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What Role Does Nutrition Play in Menopause Care?

Dr. Ramnarine:
Menopause isn't just a hormonal milestone; it's a significant transition that can reshape metabolic health, resilience, and long-term outcomes. And for clinicians, it presents a key opportunity to intervene with the right nutritional strategies.

Welcome to *NutritionEdge* on ReachMD. I'm Dr. Shelina Ramnarine, and today we're exploring how proactive nutrition strategies can help support patients going through menopause. Joining me in this discussion is Dr. Terri DeNeui, a certified nurse practitioner and the Founder and Chief Science Officer of EVEXIAS Health Solutions.

Dr. DeNeui, thanks for being here today.

Dr. DeNeui:
Thank you. Happy to be here.

Dr. Ramnarine:
To start us off, Dr. DeNeui, how should clinicians rethink menopause as not just a hormonal transition, but also as a systems-level transition?

Dr. DeNeui:
Great question. I love it. And this is one of the things that I really emphasize when I'm lecturing at various conferences—clinicians moving away from the allopathic mindset of menopause, which is what we were all taught. So a woman is going to go through this change in life where her menstrual cycles will become sporadic and eventually cease, and she'll have hot flashes, and she might have bladder and vaginal discomfort, bladder symptoms, and other vague symptoms. And we can give her this magic pill of estrogen with a little bit of progesterone, and those symptoms will cease. That's the allopathic model. They present with symptoms, and we give them a pill.

The shift in menopause understanding is exactly what you said. Estrogen, progesterone, and testosterone are really foundational in every body system. There are hormone receptors from head to toe in every single body system. And it's really important to understand if there's a receptor on a cell in the body, no matter where it is, that means there's a molecule that has an action to perform in that cell. So the big shift for clinicians is to get out of the thinking that “Menopause is just a reproductive stage of a woman's life, she's going to have some symptoms, and we can give her some drugs to help her through that,” to “No, we really need to be focusing on optimizing and restoring her hormone levels for all body health.”

And I can really get into the studies that show within three years of menopause, a woman who goes without estrogen is already depositing beta amyloid in the brain, which is the hallmark of Alzheimer's disease. This is a decade before symptoms even begin. So again, hormones, and especially estrogen, are foundational to disease prevention.

Dr. Ramnarine:
So what are the most important metabolic changes we should anticipate during menopause, and how can nutrition make the biggest impact?

Dr. DeNeui:
There's so many metabolic changes, and I think that's the most tangible change outside of hot flashes and some of the other things I've already mentioned. But the body composition changes are really profound, and obviously the metabolic changes are very profound.

When women experience hormone changes—that actually starts before menopause, by the way. Women are losing their testosterone

and their progesterone 10 to 20 years before actual estrogen loss happens in menopause. So there's three hormones that we really need to focus on here. But in the context of menopause, she's already gone through losing the other two hormones, so things have been happening for a while that she's adjusted to metabolically.

For instance, when we lose testosterone, we lose muscle mass. When we lose progesterone in our 40s, which is typically when progesterone begins to decline—it sometimes could be sooner—we start to have abdominal adiposity changes. And then when we start losing estrogen, it gets worse. So we start losing bone, and we start getting more visceral fat, which is very inflammatory. We have alterations in our hormone metabolism. The gut plays a big role in this and impacts us metabolically. And also, changes in estrogen, testosterone, and progesterone that go along with the menopause transition increase insulin resistance and raise cortisol levels, which is a cascade of a host of metabolic issues. And nutrition and nutritional supplements can play a key role in helping women during this transition, whether they're on hormone therapies or not.

Dr. Ramnarine:
Building on that, could you explain how gut health and inflammation intersect with hormonal changes during menopause, and how clinicians can translate that into practical nutrition strategies?

Dr. DeNeui:
One of the biggest ways is that with a dysbiotic gut—what that means is too much bad bacteria overgrowth in the gut, which is caused by a diet that's very high in processed foods and not getting enough fiber in the diet because highly processed foods don't have a lot of fiber, and just in general not getting enough fiber in the diet to feed the good bacteria. When you have an overgrowth of bad bacteria in the gut, it causes the release of beta-glucuronidase lipopolysaccharides. These are all inflammatory molecules. But from the perspective of estrogens and estrogen metabolites, estrogen metabolizes through the liver. And estrogen metabolizes through the liver whether you're taking estrogen as a hormonal supplement or your body is still making estrogen. And there's metabolites of this process in the liver that we want to excrete through the gut. We don't want them hanging out. In fact, more and more data is showing that these estrogen metabolites, called 16α and 4-hydroxyestrone metabolites, are more carcinogenic. They have more potential to cause hormone-related cancers. And so when you have bad bacteria overgrowth in your gut because of a highly processed, high-sugar diet and not enough fiber, these enzymes called beta-glucuronidase release. They uncouple those linked metabolites that we're meant to excrete through the bowel, and they reabsorb into the system.

So this is a big theory around hormone-related cancers, breast cancers, and other cancers—that it's not the hormone that's causing the issue. It's actually the poor gut health that's not allowing the body to eliminate some of these carcinogenic metabolites through the bowel. And that's a really big conversation in the context of menopause, especially if we're going to be giving these women hormone replacement therapy. We really need to support the metabolism of those estrogens for overall better health and disease prevention.

Dr. Ramnarine:
For those just tuning in, you're listening to *NutritionEdge* on ReachMD. I'm Dr. Shelina Ramnarine, and I'm speaking with Dr. Terri DeNeui about supportive nutrition strategies during menopause.

If we continue to think about menopause through a systems perspective, we know bone health becomes increasingly important. So Dr. DeNeui, how can clinicians take a more proactive, nutrition-focused approach during this stage?

Dr. DeNeui:
Definitely, hormones play a huge role in bone turnover, and it's really important to understand that it's all three hormones—again, estrogen, testosterone, and progesterone. There are receptors on our bone cells for all of those hormones, and so it's really vital to replace their hormones. That is the number one key to preventing progression into osteoporosis.

But there's a lot of nutrition that is really important that goes along with that. Vitamin A, D, and K together are so important. We're so focused on just calcium supplements, but the bone is made up of many more minerals than just calcium, right? And then, of course, when we get plenty of calcium in our diet, even if you're taking calcium supplements, it's vital to have vitamin D to get that calcium in the bones and teeth where it belongs. It's so important to have vitamin K too along with that because it helps also get calcium in the bones and teeth. And vitamin A is beneficial in helping excrete excess calcium out through the kidneys. So many people are just taking calcium without these other key co-factors in the hopes that it's going to help build bone, but it really is a much bigger nutritional picture along with good hormone optimization that's going to get the best outcomes with osteoporosis.

Dr. Ramnarine:
You mentioned that calcium alone is not sufficient for bone health. Are there other supplements that we should think about from a systems perspective?

Dr. DeNeui:
So from the perspective of what type of nutraceuticals can impact hormone metabolism for a menopausal woman, there's some key ones. And one of them is called diindolylmethane, also referred to as DIM. And that is the key nutrient that impacts hormone metabolism in the liver. So when estrogen is going through the liver, it goes through three phases of hormone metabolism. And one of the phases is what separates the hormone metabolites down different pathways. One of them is called the 2-hydroxyestrone pathway. We call that the good estrogen; that's an estrogen metabolite that's beneficial. It doesn't cause harm. And then the 16α and 4-hydroxyestrones, which I spoke about previously, are more carcinogenic. So diindolylmethane plays a big role in assisting the body in pushing estrogen metabolism down the 2 pathway and over the 16α and 4 pathway. So that's a really important one to consider. CoQ10 plays a huge role in phase one of liver metabolism of estrogen. And then also methylation—up to about 40 percent of the population has at least one little genetic alteration in their ability to methylate, and methylation is a key part of hormone metabolism in the liver. And you can support methylation by utilizing some methylated B12 and methylfolate. Those are very important for hormone metabolism.

And of course, when I talk about the gut dysbiosis, I'm talking about the conjugates that are carrying those bad estrogen metabolites out and trying to excrete them through the bowel, and then that enzyme beta-glucuronidase that uncouples those. If you can just feed your good bacteria with really good probiotics or prebiotics—all fiber is considered a prebiotic—you will greatly reduce the risk of reabsorbing those more carcinogenic metabolites.

Dr. Ramnarine:
And since menopause looks different for every patient, what factors should guide a more personalized nutrition approach?

Dr. DeNeui:
How is the patient responding? I've had women come into my office for evaluation of menopausal symptoms, and they can have the same deficits on lab values; they have very low estrogen, their follicle-stimulating hormone is very high, and they have other deficiencies. And one woman will have no symptoms or very mild symptoms, and she's just breezing right through. And another one is having 10 hot flashes while she's sitting there, and she's miserable, and she's depressed, and she's having relational problems because of her moods and so many things that it impacts. And what I've noticed time and time again in almost 17 years of doing this in my clinical practice is the patients who have less symptomatology, less body composition changes, and less gut issues and belly bloating and some of those other common complaints tend to be more nutritionally sound. I have seen it clinically: two patients look the same on paper and have totally different clinical presentations.

And so nutrition in approaching this transition is so vitally important, and it really starts way before that. It really should start as childhood habits that are formed. But definitely, as we age every decade, the people who are proactive in their approach to their health nutritionally have much better hormone transitions than the ones that don't.

Dr. Ramnarine:
So as we wrap up, Dr. DeNeui, what practical steps would you recommend to clinicians looking to integrate nutrition into menopause care?

Dr. DeNeui:
Education. There's so many things out there. And patients are looking for answers as well. Clinicians, doctors, nurse practitioners, and PAs have no nutritional education in our programs. Maybe 10 minutes. It's so minimal. And so we have to go outside our training programs to really dial in on nutrition education. And there's so many supplements out there and so many different things, and it's so hard to know what a good quality supplement or nutraceutical is. And what should I be offering my patients? What nutraceuticals impact different body systems? There's so many different things. So education is the key. It's got to start there. We have to put a little effort into it and go and seek that education, and then start utilizing these therapies in clinical practice, and that's where the learning comes in. You just have to start doing it. So learn a little bit and try a little bit, and you'll learn more from your patients. That's really the best approach.

Dr. Ramnarine:
That's a great way to round out our conversation. And I'd like to thank my guest, Dr. Terri DeNeui, for joining me to explore nutritional strategies for patients experiencing menopause.

Dr. DeNeui, thanks so much for being here today.

Dr. DeNeui:
Thank you. It was a pleasure.

Dr. Ramnarine:
For ReachMD, I'm Dr. Shelina Ramnarine. To access this and other episodes in our series, visit *NutritionEdge* on ReachMD.com, where

you can Be Part of the Knowledge. Thanks for listening!