

Episode 125 Transcript

Dr. Jaclyn Smeaton (00:00.078)

Welcome to the DUTCH podcast where we dive deep into the science of hormones, wellness, and personalized healthcare. 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.

This information is not to be interpreted or mistaken for medical advice. Consult your healthcare provider for medical advice, diagnosis, and treatment. Hello and welcome to this week's episode of the DUTCH podcast. I'm so excited for you to join me in today's conversation with Dr. Saadi Harper. Dr. Harper is a London based physician and she really has worked in women's health for a long time. And the thing that was so special about this conversation is just how real she is.

We talk not only about some really critical aspects of care for women in midlife and really a lot of the things that are happening currently, like the use of GLP-1s and how to cut through all the information that's available online, but also really that kind of personal touch. It felt to me like talking to a girlfriend. It was a lovely, lovely conversation that I learned a lot. What you're going to hear about today are things like how our mood can change seasonally and how our nutritional needs, our movement needs, our sleep.

All these things can change seasonally and especially for women in midlife, we can be very impacted. Dr. Harper also talked a lot about hair care and how we can really support the changes in our hair, both seasonally and through midlife as our hormones change. We covered so much in today's episode. I really don't want to make you wait too long to get started with it. Now, Dr. Harper is a leading voice in women's midlife health. She has over 20 years of experience helping women through things like menopause, perimenopause,

PCOS and other aging related challenges. She's incredibly proactive with a real preventive medicine point of view and really understands what women want, both that living the best life professionally in our relationships, physically, and even caring about things like our skin and our hair and how we can really be our best selves. As both a clinician and a woman, she really brings empathy and a holistic approach to her patients' journeys. She's been featured on major TV channels and in publications like Vogue and Grazia.

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empowering thousands of women to thrive at every age. So let's go ahead and meet our guest. Well, Dr. Harper, thank you so much for joining me today from a few time zones away. I really appreciate you spending the time with us.

I'm really looking forward to this conversation Jaclyn, yeah. Thank you.

So I really want to start with how you became interested in really working with women and working with women in kind of more of an integrative functional practice and what impact it has in your practice to be working with hormones and women's hormones.

you

There quite a few different reasons actually. think that one of the things is the gender inequality. felt that there was, you know, when women get to midlife, they were almost written off or people weren't listening to them. And I think there's so many different facets to midlife, which isn't just medical or symptomatic. It's not just hot flushes, mood changes. Nobody was joining the dots. And I think that one of the other things is the stress of midlife is often underrated or underestimated and the impact of that

Dr. Shahzadi Harper (03:28.482)

on our physical and mental health. My mother has Alzheimer's and I think that I very much saw how she deteriorated in midlife. And also being one of six girls, I also have two brothers and I have a daughter myself. I think I really wanted to sort of prepare the path for them. I'm the big sister. And there were a few vanity issues. One was that I was single and...

I saw a lot of women around this age, midlife, age really quickly. There was an accelerated aging. There was an accelerated sort of weight gain process. And I looked at them and I thought, is this what's coming for me? And I really thought, well, nobody else is joining those dots and somebody's got to do it. And for me, there was all of those things came together. And I thought, as I'm approaching perimenopause,

I also wanted to spend time with women listening to them, you know, and here in the UK, within the NHS, we have 10 minutes or so, okay, within the consultation. And I think that midlife is also a time for reassessment, reappraisal. And I think I've always wanted to be a business woman as well as a doctor, an entrepreneur. I've always had lots of ideas. So it was really a culmination of all of that that came together that I set up my own clinic so I could give women the time that they needed.

give them the care that they needed and also help them to be the best versions of themselves. I sometimes describe it a bit like a Porsche car. I want women to have this great internal engine and to look stylish and sexy on the outside, which I felt that midlife women weren't getting at that point in time.

I love that picture and I do love a Porsche. like my dream car. Absolutely. And I think that's a total great definition of like that well-functioning high performing. It's how we all want to show up in the world. Right. Um, well, I love that. And it's really an interesting piece that you bring together. know, you're making me think when I was first in practice, I had never really

thought about this in recent times, but I was what I was 27 when I started in practice and I was in a family medicine, you know, startup started my

Dr. Jaclyn Smeaton (05:40.558)

own business. I remember most of my patients were midlife women and you do you see them in that health transition time where they start to come forward with aches and pains with kind of foggy brain fog mood changes all these symptoms that they've been brushed off and they come to see you but I do remember having this profound thought of like this being such a special time even when I was in my 20s where there was this transformation of relationships transformation of priorities

And reprioritizing of the self, which even two decades before, which is this is 20 years ago for me now, it was amazing to be able to be a witness to a woman going through that metamorphosis really.

Yeah, I I often think of it a bit like, you know, sort of a caterpillar and, you know, a cocoon and a woman coming out as a butterfly. But I think the scary thing is, you know, like you, you when I was in my twenties, we were almost like 45 year old or a 50 year old woman would be sort of written off. You thought that was the end of your life. And for me, you know, it was very much that thought process that why should women fall off this cliff? And I think in conventional medicine as well, you know, everything is sort of here's a pill or here's this, you know, we

We're looking at all the other other aspects and for me I did then some training in functional medicine and I really thought you know we need to go back to the core we need to look at things like what we're eating our nutrition you know our gut microbiome our lifestyle stress and really combine that all because I think before I did that I didn't really you know I don't know about you but you know growing up and becoming a doctor you know you're you're a scientist things are very much black and white and you think that

you don't really realize the impact of psychological health on physical health. And I think I realize now, you know, and that there's a lot more gray in between. there's a lot more. Things aren't so black and white. So for me, it is very much listening to her, listening, understanding her symptoms, having a very preventative approach. You know, I don't want to be reactive. I want to be proactive. And I want really women to be that best versions of entering into that next stage of life, thinking that it's going to be an amazing stage.

Dr. Shahzadi Harper (07:53.488)

rather than you're written off. I don't think 10 years ago, Jaclyn, I would have said to you that this is the best stage in my life. I really don't think I would have said that. I would have thought that it was coming to a fizzling end and I was gonna sort of be pushed into a corner. I didn't really think it would be so vibrant and so exciting and with new opportunities.

Yeah, I love that you say that and I couldn't agree more. It's, you know, it's like a stepping into a new stage, a new sense of ownership. And, and we chatted about this before we kind of started the recording, but it's a really interesting time because women oftentimes, you know, they might sacrifice their own career growth to raise their family and they're moving into this age where their children are more independent. They also have still a lot of responsibilities and priorities, especially in a family life, because you may have aging parents, even if you don't have children. So the stressors change.

But also there's a ability to kind of put some energy into your own health, into your own priorities. It can be really amazing.

It can and I think the thing that happens is that because we're not really well we haven't been prepared for this hormonal change and you know it could coincide with your children going through puberty and then you're going through your own sort of hormonal maelstrom and I think that you know we have aging parents and we are I feel this sandwich generation of women that really haven't had the role models before or you know of older women like our parents lived a different sort of lifestyle to us and the impact

of the symptoms of perimenopause and menopause could be quite different. The expectations I think on women nowadays are much, more. And so we're juggling a lot and...

Dr. Shahzadi Harper (09:38.294)

I think we haven't really been taught how much our hormones impact more than just our reproductive tracts. You we're often taught about puberty, pregnancy, fertility, but really not that how it can also affect our mood, our appetite, our energy levels. And here we get to perimenopause and it feels a bit of a roller coaster and it can feel a bit unknown and daunting. And I think that perimenopause, I would say, is I think the hardest stage for most women because you're going through this sort of

transitional time and you're looking back thinking the best years of my life are over. You you're trying to cling on to your youth, not really thinking that, you know, sort of how it could be better moving forward. And you see things changing, your body's changing outwardly, your skin, your hair, you know, the body fat distribution changes. You sort of lose a little bit of your identity there and you're thinking there's nothing left to look forward to. And I also think, you know, our bodies are a little bit less

adaptable, less elastic. I often sort of say, you when we're in our 20s and 30s, the path we walk on is wider. And so if you have a little less sleep or if you maybe have a little bit too much alcohol or you party a bit too much or, you know, the stress, your body can react to it a bit better. But here we are in our 40s, moving into our 50s, that actually the path becomes a bit narrower. So that one hour less sleep has a much bigger domino effect on us. You know, that sort of...

So I think because our bodies are less elastic, less resilient almost in some ways at this point. But I think it's all about preparation and that's what I thought I think I'd like my daughter to know. And I think she's seen that in me as her mum, that she's thinking, gosh, my mum's leading a, you know, sort of a more glamorous life than she ever thought that I could be. Almost slightly enviously because there she is still, you know, sort of as a student studying, doing her first job.

a bit more sort of of that drudgery that we might have had when we first came out of university and just having to work, work, work. And then she's thinking, here's my mum having a much more sort of exciting life in some ways.

Dr. Jaclyn Smeaton (11:48.118)

I think that's a really beautiful thing because, know, really one thing that's interesting when we look at perimenopause and menopause, and we'll talk about the science and the hormones shortly, but I think this cultural framing is really important to talk about. When we look at some cultures like Japan or traditional tribal cultures, menopause experience is quite different than it is in Western cultures like the UK and America. And, you know, a lot of that think is how we relate to aging, right?

love what you just said, because the subtext that I'm hearing is that maybe 10 years ago, our mothers would look at us in our 20s and think, those are the best days of my life. I wish I could go back. What I'm hearing you say now is that your daughter in her 20s is looking at you, you know, in that perimenopausal, you know, 40s stage thing, saying, God, I can't wait till I get there. And what a frame shift that is. And what a gift it is, you know, for all of us to have that shift a little bit.

Yeah, I mean, I was at a restaurant just last week and sitting at a bar with a friend and there was these two younger women there and we got chatting and they were like, wow, we've got something to look forward to. They really were. And they were in their late 20s. And I thought that was really nice, actually, to hear that from them rather than I think when I was their age, you know, looking at the older women, I was really sort of dreading that stage for me at that particular point.

Right. Yeah. think, well, there was just a different connotation with it. So when you have these women coming in with different perimenopause symptoms, I think another challenge or reason they seek out care from providers like us is that they may have been dismissed by the conventional system. And really, I think we can agree that from a science standpoint and like a medical science standpoint, we're so far behind in caring for women. That's starting to change, but

I was listening to a podcast this morning with Melinda Gates, who was talking about women's health research in the United States, which is where she's based, of course. And it's still only about 1 % of the funding goes to women's health research. And she brought up lot of

statistics, even in very conventional kind of hard science areas, like cardiovascular disease, where when a woman presents to a hospital with a heart attack, she's 50 % more likely to be misdiagnosed than men. And that's because it shows up a little bit differently and the training is not equal.

Dr. Jaclyn Smeaton (14:10.19)

between men and women. you know, so I think even on that conventional side, we're at a little bit of a disadvantage in a lot of ways. But then when it comes to the softer symptoms, like the things that you talked about, the mood changes, the memory changes, it seems like there's not a lot of help.

Yeah, and I think going back to what you said, I think a lot of it is because research hasn't been done on women. You know the investment hasn't been there and I think you know women are quite dismissed in those early stages of perimenopause. You know I had a woman today in clinic being told by her doctor you're too young. You she's 44 and yet we know changes can occur you know from your late 30s onwards and so I think there is that sort of lack of awareness, knowledge, dismissiveness and women do present differently and even with

metabolic health. One of the things I do in clinic isn't just look at your periods and your cycle and your hormones, it's looking at your future health. I think that the parameters are set more for male health, whereas we need to think differently for women. Even when it comes to pre-diabetes, when we're looking at lipids, we need to shift the goalposts a little bit to what is the normal range for women and be a bit more intervention early.

especially with things like cardiovascular disease, because women do present differently. They do have different symptoms. And it's equally so here in the UK that they could easily be dismissed because they don't have those classic signs of crushing central chest pain that we get taught at medical school. And I think that is down to that lack of research and investment in women's health. You're absolutely right there.

So what are the chief reasons that women are coming to you in your clinic?

Dr. Shahzadi Harper (15:56.73)

So they're coming because partly they've been dismissed by, you know, their usual doctors and, you know, they are young, they partly want to be sort of ahead of the curve. They want to also have some understanding of what's going on in their bodies. They don't necessarily want you to sort of slap them with hormones or anything like that. They just they want to understand what's going on in their bodies. Is this normal? They want some validation that they're not going out of their minds. So they come in with more of a sort of a

the earlier stages ones want to have more of that understanding how they can manage it holistically. What are the interventions that they can do for themselves to help themselves?

And then yes, there may be an element of testing, know, what we do to look at what is going on in that snapshot of time. But like I said, that sort of general, I often talk about sort of quick fixes for big wins that you might be surprised at how many women might be.

low in iron because they're having frequent periods, heavy periods, low vitamin D because they haven't realized that they need to supplement because it's not found in foods or you can't store it so well. And things like vitamin B12, know, they're just in the normal range. So for me, I really look at all of those factors and say to them, it's not good enough in midlife just to be within the normal range. We need to be optimal.

And that's how we need to be thinking about midlife health almost as its own specialty. And then we do talk about adding in hormones to sort of top them up, to get them to feel they're normal themselves, because often they've been dismissed by their doctors, even if they have had blood tests to say, look, your hormones are normal. But if you're not feeling normal, that's not normal for you. And I think what we have to do is to personalize it, individualize it. And I think women come to me because...

They want that sort of personalization. They don't want that one size fits all. And they want to know what their options are.

Dr. Jaclyn Smeaton (17:56.248)

Yeah, absolutely. Do you tend to notice, I know that we're both, I'm in Boston, you're in London, this is the time of year where the weather changes dramatically, the lighting changes dramatically. Do you notice any kind of seasonal change in women in your patients like sleep or mood or energy and fatigue?

100%. I think when we're getting into sort of autumn or fall, as you call it in Boston, know, when we get towards that time of year, I think when daylight is less, I think it really affects women's mood. Seasonal affective disorder is very common. I think the other things is there's an, you know, energy levels drop. Fatigue is more common. And women are much, much more light sensitive when they get to perimenopause and menopause, you know. So the daylight really impacts them. Also the weather, the grayness.

outside, know, it's not even like it's cold with a blue sky, it's that grayness can really affect mood, energy, and also sort of sleep quality as well. So I think there is a shift, I think it could sort of exacerbate some of those perimenopause symptoms like insomnia, like mood changes, like anxiety, energy levels. So you do see a shift and you do see people, you know, when it gets to springtime, how things can be more uplifting for them.

What are some of the things that you do with women to support them through that time? Because I see that too, when it's really, it's like you're already climbing a hill and now that hill's getting steeper as you're facing shorter days, colder weather, the desire to go out for a walk or do those things that, get out of bed to catch that sunlight. How do you help women

through that to help them kind of stay engaged?

I think motivation is quite difficult, know, especially like you said, when it feels a bit dark and you're waking up to maybe more grey, dark days. I think, you know, I would say that...

Dr. Shahzadi Harper (19:52.014)

putting in small steps, you not saying go for an hour's walk, but even if when you make your coffee, you step outside or open a window and you stick your head out, that would be really beneficial for you. You know, it helps us sort of lower the cortisol levels just to connect with nature. I think that sense of community, you know, engaging with other women around you as well is really key. And I think, you know, vitamin D, you know, I very much talk about vitamin D supplementation is key. I personally have one of those

I sit in front for 10 minutes, you know, so I'm very much about little bite-sized things that you that are doable and achievable and I think for women that I would say to them it's about small steps. Don't set yourself too high expectations. Don't think I'm going to go for an hour's jog around the block or I'm going to do this or do that. I think you know go for a walk with your dog if you have a walk with your dog. You know even those kind of things that will help to lower those stress levels and I think really try and implement a good sleep hygiene, know sort of or why

down routine. So to help with your circadian rhythm and help with that melatonin production. So I think you know little things that maybe you know sort of a facial massage or just a foot massage you know just before you go to bed you know I really sort of encourage them to do a little bit of sort of

five to ten minutes of doing something like that to really help them wind down. Think about cutting down on alcohol, cutting down on caffeine, especially in these winter months or so. So I think it's about sort of implementing little baby steps but lifestyle measures that can help support them. And I think engaging with other women and sharing is really key.

I love that you bring that up. I think we have to remember that people are a form of medicine to one another. No better example than women, friends. If you are a woman who's not connected to other women, that is probably a...

Dr. Jaclyn Smeaton (21:46.42)

something that you should work on for even for health purposes and mental health purposes is building a community of like-minded women. And it can be as easy as connecting with something that you like to do, like a pottery class or a yoga class or go for a hike or, you know, find a way to get together with people doing the same things.

Even like a book club, know, then you could do a Zoom book club or something like that. But I think that connection is really important. And I think you feed off each other's energy. Plus,

you you you understand that you're not alone in feeling the way that you are. And so, yes, I think I think that connection is really key.

And I love the points that you bring up of these small suggestions. Because I think sometimes I see women come in and they really want to get things right. they go for a sprint right out the gate. And you can't keep that up. So I usually say, don't think about getting a bullseye. Just think about hitting the dartboard. What's one thing that you know you can be successful with? And I really love that you mentioned sleep hygiene. Because I think, especially in the winter months,

You know, possibly our need goes up, you know, as we have more darkness to be getting to bed at the same time or getting up at the same time. It could be something as easy as that. I love that idea of, you know, picking just those small things, like you said.

I love your analogy of a dartboard, because I actually do have one.

Dr. Shahzadi Harper (23:06.894)

And you know, it's so interesting what you've said about, you know, just aim for the board, not the bullseye. And I think that's actually true for so many things at this point in life. Just aim to do it. You don't have to do it perfect. Sometimes, you know, I say, look, when you aim for 10 minutes, if you do 15 minutes, it's great. But if you aim 15 and do 10 minutes, then you tend to feel more of a loser rather than a winner. So I'm all for that winning mentality and setting the expectations which are achievable. But the dartboard analogy made me

because I thought, you know, I sometimes go and throw a few darts for fun, but I haven't heard anybody else say that.

That's great. Yeah, you know, I had one patient who owned a gym She was very into fitness and she was probably in her 40s when I met her now She's in her early 60s and she's still fabulous and looks great But one of the things that she had said with her fitness people Which I think exercise is one of the toughest things to get women to engage and if they've not done it before we can talk about that But she would say don't encourage them to go to the gym just encourage them to put their shoes on You know and that was her way of saying the same thing the hardest bit is the very first bit

So she would say, put your shoes on and come and commit to five minutes. And if you do the five minutes, you can go if you want to. But 99 % of the time, once you're five minutes in, like you're not regretting that you did that. Then you do more time. It's that inertia to kind of get off the ground that's so difficult.

Yeah, yeah, I'm with you on that. it is, you know, sometimes what I do is when I'm working from home, I'll put on my sort of gym kit, you know, because I think at some point I'll do something, whereas if I don't put it on, I probably won't do it.

Dr. Jaclyn Smeaton (24:43.692)

Right. Yeah, absolutely. So another area that I want to talk about, which you'd mentioned on your social media recently is hair changes. And I'm, know, if you're watching on YouTube, you can see Dr. Harper, you have gorgeous, gorgeous hair. And if you're just listening, just take my word for it. Tell me a little bit about like what you're seeing in women for hair changes through midlife through that perimenopausal transition.

Yeah, so I think I see a lot of women who've noticed that, you know, maybe their ponytails have got thinner, there's more hair in the shower plug hole, their partings have got wider, but also that the hair has become more dry, more brittle, and it doesn't seem to be growing in the same kind of way. And I think that these, what people might see as outward changes really do affect women's mental health, their confidence, their self-esteem. And I didn't really quite, I never really thought I had great hair, I'll be honest with you, because as I said, I've got five sisters and they've

always had really great hair so I've not been near the top of the list in that sort of hair scale. But you know I often see women who have put up with symptoms of hot flushes, sweats, joint aches and pains but when their hair starts to change they're starting to bang on the door because it makes a big big impact on them. you know you do see a change in your hair because of estrogen decline you know you may also as I mentioned earlier not have realized that your iron levels have dropped because your periods have become

more frequent or heavier and even if it's just a bit of spotting but it's happening much more frequently your iron levels could be suboptimal. So I think I do see a lot of women like that you know I think adding back some hormones can help I think optimizing your supplements like for example my iron levels aren't you know below the normal range or even below mid-range but I now have a little pill box which I put some of my supplements in and I'll take an iron supplement two or three times a week.

I know that I'm not going to eat enough red meat. I know that it's hard to get my iron out of green vegetables. And also, like many women in this time, know, worried about weight and weight gain. So I often say that many women might be eating good food, but maybe not enough. And so I do encourage them to take a few more regular supplements. for me, I also like to oil my hair. You know, that can also be part of your sort of...

Dr. Shahzadi Harper (27:03.574)

wind down, calming, mindfulness routine if you want to, and scalp massage. So there are lots of little tips and tricks that you can do to really try and boost your hair growth. I have this little five pound sort of scalp massager from Amazon, which I massage using into my shampoo in. But also I think things that's like the scalp microbiome. We know that as estrogen changes, our gut microbiome changes, but also our skin.

and a scalp microbiome. So using something like an anti-dandruff shampoo like a Nisaral or something like that once a week, they are just like quick fixes for big wins or bigger wins than you may have realized. And also not over washing your hair. I don't know about you when you were younger, maybe you were washing it every day or every other day. Now I tend to only wash my hair twice a week. So I'm very encouraging towards women that you can boost your hair growth.

And also stress has a big factor. And going back to what we were saying at the beginning, this is a very stressful time of life for so many different factors. so stress, think, also things like relationship breakdowns, relationships are impacted, maybe at work there may be issues, financial stress, your children are going off to university, your parents are demanding your time. So I think stress management is also key for hair growth and hair maintenance.

We'll be right back with more.

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Dr. Jaclyn Smeaton (29:00.112)
providers already making a difference. Visit DUTCHtest.com today. We're back.

with the DUTCH podcast. Yeah, those are really amazing points and the haircare piece. You're totally right. What might have worked for you in your 20s might not work now with haircare. I have really curly hair too. So I'm in a similar boat and it's funny my husband's English. I told you that he's that he takes baths like two baths a day and he shampoos and washes his hair twice a day and he's gonna love that I'm sharing all this right now. But

He sometimes asks me, why aren't you going to wash your hair? It's like, you can't. I don't have your hair. It's easy when you're a man. But your hair changes so much.

also, when our estrogen levels start to decline, I often call estrogen that hero hormone, and when it drops, it means that everything dries. Your skin becomes dry, you might get dry eyes, dry mouth.

vaginal dryness but also your hair dry. So we don't need to wash it as much because our hair is not so oily, it's not needing that washing in that same kind of way. In fact, it probably needs a bit more hydration, a bit more oiling, a little bit more sort of looking after. And I think that it's time to invest in your hair a little bit. Think about you're only going to wash your hair maybe once or twice a week, so get yourself a nice shampoo, get yourself a nice hair dryer.

Dr. Shahzadi Harper (30:21.794)

don't overdo using the styling products and things like that. you know, I held off for ages, you know, buying a Dyson hairdryer. Yeah, I bought one for my daughter, but I would not buy one for myself. And then I thought, hang on, I should really invest in myself. So I did. And I know not everybody can afford that, but I'm just saying, buy the best of what you can.

Right. And I think when you, well, when you think about that type of investment, it is a lot when you can buy a \$20 hairdryer or a \$500 hairdryer. if it's protect, if your hair is important enough that it's going to send you in to see a healthcare provider because of damage, or you're going to spend all this money in a salon, you're right. It's almost like similar to what we do where we focus on prevention versus intensive treatment. It is in a lot the same way. I bought myself one, but then returned it because I just, I really wanted it.

thought about it for months. Then I finally bit the bullet on a Black Friday sale, which is like your boxing day. We have all these sales in America. Brought it home and then I looked at it for about a week and I was like, God, I just can't do it. I returned it back to store. But maybe sometime I have to get someone to buy one for me and I'll be talking to my mom about that.

No, no, I thought it was... It took me a long time to get myself there, but I don't regret it.

Yeah, that's great. That's great. Now I want to talk about a couple of other things and get your perspective on it with the hair changes. Because there's a couple other things that sometimes we see, which is a rise in relative rise in androgen levels in perimenopause and menopause. As you get a lowering effect of estrogen, your testosterone and DHEA, they're coming down too, but maybe not so sharply. Is that another contributor for women, or how impactful can that be?

Dr. Shahzadi Harper (32:04.334)

I think it is. It's that relative rise of androgen. And also, I think the fact that it's not just testosterone, it's DHT, you know, which is causing that shedding. So I think there is an element of that, and that's because of that hormonal imbalance. As estrogen comes up, there's a relative rise in androgens. And I think that it is correcting that balance that helps. And one of the things I say to women, it's not necessarily your testosterone level, it's that DHT, it's that metabolite of testosterone, which is like five times stronger.

And then we look at little quick fixes, like for example, know, sort of blocking the enzyme converting testosterone to DHT, something simple like green tea, because it contains the enzyme in there, can really help soar our metal. So sort of more natural ways of sort of helping to block it. And also, you know, I will often do blood tests just so that we can see what the free androgen index is and what DHT is. So we know that what we are tackling.

Yeah, absolutely. And the other area that I want to ask you about, because in the United

States, like GLP ones are so big. And you'd mentioned that a lot of women in this age of life, they are conscious about not wanting to gain weight. They may be eating less. so that restriction of like reduction in caloric intake can also trigger hair loss, like a telogen effluvium, especially with GLP ones, there's all this research coming out that three or four months into GLP one use as women are losing hair typically

they're under eating, they're getting a telogen effluvium reaction which is like a essentially when the timing this for people are listening I know that you know what this is Dr. Harper but for listeners that maybe just our patients this happens post pregnancy as well like that four months after pregnancy where your hair kind of stalls in its normal cycle and you when pregnancy you retain it all but then you lose a lot at once and similarly we're seeing that with GLP one use have you noticed that at all in your patients or notice the pattern with weight loss?

So I've been using a lot of GLP ones with my patients because of insulin resistance and metabolic shift of perimenopause. I think the, you know, I'm very much that we use it as a tool and go slow and steady. And I think that, you know, I forewarn them that, you know, if we sort of run before we walk, you know, then you will get this hair shedding. It's a stress reaction. Partly also you may not be taking in as much protein.

Dr. Shahzadi Harper (34:33.28)

you may not be taking in enough vitamin D, you may not be taking in enough iron. So I try and support them with some additional supplementation with it, but also very much have a more slow and steady approach. If you try and reduce, if you try and lose weight rapidly, decrease your caloric intake significantly, you will lose hair and you will also lose muscle on the GLP ones. But I would say I've...

haven't so far had a negative reaction from them. We tend to go more low dosing and micro dosing, but have had a positive effect on weight management, but very, I want to say touchwood, not so far on the hair loss side of things. Yeah.

Yeah, the benefits, I we can talk about this too. This was not on, I didn't prep, we didn't prep you for this conversation, but it's, know you're doing it all the time. And I think there's so much interest in this. And while the data was originally around type two diabetes and other metabolic conditions, we're seeing that.

even at those micro doses, those low doses, where for women especially that tend to get more autoimmune diseases and kind of this immune dysregulation that happens, there's a lot of other side effects that I've been hearing in a positive way, mood lifting, energy levels rising, know, inflammation coming down, joint pain going away. Can you share a little bit about what you've seen and like when you're thinking about using this for women in perimenopause?

So you use it sometimes.

Dr. Shahzadi Harper (36:03.182)

in those very early stages, even before we add hormones in, because, you know, women will come in and their waistline are expanding. You know, maybe they've noticed a change in their metabolic parameters on their blood tests, like the lipid panel, maybe from they've got a family history of diabetes. You know, very much I take into consideration all of those other aspects, you know, family history of diabetes, hypertension, cardiovascular disease, as well as, you know, sort of autoimmune conditions. And I think that what I've noticed is

very much a positive response. Whilst yes, there are side effects of the GLP ones, you know, maybe even what some might call the minor side effects like the fatigue, the feeling cold. I think the overall is much more of an uplifting effect because they feel that...

something's happening. I would say most women that I see are not lazy. It's not like they're not trying lifestyle interventions. It's not that they're not trying to move or as in they are moving, they're trying to do resistance, they're trying to look at their diet. But it feels a bit like for them that they're pushing water uphill. And I think it becomes very demoralizing. for me, I've seen such a positive effect on women, their mental health, their overall symptoms. It helps to manage some of those early perimenopause symptoms.

They feel they've got more energy and fatigue is such a common symptom in those early stages. But also then I might add it in as part of the menopause management, as part of their hormone treatment. you know, it may be the third step or the fourth step. You know, I tend to often go estrogen or progesterone, you know, add one of those hormones. I'd like to do in a stepwise way, tailoring it to each woman. Some women it might be progesterone, then estrogen. Some it might be estrogen, progesterone, maybe some testosterone and then add in the GLP one.

And actually, you one of the things about adding in a little bit of testosterone alongside it is to help maintain muscle mass and help to build muscle. So it's very much a sort of a combination approach. And I think women are really grateful for it because you're not having to pump them full of more and more hormone. They're getting the benefits of hormone treatment, but they're also then getting those metabolic sort of benefits of the GLP ones. And the other thing is

Dr. Shahzadi Harper (38:14.456)

you know, why would somebody want to be on a statin and a blood pressure medication and maybe diabetic medication when you can almost get all of those effects in one medication, you know, or you can have that preventative effect. So I'm using it as a part of weight management, but from a bigger point of view, more of a health and longevity management and sort of health optimization. So I'm really loving using them as part of women's healthcare.

in midlife and beyond and I think they are a great tool for women even in those low doses when women don't need to lose weight but maybe there are other symptoms that could be helped with it.

Thanks for covering that so thoroughly. And really we had a great guest, Brittany Schammerhorn, she's a Canadian doctor who's done a lot of work on GLP-1s and women. And we really had a very similar conversation where, especially in midlife, the things that have always kept you well stop working. The way you eat and the way you work out may not be changing, or you might even be doing more, but seeing less results. And that can be, like you said, so demoralizing.

So, or maybe you're working with women who are really obese and have never started a program either way, that little tool that gives you the edge so that you start to see results builds confidence. helps you build those lifetime habits. I mean, it's really interesting because it could be abused and used instead of the healthy changes, which probably is happening in a lot of communities. However, in functional medicine, where we're really focused on lifestyle, it's kind of an agent to like.

you know, give you a little kick in the pants on the way.

Dr. Shahzadi Harper (39:56.27)

We're almost sometimes telling some women to eat more.

because they help you, your body, to work more efficiently. And I think some women have been eating less and less and less, and their basal metabolic rate has been dropping and dropping and dropping. They're losing muscle mass. So sometimes I actually have to say to them, you need to eat a little bit more, you know, of the right things. And you're right. I think the worry is where potentially they could be abused. And that's why then you get the scare stories or the scaremongering. But when used correctly, they are a great tool.

So when we talk a little bit about some of the lifestyle changes, I'd love to get your thoughts around how these might be best implemented like seasonally, you know, as we move into the fall. Let's start maybe with nutrition. Are there changes that you would recommend for women from a nutrition standpoint?

Yeah.

I think because one of the things that can happen in these sort of autumn, winter months is women maybe get more carb cravings, more needing that comfort food because of that mood boosting, need some serotonin. So often women can sort of lean towards more sort of those sugary type foods. And I think managing your blood sugars and blood sugar balance is really key. And so I think one of the things I also use for our continuous glucose

Dr. Shahzadi Harper (41:18.672)

to help women as a tool. And now might be a time of year, which it might be a helpful time to sort of use them. You don't have to use them all year round, but now might be a good time of year to use them. And I think really to look at those sort of serotonin or dopamine boosting foods for you as well. And I think that looking at your diet, you want to have some of that comfort. And I think carbs are important, especially in the evenings when you want to sort of have a good night's sleep. So don't deny yourself them.

But really think about protein. Look at vegetables. Maybe salads are a bit harder to eat because the weather is colder outside, bit greyer. But I think roasting vegetables and things alongside your protein, so getting a good source of fiber can be very, very helpful, especially at this time of year, because it can be difficult to get the right food nutrition in. So prepping can be good, and maybe some batch cooking can be very helpful.

Do you have any favorite things that you love to cook in the fall?

I love sweet potatoes. I do love sweet potatoes, any form of sweet potatoes. I do love that. I do just love roasting lots of vegetables together, know, and then, you know, keeping them in a glass jar for, you know, sort of dish for a few days. And then you can sort of add in your protein sauce with it. And the other thing I love is salmon. So great source of omega-3 as well, you know, a bit of soy, garlic, chilli. And it's an easy one to do when you come back from work because it's sort of 10, 15 minutes.

It's not that you're standing there forever cooking, but also cooking for me is a bit of sort of mindfulness and wind down at the end of the day. As long as it's not a chore, and like I said, if you've done some batch cooking or some prepping and there's only a small amount that you do, actually it can be a nice way to sort of wind down at the end of the day.

Dr. Jaclyn Smeaton (43:04.62)

I love that too. really can be something that you can put intention into. Like it can be meditative. If you're, you know, and

I have five kids at home that my oldest is a senior in high school. My youngest is in first grade. So they're very split in ages. We're running everywhere. But on weekends, I typically like to do because I love to cook. I like to do some of those slower cooking methods and that helps me prep for the week. So I'm not rushing around feeding junk. But a couple of things I love to just to add for listeners are like soups, especially in the fall. I'm my family's French. My grandmother lived with me growing up. There was always soup. We had like soups for breakfast. I didn't eat

traditional American breakfast foods. And so this time of year, I'm always craving like the lentil soups and the bean soups and you

Well, I make a lot of dahl because my family is from Pakistan originally. So I love to make dahl. So that is something I will make a big pot of on Sunday. And then for me, you know, it's a nice lunchtime food for me, you know, and I think that that is, yeah. So I suppose I do the equivalent of that. And I do make sort of curries, but I suppose with a more of a modern twist. So lower fat, higher protein, those kind of things and a lot more vegetables involved in it. So, so yeah.

soups are great because they're warming, they're filling and you sort of generate that heat within your body as well. yeah, I might turn to making a few more soups but I do also like one pot cooking.

Dr. Jaclyn Smeaton (44:31.502)

yes, definitely. Yeah. Yeah, we took out like the crock pot or if you have a big like iron crock, this is a time to do that where you like put the food in, let it cook all day. Definitely. Another benefit to prepping food when you talk about carbs, especially, and I like this for perimenopausal and menopausal women is oftentimes we think that when you cook the food fresh, it's going to be better. And in some ways it is like if you have a histamine intolerance, you need to watch

I do like that too.

Dr. Jaclyn Smeaton (44:58.392)

cooling food and reheating because it can increase histamine. However, when you're cooking carbs, like if you cook rice or doll or beans or sweet potatoes, potatoes, anything like that, if you refrigerate it and cool it, it actually changes the starches in the vegetable into more of a resistant starch, which is more of a fiber and it slows that blood sugar impact of starches. So it makes them so much healthier. And I think when you're looking at women who are struggling with metabolic health or weight gain,

That's another great advantage to meal prepping is that you get the chance to cool them. And you can still reheat them to eat them, but the cooling effect changes the starches in the carbs, which is really kind of additional.

I'll be honest with you, that's something I've learned in the last few years. think that's one of the things about conventional medicine, you don't get taught these kind of things. And actually so useful for women in midlife to have that more of that slower release carbs and blood sugar into the system so you're not getting those spikes, you're not getting the insulin, it's not worsening the insulin resistance. So I think we're all learning. One of the other things I love about what I do is there's that continuous

learning process going on and learning from people like you as well Jaclyn. You know it's like it's great to be able to share that information and I think that you know being able to put it

together with integrative medicine because conventional medicine often misses these things out.

Yeah. Well, I think there's a tendency to say, no, that's not true before you even know. It's like, if I don't know it, it can't be true. And there's a almost an, there used to be at least kind of an arrogance to medicine. And I think the best doctors now are the ones that are learning from their patients who, cause now information is everywhere. It's been democratized. So I learned things from my patients all the time. And sometimes I have to say, I don't know, let me go verify that. Let me go check that out myself. but there's, yeah, there's so much still.

Dr. Jaclyn Smeaton (46:53.878)

left to know, you know, and I love that. Now, so we've talked about nutrition. I do want to talk again about movement with seasonality because I think that's another thing again, we touched upon it, but it can be so much tougher when the weather is bad or just when you have more darkness. I think about even just getting up early to get a workout in before work. Are there any tips and tricks that you have as the seasons change for women to kind of stick with that?

Yeah, mean, think even if it's like dancing at home, you know, sort of into music or dancing, music boosts the serotonin levels. know that, you know, dancing, you know, breaking a little bit of sweat helps to improve mood, especially sort of things like mild depression and things. So I think, again, for me, it's about not making it long, you know, even the and doing it with somebody. So funnily enough, at the weekend, I said to my partner, said, look, can you help me out here? So this is me saying this. I said, can you help me?

out here because it's quite hard to motivate in the morning, can we just do 10 minutes of weights? You know, I said even if it's just arms and squats, you know, that's all we need to do, but I just need someone to do it with because I think it's hard to get up and do it on your own. And so that was funny enough, the conversation I had with him and I said, all we need to do is 10, 15 minutes, but just that we need to do it together. So I think, you know, finding yourself a buddy, you know,

Even if it's a friend online that you or somebody that you text in the morning, are you up or something like that? You know, or or at some point in the day or meeting somebody to go for that walk with or that jogging with. And the other thing I quite like is because everybody worries about getting these 10,000 steps, 10,000 steps and get so obsessed about about these 10,000 steps. Something I've come to quite like is Japanese interval walking whereby.

You're doing that three minutes of fast walking and then three minutes of just normal, three minutes of fast. And then you've got your equivalent of 10,000 steps done in 30 minutes. But even if it meant you did it in two lots of 15 and you got out at lunchtime, you know, in your break or something, but I think you could do that with a friend. So I think buddying up is really good. Making it short and snappy and maybe just invest in a little bit of sort of

outerwear that, know, even if it's a bit wet and drizzly.

Dr. Shahzadi Harper (49:09.998)

You can still get out there. And I always put a hat on because again, I don't want to come back and have to wash my hair or something like that. I think those would be my tips. But also think about things that you can do inside, even if what it is is like dancing to music. I love a bit of hula hooping. And I think you don't have to go and spend money on lots of weights and things. You can do body weights like squats or if you've got those elastic bands. But I do think in these months.

It one of the things is the hardest part is that motivation. So finding somebody to do it with like said, you know, I even said to my partner, please just do this with me. It was almost like pleading with him. Please do this with me because I could see how things can fall by the wayside. And then then, you know, weight can increase, especially then you start to eat because you're tired rather than, you know, because you're hungry. And and then that can become.

demoralising when you feel that your weight is also expanding, especially the waistline.

Definitely.

Any tips? What would you?

Dr. Jaclyn Smeaton (50:16.832)

For movement, think, well, I've done a lot of the things that you've mentioned. Like I actually had a colleague, another doctor who lives in Michigan, which is one hour earlier than me. And I was just having trouble fitting when my children were young, fitting in a workout. And so I buddied with her. She was in a different time zone, but we found a time that worked well. And we would set up our FaceTime cameras and like workout together on FaceTime. And it gave us that connection, but we didn't have to leave our homes. That was one that was.

Accountability. Accountability. know, when you've got somebody, you've got to show up, even if you feel you don't want to show up, but you have to show up for them, you know, because otherwise you'll feel like you're letting them down. So there's that accountability. And I think that's also a good thing about sort of buddying up.

Yes. And the other thing I would say is finding things that fit in your lifestyle. Like we are about a half a mile to my children's school. We walk them every day. We walk there and back. We could drive. A lot of parents drive. We live on an island. It's very small. we walk. And we go out. it's only 10 minutes each way. But when I've gotten home, that's 20 minutes of walking. I'm about, you know, I'm part of my way there. And then if I can get a break during lunch to walk for 30 minutes, it's easy for me to get those pieces in. I think the biggest tip.

is just, I would call it habit stacking. And that's probably been the piece that's been the big unlock for me is when it comes to nutrition, to hydration, which we haven't talked about, but drinking enough water is so critical. I have my things. I have like my vitamin powder, like right when I wake up, I mix it in a certain amount of water. I drink it while I have a cup of tea. And then when I work out, I have another drink, 32 ounces that I drink. And then in the evening before bed, I have a magnesium powder.

For me, couple of things are like getting, I hate taking pills. I hate swallowing tablets, but I'll drink pretty much anything. So I'll mix my different vitamins and magnesium and things like that and get that through drinking. And then it also allows me to make sure I get enough water during the day, but it's the staff.

Dr. Shahzadi Harper (52:16.11)

Yeah, I think the habit stacking again for me as well and I think it's also about keeping it real, know, even if what and even if whilst you're making your coffee in the morning, you know, you're standing on one leg to help you balance or something like that. You know, I think it's it's getting those things in that you know that you can do and achieve. You know, I think setting two big sort of challenges, you're not going to do that. But I think like you said, those those, you know, for me, I, you know, put in my creatine in my coffee.

you know, add some collagen, know, electrolytes, you know, and like I said, you know, my little pill box, I do quite like the pills, you know, so, and that's also interesting because for people to know what they like and what they don't like as well, you you like the powders, but that also means that you're getting the hydration at the same time, which actually is quite good because again, it's like a two in one, you know, I love these kinds of things that you can do where you're getting double the benefit by just doing one thing in a way.

The other thing I think is critical is the community aspect of it. So like I commit to going to one yoga class a week in person, even though I have all the tools to work out at home, all the videos and things like that. I go in person once a week more because I want to be around other people that are doing the same thing. There's something to that, even if they're not your friends. So I think that's another piece that I would say for a woman in midlife is impactful.

Yeah, and you know, like for example yesterday, when I was in clinic, instead of going to the closest tube station to me, I went to the one further along, particularly as it had been quite an intense day and I thought I haven't really had a chance to get out and walk and it wasn't necessarily about the steps, it was actually a really lovely day yesterday here in London and I just wanted to be around people and it was a lovely evening and I just wanted to walk along the streets.

than just for the steps, was more for the energy, you know, the feel and I really enjoyed that

and I thought I should do a bit more of that sometimes, you know, just go to the next tube station because it wasn't actually that challenging to do. you know, sometimes you might think, it's much further to walk there or do this, but once you've done it once you realize actually it's not as bad as you think.

Dr. Jaclyn Smeaton (54:36.014)

And walking especially, I love that you said that you did it for the experience because

Exercise should be something we enjoy and like walking. It's not a punishment, you know, and I think a lot of times we like put I saw this really funny clip from the New Yorker this Cartoon that I posted on my social media and I got a ton of responses where these aliens flew down to earth and it said apparently their life wasn't hard enough because women even started wearing weights when they went out for walks, you know, and no not the weighted vests are great. They have a lot of benefits, but it has to make you laugh. Not everything has to have a purpose. Not everything has to be

have a return for you, you know, going for a walk without headphones in where you're just listening and looking and breathing and appreciating in our neighborhood. have these little bunnies that sometimes run around or what flowers are in bloom or what the sky looks like. Just being present. I think that walking meditation is amazing. And that is something that it doesn't always have to be fast. You know, you can have a little mosey.

It was a really enjoyable walk. Like I said, London is beautiful. It was a lovely day. had no agenda and it was just a nice walk to the next tube station and I achieved some steps in the process.

That's right. Well, I love that. It's like adding that intentionality to your life. Yeah. I think one last question I have for you before we wrap today. This has been awesome. It's like talking to a girlfriend. You're so wonderful to talk to. I can see why your patients probably love you so much. You've talked about a wind down routine several times in the night. You've got to share what's your wind down routine. Because I'm so curious because you've mentioned so many beautiful rituals as part of it.

Dr. Shahzadi Harper (56:20.556)

Yeah, so for me, I am somebody who is very mentally active from almost the point that I wake up and then I hit a wall. You know, like I used say to my daughter, do not come and ask me anything serious after 8 p.m. because my brain is like a vegetable at that point. So, you know, as I mentioned before, you know, coming home, I have my dog. He's always very welcoming. But then, you know, cooking is very much my part of my process of winding down.

do like to then just chill out with my partner and just I may do like one of the things I find because I do a lot of talking as you probably do is that I get a bit of jaw tension so part of my

wind down routine will be sort of just to use some facial oil and just massage you know sort of a massage my jaw I also have a LED mask for my face and so I'll put that on for 10 minutes and watch TV and then

The other things I do is make sure that I have a big glass of water when I walk in through the door, before anything else, because I know that probably I haven't been as good as you, Jaclyn, at getting to my hydration and during the day. But I don't want to do it too late at night because then I don't want to have to wake up in the night to do that. So there are sort of little baby steps that one does. And then I will watch a bit some TV, just chill, watch an episode of something or another.

At the moment I'm addicted to Breaking Bad, which I'm sure everybody's watched and I'm the last one to the

first season. Maybe I'll join back into that.

Dr. Shahzadi Harper (57:53.486)

You know, it's like, mean, maybe I'm just late to the table, but I seem to be addicted to it. And then, like I said, I like to do a bit of facial massage just to, and I like silence. So I don't want to talk in the evening. And I met my partner online and on my dating profile, one of the things I'd written was, I'd like to meet somebody I can sit in silence with. So I don't want to necessarily talk to somebody. I just want to wind down. It's almost a bit meditative, know, sort of that sort of whole process.

And sometimes I may have a cup of milk because I think that's also quite nice from a sleep point of view, melatonin point of view. And my bedtime routine, I'll take magnesium. I'll probably take my vitamin D as well in the evening. And then I do wear an eye mask to sleep because I feel that it helps to boost the melatonin. Okay, because I think that really, really helps and it gives me a good quality of sleep. there aren't that many steps to it, but it's just.

It's just become so natural in a way, like you said about the habit stacking. I think it's become so natural, sort of this whole wind down. But also when I come home, I will change out of my work clothes into more relaxing lounge wear type of clothes and cook, eat with my partner, watch a bit of television, get my magnesium, my LED, wash my face, get all the grime out of London out of it, put my LED on, boost the collagen in the skin.

and wear my eye mask and I do try and go to bed at about 10 to 10.30, between 10 and 11 p.m. and then I'm usually up by about sort of six thirty seven.

Fabulous. Well, Dr. Harper, it's been really great to have you on today. I really appreciate your time. If people want to learn more about you, what are the best ways for them to do that?

Dr. Shahzadi Harper (59:40.664)

So I've got a website, www.theharperclinic.com, but do follow me over on Instagram at Dr. Shazadi Harper and you'll get all the information from there.

Wonderful. And we'll put those links in the show notes for you guys listening as well. Thank you so much, Dr. Harper, and thank you guys for listening today.

Thank you.

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