



EPISODE 936

The Truth About Weight Gain During Perimenopause & How to Reclaim Your Hormone Health

With Guest Dr. Mariza Snyder

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SHAWN STEVENSON: Yes, it's absolutely true that your metabolism changes during the different phases of your life, but something unusual is happening in our society within the last few decades as it relates to these changes in metabolism. And one of the biggest, most profound changes in metabolism that women experience has to do with perimenopause in the transition into menopause. Sometimes there can be striking changes in appetite, in body composition, in fat storage, in what seems to be an inability to lose weight. And so what tends to happen in our modern culture psychologically is beating oneself up, women blaming themselves, blaming their bodies, blaming their discipline and just going through this psychological rollercoaster, trying to figure this stuff out.

Why were the things that once worked are no longer working? Why is this so much harder now? And today we are going to answer that question. And not only that, you're going to discover some of the science backed and very simple, practical tools to help to take some of this pressure off to support weight loss during perimenopause to support optimal hormone function during various transitional periods. You're gonna discover why this is now being referred to as the second puberty, and it's gonna make complete sense. I'm telling you gonna be so many aha moments in this episode with one of the foremost experts in this subject matter. And one of the most profound aspects of what you're gonna discover today is the mental health changes, the mental and emotional shifts that occur due to this neuroendocrine transition that every single woman and every person who loves, a woman who admires women, who wants to support women to know this information because.

This is a natural, normal part of life. But in our modern society, number one, for decades, it's widely not been discussed to great substance and with real science backed support and education. And number two, the conditions that we are born in today that we're living in today can make this transition exceedingly more difficult, and it doesn't have to be this way. And so be ready for an absolutely transformative masterclass on this subject. Now, our special guest is going to point out something that is so captain obvious, but we tend to not think about the timeline of the transition with perimenopause. And that kind of bracket of life tends to be coupled with having kids at various stages as well.

So maybe you got kids that are going through puberty at the same time, or you got small kids, or you know, teenagers. Kids that are growing into adulthood tend to have kids at different spectrums as well. And do you think this adds to or takes away from the stress? Does it make it more complex, more stressful? And we already know the answer to that, but it's so poetic how life serves us up, these conditions at this time. And there's a reason why we're gonna talk about that today as well. But right now, as of the release of this episode, this is back to school time. It's a vibe. I remember back to school vibes, get the new fit.

Specifically I'm thinking because I've got an eighth grader now back to school for my eighth grade year. Alright, it's a phenomenon out here. Okay. I'm rocking the LA Gears, LA Gear Hiking boots. I never been anywhere near a hike in my life, but I had LA Gear hiking boots, had a little license plate dangling off the side of the boots. Alright, just back to school. And, you know, of course I hit the scene heavy. All right. We're not gonna say that I said trends, but you know, that's, that's what they say. That's what they say. Now with that said, with back to school time and doing our best to stay healthy, to keep our family healthy, to cultivate healthy habits, you wanna save some money, you wanna have a little more ease.

You want to have a little more convenience without sacrificing quality. The science is clear. We know that organic foods, grass-fed foods and foods without all of the newly invented synthetic chemicals are so much better for our health and performance. And they can oftentimes come with a premium price tag, but they simply don't have to. And this is just one of the things that I love about wild pastures, is their heart and their transparency, and also making things easy and affordable. Wild pastures delivers 100% grass fed, grass finished beef pasture raised pork pasture raised chicken and wild, caught seafood directly to your door, raised on regenerative family farms, born, raised and harvested entirely.

Here in the USA, raised on pastures free from pesticides and other chemicals. No antibiotics, no added hormones, no added steroids, no feed lots and absolutely no GMOs. Again, fast delivery from their farms right to your door. And right now with your Wild Pasture subscription, you're going to receive 20% off for life plus free shipping, and to top it all off, \$15 off your first order, just go to wildpastures.com/model. That's W-I-L-D-P-A-S-T-U-R-E s.com/model to take advantage of this right now. We don't have to sacrifice quality for

convenience. This is about stacking conditions in our family's favor, so definitely take advantage Wild Pastures. The team there is absolutely amazing. Again, go to wildpastures.com/model. And now let's get to the Spotify review of the week.

SPOTIFY REVIEW: Another Spotify comment of the Week by Jason Nikker. Wow, this might be my new favorite episode. Thank you Shawn and Dr. Porter for sharing this much needed and impactful conversation.

SHAWN STEVENSON: That's what I'm talking about. That's what it's all about. And that is in reference to the recent interview with neuroscientist Dr. Patrick Porter. I'm telling you, it was electric. He filled this room with so much energy, so many incredible insights. I've already heard from listeners and people who watch the show that some people have already listened to it 3, 4, 5 times. You know, it's just incredible and this is a great time. Truly, it's the tale of two cities, best of times at worst, sometimes, depending on what you're tuned into. But such a great time to be alive because we have access to the very best people in the world in their respective fields, and we get to learn directly from them.

And so if you haven't checked out that episode with Dr. Patrick Porter, definitely do. So you're gonna learn about our three interconnected brains, the truth about neuroplasticity, and how to build real brain fitness. So again, check out that episode after this one, because this episode right here, so powerful, so timeless, so many incredible insights. Let's head over to our special guest and topic of the day. Dr. Mariza Snyder is a physician, bestselling, author, and powerful advocate for women's health with nearly two decades of experience. She's one of the leading voices for perimenopause education and women's health and fitness. She's been featured all over major media, including Oprah's Daily, Dr. Oz, Fox, news, health, and many other media outlets. She's here to share some transformative insights about women's health and weight loss during perimenopause. Let's dive in this conversation with the one and only Dr. Marisa Snyder. Grateful. Thank you for coming up for this.

DR. MARIZA SNYDER: Thank you. And thank you for thank, I really thank you for having me. I'm so, this has been, this is a bucket list moment for me. I've always loved the vibe. I've always loved your heart, and so I am just so happy to get to be here.

SHAWN STEVENSON: Well, thank you. Thank you for seeing me, and real recognize real. I see you. We've already had a lot of connections before we even got started, but I wanna start off by talking about a very common experience that women go through. They're living their life, they're doing certain things, and then they suddenly experience struggles when it comes to things like weight loss. And they can unconsciously start to blame their bodies, blame their discipline, and blame all these other factors. But today we are finally discussing the fact that perimenopause is a huge contributor to this change, this transformation.

But again, most women today, especially in our modern society, don't know that this is going on. They start to blame all these outside factors. So can you talk about the relationship with perimenopause and weight gain, the relationship with perimenopause and just health overall?

DR. MARIZA SNYDER: Yeah. I love this question, Shawn, because it is a, we were just talking about how it is a reckoning that your body begins to change without permission. You know, especially as we enter our late thirties and early forties, you know, often with perimenopause, the symptoms can feel very subtle at first. It can feel like an exacerbation of the daily pain points of everyday life. And you go to your doctor and you still have a period you're, you're still cycling. And a lot of what you'll hear is that, oh, well you're a mom, or oh, you're stressed, or you just need to exercise more and eat less or eat healthier. What's happening in our bodies is our hormones, which are whole body hormones. This isn't bikini medicine, you know, where we're just, this isn't just the, the, the boobs and the uterus and the ovaries.

We're talking the entire body. As these hormones begin to erratically decline, again without permission, we start to notice changes in our metabolic health, our blood sugar. I think of perimenopause as a neuroendocrine transition. We start to notice changes in our muscle, in our bone, but most importantly, our lack of stress, resilience, our mood. And you know, for me, one of the most common symptoms that I hear from my patients is that they don't recognize themselves anymore. And that was very much the case for me. I remember when I started experiencing symptoms of perimenopause, the, the low mood, the the mental energy began to shift. I forgot where, I forgot what the word water bottle was.

You know, I would be like, where's the thing, you know? And I was like, what is happening with my body and my brain? Why am I not firing the way that I'm used to? And it's important that we're having this conversation, so women are not blaming themselves. You know, there's a big distinction between not blaming ourselves, but also having ownership and having that knowledge so that we know what to do to navigate this profound transition and to get onto the other side, into that really strong chapter that second half of our lives.

SHAWN STEVENSON: Yeah. Oh, this, thank you. Thank you so much for this, already. But one of the common things that I would hear, you know, I had a great opportunity with my clinical practice and also working in the gym and working with a lot of women and hearing this kind of consistent experience of like what I did before is not working for me any longer.

DR. MARIZA SNYDER: Yes.

SHAWN STEVENSON: So is that something that we can see also manifest with perimenopause?

DR. MARIZA SNYDER: Yes, absolutely. So again, when we have rhythmically cycling hormones, so estrogen's, rhythmically cycling for decades, same as progesterone and testosterone. The body is used to this, this occurrence, right? Receptor sites all over the body, including the brain, insulin sensitivity, muscle protein synthesis. All areas of the body are expecting this rhythmic cycle of hormones. But then in perimenopause, these hormones are not rhythmically cycling. Sometimes they show up, sometimes they don't. And due to that inconsistency, that's where we start to see changes in our immune system, changes in inflammation. We start to notice changes in how we are losing muscle, or maybe we're not recovering from exercise the way that we used to.

A lot of things that used to work consistently in our twenties, in our thirties, all of a sudden it's not working for us in our forties. Also, I would argue that we could get away with a lot of things in our twenties, in our thirties. I remember I could sleep for six hours and still be able to function the next day pretty well, or I could have a couple glasses of wine with my girlfriends, and then the next. Stay still fire on all cylinders. And so I, I think a lot of the things

that we were able to do, maybe even get away with in our twenties and thirties, we realized as our bodies are changing, as these hormones are declining, we don't have the same level of wiggle room. And so that same workout, maybe on the Tread Master or on the Cardio machine, or that crazy HIIT workout that you were doing four to five times a week, all of a sudden it's burning you out and you're just not getting the same results that you used to. And so with these hormones dramatically and erratically changing, we are just calling in a new level of support and a different level of consistency.

SHAWN STEVENSON: Yeah. And that's okay.

DR. MARIZA SNYDER: And is totally okay. Yeah.

SHAWN STEVENSON: It's okay that it's different, but I think especially because our cultural programming like this is what you're supposed to do. You know, once you figure something out, that's, that's the truth. That's just how it is.

DR. MARIZA SNYDER: Well, and I remember like when I was growing up as a, as a 20-year-old or even early thirties, I was training to get thin. I strong too. Like I, I've always been in the gym. I've been in the gym since I was 16 years old. But let's say I put on five pounds. I knew I would just spend an extra, maybe 30 minutes more in the gym, a little bit more cardio, another hit class. You know, I would do a little bit of calorie restricting and get myself back to where I was. And we aren't training for thinness anymore. We are training for strength.

We are training for metabolic resilience and good metabolic health. And I think it's the way that we've been thinking about our health and our weight and how our bodies are programmed or working, that is shifting. And so it's, it's a reframe. It's a, it's a mindset shift more than anything, I'm gonna say. Also, nothing's happening linearly. So we have hormones. We know that insulin is very, very sensitive to estrogen. Estrogen is helping to drive, again, muscle growth. It's helping to drive our metabolism, insulin sensitivity, and even body fat composition. So we know that when we're estrogenic, it's usually in the hips, butts, and thighs.

But then as we start to radically lose that estrogen, it moves more to that visceral belly fat, that deep fat and that deep belly fat becomes more insulin resistance as well. And so we've got a couple different things happening, but also you have to understand that estrogen is really a profound brain hormone. It is the master CEO of the brain and it is modulating serotonin and dopamine. It's helping us to get better sleep. And so when estrogen becomes erratic in the brain and the brain has to start remodeling and figuring out like, what am what are we doing without my master CEO, we aren't sometimes women in perimenopause.

We're lacking the motivation and the drive. We're surviving in a lot of ways with that low stress tolerance. And so, and we're not getting, the sleep isn't as quality as it used to. And so it's not just that we're becoming a little bit more insulin resistant is that our sleep is being disrupted and we're waking up feeling not our very best. And we are try, I remember there was days in the beginning of my perimenopausal journey, Shawn, where day 22 of my cycle, so kinda late luteal and I would wake up with this deep sense of dread and things would just feel so insurmountable. Everything was okay a couple days ago, and it was like everything that I had built was just crumbling down around me.

And in that low space, you know, not that I still wasn't moving, but I wasn't moving as meaningfully or as you know, intensely as I would even five years ago or three years ago. And so I had noticed that my mood was profoundly affecting my overall health and how I was moving my body, how I was attending to my body. And so I just want women to know that it's not just the physiological changes that are happening, but it's the mental health changes that are happening that can affect the way that we are showing up for ourselves in our, in our overall health and vitality.

SHAWN STEVENSON: Yeah. Thank you for that. So you said it earlier, wonderful phrasing of it, neuroendocrine transition.

DR. MARIZA SNYDER: Yeah.

SHAWN STEVENSON: Right. And so this is, we're gonna keep on digging here. And of course we're gonna get to some of the things that. Women can do to help to support this process.

But one of the things, one of the most beautiful things that I read in your book was, and it just, I felt it when you wrote it. I felt like you, you know what you're talking about when you said this. There's a, there's a period for women where they, and they don't often get permission to do this, but you're mourning the loss of that former self, the way that your body was once working, the way that your mind was once working. And that's okay. It's to, it's to acknowledge that and also to know that this is a new chapter.

Things have the ability to be even better in some ways, but it's giving yourself permission and to understand that this is happening because of modern life and all this stuff going on, all this external stuff and, right, and then you have those things pop up, like those feelings you just described. It can pull you so far away from paying attention to what's going on with your body and to have a relationship. Instead of this battle, and I started off this episode by saying that a lot of women today, they hit a point where they start to blame their bodies.

DR. MARIZA SNYDER: Yeah.

SHAWN STEVENSON: They blame their lack of self-discipline. This thing worked for me before. I just need to do it harder, right. And so this is really shifting to something that's more, that's real, because perimenopause isn't something new. This is just unfortunately a new part of the health conversation. And this is one of the things we talk about in the book as well. So I want to talk about that process of transition. Of course. But before we get to that, I want to talk about the lack of education around perimenopause that you highlight in the book O-B-G-Y-N. You think you know you're gonna learn about these different things. You shared only a tiny percent of medical practitioners are even taught anything about menopause of substantial nature.

DR. MARIZA SNYDER: Yeah. I wanna speak to, you know, this profound transition can be up to 10 plus years and it was a transition that we easily ignored. We just told, like when we just blamed women, we told, you know, it was all in your head. You know, a lot of that hysteria, of, you know. This isn't what's actually going on. You're just stressed. You're just, this is just how it is in midlife. And we know that it takes an average of four to six office visits for doctors to connect the dots between women's symptoms and being in perimenopause. Right now, OB

GYNs, 20% of OB GYNs 10 years ago were getting menopausal care, and now in the last 10 years, it's jumped to 31% of OB GYNs. Most of us, when we go to our primary doctor, are not going to connect the dots between what we are experiencing and the fact that we're in perimenopause. And if you look at the CDC, the CDC has us going through perimenopause at 47 years old, and that's late perimenopause.

That's when we're normally around 47 is when women start skipping periods more than 60 days. And again, around that bikini medicine conversation of, oh, it's, it's the reproductive health, it's menstrual health. And so if you're skipping periods more than two months, then you must be getting closer to menopause. And now we may consider looking at that. And so, yeah, it, it's, I'm so deeply grateful that women are rising up and they are demanding better. They're demanding to be seen and heard because no one, no woman deserves to suffer needlessly. And that's what's happening in perimenopause. I mean, that was my mother's journey.

You know, I got a front row seat to perimenopause, 15 years ago when my mom was 48 years old, and she was having. The mood symptoms, the brain related symptoms, the sleep issues, the hot flashes, the night sweats, the crime scene periods, I mean, all of it. And her doctors just kept dismissing her. I wrote, I'll never forget, she had one doctor who finally believed her. My mom went to her doctor and said, Hey, is it normal for someone to want to kill everybody, you know, for five days outta the month? And she said yes, and gave my mom oral micronized progesterone. But then three months later, that doctor, that ob gyn went on maternity leave and my mom got a new doctor and she's like, this progesterone, which was helping my mother changing her life.

She was feeling so much better. FDA approved for in terms of safety. She's like, I don't, I don't agree. I'm not gonna renew this prescription because I don't feel like it's actually supporting what, you know, what you're going through. And she's like, I prescribe SSRIs. This is what I do. And took, my mom would not renew that prescription and offered my mom an antidepressant instead.

SHAWN STEVENSON: That wasn't a psychiatrist, correct?

DR. MARIZA SNYDER: No, this wasn't a psychiatrist.

SHAWN STEVENSON: GP?

DR. MARIZA SNYDER: And my mom had so many incredible benefits from being on this and wasn't ever able to get back on it again.

SHAWN STEVENSON: You shared in the book. What I love to go back in time.

DR. MARIZA SNYDER: Yes.

SHAWN STEVENSON: And to find out like the origin of certain things. And you shared how, you know, there's references documented references of menopause in this process from as early as three 50 bc. Aristotle noted that women stopped administrating between the ages of 40 and 50. And over time, and this is where things got a little bit crazy to say the least, you talked about how menopause is treated a dis as a disease associated with insanity.

DR. MARIZA SNYDER: Mm-hmm.

SHAWN STEVENSON: And as a result. Many women were being locked up in mint mental in institutions. And this is the late 18 hundreds, early 19 hundreds.

DR. MARIZA SNYDER: Yeah. That hysteria.

SHAWN STEVENSON: Hysteria.

DR. MARIZA SNYDER: Hysteria epidemic.

SHAWN STEVENSON: And even the word, and this, I never knew this, even the word, well, I never put, put together.

DR. MARIZA SNYDER: The wandering wound.

SHAWN STEVENSON: No. This, the hormone estrogen itself being derived from the Greek *otros*, meaning frenzy. Frenzy or mad desire. Right. And so even the labeling of this, what we deem to be this very specific female hormone, although men have it as well.

DR. MARIZA SNYDER: Yeah, absolutely.

SHAWN STEVENSON: But it's related to being in a frenzy like the disrespect is just there.

DR. MARIZA SNYDER: And unfortunately, this narrative

SHAWN STEVENSON: Yeah.

DR. MARIZA SNYDER: Over the course of hundreds of years has still just, I mean, under, kind of under the surface has just continued to be pervasive in our culture and in our medical system.

SHAWN STEVENSON: I love the way that you framed it as. Instead of looking at it like this thing that has been packaged up to be historically. You refer to it in some ways as like a second puberty?

DR. MARIZA SNYDER: Yes.

SHAWN STEVENSON: Can you talk about that reference?

DR. MARIZA SNYDER: Absolutely. You know, I know, any, any mom out there? Anyone who's ever seen, um, girls and boys in their, in their early teens, girls in particular going through puberty? Puberty is basically where our reproductive hormones are coming online for the first time. And what a lot of people don't know is that puberty is really a four to six plus year transition, where the brain is reorganizing. Again, another major hormone shift, another major neuroendocrine transition where we see a lot of anxiety and angst and girls just kind of figuring themselves out.

And it's a very deeply transformative and at times destabilizing transition as hormones are coming online as they start to rhythmically cycle every single month. But second puberty is the dissension coming out of our reproductive years into menopause and equally as destabilizing and transformative. Except that I always call it a higher stakes game because now we are usually taking care of our children if we have kids, but family members, community, we have jobs and careers, maybe we're running businesses, we have elderly family members that we are taking care of as well. And so we're in this kind of sandwich generation and in that messy middle where this profound hormone transition is at a time in our lives.

I always joke that it's a little bit laughable. I'm like, really? This is the time where I'm gonna be going through this massive brain remodeling. My body's gonna change without permission. I'm not gonna recognize myself anymore. And I have all of the responsibilities, you know, of life happening at the same exact time. It's really interesting. And there's a lot of women who have children going through puberty at the same time as they're going through second puberty, which I think is a beautiful experience in the sense that there's a lot of extra grace for everybody in that time. But also, I'm sure if the common symptom for perimenopause is irritability, you're gonna feel a lot of that energy as well during that transition.

SHAWN STEVENSON: Yeah. I don't think it's an accident at all. You know? And what kind of evolves from that, if we're looking at the second puberty perspective, are grandmothers.

DR. MARIZA SNYDER: Yeah.

SHAWN STEVENSON: You know, and wisdom and compassion and insight and all these things that we, unfortunately, again, in our culture, we don't value as much today. And that's changing.

DR. MARIZA SNYDER: Yes, that's changing.

SHAWN STEVENSON: That's changing.

DR. MARIZA SNYDER: Yes.

SHAWN STEVENSON: Because we are demanding it and we're talking about these things because. You know, when you said this invites grace, especially if you're educated, because for a lot of people today, they don't know what's going on. They're not thinking about it. And I love the fact in the book you say that when a girl is going through puberty, you don't need to get a hormone panel done to know that she's going through puberty.

DR. MARIZA SNYDER: Yes.

SHAWN STEVENSON: Right? And the same thing holds true with perimenopause.

DR. MARIZA SNYDER: It definitely, well, it should hold true for perimenopause. You know, that we, we should know that if a woman's 45 years old and she's got a myriad of symptoms that are going on, that this, she's in a profound hormone transition. She is, her brain is changing extensively. And this doesn't happen in a day or a month or even a couple of years. And for many of us, it's many years. I always joke, and I've even joked on tv, that this isn't a transition, this is a career.

SHAWN STEVENSON: Hmm.

DR. MARIZA SNYDER: This is a career change in a lot of ways and in a, in a lot of ways, an upgrade. I think this is a really profound upgrade depending on how we look at it. Perimenopause is an opportunity where everything is up for review. Your beliefs, maybe you know the things that you believe coming into perimenopause that you're like, you know what? I'm not holding onto that belief that isn't serving me anymore. Maybe it's a relationship or obligations that you had said yes to that you're not willing to tolerate anymore, and maybe it's also how you've been taking care of yourself in the sense that maybe you haven't been prioritizing you the way that your body really deserves. And so I feel like the reason why everything is up for review is that your body is calling for that upgrade.

It's calling for you to step into that powerful chapter, and you get to stand on all of the hard won lessons and the wisdom as you step into this transition, and you get to decide. That's the most beautiful thing about this journey is the decision to take care of you. The decision to upgrade that operating system, that decision to step into and rewire your midlife journey. And to me, that's the greatest gift of this.

SHAWN STEVENSON: Yeah. I wanna ask you about something specific. You know, it's a, it's, it's a superficial thing.

DR. MARIZA SNYDER: Mm.

SHAWN STEVENSON: On some levels, but also it's an indicator of what's going on internally. And I'm bringing this up because obviously for most of us in society, we have a relationship with our bodies and we want to look and feel, feel good. Right? And so this process can be turbulent to say the least. And I would love to talk about this relationship. We already opened up some of the why on what's going on, but by reading your book it becomes more clear how perimenopause today is definitely different from what it was generations ago.

DR. MARIZA SNYDER: Yes.

SHAWN STEVENSON: Women are dealing with a lot of different, and novel things and also more struggles in many ways. And so one of the things that we're seeing at greater levels is weight gain.

DR. MARIZA SNYDER: Yes.

SHAWN STEVENSON: Right. And so, but there are some reasons behind it. And I want to talk about that. I want to talk about, if you can help to kind of reveal what's making this process so different. Because again, the body changes are going to happen, but what are the things that are making that process more complicated, that are leading to more, dare I say, excessive weight gain? And what are some things that women can do who are listening right now, going through this process for them to transition more gracefully, to have a body composition that they're happy about. Let's talk about that.

DR. MARIZA SNYDER: Yeah. I love this question because you're right, there it is, it is more complicated than just hormones declining. I will say that hormones in a lot of ways are a protective shield, and so there could have been things going on underneath the surface that we were able to hold, like to keep steady. And then when those hormones begin to decline and all of a sudden it all be, it all comes up for review. Especially even the health issues that you may not have known about that start to present themselves. You know, by the time we get to 40, I don't know about you, but we've lived a life. Life has been happening.

You know, maybe you've had children, maybe you have, you know, I grew up in the eighties and the nineties. I grew up with ultra processed foods. I grew up eating Pop-Tarts and, you know, and, and cereal and all kinds of foods that I wouldn't feed my child today or, and I don't eat today, but I remember having in my twenties insulin resistance and not knowing that I had it. And so I think that even by the time we are in our forties that we are dealing with a little bit of not only ultra processed food that have been pervasive in our environment, and maybe we didn't know the effect of them until much later in life. Stress that is compounding a lot of what is going on.

I feel like today both men and women are feeling a barrage of stress that they've never experienced before that is having a profound impact on our metabolic health and our overall, our resilience. And then I would say that many of us coming into perimenopause probably have some level of insulin resistance before we even get there. And so as we get to that place where. Possibly what we've been eating and the exercises we've been doing had been working. These hormones begin to decline. We become even more insulin resistant. And I do believe that weight gain is a side effect of insulin resistance. And so one of the first places I start women is let's start to learn about your blood sugar.

Let's start to balance that blood sugar and if you can afford it. And accessibility is definitely an issue here, but with all of my patients, I put on a continuous glucose monitor where I, you know, it's a little disc right here because numbers and data don't lie. And I'll tell you what, that was one of the most eye-opening experiences of my life was when I wore A-C-G-M-A continuous glucose monitor for two weeks. And I was like, oh my goodness like even just espresso is driving a little bit. But I'll tell you the biggest blood sugar spike I had when I was

gonna continuous glucose monitor was that I was racing to meet a friend and I was running out the door. And whether we, we, you know, we admit it or not, cortisol woo.

And, you know, being in that survival stress system mode that will drive a blood sugar, that'll co-elevate eating, it'll co-elevate insulin and thyroid hormones. And because your body doesn't distinguish between it running from a, a predator or you having to run to a meeting or you having to get a crazy phone call from a family member, like that perpetual, constant chronic stress is driving insulin resistance and it's driving visceral belly fat. It just kind of adds up. And so it's never just one thing, Shawn, at least not for my patients, and definitely not for myself. I find that it's a cascade of things that are often driving oxidative stress, visceral belly fat, and insulin resistance. And that just can become a really vicious spiral.

SHAWN STEVENSON: You, you're cracking the code for some people right now, just to highlight the fact of, again, being able to monitor what's going on with your own body, but how stress can elevate your blood sugar and if you're already not handling blood sugar spikes because it's not just, it's not just your kind of baseline blood sugar levels, your fasting blood sugar, whatever the case might be.

DR. MARIZA SNYDER: It's variability.

SHAWN STEVENSON: It's variability. It's your blood sugar variability. How well does your body respond when you do have these spikes and these different interactions? How well does it clear things and kind of get you back to that..

DR. MARIZA SNYDER: Homeostasis.

SHAWN STEVENSON: Homeostasis. Yeah.

DR. MARIZA SNYDER: Yeah. And so I found very quickly that my stress response system wasn't my, my blood sugar was not responding well to my being in a stress state. And I remember that day in particular, I felt good. Like I felt really good. I mean, I felt like it was good stress and, but my blood sugar shared a very different story.

SHAWN STEVENSON: Your blood sugar was like, whatever.

DR. MARIZA SNYDER: Yeah, exactly.

SHAWN STEVENSON: Well, by the way, just yesterday I put in an order to get some new CGMs. It's been, it's been a while. It's been a, you know, probably about a year since I wore a CGM continuously. And so, by the way, everybody, my favorite place is Levels

DR. MARIZA SNYDER: Me too.

SHAWN STEVENSON: Go to Levels.link/model and you can get hooked up with the CGMs, but most importantly it's the Levels app. Yeah, it's phenomenal. The Levels team is amazing. You also get two months for free with the annual membership. If you purchase the annual membership, you get two months for free. They just added in for everybody a free 28 cardiometabolic blood tests each year.

DR. MARIZA SNYDER: Nice as well. I love it.

SHAWN STEVENSON: And you can upgrade to the over 100 biomarker panel, which is what I did. And get the biological age and IT test everything you could think of like, and this is what's so great, because when I was working with people on a day-to-day basis, I would have to get different tests through different labs. Right. And now it's like all together.

DR. MARIZA SNYDER: All in one. Its so nice.

SHAWN STEVENSON: In one place, you know? So it's really awesome. Levels.Link/model.

DR. MARIZA SNYDER: I love that we live in a time of bio observability, especially during a time where, particularly for women, we're not being believed in our experience. And so if you can take that power back by looking at your own data. You know, I grew up, I, I grew up being told two things. One, that we just suffer. Women suffer. Just get ready for that. And two, not to listen to your body, just plow through. 'cause if you're gonna suffer anyway, just keep

going. I was basically a cake pop for many years in the sense where it was all mental. I didn't listen to anything below, like the neck below.

And so bio observability, whether it's a continuous glucose monitor or it's a whoop strap, which I'm wearing right now, that information has been so integral. I, I've gotten so much better about listening to my body. Like in the morning I do a body scan, kind of check in, but I still love the data. I still, you know, very rarely does whoop gaslight me. You know, and definitely the continuous glucose monitors are always very honest about what is going on, but also running, getting labs done, at least annually, that information can be so game changing. Not only can it help to validate what you're experiencing when so often we're being told that it's all in our head, or this is just the way it is.

But also it can help to identify some of those silent shifts, like your blood pressure creeping or your lipids creeping, or your fasting insulin or your blood glucose. And things that we don't feel, you don't feel your blood sugar creep up over time. But yet a, a window of vulnerability for women is in perimenopause, particularly around pre-diabetes. And we keep missing that. And I think it's like up to 84% of people who have pre-diabetes don't know they have it.

SHAWN STEVENSON: Got a quick break coming up. We'll be right back.

There is an epidemic of sweetness going on right now in our world today, but don't get it twisted. All sweetness is not bad. We need some sweetness in our lives, and there is one source of sweetness that is synonymous with Winnie the Pooh. It's synonymous with Mariah Carey. It's also synonymous with having the most. Science backed benefits of any sweetener ever discovered. And that sweetener that I'm talking about is honey play a little bit of that, Mariah here.

One reason that honey can make you sing like that is because unlike other sweeteners, raw honey has been found to actually improve insulin sensitivity. Whereas all of these highly refined sweeteners that are just so invasive in our food culture today are the exact opposite, causing insulin resistance. A recent study published in the peer-reviewed journal, nutrients detailed how raw honey intake can improve fasting blood sugar levels, improve lipid

metabolism, and reduce the risk of heart disease. Additionally, the scientists noted the vast antioxidant and anti-inflammatory properties that honey has, honey is special.

So more than ever, we wanna make sure that we're getting honey from a source that we can trust. And the honey that I use that I've been utilizing for years is the very best honey in the world, and it's coming from the amazing folks at Beekeepers Naturals. Go to beekeepersnaturals.com/model and you're gonna get 20% off their bestselling superfood. Honey, this honey is beyond mere honey superfood. Honey, truly is that you're getting some propolis, you're getting some bee pollen, you're getting some royal jelly, and getting again the very best honey in the world. Go to beekeepersnaturals.com/model. That's B-E-E-K-E-E-P-E-R-S [naturals.com/model](https://beekeepersnaturals.com/model) for 20% off.

Their superfood honey and store wide. They've got some other incredible medicines straight from the hive, their bestselling propolis, immune spray, their brain nootropic based on royal jelly and so many other wonderful things. Their honey based cough syrup is also a staple to have in your medicine cabinet at all times. Just incredible. They do things the right way. All of their products are third party tested for over 70 pesticide residues, commonly found in bee products. They're screening to make sure that there are no heavy metals, no nefarious bacteria. They're screening to make sure that their honey is the highest quality in the world as beekeepersnaturals.com/model for 20% off. And now back to the show.

SHAWN STEVENSON: So what are some of the things that women can do to buffer against the excessive weight gain that's now associated with this transition? In particular, again, looking at insulin, insulin sensitivity, those changes that are taking place. Estrogen. What are some simple kind of practical things that women can do to transition in a healthier way?

DR. MARIZA SNYDER: Yes, and I love this question because I want simple and practical. I am this woman. I am in perimenopause, I am a mama. I am running around managing everybody's things and the obligations and the checklist, and so it needs to be easy and practical and actionable. For me. I have gotta get in where I fit in. I was outside waiting to come in here. I was knocking out 60 squats before I got in here because I was like, Hey, I got five minutes. Let's do this. You know? And so the first thing I always tell people, the biggest

thing that's going to have the most profound impact on your metabolic health and your weight is gonna be food.

Food is, food is the ticket. It's, it's the one decision that we make consistently throughout the day that is going to impact our molecular information, our energy levels, particularly our cellular energy, our blood sugar variability. And so I always tell people, you know, you wanna start your morning with a savory breakfast. I love, you know, whether it's a protein shake. I was making protein shakes with my family this morning with frozen cauliflower and strawberries and protein and healthy fats. A lot of avocado 'cause my, I was telling you, my son had a little jog-a-thon this morning, so I wanted to make sure everyone was geared up.

So having protein, healthy fats, fiber, really important. Watch the, watch, the added sugar. Even in, I know a lot of new drinks like the poppies and the kombuchas, you know, a lot of this liquid sugar, even though it's packaged as healthier or only five grams of sugar. Man, it adds up, particularly if you're extra sensitive. Like if you already have a little bit of insulin resistance, which many of us unfortunately do that, that poppy drink that is, is, that's being marketed as a probiotic drink. And no, you know, no offense to Poppy, you know, we, we have 'em in our house too, but those extra calories or that extra sugar can add up over time.

So being really mindful about just reading those labels and, reducing the amount of refined carbs, I think we can all agree that ultra processed foods are not doing us any favors in terms of our overall metabolic health, but also how our brain functions. And the question that I like to ask myself, I had back-to-back concussions a couple years ago that led to post-concussion syndrome and my brain took a major hit, it took me many months to recover. The question that I ask myself today, is this gonna fuel my future brain? Because I can really feel it from a cognitive perspective and from a mental health perspective if my brain isn't getting the right nutrients or if I'm on a blood sugar rollercoaster. So something to think about in the through line of making that decision.

I love early time restricted eating in the sense that I, we try to eat before seven at our household and then. And I say anything after 7:00 PM is late night snacks because there's nothing, rarely are you eating something at 9:00 PM like some carrots that, that are, that are

supporting your blood sugar or supporting your overall metabolic health. So I recommend three hours before going to bed and then not breaking that fast until the next morning. Probably what I consider to be the, the biggest hack, the biggest longevity hack and blood sugar hack and really metabolic hack is gonna be moving after meals. And whether that's 20 squats or that's walking up and down your stairs, if you're like me, I love walking after meals, particularly dinner, but my son wants to build Lego.

And so I'm usually building Legos and jump squatting, building Legos and jump squatting. So I'm in my living room, you know, doing some exercise snacks. But even, you know, 10 minutes or five minute walk after a meal will significantly lower that blood glucose response on the back end. And it'll help with your digestion. It'll help lower cortisol. There's so many benefits to walking anytime of the day, but particularly after meals like that is where the juice is worth the squeeze.

SHAWN STEVENSON: Hmm. It's so good. It's so practical as well. And we look at the, you know, these long lived cultures, they're, they're moving after their meals.

DR. MARIZA SNYDER: They're moving. They're moving all the time.

SHAWN STEVENSON: Right. That part.

DR. MARIZA SNYDER: I mean, that's what I mean. If there was a through line of this conversation that I want anyone to walk away with, it is building your life around movement. Not building movement around your life. Like how can you punctuate your day all day long with movement, whether that is squats after a meeting, or that's some pushups, or it's just walking up and down some stairs, or it's just walking around the block. Like maybe instead of that 50 minute meeting, it's 45 minutes and you have a five minute window to just move, move in a meaningful way. That to me is like the game changer.

SHAWN STEVENSON: Mm mm. Those muscles are like a..

DR. MARIZA SNYDER: They're a sponge.

SHAWN STEVENSON: They're a sponge, yes. Of some, of course, it could be referred to as a, a sink, but I like sponge.

DR. MARIZA SNYDER: Metabolic sink. Yeah.

SHAWN STEVENSON: I like sponge better. It just like literally absorbs.

DR. MARIZA SNYDER: Yep.

SHAWN STEVENSON: Pulls in.

DR. MARIZA SNYDER: Without insulin getting involved. We're like, we got this. We don't, we don't need to involve.

SHAWN STEVENSON: That's the incredible thing, right? Insulin doesn't even need to be present for this process to happen, of course that it's varying degrees, but..

DR. MARIZA SNYDER: Obviously.

SHAWN STEVENSON: Just being able to work those muscles and it's so simple just to go for a walk because guess what you're using, your muscles you're using. I mean, it's a whole body movement. Walking is a whole body movement, but especially your lower body. But then you want to get like really be about that life. Just do some squats.

DR. MARIZA SNYDER: Do some squats.

SHAWN STEVENSON: You said exercise snacks is what you called it?

DR. MARIZA SNYDER: Yes. I love exercise snacks. My whole life is exercise snacks and basically exercise snacks or it's mini burst of movement, like hi movement, where you're revving up that cardiovascular system. You're feeling you're working a little bit, right? Yeah. So for me, I am a big jump squatter. I, I call it, I do a 60 jump squat, buy-in to almost anything, you know,

or on the back end of something. So after dinner, I'm usually doing 60 jump squats. So I'll do 20 jump squats per minute, three minutes, and then I'm done.

And I go back to doing whatever else I'm doing. Because I was in a dress in heels. I wasn't able to do jump squats outside of the studio. But normally I'm doing jump squats before a podcast or after a podcast. And so I average about, I would say, 200 jump squats a day, give or take. And I love it. It just feels good. And I know that it may sound like a lot for a lot of people listening, they're like, she's crazy. 60, 60 jump squats. So maybe it's 20 jump squats, maybe it's 10, maybe it's one minute of 10 jump squats for three minutes, you're doing 30 jump squats. Just start somewhere. But the cool thing about the jump squats, one, you're helping to protect your bones. You're helping to put some stress on those bones, which is so important for us in midlife and in the second half of our lives.

You know, one in two women will have an osteoporotic fracture at some point in their life. So protect those bones. A little bit of jumping really helps. It goes a long way. And you rev your metabolism. You know, I've had an opportunity to wear a continuous glucose monitor when I've integrated exercise snacks into my life. And my blood sugar was the most optimal when I was doing exercise snacks throughout the day, particularly after meals. And the other things that I saw that I've seen such a great benefit is, one, I get deeper quality sleep because I'm moving all day long and I'm really revving up my metabolism and my cardiovascular system. I have more mental energy and overall energy as well. And so those have been the big benefits. Better blood sugar, better sleep, better mental energy. I just feel more alive and more vital.

SHAWN STEVENSON: Yeah. The thing about it is you wouldn't necessarily quote, feel like you just did like an hour workout, right? Because you just said it like you did this before you came in today, just like doing 60 squats. Right. Just sprinkling it in. Little snacks here or there, but that accumulates.

DR. MARIZA SNYDER: It totally does.

SHAWN STEVENSON: And we know also just the people that are about their life when it comes to working out, generally, it's like one chunk of the day. And then for a lot of us, we

spend the rest of the day pretty sedentary. Yeah, right. And then what happens when you, again, you have those meals later in the day, like you can just really help to usher in, keep everything flowing good. The blood sugar variability improvement and stability, it's all gonna be ratcheted up if we can get in some of these movement snacks. Again, going for a walk doing, just doing a set of some pushups or some squats or whatever the case might be. But just thinking about that in terms of, especially during this transition.

DR. MARIZA SNYDER: Yes.

SHAWN STEVENSON: Right. When insulin is doing different stuff.

DR. MARIZA SNYDER: Yeah. It's going..

SHAWN STEVENSON: To say the least.

DR. MARIZA SNYDER: It's becoming less sensitive. You know, we're, we are storing and it's a fat storage hormone. I just wanna, you know, point out that that's what's happening. If you're, the average woman will gain five pounds of fat in perimenopause and up to 20% of us will gain over 10 pounds of fat in perimenopause. And again, this isn't our fault, this has a lot to do with the hormones declining, right? Or what was working for us would keep working. But also in this season, we talked about the busyness of this season. And so it's easy for movement to go to the wayside if it isn't these micro movements over time. You know, I, I, since I had mentioned since I was 16 years old, I've, I've been in the gym and for I would say 15 plus years, I believed as long as I got that one workout in that 15 minute workout in, in the morning, that I was solid, I was good for the rest of the day.

I could just be in school or I could be at work. I could sit at a desk 'cause most of us, you know, a lot of us are doing the desk jobs or we're just set, we're very, very sedentary clocking less than 4,000 steps a day. And so I had no idea that really where the juice was worth, the squeeze was in the micro movements throughout the day. Now, I haven't given away the gym workouts. I'm still doing those, but I'm also, I'm tightening those up. I realize I don't need to be in the gym for 15 minutes. You know, I, I can get it done in 30. I can get it done in 25.

I am, I'm the kind of person, I've got the headphones, you know, I'm like.

SHAWN STEVENSON: Locked in.

DR. MARIZA SNYDER: Don't mess with me. I'm, I'm handling my business and in 30 minutes I can be in and out. And then for the rest of the day, I'm just bringing in the exercise snacks throughout the day. And especially, you know, at around two or three o'clock in the afternoon, I think a lot of us hit that wall. And we want the, the extra cappuccino or we want the, the, maybe it's the matcha or it's that kind bar or something, that little something. And usually what our bodies are craving is just some good blood flow, some movement to kinda wake it up, to kind of shift that state. And so I've, I've programmed that the second I start to feel that, that zombie state where everything on the computer just starts to blur out, that is time for me to head downstairs.

Usually I have a water by, like right at the door. My tennis shoes are right there, and the stairs are right by that entrance. I hit, I hit outside for five minutes and just get the sunshine, get nature, walk up and down the hill that I live on, and then I get back and get to it instead of, you know, I could deviate to the kitchen, but we're always just one thought away for just moving our body. Three minutes, and I'll tell you what, it'll feel even better than that cappuccino, or even better than that, that, that Justin's mini, you know, little mini, that mini peanut butter cup.

SHAWN STEVENSON: You've already given so many practical, what I want to encourage everybody to do, test it, do these things. Very simple. Let's finish that last meal of the day a little bit earlier. At least have some kind of a curfew on that, right?

DR. MARIZA SNYDER: Mm-hmm. Mm-hmm.

SHAWN STEVENSON: So in addition, watch the added sugar. This is very practical. We should be doing this anyways, but it's especially now and it's very easy to sneak sugar into stuff today. And another one move after meals specifically and get these exercise snacks in. And so the exercise snacks, it isn't just relegated to meals, but especially moving after meals can be incredibly helpful

DR. MARIZA SNYDER: Oh yeah, absolutely. And then I always say, you know, particularly for the 67% of the midlife women out there, and even a lot of us are struggling with sleep. And so I love, I love making sure that we have a, the sleep foundation, I always say protect your sleep like it's a million dollar meeting. Meaning that Netflix is not a million dollar meeting your part, you know, the, the to-do list or maybe unloading the dishwasher or sending that extra email, not a, not a million dollar meeting in, in terms of, you know, that's how precious your sleep is. And so having that sleep foundation, you know, my big recommendation is, you know, have a, have a wind down routine.

You know, gone are the days where we can just run into bed and go to bed. That doesn't work. It worked in my twenties, even in my early thirties. I would be doing all the things and then I would just be able to go to sleep. But we have to really wind that down, like, and I'm not talking about a. W-I-N-E. Wind down. I'm talking about like having a wind down routine and, but most importantly, have good sleep consistency, meaning go to bed at the same time every night, wake up at the same time every morning. And then if you need more sleep support, there's a lot of different things that we can do, but just be consistent. Honor that as much as you're moving your body and you're planning your meals, honor that sleep consistency. It will be a game changer for how you feel the next day.

SHAWN STEVENSON: That's so good. So good. And this is one of the most affirmed pieces of advice, and you don't know this, but we just released an episode where a new study just came out, affirmed that having a consistent time when you go to bed and get up, not modulating just because it's a weekday.

DR. MARIZA SNYDER: Right.

SHAWN STEVENSON: But of course there's a joy of living clause where if you're doing something occasionally, but for most of us, we're doing that on a weekly basis. But having a consistent sleep and wake time set, you can slow down your aging process. It was three year study and they found that, and we'll put the study up for everybody to see. The people who had a consistent sleep and wake time, they aged nine months less than the people who do

not. Alright, so they literally, their biological age moves slower than those who are just kind of more erratic with their sleep and wait time.

DR. MARIZA SNYDER: I love that.

SHAWN STEVENSON: So that's a great piece of advice.

DR. MARIZA SNYDER: Yes. I love that. And it's, it's very practical and like if you're, if you're saying to, you know, I love the idea of sleep consistency. But what about me trying to get to sleep? And you can bring in magnesium glycinate, you can bring in a sleepy tea. There's a lot of different things that we can do. And if you're having a hard time being consistent with the nighttime routine, at the very least, get up at the same time in the morning, that's gonna help reset that circadian clock and get that sleep cue where your body is telling you it's time to go to bed.

So just again, that consistency, that foundation is so important. I'm a big fan of double dipping, and what I mean by that is that I wanna do the things today, the habits that I have in place today that are gonna help me feel alive, literally tomorrow. I wanna feel energized. I wanna feel like my brain is firing all cylinders. I wanna mitigate symptoms, movement's, one of the best ways to mitigate even the brain related symptoms, the mental health symptoms of perimenopause. But more importantly, I wanna know that what I'm doing today, my 80-year-old self is saying Thank you. I'm so grateful that you were doing consistent habits in your forties and in your fifties.

That set me up to win, and so a lot of that, what we're talking about today, a lot of the habit stacking that I wanted to bring today, which I knew, not new per se, but just the way that we can look at it, the practicality of that you are setting your future self up for success. You are setting yourself up to be able to get outta the car without support to be able to get off the toilet, to be able to shop, put your luggage into the overhead compartment. You know, I'm five foot two, I'm, I'm petite, and every time I'm on a plane, someone wants to help me get my luggage out and I snatch like 50 plus pounds any given day of the week. Like, I train to snatch

that luggage off the overhead compartment, even in some little tennis shoes, you know, and I'm like, I don't, I don't need help.

I got, I train for this all week long and I wanna be training like that for my 60-year-old self, my 70-year-old self, my 80-year-old self. You know, I look at my mama, who is a competitive tennis player today. And she is training for another marathon. She just ran a half marathon last weekend, and it is so deeply inspiring. This woman is, I think she's doing 20 miles this weekend, part of her marathon training, and it's, it's just a, a, just a weekend from my mama. You know, who's about to be 65 years old probably when this goes out. And I'm like that, that's my inspiration. She's got energy in the tank. She's up at four o'clock in the morning running with her, running friends. You know, it's, it's just a beautiful thing. And so many of us, even in our early to mid sixties. You know, we don't have this, we, we are really struggling with our capacity and our energy and our movement. And my mama man, she is making it look easy.

SHAWN STEVENSON: Hmm. I love that. I didn't know where you was going with double dipping. I was like, where is this? That's a, I love that. I love that concept. You know, I don't know if this had to do with guacamole or whatever, but yeah, that's amazing. And by the way, one other thing is like this, it all feeds into each other. It feeds into itself, and even with the sleep and the consistency and just setting yourself up for a good night's sleep, having a earlier curfew when you're done eating.

I wanna share this point with everybody. I talked about this in my first book. This was like 12 years ago, how eating a meal increases your cortisol. All right. Just because, and it's just like, why would my body get stressed? It's doing a lot, a lot of processes they're kicking on to try to process what you just put in there, let alone through evolution. You might be putting something sketch in your body and your body has to just be on guard, right?

DR. MARIZA SNYDER: Yes.

SHAWN STEVENSON: And so cortisol and melatonin have a, they don't have a good relationship. We'll just say, well, they have a good, let me, lemme put, they can have a healthy relationship. But they tend to be at odds with each other.

DR. MARIZA SNYDER: Yes.

SHAWN STEVENSON: All right. And so we don't want cortisol getting high right before we're trying to go to bed. So give your body chance, again, cortisol to come down for you to relax. You just shared having a relaxing evening routine which can start after you finish dinner.

DR. MARIZA SNYDER: Yeah. For me it starts after my son's in bed. We have a full routine for him. He's four years old and, and I'm like, okay, my body. My brain deserves that same level of sleep routine as he does. So he's asleep by eight o'clock. I've got about 30 minutes, a 30 minute window between him going to bed and when my routine kicks. So I've got 30 minutes to get some stuff done, and I'm just, I'm really good about honoring my brain and honoring my sleep routine. So about 8 30, 8 45 at the latest. I'm taking my nighttime supplements, I'm getting my emotional support, water ready, and I'm about to head up to my room where I'm gonna, you know, do the whole beauty routine. But really just to be in bed. And you know, I'm really grateful.

I don't get super wired and tired, but I have a lot of patients that do, and I just have them brain dump on paper, all the things that could be coming up for them, even just five minutes of brain dumping so they can clear a little bit of that cortisol, a little bit of that wired and tired. But for me it's a book, like there's something about reading the lines on the page that just calms me down. It's not usually personal development. Sometimes it is. It's usually a really good fiction book that I'm into. And about 9 45, my sleep cue kicks and I listen, I listen to that sleep cue, like the lights are going off in the next five minutes. I finish those couple of pages and I turn the lights off and I'm usually asleep by 10 o'clock.

And it's just that consistency that I honor. I, I don't care if it's the weekend. And like you said, there's, you know, we have that little joy buffer where we're gonna be out with friends. Maybe you're, I, you know, I went to a John Batiste concert a couple weeks ago, where we were out a

little bit on the later side, but for the most part, seven days a week. It is 10 o'clock and I just honor that and then I'm up around six o'clock in the morning.

SHAWN STEVENSON: Hmm. Amazing. One of the little points of that study as well was that when you're carrying excessive amounts of body fat, cortisol raises even higher after meal.

DR. MARIZA SNYDER: Yes, it does.

SHAWN STEVENSON: And so, so again, it can start to feeding into itself in this kind of vicious circle. So we wanna create a virtuous circle and just be mindful of that. Our body's very good at clearing and kind of recalibrating cortisol after meal. It's not, it's just how stuff is wired. So I want to be neurotic about that. We don't want that, but just be mindful.

DR. MARIZA SNYDER: Mm-hmm.

SHAWN STEVENSON: Like eating right before bed or eating. You said it earlier as well. You know, I don't, I've never met anybody that's up at 1:00 AM watching Netflix. Like, you know what? Sounds good, some broccoli.

DR. MARIZA SNYDER: Exactly, right. A little..

SHAWN STEVENSON: Can you go grab the..

DR. MARIZA SNYDER: Little salad.

SHAWN STEVENSON: Go grab me a nice spring mix. You know, that doesn't happen, you know? So you, you've mentioned several times, and this goes back to something that you talked about earlier, and I'm grateful, I want, I definitely wanna talk to you about this, the neuroendocrine transition. And this is the part where, and you even, it's, it's one of the subtitles in the book. Am I crazy? Essentially was what you put, and this is like a, a common experience for women and also the environment telling them that you're going crazy. Right? And so can we talk about the mental health connection, the emotional and

mental fitness side that we need to pay attention to for supporting women and for the women that are listening, going through perimenopause?

DR. MARIZA SNYDER: Oh, thanks for asking. I think this is such an important part of the conversation because 80% of the symptoms of perimenopause are gonna be brain related due to this profound neuroendocrine transition. The brain is reorganizing, it's doing its best to recalibrate, even though it's losing these really important neurosteroid hormones, whether that's estrogen, testosterone, progesterone, but even cortisol is deregulating. Melatonin is declining. You know, no hormone is operating in a silo, particularly when it comes to the brain. And what we know about these hormones, particularly estrogen and progesterone, is that they are modulating neurotransmitters like dopamine and serotonin that bring joy and motivation and excitement.

Or with progesterone, you know, it turns into allopregnanolone in the brain that helps to activate the breaks, the gaba receptors. And so as progesterone is declining, which it's the first hormone to decline, we start to see that shift in decreased gaba activation where we start to feel more anxious or that low stress tolerance or sleep issues. And it, it really is disruptive if you've been used to, again, having good mental function, good cognitive function where your brain is able to do a lot of executive function. So many of the women that I take care of, they are used to having a hundred tabs. And being able to execute on those hundred tabs and that they're able to, you know, one minute they're ordering cleats for their, their son or their daughter.

The next moment they're submitting a presentation, the next moment they're running the laundry list of what they're making for dinner and where they need to go to the grocery store. There's a lot of tabs happening, and then all of a sudden that effortless process begins to falter and it can feel like, is this early dementia? Is this early cognitive decline? And. I always say like, have besties in perimenopause with you, because you'll quickly realize that she doesn't remember what the word was, or she doesn't know why she walked in the room either. So you begin to realize, oh, it's not me. It's not just me. Like there's millions of us out there who are forgetting where we put our phone and where we put our keys.

I think the most destabilizing though is the, is the mental health aspect. You know, where you feel like a deep sense of dread or intense anxiety or depression. And what's really interesting about perimenopause is that it's inconsistent. So some parts of the month, you're good. I always joke that everyone loves day 12, us the follicular phase. We, we even love day 12 us. And then day 27 rolls around and you're like, I don't even recognize myself anymore. And so that mental health aspect where one day everything is good and then the next day it feels like the world is crumbling around you or you're snapping at your family members, or you don't have the same capacity for stress that you had just three days ago.

That that inconsistency can feel. I mean, destabilizing is the best word I can use. You can feel like you don't know who you are anymore. And for me, especially in the beginning of the journey. I remember there were days where I wondered, I'm like, what is going on with me? Like, I don't, I don't recognize myself. I don't know who this, it was, it was the bouts of rage that I was experiencing that that scared me. That I was like, what is going on? And I remember that's how I knew I was in perimenopause. And I can tell you, the majority of my patients, they come to me asking for HRT not because of weight resistance. It's because they're having rage and they're afraid that they're gonna lose their relationships or that they're, they're going to, you know, something's gonna happen at work, you know, and, and they need to get more stabilized.

SHAWN STEVENSON: Hmm. Wow. Wow, wow. You know, the, if you look at the rates of divorce during this time period, if you look at the rates of, you know, transitioning with careers, just being done with stuff or being interested in other things. I think that this is an opportunity also for women to know that it's okay.

DR. MARIZA SNYDER: Yes.

SHAWN STEVENSON: Regardless of how it's, you know, manifesting to, I, I love the advice of having friends who are in perimenopause as well, because it's like you gotta find things to help you to, to, to keep grounded, to also, to know that this is normal and also no matter how it's showing up, to know that it's okay. Because even within that rage, there's gonna be, there's gonna be something, there could be something that you suppressed long ago that

now you have as, as the hormones are changing and you're going into this second puberty, now you're getting into a space where you can actually let this thing go. You know, is, is it, does that sound accurate?

DR. MARIZA SNYDER: Yes. Oh, absolutely. This is the time of discernment. This is where we get to decide when everything is up for review. Again, that that obligation that I signed myself up for years ago, do I really need to do it anymore? Because it doesn't bring me joy are the relationships that are just not serving me anymore, that I've been tolerating, or that I've been people pleasing, you know, that I've been just trying to keep it okay and all, and, you know, I'm like, I'm not, I'm not going to do that anymore. You know, this is a time where we get to lot, like load our boundaries. We get to have boundaries. We get to prioritize ourselves. We get to prioritize our mental health, and I find a lot of women, you know, in this, in this really profound transition, we get really clear on what matters to us, what brings us joy and what we are letting go of.

You have my full permission to let go of what isn't serving you. And one of the best ways to check in with that, this is something I've learned, is that if a decision or a relationship or something that is coming into my life brings me into contraction, I can just feel everything just tightens. I listen to that now. I used to not. I would just plow ahead, say yes to the opportunity or whatever it is. But now if I feel like everything's contracting in my body, my body's, that's my body's way of telling me that is a full body no. And then if I feel expansion, my, I open up. I'm excited. It feels good. Well, that is a full body yes.

And I love that I'm listening to that and that I am taking action with, with what my body is telling me. And I think that's one of the most beautiful parts of this journey is listening to myself for the first time and really getting in alignment with what feels good. Because we get to do things just because they feel good. Like I, one of my favorite mantras that I tell myself is that it feels good to feel good. And I think that in perimenopause, that's such a beautiful reminder, especially when we are contending with all of the obligations and all the messy middle of everything that, that north star of choosing joy and gratitude and feeling good, like you really can't go wrong.

SHAWN STEVENSON: Yeah. So can you share a little bit about what people have to look forward to in the perimenopause revolution?

DR. MARIZA SNYDER: Yes. So this book is a rally cry. It is really the roadmap into midlife. And the first part of the book is answering the question that so many patients and women come to me and my in perimenopause? Is what I'm experiencing is this actually perimenopause? I'm gonna help you figure that out very quickly. And then I also wanna acknowledge that the symptoms that we're dealing with, they could be driving future health outcomes. So I wanna connect the dots between that, but also I want, I wanna just honor what you're experiencing and just help you to see that these symptoms.

These are signals, this is your body trying to communicate with you, trying to let you know. So if, if you're struggling with, with brain fog or sleep issues, it's important that we listen to it and we get the support that we need. I also really walk you through how to advocate for yourself and a time where we're still, we still have a pretty big knowledge gap when it comes to women in perimenopause. Then we've got the pillars from blood sugar management to exercise snacks to community hormone replacement therapy, and even how to support your stress response system and your mental health. I make sure that you get the wins that you deserve so that you can keep walking forward in rewriting that midlife story.

And then lastly, there's a five week plan that puts it all together, including the mindset. This is the moment where we get to reframe, where we get to decide how we want to live the second half of our lives and. I don't know about you, but I wanna come into that second half with intention, with resilience, and with a deep knowing that I get to take the wisdom of the years that I've lived before into that beautiful next chapter. And I believe that it really can be the strongest chapter yet. So I set you up to win so that you know who you're becoming in the second half of your life.

SHAWN STEVENSON: Yes, yes. Come on. I love this. And this is a very special time right now for people that are listening to this around when this is being released, because you're also gifting everyone who is pre-ordering the book. \$758 worth of bonuses.

DR. MARIZA SNYDER: Yes.

SHAWN STEVENSON: So can you talk a little bit about that as well?

DR. MARIZA SNYDER: Yes. I wanna make sure you have everything you need. I don't want you to have to wait for the book, like now is the new later. And I know that when I'm ready to go, I wanna go now, like I wanna start today. So I have over 50 recipes, meal plans. I have beginner workout videos, intermediate workout videos, a whole exercise snack, workout, a series. I mean, I got you wherever you need to be met in terms of the movement journey. Symptom trackers, menstrual cycle trackers, lab like lab guides, lab ranges, everything. Sleep routines, morning routines. Everything you need to get started. Like, I'm gonna meet you, where you at so you can go today? Yes.

SHAWN STEVENSON: Where can people get access?

DR. MARIZA SNYDER: Yeah, so drmariza.com/book. That's where you're gonna get all the goodies. The book is available everywhere. If you're like me, you are a, a busy working mama. I love Audible, I love listening to books, so I'll be, I'll be listening to this book as well. So get both, have it on audio, and then have the hard copy.

SHAWN STEVENSON: And you learn better that way, having both. Actually about that. You don't know this as well, but just the episode that just came out maybe the week before around this time, we had accelerated learning expert, Jim Kwik talking about audio books versus physical books and just that can create this whole brain learning. So that's great advice. Can you spell out that URL for everybody?

DR. MARIZA SNYDER: Yes. It's D-R-M-A-R-I-Z a.com/book. BOOK.

SHAWN STEVENSON: Boom. Amazing. This has been so phenomenal. Thank you so much for putting your time and energy into creating.

DR. MARIZA SNYDER: Aw. Thank you.

SHAWN STEVENSON: Something like this. Because again, it's just we need this, you know, our community needs this and this is also something for as men to get educated about as well. Because being in relationship, you know, like this is, this is a part of life, this is a part of evolution. And a lot of this stuff, like especially in our culture today, we feel so separate. And we are not paying attention to, like those symptoms you just mentioned, those are signals. Right. And being able to honor that, you said this earlier, you said grace, right? And being able to cultivate more grace for the women in our lives. And I, I'm so grateful because you know right now things are changing and you are a part of that change. So I appreciate you for that.

DR. MARIZA SNYDER: Thank you. Thank you so much.

SHAWN STEVENSON: The one and only Dr. Mariza Snyder. Thank you so much for tuning into this episode today. I hope that you got a lot of value out of this. If you did, if you know somebody who could use this information, sharing is caring, please share this out with the people that you care about and that you wanna support. I appreciate you so much for tuning into this episode. Of course, you could send this directly from the podcast app that you're listening on or share this out on social media. Take a screenshot, share it up there as well. You can tag me. I'm at Shawn model and tag. Dr. Snyder as well and share the love that way. We've got some amazing masterclasses and world-class guests coming your way very, very soon. So make sure to stay tuned. Take care, have an amazing day, and I'll talk with you soon.

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