them but carrots. My husband wants to make those. Kale and celery, those will increase estrogen, and then legumes such as lentils, peas, pinto

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beans, chickpeas, olive, and olive oil. So those are all great things that you can have in your diet that will help with natural estrogen production.

Jill: So if you eat these foods, your body will - does your body literally completely cease producing estrogen or does it just come down to a really low...

Tracy: It's a good question. So the ovaries stop producing estrogen, but we have the adrenals that sit on top of the kidneys that also produce hormones. And so this is how you can still - that's why some people glide through perimenopause and menopause, and they're like, "What are you talking about? I don't have any symptoms," and that's because their other organ, the adrenals, are still making some of the hormones, and so they're not noticing the change as much. But then some women, their adrenals are shot and so their adrenals aren't doing what they're supposed to and their ovaries stop making it and they really experience the difference. So you're correct, yes, there are other organs that make these hormones, but not to the same degree as our ovaries do.

Jill: Okay, so eating certain foods and exercising and so forth can help stimulate that production and boost it. I love this. I love this so much. Because I've always - the idea of taking hormone replacement does not really appeal to me, and I know it's like, it's something that many women choose to do, but I'm all about like, I want to take as little medication as possible in my life, and I'm already taking synthetic thyroid because my thyroid is low. And so that was another question I had for you. Is that typical of perimenopause and menopause or is that unrelated to that? Having - is it low thyroid, I guess?

Tracy: Yeah, so it's a really good question. So low thyroid is hypothyroidism, and it's usually measured looking at what's called your TSH, and then a doctor who's looking at it closely will look not just at your TSH but will also look at your T4 and T3. Now, these are two different types

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of hormones that are also thyroid hormones. The T4 gets turned into the active form of thyroid hormone, which is T3, and then I always also like to say that you want to check your reverse T3, and I'm going to explain to you why.

So you have TSH, so think of it as a feedback mechanism. You make thyroid hormone T4, it gets converted to T3, that's your active thyroid. That's what gives your energy, your pep, makes you feel good, and wants to get up out of bed in the morning. That and cortisol. So then what happens is that T3 is running around in your body and it can hook onto receptors. And why that's important is because you can have too much of reverse T3 that's filling up all your receptors, so even though they're all filled up, but it's not doing anything for your body. And that's hypothyroidism. So either you're making not enough of the active form of T3, or you're making it but it's not getting to the receptors. So if it's not doing its job, then they're going to check your TSH because it's the feedback mechanism and they're going to see that your TSH is elevated.

Someone who's making thyroid hormone and it's actually working, they're going to have a low TSH, and I think it's really best for it to be less than one, and that means ideal. So you can have what's called sub-clinical hypothyroidism, which means clinically you don't feel good but your numbers look okay, and that's what happens to a lot of your listeners probably is they go to their doctor and your doctor's like, "Oh, your thyroid's fine," but they have normal numbers but they don't feel normal.

And that's why you have to look at those other things. You have to look at reverse T3, you have to look and make sure they're making the active form of thyroid. So I would encourage your listeners if they're going to get their thyroid checked, and it does change when you go through this change in life, that you want to look at not just your TSH but T4, T3, and reverse T3. Those are all really important, and to really understand if you are having

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hypothyroidism. And it's easily treated. Like you said, you take a synthetic thyroid and you probably feel a lot better. Did you notice a difference?

Jill: We're still ramping it up so we started out and she just bumped it up. I'm noticing a little bit of a difference but I have a feeling it's maybe going to - I wasn't having a lot of symptoms but my TSH was really high. But I'm like, maybe, it might just be that I'm so used to feeling the way that I feel that it doesn't seem out of the ordinary for me because I think that happens to a lot of people is like, they don't realize they feel like shit.

Tracy: Yeah, and so usually it shows up with things like you feel cold, your thinking is off, you're constipated, so you wouldn't think that your thyroid has to do with your gut, but you're constipated, you feel like you can't go to the bathroom like you should. You don't sleep as well, and like I said, your thinking, you have foggy thinking. And you just feel sluggish and fatigued, and yeah, you just don't have that energy and pep where you want to take a nap in the middle of the day.

And so you may not even realize it and so once you start taking thyroid hormone, you're like, "Oh, I feel really good," and also other ways it will show up is the eyebrows. People don't realize this but your eyebrows will start - have thinning of your eyebrows at the ends, and...

Jill: I have that.

Tracy: Yeah.

Jill: Oh my gosh.

Tracy: That's the thyroid. Yeah. So it's an easy - I can look at someone, I can tell their thyroid function just by their eyebrows.

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Jill: Oh, that's fascinating.

Tracy: Yeah.

Jill: My ends are thinning.

Tracy: Yeah, and it's usually your thyroid hormone. So really important, and definitely can play a role in how you feel. I think the take home message is it's really important to listen to what's going on in your body, and don't just assume that this is how you have to feel, and investigate that you may be in perimenopause or menopause, and these are just normal things that are happening, but there are things you can do to counteract these things. And you did mention synthetic hormones, and I agree with you that it's always good to try everything natural, and hormone replacement is not for everyone because there are risks involved and so that's a very personal issue and it's something that you have to look at your full health history and make sure that it's the appropriate thing for you and it's done at the time of your life - the studies show that if you don't start hormone replacement therapy within the first 10 years after menopause, you shouldn't.

And everybody handles that a little bit differently, but again, it's a very personal approach and it takes - it's a multi-factorial thing. You have to look at your health history, what are your risk factors, and is it appropriate for you. And make sure you get your hormone levels checked. So all of my clients, I check hormone levels when I'm making recommendations for them.

Jill: Okay, that's good to know, and you can just ask your doctor to do that for you, right?

Tracy: Yes, you can.

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Jill: Or they can just come to you.

Tracy: Yeah.

Jill: I actually was going to ask you like, what kind of work do you do with your clients? Like, who do you treat? And how do you help them? Because you've just helped me a lot just in talking about menopause, but I know you've got like, a very wide scope of what you do.

Tracy: Yeah, so thanks for asking. So it's very interesting. I do like to do testing. I don't test everything. It really is particular based on the health history. So when a client works with me, the first thing I do is I take a complete history because I have the advantage of not only being someone who can coach them, but I also have my medical knowledge. So I try to use both of those things combined.

So I take a complete health history, and then I order labs based on what I think that we need to know more about, whether it's their hormones, whether it's the cortisol level, because a lot of people are wired - they're tired but wired, and their cortisol level is through the roof at night time and they're not sleeping. Or they're not making cortisol at all and they don't have energy. So there's a lot of different things.

So I check cortisol, sometimes I check neurotransmitters, and I also look at gut health. So a lot of times, we go through a lot of changes in our gut during this time and we can't eat the same foods that we normally eat, so I look at food allergies with them, and the nice thing is I work with a integrative lab called Dunwoody Labs, and they will actually - I can pick the test that I think is best for my client and it gets shipped right to their home. Some of the tests they can complete right in their home and they ship them out and it's free shipping. It comes right in the box. They take the test kit out, like cortisol, so we test cortisol, so we'll test a four-point cortisol, we'll take their cortisol four times during the day. They can send that test right

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back to Dunwoody Labs, it comes online to me, and I can see the results and then I can make recommendations on what they're eating, their sleeping, everything when I'm coaching with them and helping them because I work with them with weight loss.

So I focus on perimenopausal weight loss in women, and so that helps me guide them. And then I also can look at their foods and see what foods - it's funny because you can do a food test and you might not know it but cinnamon and pepper and bananas might be foods that you shouldn't be eating, but you'll have an idea unless you tested to see if you have any type of allergic reaction to it. So a lot of these tests can be done at home. The tests that can't, they could go to their local lab corp, we give them the address of the one that's closest to them. Their blood gets drawn, they take the test, they ship it out, and it's all part of their package when they work with me, and it just really allows me to hone in and figure out why are they not losing weight, why are they not feeling well, and what can we do to really get them on that path. So I look at sleep, gut health, I look at mood, and I look at hormones, and just kind of take a very integrative approach with my clients.

Jill: And you work with everybody online, is that correct?

Tracy: Yes, so it's wonderful because the test kits can get shipped to them, then they ship them right back to the lab, everything comes to me, and then we can work together. We set up times to meet together and yeah, it works. So I can work with anyone throughout the United States and it's awesome because then that way we can do it at the convenience of their own home.

Jill: This is amazing. I love everything about this. We're going to have all the links in the show notes so people can find you and then I'm of course going to run over and make an appointment myself because honestly, I just - our conversation today has been very eye-opening for me so I'm kind of like, "Ooh, I might need to do this too." So the last question I have for you

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that I kind of meant to ask earlier and we just got so talking about the details is how much mental and mindset and coaching work do you do with your clients? Because I know for me, the onset of menopause and perimenopause came with a lot of thoughts and feelings about that, about what it meant for me in my life, and so forth. And not to mention the hormonal changes that were driving some crazy thinking as well. So what do you do with your clients - what is the most common thought process that your clients have and how do you work with them on that?

Tracy: Yeah, so this is where I too agree, The Life Coach School has really changed the way I approach things. I think there is a mindset out there with a lot of women, especially when you get to 40. So not so much at 35, but when you start getting into your 40s and into your 50s, and you even said something your doctor said to you was, "You're in your 50s, you need to slow down. What are you doing?" and I think a lot of the clients I work with, they're kind of in that mindset that this is part of aging and this is as good as it gets.

And you know, being a woman in my 50s, and you're in your 50s, we both know that it does get better. It can be great. But you have to really approach it kind of with curiosity and with also a mindset of that just because you're a certain age, it doesn't mean that you have to be a certain way, or you have to feel a certain way, or live a certain way. And I think that's where the curiosity comes in is what can I be and who can I be at this age.

And yes, all these things are going on, and they're all, as we learn in coaching, they're all circumstances, and we get to choose our thoughts about them. So you know, if you have a day where you wake up and you're tired and you're not recovering as well, you could say, "Oh, I'm getting old, or I can't run," or all these things, or you could have a thought that, "Oh, today's a day I need to rest a little bit more. My body's telling me exactly

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what I need." And you give your body what it needs, and then the next day you go out and you're feeling awesome and you have that great run.

So I do coach a lot and I coach through urges and desires and all those things that come up naturally when women are trying to lose weight, but I also coach a lot on who are you at this age and how are you going to show up, and how what's changing on the inside is going to show on the outside, and really focusing on what's going on on the inside. Because I don't always think it's just about weight loss at this age. It's more about how are you going to show up in the world? How do you feel? Who are you? And I think we talk a lot about those things too, and it's really interesting. A lot of great conversations.

Jill: I love that because menopause is literally just a circumstance and then you can have whatever thought you want about it, and that's so fun. Because I think for me, hitting 50, I had a lot of thoughts of like, "Oh my gosh, I'm getting so old," and then I was like, is that really a helpful way for me to think? And so I've decided to think like, "Oh, I'm so excited, I'm just getting started." And so it blows my mind when somebody like my knee doctor says, "Oh, you should be slowing down." I'm like, wait, what? It literally makes no sense to me. Like, why we should have to slow down. So I'm so excited that you do that kind of work with your clients.

Tracy: Yeah, I like to tell them this is your back nine. I don't know if your clients play golf...

Jill: I know exactly what you're talking about.

Tracy: Yeah, it's your back nine.

Jill: You start all over again at one. Like, nine more holes, it's like a bonus nine, right?

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Tracy: Yeah, so it's your back nine, and once you get these things all working for you, like, once you get your moods and your sleep and your hormones and all this kind of stuff and your gut health and all this stuff working in a way that's beneficial for you, you're on your back nine. You're like, what else can I do? You know, you become curious of all the things that you can accomplish, and so once you start seeing success in these areas, it falls over into everything else that you're doing, and like I said, how you show up. How you interact with other people, how you show up in the world, what you choose to do, just so many great things.

Jill: I love this so much. Okay, so if somebody wants to set up a consultation with you, like, say me, or anybody who's listening, how do they do that?

Tracy: So, if you go to my website, so it's tracypagemd.com, you'll see on there that has the application. So it says apply here, it's a big blue button, and it's on pretty much every page that's on my site. So they just click on that, it will take them to a form that asks my potential clients to fill out, and then I review that form and then I contact you and we set up a - usually we set up a - it can be a Zoom call or phone call and just is a chance for me to tell you more about my program and for me to hear about what's going on with you. And the form that you fill out tells me a little bit, but then gives us more time to chat about it, and to see if it's a good fit for you and if working together would be a great option for you. I do three months and I do six months. Some people like to work a little bit longer, some people, if it's weight loss, have less to lose, so they work with me for three months, but they could choose either one. And yeah, it's great. And then we get started. That's when the fun starts.

Jill: I love this. I love everything about it. So alright, well, is there anything else that you'd like to add to make sure - do you think, oh, I need to tell her listeners this thing?

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Tracy: I would say I'd just like to close with saying that what you think you can't do, you can do. So if you think you can't exercise, always do the thing that you enjoy. So if it's yoga, running, walking, whatever it is, cycling, just find something that you like. That would be the most important thing I would want to leave with is if you think you can't do it, try it because you never know. And then definitely find some way to exercise. It's a great - it's one of the - it's free, it's the one thing that has been able to change everything in your life, your health, your mood, your - we talked about your bone density, just so many different things. And then the third thing I would just say is make sure that you take time to really care for yourself. It is your back nine. It can be whatever you want it to be. So really just invest in yourself, take care of yourself, and find time for yourself self-care is one of the hardest things women have - or they're not able to do is self-care and so it's one of the things I encourage all my clients to take time for is self-care.

Jill: I love that so much. Self-care is not always sexy, but it's so good to do.

Tracy: And self-care is not selfish. Self-care is not selfish. It's the one thing that makes you show up so differently with everyone else when you just take time to care for yourself.

Jill: Yeah, because you can't really show up for other people if you're exhausted and having to sleep all the time.

Tracy: Yeah, exactly.

Jill: Alright, well thank you so much Dr. Tracy Page. It has been an absolute pleasure having you here, and yeah, so everybody, if you're listening, just go to her website right now. She's amazing.

Tracy: Thank you so much Jill, I appreciate it. Thanks for having me on. it was great.

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Jill: My pleasure. My pleasure.

Tracy: Alright.

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Hey rebels, I hope you enjoyed my chat with Dr. Page, and if you want to connect with her, all of the links to do that will be in the show notes at notyouraveragerunner.com/66. Until next week.

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