



FLIPSIDE OF MIDLIFE®: MY CHAT WITH DR. LEIGH LEWIS PART 1

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{MUSIC INTRO}

Karli: Hi everyone, welcome to **FLIPSIDE OF MIDLIFE®**. I am Karli Newman, and I have an amazing guest with me here today, Dr. Leigh Lewis.

She is a naturopathic physician here in the state of Arizona, right here in Phoenix. Yay, hi Leigh! And about some of her credentials, why I have her on the podcast today.

She is a certified menopause specialist. She is an expert in this area. She has been in clinical practice for over 20 years and her focus has always been on women's health, specifically on hormonal health in women. So she does help women of all ages, but she is one of the few if not the only, physician in the state of Arizona that has the credentials that she has.

And I'm so blessed and happy and grateful for Leigh joining us today. Hi Leigh, how are you?

Leigh: Very well, Karli. Thank you. How are you doing?

Karli: I'm doing so good. Is it okay if I call you Leigh or would you prefer I call you Dr. Lewis through our conversation?

Leigh: Leigh, all day, yes.

Karli: Okay. I love that about you. I met Leigh a few years ago and,

I just really respect the work that she does and the science-backed information that she shares. So I wanted her to be here today so that she can set us on the right path when it comes to menopause and this very amazing time of life that can be hormonally challenged.

Leigh, I would love for you to start with your story. How did you end up here and why do you do what you do?

Leigh: I got a degree in psychology and philosophy, double major from U of A - Wildcats. And I got into working with people with psychiatric problems from the get-go, working in community mental health. And I really loved that work a lot. I was going to go into psychiatry to work in community mental health.

Unfortunately, the three psychiatrists I worked with at that time all urged me not to do it. This is just no work-life balance. It is very stressful. Their workloads were insane. They each had 300 patients under them. 15-minute appointments every three months.

And these were the sickest of the sickest people. They were in and out of prison, in and out of the mental hospital, and we still had a state mental hospital in the 90s, schizophrenia, bipolar disorder, a lot of suicide attempts. They were just like, don't do it.

They knew I was very into prevention and health, and one of them actually said to me, 'why don't you consider naturopathic medicine?' She said she had a friend who went to Bastyr University in Seattle and this same psychiatrist was actually doing her needling training because she was going to be offering acupuncture to her patients, 'and you should look into this. This is just way more your vibe.'

And she knew I never wanted to do surgery. I really don't like emergency medicine. I'd be running to the bathroom instead of to get the crash cart. So that's what took me there initially. I had never met a naturopathic physician before. I was not raised like doing super crunchy medicine or alternative medicine at all.

And so it was really a big sea change for me. But that's how I started along this journey. And luckily enough, I got paired with a peer mentor in school who was very passionate about women's health. And she had applied for and was awarded this two-year postgraduate training in integrative women's medicine.

And I was like, oh my gosh, this is totally what I want to do. I really was very interested in working with women and loved the idea of working on both the physical and mental health plane with women. And so I just kind of set my sights on that. I was going to do that residency and I was going to continue on and do this, training and program and luckily it all worked out.

So I was accepted into that and did that two-year program. It was really fortunate because I was able to - and this is where I really do believe that the integrative part is so important - is in that training program, I was able to work with and observe with a lot of medical doctors in whatever specialty I wanted to. So I did mainly reproductive medicine, endocrinology, and, of course, OBGYN.

And amongst that was doing like some breast cancer rotations, both from the surgery side and the oncology side and gyn onc and everything. So that was an amazing two years that really inform the education I had as a naturopathic student, and then I got to see a lot of what was done on the conventional side as well. And that's really what I see as my role

I think there's two take homes, and one is, like, body medicine. I don't understand in this country and in our culture why we separate the two. I think it is, to our detriment to do that. Still the stigma that's around mental health is insane, for lack of a better word.

And then the other side is really doing integrative medicine. Like I am there to meet people where they're at. If I see someone who is really struggling and at their wits end and is like hormones, hormones, hormones all the way, whether it is menopausal hormone therapy or a birth control pill, I will do that for them.

If they're like, I do not want to do hormones. I want to try everything else. Well, we'll try to the best of our ability to manage those symptoms without the use of medications if that's what they're working for. And of course, always looking at the other factors with the sleep and nutrition and healthy lifestyle just generally and social supports and whatnot.

Karli: That's one thing I love about what you talk about on your Instagram, and obviously in person too, is just how all of that does tie together. I think that a lot of women aren't getting that from their healthcare circle. So I love that

you focus on that. And I agree with you. We are really missing the boat when it comes to that holistic look at life and our holistic look at health and wellness. Because it isn't just one component. And I agree with you that it's not easy to find here.

Flipside of Midlife, we're talking about midlife and beyond in my world. What are the stages of menopause and how do women know that they're going through them?

Leigh: That is such a good question and that is something that I see women online, on social media, and then also in my clinic, really struggling with. Also my friends. I mean, I'm, I'm in it right now, too. I'm 54 years old. All my friends are in it as well. And of course, always getting the questions. You know, like, oh, my gosh, I couldn't sleep last night because of hot flashes. Is this really happening? Yep, for the last 10 years. We really need to kind of like bring the lens back a bit and really look at the whole reproductive life. We go through puberty at a certain time, and then, of course, there's the reproductive lifespan.

And the idea with perimenopause that's so important - and that is really just the time around menopause is perimenopause - so if we're talking about pre-menopause is anything before menopause, perimenopause is around menopause, and menopause is just one day in a woman's life. That is the day after she has gone a full year without a period. So after that final menstrual period has happened, and we never know that that's the final one, unless of course you get a hysterectomy, so you never know that that's the final one except as a retrospective diagnosis.

So it's after a full year, you look back and say, 'okay, now I'm in menopause.' Sometimes we do learn from our friends and family the best, but my best friend had this happen. She had a period 13 months after her last period.

Karli: Oh my gosh!

Leigh: Yeah, and she lives in New York, and she got on what I think was a little bit of an aggressive path with her gynecologist of having to do ultrasounds and endometrial biopsies.

Whereas I look at it with a bell-shaped curve, most people are going to get that definition of menopause after having one full year without a period and never having a period again. If you go 13 months or 14 months, I just feel like that's going to be at the tail end of what's considered normal.

But really, we want to have that idea. And if you've gone certainly 18 months or two years, or I saw someone the other day, 10 years without a period and start bleeding, that is a red flag and something we need to look into. But so with that definition of menopause and working backwards, we have the whole pre-menopause phase.

And basically, birth to that one year past the final menstrual period is premenopause. Again, that will incorporate all of those reproductive years as well.

Now, there are people who have very early and very aggressive cancers where they have their cervix and their uterus and potentially their ovaries removed. Maybe they have a genetic, like a BRCA, situation in their family. And sometimes as teens, those people are getting those organs removed very early. So believe it or not, there are people in their teens that are in menopause.

Just to put that in perspective. That's pretty rare, but menopause can actually happen at really any age.

And then, this is all based on statistics, over time, after 30, the hormones drop. There's a change there. After 35, there's another change. And then after 40, and then from there on.

The issue is, is that, again, because of people's circumstances, we do have a situation called premature ovarian insufficiency. It used to be called premature ovarian failure. But some people go through this, they think they're in

menopause, and then they might have another period again.

If you look at just the average person who will probably go through their final menstrual period around age 51 to 52, which is our current statistics, you can experience perimenopausal symptoms starting all the way 15 years prior, believe it or not, that's down on the outside.

But if you think about it and go back to those statistics that we oftentimes hear about regarding fertility, that fertility drops after 30. Again, after 35 and a big drop after 40, that decrease in fertility is a perimenopausal symptom. And when I explain that to people, it's kind of like this light bulb goes on. Because the loss of fertility that is hearkening to menopause.

So if you look at it in that way, I think it makes a lot more sense that when women in their late 30s or early 40s start having changes in their sex drive, start having maybe some hot flashes, worsening of PMS or mood issues, all of those things can certainly start during that time.

Karli: Thank you for that. I think we're looking for all of this concrete stuff. Here's when it's going to happen. Here's where I'm going to be. Here are the symptoms I'm going to experience. For my own personal things, I know that I was like, what, what is this? I can't do basic math all of a sudden. What's going on with my brain?

And then I had vertigo symptoms, and I recently learned that that can be related. There's the things that we hear about the hot flashes and some of those things. I think brain fog is more of something that we're hearing about. But I really feel, and it could be because I'm in the midst of it, too.

Well, I'm beyond. I celebrated. I had a little toast to myself on my year anniversary. But I think we should all celebrate when our friends hit that one-year mark.

I think we're starting to hear more about it. More women of our age are talking about it, which I am so happy about. Because I didn't know anything about it and I didn't have friends I was talking to about it or anything. That's one of the reasons I wanted to have this conversation with you today. And one of my concerns is the misinformation that is out there. What are some really reliable resources that you could share with the audience to know that when you go there, you're getting factual information?

Leigh: Yeah, I love that you brought that up and to take it one step further, a term that I've been using a lot, is gendered health misinformation.

Women are targeted in this capacity to buy things all the time. I actually just did a post about something that is called, and you might not really hear about it because often times it is used in relation to menstrual products, the pink tax. Things that are marketed for women or that women need.

I've been doing this for 20 years, and I actually graduated into the brouhaha of the women's health initiative and the scary hormone study that came out and was there when these patches were starting to be available. And it has only been in the last I would even say three to five years, where reliably I could prescribe the patch generic for a patient and know that their insurance or through GoodRx, they could get it and have it be affordable. And that is just terrible because I'll tell you, Viagra is not that expensive.

If a patient is really wanting to be on hormones and is having all the symptoms and, needs a vaginal estradiol and the systemic estradiol and the progesterone and then also wants to do testosterone, prior to the improvement in the insurance coverage, you know, you could have been looking at hundreds of dollars a month. And that is just, it's criminal, if you ask me.

Getting back to the misinformation, the best resource that I can suggest is the Menopause Society. They used to be called the North American Menopause Society. They just went through a rebranding. So it's now the

Menopause Society. So you can use that resource in a couple of different ways.

If you follow them, they have very good reporting on a lot of the research that goes on in menopause medicine. So that's one way to stay abreast of things. But also you can go on there and search in your zip code or in your state for any providers that either are members, that's one degree of being involved, and then they do offer a certification training and exam.

Physicians like myself have gone through that and taken that extra step. And they will then be designated as an MSCP or Menopause Society Certified Practitioner. And so in that way, you can be sure you're getting what the conventional training is, which I think is very important.

I mean, we have these FDA-approved hormones for women. That is what the menopause society, and really all of the societies, the American College of OBGYN, the American Society of Reproductive Medicine, and the Endocrine Society, all recommend the FDA-approved products for women.

So that's one. They're on Instagram and Facebook as well.

And then there's another one. On my website, I have links to a lot of the podcasts that this physician has done. His name is Avrum Bluming. He is a breast cancer oncologist in California, and he has a great book called ***Estrogen Matters***.

He has a Instagram page. Such a good resource. They really focus a lot on really dispelling the inaccurate information that has come out since the Women's Health Initiative, and really clarifying the studies that have been done since then on all that data and how to look at it now with the hormones that we currently use. So those are a few really good resources.

The Menopause Society website is menopause.org. And then, you mentioned your website and that is arcadiawomenswellness.com. And for those of you out there listening, I will have all of these links and recommendations from Dr. Lewis on the resources in the show notes and transcript of this podcast. So, don't panic if you aren't taking notes right now. I will have those readily available for you, but I did want to mention that as well.

Karli: I think it's so important that, because there is so much out there, how do we know who to listen to, and where we can find good, reliable, current information that's based on science that has been validated.

This is part one of my conversation with Leigh. And I will have another part of our conversation that is available to my ELEVATE members only.

You can go to my website, flipsideofmidlife.com to get information on that. But if you are interested in hearing more from Dr. Leigh Lewis, I encourage you to go and check out my membership.

The last question I'm going to ask Leigh before we part ways is you mentioned that you're in the midst of all of this with me and the rest of the audience, what is your favorite thing about this time of life, about the flipside of midlife?

Leigh: Well, I'm not gonna lie, I did not like having my period. I never had kids. I used the progesterone IUD to skate through the last 15 of my reproductive years, and I didn't even really have a problematic period to begin with.

Quite honestly, I probably did, retrospectively looking back, struggle with PMTD or premenstrual or perimenstrual dysphoric disorder, which is a form of PMS that again, getting into the mental health components, these

hormones, yeah, they cause physical symptoms, but the mental health symptoms and struggles that I have experienced in my own life and see my patients struggling with are real. We all focus so much on hot flashes.

Sure. I've had hot flashes. I've been the hottest person in the room. You know, in barre class and like, when are they going to turn on the fans? Dripping with sweat. But it's the mental and emotional symptoms that I think are so hard and the ups and downs that we kind of take for granted, unfortunately, as just a part of being a woman.

Our partners and our family kind of have to be like, Oh, is she getting her periods? We hate the question, but yeah, I am. I was very fortunate. I did not have a huge amplification of my mental health symptoms in perimenopause, but they can be.

It's really what really troubles women. That and the cognitive symptoms. I have to say, I am not sad to see all of that go away.

Karli: I love asking that question because everyone obviously has their own independent answer, but I've not had somebody answer that question where other women aren't like, oh, yeah, yeah, absolutely.

For sure, hands up, not having my period? Kind of great. Yes, I agree. It was so great. When I hit that year mark, I was pretty excited. Cause like your friend, well, I didn't go past the year, but you know, I think there was one time where it was nine months and I got my period. I thought, Oh, I was so close.

Leigh: That happens a lot. And too, COVID has been playing little games with us, too. You've probably heard that it can mess up your menstrual cycle, but for women in perimenopause, because it's been shown to impact the ovaries and ovarian hormone production, and if we're already on the cusp of menopause and producing fairly erratic hormones as it is, it can, for several months, make it just go away.

And then sometimes maybe you won't have another period. But, and sometimes it can come back and you're like, Oh, I thought I was done.

Karli: Well, thank you so much. I have loved having you here for part one of our chat and I'm going to close out here, everyone. Thank you so much for listening to FLIPSIDE OF MIDLIFE®.

Again, if you want to hear part two of my conversation with Dr. Leigh Lewis, please go to my website, flipsideofmidlife.com and check out the [ELEVATE Membership page](#) where you can find out more information about how to become part of that amazing community of women in midlife and beyond.

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Links for resources mentioned in this episode:

-Menopause Society <https://menopause.org/>

- On Instagram https://www.instagram.com/menopause_society/
- On Facebook <https://www.facebook.com/themenopausesociety/>

-Dr. Leigh Lewis <https://arcadiawomenswellness.com/>

- On Instagram https://www.instagram.com/dr_leigh_lewis/

-Avrum Bluming Estrogen Matters <https://estrogenmatters.com/>

- On Instagram https://www.instagram.com/estrogen_matters/

