410 – Thriving in Perimenopause

With Steven Bruce and Wanda Soddu

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Steven (02:16):

Okay, let's get down to today's broadcast. I'm joined by Wanda Soddu. Wanda is a registered dietitian. She has a particular interest in perimenopausal care, but she's also a falls prevention dietitian and co-chairs the British Dietetic Association's subgroup on that subject. Hello there Wanda. Good afternoon.

Wanda (02:48):

Hello.

Steven (02:50):

Now Wanda, first of all, a big thank you to you because you stepped in very much at the last minute because our plan scheduled speaker had to drop out Letitia, but you come at her recommendation because she tells me you are the perfect person to talk to us about perimenopausal care.

Steven (03:14):

I'd rather have had you in the studio, but it's great to have you on screen and delighted we got such a brilliant signal from you. We've got a brilliant picture. First of all, you are a dietitian, so I presume that most of what you do regarding per menopausal care is about nutrition.

Wanda (03:31):

Yes, indeed. As a dietitian we are trained and as I'm sure most of people who joined are aware dietitians. We are the only health professionals trained to treat nutrition in health and disease and consequently we are registered with HCPC. So I have trained as a dietitian, this is my second career. I worked in the city before and essentially it is looking at how can we assist looking at the patient, whether patient, if we're talking about perimenopause, looking at the symptoms, how can we address those symptoms with nutrition? But of course as it would be in any health related profession, we have to have a broad spectrum. So we look at the patient, what else is happening health wise, so that advice is suitable for that individual. And of course like yourself, we are looking at holistic approach, so looking also at the lifestyle at stress levels because those contribute quite significantly where the patient is ready to make

changes and also the symptoms that they experience. It's usually a combination of various factors.

Steven (05:13):

Yeah, I am probably not unusual in that, certainly in the past, whenever anyone has said to me menopause or perimenopause, I just immediately think HRT and that's it. You presumably understand that HRT is going to work alongside what you do or can nutrition be a substitute for HRT successfully?

Wanda (05:37):

I wouldn't say HRT is a substitute for one or the other. What we need to remember is that there is still a lot of controversy around HRT, however, luckily the medicine, female medicine is progressing. So there is more studies happening now investigating how beneficial HRT is. What we need to remember is whether a person decides to take HRT or not, we are providing the support from the nutritional side alongside HRT. So symptoms will be treated with the nutrition. HRT will have more profound impact on hormonal levels because as we know, the hormones gradually start reducing and of course that will lead to the symptoms as well. But we need to remember that our hormones take cue from what we eat and from our lifestyle as well and how we move. So as in many professions in health, it's a team working around the patient and sort of that sort of approach we would take with perimenopausal women mean as well.

(07:16):

So looking at the diet but making patient aware as well that HRT is available and it's always good to have a conversation with appropriate health, a professional to discover whether it is a right for you approach or not, but it wouldn't be either one thing or the other. It's always personal choice and possibly, but again, this is early to say because of the lack of studies still work best if it's multidisciplinary approach. So we have that support from a consultant that can prescribe HRT looking at the diet because as I just said, our hormones take you also from what we eat and how we live our life.

Steven (08:14):

Okay, so where do you get your patients from? Are they being referred into you by the NHS or are they all private patients?

Wanda (08:23):

So patients who may need support with perimenopausal, excuse me, symptoms, they are private patients. However, during that time that I was developing false prevention services, so this is looking at the nutrition side of false preventions that guidance and St. Thomas is, this is where actually my interest in premenopausal support has developed further, seeing that a lot of patients who came through the door seeing me as well apart from the rest of the team that normally you would see coming to falls prevention clinic where females and many of

those females already suffered from osteoporosis. Not to mention that it was very often evident a loss of muscle mass that was contributing to those falls.

Steven (09:36):

Okay. You mentioned falls prevention. I was going to come onto that later in the show, but I've always associated falls prevention with a more geriatric population rather than perimenopause, which is considerably earlier than that, isn't it?

Wanda (09:50):

That is, and that of course yourself and many of participants in this call are aware the muscle mass decreases from practically from the age of 30. It starts to decreasing and then as we progress in decades, that increases is higher and of course it's the life factors that will contribute. Plus if we add

(10:18):

Hormones for females, that adds another layer to effect that muscle mass. So false prevention, typically we look at population 60 plus because this is where we see patients experiencing falls. So statistically you will see about third of 60 plus falling at least once a year and statistically those that are in the age of 80 plus at least half of them will fall possibly once a year. So that's that. However, GEIS and St. Thomas, there's currently a study going on where the early information that comes out of the study is that we should be looking exactly at age 50 plus, especially in females because that's where the hormonal changes are. As I've mentioned, adding that another factor that will impact muscle mass bone health joints. And that's purely because we have oestrogen receptors all over our bodies on every single cell. And as we know as females we have much higher oestrogen levels. That's our dominant sex hormone. So that's why that is why when those levels starts dropping, the changes are much greater in females than in male because male have much lower percentage of oestrogen in the bodies in the system.

Steven (12:18):

I probably ought to know the answer to this question, but I don't, is there a typical age at which you and others would say that osteoporosis or bone fragility is more likely to be a problem? It obviously doesn't happen instantly at the age of 50 with typical menopause.

Wanda (12:38):

So typically the higher percentage of female females predominantly that would suffer from osteoporosis is postmenopausal and that's predominantly because of the hormonal changes. But of course as I've mentioned, the life factors would contribute significantly to that, how

Speaker 3 (13:03):

Your

Wanda (13:03):

Risk is modified, so your diet, your physical levels, what your muscle mass was in your mid twenties, what your bone density was in your mid twenties. So what you've done until this point where you're building up yourself for your older age.

Steven (13:26):

Yeah. Can I ask for an audience, our audience today is predominantly osteopaths and chiropractors. What are the sorts of things, what are the indications which would mean that we should refer onto someone like yourself? Where does nutrition particularly play a role?

Wanda (13:48):

So if we are speaking about especially females within the age range, 40 plus if patients starts to develop difficult to explain or difficult to identify with typical medical examinations, muscular joints and bone pains, there is a very likelihood that this is related to menopause or perimenopause. So that period of between two to 10 years because every woman is going to be different where we experience the symptoms and that is worth to have a conversation whether the individual is aware that her body might be undergoing the changes ho changes because believe it or not, but surprisingly despite of the fact that luckily finally there is a lot more conversation happening around raising the awareness of perimenopause, still there is a lot of misunderstanding. When does that happen to you? And perhaps it is also related to how some women approach the very fact that we all ought to age, we all ought to go through menopause at some point.

(15:32):

So any individual that was born as female. So that rejection of the idea sometimes prevents people from recognising that they might be undergoing. So those and unspecified pains, skeleton, muscular pains, B, understanding if someone is perhaps having very limited diet, that might be another reason to consider should you speak to dietitian because it's important to understand what happens to your body if you do not eat adequately of protein, carbohydrate so forth. And obviously the proportion change going through the life stages, it's the hydration that might be another factor. So we are looking at those unspecified pains, little conversations about understanding whether people avoid certain foods or they follow some diets that may be harmful to them. And usually the clue is in the very fact that someone says follows a diet because that may be indicating that it's something, something that is not appropriate.

Steven (17:01):

Well I'm glad you said that because we've already had a question in from Matt who says, my wife and I are mostly keto. Will that make a difference to her throughout the menopause and do you think it'll make a difference to her risk for falls or risk for osteoporosis? Matt says he doesn't know if this is an appropriate question to ask of you, but it sounds as though it ought to be to me.

Wanda (17:22):

So keto diet, first of all it's a very specific diet that as a dietitian I personally wouldn't recommend to anyone as it's very restrictive and tends to be more appropriate in specific clinical representation. So for instance, patients with epilepsy would benefit from keto diet. However, in UK that is rare that keto diet is followed with patients with epilepsy. It's more that we have guidelines developed for children. What I would say is that you need to really understand why you are following certain diet, what is your main aim? That's one question everyone should ask themselves. And second thing is what's important is going to be slightly different to what's important for Matt and slightly different to his wife. And that's again because of the very fact that Harmon changes in females draw on different requirements, but regardless of gender, it's important that we do not trend without consideration that those nutrients are taken out because of a medical reason.

(19:09):

So we need to consider that we do need fat in our diet, but that's in certain proportions. So looking at recommendations by department of health and that's because it helps to carry certain vitamin that are fat soluble such as vitamin D, then we need carbohydrates very simply because if you think about it, it is, I do tend to use that analogy of a car. Imagine if you start the engine, if you use a petro car and there is very little petrol in the tank, how far are you going to go? So that's kind of stands for the carbohydrates. So we do need carbohydrates to some extent and that is because this is the fuel for our cells, this is what gives the energy to all the functions in our body.

Steven (20:08):

But you can get that energy from fat, can't you?

Wanda (20:12):

You do, but you need to remember that to burn one gramme of fat, it takes more energy actually. So to get one kilo calorie of energy from fat, you need to burn 1.5. So it's a negative energy. So it takes a lot of effort to do that. That's one thing.

(20:40):

So we need to consider that as well. And we need to also from clinical point of view, consider that if we have predominantly fat diet, there is a risk of keto acidosis. So that's why it's usually recommended that if you have to have that diet, do it under clinical supervision. So myself, I'm not specialised in that type of diet so I wouldn't be in depth discussing it. But what I would say as a dietitian and clinical professional, there has to be a clinical reason for go for a very specific diet. Majority of dietitians would recommend balanced diet with certain tweaks depending on what your needs are. So it's slightly different needs if we are looking at a false prevention across both genders and slightly different changes that needs to be made based on helping females who are going through the perimenopause. Of course we added to that again whether they have specific symptoms like hot flashes and so forth. Pardon me.

Steven (22:02):

Yeah, Wanda, you mentioned few. So I was going to say you mentioned vitamin D earlier on. We had a question from Sal about whether menopausal women need different amounts of vitamin D or she says with her tongue in her cheek, is it the same as for normal people?

Wanda (22:22):

So as I mentioned earlier, because we don't have enough studies yet to make very strong recommendations as to specific amount of nutrients for peral Pasal women, it's more based on age and more based on whether there's a clinical, other clinical presentations. So for instance, celiac patient will have a different recommendations, general public health of England recommendation for everyone in UK is to take minimum 10 micrograms, so 400 international units of vitamin IND in the winter months. For some individuals that recommendation might be higher for false prevention. The recommendation from second, so the scientific concept of committee there is the recommendation of 800 international units to support the muscle and the bone health.

Speaker 3 (23:36):

But

Wanda (23:36):

For general population it is the 400 international units of vitamin D three and in the periods between October and end of March. And that's purely because we are not able to get enough vitamin D. Most of us we are not able to get enough vitamin D from the diet. We can support ourselves with having some vitamin, vitamin D from the diet. But as a dietitian, I know it's very hard for UK population to eat enough fish, quite a lot of my patients and always struggled with fish intake, oily fish in particular. And that will be one of the sources. So therefore that's the recommendation between October and end of March. Everyone should take as a topup, as a preventive because essentially we want to prevent conditions is to take the vitamin D free supplementation and then in the summertime trying to get enough from the sun.

(24:57):

But of course if someone is working all day long in the office or like myself, I spend a lot of time when working in the hospital working very often indoors and even having my lunch indoors, then that recommendation would be extended to the whole year long because you just don't get enough exposure to the sun. And then again, that would be also for people who cover themselves for religious reasons and not to mention elderly who might be house bound. So that's again, the recommendation is to take vita supplementation all year long. However, with the older population, that would be again, higher recommendation and that's a bit cost of the changes that do happen to the body. And predominantly what I'm referring to is that you wouldn't be observing as much victim ind because of the liver function is not as efficient as it's in the younger individuals.

Steven (26:13):

Okay. Excuse me. We had a couple of questions about types of food and whether you have favourite foods that you recommend for women and someone else has said sage and yams have a reputation for being good for menopause. Is that something that you agree with or is that just fatty facebooky stuff?

Wanda (26:35):

So I wouldn't say that there is anything to say that sage and yum are particularly good. What's good is that you've mentioned a vegetable and you've mentioned a herb and that if you include more fruit, sorry, fruit, more vegetable and herbs in your diet, that's always beneficial whether you perimenopausal or not. So that's for whole population. Working on that fibre intake is quite important because as a population in UK we pretty bad with reaching that recommended 30 grammes. So majority of population is under 18 grammes of fibre per day with some individuals getting that good amount. But whether you include some yum, you include some extra sages or any other hubs, it's always a good thing to gradually expand your fibre intake from different sources.

Steven (27:38):

What are the best sources there? What are the best sources for fibre?

Wanda (27:45):

So fibre you find in any vegetables, speaking of carbohydrates as we had the conversation earlier, if someone is concerned about carbohydrates for weight, reasons for monitoring the glucose level,

(28:03):

Then switching your carbohydrates to whole grains. So looking at brown rice, looking at oats, looking at quinoa, that is a lot more popular now and more people are familiar with it, but whole grains and if you're eating potatoes, keep the skin on, make sure that you wash it well. In fact any vegetable it is advisable if can it really well. So that's where you would get your fibre from. As an example, you could consider, for instance, if you have fan of let's say spaghetti bolognese, you would change your pasta to whole meal pasta. You would mix your mince meat with 50 50 with lentil. So that's you get your extra fibre. One little note to the lentils, if you a person that doesn't eat a lot of fibre, so not a lot of lentils and chickpeas and other pulses in your diet, not much of vegetable at the moment, remember to make gradual increases because that obviously has impact on how your GI system responds.

(29:46):

So you may get a bit more bloy and have any other symptoms that you suddenly think, oh, is there something wrong with me? It's just simply that if you didn't have much fibre and you suddenly give a lot of fibre, your bacteria in your gut, they have a lot of work to do. So my advice is a increase and that's for everyone increasing fibre gradually going back to question

about specific foods that I like and they are good as well, considered good for women. One of the foods, it's tofu. I absolutely loved tofu. There was a time, didn't know how to make it taste enough, but I worked my way around it and there's plenty of different options to include it.

(30:37):

So that's one of the good foods, definitely fibre which we touched upon quite a bit, exploring, increasing also the whole grains as I mentioned. So that's sort of main things to think of. But then again as said, everyone is different. So we need to look at not only what's better in terms of your diet, giving your stage the life stage, but also looking at your symptoms if you have any and looking at what else there is. If you perfectly have individual, that's easy, but if you have any conditions, then we need to take that into constitution as well. And what's very important to highlight, and it's very common more among women, women tend to eat less protein than it's the healthy amount. It's less of a problem with men. Men not tend to be eating well, sometimes overeating protein. And why I say overeating is because protein is the nutrient we can't store. So imagine what happens to that protein if you can't store it in your body for using

Speaker 3 (32:05):

Later. Yeah,

Wanda (32:08):

So I would highlight fibre, protein, adequate protein, be mindful, however, what means adequate protein because on various social networks, TikTok, Instagram and so on, there is a lot of information that is not valid. So my recommendation here would be if in doubt, either book yourself a session with dietitian or at least look up reliable sources such as British dietetics association information. There's plenty of very good resources, some of which are worked on as well with my colleagues with produced very nice and quite informative as well. A resource on eating for your muscles as well as eating for ageing well. So you could look up those resources just to have a better understanding what that means.

Speaker 3 (33:17):

Yes,

Wanda (33:18):

But what I would say is females, they need to eat a bit more protein across all meals. Men sometimes may need to take a little step back, but the most important is that we do have good protein in the diet, ideally of varied sources. Fibre, the vitamin D we've mentioned hydration and hydration again is something that we talked a lot about in false prevention, but it's equally important in per menopausal women because of course, as you would imagine if you're not hydrated those brain fogs that you think they just, if you not hydrated and that applies to everyone, you may feel that you need to eat more than

Steven (34:20):

I think everybody knows that we have to drink water. The big question is over how much water you can drink because you look at the internet, you can find guidance which ranges from five litres a day down to two litres a day or even less. What specific would you give to our audience to recommend their patients?

Wanda (34:41):

General advice for free living individuals under the age of 60 is females about two litres, men, two and a half litres and of course adjust for hot weather, so slightly more or if you were unwell, so you may have had the area of vomiting that you need to replace those fluids. So that's the advice we would give. Normally it's slightly different for older individuals and of course it's slightly different if it's in the clinical setting. So in clinical settings we typically calculate based on the weight and age of patient and then we add obviously the individuals that they're athletes. That's whole different story how the hydration is calculated. But for an average person,

Steven (35:43):

No, sorry, I'm not trying to interrupt you here. It's just that I've got a load of questions in front of me and I'd like to answer as many hours as I possibly can. We had one from Katrina came in a little while ago asking about what seems to be a bit of a craze at the moment for fermented foods. Do they have any role to play in perimenopausal treatment?

Wanda (36:04):

Yes, so fermented foods are beneficial for everyone with exceptions. So again, I'm also by training a gastro dietitian specialised in IBS and we need to be cautious with individuals who have particular gut symptoms, how and when we could introduce any fermentable, but generally speaking fermentable it is just that we talk about it more now, but they've been around forever and those are beneficial for our guts. So they help our guts to function better to feed the good bacteria in our gut. And if our gut is functioning well, that means that the rest of our body is functioning better in perimenopause. Some individuals may have increased gut symptoms, and again, this is related to the very fact that the oestrogen receptors are all over gut, so if there is less oestrogen, that will have impact on how the gut behaves. And so you may have those symptoms that they resemble of ibs, but they not. So we call those the functional gut disorder. And so yes, fermentable can be beneficial if you're not used to two fermentable the same with any other food, gradually introduce, try for sometimes see how it works for you, but overall they will help to produce a better bacteria in your diet.

Steven (37:53):

Okay, good. I got my names mixed up earlier on, it was Sarah who asked about fermentable. Katrina was actually asking about perimenopausal balancing supplements and she mentioned ashwagandha,

Wanda (38:07):

Right? So again, there is a lot of buzz around certain supplements and we need to be very mindful that anything that comes in the bottle and it is labelled good for perimenopause, good for helping you with per perimenopause symptoms. We need to be wary of those because again, we don't have studies unfortunately yet to know what's helpful aside from the balanced diet that I've mentioned several times now. So first thing, if you do experience any symptoms, focus on having balanced diet, good hydration, any supplements that I would recommend, it's vitamin D because this is where we may be lacking and that applies to everyone, as I've mentioned earlier, that's the public health of England's recommendations to take the vitamin vitamin D in certain months with obviously extension if necessary throughout the year.

(39:26):

Again, looking at your diet, we would have to understand better what is missing and only if it's missing and you cannot meet it from your diet, we may suggest to top it up. So what might be missing sometimes is magnesium from the diet blood test is not going to tell you whether you have enough magnesium because that's in your cell. So taking blood tests, it's only relevant in a clinical setting when someone, for instance is at risk of refeeding syndrome. But that's very specific clinical situation. So looking at your diet and looking at your symptoms, it might be sometimes recommended to top up your magnesium for some individuals may be necessary to top up calcium. But again, it's more if you have a specific clinical presentation. So again, for instance, cian, there is a higher recommendation, patients tend to have lactose intolerance, so they struggle, but as I said, it's really individual thing. Most important supplement if you need to take any and is vitamin D. Others, it's based on individuals. So it might be sometimes magnesium, it might be sometimes calcium. There are some studies talking about including keratin and that's for the more metal performance than anything else. But again, as I said, I cannot emphasise enough, it has to be individual and looking at with critique at products that they say that's going to solve your problems because you per menopausal. I hope that does your question.

Steven (41:23):

No, I think it does. I think it does. Amongst all the other questions we've had a number of people ask about, well, Christina talked about the differences in fats that are when you're on a keto diet, someone else has asked about five to two fasting. What I would suggest is that particularly when it comes to fats and keto, it would be useful if you want to go and look back at the broadcast I did with Gary Torp sometime ago. He wrote the book, the Case for Keto, and he cites the evidence therefore when it's appropriate, when it's not and what it can achieve. But we won't deal with that here today. Amanda's asked whether there are any protein powders that you'd recommend perimenopausal women to use in order to reach those protein targets that you mentioned earlier on Wanda.

Wanda (42:10):

So I typically don't recommend taking proteins in powder because if you do not suffer with difficulty to meet your nutritional requirements, you should be able to get enough protein from foods. It's just case of having those meals planned with the idea that A, each meal you

have protein of some source. Some individuals do tend to take protein shakes. Yes, it's not wrong, but you need to question yourself as well. Are you doing that because there is the trend for taking shakes or there is anything else that is driving that decision? And most importantly, am I able to have protein snack of normal foods that would deliver that amount of protein? And the reason I'm saying that is because unless you're an athlete, you're not going to have that high protein needs post-workout out.

Steven (43:43):

Okay, that's useful to know. Thank you. Elspeth and Kim both asked questions about what you said earlier on about nonspecific musculoskeletal pains. They want to clarify whether you are saying that it's low oestrogen that can cause those muscle pains.

Wanda (44:03):

Yeah, so essentially what happens is that if you have the low oestrogen, it interferes with many pathways. So with the drop of oestrogen, we tend to have what's called a systemic chronic inflammation. It's a low level, but that's what drives those pains, those what also drives the difficulty with glucose levels as well. So that's insulin sensitivity that gets affected as well and that's why it's important to revisit on diet and see what do I need to change because what I used to eat before that stage of life was working just fine and I didn't have difficulty with my weight or difficulty with my mental performance. So we need to take that into consideration that essentially that affects different pathways.

Steven (45:17):

Yeah, wonder and also as somebody's taken us back to your recommendation for vitamin D, Sarah wants to know if there's a contraindication to taking a thousand international units daily. And Jason said, how can people recommend 400 units daily when you can get a thousand units in 15 minutes if you're in sunshine?

Wanda (45:39):

Simply because if you are in UK in the winter months, the length of sun is as such, it's not going to penetrate the skin effectively so that the production of vitamin D in Unilever would be activated. So even if you spend that time there, that's not enough.

Wanda (46:02):

You talking about summer and if you're talking about summer, the public health of Inlet recommendation is as a preventive simply because it is unlikely that you will build up during the summer months enough of vitam to carry you through winter.

Steven (46:20):

Okay. But are there any contraindications to taking large doses of supplements?

Wanda (46:26):

So Vitam in quantity of 1000 is not something that will do any one harm. Where there was a indication of being mindful is above 4,000 international units.

Steven (46:44):

Okay. We've got time for a couple of questions. I think Hannah wants to know your opinion on histamine sensitivity and diet and how that's affected by reducing oestrogen around the menopause.

Wanda (46:58):

Interesting question. So yes, so again, it is still quite a bit of work to be done around that subject, but from the studies that some of my colleagues reviewed fairly recently, it is noticed that women around that period of perimenopause, some women, not everyone may become more sensitive to histamine and therefore one of the recommendations would be to investigate whether this is due to histamine, is it IBS, is it something else? But as a general advice in terms of being mindful, if you do notice that you might be potentially sensitive, it's definitely alcohol because it's one of the products that are high in histamine. And in fact we do see a lot of women having very low tolerance for alcohol once they enter perimenopause.

Steven (48:14):

Right. Wonder, thank you. You can give me a yes or a no answer to this question because we're very, very nearly out of time veterans said, is it true to any extent that far eastern women don't suffer menopausal symptoms due to the phytoestrogens in soya and the lack of dairy in their traditional diets?

Wanda (48:33):

I don't have information as such, so I cannot say, as I said, it's really individual. It's very individual. I know of European women with not particularly intake of soya products and they still don't suffer from specific symptoms.

Steven (48:56):

Wanda, thank you. That's a lot of information you've imparted there. Once again, I'm very grateful that you stood in at the last minute for Letitia. I'm very sorry we couldn't get you in the studio as we had planned for Letitia, but it's been a great show and if nothing else, I have learned how to pronounce spaghetti bolognese correctly from earlier on in the show.