

# Menopause Thyroid Solution

OVERCOME MENOPAUSE BY SOLVING YOUR HIDDEN THYROID PROBLEMS

The following is an exclusive excerpt from the new book  
"Thyroid Menopause Solution" by Mary Shomon.

## CHAPTER 1: MENOPAUSE AND THYROID: AN INTRODUCTION

*After thirty, a body has a mind of its own.*  
Bette Midler

As a woman born in 1961, I'm lucky to be part of a generation of Baby Boomer women who are likely to live well into our 70s or 80s. And all of us want to get to that age feeling as healthy and energetic as possible. After all, we're the generation that has come up with the popular new mantras: "50 is the new 40," "60 is the new 50," and so on!

So here we are, living longer than ever, and for many of us, our forties and fifties are a time when we are hitting a professional stride, children are growing up and leaving home, and we can turn our attention to taking care of ourselves.

Why is it that just when you're coming into your own, it seems like your body is falling apart? You start gaining weight, and feeling bloated. You find it harder to remember things, and nearly impossible to concentrate. You notice your cholesterol is going up, even though you haven't changed your diet. Your moods shift quickly -- sometime you're anxious, other times you feel blue and depressed. You're exhausted, but at bedtime, you feel restless and find it hard to sleep. You feel hot, or cold...the temperature is never right. Every time you shampoo, or run a brush through your hair, a handful of hair comes out. Periods? They're erratic and unpredictable, and when they do come, they're sometimes so heavy you can't even leave the house. And sex? What's that?

So you jump to what seems like a logical conclusion: "Menopause!" (And if you don't assume it, your doctor will happily assume it for you.)

By "menopause," here, I'm actually taking some liberties with the term, and talking about the whole perimenopause-into-menopause transition, a process that can sometimes take as long as eight to ten years. Many people use the term menopause and perimenopause interchangeably to refer to the entire transition process. In this book, I actually do this too at times, even in the title, because, let's face it, we're more likely to connect hot flashes, night sweats, erratic periods, and such with the idea of "menopause." But apparently, 90 percent of us go through four to eight years of fluctuating hormones, erratic periods, and then, finally, that last menstrual period.

Officially, the entire process is known as perimenopause -- or, less commonly, "premenopause." Officially, "menopause" is confirmed when it's been a year since your last period. After that last period, it's "post-menopause."

So, if you say "I'm going through menopause," and you are still having periods, then you are actually going through "perimenopause." If you've stopped having periods for at least a year, you are technically "postmenopausal."

You may not realize that by the time you are one year past your last menstrual period -- again, "menopause" -- your symptoms usually have improved, and often disappeared. That's because it's not the lack of hormones that causes symptoms in most women. It's actually the up and down fluctuations in hormones, and imbalances in the ratio of hormones, that take place in the months and years before that last period that cause the most troublesome symptoms. Anyway, back to the symptoms. You start feeling exhausted, gaining weight, overheated, losing hair, with low sex drive, aches and pains, and you assume it's "menopause." And off you go, to try to deal with it all.

You may start drinking soy smoothies, munching on soyburgers and edamame beans, and popping every menopause-manipulating herb available, from black cohosh to dong quai to chasteberry. Or you smear yourself with wild yam cream. Or you end up taking out a second mortgage to pay for complicated, compounded bioidentical hormone regimens. Or, you head to the doctor, who sends you off with Premarin or Prempro -- the prescription conjugated estrogen drugs made from horse urine -- and then every time you take a pill you're worried that you're increasing your risk for breast cancer or stroke.

And the saddest part of all: for some of you, none of this will help.

Why? Because it's missing the point.

You're forgetting what may be the most important hormone of all: thyroid hormone! By the age of 60, as many as half of all women have a slowdown in the thyroid, the master gland of metabolism and energy. And guess what the most common symptoms are? Fatigue, weight gain, depression, anxiety, menstrual irregularities, low sex drive, hair loss, and brain fog/memory problems!

So when you and your doctor assume that your symptoms are "hormonal," you may be partially right...but the critical hormone you're overlooking may be thyroid hormone!

The natural decline of estrogen and progesterone that occurs in women starting in our late thirties -- and which is happening now to millions of American women -- is one of the most common triggers of a thyroid slowdown. And the shocker is that the millions of Baby Boomer women who are in thyroid slowdown are not even diagnosed!

Instead, these women -- and their doctors -- are assuming they are menopausal. These women then spend thousands of dollars a year on appointments, pills, and potions to try to stave off menopausal symptoms -- and never get thyroid tests.

A near epidemic is being overlooked in this an otherwise empowered, informed generation of women.

That's why we need a solution: The Menopause Thyroid Solution.

Why are Baby Boomer and menopausal women at such a risk for thyroid problems? There are actually several key reasons.

- First, thyroid problems are simply more prevalent as we age. Like many organs, the thyroid tends to slow down as we get older. So, as we age, we are generally at greater risk of developing thyroid problems.
- Second, busy Baby Boomer women frequently face a high degree of physical stress -- improper diet, lack of exercise, not enough sleep, exposures to toxins -- as well as emotional and life stress. Chronic stress causes the adrenal glands to ramp up production of stress hormones. There are limited raw materials to produce hormones, and the body considers survival more important than thyroid function, so chronic stress shifts production away from making thyroid hormone and toward making stress hormones. Eventually, if you push the adrenals long enough, adrenal fatigue sets in, which puts even more strain on the thyroid.
- Third, hormone fluctuations during this period can affect the thyroid. When the ratio of estrogen to progesterone becomes imbalanced, even if both hormones are declining, a situation known as estrogen dominance can develop. Estrogen dominance can prevent thyroid hormone molecules from properly binding with receptors, making thyroid hormone unavailable to your cells, and leaves you functionally hypothyroid at the cellular level.
- Fourth, thyroid hormone has some chemical similarities to estrogen. The various receptor sites for thyroid, found throughout the body, can, therefore, be blocked by the presence of estrogen. Taking supplemental estrogen, as some women do when they are experiencing what they think are menopause symptoms, can prevent thyroid hormone molecules from properly binding with the receptors, which makes the thyroid hormone unavailable to the cells.
- Finally, as progesterone levels drop, which is characteristic in perimenopause and menopause, thyroid hormone requirements typically increase. Sufficient progesterone is actually necessary to ensure adequate binding of T3, the active thyroid hormone.

Thyroid problems also worsen perimenopausal/menopausal symptoms. This means that women who don't know they have a thyroid problem, and go into this period of hormonal flux, may suffer more than other women. And women who know they have a thyroid problem, but who aren't being properly or effectively treated, may also suffer more.

How do thyroid problems trigger or worsen perimenopausal/menopausal symptoms? There are four key ways:

- First, as noted, the thyroid slows as we age, and as the thyroid becomes less functional, it is less able to perform its job of delivering energy to organs and glands. Reproductive organs like the ovaries are no exception.
- Second, when chronic stress causes a hormone shift toward adrenal/stress hormones and away from thyroid, it also shifts away from reproductive hormone production. Over time, in addition to causing thyroid conditions, stress-triggered adrenal fatigue can cause reductions in estrogen and progesterone.
- Third, thyroid imbalances can disrupt the hormone production pathway. Thyroid hormone is essential to the process of converting cholesterol into pregnenolone, which is then converted into progesterone, DHEA, estrogen and testosterone. So any deficiency of thyroid hormone can disrupt the entire hormone production process.
- Finally, anovulatory cycles -- cycles where you don't ovulate -- are more common in thyroid patients, and these can contribute to a deficiency in progesterone, which can affect perimenopause.

If we have what some practitioners consider an epidemic of undiagnosed thyroid problems in American women, and these problems may be the cause of symptoms in a substantial number of women in perimenopause/menopause, why isn't it standard for women to get tested and treated?

The problem is that perimenopause/menopause is a confusing time. Because thyroid problems often develop in women at the same age as perimenopausal or menopausal symptoms, and they share many symptoms, it can be difficult to figure out the real problem.

Except for traditional hot flashes and night sweats that last a few minutes, vaginal/bladder problems, and sagging/tender breasts -- the symptoms of perimenopause and menopause are exactly the same as the symptoms of a thyroid problem. Still, doctors -- and women -- are far more familiar with sex hormone imbalances than they are with thyroid problems.

Unfortunately, according to a survey conducted by the American Association of Clinical Endocrinologists, only one in four women who have discussed menopause with their physician actually receive a recommendation to be tested for thyroid disease. Doctors are assuming that perimenopause/menopause is the one and only issue at hand. Or, in some cases, there's an assumption that symptoms may be due to the stage in life. Says patient advocate and physician Marie Savard, MD:

All too often doctors attribute these symptoms to stress and women becoming "empty nesters." I'll never forget my GYN textbook in medical school that described menopause symptoms of depression, fatigue, etc. and clearly said they were due to "empty nest syndrome" and not hormonal changes.

Thyroid testing is also not part of any standard screening, nor are thyroid tests part of most annual physicals -- no matter what your age.

Another challenge to getting diagnosed is that it's difficult to find doctors who will listen to and explore our symptoms. We're a generation of women who are being faced with shorter-than-ever appointments with doctors, and overworked, revolving-door doctors at HMOs. It's also a challenge because there's sometimes the assumption that it's normal to not feel well as we age. Hormonal expert David Brownstein MD explains:

Women need to be aware that if they are feeling tired, brain fogged, and not thinking clearly, these sorts of symptoms are not "a normal part of aging." You don't have to feel like all of a sudden you've aged 15 years overnight. If that happens, something is wrong. And one of those things that frequently shows up is thyroid problems. And when it's rectified you can feel back to normal. You don't have to feel like you're 18, but brain-wise, you should feel as good. If you're not, that's something that needs to be brought forward. Investigating the thyroid at the time of hormonal change is an appropriate.

Another challenge is that hormones are a big business. There's far more profit to be made in selling you Premarin and Prempro, bioidentical hormones, and herbal menopause remedies, than in diagnosing and treating a thyroid condition. Take a look in a woman's magazine, and count up how many ads and articles about menopause treatments you find. Then look for ads and articles about thyroid treatments. You'll see what I mean.

Dr. Tieraona Low Dog says that medicine has made menopause an "estrogen deficiency disease." She says:

There's a societal attitude promoting menopause as something to be treated because there's a huge business around menopause and to sell a drug, you have to convince people that there's something they need to take it for.

Sales of hormone replacement drugs in the U.S. alone topped \$2 billion in 2008. If you were to pay out of pocket, a typical monthly supply of thyroid medication costs from around \$15 to \$23. The least expensive combination estrogen/progesterone therapy, "Premphase" from Wyeth, will run you more than \$60 a month. A brand name combination regimen of an estradiol patch like Climara plus Prometrium progesterone costs more than \$150 a month. "Follow the money," as they say.

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Could you be one of the millions of women suffering what you think are perimenopause/menopause symptoms, but actually dealing with an undiagnosed thyroid condition?

I know some of you are thinking, "I'm not fat, so I can't have a thyroid problem." ("Thyroid problem" has become secret code for comedians and advertisers who want to make fun of overweight, middle-aged women. It's true...some people with thyroid problems do struggle with extra weight. But there are plenty of thin thyroid patients out there too.)

In fact, there's no way to look at yourself in the mirror and rule out a thyroid condition. While many women simply don't know anything about the thyroid, some women have the idea that in addition to weight problems, thyroid patients must have an enlarged or lumpy neck (a goiter), or protruding eyeballs. Not so. Many thyroid patients have no visible signs at all. The only way to properly diagnose a thyroid problem is for your doctor to conduct a thorough thyroid exam and run the appropriate tests.

But there are some signs to look for that suggest it may be your thyroid.

First, if you are perimenopausal/menopausal, and your doctor has put you on estrogen or hormone therapy, and it's not working -- or not working well enough -- it could be your thyroid. An estimated one-third of the women who take estrogen therapy still experience symptoms, which are most often attributed to menopause, but may be thyroid-related.

And, as noted, estrogen can actually block thyroid receptors, so if you have a thyroid condition that hasn't been diagnosed, you might actually feel worse after starting an estrogen drug. Hormone expert Richard Shames, MD explains:

What is classic for this group is that you can be told you're in "menopause" -- and not knowing it's actually your thyroid, you take estrogen. That will help a few of your menopause symptoms, but everything else can be a little worse. You end up gaining weight and losing hair, but you chalk it up to menopause. Meanwhile, the estrogen has decreased your thyroid function even more.

Second, you need to work with a doctor who can help differentiate your symptoms. According to gynecologist and menopause expert Donna Hurlock, MD :

If you have an underlying thyroid problem, you can replace estrogen all day and all night and it won't improve until you improve thyroid. And if you give estrogen to a woman, and her symptoms get worse, that's often a sign that it's the thyroid as well. I look at the symptoms. It seems in my experience that women who come in before 50 who have erratic periods are more often dealing with an underactive thyroid. If I see hair loss, that's usually a sign that it's thyroid and not menopause. If a woman has dry skin, that thyroid is more often a player than estrogen. Brain fog and fuzziness are more often thyroid than estrogen. And sex drive improves more with thyroid. Vaginal dryness...that is probably estrogen. I was taught that hot flashes are due to lack of estrogen, but that's not always true. Hot flashes and irregular menses can be thyroid. If a woman feels hot for 20 minutes and then it goes, that's often thyroid. If she's estrogen deficient, a woman should actually be hot to the touch. If a woman has ice cold hands, but feels hot, that's often thyroid.

What can you do? After all, no one is going to institute mandatory thyroid testing for women over 40. Thyroid tests aren't part of a standard physical. And no one is even going to make it standard practice to give thyroid tests to women with perimenopausal/menopausal symptoms.

The truth is, it's up to you.

The ONLY way to find out if your thyroid is causing -- or aggravating -- your symptoms is to insist on getting tested, diagnosed and treated. Because if you are a woman with perimenopausal/menopausal symptoms, you need to get your thyroid evaluated and treated right away -- the RIGHT way.

There's a catch, of course. The only way it's going to happen may be for you to be your own advocate.

"But why isn't my doctor doing this?" you may think to yourself. "It's like I have to be my own doctor!" And yes, it is unfair to think that you have to take responsibility, ask for tests that your doctor isn't suggesting, insist that they be properly interpreted, and push for proper treatment.

But let's get past what's fair, and let's get to what's necessary. You owe it to yourself. Because, like me, you may be one of the millions of women whose health depends on your thyroid, and unresolved problems in this critical gland will wreak hormonal havoc. Let's look at the reality.

- Thyroid problems can send you into a far too early perimenopause -- starting as early as age 40! -- and it can last for years. Doesn't that sound like fun?
- Thyroid problems can worsen any perimenopause and postmenopausal symptoms. This means you multiply the intensity or discomfort of everything from erratic, heavy periods, to hot flashes, to dizziness, to heart palpitations. You could even end up with an unneeded hysterectomy.
- Thyroid problems can slow your metabolism and destabilize your blood sugar so much that it's not only impossible to lose weight, but you actually gain weight -- on fewer calories than everyone else! And where are you most likely to gain? Where else but your belly, of course!

- Thyroid problems can make you so depressed, stressed, or both, that you're prescribed antidepressants, anti-anxiety drugs, and tranquilizers -- not to mention sleeping pills. You're trying to stay young, and you can quickly end up living in the Valley of the Dolls!
- Thyroid problems can impair your memory and make you so foggy-brained that you are needlessly worried you are developing Alzheimer's disease.
- Thyroid problems can raise your cholesterol and triglycerides to such dangerous levels that you must go on medication to protect your arteries and heart.
- Thyroid problems can elevate your blood pressure to levels that require prescription medications.
- Thyroid problems can make your hair fall out so quickly that you worry whether you're actually going to go bald. (Believe me, there are few things as demoralizing for a middle-aged woman than realizing you're losing your hair!)
- Thyroid problems can exhaust you to the extent that you have no energy for exercise, which affects fitness, weight, heart disease risk, and quality of life.
- Thyroid problems can wear down your immune system's effectiveness to the extent that you catch every infection you're exposed to, and once ill, are slower to recover.
- Thyroid problems can deplete your body's ability to cope with stress so much that you feel extremely tired -- yet wired -- most of the time, and suffer anxiety and insomnia along with your fatigue.

If we want to truly take charge of our hormonal health, we need to pay close attention to the thyroid.

Most doctors aren't doing it.

The "menopause gurus" aren't doing it.

The people selling menopause remedies and medications aren't doing it.

The aging TV stars who are making money promoting hormone information -- you know, these days, you can get menopause advice from former stars of either "Charlie's Angels" or "Three's Company" -- aren't doing it.

The media aren't doing it.

Even Oprah's not doing it...and she's hypothyroid and menopausal!

In the end, it's up to us.

We are part of a generation that believes in making a difference. Now, we have a chance to find solutions, to do something that will help our hormonal health, metabolism, mental health, and nearly every facet of our well-being, well into old age.

In The Menopause Thyroid Solution, you are going to learn not only how to get your thyroid problems diagnosed and treated, but how to maintain "the balancing act" -- balancing the thyroid with the other hormones in the key reproductive and stress/adrenal hormone pathways.

Along the way, The Menopause Thyroid Solution will help you:

- Know whether you are at extra risk of developing a thyroid condition.
- Recognize the common -- and not so common -- symptoms of thyroid problems, and perimenopause/menopause.

**Menopause Thyroid Solution – published Aug. 2009 -- [www.menopausethyroid.com](http://www.menopausethyroid.com)**

- Learn how to get thyroid and hormonal imbalance problems properly diagnosed/ (it's often a challenge). You'll learn how to do this regardless of whether you have the best medical insurance in town, a barely so-so HMO, or even if you need to go the route of self-testing.
- Explore how best to treat your thyroid condition, including prescription medications, supplements, herbs, nutrition, and other approaches.
- Understand how to manage and address thyroid, reproductive/sex hormones (estrogen, progesterone, testosterone, etc.) and adrenal balance.
- Find out what and how to eat, what medications to consider, what supplements to take, and the mind-body-approaches to practice, in order to balance your hormones.
- Improve your metabolism, for more effective weight management or even weight loss.

As a woman, you're knowledgeable and empowered. You have access to more information than ever before. And you've always felt like you could change the world.

What better way to start than for each and every woman to enjoy the best possible hormonal health? Let's get started!