



Suburban  Warrior

# FROM 'PAUSE TO POWER

The *Suburban Warrior Roadmap*  
for Navigating the Chaos of Menopause  
with Grit and Grace

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# Your Next Chapter Starts Now

## Welcome to the **Suburban Warrior** community!

I'm Crissy Pyfer — Holistic Health Coach, host of the *Suburban Warrior* podcast, and fierce advocate for women's midlife health.

With a background in nursing, the pharmaceutical industry, and integrative nutrition — and after battling my own 10-year menopause journey filled with debilitating symptoms and medical gaslighting — I made it my mission to change the narrative around menopause and women's health.

## Midlife is not a time to slow down. It's a time to RISE.

At *Suburban Warrior*, we arm women with the education, confidence, and tools they need to take charge of their health and thrive in midlife with grit and grace.

*"I was done with the medical gaslighting—**no woman should suffer through perimenopause like I did.** I created the *Suburban Warrior* podcast to help women take charge of their health, embrace their power, and thrive in this exciting chapter of life."*

— **Crissy Pyfer**





# What to Expect from this Roadmap

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The ***FROM 'PAUSE TO POWER: SUBURBAN WARRIOR ROADMAP*** is your tactical guide for navigating perimenopause and menopause — feeling informed, empowered, and unstoppable. Expect to:

1. Understand the **current state and challenges** of perimenopause and menopause care
2. Identify the **barriers** women face when seeking effective help
3. Discover how **education and action** can shift the balance in your favor
4. Access **concrete solutions** through testing, therapies, lifestyle upgrades, and self-advocacy

These concepts mirror a transformational journey: from confusion to clarity, from symptoms to solutions.<sup>1</sup>

But before we get into it, perhaps **the most important thing to understand is what is happening to you during perimenopause and menopause**. Let's pull back the curtain and explain where things stand today and the science of menopause.



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# The Present Reality

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## Why So Many Women are Left Struggling During Menopause

Menopause is a natural transition, but for many women, it feels like a sudden and disorienting crisis. Symptoms can range from disruptive to debilitating, yet the medical system remains largely unprepared to help.

- **Frustration and Isolation:** Many women report feeling invisible, unheard, and dismissed when they seek care.
- **The Care Gap:** Only about 20% of OB/GYN residency programs offer menopause training.<sup>2</sup>
- **Fallout from the 2002 WHI Study:** This study linked hormone therapy with increased risks of breast cancer and heart disease, leading to fear and misinterpretation.<sup>3</sup>

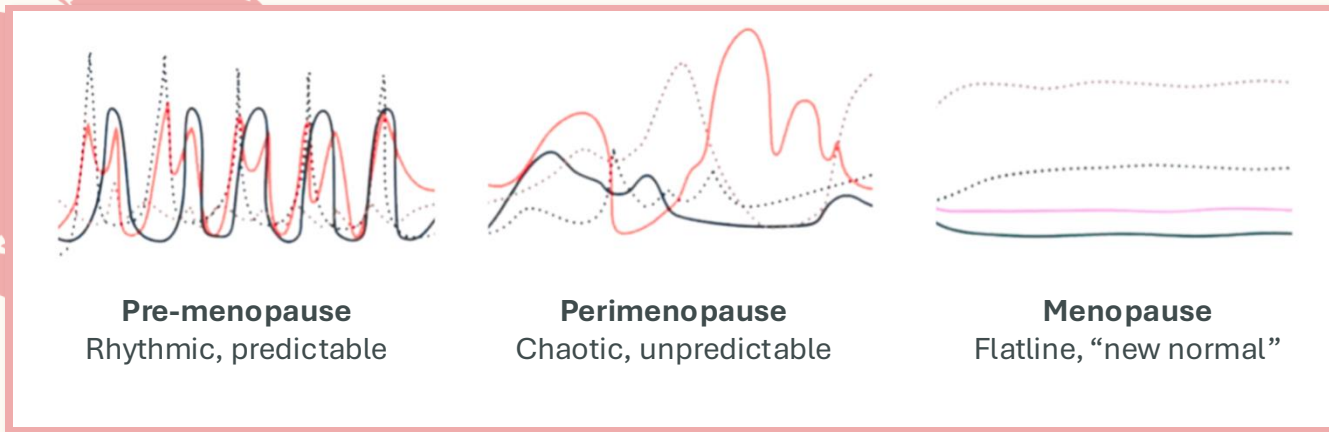
***Suburban Warrior* exists to change this narrative.**

### Good News

The Menopause Society's reanalysis of the Women's Health Initiative corrected years of misunderstanding, concluding that **hormone therapy is both safe and effective for most healthy women under 60 or within 10 years of menopause onset.**<sup>4</sup>

# Why Menopause Feels Like Everything Is Changing: The Science of Hormonal Chaos

## Hormonal Shifts Over the Course of the Female Reproductive Continuum



The increasingly chaotic hormonal shifts of perimenopause — followed by the flatline that often occurs after menopause — affect far more than just our menstrual cycle. While that’s certainly impacted, **these changes profoundly influence many systems in the body.**

## Hormonal Chaos Affects Everything

Menopause isn’t just about hot flashes. It’s a **biological upheaval** that impacts:

- Cognitive function
- Metabolism
- Mood and mental health
- Sleep
- Bone, heart, and skin health
- Relationships and sense of self<sup>5</sup>



# Hormonal Chaos Driving Menopause

During perimenopause and menopause, three major hormones shift dramatically: **estrogen**, **progesterone**, and **testosterone**. These changes aren't linear — they're **erratic**, which is why symptoms fluctuate wildly.

This instability is what we call **hormonal chaos**.

## Estrogen: The Master Regulator

- Produced mainly in the ovaries; starts fluctuating and eventually plummets.
- Estrogen has receptors in the **brain, bones, bladder, heart, skin, and vagina** — so when it drops, everything from memory to moisture is affected.

### Estrogen decline causes<sup>6</sup>:

- Hot flashes, night sweats (thermoregulation issues in the brain)
- Mood swings, anxiety (due to serotonin dysregulation)
- Vaginal dryness, painful sex
- Skin thinning, collagen loss
- Increased risk of heart disease and bone loss

## Progesterone: The Calming Hormone

- Often drops **first** in perimenopause.
- Its role is to balance estrogen and support **GABA** (a calming brain neurotransmitter).

### Progesterone drop causes<sup>7</sup>:

- Sleep disruption (especially falling asleep)
- Heightened anxiety or restlessness
- Heavier and more irregular periods
- Increased estrogen dominance symptoms (like breast tenderness, mood swings)

## Testosterone: Often Forgotten, Always Important

- Gradually declines starting in the 30s, with a sharper dip during perimenopause.
- Affects **libido, energy, motivation, and muscle mass**.<sup>8</sup>

### Low testosterone causes<sup>8</sup>:

- Loss of libido
- Fatigue
- Loss of drive and resilience





# Hormonal Chaos and the Impact on Different Systems

## Nervous System Disruption

Estrogen has a profound influence on **neurotransmitters**, particularly **serotonin and dopamine**. As levels swing and fall, women experience:

- Decreased muscle tone
- Brain fog
- Forgetfulness
- Low mood or even depression
- Loss of emotional resilience

## Systemic Inflammation

As estrogen declines, the body becomes **more prone to systemic inflammation**. This can manifest as:

- Joint pain
- Chronic fatigue
- Headaches
- Worsened autoimmune symptoms

Estrogen is also protective of blood vessels — without it, **cardiovascular risk increases**.

## Sleep Disruption

Sleep disorders are one of the **most common** menopause complaints. **Why?**

- Progesterone (sedating) drops → harder to fall asleep
- Estrogen drops → night sweats and hot flashes
- Melatonin production changes with age
- Cortisol (stress hormone) may increase at night due to blood sugar swings or adrenal stress

## Metabolic Disruption

Menopause triggers:

- **Insulin resistance**
- Fat accumulation, especially around the abdomen
- Slowed metabolism
- Changes in cholesterol (HDL decreases, LDL increases)

**This is why many women gain weight during menopause *despite eating and exercising the same*.**

## Emotional Vulnerability

The estrogen-serotonin relationship means that as estrogen fluctuates, **mood stability falters**. Combined with sleep loss, identity changes, and physical symptoms, this can leave women feeling:

- Anxious
- Depressed
- Irritability
- Isolated
- Rage







# Types of Hormone Replacement Therapy (HRT)

HRT isn't one-size-fits-all. It's a personalized approach to managing menopause symptoms by replacing the hormones your body no longer produces in sufficient amounts—primarily **estrogen** and **progesterone**. These therapies can significantly reduce symptoms like hot flashes, vaginal dryness, disrupted sleep, and bone loss.

The key is to **work with a knowledgeable provider** who can tailor therapy to your unique needs, medical history, and risk profile.

## Estrogen Therapy

Best for women who've had a hysterectomy (no uterus). Estrogen alone can effectively relieve symptoms like hot flashes, night sweats, and vaginal dryness.

## Combination Therapy (Estrogen + Progestogen)

For women with a uterus, both estrogen and a form of progesterone (progestogen) are needed. Estrogen helps relieve symptoms, while progestogen protects the uterine lining from overgrowth, reducing the risk of endometrial cancer.

## Other Hormone Options

While most guidance focuses on estrogen and progesterone, other hormones—like **testosterone**—may play a role. Low-dose testosterone can help with **libido, energy, and motivation** in select women. Always consult a trained provider to explore these options safely.

## How Much HRT Do I Need?

Always start with the **lowest effective dose** that provides symptom relief. Finding the right dose is a collaboration—track your symptoms and openly discuss them with your provider.

## How Is HRT Delivered?

HRT can be administered in various ways. Your doctor can help you choose the format that best fits your lifestyle and symptom profile:

- Oral pills
- Patches
- Sprays
- Gels or creams
- Vaginal rings

# Who can help me?



Here's a summary of the **full spectrum of professionals** who can support a woman navigating **perimenopause and menopause**, along with a critical look at training gaps and specialization.

Role	Can Prescribe Hormones?	Special Training in Menopause?	Ideal For
OB/GYN	Yes	Sometimes	Routine gynecologic care
Menopause Specialist	Yes	Yes	Complex or hormone-resistant symptoms
PCP	Yes	Rarely	General health management
Endocrinologist	Yes	Not always	Hormone-related diseases
Functional MD/DO	Yes	Often	Root-cause and integrative care
Naturopathic Doctor	Sometimes	Yes	Natural therapies
WHNP	Yes	Often	Hormone therapy and supportive care
Health Coach	No	Sometimes	Lifestyle changes
RDN/Nutritionist	No	Yes	Nutrition and weight management
Therapist	No	Yes	Emotional and mental health

## Key Insight

**Very few doctors are trained menopause specialists.<sup>2</sup>**

Even within OB/GYN and primary care circles, updated menopause education is lacking. This means women often must **advocate fiercely, seek alternative options, and build their own care teams**—sometimes across disciplines and platforms.

**Holistic Health Coaches** can play a vital role in helping you navigate and advocate for care.



# Preparing to Talk to Your Doctor About Menopause: A Checklist

Hormone therapy can be a game-changer for many women navigating menopause, but **it's not a one-size-fits-all solution**.<sup>9</sup> The key is to **work with a healthcare provider who can assess your personal risks, symptoms, and health history to determine if it's the right fit for you.**

## Before the Appointment:

- ☐ **Call ahead** and ask: *“Does the provider feel comfortable discussing menopause symptoms and treatment options, including hormone therapy?”*
- ☐ **Clarify the type of appointment** needed:  
Say: *“This is not a routine well-woman exam — I’m booking a problem-focused visit to discuss menopause.”*

## When Scheduling:

- ☐ Ask for an **in-person appointment** for more effective discussion.
- ☐ Try to book the **first appointment of the day** for a more focused visit.

## Prepare for the Visit:

- ☐ List your **top 3 symptoms** affecting your quality of life.
- ☐ Track all your **symptoms** (see Symptom Tracker in this document on page 12)
- ☐ Write down any relevant **family medical history** (especially thyroid issues, breast cancer, osteoporosis).
- ☐ Prepare a list of **tests you want to request** (see Lab Tests List on page 14).
- ☐ Decide on your **treatment preferences** (e.g., open to HRT, exploring non-hormonal options).

## During the Appointment:

- ☐ Clearly state: *“I’m here to discuss how menopause is affecting my life and to explore all available treatment options.”*
- ☐ Bring printed **articles or position statements** from The Menopause Society if needed.
- ☐ Be ready to **advocate for yourself** if your concerns are minimized.



# Perimenopause and Menopause Symptom Tracker

Track all 36 Potential Symptoms

Symptom	Yes/ No	Severity (1-5)	Triggers
Hot flashes			
Night sweats			
Irregular periods			
Vaginal dryness			
Mood swings			
Irritability			
Fatigue			
Sleep disturbances			
Anxiety			
Depression			
Decreased libido			
Memory problems			
Difficulty concentrating			

Symptom	Yes/ No	Severity (1-5)	Triggers
Weight gain			
Bloating			
Breast tenderness			
Headaches			
Hair thinning or loss			
Dry skin			
Joint pain			
Muscle pain			
Heart palpitations			
Urinary urgency			
Urinary incontinence			

Symptom	Yes/ No	Severity (1-5)	Triggers
Digestive issues			
Burning tongue			
Gum problems			
Tingling extremities			
Electric shock sensations			
Itchy skin			
Dizziness			
Allergies			
Osteoporosis risk			
Panic attacks			
Changes in body odor			
Nail changes			



# Lab Tests You Should Be Asking For

(See Page 14 for Lab Tests List)

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## Note on Menopausal Lab Testing

- In **early perimenopause**, hormone levels **fluctuate daily**, making estrogen, progesterone, FSH, and LH **less reliable as standalone markers**.
- In **late perimenopause and postmenopause**, levels become **consistently low**, so lab tests are more diagnostic.
- **Symptom tracking** alongside labs is **crucial** for an accurate picture (see symptom tracker on page 11).

## How to Use This Comprehensive List of Lab Tests

1. **Print or bring it** to your medical appointment.
2. **Personalize your selection** based on your most prominent symptoms.
3. Ask your provider to **justify any exclusions**—especially if symptoms match.
4. **Track results** annually or biannually during transition years.

Lab Test	Rationale	Associated Symptoms
CBC (Complete Blood Count)	Screens for anemia, infection, and inflammation.	Fatigue, weakness, dizziness, palpitations
CMP (Comprehensive Metabolic Panel)	Assesses liver and kidney function, electrolytes, and glucose.	Fatigue, brain fog, muscle cramps, dehydration
Lipid Panel	Evaluates cholesterol and cardiovascular risk—risk increases post-menopause.	No direct symptoms, but important for long-term prevention
HbA1C (Hemoglobin A1C)	Reflects average blood sugar over 3 months; insulin resistance can increase during midlife.	Weight gain, fatigue, cravings, brain fog
TSH, Free T3, Free T4	Measures thyroid function—dysfunction is common in midlife.	Fatigue, weight changes, mood swings, hair loss, cold intolerance
Reverse T3 (rT3)	Assesses thyroid hormone conversion efficiency; high levels can indicate stress or dysfunction.	Fatigue, depression, slow metabolism
Thyroid Antibodies (TPO, TGAb)	Screens for autoimmune thyroid conditions like Hashimoto’s.	Fatigue, anxiety, hair thinning, irregular cycles
Estradiol (E2)	Key estrogen hormone that declines during menopause.	Hot flashes, night sweats, mood swings, vaginal dryness
Progesterone	Levels drop earlier than estrogen, leading to “estrogen dominance.”	Anxiety, sleep disturbance, heavy or irregular periods
FSH (Follicle-Stimulating Hormone)	Elevated FSH suggests ovarian decline and nearing menopause.	Irregular cycles, fertility changes, mood shifts
LH (Luteinizing Hormone)	Helps confirm perimenopausal/menopausal status.	Irregular menstruation, hormone fluctuations
Testosterone (Total + Free)	Declines with age; affects libido, energy, and mood.	Low libido, fatigue, mood issues, muscle loss
DHEA-S (Dehydroepiandrosterone Sulfate)	An adrenal hormone precursor to testosterone and estrogen.	Burnout, low libido, fatigue, immune dysfunction
Vitamin D (25-OH)	Low levels are common and linked to mood, bone, and immune health.	Bone pain, fatigue, depression, weakened immunity
Vitamin B12	Important for nerve function, red blood cell production, and mood regulation.	Fatigue, memory issues, tingling in hands/feet
Folate (B9)	Works with B12; important for mood, energy, and detoxification.	Fatigue, mood swings, brain fog
Iron Panel (Iron, Ferritin, TIBC)	Assesses iron stores and transport; low ferritin common with heavy bleeding.	Fatigue, hair loss, shortness of breath
Zinc	Supports immunity, skin, and mood.	Skin issues, poor wound healing, mood changes
Magnesium (RBC magnesium preferred)	Vital for stress resilience, sleep, and muscle function.	Anxiety, cramps, sleep issues, palpitations
hsCRP (High Sensitivity C-Reactive Protein)	Marker of systemic inflammation; elevated in chronic disease.	Joint pain, fatigue, cardiovascular risk
ESR (Erythrocyte Sedimentation Rate)	Another inflammation marker—useful for joint and autoimmune symptoms.	Joint/muscle pain, chronic discomfort
Homocysteine	Elevated levels linked to cardiovascular and cognitive decline; interacts with B vitamins.	Fatigue, memory decline, increased CVD risk
Cortisol (AM, PM or Salivary)	Measures stress hormone; can be dysregulated in midlife.	Insomnia, anxiety, weight gain, energy crashes



# What if my OB/GYN doesn't believe in HRT?

If your OB/GYN doesn't believe in or support HRT, it's important to remember **you are not out of options — and you are not stuck**. Here's what to do next:

## Don't Take It Personally

- Many OB/GYNs simply **lack updated training** in menopause care. Only about **1 in 5 receive formal education** in managing menopause.
- Their reluctance is often rooted in outdated fears from the 2002 WHI study — not your current health needs.

## Red Flags That Signal it May be Time to Move On

- They say: “You’re too young for menopause.”
- They claim: “You just have to deal with it — it’s normal.”
- They flat-out refuse to discuss HRT.
- They only offer antidepressants or birth control without listening to your concerns.

## Ask for a Referral

- If they refuse or dismiss your concerns, **ask for a referral** to a provider who specializes in menopause care.
- Ask with empowering language:
  - *“I know my body and these symptoms are affecting my quality of life. I’d like to explore all treatment options, including hormone therapy.”*
  - *“If you don’t feel comfortable managing this, can you refer me to someone who does?”*
- Look for:
  - NAMS Certified Menopause Practitioners: [NAMS Practitioner Directory](#)
  - Functional/integrative MDs who treat midlife hormone health

## Bottom Line

**You deserve to be heard, believed, and supported.** If your current provider won't help you, explore your full range of options. **It's time to find one who will.**





# Virtual Options

If, despite all your efforts, you're still not receiving the care you deserve, please don't lose hope. The following online providers (no affiliation with *Suburban Warrior*) may serve as valuable resources to help you manage your symptoms.

	Evernow	Alloy	Midi
Website	<a href="https://evernow.com">evernow.com</a>	<a href="https://myalloy.com">myalloy.com</a>	<a href="https://joinmidi.com">joinmidi.com</a>
Membership	Yes	No	No
Insurance	HSA/FSA + insurance accepted	HSA/FSA only	Most major insurance accepted
Cost	\$29/month (annual plan)	Varies by Rx	\$250 initial, \$120–\$250 follow-ups
RX Cost	Covered by insurance or low-price rates	\$24.99–\$74.99/month	Based on insurance or HSA/FSA
Intake	Online profile → Virtual consult → Rx	Profile → Treatment plan → 3-mo Rx	Account → Clinician call → Full care plan
Treatment	Estrogen, progesterone, SSRIs, minoxidil	Estradiol, SSRIs, skincare	Bioidenticals, Rx, supplements, coaching
Availability	Not in all states	All states + DC	All 50 states + DC



# Wellness Essentials for Women in Midlife



I felt it was important to include what believe are the **wellness essentials** you'll need to begin or carry on your transformational journey in the ***FROM 'PAUSE TO POWER: SUBURBAN WARRIOR ROADMAP***.

These holistic essentials represent the **core best practices for women navigating perimenopause and menopause**. They integrate **1) lifestyle optimizations, 2) evidence-based supplementation, and 3) pharmacology considerations** to support vitality in midlife and beyond.

It's important to remember that every woman's biology, history, and symptoms are unique and **there is no one-size-fits-all solution**. The most effective path forward involves personalized choices—guided by clinical insight, personal preferences, and evolving needs throughout perimenopause, the menopausal transition, and beyond.



# Wellness Essentials for Women in Midlife



## Lifestyle Optimizations

### Nutrition

- **Try intermittent fasting** for anti-inflammatory and metabolic benefits.
- **Utilize a tracking tool** to ensure adequate intake and identify deficiencies. Recommended apps: *Cronometer*, *Wholesum*, *MyFitnessPal*.
- **Prioritize protein intake:** 1.3–1.6 grams of protein per kilogram of ideal body weight daily.
- **Limit added sugars** to under 25 grams per day to reduce inflammation and blood sugar spikes.
- **Ensure dietary fiber intake** exceeds 25 grams per day to support gut health and hormone detoxification.

### Sleep Optimization

- **Use a wearable tracker** to identify patterns and disturbances in sleep.
- **Practice good sleep hygiene:** consistent bedtime/wake times, screen curfews, cool/dark sleep environment, and mindful evening routines.

### Movement

- **Stretch daily** to maintain flexibility and reduce injury risk.
- **Practice balance training** daily to help prevent midlife falls and improve neuromuscular coordination.
- **Engage in resistance training** three times a week (e.g., push, pull, leg split) with progressive overload.
- **Incorporate Zone 2 cardio** for 150+ minutes per week to support heart and mitochondrial health.

### Stress Reduction

- **Get daily sunlight** exposure to stimulate serotonin and help regulate circadian rhythms.
- **Adopt supportive stress outlets** such as journaling, breathwork, walking in nature, connecting with loved ones, setting boundaries, and meditation.
- **Touch grass** or practice grounding on natural surfaces to reduce cortisol and inflammation.



# Wellness Essentials for Women in Midlife

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## Supplementation Essentials

### Core Supplements

- **Fiber:** Aim for >25g/day (from food or psyllium, acacia fiber). Supports hormone elimination and gut health.
- **Omega-3 fatty acids:** 2g/day EPA & DHA for inflammation and cardiovascular support.<sup>10,11</sup>
- **Vitamin D3 + K2:** 4,000 IU/day D3 with K2 for bone and immune health.<sup>10,11</sup>
- **Creatine Monohydrate:** 5g/day for muscle strength, brain energy, and bone health.<sup>10,11</sup>
- **Collagen (with FORTIBONE®):** Supports joint, bone, and skin health. Look for hydrolyzed peptides like Verisol®.
- **Magnesium Glycinate or Citrate:** 300–400 mg/day to support relaxation, mood, and sleep.<sup>10,11</sup>

### Optional/Targeted Supplements

- **Turmeric (Curcumin extract):** Anti-inflammatory; 500–1,000 mg/day.<sup>10,11</sup>
- **Berberine:** Blood sugar and lipid support; 500 mg 2x/day (with meals).
- **Vitamin E (Mixed Tocopherols):** For hot flashes and antioxidant support; 400 IU/day.
- **Ashwagandha:** Adaptogen for stress modulation; 300–600 mg/day.
- **Probiotics:** Targeted strains for mood, metabolism, and immunity.
- **B-Complex:** Energy metabolism and nervous system support.



# Wellness Essentials for Women in Midlife

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## Pharmacology Considerations

Medical therapies may be indicated depending on symptoms, history, and risk profile.  
Work with a menopause-knowledgeable provider.

### Hormone Replacement Therapy (HRT)

- **Estrogen + Progestogen:** For women with a uterus.
- **Estrogen alone:** For women post-hysterectomy.
- **Testosterone (low dose):** For libido and energy, when clinically indicated.
- **Forms:** Oral, transdermal (patch, gel, spray), vaginal ring or creams.
- **Dosing:** Use the *lowest effective dose*, reassessed annually.

### Other Pharmacological Supports

- **GLP-1:** May help with weight management, blood sugar and insulin resistance, inflammation and cardiovascular health, energy and mood, sleep and joint pain.
- **SSRIs/SNRIs:** May help vasomotor symptoms if is contraindicated.
- **Gabapentin or Clonidine:** Off-label options for hot flashes and sleep.
- **Prescription vaginal estrogen:** Localized support for urogenital symptoms.



As you reach the end of the **ROADMAP**, remember that you are not alone in this journey. My mission — born out of my own ten-year battle through perimenopause and beyond — is to ensure that every woman feels seen, heard, and empowered during this chaotic chapter of life. The goal of **FROM 'PAUSE TO POWER** is simple but powerful: help you rise above the confusion, advocate with confidence, and reclaim your vitality. When women are educated about their changing bodies and supported by the right tools and community, they don't just survive menopause — they thrive through it!

Resources like the **Suburban Warrior** podcast and community were created to support you in real time, every step of the way. We invite you to tune in weekly as we explore all aspects of midlife wellness, from hormones and healthcare to purpose, passion, and power. Together, let's rewrite the story of menopause — not as an ending, but as a fierce and vibrant new beginning!

Join the movement. Own your power.  
And keep rising... with grit and grace.

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