Episode 172 Transcript

00:00:00:00 - 00:00:10:12
Dr. Jolene Brighten
As much as I want to empower the patient to be able to do so much on their own. I also needed to empower the clinician to be able to feel confident in supporting these women.

00:00:10:16 - 00:00:36:00
Dr. Jaclyn Smeaton
Welcome to the DUTCH podcast, where we dive deep into the science of hormones, wellness and personalized health care. I'm Doctor Jaclyn Smeaton and 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 health care professional or simply looking to optimize your own well-being, we've got you covered.

00:00:36:02 - 00:01:07:23
Dr. Jaclyn Smeaton
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 health care provider for medical advice, diagnosis and treatment. Hi there! Welcome to today's episode of the DUTCH podcast. I'm really, really excited about the topic today and the guest that I have, because this is something that I think is simmering in the background for so many patients, so many women, and not just women, men too, that are not properly diagnosed with ADHD.

00:01:07:23 - 00:01:27:13
Dr. Jaclyn Smeaton
And that's a topic today. My guest today, Doctor Jolene Brighten, has just written this awesome book, ADHD and women, where she really chronicles the experience that so many women and girls have of, having this experience masking it, having it show up differently than it does for boys, it gets missed, it gets misdiagnosed. People manage it their whole entire life.

00:01:27:19 - 00:01:50:09
Dr. Jaclyn Smeaton
And then towards midlife and perimenopause, things kind of fall apart and the coping mechanisms start to fall apart and you start to feel worse. And really, that's

when women are getting diagnosed with ADHD. This was such a fascinating topic. If you've ever wanted to know what goes into developing ADHD, what are the contributing root cause factors and how this is actually more than just bad behavior.

00:01:50:10 - 00:02:17:15
Dr. Jaclyn Smeaton
It's not bad behavior, it's biology. And it's how things are different and it's complex as well. But Doctor Brighten is expert at really teasing it apart. We're going to talk about the role of hormones, the role of gut health, the role of stress hormones, how sleep and lifestyle and all these things factor in to the experience of someone with ADHD, even hormone therapy in menopausal hormone therapy, and how you might need to creep into that a little bit differently than someone without ADHD.

00:02:17:17 - 00:02:40:01
Dr. Jaclyn Smeaton
I want to introduce our speaker. I mentioned Doctor Jolene Brighten. She's an internationally recognized hormone expert and nutrition scientist and founder of Doctor Brighten Essentials, which is a supplement company that makes science backed solutions for women's health. She's board certified in naturopathy, endocrinology, a certified menopause specialist and sex counselor. And she's written a ton of books, including be on the pill, Is This Normal?

00:02:40:01 - 00:03:03:21
Dr. Jaclyn Smeaton
And then ADHD and Women Empowering Women to Optimize their Hormones and Enhance Sexual Wellness. She's a passionate advocate for uncovering the root causes of hormone imbalances, and she really combines clinical experience and expertise with evidence based education to empower women to optimize their hormones and their brain health and their sexual wellness. She has a global education platform. She's all over social media.

00:03:03:22 - 00:03:22:18
Dr. Jaclyn Smeaton
She's totally inspirational and really helping women just reclaim their bodies and their overall vitality. So let's go ahead and get her in studio and dive right into this conversation. Well, Doctor Brighten, welcome to the DUTCH Podcast. I'm so excited to have you here and to talk about your new book and all these really important topics that I think just don't hit women's health often enough.

00:03:22:19 - 00:03:23:13
Dr. Jaclyn Smeaton
Absolutely.

00:03:23:17 - 00:03:27:10
Dr. Jolene Brighten
Yeah. Well, thanks so much. I'm really excited for this conversation.

00:03:27:12 - 00:03:38:09
Dr. Jaclyn Smeaton
I want to really start at the beginning because you've written about women's health and hormones for so long, for years, what made you decide that ADHD specifically needed to be the subject of your next book?

00:03:38:11 - 00:04:02:18
Dr. Jolene Brighten
So I started this book before this study came out, but when I read this study, my mind was blown, and it's like 25% of ADHD women will enter postmenopausal years with the most severe symptoms for the rest of their life, and that's without intervention. We have an opportunity to ask clinicians to intervene. Something can be done about this.

00:04:02:18 - 00:04:22:21
Dr. Jolene Brighten
And when we recognize that the research now shows us perimenopause comes about ten years earlier with twice the symptom severity for the ADHD woman. As clinicians, we can do so much to improve their quality of life and also help them not feel like they're the problem. They're broken, they're failing at life.

00:04:22:23 - 00:04:39:02
Dr. Jaclyn Smeaton
I got chills when you said that, and I think it's like a good way to start the podcast. It's a good sign. But I just the reason why is I think, like so many women suffer through this phase of life anyway. And like, thankfully now I think we're putting more attention and light on the Perimenopausal transition and just how hard it can be for some women.

00:04:39:02 - 00:04:54:18
Dr. Jaclyn Smeaton

But to think about this cluster of women who's quite large. I'd love to talk more about that, like how many women it's affecting, but having them have ten times of symptoms and be struggling that much more is a problem, you know, a problem that we really need to address.

00:04:54:20 - 00:05:13:01
Dr. Jolene Brighten
Yeah. And I think, you know as you bring up perimenopause is finally getting its airtime. I think for some of us like you and I, we were trained in hormone therapy management. We were trained in perimenopause. So it's almost been shocking to me in the last five years to see gynecologists be like, hey, does everyone know about this thing?

00:05:13:01 - 00:05:30:16
Dr. Jolene Brighten
And I'm like, wait, wait, wait wait, wait. Like this thing that we've been talking about for like 15 years, like, and it's great to see it have its moment that it really has highlighted the Grand Canyon size, you know, whole of information that patients have been swallowed up by.

00:05:30:18 - 00:05:48:09
Dr. Jaclyn Smeaton
That's such a great descriptor. And you're right, I think that's just something that we've always been trained in. That was really my bread and butter when I was in family medicine practice, was women in midlife who are really dismissed by the medical system, which I still think struggles to fit in, how to help women from a logistics perspective.

00:05:48:11 - 00:06:01:18
Dr. Jaclyn Smeaton
Yeah. I mean, it's something that naturopathy doctors just do so well. So you also, you've talked openly about being neurodivergent yourself. How is your own personal experience kind of colored the way that you you look at this and you approach this work clinically.

00:06:01:19 - 00:06:17:05
Dr. Jolene Brighten
Yeah. I just have to laugh because I write books and I never expect that it's going to be me that I write about to, like when I wrote be on the pill. It I was like, stop giving

women the pill. Why do you think we have a delay of diagnosis for endometriosis and then 29 years of menstruating?

00:06:17:05 - 00:06:41:12
Dr. Jolene Brighten
It's me. I'm like, wait a minute, wait a minute. So, you know, when I set out, collating the research, really starting to put this together around neurodivergent. So what is that for people listening? It's not a medical term. It's an umbrella term that captures medical terms like ADHD, autism, bipolar disorder, tick disorder. There's a whole lot of neurodivergent conditions and early clinical practice.

00:06:41:12 - 00:07:12:21
Dr. Jolene Brighten
I started seeing two women that commonly were getting diagnosed with ADHD and also autism, and that one is the PMO, PMS, formerly PCOS woman and then the PMD woman. And so that's what got me really interested in this, because what I came to see is that if we resolve the inflammation, the insulin dysregulation, the hyperandrogenism in that PMS patient, her ADHD symptoms got better, not that they went away, but they were much more manageable.

00:07:12:23 - 00:07:47:11
Dr. Jolene Brighten
So for me, I was sitting with, you know, another clinician with my son going over his symptoms. And here he has ADHD. But I'm arguing back now because I think she's wrong. But I'm like, no, like, of course, of course. Like, you know, you melt down with the seam of your socks like, everybody hates that. Right? And of course, like you have tremendous anxiety when you're have an appointment and you end up showing up an hour early, which, by the way, I did show up an hour early for this podcast, got all set up, then realized, oh no, my time blindness got the best of me.

00:07:47:11 - 00:08:12:01
Dr. Jolene Brighten
It's actually not for a whole other hour. So, you know, it turned out that I also had ADHD. And like so many other women, you know, we've seen the diagnosis has almost doubled among women in the last handful of years because they're advocating for their children. And for the first time, somebody is going through symptoms that for them, it finally clicks and makes sense that perhaps this isn't my normal.

00:08:12:01 - 00:08:18:01
Dr. Jolene Brighten
Like there is something actually more to this story, or this isn't something that everyone else does.

00:08:18:03 - 00:08:48:08
Dr. Jaclyn Smeaton
That's such an interesting experience. And I didn't know that story that you kind of learned about this through your son and like hearing about. Yeah, I guess that makes total sense. You see, the way he's responding and you'd respond the same way and think, this is how it is for everyone. And it's interesting that you bring him up, because when I think about where and how I learned ADHD in school, I was in a pediatrics class and it was really kind of put in this box of like, this is something that happens to young boys predominantly, and we see that in clinical research, like most of our research is built upon boys and men.

00:08:48:10 - 00:09:00:05
Dr. Jaclyn Smeaton
But there's obviously a gap for women too. And getting that diagnosis, like, what does that practically mean for women? Are they more likely to be diagnosed later in life compared to in childhood than boys yet?

00:09:00:05 - 00:09:21:20
Dr. Jolene Brighten
So I want to talk about this statistic of what we are actually seeing with women in the diagnosis of ADHD. But I think it's important first for people to understand that when it comes to ADHD, clinicians are constantly looking for the external chaos. But for women, the chaos is internal and anything that is external is being hidden. Like the chaos might be.

00:09:21:20 - 00:09:52:02
Dr. Jolene Brighten
Her bedroom is a complete mess and there are clothes everywhere, but you're never going to see that as a clinician. And what we've come to understand through the research is that for women, 50 to 75% are making it to adulthood before anyone recognizes that, they have this completely different operating system that is hindering their ability to function in their day to day life, and a big part of that story is because they have these hormonal allies in ways that men don't have.

00:09:52:04 - 00:09:55:03
Dr. Jaclyn Smeaton
Can you talk more about that? What kind of hormonal allies?

00:09:55:05 - 00:10:19:15
Dr. Jolene Brighten
Right. So whenever we think about ADHD, we think about the little boy who can't sit still. But for the little girl, it might be that she can't stop talking. And so that's just a little girl who talks too much, right? She doesn't know when to be quiet. She learns that she needs to sit still. She might be the girl who was like, she's really smart in this arena, but she doesn't apply herself over here.

00:10:19:17 - 00:10:42:20
Dr. Jolene Brighten
And so there are these signs of ADHD that are more external in girls early on when they enter puberty, which most clinicians understand doesn't start with the period. It's years before that. The research tells us that struggle starts to become internal. So there is more than one thing going on here. It's not just hormones, but I am going to talk about this hormonal component.

00:10:42:22 - 00:11:04:13
Dr. Jolene Brighten
But I do also need people to understand this is also a time where girls start becoming very self-conscious and very self-aware. They are noticing how they show up and how people respond to them. Friend groups become like, do or die in high school, right? Or even in middle school. So they start to monitor themselves. They start to think about, okay, am I talking too much?

00:11:04:13 - 00:11:31:10
Dr. Jolene Brighten
Am I talking enough? Is my face matching? What's going on? I want the teachers to like me, so I'm going to struggle more internally. And the research tells us that girls start masking, they start hiding. And now comes the diagnosis of anxiety. Now the hormone that is rising initially is estrogen and progesterone. Testosterone, cortisol, that thyroid, like all other girls, play a role here as well.

00:11:31:12 - 00:11:59:09
Dr. Jolene Brighten

But estrogen is not just a reproductive hormone. It's a mitochondrial hormone as well. And so as estrogen starts to rise, her brain begins to change. We see the neurons begin to change with the mitochondria. They become very good in their energy production, and that allows them to have that energy in their brain to do the extra work of self-monitoring, of masking, of observing neurotypicals and then emulating them.

00:11:59:11 - 00:12:22:17
Dr. Jolene Brighten
But the problem is, is that in doing all of that, they're trying to hide what they know internally. Something is off. They know that they are different. They know that things are harder, but they don't want other people to see it. And so as great as estrogen is and grays, it gives us that ability to do it. It also does lend it to a girl who may be missed or misdiagnosed.

00:12:22:19 - 00:12:44:04
Dr. Jaclyn Smeaton
It's actually really heartbreaking to hear you talk about that, because I think about how it is such a pivotal age and coming of age and coming into your self-confidence and self-worth, and to think about having something with like neurodivergent and ADHD impacting the way that girls perceive themselves even that young is really hard. It's hard to swallow.

00:12:44:06 - 00:13:06:23
Dr. Jolene Brighten
I think also, but as you say, coming into self-confidence, I'm like, do any of this actually or not? Before 40? Because I feel like it's not until perimenopause, which is a completely different kind of hormonal transition that really impacts the ADHD brain and is lending to why we see so many more diagnoses during this period of time. But it is something that, I mean, you've talked to so many patients.

00:13:07:05 - 00:13:18:18
Dr. Jolene Brighten
So many of my patients are like, it's only through perimenopause and menopause transition that I feel like knowing self-confident. Now I know who I am and I'm like, oh, Nia. Like, I feel like your whole life.

00:13:18:22 - 00:13:35:11
Dr. Jaclyn Smeaton

Yeah. It's like, no more F's to give, right? You're like, lose them all. And then you just can kind of get clarity, I guess. Maybe self-confidence isn't the right thing, but self-awareness at least. And thinking about knowing that you're different and having to manage that and having to mask that and like just the weight of that, even as an adult sometimes is really difficult.

00:13:35:11 - 00:13:56:17
Dr. Jaclyn Smeaton
And you think about that in a child. And, and for women who are doing that for years and years and years before they even hit perimenopause, it's not a heavy weight. I know, because of this. Like so you see that women are getting diagnosed later in life. And what are the things that you really see when you look at today's diagnostic criteria for ADHD?

00:13:56:18 - 00:14:12:00
Dr. Jaclyn Smeaton
How are women like really, they fit in easily to that criteria. And are there ways that it shows up differently that we just haven't captured yet in our diagnostic codes and diagnostic processes that are leaving some women still out and undiagnosed?

00:14:12:02 - 00:14:48:14
Dr. Jolene Brighten
Right. So we should definitely talk about the, different ways that ADHD is diagnosed and what it might look like in women. But I think it's also important for people to understand that we hear a lot like, doesn't everyone have a little bit of ADHD? Well, everybody does struggle with focus and motivation and attention. At some point. I want people to reframe that, though, that, you know, messy and lack of focus may be a moment for you, but for ADHD, this is a life long pattern and a pattern that interacts with their life in a way that can be detrimental.

00:14:48:14 - 00:15:11:06
Dr. Jolene Brighten
So how it's impacting their school life, their work life, their relationships, whether it's with their children, their friends, their romantic partnership, their ability to take care of themselves, make car payments and house payments on their ability to feed themselves. So at the core, ADHD is about executive dysfunction, and we can certainly talk about how hormones play into that.

00:15:11:06 - 00:15:37:05

Dr. Jolene Brighten
The role of the mitochondria, glucose metabolism, because I think that's all really important to understand. But you know, the name attention deficit really does a disservice. The hyperactivity component, that does a disservice because it is much like how we call PCOS PCOS forever. Right. And that actually gave clinicians the wrong idea about what was really going on with the condition.

00:15:37:06 - 00:16:03:15
Dr. Jolene Brighten
And in that women fell through the cracks of getting the right treatment. So with ADHD, eight years don't have an inability to have attention. There's no deficit. It's an inability to regulate attention. And when we see hyperactivity, maybe you might see someone like me who's talking with their hands, right, who is moving all the time, who's constantly emotion, and that can look like hyperactivity externally.

00:16:03:15 - 00:16:20:10
Dr. Jolene Brighten
But for a woman it might be internal. Her brain never shuts up. If she's having a conversation with someone and she's thinking about what's on our to do list, what is she going to have for dinner tonight? Oh, you know, did she ever, like, actually, you know, put those clothes away like her brain is just going a mile a minute.

00:16:20:12 - 00:16:36:23
Dr. Jolene Brighten
She tries to go to bed at night. Her brain won't show that it is going through the entire day. It is telling her everything that she's done and rolling everything. She still has to do, and then bringing up things that like, don't even matter. Like, does an octopus have feelings? And like, was I wrong to eat that octopus?

00:16:36:23 - 00:16:54:00
Dr. Jolene Brighten
I mean, vegans are going to be like that matters, but like, does it matter when you're going to sleep? Not so much. And then, you know, there's other ways that it can show up. So maybe you're staring at like the computer screen for an hour. You intended to send an email, but after an hour you're like, where was my brain?

00:16:54:02 - 00:17:15:13
Dr. Jolene Brighten

Maybe you were called a space cadet in school. Oh, she's just spacey. When in reality you were struggling with inattentive ADHD symptoms. And so for women, it also matters when we catch them cyclically, because a woman who is nearing ovulation can mask a lot more in an evaluation and almost like, trick a provider into thinking she has it all together.

00:17:15:13 - 00:17:38:11
Dr. Jolene Brighten
She's not doing that on purpose. She just doesn't want to look like, you know, her life is falling apart, right? And then if you catch her in her luteal phase, things can look a lot different because hormones influence the way that the ADHD brain is responding to neurotransmitters, the way it's producing neurotransmitters. And the other myths I think we should also address is that it's not a dopamine deficit.

00:17:38:13 - 00:18:04:10
Dr. Jolene Brighten
So the idea on social media is always like an ADHD or is just always chasing dopamine. Well, not necessarily. They're not it's not that they always have to get a dopamine hit, it's that they do require more stimulus to have enough dopamine to respond to it. They need new they need novel things. However, there's been newer research showing that ADHD brains may actually be clearing dopamine to rapidly in some instances.

00:18:04:12 - 00:18:19:12
Dr. Jolene Brighten
So I talk about this being like the trash guy coming through the neighborhood, and he comes once a week, right, and clears things out. And that's a great cadence. But what if he's coming every day and every day like, you know, the trash guy is just saying, oh, we need to take this out, will you? Oh, you don't have trash for me.

00:18:19:12 - 00:18:43:05
Dr. Jolene Brighten
Let me start taking things that aren't necessarily trash from you. We'll just take things early. And so the brain starts to respond in those ways, with the lack of focus, the lack of being able to pay attention. And it's not necessarily that they have this deficit. It is, again, that they focus where there's novelty, where there's interest less so on the boring things that the brain doesn't.

00:18:43:05 - 00:18:45:00

Dr. Jolene Brighten
Clock is being relevant.

00:18:45:02 - 00:19:01:02
Dr. Jaclyn Smeaton
That's interesting when you're describing all these symptoms, like I'm sure I mean, I'm listening and I'm like, I can relate to a lot of those things too. How do you know it's like severe enough or outside of the normal experience, like for a woman who's listening to be like, no, maybe I really should get evaluated.

00:19:01:04 - 00:19:21:20
Dr. Jolene Brighten
Right? So, you know, I want to talk about what is happening in the perimenopausal brain that's so similar to the ADHD brain. But what I do want to say is that for the woman who's listening and she's a midlife, and she wakes up and she feels like I'm failing, my home world is falling apart and it's me. I'm the problem that maybe you're not the problem.

00:19:21:20 - 00:19:43:03
Dr. Jolene Brighten
Maybe the reality actually is, is that for the first time in your life, you're being met with the very real consequences of how much you've been expected to do for your whole life. And you have been working so much harder than everyone else. So this is a really important thing. Like, how do we know if it's perimenopause and how do we know if it's ADHD?

00:19:43:03 - 00:20:06:01
Dr. Jolene Brighten
For the clinician and I in the book, I talk about what I call like ADHD Lite, which is like a joking way to say that. Like Perimenopausal, women can have ADHD like symptoms. The research tells us about two years after their final period. So two years postmenopausal, the brain should come back. It's going to shift into burning more fuel for fat.

00:20:06:03 - 00:20:27:12
Dr. Jolene Brighten
So a lot of women in their middle aged years, I hate saying that because I'm like, oh man, a middle aged, people. But, you know, midlife women are experiencing ADHD like symptoms because of the neuroendocrine changes that happen. Which is why I

always say, like the book ADHD in women can help you too. And there is good news for you because you shouldn't.

00:20:27:12 - 00:20:47:06
Dr. Jolene Brighten
Just because I'm like, oh, this is a normal thing that happens, doesn't mean you should white knuckle your way through it. You should still get support. So what is happening in perimenopause? We have progesterone declining. And you know, as our good friend Doctor Carrie Jones always says, that's like your mouth filter, right? When it doesn't interact with Gabba Gabba is that mouth filter.

00:20:47:06 - 00:21:16:19
Dr. Jolene Brighten
So now you're you're blurting out things for the 80s. This can be so much worse. You may also have struggle. You know, at night to fall asleep or stay asleep. And in addition, ADHD ers can experience emotional dysregulation as it is just cyclically around that luteal phase. But that can get amplified in perimenopause. Then comes estrogen changing and estrogen demands the brain to really do a lot more work when it starts to decline.

00:21:16:19 - 00:21:41:23
Dr. Jolene Brighten
So I call estrogen the IT girl because neurotransmitters just follow her around like she's the best thing ever. So acetylcholine the way I know what I'm going to say mid-sentence and I'm able to keep talking. Also, when I walk into a room, I know why I'm there. That's what acetylcholine is helping with. We see norepinephrine and dopamine. Those are the classic ADHD neurotransmitters for focus and motivation serotonin involved.

00:21:42:01 - 00:22:08:18
Dr. Jolene Brighten
This is what people often think about for mood. Yes. And it's also involved in neuroplasticity, dopamine spikes and works together with serotonin to spike as well. Dopamine says this is relevant. Serotonin says solidify it in a memory. We should remember this because you're telling me it's important. And then there's also histamine which is also following estrogen around. It can be a reason why a patient is waking up between 2 to 4 a.m., histamine to high.

00:22:09:00 - 00:22:34:05

Dr. Jolene Brighten
They feel really anxious, irritable, rage, maybe even Pmdd like symptoms. Now that's the neurotransmitter piece. But as estrogen declines, I already said it's a mitochondrial hormone. And as it declines, glucose metabolism decline. Some research says close to 10% reduction in glucose metabolism. So the brain is struggling to make enough energy. Then there's the fact that estrogen regulates the immune system.

00:22:34:05 - 00:23:00:10
Dr. Jolene Brighten
Progesterone as well as these are declining, we can have more immune system chaos, more increase in cytokines. We have shifts in the gut. So I want to talk about what's going to happen in the brain specifically. But first I need clinicians to understand as estrogen declines microbial diversity declines. And with it we can see new onset of food sensitivity, IBS like symptoms, intestinal hyper permeability, the same cytokines in the gut.

00:23:00:14 - 00:23:17:19
Dr. Jolene Brighten
They can interact with the brain via the vagus nerve, or they can actually go to the blood brain barrier, bump up against it, and change how the cells react in the brain, or even make it more permeable. Now you got leaky brain. Things get in that they shouldn't. So what's happening with our mitochondria? What's happening with the immune system?

00:23:17:21 - 00:23:41:18
Dr. Jolene Brighten
You know, the mitochondria is so cool for making energy until it's not. Because as free radicals increase and inflammation increases, the mitochondria actually see that and say, okay, cool, I'll make free radicals too. And that is going to cause your cells to start to undergo oxidative stress and damage. So imagine neurotransmitters trying to work. I mean, receptors can't actually, respond and dock to these neurotransmitters.

00:23:41:18 - 00:24:13:21
Dr. Jolene Brighten
We don't make them efficiently. We know from the cytokine theory of depression, we can have alterations in the metabolism of serotonin to melatonin, and even an inability to make sufficient serotonin. So this can all happen in perimenopause.

Now, here's the reality for the ADHD woman. This has been happening for the majority of ADHD women their entire life with everything I'm talking about mitochondrial dysfunction, immune system dysregulation, lack of microbial diversity in the gut, more gut symptoms going on, dysregulation of the vagus nerve.

00:24:14:00 - 00:24:36:04
Dr. Jolene Brighten
Seeing that you have, you know, less glucose metabolism. So that's something important to understand about the ADHD brain. One of the most detrimental things we ever said to an ADHD child is stop moving. They have to move because their brain doesn't generate enough energy on its own in a lot of cases. So this is why perimenopause can look so much like ADHD temporarily.

00:24:36:04 - 00:25:01:12
Dr. Jolene Brighten
And and very menopause makes ADHD so much worse. So how do we know the difference here? It lies in the history of the childhood history and her lifelong experience. So when you ask a perimenopausal woman, hey, have you ever had anything like this before? Yeah. You know, I used to struggle really bad with, like, always running late. And it seemed to get worse before my period and my executive functions.

00:25:01:12 - 00:25:23:00
Dr. Jolene Brighten
Like planning, organizing. Your patients won't say executive functions, but they'll say things like, I, you know, could see a 25 step, you know, sequence that I needed to do, but I had, a paralysis. I couldn't get started. They couldn't actually plan out that 25 step sequence. A perimenopausal woman, that does not have ADHD will be like, who is this person living in my body?

00:25:23:03 - 00:25:28:11
Dr. Jolene Brighten
This came from absolutely nowhere. I've never had this experience before.

00:25:28:13 - 00:25:52:11
Dr. Jaclyn Smeaton
That's good. And the things that you're describing, it's so interesting because you talk about really a lot of these root causes, from gut health to metabolic dysfunction. And it almost it's like a cat chasing its tail. Right. It's hard to know how

to untangle it, but a lot of those same things are happening in perimenopause, which is probably what you're talking about, how that leads into a similar symptomatology or a similar, similar experience for women in perimenopause.

00:25:52:13 - 00:26:16:08
Dr. Jolene Brighten
Absolutely. And it's the changes of perimenopause in the brain that, again, ADHD ers have been experiencing for the majority of their life. And so that is why perimenopause can look so much like ADHD. And it's also why I say like we shouldn't just let women white knuckle it. And you know something? I did in the book to help clinicians and my publishers were like, this gets really heavy.

00:26:16:08 - 00:26:39:05
Dr. Jolene Brighten
And IT labs and doctor speak. And like, you have a whole chapter on how to prescribe hormones because these women cannot go this alone. They can eat right. They can exercise, they can do everything on their own. But yet we still need clinicians who can prescribe hormones, who can help them really unpack what's happening with their gut, who can help them dial in their diet for them.

00:26:39:05 - 00:26:51:21
Dr. Jolene Brighten
And so I think, you know, as much as I want to empower the patient to be able to do so much on their own, I also needed to empower the clinician to be able to feel confident in supporting these women.

00:26:51:23 - 00:27:11:03
Dr. Jaclyn Smeaton
It's great that there's such a deficiency. Still a knowledge on how to handle hormone prescribing and perimenopause and menopause. You think everyone knows now because we've been talking about it, but really, when it gets down to brass tacks, even hormone providers that are putting themselves out there in that way are not really as well trained as I wish they would be.

00:27:11:05 - 00:27:35:16
Dr. Jolene Brighten
Yeah, well, there's also like, I don't know if you've seen this, Carrie and I, doctor Carrie Jones and I have talked about this if like, when did we just start giving, like, you know, five milligrams of testosterone to women? Like, why, when did we just

start saying, like, you take the men's packet and then you just divide it by ten, and that's what you're using is the starting place for everyone when that's not going to work for everyone.

00:27:35:16 - 00:28:06:00
Dr. Jolene Brighten
And I see, you know, I teach a lot at medical conferences as you do as well, talking with prescribers. And they'll say, well, I started a woman on this. And like she said that she was like making all these mistakes, that she felt so much more impulsive. And I'm always like, yeah, tell them to hide their credit cards if they're neurodivergent, because especially the ADHD woman, I see that even if you have the testosterone dose, right, if you give her testosterone in that first two weeks, her brain gets so excited.

00:28:06:06 - 00:28:24:05
Dr. Jolene Brighten
And then she's so impulsive. And I like to tell the story about how when I started testosterone, I almost came home with a puppy. I was in a mall. I was like, a puppy is a good idea. My husband's like, no, sleeping is a good idea. You love the sleep like a puppy doesn't go with that. He talked me into leaving there, and then I bought two pairs of sequence pants.

00:28:24:05 - 00:28:38:17
Dr. Jolene Brighten
I don't even know where those are right now. Did I need them? I didn't, but they were 80% off. So of course I had to buy them. Like. And they were so pretty and sparkly. That was like. And then I came home and I bought like a dozen, like, old school video games and then played them for hours with my kids.

00:28:38:17 - 00:28:41:06
Dr. Jolene Brighten
And my kids were like, who is this mom? We like.

00:28:41:06 - 00:28:43:16
Dr. Jaclyn Smeaton
We love her. Give her some.

00:28:43:18 - 00:29:08:17
Dr. Jolene Brighten

Room. And that was on the tiniest dose of testosterone. And so the ADHD brain, what we know from the research can be really hormonally sensitive. So when you give hormone therapy, even if you're like, this is a starting dose, they may have a bigger swing. And it it may not be that you have to change anything. You just have to let them know that like, hey, in the first 2 to 4 weeks things may feel a lot different.

00:29:08:17 - 00:29:26:23
Dr. Jolene Brighten
So the testosterone I'm like, hey, you might be more impulsive. You might want to hide your credit card, you might have more hyperactivity. Can you channel that into working out so that you don't feel so restless? You know, estrogen is one of those examples that I'm like, you know, that could push and tip the scales on histamine for some of these women.

00:29:26:23 - 00:29:43:00
Dr. Jolene Brighten
A lot of ADHD women have histamine issues. And so you always want to be checking in with the patient. Like how is their gut health. Like are they going to be able to clear this. What's their history been like? Do they get flu like symptoms before their period. That tells you like histamine might be an issue for them.

00:29:43:02 - 00:30:03:04
Dr. Jolene Brighten
And when you give that estrogen I'm always like, try to make sure you progesterone worked out first. You know has ideally we should be starting hormones in perimenopause not waiting until you know you've gone through hell and now you have no period. And then we're like, just start it all at once. But if we can get progesterone worked out, it's really good at stabilizing Marcell so that they don't get that feeling.

00:30:03:04 - 00:30:21:01
Dr. Jolene Brighten
But otherwise, you know what I warn patients is like, if you start this and you're like, I'm now not sleeping, I'm waking up in the middle of the night. I do feel anxious and raging out at people. I feel achy, like I feel like I'm coming down with something constantly that tells me, okay, estrogens interacting with histamine. So we need to intervene.

00:30:21:01 - 00:30:42:20

Dr. Jolene Brighten
We need to do something about that. And sometimes, you know, if I suspect that with patients, I will start them on a diet enzyme. I may give them quercetin or have them drinking nettle tea regularly. I'll bring on vitamin C, encourage more vitamin C, rich foods, and then we're also, you know, always looking at that strobe, that estrogen metabolism that's happening in the gut.

00:30:42:22 - 00:31:00:10
Dr. Jaclyn Smeaton
Yeah. It's interesting. You're getting me thinking back to what you said earlier about the dopamine metabolism and taking out the trash. That analogy, and that resonated a lot with me, because that's one of the reasons why we looked at hormone metabolism for the same reason, is that it actually impacts the way you feel, even if the amount of parent hormone is there.

00:31:00:10 - 00:31:02:05
Dr. Jaclyn Smeaton
It's very similar.

00:31:02:07 - 00:31:26:07
DUTCH Podcast
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00:31:26:09 - 00:31:28:21
DUTCH Podcast
Welcome back to the DUTCH Podcast.

00:31:28:23 - 00:31:56:18
Dr. Jaclyn Smeaton
By bringing it to what you're talking about now. It's like it makes me think about that. Like Pmdd, even PMS, we know that sometimes hormones are normal, the levels are normal, and the response is actually like an atypical response to normal hormone fluctuations. And that's jumping back out at me as you're talking about this with menopause hormone therapy, because what you're saying is a regular

dose that would be fine for most women is triggering all of these symptoms and reactions.

00:31:56:18 - 00:32:14:03
Dr. Jaclyn Smeaton
For a woman with ADHD, which is just mean. It looks the same to me as that Pmdd and, p m s where you're really seeing that even if you get the dose right, quote unquote, right, you're going to have a bigger reaction to just the fluctuation of getting started.

00:32:14:05 - 00:32:39:01
Dr. Jolene Brighten
I want to talk about a really interesting study where they took away women's hormones and what they found about Pmdd. In the book I have a whole chapter on Pmdd. But first, I think it's important for clinicians to understand that they did a study looking at ADHD women and the incidence of Pmdd, preliminary Pmdd. So they weren't diagnosed, but they had Pmdd like symptoms, and they found ADHD.

00:32:39:01 - 00:33:08:15
Dr. Jolene Brighten
Women are three times more likely to have Pmdd. It comes back to this hormone sensitivity that we've been talking about. If you survey women in one survey, almost 50% of ADHD women reported Pmdd like symptoms. When it came to autism, over 90% reported Pmdd like symptoms. So that means that if you have a patient and you suspect Pmdd, you should also be looking at neurodivergent conditions because they're so commonly co-occurring.

00:33:08:17 - 00:33:51:12
Dr. Jolene Brighten
Just last week from this time that we're talking right now, a lit review came out. And what they showed is that anxiety, depression, Pmdd and postpartum depression are among the highest co-occurring conditions with ADHD. Pmdd puts you at risk for postpartum depression, ADHD. They found that about 60% of women reported postpartum depression. So if you have an ADHD woman with Pmdd as a clinician, you should know you have to check in on them when it comes to postpartum depression, because the transition from having a baby to abruptly losing the placenta and losing your hormones can be so straining for their brain.

00:33:51:18 - 00:34:10:09

Dr. Jolene Brighten
Now, when it comes to Pmdd, to back up what you're saying, they did a study where they took away women's hormones and then they brought hormones back in and what they found. So we always are like, it's got to be a progesterone problem, right? Because it happens in the luteal phase. Well, as it turns out, you just lost my ear.

00:34:10:09 - 00:34:33:14
Dr. Jolene Brighten
But well, as it turns out, they added back in progesterone. Mental emotional symptoms came up. Okay, that makes sense because progesterone gets metabolized to Alo alone. Neurosurgery metabolite interacting with the Gaba. The receptor in the brain should make you feel chill and calm. In other research, what they found is that there may be hindrance in the neuroplasticity, or you may be a rapid metabolism.

00:34:33:15 - 00:34:54:05
Dr. Jolene Brighten
Alo pregnant alone that makes the Gaba system more unstable. Now then they added in estrogen and they found physical symptoms. Okay, that makes sense too because you know estrogen we know can interact with tissue. So like getting swollen tender breast okay. That makes sense. Adding back in estrogen. Then there was a subset where they did nothing. They just took away hormones.

00:34:54:08 - 00:35:25:01
Dr. Jolene Brighten
And 30% of women persisted with Pmdd symptoms. So what does this tell us. It is not a hormone alone story. And so this is a story of a brain that struggles to adapt, which may also be under the influence of inflammation and under the influence of histamine. We see that reported a lot. And I see clinically with Pmdd patients, if you can work on the inflammatory component, neurotransmitters do start to work a little bit better there.

00:35:25:07 - 00:35:50:09
Dr. Jolene Brighten
But, you know, it's important to understand with these women, you know, you'll and when you ask women, you know, okay, what happens with progesterone. Some women are like, I lose my mind. Other women are like, I've never felt better. And so, you know, as a clinical pearl for clinicians, there's one thing I talk about in the book. And then I'm going to give you one thing here that I don't talk about in the book,

because I only talk about when I can have more of a nuanced conversation with providers.

00:35:50:11 - 00:36:10:23
Dr. Jolene Brighten
So the first thing I talk about in the book is going low and slow with progesterone. So you may actually have to compound it at like 25mg and then hold for a few weeks, and then increase to 50. And what we're doing is allowing the Gaba system to shift. And then we're also testing out what, you know, what is actually working.

00:36:11:00 - 00:36:29:15
Dr. Jolene Brighten
Now the second thing you may need to do is do a slow release instead, because they might be a rapid metabolism. And instead of a 100 and 200mg, some of these women need like 300mg, which, you know, that's not something I like to just like put out in the world. But to clinicians, I will say that to them.

00:36:29:15 - 00:36:49:03
Dr. Jolene Brighten
So this is where whenever I hear people who are like, I would never use a compounding pharmacy, I'm like, you either don't care about neurodivergent women or you're not working with them because it is impossible. Like, you know, everybody decided like the estradiol patch was like the best thing. I'm like, do you know how many of my neurodivergent women end up with welts underneath that patch?

00:36:49:03 - 00:37:08:01
Dr. Jolene Brighten
Like there's so sensitive to so many things. We also see this with like autoimmune patients, which are autoimmune. It's a high co-occurring condition along with ADHD. So for the clinicians, if you give 1 to 200mg and they they're like no I it is this can be scary. They can be like, I don't want to be on this planet anymore.

00:37:08:01 - 00:37:24:23
Dr. Jolene Brighten
Like I. And that is something that as a clinician, you have to work with a mental health provider. They have to have someone on speed dial if they're having self-harming kind of thoughts or suicidal ideation. And then, you know, the other thing I would say is that it doesn't mean like this is just not going to work for them.

00:37:25:03 - 00:37:54:01
Dr. Jolene Brighten
Sometimes you can go vaginal route. I never recommend rectal first, but there are some women who do well with that. But sometimes you just have to, especially when you have the postmenopausal women, you're doing that low dose and you're getting them to adapt over time. You're working them up and then you start bringing on estrogen therapy. But I, you know, I just think it's important because there will be women and I know neurodivergent women who will opt in with clinicians to not use progesterone at all.

00:37:54:07 - 00:38:17:21
Dr. Jolene Brighten
I actually had a, a clinical consult with a clinician in the UK, and she's like my patients just doing estrogen therapy, and we're doing transvaginal ultrasounds every single month to manage or to monitor her endometrium lining. And I'm like, I don't like that. I don't like that because because you know, well, we're like, oh, if it gets to a certain thickness and you don't bleed, then you are at risk for endometrial cancer, right?

00:38:17:22 - 00:38:36:04
Dr. Jolene Brighten
Like you don't know this individual's risk. Like she could tip the scale and you're thinking I just have to induce a withdrawal bleed. And like with that, there's just like we don't have to do that. And what she actually found with that patient is that she was able to do a vaginal route and then also do an injectable progesterone.

00:38:36:06 - 00:39:04:00
Dr. Jolene Brighten
The Menopause Society in the United States says it has to be oral estrogen to protect the endometrial lining. The British Menopause Society is like we know that women cannot all tolerate oral progesterone. So you can use Vagisil as another route. Like that's okay to do to protect the endometrial lining. And for clinicians listening, we lack the studies in menopausal care when it comes to progesterone therapy.

00:39:04:01 - 00:39:28:14
Dr. Jolene Brighten

But we do have the studies in fertility care. So we start talking about vaginal and injectable. These are things that use infertility medicine because why. Because it's so effective on the endometrial lining that we are trying to protect in this. And so I'm not saying go rogue and go off label. I'm giving you two different societies guidelines and letting you know that like there are like there are options out there.

00:39:28:14 - 00:39:52:19
Dr. Jolene Brighten
And sometimes we have to get creative. And I will just say one more thing to anyone working in the endometriosis community, you will know how creative endometriosis providers get. Like sometimes we're using a progestin IUD because they have had no meiosis and we're using oral progesterone, and sometimes we're even using an oral progestin to try to control this disease, but also be able to allow them to have estrogen therapy.

00:39:52:21 - 00:40:14:21
Dr. Jaclyn Smeaton
I'm glad you mentioned that. And there are so many options. I was going to mention the progestin IUD and the fact that, I mean, I think in our community, we obviously we prefer to use bioidentical hormones whenever possible, but particularly synthetic progestin can be such a useful tool that I just like to put that out there to, like, not have such a bias out against them because they can be incredibly helpful in certain situations.

00:40:14:21 - 00:40:21:12
Dr. Jaclyn Smeaton
And the only thing that work because they are more potent generally than, progesterone is when it comes to the receptor.

00:40:21:14 - 00:40:46:02
Dr. Jolene Brighten
Yeah, I would caution with ADHD. We've had only one study, so I'll say this, but they did find a significantly higher increased risk of depression associated with the use of these progestin containing contraceptives among ADHD women, much more so than the general population. And so that's just something to be aware of. But I want to echo what you said, because sometimes oral progestin doesn't work.

00:40:46:04 - 00:40:54:03
Dr. Jolene Brighten

But a progestin IUD is like beautiful, perfect. And no one says you can't add like a little bit of progesterone on top of it.

00:40:54:03 - 00:40:57:23
Dr. Jaclyn Smeaton
Like you want to have that sleep effect add a little bit a small amount, right?

00:40:58:01 - 00:41:15:18
Dr. Jolene Brighten
Yeah, absolutely. And I think, you know, it's I think that we've got just like a huge gap in knowledge in terms of the benefits of pregnant alone. And it is something that I'm always like, oh, progestin cannot be, it can never be pregnant alone. So there might be benefit to just having like a smaller dose of that.

00:41:15:18 - 00:41:39:20
Dr. Jolene Brighten
And you could, you know, you can play with it and use it cyclically sometimes. And I say this because I feel like we're at a state in women's medicine where we have to lean so much on prescribers, experiences, women's stories, and also, you know, what, what conditions that they're living with. Because when they put together the hormone guidelines, they never once considered neurodivergent brains.

00:41:39:22 - 00:42:02:13
Dr. Jolene Brighten
They just never did. And so it makes it so the clinician has to has to get savvy about things, and they have to lean a little bit more on other clinicians. But also their own knowledge. And working with the patient. It's perfectly fine to prescribe hormones and and go by patient's symptoms. Right. So why can't we do that in a neurodivergent population?

00:42:02:13 - 00:42:03:20
Dr. Jolene Brighten
We absolutely can.

00:42:04:01 - 00:42:17:07
Dr. Jaclyn Smeaton
You absolutely can. Well, I want to talk a little bit about hormone patterns, like when you're working with women with ADHD and you run these comprehensive hormone

tests, whether it's Dodge, whether it's serum, what are the patterns that tend to show up consistently?

00:42:17:09 - 00:42:39:19
Dr. Jolene Brighten
Yeah. You know, this is the thing about, ADHD women. Is it really depends on where you're at in your life cycle. So I do want to talk about cortisol. And I want to talk about why cortisol can look so normal, but before that, I do want clinicians to understand that ADHD is not one gene. It's inheritance of several genes.

00:42:39:21 - 00:43:05:16
Dr. Jolene Brighten
And with that comes clusters of conditions. So we see more connective tissue disorders autoimmunity and endometriosis. Your patient may be twice as likely to get that diagnosis if they have ADHD. We also see pot. So this can be like a lot of confounding variables to deal with. But also we can see there can be alterations in the myo enzyme and in Comt.

00:43:05:18 - 00:43:32:06
Dr. Jolene Brighten
And we know you know, serum tea is so important for estrogen metabolism. It's also important for dopamine metabolism. So sometimes you you give estrogen. And that can start altering dopamine in a way that you didn't, expect. So the other thing I want to say about it as well is that newer research shows us that ADHD ers have alterations in how they actually are utilizing their protein, and metabolizing it.

00:43:32:06 - 00:44:12:12
Dr. Jolene Brighten
And this I think a lot of times clinicians, you know, they hear a lot about muscle. Maybe they can make the connection that like it's important for neurotransmitters. But it's also important for liver metabolism. So that can be a missing piece sometimes is that the patient actually need needs even more protein. So talking about cortisol now with ADHD ers, what we've come to understand is that there can be women who have, you know, HPA axis dysregulation that can absolutely exist, but your ADHD patient may actually have a totally normal cortisol profile, but still have abnormal like low cortisol like symptoms.

00:44:12:14 - 00:44:41:17
Dr. Jolene Brighten

And the reason is, is that we can have cortisol blunting. So they're having you know, a normal cortisol pattern, what it looks like on their labs. And yet they're under tremendous stress. We see this in PTSD as well. They don't mount that huge spike in cortisol that you would typically expect to see. But this person may be having chronic stress but still looking like they have or that normal cortisol pattern.

00:44:41:18 - 00:45:08:06
Dr. Jolene Brighten
On the other side of things, if you have an ADHD or with delayed sleep phase onset, which is roughly about, 70% of ADHD ers, you might see that cortisol is staying elevated longer at night, but that can be related to the fact that melatonin is rising later. So melatonin might not rise for them into like 12 1:00 am in the morning.

00:45:08:08 - 00:45:26:07
Dr. Jolene Brighten
And while we want to be like, oh, just like, you know, sleep in a dark room, get off your screens like, you know, make it cool. That's all great information. But for the ADHD or something that I often do different, that can really help to start shifting. This is so there's two things I'm going to give you. And one is specific to bedtime routine.

00:45:26:07 - 00:45:51:03
Dr. Jolene Brighten
But the first one is to have little pockets of pleasure throughout the day, little things that are just enjoyable because the brain can kind of like get, you know, a little fussy about the to do list and how it showed up for everyone during the day. So it needs these little like I had moments for just myself. Maybe that's like if I send five emails, I get to put on my earbuds and listen to my favorite song and literally space out and do nothing else.

00:45:51:05 - 00:46:10:18
Dr. Jolene Brighten
Maybe that's like your patient can walk to a local coffee shop and maybe it's afternoon, so they're not getting something caffeinated or maybe they're getting matcha, which is great way for, l-theanine. And we know the caffeine with l-theanine can help. ADHD does have more of a smooth focus, but something where they get to treat themselves, but they're also getting that physical activity.

00:46:10:18 - 00:46:30:13

Dr. Jolene Brighten
And now the next thing is they need stimulation at night. So they actually their brain needs stimulation, but the right kind of stimulation. So yes, we want them to put their phone away closer laptop. And maybe they do something like knitting. Maybe they're listening to their favorite podcast shameless plug right here. Maybe that's what you guys are doing right now.

00:46:30:13 - 00:46:51:20
Dr. Jolene Brighten
Maybe they are reading. Maybe they are playing a card game. Like if they, you know, with themselves or with someone else. Something that is stimulating but not overly stimulating can actually help the brain start to unwind. And that's what's really unique about ADHD. And the more you tell an ADHD, you're like getting bad go to sleep, the more their brains like I do.

00:46:51:20 - 00:47:14:20
Dr. Jolene Brighten
What I want. Not going to do that, because that's the pathological demand avoidance that can be built into some ADHD operating system. So you can certainly use melatonin. I do think Foss, the title screen can be beautiful here. You know, passionflower for helping them stay asleep. I think l-theanine is great for the nervous system. So you can intervene with other things, get them to work out earlier in the day.

00:47:15:00 - 00:47:35:17
Dr. Jolene Brighten
But that little tip right there of like, let's let your brain get stimulation without feeling overly stimulated. Starting that at like 8:00 can help to shift things forward as well. And so, you know, if you are seeing that pattern of like, oh, cortisol staying up in the evening, note that it could be related to what is happening with their melatonin.

00:47:35:19 - 00:48:09:16
Dr. Jolene Brighten
I'll say the other thing that you may see with ADHD ers as well is alterations in their estrogen metabolites. And the reason for that is that they have alterations in their genetics. And so we talked about protein. They can also have alterations in how they're using B vitamins, how they're using omega threes. Like it's so interesting to see this research saying they may have 80 years may actually have different

nutritional needs because there can be alterations in how they're using things or even overusing things like maybe they're using more magnesium, right?

00:48:09:16 - 00:48:31:22
Dr. Jolene Brighten
If they if their brains like I have to make more dopamine because it's getting cleared out that that takes these really crucial cofactors. So it always look at the estrogen metabolites as well because these are women that you know, you can you can see that they are more sensitive to hormones overall, but they can also be more sensitive to the alterations in those metabolites.

00:48:31:22 - 00:48:53:07
Dr. Jolene Brighten
I think, you know, that gets overlooked so much in conventional medicine. And yet we know these metabolites like I in the book, I went through study after study after study, just showing the way all of these metabolites can be interacting with the brain, the breast, like the bones, the endometrial lining. And so you're the ADHD operating system can be more sensitive to that.

00:48:53:09 - 00:49:13:20
Dr. Jaclyn Smeaton
That's great. I mean, all these things we can look at on the test that, you know, Doctor Brian's talking about here, if you guys are listening. So things like cortisol patterns, cortisol metabolism, estrogen metabolism, even the nutritional deficiencies, we look at a lot of the ones that are relevant for hormones as well. So I just encourage you to check that out if you're new because you can get a really nice kind of broad picture there.

00:49:13:20 - 00:49:32:11
Dr. Jaclyn Smeaton
And I think that's one thing that's so interesting about just metabolites in general. I think people underestimate they're not it's not like you have a parent hormone and it gets metabolized and it's just this inert substance. In fact, some metabolites like DHT, which is a metabolite of testosterone, is actually three times as potent as testosterone in the body in the cells.

00:49:32:11 - 00:49:39:03
Dr. Jaclyn Smeaton

So we have to know about metabolites because they impact how we feel. And sometimes you can miss out on a blood test alone.

00:49:39:05 - 00:50:02:06
Dr. Jolene Brighten
Well, you know, something interesting that the research is starting to explore in endometriosis, just as a clinical pearl for people is that androgen metabolites, and specifically androgen metabolites coming from the adrenal glands, nay, if you find those are altered. So research hasn't been able to say whether it is that it's just always elevated or it's always low. There is right now, researchers like their weird friends.

00:50:02:11 - 00:50:19:00
Dr. Jolene Brighten
So when you see that and you're like, this is off, that doesn't mean automatically she has endometriosis. But if you're like, there's already like boxes being checked. And now I see this, that increases the clinical suspicion to make the diagnosis for endometriosis.

00:50:19:01 - 00:50:37:13
Dr. Jaclyn Smeaton
That's a great clinical problem. Thank you. Well I want to spend a few minutes before we have to jump on this, like root cause approach to care for women with ADHD, because a lot of times these women have got a long time. They haven't been properly diagnosed. They might have these like layers of misdiagnosis in here as well.

00:50:37:15 - 00:50:55:01
Dr. Jaclyn Smeaton
And I love this like biology first approach because it really changes the starting point from like something's broken and wrong with you, that you need to go to therapy and fix or learn a different behavior, or learn a different coping mechanism to really thinking about what's happening physiologically. And you've covered that and obviously there is a lot to it.

00:50:55:01 - 00:51:13:12
Dr. Jaclyn Smeaton
And it's probably different for every woman from gut health hormone cortisol, balance, etc.. But I want to talk into a couple of the specific tools and tips that you

cover in your book that I think are particularly valuable, that I want to make sure our listeners hear about. First, you write about tools to stop emotional flooding before it starts.

00:51:13:18 - 00:51:26:12
Dr. Jaclyn Smeaton
This one hits personal. I'm that way, too. What does nervous system regulation look like in practice for women with ADHD? And why is that different from this? Just generic stress management advice that we're always hearing.

00:51:26:14 - 00:51:57:22
Dr. Jolene Brighten
Right? So the ADHD operating system can be tremendously sensitive to feedback. There's a condition called rejection sensitive dysphoria. It's not a medical condition that we diagnose. It's more of an experience for ADHD or is report having. And that means that when the rejection, whether real or perceived, is taken in, it can hurt physically, mentally and emotionally. And so one tip that I give to people is that have a voice note to disrupt the lies.

00:51:58:04 - 00:52:16:11
Dr. Jolene Brighten
Your brain is going to lie to you. So make a voice note that reinforces. So if you know that when you get that feedback, your brain automatically says to you, I'm such a bad person, I'm always messing up. I'm so bad at these things. Have a voice note that really is the rebuttal to that, that you can play over and over that use.

00:52:16:11 - 00:52:37:05
Dr. Jolene Brighten
And it's powerful. If you speak to yourself saying like, you try very hard and sometimes you don't get it right, you hear it. And then maybe like, you're like, I, you know, I'm the person I think, like, everybody hates me or something. Like, here's the evidence that contradicts that. So I have friends who love me. I'm both loving and lovable.

00:52:37:09 - 00:52:57:08
Dr. Jolene Brighten
So having a voice note that really disrupts like what that is. And being able to play it in the moment to kind of snap yourself out of it can be tremendously helpful. I think

it's also important that you don't get let yourself get dysregulated, and that's so much easier said than done. But you identify what your triggers are.

00:52:57:10 - 00:53:14:07
Dr. Jolene Brighten
And yes, you can avoid those. Those are great. But you also know that like, hey, this is the kind of day it's going to be depleting for me, that you back it up and make sure that you do things earlier in your day that helps you get regulated. And if you do start feeling like that dysregulated nervous system.

00:53:14:07 - 00:53:31:10
Dr. Jolene Brighten
So maybe your heart is racing. You're feeling like your mind is so scattered you can't focus on any little thing like you might have physical symptoms, like you're getting sweaty, or you might just have that like, oh, I have the butterfly in my stomach. Like it's dropping out kind of vibe that you can separate yourself and get some space.

00:53:31:15 - 00:54:03:05
Dr. Jolene Brighten
So why this is different than the average individual is because ADHD is operating systems are different than the average individual. Now anyone can experience that that I talked about in the beginning. But ADHD ers as a community, I tend to report it more and we see more clinicians reporting that they see it. But when it comes down to you know, why ADHD operating systems are so different with the emotional component is that emotional regulation is an executive function that runs through the prefrontal cortex.

00:54:03:05 - 00:54:12:08
Dr. Jolene Brighten
The very area that ADHD ers struggle with. And so they have more of a propensity towards that emotional dysregulation.

00:54:12:10 - 00:54:32:20
Dr. Jaclyn Smeaton
That makes a ton of sense. And as women are like approaching ADHD from this kind of more biological root cause point of view, I know it's so different. We've touched upon so many different aspects, but like, what are the key body systems or areas of their health that they might want to shine some light into to see if it could be contributing.

00:54:32:22 - 00:54:56:20
Dr. Jolene Brighten
Right. So we can talk about three foods that I recommend ADHD years. Consider eating like once a week, right? But once it's tip, I would give right away to clinicians. If you want to start helping your ADHD patient immediately, especially if she's in midlife, is get her to move in a way that she will repeat. So we always are like, oh my God, the internet is like women have to lift heavy and only do five reps.

00:54:56:20 - 00:55:21:23
Dr. Jolene Brighten
No, everyone should do Pilates. No, no one should do bodies like the ADHD or just needs to do something they like. Now why does this matter? If the mitochondria are the powerhouse of the cell, then exercise is your literal crank generator. You have to move your body to generate energy. That patient, when they move, generates lactic acid. The brain then uses it as lactate for energy.

00:55:22:01 - 00:55:45:07
Dr. Jolene Brighten
And so a study actually showed that 20 minutes of moderate physical activity, and that can literally be anything that makes you happy, can get you 2 to 3 hours of really peak performance dialed in focus and attention. But for the ADHD that might be difficult. Your patient knows what to do. Okay, they they know so much about what to do, but they are scared to do it sometimes because they've already failed.

00:55:45:07 - 00:56:08:11
Dr. Jolene Brighten
Because the wellness industry has told them that the only way to be successful is a 30 step morning routine, or that exercise is a matter of willpower. Instead, maybe a place that you start with them is anchoring them, their exercise, their movement to things they already do. If they're at the coffee maker, they do ten squats. If they are going to the fridge and they open it up, that's perfectly fine.

00:56:08:11 - 00:56:35:17
Dr. Jolene Brighten
They do ten jumping jacks when they brush their teeth. Maybe they're doing lunges at that time, like get them to anchor movement into what they're already doing. So the 20 minutes is great, but if they can't, if they're like, I feel like I can't make 20 minutes happen, just anchor the movement into routines that are already

happening. But there is a dark side of this lactate for brain energy, and that is if your patient doesn't sleep, they won't clear it.

00:56:35:18 - 00:56:55:06
Dr. Jolene Brighten
And so the good news is, is if you get them exercising earlier in the day, we know most people will get better sleep. And then you can use some of the tips. I already provided. Now nutrition. What I want to talk about. It all comes down to the gut and how important gut health is to the brain and the ADHD operating system.

00:56:55:06 - 00:57:21:04
Dr. Jolene Brighten
So the first thing that I recommend people eating regularly is ghee, and that's about butyrate. I'm going to come back to that. The second food is potato salad. And the reason for potato salad is because it's easy. But also you cook and you cool potatoes and now you have resistant starch. If I tell you ADHD ers have decreased microbial diversity, the first thing you want to do as a provider is increase their fiber.

00:57:21:06 - 00:57:40:14
Dr. Jolene Brighten
But that can cause gas, bloating, irritability of the digestive tract as it adapts. So you're going to want to go slow. But some of them it's a lot of like bang for your buck. At the end of your fork is potato salad. Or maybe cooked in cooled rice, because that resistant starch feeds the microbiome and the specific organisms to make butyrate.

00:57:40:20 - 00:58:01:21
Dr. Jolene Brighten
Okay, so now we're back to butyrate. Why do we love this anti-inflammatory for the gut. And the brain has been shown to be healing for the gut lining. And in addition it has been shown to be very helpful for ADHD ers in the research. And then the last food I recommend is eating a traditional taco platter once a week if you can get it in.

00:58:01:21 - 00:58:03:07
Dr. Jolene Brighten
And we can certainly unpack why.

00:58:03:07 - 00:58:09:00
Dr. Jaclyn Smeaton

If you want to know, yes, please. I want to know more about like just yes please. I taco platter sounds pretty amazing to you.

00:58:09:02 - 00:58:14:07
Dr. Jolene Brighten
Right? I mean, who you don't get. You're never mad when you're eating tacos, right? You can't be so tacos.

00:58:14:07 - 00:58:14:21
Dr. Jaclyn Smeaton
It's impossible.

00:58:14:22 - 00:58:34:19
Dr. Jolene Brighten
You can't know. You always have a smile. And so I already established with everybody that ADHD can have altered protein metabolism. So that 1.2 to 1 point 6kg/g of body weight, that's kind of a non-negotiable for them. So we want to have high quality protein in that taco platter so that we can build those neurotransmitters. And half blood sugar.

00:58:34:19 - 00:58:56:08
Dr. Jolene Brighten
Stability and stability of blood sugar and instability of insulin leads to instability of dopamine. So this can make everything so much worse. But what else do we have on that taco plate? Well, there's going to be beans. Great. So now we're getting back to that fiber. We're helping boost that microbiome health. We also have rich polyphenol. So there's going to be like cilantro and cabbage.

00:58:56:08 - 00:59:18:21
Dr. Jolene Brighten
Also the corn tortilla when the way it's traditionally made is rich in antioxidants. These are phenomenal for brain health. And then you know we talked about oxidative stress while you have your avocado with your vitamin E, that vitamin E is going to sit in the lipid bilayer of the cell. When a reactive oxygen species comes to attack. So vitamin E is like basically like treats it like it's a mugger, right?

00:59:18:21 - 00:59:36:18
Dr. Jolene Brighten

It's like here, take my electron. Like, leave the cell alone, just like go away. And then you have a squeeze of lime on your taco. That vitamin C in there tells the, you know, the vitamin E. I see what you did. It's like Batman coming in the like. Good job. I will reward you with an electron. Now we stabilize to this cell again.

00:59:36:20 - 01:00:00:00
Dr. Jolene Brighten
But maybe one of the most important parts of this entire taco is the spicy salsa. So that thing that makes your tongue burn is called capsaicin. And researchers are so obsessed with capsaicin, they want to try to put it in a pill. But as it turns out, you can't. It's daily repeated exposure that may actually lower the risk of Alzheimer's and dementia.

01:00:00:05 - 01:00:17:01
Dr. Jolene Brighten
And for the ADHD brain, especially in perimenopause, it can help with oxygenation, blood perfusion, blood flow to the brain, and it can raise serotonin and dopamine. So that is my reason why I think everybody should be eating tacos every single week.

01:00:17:03 - 01:00:42:13
Dr. Jaclyn Smeaton
I'm 100% sold. In fact, we should probably both go and grab them now. I, I'm really grateful to have you on the podcast. It's always fun to get to connect and get to chat. And, I'm really thankful for the work that you're doing in this area. I think just lastly, your new book, ADHD and women. If a woman is going to read this book, what do you what does she believe about herself today that's going to be different when she's done reading the book?

01:00:42:15 - 01:01:04:19
Dr. Jolene Brighten
You know, odds are that you believe that you're a failure, that everyone can see how bad you are at life and that nobody really likes you, nobody gets you, nobody understands you. And by the end of this book, you're going to understand that you've never been the problem. Adults failed you at some point in your life. You had a different, different operating system, and you deserved accommodations.

01:01:04:23 - 01:01:31:09
Dr. Jolene Brighten

You deserved grace, love, self-care, all of those things. And as you arrive at the end of this book, you're going to find that there is a whole community out there, just like you, that you've never once been alone, that you're doing so much better than you think, and that by working with your hormones, you can absolutely optimize the operating system you were born with so that you don't feel like every single day is a struggle.

01:01:31:12 - 01:01:36:03
Dr. Jolene Brighten
You can actually step in to who you truly are and begin to thrive.

01:01:36:05 - 01:01:49:01
Dr. Jaclyn Smeaton
Beautiful. And your books available everywhere now so you guys can check it out on Amazon or any bookseller. It's really everywhere I've been noticing, and if people want to follow you or connect with you, what are the best places for them to do that?

01:01:49:03 - 01:02:06:16
Dr. Jolene Brighten
My main hub is DrBrighten.com and then you can also find me Instagram. I have the Doctor Brighten show which is my podcast. I'm on YouTube. I'm literally everywhere y'all. Yeah, you can find me everywhere. And then always watch my Instagram because I announce different conferences. I'll be speaking out there.

01:02:06:18 - 01:02:22:09
Dr. Jaclyn Smeaton
Awesome. I definitely would recommend checking your Instagram if you don't follow Doctor Brighten right now, because her Instagrams are afire and really, really informative. I appreciate it from all the time that you put into making that deliver so much value for all of us. So thank you. Yeah. And all of you that were listening today. Thank you guys so much for joining me.

01:02:22:09 - 01:02:38:18
Dr. Jaclyn Smeaton
If you like conversations like this and you want to learn more about hormones and about testing, I encourage you to also hit subscribe wherever you are listening. Today we are also everywhere and we release a podcast every Tuesday just like this

with fabulous guests like Doctor Brighten. And you can also follow us at DUTCH Test on all of the socials.

01:02:38:18 - 01:02:41:22
Dr. Jaclyn Smeaton
So thanks for joining me and we'll see you next week.

01:02:42:00 - 01:02:54:18
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