

HORMONES DECODED:

How to Navigate Perimenopause, Menopause & Beyond



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 Hymanhive

Where science, support,
and community come together
to help you feel your best.

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A Natural Part of Life, Not a Disease

Across their lifetime, women experience five significant hormonal transitions: the onset of puberty, their reproductive years, perimenopause, menopause, and finally, postmenopause, where they spend the remainder of their lives.



Puberty and the reproductive years get a lot of airtime, but the menopause transition? Not so much.

Although it's a normal and natural process, **most women receive very little education about what's actually going on inside their bodies.**

If you're in the menopause transition yourself, you might feel confused about what's happening and why. Your body might be shifting and changing in ways you don't fully understand. You might be struggling to get answers... or worse, your doctor might not be taking your concerns seriously. Or, you might be hoping to learn how to tackle some of the troublesome symptoms that can come with this time of life.

In this guide, we'll clear up the confusion and give you some actionable tools that can help, starting today.

You'll not only learn what menopause is and what's happening with your hormones—you'll also get a comprehensive overview of how menopause influences:

- Metabolism and weight
- Cardiovascular health
- Bone health
- Sexual and vaginal health



Plus, you'll explore a major topic that many women have questions about: **Hormone Replacement Therapy.**

Let's kick things off with a quick breakdown of what's happening with hormones at each stage of life.

(And if you find this resource helpful, good news! This is just one of the many tools you'll discover inside the **Hyman Hive.**)



Finally, clarity and control through menopause.

The Reproductive Years

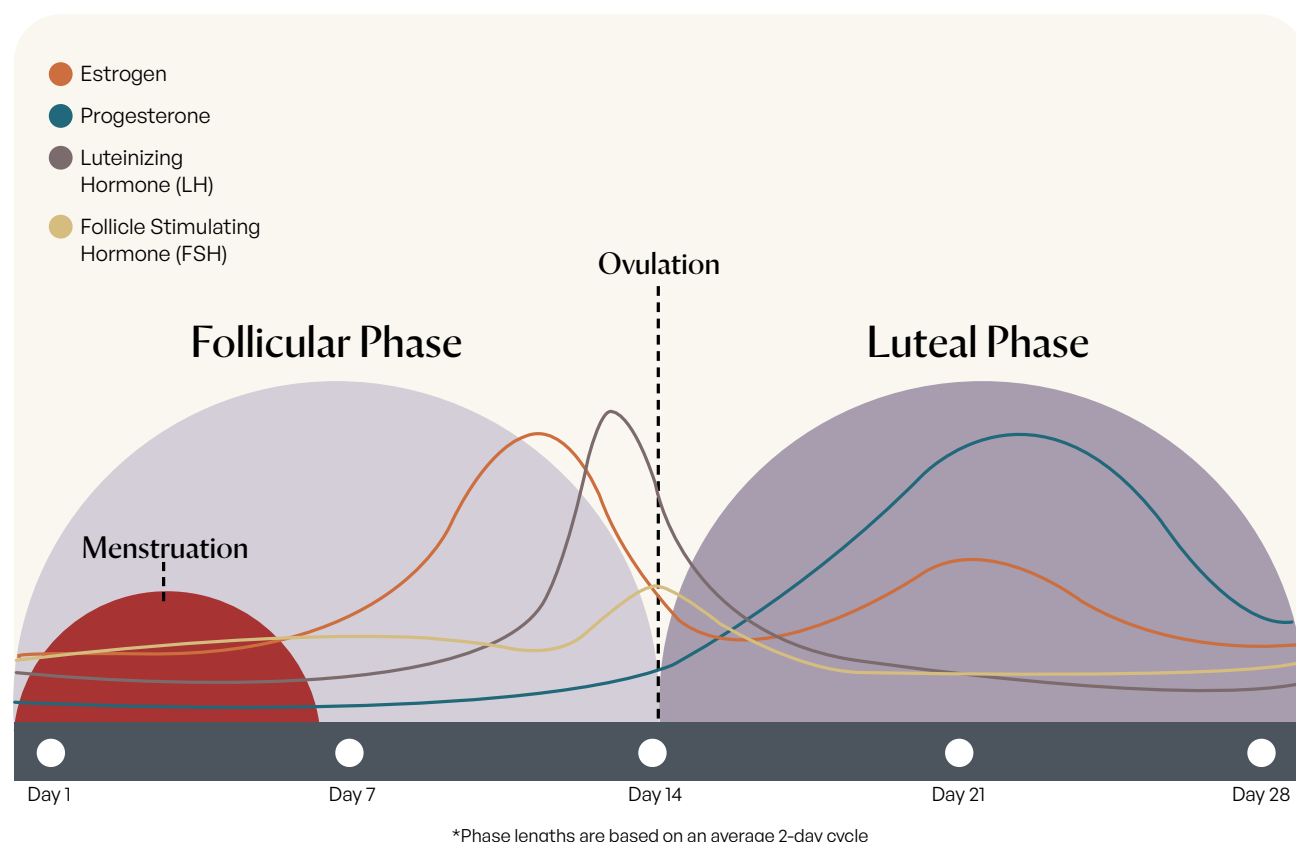
During your **reproductive years** (from puberty until the beginning of perimenopause), your body follows a monthly rhythm.

For most women, a **menstrual cycle** typically lasts about 24–35 days—though yours may vary. Sex hormones naturally rise and fall over the course of this cycle to prepare for ovulation and a potential pregnancy. There are three main phases:

- **Follicular phase:** The follicular phase starts on day 1 of your period, and it kicks off a new cycle. At the beginning of this phase, the pituitary gland releases **follicle-stimulating hormone (FSH)**, which stimulates the growth

of an ovarian follicle that contains an egg. As the follicle grows, **estrogen** rises to help rebuild your uterine lining and prepare your body for ovulation.

- **Ovulation:** About halfway through your cycle (though timing varies), estrogen triggers a brief surge in **luteinizing hormone (LH)**. This surge causes ovulation, when an egg is released and travels to your fallopian tube and toward your uterus.
- **Luteal phase:** After ovulation, the empty follicle makes **progesterone** (and some estrogen) to prepare your uterine lining for pregnancy. If pregnancy doesn't occur, progesterone and estrogen fall, the lining sheds as a period, and a new cycle begins.



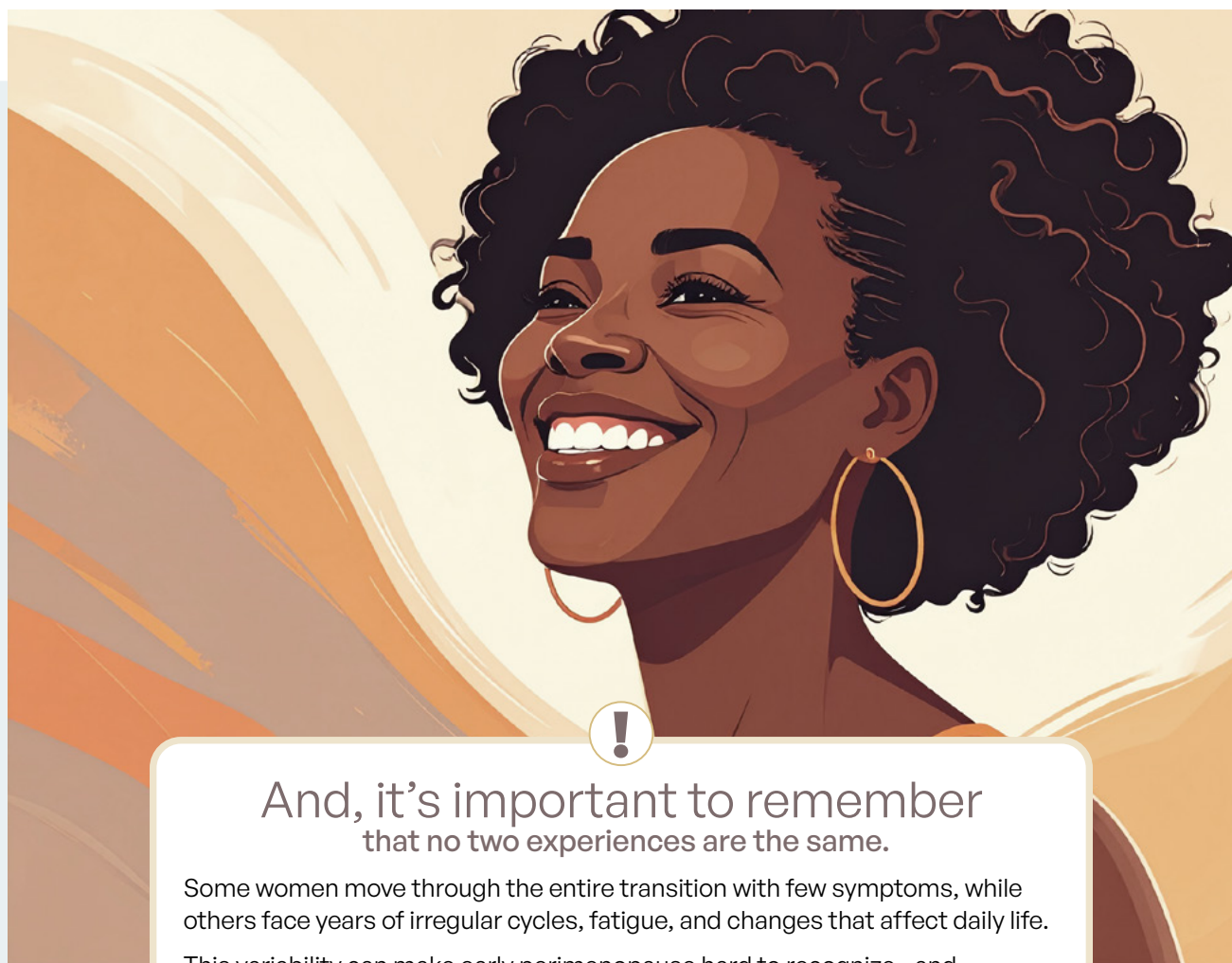
Perimenopause

When you enter **perimenopause**, your ovaries become less responsive to hormonal signals, so ovulation is less consistent.

- In **early perimenopause**, progesterone often declines first. Estrogen may swing to higher highs and lower lows, creating a relative imbalance between estrogen and progesterone. This shift can trigger heavier periods, clotting, cramping, mood changes, migraines, and sleep disruption—even if your cycle remains regular.

- In **late perimenopause**, you'll likely start noticing more significant changes in your menstrual cycle timing as ovulation becomes rarer—often marked by menstrual cycle gaps of 60 days or more. Estrogen tends to trend downward more consistently (rather than fluctuating), and symptoms like hot flashes, night sweats, sleep disruption, and mood changes often intensify.

This is not a quick transition. Perimenopause usually lasts around 4–8 years, though it varies from woman to woman. Many women will start noticing changes in their forties... and sometimes in their late thirties.



And, it's important to remember
that no two experiences are the same.

Some women move through the entire transition with few symptoms, while others face years of irregular cycles, fatigue, and changes that affect daily life.

This variability can make early perimenopause hard to recognize—and sometimes hard to cope with.

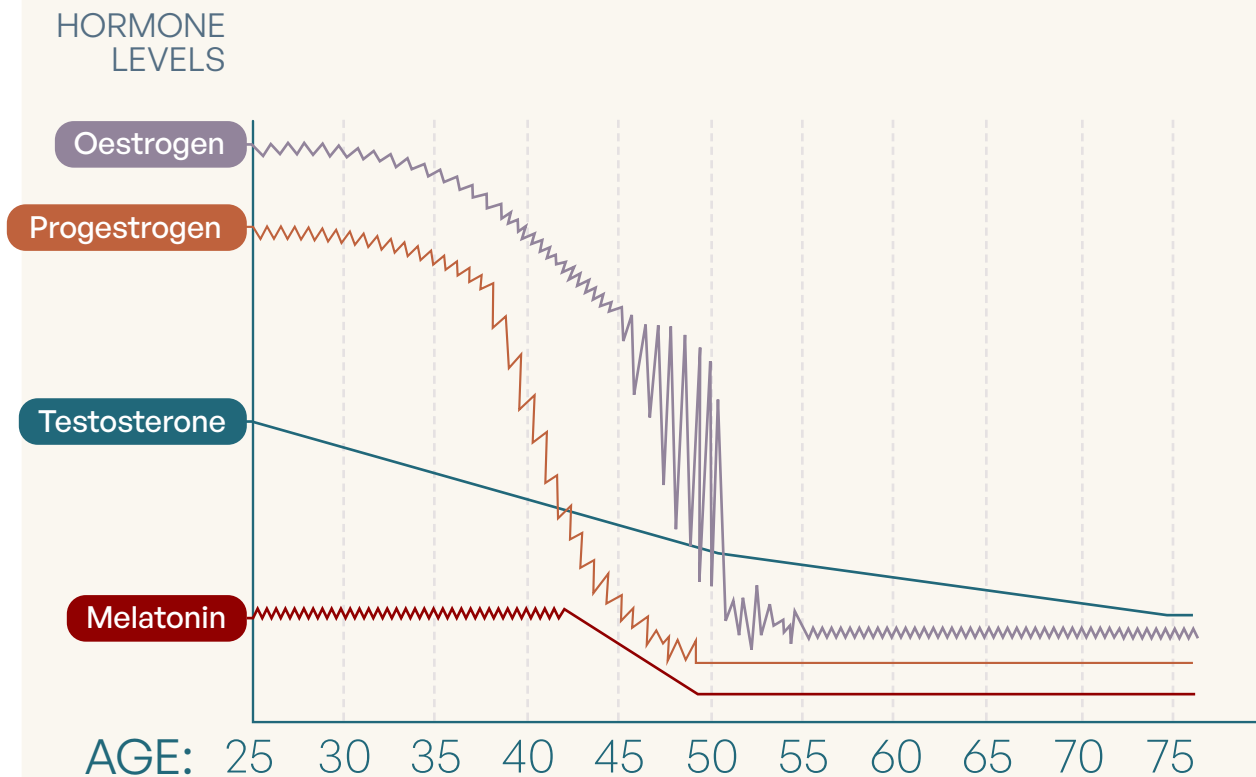
Menopause

Menopause marks the end of menstrual cycles and is defined as 12 consecutive months without a period (with no other medical cause). By this stage, your ovaries no longer release viable eggs or produce hormones in the same way, so natural reproductive ability ends.

The average age of menopause is around 51.

Everything after menopause is considered **postmenopause**—and you'll be postmenopausal for the rest of your life.

CHANGES IN HORMONES FROM PERIODS TO MENOPAUSE





Can You Test for Menopause?

Your hormones can fluctuate from cycle to cycle during perimenopause. Because labs are only snapshots, it makes it difficult to diagnose and know definitively which hormonal phase you're in.

The only way to officially know you're in menopause is if you've gone 12 months without a period. That said, you can keep an eye on certain biomarkers.

- **FSH** tends to trend upward as the ovaries respond less reliably.
- **Anti-mullerian hormone (AMH)** indicates the number of eggs remaining in the ovaries, and generally declines as the follicle pool shrinks. While it's not diagnostic on its own, lower AMH plus symptoms can offer useful context.

For best results, review your labs with a practitioner within the context of your symptoms and cycle patterns. Your numbers may vary from one lab draw to the next.

Metabolism and Weight

Many women notice changes in body composition during the menopause transition. This can include weight gain, difficulty losing weight, or an increase in abdominal or visceral fat.

While menopause itself does not directly cause weight gain—hormonal shifts, aging, and lifestyle can change where fat is stored and make it easier to gain weight or harder to lose it.

Factors that often contribute include:

- **Less daily movement** and decreased muscle mass (many women become less active as they age)
- **Higher calorie intake** (hormonal fluctuations can affect appetite, making it easier to eat more and harder to recognize when you're full)
- **Poor sleep**
- **Blood sugar fluctuations** and reduced insulin sensitivity
- **Chronic stress** (being a caretaker, raising teenagers, or being a boss babe)
- **Inflammation**

WHAT ROLE DO HORMONES PLAY?

As estrogen declines, your body tends to shift fat storage toward the abdomen. This visceral fat is metabolically active. It releases inflammatory signals that can influence appetite, insulin resistance, and metabolism.

Hormonal changes and menopause symptoms may also affect energy levels, sleep, and cravings, which can indirectly influence weight.

Other health issues, like thyroid imbalances, can mimic menopause-related changes (such as fatigue, low mood, irregular periods, and weight gain), so it's worth discussing lab testing with your clinician if you're noticing these symptoms.

? WHAT YOU CAN DO

- **Avoid over-restricting calories**, which can backfire by raising stress signals and slowing metabolism.
- **Eat an anti-inflammatory, nutrient-dense, fiber-rich diet to balance blood sugar.** (Blood sugar swings can also trigger hot flashes and night sweats.)
- **Minimize alcohol.** It's a sleep disruptor and hot-flash trigger.
- **Prioritize resistance training 2–3 days a week.** It's the best way to preserve muscle and bone (which we'll cover later) and improve insulin sensitivity.
- **Incorporate stress-resilience practices**, like breathwork, body awareness, and social connection.
- **Protect your sleep.** Set a regular bedtime and stick to it, don't eat 2–3 hours before bed, and make sure your sleep environment is dark and cool.

Cardiovascular Health

Heart disease risk rises after menopause, and it tends to go underdiagnosed in women.

Some women see the following changes in their cardiovascular labs around the menopause transition:

- **Increasing LDL**, small dense LDL, ApoB, and triglycerides
- **Declining HDL** (the “good” cholesterol)

Additionally, they may notice higher blood pressure, migraines, or cold fingers and toes (signs of decreased vessel elasticity).

WHAT ROLE DO HORMONES PLAY?

Estrogen supports arterial elasticity, which allows blood vessels to stretch and retract to maintain healthy blood flow. But as levels decline during the menopause transition, its protective effects diminish.

Insulin resistance also becomes more common, influencing cholesterol patterns and making LDL smaller and denser. Triglyceride levels rise, and HDL levels fall—a classic, higher-risk pattern that becomes more common in this transition.

? WHAT YOU CAN DO

- **Eat an anti-inflammatory, fiber-rich diet** with plenty of leafy green vegetables, berries, legumes, fish, nuts/seeds, and extra-virgin olive oil.
- **Eat to support steady, balanced blood sugar.** Pair simple carbs with protein and healthy fats.
- **Prioritize movement**, including aerobic exercise and resistance training.
- **Incorporate stress management practices**, such as deep belly breathing, journaling, and yoga.

A Note on HRT

In some cases, clinicians may consider hormone therapy within a “timing window” (roughly within 10 years of the last period). Hormone therapy is individualized and must be considered in terms of overall risk, including whether or not plaque is present in the arteries and its form of administration.



Bone Health

Bone tissue is constantly being rebuilt by cells that build new bone, called **osteoblasts**, and cells that break down old or damaged bone, called **osteoclasts**.

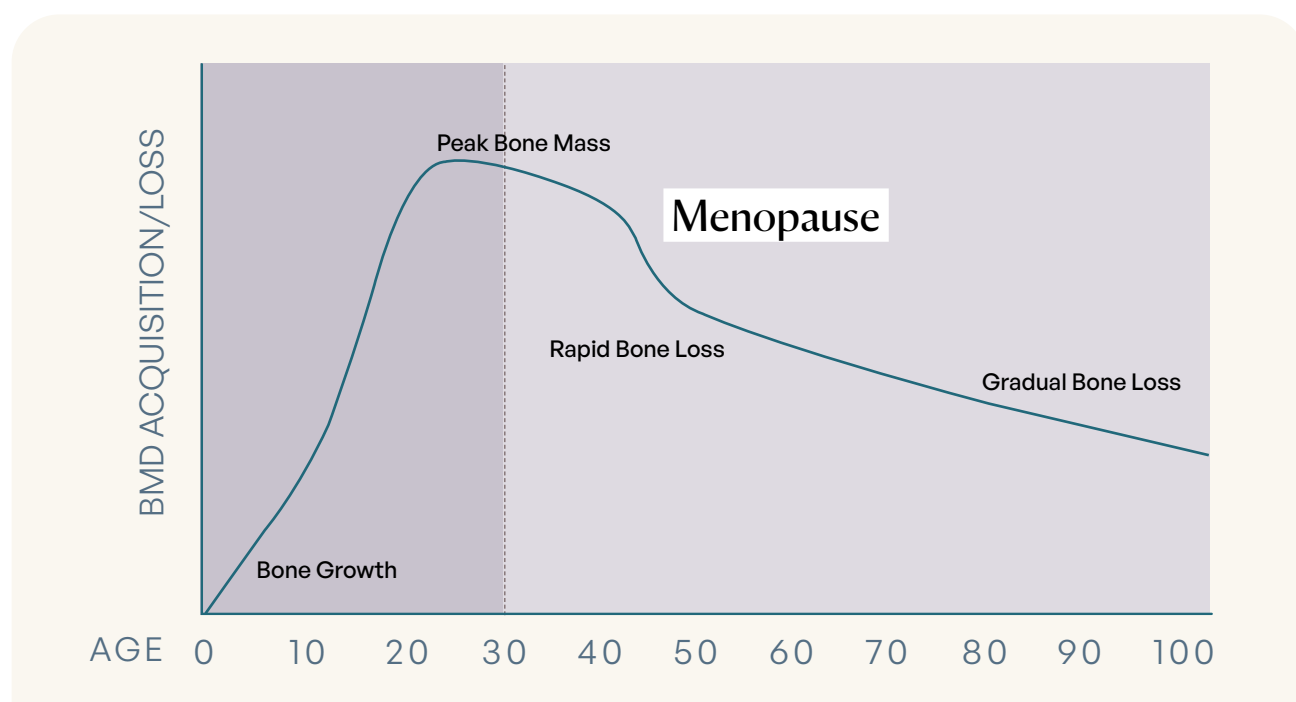
Your **bone mineral density (BMD)** tends to increase until you're around 25–30 years old before plateauing for a few years. Then, a gradual decline typically starts in your forties.

Between the ages of 50 and 54—yep, right around menopause—this process accelerates.

After this period, the rate of bone loss usually slows, returning to a more gradual, age-related decline.

Because women have a lower peak BMD than men to begin with—and because of this pattern of bone loss around midlife—women are more susceptible to **osteoporosis**, a condition that makes bone weak and brittle.

Bone loss is silent, so many women won't feel this happening until a DEXA scan or fracture reveals it.



What Role Do Hormones Play?

Estrogen keeps bone turnover in balance.

As estrogen falls during the menopause transition, bone building declines and bone breakdown increases, resulting in accelerated bone loss and an increased risk for osteopenia and osteoporosis.

Peak BMD and muscle mass are built in your twenties and thirties and act as a buffer for later bone loss. So, it's important to start as early as possible to lower risk during this transition—although it's never too late!

Proactive Screening: DEXA

DEXA is the gold standard for testing BMD.

Insurance often covers it at 65+ or earlier with risk factors (e.g., prior fracture, early menopause, low body weight, strong family history). If feasible, discuss a baseline scan around age 50 to track changes through the rapid-loss window.

? WHAT YOU CAN DO

- **Prioritize calcium-rich foods**, like spinach, almonds, dairy (if tolerated), and fortified plant-based alternatives.
- **Ensure you're getting enough vitamin D**, which supports calcium absorption and bone mineralization. Get sunlight safely and check blood levels to personalize supplementation. You may also want to include magnesium and vitamin K in your supplement strategy; your healthcare provider can guide you.
- **Eat enough protein** to support bone matrix formation and help preserve muscle mass.
- **Engage in resistance training 2–4 days/week**, including a combination of weight-bearing, strength-focused, and high-impact exercises (as tolerated and can be performed safely; consult with a healthcare provider and/or an exercise specialist first if you already have osteopenia or osteoporosis).
- **Limit alcohol**, which can interfere with calcium absorption and bone remodeling.
- **Support gut health**. Keeping the bacteria in your gut happy can indirectly support bone health (which is pretty cool, if you ask us!).



A Note on HRT

Estrogen therapy can slow the rapid phase of bone loss by reducing osteoclast activity and helps maintain BMD while used (often with greater effects in the spine than hip). It's not a stand-alone solution and is individualized based on age, timing since the last period, and associated risks and preferences.

Sexual and Vaginal Health

Sexual health is part of overall health.

During the transition, many women notice low libido, vaginal dryness, thinning/atrophy, pain with intercourse, and more UTIs or vaginal infections, which can affect comfort, intimacy, and quality of life.

WHAT ROLE DO HORMONES PLAY?

Estrogen receptors are abundant in vaginal and urethral tissues. As estrogen declines, tissues thin and dry, pH and the vaginal microbiome shift, and infection risk rises, which can dampen libido by making sex uncomfortable.

Sleep loss, hot flashes, stress, and relationship dynamics strongly influence desire as well as the function of the **pelvic floor** (the group of muscles at the base of the pelvis that support organs and blood flow), which can affect arousal and comfort. Additionally, tension or weakness in the pelvic floor muscles can contribute to pain and reduced sensation.

? WHAT YOU CAN DO

- **Talk to your partner** to alleviate stress and anxiety around sex.
- **Prioritize sleep.**
- **Consider vaginal moisturizers** for daily comfort and lubricants during sex.
- **Practice stress reduction**, like deep belly breathing.
- **Ask your doctor or GYN about pelvic floor physical therapy.**
- **Strengthen your pelvic floor** with exercises (kegals, bodyweight squats, bridge pose).

A Note on HRT

Vaginal estrogen can restore moisture, improve pH/microbiome, reduce UTIs, and ease pain with intercourse. There's no "closing window" for vaginal estrogen—earlier use may yield smoother outcomes, but benefits are possible at any age, including reductions in dryness, infections, itching, and painful sex.

If desire is persistently low, ask your doctor about checking DHEA and testosterone, and discuss whether DHEA or testosterone therapy (when appropriate) could be tried with monitoring.

Healthy hormones and pelvic floor support keep intimacy, comfort, and confidence thriving through menopause.

Mystery Symptoms

The menopause transition can also come with a host of symptoms that you might never have realized were related—until now.

While they might seem a bit strange, they're more common than you think and worth being aware of. Some examples include:

- | | | |
|-----------------------------|--|--------------------------------|
| • Migraines | • Color-changing fingers and toes | • Bad breath |
| • Heart palpitations | • Hot flashes | • Burning mouth |
| • Vertigo | • Night sweats | • Skin and nail changes |
| • Digestive problems | • Body odor | |
| • Colds | | |
-

Because there are a lot of possible symptoms with many possible influences, it can be incredibly helpful to start tracking both your cycle and your symptoms. Bonus points if you keep a food journal too—things like nutrient deficiencies, blood sugar swings, and alcohol can worsen or intensify many symptoms.

Gathering this information on an ongoing basis is a fantastic way to spot connections and see if you can pinpoint anything in particular that flares up your symptoms. Once you identify potential triggers, you can tweak your diet and lifestyle plan to help minimize them. This also provides objective data you can bring to your doctor, should you want to discuss lab testing and medical treatment.



Track your symptoms to spot patterns,
find triggers, and take control of menopause.

Hormone Replacement Therapy

Hormone replacement therapy (HRT)

replenishes hormones that naturally decline during the menopause transition. It most often includes estrogen, progesterone, and sometimes testosterone. For some women, HRT can be safe and significantly ease symptoms and improve quality of life. That said, it isn't essential for healthy aging, it isn't without risks, and it's not a cure-all for every concern.

There are three key things to be aware of when it comes to HRT:

- **Safety and timing.** Whether HRT is safe for you depends on factors like your age, health history, and where you are in the menopause transition. Starting within 10 years of your last menstrual period or before age 60 (sometimes called the “window of opportunity”) is associated with more benefits and fewer risks. Starting later may increase risks, particularly for cardiovascular disease and certain cancers.
- **Different HRT forms.** HRT comes in different formulations, including oral pills, patches, gels, creams, vaginal preparations, injections, and pellets. There are also bioidentical and synthetic options. Each method has potential benefits and drawbacks, and the right choice depends on your unique needs and preferences.
- **Individualization matters.** HRT is not a one-size-fits-all therapy. A knowledgeable healthcare provider will review your medical history, risk factors, and goals to see if HRT can be safe and effective for you. They'll also help determine the safest type and dose, and reassess regularly with follow-up visits and lab monitoring.

Lifestyle foundations—such as nutrition, exercise, sleep, and stress management—are always the first step for supporting hormone health. But if symptoms significantly impact your quality of life, HRT may be one option to consider as part of a broader plan.

You can learn more about HRT in Dr. Cindy Geyer's FREE webinar:

➔ [Menopause 101: A Practical Guide to Hormones, Metabolism, Hormone Therapy, and More](#)

(This webinar is a sneak peek at the live expert sessions we host regularly in the [Hyman Hive](#).)

FINDING THE RIGHT DOCTOR

When it comes to deciding if HRT is right for you, your doctor should be more than a prescriber—they should be a partner who listens, educates, and tailors a plan to your unique history, symptoms, and goals.

Look for providers with specialized training in women's hormone health, like OB-GYNs or endocrinologists with menopause expertise and/or credentials from organizations like the Institute for Functional Medicine (IFM) or The Menopause Society (formerly NAMS). Functional medicine practitioners may also take a broader, root-cause approach, considering the full hormonal network—thyroid, adrenals, insulin, and sex hormones—and how these hormones interact.

At **The UltraWellness Center**, Dr. Cindy Geyer and her team blend conventional and functional medicine to go beyond symptom management, creating personalized strategies that support whole-body health.



Ready to Feel Your Best?

Health is better when you don't go it alone. That's why we created the **Hyman Hive**—an exclusive community designed to help you take control of your health so you can truly thrive.

Here's what you get as a Hive member:

- **AI Mark – Your 24/7 Health Advisor**

Instant, evidence-based answers trained on Dr. Hyman's 30+ years of functional medicine expertise.

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- **Weekly Office Hours with Our Functional Nutritionist**

Get answers to your questions, personalized guidance, and support through roadblocks.

- **A Supportive Community**

Connect with others who are on the same journey—celebrate wins, share what's working, and never feel alone.



Don't wait to feel better. Try the Hive FREE for your first month.

