

Run Your Best Life Podcast



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[Jill Angie](#)

[The Not Your Average Runner Podcast](#) with Jill Angie

Jill: Hello, my friends and welcome to the second interview in the Run Your Best Life series Where I talk to experts in the field on issues affecting Gen X women and today we're gonna chat about menopause and perimenopause with the amazing Michelle Kepler,

Now, Michelle's clinical practice is exclusively focused on reproductive health care, and she's also a registered acupuncturist, Chinese medicine practitioner, and master certified feminist life coach.

In her work, she helps people explore their socialization and conditioning, and how they affect the way we move through our reproductive health challenges. And Michelle strongly believes in advocating for greater body literacy for all genders, which allows them to best advocate for themselves, both in a medical and non-medical context.

Now we have an amazing discussion that you're going to hear in just a moment, but I want to remind you, if you are a member of Run Your Best Life, please don't forget to download the podcast companion from the members area to help you go deeper into this episode. Are you ready? Let's dive in...

All right, so I am here with the one and only Michelle Kapler and we're gonna have some fun today talking about the elephant in everyone's room, menopause.

Michelle: I can't wait. This is such a good conversation. But can we talk about your menopause moment for a second, Jill? Where you reached out to me on Facebook and you were like, So, we were in the ACFC together and we're alum.

And I think that you'd be a great fit for the podcast. And I was like, Jill, you were on my podcast this year.

Jill: I know. And so typical, right? Of like, I swear to God, like, my brain has just gone to shit. Like, it has gotten so much better in so many ways once I hit menopause, and it has just completely gone to shit in other ways, and I think, like, I don't know, the reason I wanted to have you on this show is to really talk about that, because I know there's a lot of other women in the same place going, what is happening to my body?

What is happening to my brain? Like, I feel like everything is changing, and And they think something is wrong when, in fact, nothing has gone wrong.

Michelle: Yeah, it's super normal for that to happen.

Jill: I love it. So, okay. So, let's, let's, like, kind of start with the basics, and can you explain some of the terminology that is, we often hear regarding the change of life?

Michelle: Yeah, of course. So, I think that an important differentiation, first of all, is to talk about menopause versus perimenopause. Both are terms that you're hearing a lot in the media right now. Oprah's talking about menopause. There's a lot going on. And so, we need to know what we're talking about. So essentially, menopause itself happens in a moment in time.

So, it's defined as having gone 12 months without having a period. So, when menopause happens, we don't actually know it's happened until 12 months has gone by. Whereas perimenopause is the time leading up to when menopause happens. This is the time in which our bodies are shifting and changing from being a human who cycles and menstruates to a human who no longer cycles and menstruates.

So, perimenopause - that period is actually what most people are talking about when they talk about the concept of menopause. Because this is what people talk about when they mention side effects and body changes like hot flashes and insomnia and mood swings. And, of course, this period of time can vary greatly from person to person.

So, for some, the transition is like, bam, one day, my period stopped happening, and then it was smooth sailing from there. And for some, which is a far more common experience, they'll have this transition that can last for up to 10 years before the periods finally stop. So those are the two kind of main ones that I would want to differentiate between.

There's also this term called post menopause, which means that you are a person who is past their menopause and you've experienced menopause and you're no longer menstruating and you're in your post-menopausal years. And then there's also this other one that I want to mention, which is a surgically induced or a medical induced menopause, which happens when there's a medical reason like a cancer diagnosis or endometriosis or fibroids or something else that happens that means that your ovaries need to be surgically removed and therefore your main source of estrogen in your body is all of a sudden taken out and you go into menopause right away.

Jill: So, when somebody goes into surgical menopause, is there any time period where they are still maybe having periods for a month or two, or is it like an immediate stop?

Michelle: It's pretty much an immediate launch right into menopause at that point. Oh my gosh.

Jill: And I imagine that could be really hard on the body.

Michelle: It can. It can be hard on the body, it can be hard on the mind, it can be hard on the emotions, it can be hard on the identity, especially given that most of the time it happens because of a medical crisis, so it can be pretty intense for people to go through, for sure.

Jill: Yeah, I can only imagine. And yeah, because I think of, like, for me, going through perimenopause was, I don't know, probably six to eight years of time of like adjusting and thinking about it and researching versus having it happen overnight and just thinking about all of those symptoms just coming out of nowhere.

It could be really. That's just a lot. I kind of have a question, like, kind of referring back to the more commonly occurring type of perimenopause. Do you think it's common for women to sort of low key deny that they're in perimenopause?

Michelle: Oh yeah, definitely. Definitely.

Jill: Why do you think...Oh, no, go ahead. Go ahead.

Michelle: I was just gonna say to answer to take it further. I think it can be for a whole bunch of reasons. Okay, you know, share, share. Yeah. So, the first one would be lack of education, because of course, we aren't formally educated about any of this stuff at all. I often talk about perimenopause being like a second puberty.

So, when you were going through your first bout of puberty. We were, you know, in high school or junior high and we had sex ed class. And unfortunately, most of us from our generation were just told don't have sex or you'll get pregnant. And that's all you need to know. But some of us were actually taught about cycles and periods and puberty and how our bodies would change.

And really, perimenopause is the same thing, except you're transitioning out of your reproductive years. But there's no creepy high school gym teacher to teach us about these things. You know, we just kind of learn it from media, and we learn it from our friends, and we learn it potentially through watching our mothers go through the transition.

But there isn't really a formal system of education. So, I think it's just people don't know. So that's one thing. The second thing that I would mention is that there are some pretty major deficiencies in the medical system. In that many family doctors just don't know much about perimenopause, including how to diagnose and treat, treat it.

So, a person might go into their family doctor and say, I'm having this symptom. But the doctor might not even fathom that it could be menopause. I hear so much misinformation in my clinical practice that's coming directly from folks' doctors. So again, it's a whole education piece. And then the third thing that I would say is that there's stigma and misogyny surrounding the whole thing.

So culturally, we only view women as valuable if they're young and fertile and thin. So, it makes sense that we would deny this transition that we're being told will lead to our devaluing. Then there is the part where people who are women, especially when it intersects with other marginalized identities, like if you're fat or racialized or queer, are often not believed when they present with troublesome symptoms, or they're told that it's all in their heads, or they're told that it's happening because they need to lose weight and they need to suck it up because it's just part of having a body that cycles and menstruates. So, it's all of these things that kind of go into, well, yeah, of course you'd kind of pretend it's not happening either consciously or unconsciously.

Jill: Yeah. Oh, I mean, there's, I think there's so much to unpack there and it's, yeah, you, you hit the nail on the head because I think, I feel like I've experienced everything that you just went through because, I mean, and my mother passed away when I was in my late 30s, but still, like, I had watched her go through.

Well, I shouldn't say I watched my mother go through menopause because it wasn't the only way I knew my mom was going through menopause is she talked about these things called hot flashes? Mm hmm, and I didn't know what menopause was I didn't know what hot flashes were but every time she and her friends got together, they would talk about hot flashes and they would laugh and I was like, what is it?

Nobody said anything ever and even like I even we were talking to my sister about it was like, when did you go through menopause? She's like, I don't remember. Like, it's all just like, like, people just want to forget about it. And nobody talks about it. And nobody takes you in hand, woman to woman, or even like your physician to say, this is what you can expect.

And we just all have to navigate that shit on our own, and it's really fucking frustrating.

Michelle: Mm hmm. Yeah. It really is. Yeah, and that leads people to believe that they, one, don't have a right to ask for solutions, or two, maybe don't have anybody to ask for solutions, or maybe think that their symptoms aren't bad enough or aren't important enough, and it creates this environment where women feel like they have to suffer just because they're women.

Jill: Exactly. And then they get mad, right, about it. And then there's like, like, I can't tell you how many of my friends have talked about, like, passive aggressive. Things going on in their relationships because they're going through menopause and they don't have the words to really explain it to their partner and so the partner is like what the hell is wrong with you and and it just like it's, it's very frustrating.

So, like, how do we give people the words and the courage and the permission to talk about this whole process?

Michelle: Yeah, that's a, that's a really big question.

Jill: Okay, I mean, in two or three sentences, just fix it, just sum it all up for me, Michelle.

Michelle: I would say if I were to kind of pick one thing that we could focus on, it would be education educating ourselves first and foremost, advocating for the education of people in our lives, talking about it with our friends, trying to think about, okay, well, if I'm feeling shame around that topic, why is that?

Do I really align with the values that tell me that I should feel ashamed of this? So, it's all about learning about it and talking about it. And thankfully, there are some really incredible resources that are coming to the surface. And so, people actually can learn about what's going on with their bodies.

Jill: Oh, that's good. Because I, like, when I think of the role models. Well, you said, first of all, you said Oprah is talking about menopause now, and I'm like, well, finally, because she's almost 70. Yep. See, that was a missed opportunity because she could have been talking about it 30 years ago when she still had a daily show, you know?

And I think of like, Suzanne Somers is another one that. You know, she was like fighting off aging by taking like dozens of supplements every day. And I

think that sends a message that like, there's something wrong with aging and that you shouldn't want to look older or feel older or anything. And you know that there's not a lot of examples out there of women just saying like, all right, this is the phase of life that I'm in.

And it doesn't mean my life is over. It's just, this is, you know, like when you're, when you're 10, you're not thinking like well, I don't know. I can't think back that far to being 10, but like, I don't think 10-year-olds are like stressing out about not having their period or about being 10, like trying to be 10 and like, hang on to that as long as they can.

This is a terrible metaphor. So, forget that.

Michelle: No, no. I think that there's something there and I'll elaborate on that, which is that. Similarly to our first puberty, if you go into it armed with knowledge, just like basic anatomical physiological knowledge about what's happening with your body, that makes it a very different experience than if all you're hearing about it is like whispers and shameful things and I had the privilege of going, growing up in a family where we talked about menstruation pretty openly and I could ask my mother any questions that I had about what was going on with my body.

So, I feel like my transition through to becoming a person who cycles and menstruates was probably very different than those people who grew up in families where it was hush hush and it wasn't talked about and they didn't have those basic facts. I think that in and of itself is huge to kind of take the stigma and mystery out of the whole thing.

Jill: Yeah, for sure. I just had an idea. I think we need to write a version of, 'Are you there, God? It's me, Margaret' for women who are about to, like, who are in perimenopause.

Michelle: Chill. Do it. I nominate you. You're the author. It's going to be amazing. Oh my god.

Jill: Like, cause right? Like, I feel, I mean, for sure my mom had the talk with me in air quotes and it was maybe 10 minutes long.

There was a pamphlet and then she was like, okay. Like she was so obviously uncomfortable and she's like, all right, that's it. That's the talk. Right. So, I feel like I learned so much from the fiction books about girls my age. When I was

that age, that's where a lot of my knowledge came from. So, you know, while people are still awkward talking about it, we should just write some books.

Michelle: That's a great idea. I love this.

Jill: So how, like, how early can perimenopause start on average? Because I recognize that some people might start in their 20s and 30s, depending on their body chemistry. And some women might not start even until their late 50s. But is there like, A time that you might start thinking, like, maybe this particular symptom is perimenopause related.

Michelle: Yeah, totally. So, quote unquote, normal, I'm doing air quotes here, perimenopause is typically expected between the ages of 45 and 55. However, it can happen earlier. We have to remember that human bodies exist on a spectrum of how they present in their physiological function. Just like when we're getting their first period.

So, for some it happens at age 8 and for some it happens at age 18 and that's all considered normal. So, menopause is considered premature if it happens before age of 40 and hormonal replacement therapy is almost universally recommended in those cases to prevent health problems that can arise later in life as a result of early menopause.

But as far as symptoms go, there's such a wide spectrum of things that can happen. And just like puberty, it's a highly individual experience. So, it can be anything from menstrual changes, such as the length of your cycle, or maybe your periods themselves will change. So, they get darker or they get longer, they get heavier, they get cloddy, or your PMS just goes through the roof.

All those things can be indications. It can be things like, maybe we're not sleeping as well as we used to. It can be, maybe we feel a little bit hotter at night. Maybe it can be needing to use a little bit of lube during sex when we didn't. need to in the past because maybe we're getting some vulvar or vaginal dryness and oftentimes it starts to kind of creep in in small ways.

It's not often bam overnight like it would be in surgically induced menopause, but it's more like watching for these subtle body changes that can start happening 40.

Jill: And are there any, like, symptoms that people might not necessarily associate with menopause with perimenopause, but are definitely related?

Because I'm thinking, you know, I'm just gonna use my, my own n equals one experience here. I started waking up in the middle of the night with panic attacks that I'd never had before. And then I also started having...and this is a perfect example of a menopausal symptom because I know what I'm trying to say and I can't think of the word when you get dizzy.

What's the word? What's the word for when you get dizzy? Oh, good.

Michelle: Vertigo.

Jill: Vertigo. Thank you. Like I'd be lying in bed, and I would turn over and all of a sudden everything would be spinning and I, you know, I kind of Googled it and I'm like, oh, that's, you know, it can be a symptom of perimenopause or postmenopause.

And so, you know, do you, do you think there are a lot of things that people just write off to, oh, I'm just getting old when in fact it's, It's actually specific to things that are changing in your body from a hormonal perspective.

Michelle: Yeah, a hundred percent. And I would say like without opening up a huge can of worms about the whole thing.

It's one of those things where we don't actually know, and we might never have the answers to those questions, at least not in our lifetime, because our medical technology and our ability to interpret our human bodies is pretty limited, in that there's really no way of knowing if the tinnitus or the vertigo that you were having in the middle of the night was related to hormone changes or it was related to some something else.

Most of the time we find out when we try treatments, and they work, or they don't work and there's our answer. So, it's, I mean, it's hard to, to say, but there are definitely some things out there that I would say most people wouldn't necessarily think, Oh, that's menopause. So, I actually did a podcast episode on things that you wouldn't normally, what did I call it?

It was like unexpected things that are part of perimenopause. It's episode 35 and we talked about things like an increase in body odor and clitoral atrophy where your clitoris shrinks, like all of these things that we don't really talk about in a big way, but they absolutely are associated with the transition.

Jill: Oh my gosh. Yeah, it seems, I mean, sometimes I think that nature just plays a really cruel joke on, on women, because men, they grow up, they get

body hair, their voice gets deeper, right, their testicles drop, and then that's pretty much it. Right? Like, I think, and I'm, obviously, I, maybe I should be asking a male reproductive expert this, but I, I think there's not a ton of, like, major body changes that happen to them for the rest of their life, yet women go through these. you know, two huge, two huge events and, and then, you know, then, like, the things that happened to us, it's like, come on, like, like, you're finally able to, you know, have, you know, so, so, you know, your kids are grown and, you know, you're, like, a lot of the stresses of your life have probably gone away and then all of a sudden it's like, okay, goodbye, sex drive, like, Sorry.

Now you've got time to have all you want and we're just gonna take that away. It's sometimes I get a little bitter about that. But then I also think that there's a lot of freedom that comes with this change in your body as well, that a lot of women are just, you know, Oh no, I'm in perimenopause. Like this is horrible.

And I remember thinking like, once I figured out what was going on, I'm like, Oh, this is amazing.

Michelle: I don't have a period anymore. Oh my God. Yes. Thank you. Yeah. I think, I mean, it's an interesting point. You bring up and I think that it ties into the whole coaching paradigm thing that we do, which is that we get to choose how we think about our life circumstances.

Because, yes, it's true that the male clock and the male, like the male biological clock. Yes, they have this advantage where our entire society is built around how their bodies work as opposed to how our bodies work. But also there's this consideration where we get to experience life at a far greater depth of variety and experience and we get to know our bodies in ways that people who don't cycle and menstruate couldn't possibly understand the way that their bodies work.

We have this opportunity to get to know ourselves so intimately. And it's also this opportunity, I think that when I talk to postmenopausal women, a lot of them describe it as freedom, as you were saying. Yeah. This opportunity to transition into a new version of themselves and I think that's beautiful.

Jill: I love that, like, using it as, okay, what's the next, what's the next phase of my life going to look like, because it, it is nice because it does kind of divide our lives into, not roughly into thirds, not, not equal thirds anyway, but like, it's almost like, Like when you think about January 1st, or you think about

September, like going back to school, and there's always that sort of fresh start feeling of, right?

I think, like, for me, that's, that's what the process of menopause has felt like. Like, okay, well, now I'm done with that section. What do I want the next phase, the next section to look like? And it is kind of a nice little marker. And, and, It gives, I think it gives you that chance to, like, take, like, my body is changing, so maybe there are other things that I want to change in my life as well, and what do I want those things to be?

Michelle: Yeah, or maybe there are things that I just don't want to give a fuck about anymore.

Jill: Well, that for sure.

Michelle: Like, maybe there are things that I spent my entire reproductive life caring about that I just want to decide on purpose not to care about anymore. That's an option too.

Jill: Yeah, I love it. Right. It's like now you just get to pick and choose. Like, what do I want to carry forward? And what do I want to bring in? What do I want to leave behind? Somebody told me once that estrogen is the give a shit hormone that like when you have, you know, when your body is full of estrogen because you're in your reproductive years, you're like it. One of the effects is to make it is to encourage you to keep the community together and make peace and so forth.

And then like, once that drops. We just become a lot more like men, hormonally, maybe, where we're just like yeah, I'm gonna be looking out for myself a lot more going forward.

Michelle: Yeah, it's, it's that whole Crone archetype thing, you know, the mother, the maiden, and the crone, where we get to this third stage in life, and we have this ability to do whatever we want, but also fueled by all this wisdom and thought that we've gathered over a lifetime.

Jill: I love that. And, and it's interesting that like the, the trope or the you know what I mean, like when people think of a crone, there's like a certain picture that they have in their mind. And I think that's probably why people miss all of the beauty and freedom of menopause because they're associating. Oh, well, this is when my body doesn't look as good and I think like. One of the, one of the great

things about that freedom is you also get to stop caring because, honest to God, the least interesting thing about all of us is what we look like.

Michelle: 100%. Yeah, and a lack of estrogen gives you the hormonal latitude to consider that even being an option.

Jill: Yeah, it's, it's beautiful. I just remember my, in fact, interestingly enough, it was my husband who encouraged me to stop coloring my hair and I was just like, 'Oh, I could never do that because my, in my brain, I was like, then I'm going to look old', but then COVID happened and it was a very convenient time.

Yeah. And I stopped. And then I just remember. So what I've noticed is I'm a lot less visible to people. Right? Like walking down the street, I think like people just don't see, especially like a fat woman with gray hair. It's like I've got a force field around me to not be seen. But it's so freeing because now I'm like, Oh, I let my hair go gray and the world didn't end.

And honestly, it's a lot easier. Like, it's just, it's like freed up so much mental space for me to do other things. And I think maybe that's it, like maybe menopause, you know, the, the change in the hormones and, and, and changing our bodies, like gives us a chance to like free up some mental space to do things differently.

Michelle: A lot, a lot of mental space. Yeah. I mean, we spend so much time thinking about how to shrink our bodies, how to appear sexy to the male gaze. How to show up as a good wife or partner or mother or community member, which, I mean, none of those things are inherently bad pursuits, but do we actually want to let them take up that much space in our brain, especially when it's at our own expense?

Jill: Yeah. Yes, exactly. And it is that menopause is that like chance for you to hit the reset button and be like, okay, what do I want to, what do I really want to do? I just finished watching the golden bachelor. Did you happen to watch that show?

Michelle: I did not watch that show.

Jill: I didn't know if they get it in Canada or not, but the, the bachelor himself was 75, maybe. And then all of the women were at least 60. It between 60 and 80.

Michelle: That sounds really cute. Oh, my goodness.

Jill: It was cute. Although it was very interesting to see that all of the women that were chosen of all the women they chose, I think there were like 30, maybe only one or two actually had gray hair.

Everybody else was still long dyed hair and like lots of makeup. And I was kind of fascinated because I thought, wow, like, this is really, it was. It was a great show for, and it was a terrible show for many reasons, which I will not get into. Maybe that's another podcast.

Michelle: It's another podcast.

Jill: The Golden Bachelor. But I think the missed opportunity was they, they chose a variety of female bodies that were all thin and Women that had a certain appearance that, that made them look much, much younger than they were. And then there was lots of talk about like, Oh, they're, they're aging so well, they're aging so gracefully.

I'm like, actually, you know, they're all amazing women. So this is nothing against any of those women, but I kind of wish that we would have seen more of a variety of what women in their sixties and seventies look like, rather than just selecting the ones that still look as close to their 30 and 40-year-old selves as they could possibly get.

Michelle: Absolutely. And I mean, that's a major problem in media altogether. And, and that's just not, not just ageism, that's every difference in body that there can be. I think that we're definitely making headway from let's say the media in the 90s where we were watching shows that were all white, all skinny, all the same way.

Whereas now I think that people are demanding greater diversity, but we've still got a ways to go for sure.

Jill: Agreed, agreed and I think like, you know this podcast series is sort of geared towards things that Gen X women are struggling with and I, and I do think that like the Gen X generation is part of that movement to demand more diversity and so forth, but we were not raised with diversity. So, I do think there's still a little bit of kind of societal conditioning in our brains of this is what I'm supposed to look like as I get older.

Michelle: Of course, there's a huge amount of cognitive dissonance when you are raised with a certain standard, with a certain set of values, growing up watching certain media, and then decades later existing in the context that we exist in now. It's kind of a mindfuck sometimes.

Jill: Yeah. And I feel like Gen X is probably the first generations that's sort of straddling being raised with a very specific set of values, but is now living in a very different because when I think of Gen Z and when I think of the millennial you know, thought leaders that are out there now, it's a totally different message that's being spread.

And so, it is kind of weird because, you know, we're, we're just like, well, you know, I really should, you know, I was told, or I was taught, you know, that you're supposed to be thin and I was taught that you're supposed to get married and have kids and dah, dah, dah. And now I'm seeing like, oh, I actually don't need to do all that stuff.

But how do I bridge the gap? You know, and I think maybe the gap is menopause, right? So, like all of us Gen X women are like, either we've either passed it or we are coming up on it. And I think this is a great opportunity to just sort of evaluate all of your beliefs.

Michelle: Yeah, I think that was such a lovely full circle moment, Jill. Nice, nice way to bring it home. That was awesome. Because yes, our bodies changing and transitioning is a very tangible and personal way to experience straddling those two things.

Jill: Yeah, it really is. I, and I love what you had said earlier about it being that women have this opportunity to really know their bodies so intimately because everything is changing and you, and when you, and we have that like beautiful cycle, at least most of us do of like every month-ish, you know, for probably, like, is it 30 years that you're, what is it?

Michelle: It's decades. It's decades, yes. It's dependent on the person, of course. Several decades. But yeah, it's decades. Yeah.

Jill: And you do, you get to know, like, okay, well, my body feels like this. I can expect my period in a couple days. And you get, like, such. But you get such an intimate knowledge of like everything that's happening in your body, whether you like it or not, like you'll kind of get, and it's fascinating that when you think about what a woman goes through with menstruation, right?

There's, there's your body is so uncomfortable for several days. Your mood gets kind of wacky and then you're literally bleeding several days. And, you know, you maybe have like a week out of every month where you feel like you're in your top,

Yeah, ovulation week.

Yeah. And it's like, it's kind of like mind blowing the amount of change and discomfort that a woman's body goes through over and over and over again for decades.

And those are, and meanwhile, we are extremely productive at that time. And like, I just think it goes to like the strength of women. To, to like, you know, when you think about like, you're literally bleeding for three to three to seven days out of every month. And we just like keep on, we're like doing sports, we're raising families, we're going to jobs, we're changing the world.

Michelle: I was just sitting here thinking, yeah, Jill.

Jill: Okay. So let me, let me ask you I have a couple more questions. You know, this is a, this is also a running podcast. Most of my, my listeners are runners or they want to be runners. And so I'm curious, like how menopause can, how perimenopause and, and the whole thing can impact our bodies as runners and like what. What can we do to ease symptoms or should we just lean into it? What do you think about that?

Michelle: Yeah, okay, so lots of, lots of micro questions in that. So I'll, I'll try to remember. Here's my word vomit for you. Yeah, totally okay. So let's first talk about how perimenopause actually affects our bodies and our brains in general and then I can talk about running specifically.

So, of course, this is a question with a huge answer, so I'm going to try to be as succinct as possible. But perimenopause, as we mentioned earlier, is essentially a decline and reorganization of estrogen production and utilization in our bodies. And our hormones, so our other hormones, our testosterone. Our progesterone, all the other hormones respond to this change in various ways, as do the other structures and systems in our bodies. So when our bodies go from producing the vast majority of estrogen in our ovaries to no longer doing it in that way, every body structure and system needs to kind of adjust and recalibrate to that new balance.

So it affects our menstrual cycles. It affects our joints and bones, our muscles. Our heart and circulatory system, our mental health, our sexual function, obviously. And you might notice a bit of a theme here that I keep saying this, but all of this exists on a spectrum. So different people will have different parts of their bodies that will be more heavily impacted by this change.

So there's really no universal perimenopause experience. And you know, just for the sake of time, I'd say if you want to actually know the ins and the outs of exactly what's going to happen in detail I'd love to direct you to a free resource that I have online if that's okay with you, Jill. It's called yeah, so I did a free class.

It's called what to expect in perimenopause. And it basically goes through all of the body systems and how the hormone changes can impact those systems and kind of generally what to expect from a medical physiological perspective. So it's a nice kind of overview of the medical facts and you can get access to that at any time at <https://www.michellekapler.com/expect>

And then also just to give you, because I mentioned it earlier, there's that podcast episode on my podcast called unexpected things that can happen in perimenopause, where I kind of go through a few different body things that can happen that are a little bit more uncommonly talked about. And that was episode

Jill: 34, right?

Michelle: 35. 35. Okay. And I can send you all the links for these, of course.

Jill: Okay. We'll put that in the show notes. Thank you.

Michelle: Yeah, of course. So, the next thing that you kind of mentioned your question was, what are some treatments that people can try? And again, this is a question with a huge answer. So, in the spirit of being succinct, I'll just say that there's lots of options and what you're going to choose to do to approach your personal and individual situation is going to be a highly personal decision, but to give you a few examples there are medical and pharmaceutical solutions.

So, using drugs and menopausal hormone therapy, which is more commonly known as HRT or hormone replacement therapy. And then there are solutions from allied health professionals, such as nutritional supplements and herbal medicine and acupuncture, which is what I do. And then of course there's

lifestyle-based therapies, like making shifts in nutritional choices and habits and sleep hygiene.

If you're kind of suffering with insomnia. And then there's, of course, the counseling and cognitive behavioral therapy aspect for folks who are having a harder time with the mental health side of things. And I think one thing that I want to say that's really important to me as part of my work that I'm doing is to kind of share my standard disclaimer when it comes to treatment choices, which is that there is no hierarchy of treatment options.

So, one option is not better than the other. There are all types of people who need care who are going to come to the table with all sorts of values and priorities. So, if you tell your friend that you're using pharmaceutical medication to treat your perimenopausal symptoms and they tell you directly or indirectly that your choice is inferior or inappropriate because it's not the quote unquote natural route, just know that one method is not better than the other.

And of course, conversely, if you want to try herbs and supplements first, that's totally okay too. I think my big message here is that there's no right way to do this. Different bodies will have different needs, and there's going to be varying levels of accessibility and options for people. Most of it's dependent on factors that are completely out of our control.

And most of the time, it's just about trying a bunch of things and seeing what works. And in many cases, it ends up being a combination of a few things that ultimately provides a solution or maybe even just a little bit of relief. And all of that said, I always recommend consulting with a licensed, qualified, and experienced practitioner for all of your treatment recommendations.

That might be a medical doctor or a gynecologist, or a functional medicine doctor or another allied health professional, like a registered acupuncturist like me. Everybody's body is different and is probably going to require an individualized assessment to determine the right solution for their unique and individual needs, and of course.

What worked for one person might not work for another for reasons that are probably obvious to a trained and licensed practitioner, but might not be obvious to you. And so, I think the final thing that I'll say is please don't order supplements or herbs or medication from the internet without a consultation.

These things are strong, and they have effects. So, you want to make sure that the effects that you're getting are right for your body. And then just to talk about

how things can impact a runner in particular. I think the short answer to that question is that perimenopause will impact runners in the same way that it does for non-runners.

So again, there's no universal experience. But if you're asking how perimenopause maybe might get in the way of somebody's running, there are a few things that kind of come to mind. The first thing is, joint, bone and muscle and heart health. So, a medical provider might give you guidance to be cautious with high impact exercise during this time, though there is a large body of research that shows a correlation between regular low to moderate impact exercise and good health outcomes in terms of reduction of osteoporosis, muscular atrophy and heart disease, all of which post-menopausal women are at an increased risk for.

So, it might mean that your regular running program might need to be modified during this time, but it certainly doesn't mean that you have to give up running. In fact, it's often quite the opposite and it's good for you. Another thing is that if joint pain is part of your perimenopause experience, this might have an impact on your ability to run.

So again, you don't necessarily have to accept that this is the end. There are treatments that you can try to help you find relief from this, but it could be something that you need to modify for a while. If you struggle with depression or other mental health issues, this might impact your desire or ability to run.

And then the last thing I would say is just energy levels. If somebody is feeling low energy due to depression or insomnia or just hormone shifts, they might have to be a little bit more mindful about their capacity for higher impact exercise. And this is where I offer the gentle reminder, that a decline in energy and therefore a decline in your ability to quote unquote perform at a particular physical level is not a reflection of your goodness or morality or worthiness as a human.

That was a very long-winded answer. What do you think?

Jill: It was good. It was good. And I think, I mean, a lot of the women that I coach are in that space where maybe 10 years ago, they were able to run faster or it just didn't like now it feels uncomfortable and they're having to modify how they run or they're feeling bad because they're thinking I want to get back to where I used to be and there is no going back. There is no going back. There is only like this is the body that I have right now and how am I gonna show up

for this body? But I think a lot of the you know A lot of what you said is like it doesn't mean there's anything wrong with you.

You're not lazy. You're not failing your body is simply evolving and you know, you may not be happy with the direction that it's evolving into, but I think, you know, kind of accepting that this is, this is the cycle of life. And there actually are a lot of like bonuses to this phase of life to, you know, maybe spend some time like looking for those bonuses.

And I think we've covered a lot of them today, but yeah, I think it is really common for women to be frustrated because the joint pain and. You know, just a lot of the other stuff that comes up makes you feel like there's something wrong with me because I'm not able to perform, as you said, the way I used to and like, hey, there's no expectation that you can still get so much joy out of it without, without having to perform the way you used to.

Michelle: Yeah, of course. And you know, just to add one more thing and to kind of tag onto something you said there was, you know, there's this evolution, as you so eloquently put it, and people aren't necessarily happy about it. And I think it's important to really dig into why that is. I mean, of course, nobody wants to be in physical discomfort.

That's an obvious one. Yeah. We can sometime or often alleviate that discomfort by using treatments or modifying our program. And at that point in time, we want to ask ourselves, well, why are we unhappy about this? Are we unhappy about this? Because society is telling us that we're only worthy if we can run a certain speed or distance or are we thinking that it is eventually going to be a way to shrink our body in a certain way, and we're not able to physically do that anymore?

We really want to kind of interrogate those reasons that we're just unconsciously allowing to be in our brain. You know, why are we unhappy about this? Is it because running isn't making me feel good or releasing endorphins anymore? Probably not. It's probably just all the societal grossness that's all mixed in with that.

And we can question that. We can decide if we really want to think those things.

Jill: I love that. I love that so much. I mean, honestly, I think it's easier for women who start running after they've achieved menopause because then they don't have any of like the previous experience to be like, oh, I should have been able to do it this way because for them, it's a fresh new experience.

It's like, oh, okay, this is the body I have right now. And here's what I'm going to do with it versus thinking that it should, it should look a certain way. So, so anybody that's out there that is, you know, in that space of, you know, perimenopause, like late perimenopause or menopause or early post. There's so many terms in that space. And you've been thinking like, Oh, I'm too old to be a runner. I want you to know that actually now is a great time to start.

Michelle: 100%. Yeah.

Jill: Nothing to compare it to. And it might actually be you know, might, it might be part of your new phase of life.

Michelle: Yeah, and I think that part of the magic of the work that you're doing is that I would assume that a lot of your clients have already kind of had to flex this muscle of wrapping their mind around not necessarily representing or physically embodying what we typically think of when we think of a runner, just by way of, you know, you know, being a fat woman and wanting to be a runner, there's already a lot of mental gymnastics and self-awareness that you have to cultivate through that process where it's like, well, yeah, of course I can be a runner.

I just put running shoes on and I just move my feet. Yeah.

Jill: I love that. I love that you called it flexing a muscle, right? Because really that is what it is. Like when you do something that you want to do and it goes against what society expects and you have to like, and your kind of like do the mental gymnastics to kind of get yourself into the space of, of being ready to do it. It is a muscle and you, that those reps,

Michelle: Absolutely. To other contexts, to other concerns that you have. So, if you've already had to do the thought work around, well, yeah, I can be a fat runner and that's amazing. And I feel great about it. You can also, you're all, you're going to be able to translate that skill to, yeah, I can be a post-menopausal runner.

Jill: Exactly. I love this. Well, I just want to thank you so much for coming on the show today and sharing everything that you know. And I know there's gonna be people that want to find you and get more of you. So how can people interact with you outside of this podcast?

Michelle: So, I'm available on all the regular places like Facebook and Instagram. You just look for my name, Michelle Kapler. I'm under that in most

places. And same with my website, it's MichelleKapler.com. And if you In particular, want to learn more about perimenopause, you can listen to my podcast. It's called Perimenopology and that's available on all of the major platforms. And as Jill so conveniently forgot, she did an episode on my podcast earlier this year.

So, you can listen to us talking about running on my platform as well.

Jill: I love it. So good. Well, thank you so much for being here today. And y'all, we're going to have all those links in the show notes for you. And I hope you will keep listening as we continue rolling through this very special series about Gen X issues that affect Gen X women and how we are going to deal with them so that we can be our best selves.

Michelle: So good. Thanks so much for having me. Thank you.