

Episode 106 Transcript

Jaclyn Smeaton (00:01 - 02:49)

Welcome to the DUTCH Podcast, where we dive deep into the science of hormones, wellness, and personalized health care. I'm Dr. Jaclyn Smeaton, Chief Medical Officer at DUTCH. Join us every Tuesday as we bring you expert insights, cutting edge research, and practical tips to help you take control of your health from the inside out. Whether you're a healthcare professional or simply looking to optimize your own wellbeing, we've got you covered.

The contents of this podcast are for educational and informational purposes only. The information is not to be interpreted as or mistaken for medical advice. Consult your healthcare provider for medical advice, diagnosis or treatment. Hi everyone, and welcome to today's episode of the DUTCH Podcast. I'm really excited for today's discussion. It was very relevant to me personally. I have a guest, Dr. Christine Maren on with me talking about all things perimenopause.

And really we talk about everything from strength training to the emotional reclamation of self. Now, Dr. Christine Maren is a board-certified DO and she's a functional medicine expert focused on women's health. She really addresses the root causes of hormonal, thyroid, gut, autoimmune and metabolic issues and has a special focus on preconception and perimenopause. She is certified by the American Board of Family Medicine and practiced as a family medicine doctor for quite a long time before getting trained by the Institute of Functional Medicine, getting advanced training from the Menopause Society and also from A4M. She personally navigated fertility challenges, which she shares with us in this episode.

And then now perimenopause. And Dr. Maren brings both clinical expertise and her own personal lived experience to her work. She was so easy to connect with. And I really think that if you are in this phase of life with perimenopause or you work with women who are in perimenopause, you are going to find so much relatable about this episode. So much of what she shared about the, even just the personal experience of kind of figuring out how you can move from feeling selfish in doing self-care to really having that be a core part of who you are and kind of rediscovering those things that bring you joy in life. And really she breaks down why that is so critically important for us as we move into perimenopause and menopause, even for our own health.

Dr. Maren also is incredibly experienced in strength training and exercise and nutrition and lifestyle medicine. And we talk quite a lot about the role that that can play in your health journey from here on out. So I don't want to make you wait any longer before we dive in

because there's so much you're going to want to hear. So let's go ahead and get started. Well, Dr. Maren, I'm so excited to have you on today because we're talking about something that I'm so personally passionate about that I can't wait for it for my own learning. So thank you so much for joining today.

Christine Maren (02:49 - 02:50)

Yeah, it's my pleasure. I'm excited to be here.

Jaclyn Smeaton (02:50 - 03:09)

Can you start by just sharing a little bit about your background because as a DO, you know, you're conventionally trained but I know you really, one, you work with the functional medicine model so I'd love to know how and why that happened. It's always great to hear. And then two, with your focus on perimenopausal women, where did the passion for that population come from?

Christine Maren (03:09 - 03:52)

Yeah, so, you I went to medical school on the fence, like should I be a chiropractor or a naturopath? I was already very much into a holistic mindset, just based on my upbringing and based on some actual hormone experience I had in my younger years. And I went to DO school because it felt like sort of this good medium, like osteopathic medical school honored the body and...you know, some of that more holistic mindset and, ~ you know, medical school is great. I did my residency training in family medicine again, because I was looking for like a more general sort of experience so that I could practice in the way I wanted. Family medicine was really difficult for me. ~

Jaclyn Smeaton (03:52)

It's exhausting, right? It really takes a lot out of you.

Christine Maren (03:55 - 04:18)

Yeah, and just the hardest part for me was really like, I don't have, I can't fix you in 15 minutes. Like I can't address all your questions and all your needs. And patients were telling me, I don't feel good on this medication, so I'm not taking it. And I was like, that makes you non-compliant in quote marks, right? And at the same time, really inside, my feeling was like, I wouldn't want to take it either. I get it.

Jaclyn Smeaton (04:18 - 04:27)

I love that you say like the end quote marks because the way that we language that is like the patient's something wrong by not responding to the medicine that we've given them when in fact it was just the wrong thing.

Christine Maren (04:27 - 06:33)

It's opposite of what I preach now, which is like, listen to your body, access your intuition, think about how this makes you feel. ~ so it's really hard for me. but you know, I got through it. It was, it was a great experience in that it brought me back to the middle because before medical school, thought everything alternative was good. And going through that experience taught me to, there's a time and place for conventional medicine. mean, it makes sense sometimes. And so, you know, it really brought me back to the middle and it was a great experience. I'm glad I did it, but dang, it was hard. you know, residency, mean, getting through that whole experience too of just going through medical school and residency, it's like, really brings out that masculine energy of like, go, go, go, do, do, do, get it all done. And I was primed for that. So I think we'll probably dive into some of that later, but it, you know, it was a setup for some health issues for myself and in my first pregnancy, I had gestational diabetes, which didn't make any sense to me because I had no traditional risk factors. I mean, I was like, you know, a really healthy weight and active, but under a lot of stress. I was a resident and that really was like my entry point into nutrition. In some ways I really started diving into blood sugar and blood sugar regulation.

And fast forward several years, my husband and I tried to get pregnant with our second child and I suffered through recurrent pregnancy loss. And I knew that miscarriages were, I knew there was something wrong with my body. Like there was something off also because I was having obvious symptoms. I had a lot of digestive symptoms. We had moved into a different house. He was in the military. It was just a really difficult time in my life and I had health issues. I didn't feel good. I didn't feel good in my body.

My mood wasn't great. And I look back on that time with like a bit of sorrow, because it was hard. And also just this feeling like, God, I learned so much about taking care of my own health and taking care of my patients. And that was my introduction into functional medicine.

Jaclyn Smeaton (06:33)

I mean, it's such a, mean, thank you for sharing your story and I'm so sorry that you went through the recurrent pregnancy loss. That's such a challenging journey. ~ It's so fascinating that so many of us become really passionate when we experience bad health and then the transformation that can come not from a drug but from acknowledging what's not working in your life and making behavior change and I see that all the time. Even in like six weeks of a patient committing to a plan, they can feel so radically different and it's so motivating. And then for you, can tell, like, inspiring for you to like share that in a bigger platform.

Christine Maren (07:16 - 07:18)

Yeah, it feels a bit like my purpose in life.

Jaclyn Smeaton (07:18 - 07:20)

Yeah, I love that. I'm glad you found it.

Christine Maren (07:20 - 08:08)

Yeah, totally. I mean, I was just going to fast forward into my 40s. mean, perimenopause was sort of like, you know, a similar experience. In my 30s, I was really into fertility and preconception health. And he's still loving working with patients, you know, who want to conceive and who are dealing with unexpected infertility and recurrent pregnancy loss. But in my 40s, I really dove into hormone replacement therapy and perimenopause and what that looked like for me. I had gained weight. I wasn't sleeping well.

My mood wasn't as good, it was irritable. It was just this whole other kind of thing to unpack. again, became a really huge part of my practice as I started witnessing the power of hormone replacement therapy combined with root cause medicine.

Jaclyn Smeaton (08:08 - 08:59)

I feel like I'm following in your footsteps, like just a few steps behind because my practice has always been fertility, but now as I'm 44, like, God, I really need to serve. I'm 35, so I got a year on you. Yeah, so I'm following right behind you. But it's interesting because I think it comes from this need that we see in women throughout their lifespan. when you come to experience a phase of life, whether it's trying to conceive or struggling to conceive or being a new mom, which is like another group of that like postpartum women where you just want to support them kind of in life and in health, right? Because there's so many stressors and challenges and then perimenopause and menopause, you know, it's you really can add that level of personal experience to it. Not that everyone's situation is the same, but that there are some underlying themes of things that we see come up for women.

Christine Maren (08:59 - 09:01)

100%.

Jaclyn Smeaton (09:01 - 09:22)

So I want to start by talking about strength training, which I know is a big passion of yours because that's something that you really recommend for women, you know, that balance of strength training, good nutrition, and then we can talk about hormone therapy as well. But let's start with those foundational pieces. Why are you so passionate about that good nutrition and strength training for women in perimenopause?

Christine Maren (09:22 - 10:22)

Exactly. As you said, foundational pieces. Those are, you know, when I work with patients, I

have these three pillars, root cause medicine, hormone optimization, and foundational lifestyle habits that help us build resilience. And that's, you know, they're foundational. mean, we can't out supplement or out hormone replace like a poor lifestyle. So those kinds of habits, those daily habits that we bring into our life are just, you know, foundational pieces that help us live well, live better. And strength training in particular has been transformative in my own life, but also in so many patients. I mean, the more muscle we have, the more resilient we are, the better our insulin sensitivity is, the better our metabolism is, but the more confident we are, the better we fit into our clothes, the better we can function, the better our frame is, like the way that muscles support our frame you know, for women who are struggling with like pain.

Jaclyn Smeaton (10:22 - 10:55)

Yeah, helping with joint pain. Yeah, it's huge. I think another unsung benefit of strength training, and this is really any habit that you commit to, is that I think perimenopause is the time where women kind of reclaim themselves. Like lot of them have given themselves to their family, their children, their work, their spouse's needs, whatever it is. And then there's this reclamation of self where...making a commitment to do something for yourself and then showing up to do it, it builds that inner sense of confidence at like a true level.

Christine Maren (10:55 - 11:00)

Oh my gosh, you're speaking my language. We need to go coffee together because this what I talk about all the time. It is this reclamation of ourselves. yeah, I mean, I'm not a Chinese medicine practitioner, but I love this like idea in Chinese medicine. They talk about all the blood going to the womb. And then when a woman goes through menopause, the blood returns to her heart. And I just think that's a great, you know, an energy. has to do with chi and energy, but it's just a great.

Jaclyn Smeaton (11:00 - 11:24)

Hi, I'm like-

Christine Maren (11:24 - 12:08)

you know, symbolic thing for us all to think about, like return to self and all that love and care that we gave to our children and our families, give it back to ourselves. And I think strength training is just like you said, a piece of that, like carving out the time. was my own journey. Really. I was, it was hard for me at first to think like, how much do I really want to invest in thinking about my nutrition? Is that okay? I had to really explore that and get to a point where I was like, huh, this is really has to do with me feeling a, it's almost like carving out the time for me and being, this feeling of being too high maintenance, right? And I had to get through that just from a psychological, emotional perspective.

Jaclyn Smeaton (12:08 - 12:19)

Interesting that you think like putting good food in your body, which takes time or like moving your body, which takes time could be considered. Yeah. What did you call it? Self-indulgent or.

Christine Maren (12:19 - 12:47)

Indulgent. That's exactly what it was. It felt like self-indulgent. And I had to reframe all of that and explore why that felt self-indulgent and really focus on how do I want to care for myself? And ultimately I'll say, I think my family and my kids benefit from me doing those things that felt at one point more self-indulgent. Like they get a better version of me and they get a better example of a mom.

Jaclyn Smeaton (12:47 - 12:48)

Yeah, I've got no.

Christine Maren (12:48 - 12:51)

I my girls to sacrifice themselves, right?

Jaclyn Smeaton (12:51 - 14:19)

Yeah, you have to that example. I want to talk about this more because I think this is a piece that like is so relatable and we don't really talk a lot about when we talk about perimenopause because we focus on the health piece. But this mindset piece, like I bet there's not a single woman listening who has not had a moment where she wants to do something for herself, go to a yoga class, lift weights, get a trainer, track macros, shop at Whole Foods, whatever it is that those goals are that hasn't felt, gosh, that's really selfish of me that there's laundry that needs to be folded. The dog needs a walk. My kid needs help with their homework. Who am I to like go spend 45 minutes lifting weights when all this stuff needs to get done, right? But that is a, like if you've ever had that story and you're listening, because I have, I can see you nodding along. Christine, you've had that too, probably many times and I'm sure most of you listening have too.

That is...a story that we're telling ourselves that's not real. And I think you're right that when you start to show up after you've filled your own cup, you go into those, all those things still need to be done, but you do it with like a sense of joy or peace or like not resentment or duty or obligation. It becomes like a piece of a whole life, right? That's the messy part, the not so fun part, but you don't go into it feeling like a martyr, right? And I think that builds that inner strength too. Am I talking out?

Something that you've not experienced or are you?

Christine Maren (14:19 - 15:11)

My God. mean, like all this, yeah, this stuff I talked to my patients about a lot, but I also

think there is this real aspect of it. Like these are pressures that are put on women. There's this expectation that women show up and you know, when you pick up your kids from school and do the dishes and cook dinner, those are expectations. Whereas if a male partner does those things, those are him like pitching in or helping out. Right? Like there is.

We are going through a time right now where women have gone back to work. have professional lives that are very fulfilling. And yet many women are also working a full-time job at home and at work. And it becomes exhausting. I think perimenopause is the time when we're like, hold up. Like, I can't take that BS anymore. on a second. Much of it is.

Jaclyn Smeaton (15:11 - 15:14)

You can hear that coming. Hold the bleep on.

Christine Maren (15:14 - 15:58)

Yeah. I think much of it, like some of it is self, I don't want to say self-induced, but it's like, it's the expectation we set up as I work with all these high performing, high achieving women who could do it all. They did it all. Right. Yeah. I was the same boat. Like I can do a lot of things. I can multitask like a queen and I don't want to anymore. I want to live my life with more joy and more ease and more abundance and fulfillment and all of those things. But so many of us just ended up, like, yeah, I can do all that and I can do this and that, put it all on my plate. And as we lose hormones, we lose the ability to do that in some ways and we lose some resilience and we start to focus more inward, hopefully, and think like, what do I want?

Jaclyn Smeaton (15:58 - 16:56)

Yeah, I think it's like perfect time for that. I think of – you heard of the work of Julie and John Gottman, they're like relationship therapists? Yeah. Oh, yeah. Totally. Amazing work. And they say that one of the best things for a long-term relationship with a partner is what they call like rebuilding your love map, which is never assume that you know the other person. You always want to be getting to know them because we change, right? And I think about that when you talk about blood returning to your heart and Chinese medicine or that time of perimenopause, like we need to build our own self maps as well. And I think this is a time where like a lot of us have let go of the things we used to love to do. Maybe you played tennis or you did pottery or whatever you painted because you have those pressures of career and family and life in general, that now is a time to like rebuild that self-map. And that is such a fulfilling part of this time. So if your self-map gets filled with something like strength training or nutrition, you get the double duty of that benefit physically to your body as well.

Christine Maren (16:56 - 17:36)

That was one of the questions that got me going. It was like, what do you have fun doing? And I was like, I don't know. Making charcuterie boards? I don't know. I need to have more fun. Yeah. And so I started dancing and I went back to a hip hop class and I started making pottery. And I really thought like, there is this big creative piece of me that hasn't been getting fed. And that's like our feminine energy and the divine feminine. like being creative is a big part of what we're meant to do and a lot of us stop doing it or stop doing whatever it is, the things we love, know, sports or absolutely lifting weights was on that list. I mean, I used to be at the gym all the time when I was younger, so.

Jaclyn Smeaton (17:36 - 18:30)

It's funny, I didn't really love lifting until I was in my 30s. It was like after my, know, the moment, the pivotal moment, because I remember the exact second that I became kind of obsessed with that was when my son who was a meatball, he was like a 10 pound baby at birth. He was probably, I don't know, six months old or something like that. And I went to lift him out of his crib and I hurt my back. And I was like, okay, obviously I have some work to do, like core work, because if I can't lift my, he was probably 16 pounds.

I can't lift my 16-pound son." And then I went to put him in his car seat and when I reached over, hurt my rotator cuff and I'm like, this is a problem. I've let myself go to the point where just daily functional movements are causing me pain and I don't want that to happen anymore because it's not going to get better. And I really do think strength training and muscle building is the key to longevity and it is move it or lose it. When you stop moving, you start really aging. I was talking with another doc. She's new. She's probably in her early 30s.

Christine Maren (18:30 - 18:35)

Exactly.

Jaclyn Smeaton (18:35 - 18:58)

But one thing she said to me stuck and it was like such a great piece of clinical advice. She said, you know, I don't know if this is a good thing or a bad thing, but every patient that comes in to me, no matter how old they are, I say, this decade is the most important decade of your life to be building muscle mass. And she's like, if they're in their 20s or their 60s, it's always true. And I'm like, yes, it's definitely always true.

Christine Maren (18:58 - 19:29)

Yeah, it is true. I mean, I had a similar experience. was part of the reason I went back to strength training is a back issue. have a neck issue that was causing headaches. And like the number one thing I needed to do was build up the muscles in my back. And I was

working with a physical therapist and I was like, what? When did I like lose this muscle? When did doing wall angels become like a difficult thing? What's going on here?

And I just, you she's like, you gotta strengthen the muscles in your back. That's what's gonna help your neck. You gotta strengthen your core. And so that's what I do.

Jaclyn Smeaton (19:29 - 19:43)

So when women are first getting into strength training, what are the biggest mistakes that they make? Like if someone really wants to start down this path, you know, what are the biggest mistakes that you'd want to divert them away from?

Christine Maren (19:43 - 20:00)

So one is making sure you're properly fueled. I think a lot of women, especially women who are trying to do it all, are under-fueling themselves. And to grow muscle, you have to fuel your body. You also probably need more carbohydrates. A lot of...

Jaclyn Smeaton (20:00 - 20:03)

We do need to go for coffee. is it. You're busting all the myths that like so many women

Christine Maren (20:03 - 21:21)

This is great. This is one of those things I often hear. ~ I see all these women who are trying to strengthen, there's not eating enough complex carbs. Complex carbs are really important for your gut health, but they also support energy and building muscle. And they're under eating carbon overeating fat. Now it's always a tricky like slippery slope here. I'm not on a low fat diet, but I've pulled back a lot on fat and increased my carb content a lot. The other one is following a program. Like going to the gym, just sort of like, I don't know, I'll go on that machine and that machine. I mean, that's better than nothing for sure. But if you follow a consistent program for like six weeks, you can work on what's called progressive overload, which is just a fancy way of saying every week that you go back, do the same workout and increase weights or increase reps. So I explain it like you've got a workout A, B and C. So do workout A every week, do workout B every week, workout C every week.

So you get to know, your workouts better, which makes you more efficient. also get better at form. And so, you know, having proper form is important. So you don't injure yourself, but three, you start to get to a place where you build more muscle. And next week you're going from a 12.5 pound dumbbell to a 15 pound dumbbell or whatever it looks like.

Jaclyn Smeaton (21:21 - 22:04)

That's awesome. Really good suggestions. Now with the under-fueling, I mean, I see this a lot because so many women are thinking about weight and it is really hard because

composition changes. Like if you are calorie restricted, you're going to lose fat, but you're going to have struggle to gain muscle, right? You might maintain, but you're unlikely to gain.

But then if you have a calorie surplus, then you can put on fat and muscle, which you see when people are trying to build muscle.

They also increase their fat percentage and then they do a cut to like lean out. This is kind of in the professional sphere. But what do you recommend for people? Like do they eat at maintenance and then lift in order to try to convert fat to muscle or do you have like a certain approach that you recommend there?

Christine Maren (22:04 - 23:57)

Yeah, I mean, in my practice, it depends where patients are. If they're really serious about strength training and decently advanced, my nutritionist is also a personal trainer. so she sees all our patients and she can carve out macros for them. And this is where that self-indulgent piece comes in, where it's like, tracking macros can be super helpful. And the macros that you eat is also important, right? It's not just about eating crappy carbs or whatever. So yeah, it depends on where a patient is and how serious she is about, about her muscle gains. But for me, what was super helpful was tracking macros. That really taught me like, I need more protein, less fat, more carbs, whatever it is. But under-fueling really tells your body, like just think of this from a primitive aspect. Your body loves you, your body's there to protect you. And if you're under-fueling, what your body senses is that you don't have enough food.

And so it's going to slow your metabolism down. We've got to feed our body the opposite messages of like, hey, food's abundant, I'm fine, I'm safe, like go ahead and burn. And so it's getting to that sweet spot, like you said, where you're like, you're not hypercaloric, so you don't have too many calories, but you're also not too hypocaloric where you're telling your body, like, I don't have enough food and I need to slow down my metabolism and stop burning fat. Most women, I...work with are under fueling because they are like, if I eat too much, I gain weight. And so it's this combination of like increasing calories slowly as you increase activity and then figuring out what the right mix is for you. So even if somebody doesn't wanna follow macros long-term, it can be helpful to just follow for like a couple of weeks. Just so you have some general idea of where you should be. That's the way to do it the most efficiently. And sometimes, you know, when people don't wanna go there, I respect that too, but.

Jaclyn Smeaton (23:57 - 24:40)

I totally agree. I think for some women, attention to food has been like disordered for their life and you got to be conscientious with that. However, for most people, tracking macros

even as a learning tool is incredible. I don't know what your experience is, but mine with most of my patients has been that they are surprised how much more food they need to eat or that the breakdown of which macro they're naturally moving towards, like they're having way more fat than they need way less protein than they need. And it can be a teaching tool to like really understand what portions should look like because a lot of women or they're just generally under eating where they're like, let me track my macros without changing a thing and they're at like 1100 calories a day.

Christine Maren (24:40 - 24:49)

Yep, exactly. All those things. They're under eating calories and they're overeating fat. I would say 95 % of the time.

Jaclyn Smeaton (24:49 - 25:27)

So, I mean, this is a great place where if you are listening and you really want to get help that you can even do like a DEXA scan that looks at your metabolic rate, you have a metabolic rate to get a very accurate look at that and then you could set macros up. It's not expensive. think it's like in Boston where I am, it's \$150 to do a bone density and metabolic rate. It's under 100 if you just want metabolic rate. You could look up a place near you.

But it's a great way to understand as a baseline of where you're at. And then the nice thing is you can also measure that later to see if it's gone up with the activity and the improved nutrition.

Christine Maren (25:27 - 25:35)

Exactly. And that's a good point too. It's like, as you have more muscle, you need more food. You need more calories to support that muscle mass. So you got to eat more.

Jaclyn Smeaton (25:35 - 25:39)

Definitely. What's your favorite like muscle to lift to workout?

Christine Maren (25:39 - 26:05)

Ooh, – I really love back actually. Yeah, backs become my favorite just really because of my neck issues and I've made some big time gains with just lifting. I just saw a video of myself like from a personal trainer like two or three years ago and yeah, I was lifting a 35 pound dumbbell the other day doing rows and I was like, all right, sweet, we're making progress.

Jaclyn Smeaton (26:05 - 26:36)

That's awesome. That always feels so good. Talk about like the other confidence boosting. It's it's progress over perfection. You're never gonna be perfect. You're always gonna be progressing, but when you can look back and see how far you've come, it's amazing. Well,

let's shift gears and talk a little bit about hormones and perimenopause because they can really be wild and all over the place and hard to manage. But tell us a little bit more about how this hormonal change in perimenopause impacts women and impacts... how they feel and how they perform.

Christine Maren (26:36 - 29:13)

Yeah, so universally women in perimenopause have a decline in progesterone, which can often impair sleep and mood. Women with lower progesterone sometimes have more anxiety. I will say just looking overarching, as our hormones decline, hormones can be really grounding. And so women, as we have this decline in hormones, energetically there's this shift that happens and it tends to be more anxiety provoking and more stress provoking. So hormones, can be this really grounding aspect. So progesterone can be really grounding. It can help us with sleep and anxiety. And if we're trying to perform better, number one is sleep. Like if your sleep isn't dialed in and your sleep is suffering, I don't think you should push through it and go do a heavy workout. What you need to do first is fix the sleep piece. So progesterone can be a big player to help with sleep. So can estradiol, but progesterone is a really good primary one.

And then I say there's two types of women in perimenopause. One type is the woman we talk about all the time in perimenopause where her estrogen levels are really chaotic. Overall, there's a downward trend in estrogen, but she'll have these peaks and valleys, peaks and valleys. So it's a little bit unpredictable and can create some relative estrogen dominant symptoms where we have like these high estrogen peaks relative to low progesterone, which can show up like irritability and really heavy, painful periods. Sometimes, know, women who are going through perimenopause and have these crazy heavy periods, that's that type. The other type of woman just has low estrogen overall. And I think, I don't know for sure, but I think she's the high performer. It really depends, but she tends to shut down and she shuts down a lot of different hormones, right? Like her thyroid function might be a little suboptimal, her estrogen's low, her cortisol is probably low too.

And that low estrogen can cause lots of different symptoms like dry skin and poor sleep and weight gain and all of that kind of stuff. So integrating HRT and perimenopause I think can be really powerful because it can be grounding and because it can help us reestablish some balance. Testosterone is also a big one. Not every woman in perimenopause needs that – unlike, yeah, it's always this concoction, right? Like everybody needs something different. Some women just need progesterone. Some women benefit from estrogen and progesterone. Some women benefit from testosterone in that combination or alone, but that's why we look at tests.

Jaclyn Smeaton (29:13 - 29:17)

Mm-hmm. Yeah, tell me a little bit about the testing that you do for women in perimenopause.

Christine Maren (29:17 - 30:00)

So I do blood work and I do Dutch testing and I look at them side by side often. I really like the Dutch test in women who are taking hormone therapy to help us dial in the right dose. I also like it so that we know women who might have side effects to testosterone. So with the 5-alpha reductase activity being high, know like that's a woman who...yeah, I might want to be a lot more conservative with testosterone. Whereas if five alpha reductase is low, I'm like, yeah, she's going to love it. Like go for it. Of course, I'm also looking at, I like to look at serum levels for testosterone too, for sure. For estrogen, the cycle map can be awesome. Like Dutch cycle mapping. I love that.

Jaclyn Smeaton (30:00 - 30:04)

For perimenopausal women in particular. It's like my favorite population to do that in.

Christine Maren (30:04 - 30:11)

Totally. I did that a long time ago in myself. And that's when I realized, ~ this is perimenopause.

Jaclyn Smeaton (30:11 - 30:22)

I'm doing one right now. I've actually done the full month and now I'm just waiting to do my like four points over one day. But I'm for a day that's not that normally stressful and I haven't had one in the last couple of weeks.

Christine Maren (30:22 - 31:12)

I urine cards all over my bathroom at that time. But yeah, that can be a really helpful way of just looking at the full cycle and seeing like, yeah, okay, progesterone is really low and your estrogen is dipping or whatever it is that's happening and identifying if you're that low estrogen overall or you have these peaks and valleys throughout the month. I'll do serum testing for hormones as well. I like to look at estradiol on day three to five of the cycle and I like to look at estradiol and progesterone on day 21.

I'll do free and total testosterone with that as well. You know, look at LH and FSH. DHEA is a really easy test to get, you know, in the blood work. I do pregnant alone testing too. And sometimes I'll do like a morning cortisol, but of course the Dutch test is going to give you a four point cortisol test, which is a lot more helpful than just looking one point in time. Yeah.

Jaclyn Smeaton (31:12 - 31:29)

Definitely. Now, one thing, this is a front of mind for me because I like re-listened to a

recording of a lecture from a neuroscientist who spoke at Harvard. I did like a women's health certification there. And her talk was really interesting because it was about estrogen in the brain. was kind of the foundation of it. What's that? Lisa No, it wasn't Lisa Musconi. Although I love her work. She's amazing. So this woman actually was going through a lot of the literature. They've done like functional MRI and like brain scans and things like that.

Christine Maren (31:29 - 31:42)
is at Lisa Moscone.

Jaclyn Smeaton (31:42 - 33:08)
of different stimulus and the effect on the brain with and without menopause. And it's a very long study looking at cycling women in different menstrual phases and then in perimenopause and then menopausal. So this really long tracking of a cohort. And one of the things that was most fascinating was that when they looked at cognitive decline between peri and postmenopause, most women stayed relatively stable, but women who had low DHEA sulfate had massive drops in cognitive function between peri and postmenopause. So when that estrogen went away, which estrogen is really important for cognitive function, it was DHEA that seemed to be the linchpin for women who experienced a worse outcome versus a better outcome. And so I love that you're testing DHEA and thinking about androgens. And just one kind of thing that I love to talk about is the fact that postmenopausal, our estrogen doesn't come from our ovaries anymore. It comes from adrenal production of DHEA. And so when we think about stress and the impact of stress and like kind of bringing it back to where we started this conversation with your experience ~ with stress and kind of the impact of having you, is that an area that you work on with women or like tell me a little bit more about your philosophy with that? Because it seems like as we look at research, DHEA is becoming critically important and really the function of the HPA axis is so critically important.

Christine Maren (33:08 - 34:56)
Yeah, 100%. This is one of those areas where I listen to a patient's story and I ask her like, what was your personality like as a kid? And most of the time, a lot of this comes from Gabor Mate's work. So I love his work around autoimmune disease and it really plays into hormone balance with women. A lot of my patients were high achievers at a young age and the input they had as children was that they had to take care of themselves for one reason or another. It might have been because they were the youngest and their parents went back to work and they were just alone a lot. And so it doesn't always have to be some big trauma. It's often just a small message or a small input to a child that like, hey, you're in charge of your safety emotionally and physically to some degree. Sometimes, you know, there are children of alcoholics or something, you know, there was some greater trauma there. ~

Often their oldest children who took care of all their siblings and were hyper-responsible. But it's this hyper-responsible, high-achieving female who then goes on to develop a lot of symptoms later in life. And I think a lot of it is because she is over-performing and disconnecting from her body to some degree and disconnecting from her systems. And her body's keeping her alive and it's still going, but it's not producing a lot of hormones. It's not supporting great fertility. It's not supporting...hormone balance during perimenopause. Leptin's a really interesting hormone to look at when we talk about that. ~ But that, yeah, I mean, that's the trend. And then DHEA, mean, DHEA is an interesting one because in people who have had a chronic illness, it'll often be really, really low. And I like to use DHEA in my practice. I use supplement with a lot of women with DHEA. I take DHEA personally, but you kind of have to be careful about that one because too much can definitely cause symptoms for someone like hair loss and acne.

Jaclyn Smeaton (34:56 - 35:16)

Yeah, it's something that I would not recommend people do on their own even though it's available as dietary supplement because the problem with DHEA is it's a precursor hormone. So it's your own bodies like genetics, epigenetics, metabolic preferences that divert where it goes. it could make you worse instead of better. But in a lot of cases, like you said, if you know what you're doing or you're working with a provider...

Christine Maren (35:16 - 35:32)

Get labs before you start it. Because some women who are highly stressed, that's the other side of the coin, is some women who are really stressed or of course, women who have PCOS often have too high of DHEA. And so, you you don't want to take it if obviously your DHEA is too high to start with.

Jaclyn Smeaton (35:32 - 36:52)

Yeah, definitely. Yeah, I love that you're kind of bringing that back to that kind of mental, emotional, like our psychology. And I think the more you learn about that, the more you realize it's not a woo-woo concept. This is not a spiritual conversation. It is, but it's also a biochemical conversation because everything that our brain does, it communicates with the cells of our body, you know, in a very real way.

And it's really critically important. Even things like the vagus nerve that people are talking about more now, like vagus nerve stimulation, which we now know that when that nerve gets stimulated, it actually triggers anti-inflammatory pathways in our body. And vagus nerve is like our rest and digest parasympathetic pathway, which can be hard to get into. But that's part of the connection with things like yoga and meditation and things like that for health, just learning to chill out us high-performing women. Definitely.

I think in last questions that I want to talk about are using kind of nutrition and exercise along with hormone therapy. For women that maybe wanted to try the lifestyle route first, aren't seeing the success that they really want, when you mix in hormone therapy, do you find that you get different outcomes for patients? ~

Christine Maren (36:52 - 37:36)

For sure. Yeah. Especially when it comes to the weight loss piece, actually, estradiol can be really helpful in that arena. So when we don't have enough estradiol, we tend to accumulate more visceral fat. So fat around the belly, which is not only annoying because we can't fit in our pants, but it's also not good for our cardio metabolic health. So insulin resistance and heart health. so yeah, hormone therapy can be a game changer. Also, you know, it help you sleep better. And, it helps with mitochondrial function, helps with muscle function, helps, estradiol supports muscle protein synthesis. So yes, estrogen and progesterone and or testosterone, depending on, you know, which mix you need can be really powerful.

Jaclyn Smeaton (37:36 - 37:55)

Awesome. Well, it's been so great to have you on the podcast today. The time flew by and really I think you've added such tremendous value and I really admire the holistic approach that you take with the women in your practice. I can only imagine how much they get out of working with you. So thanks for spending time here with us today.

Christine Maren (37:55 - 37:57)

It's my pleasure. Thank you.

Jaclyn Smeaton (37:57 - 38:01)

If people want to learn more about you and your practice, what are the best ways for them to follow you?

Christine Maren (38:01 - 38:07)

So my website's drchristinmaron.com and I'm on Instagram at Dr. Christine Marin.

Jaclyn Smeaton (38:07 – 38:41)

Wonderful. Well, thank you again. And to all of you listeners, thank you for joining us today. If you liked what you heard today and you want to learn more about hormones and about the Dutch test, I would just remind you to subscribe to our podcast wherever you listen. And you can follow us on TikTok and Instagram at Dutch test. Make sure you tune in next Tuesday and every Tuesday for fabulous conversations about hormones.

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