



963: Midlife is a Superpower: Thriving Through Perimenopause With Dr. Aimee Duffy

Child: Welcome to my mommy's podcast!

Katie: Hello and welcome to the Wellness Mama Podcast. I'm Katie from wellnessmama.com, and this episode is all about midlife as a superpower, thriving through perimenopause and beyond. And I am back today with Dr. Aimee Duffy, who is an absolute joy to talk to and an absolute wealth of knowledge.

She is a board certified physician and founder of Carolina Integrative Medicine, as well as bestselling author of *Normal Doesn't Have Side Effects*. We did a whole first episode diving deep on that topic, diving in on things like thyroid, adrenals, liver health and hormone health. And in this one we get specific to the hormones in the midlife, how they shift, understanding the root causes around them, things that are within our control to shift within our own life that can really make a huge difference in midlife. Tests to do, hormones to pay attention to, the kind of testing to do, and how to interpret your results. I learned a lot in this episode, and I know you will too. So let's jump in.

Dr. Aimee, welcome back. Thank you for being here again.

Aimee: Thank you. This is awesome. We have so much we could just keep going on forever.

Katie: Oh, I feel like I could talk to you all day. And if you guys missed our first conversation, Dr. Aimee shared some really actionable, key takeaways for understanding that normal doesn't have side effects, what to understand about lab ranges, hormone ranges, and so much more.

And we didn't go deep on hormones in that one. And especially, through the hormone phases of changing throughout life. And so in this episode, I would really love to dive into the topic of all the hormone changes that come along with perimenopause and menopause and the idea that these midlife changes can actually be a superpower if we understand them. To start broad, can you kind of introduce us to the idea that you talk about of, you know, perimenopause being a misunderstood time of life and what we actually need to understand about it?

Aimee: Yeah, absolutely. So I think this idea that it's sort of, this is happening to me, and I just have to suffer through it, I think a lot of people hear that. Oh, that's just what happens when you get older or that's normal. And I think it could be common, but to say that it's normal, where if you just don't feel good, you're not sleeping well, you're having night sweats. Those are the things that sort of start the whole process. Maybe your periods are becoming irregular, either they're more frequent and heavier or less frequent or lighter, but they're different than what your norm is. That sort of starts to paint the picture, something's quirky about my hormones.

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And you see patients all the time that are in their even mid to late 30s and then well into the 40s that will say, I thought my hormones were abnormal and I asked my doctor to test them, but everything was like we talked about within range. Or I've seen it all the time where people will just say, well, there's no point in testing your hormones because there's nothing that we're going to do about it.

You're just going to have to kind of deal with it. I see that all the time as well. And so that's a really tough time in our lives, especially where we are now. I mean, you know, women are not just hanging out in the house popping babies out anymore. I mean some women are, and that's great if that's their choice, but at the same time, you've got a lot of things going on with what's going on in the world, with taking care of our kids, a lot of people are dealing with older family members during this time that, we're getting sort of this kids are growing and our parents are getting older. We've got career things happening. And so it's a really stressful time to start this process around the 40, if you want to say where hormonal changes are happening. And we touched on it a little bit in the first episode, talking about the adrenal connection to how our hormones change.

So all these stressors that we're experiencing and you can have the external stressors, which I mentioned whether it's life happening, career, kiddos, health issues, all that kind of stuff. But then the internal stressors that we touched on as well. So if we're eating a lot of things that our body has to kind of question, Ooh, what is this?

Is this something that's okay for me? Or is this something I need to protect myself from and wrap it up and try to get rid of it or try to put it in storage somewhere. So internal stressors can play a big role in our food sources, in this world of just fast food and processed food.

And we got to make things quick and easy all the time. And so we're just exposed to an amount of things that our body has never been exposed to or never really meant to be exposed to. And it's just this overlapping experience of things filling up our buckets, if you want to call it until, you know, one thing sort of puts us over the edge. And then we start to have some pretty significant symptoms.

Katie: I'd love to touch on the mindset around this and then go into some of the specifics around the physical things that we can do and or I would guess stress and mindset as well. But you talk about midlife as an opportunity rather than a challenge and I would love to talk about the mindset and shifting that around because I know for instance, when I had Hashimoto's in the past, I at first had like ideas like my body is attacking itself. And then I learned to shift it like, Oh, my body's working in my favor and I'm healing. And as my mindset shifted and I of course did physical things as well, but my body shifted. So I would

love to hear your reframe of how to approach these midlife changes from an empowering perspective.

Aimee: And that's a great example of what we're talking about is I think, one of the things I learned in some coaching that I was doing for myself was this idea of acceptance as opposed to resistance. So when something's happening to you or immediate, if it's not quite happy we tend to resist it.

And I, actually, as I'm thinking about that, I mean, even for women, a lot of times we tend to resist even good things. Like we don't deserve to feel good. We don't deserve to be happy. Like, it's always this hard work all the time. And especially with social media, where we're being bombarded with what other people's lives look like.

And it makes it hard to decide what does my life need to look like. But really, when we start to have some symptoms, it's very easy to sort of be resistant to that and say, Ooh, get this away, I don't want it. Just like you thought, you know, your body's reacting to you and Oh no. And it feels sort of hopeless and helpless.

It's out of your control. And so mindset is just so important because words matter. And exactly what you said is that our body's number one job is to protect us. And it has a beautiful way when it's given the right opportunity. And so usually when symptoms arise, it's because your body is working hard to protect you.

And these are signals that are happening that are saying, Hey, something's not quite right here. And let's start investigating a little bit. So the more that you can sort of accept that this sign is something that's letting you know that something's not working and start to kind of look into that.

So that mindset. And I think that goes back to the adrenal dysfunction that we're talking about is if we're in this resistance mode, we're in this sort of fight or flight all the time. And, that's running and being chased or chasing, that sort of thing, instead of being in what we call parasympathetic. And parasympathetic is the rest, digest, recover mode or rejuvenate mode.

And if your body needs some time to rest, digest, and recover, instead of getting up at 4:30 in the morning to go to boot camp, we may need to spend more time just sort of resting, relaxing, recovering, a lot of time in meditation, a lot of time outside grounding. So those are some things that you can do. And really just saying, Hey, this is a moment in time where it's not being lazy necessarily, but it's being in tune to what your body is needing. And so rather than all the HIIT and the cardio and the chasing the treadmill, bringing it down into

some yoga and some more calming type things, getting walks outside, that sort of thing is going to help us with that mindset for sure.

Katie: I love that. And on that note, I would love to hear about some of the commonly overlooked symptoms that women experience during perimenopause that are great messengers. How we can learn to pay attention to those early so that maybe we can address them from a root cause perspective. Like you touched on changes in your period, like what might a light and shorter period movement indicate versus if it gets heavier and longer, or what other symptoms can we keep an eye out for and just listen for if our body starts communicating in that way.

Aimee: Yeah, irregular periods are tricky because you can have that... I mentioned this earlier again in our previous conversation about imbalances in your hormones. So you can have what we call estrogen dominance. And it doesn't necessarily mean that your estrogen levels are high. It often more means that our progesterone levels are declining. And so we'll see progesterone levels start to decline up to 10 years before menopause. So we see hormone changes happening even though we don't quite hit menopause yet. And so that imbalance in estrogen and progesterone can be different for everybody. And so it's hard to say, Oh, you have shorter, lighter periods, it means one thing versus, longer, heavier periods mean another thing. It means that your hormones aren't balanced and and so it's an awareness that we need to pay attention to to start saying, Hey, are there some things going on?

I'm going to go back to environmental exposures. There's a lot of things in our environment that are what we call estrogenic. So plastics, particularly heating plastic. So water, you know, everybody carrying around these plastic water bottles that they got that probably sat on a truck in the heat somewhere for a very long time before it ended up, you know, even if it was cold to begin with.

So we see these chemicals in our environment that are actually stimulating our estrogen. It doesn't increase estrogen, but it hits those same estrogenic receptors. And so that starts to make us feel like we're over estrogenized and that can create some symptoms from that perspective as well.

I really want to touch on mood type stuff. So this feeling of sort of irritability, if you want to call it, that feeling of overwhelm. I can't take one more thing. I'm, you know, especially for moms out there, it's that feeling of like, I love my kids. I really want to be nice to my kids, but I just can't take one more thing, especially when we're getting into that witching hour, right?

That five o'clock timeframe. I don't want to be mean mommy anymore. And I don't know why I'm reacting this way. So the number one prescription for women that are in their 40s is Lexapro or some type of antidepressant. So it's very common for us to see these mood things. It's like, I don't think I'm really depressed, I just feel like sometimes I get overwhelmed. And then you don't want to talk to anybody, so you kind of start to, I call it stay in your cave. You just want to kind of, let me just stay in a place where I can control the environment. So people who never had any sort of mood issues in their past are starting to kind of question, I don't know that I fit the picture for anxiety or depression directly, but I'm just more moody.

And so we can see a lot from that perspective and that. The other thing that kind of goes along with that is that you feel like your brain's not working like it used to. So you're forgetful, you're having to make lists all the time. And especially in somebody who's in the work environment might say, I used to be this just whipper snapper and I could remember everything and I hardly had to write things down and now I'm just finding myself difficult finding my words or difficult remembering things.

My cognition is a little bit worse, maybe some ADD type symptoms where I feel like my concentration is not what it used to be. Those are all some kind of more unknown symptoms, if you want to call it or less spoken symptoms that we might see with some hormonal imbalances happening.

Katie: And I feel like that brings to the question of if a woman starts experiencing those shifts, when to take a root cause approach, when hormone replacement is the way to go, how to know the difference and or whenever it's a both and. So how do you walk that path with patients?

Aimee: So again, if we go back to the connection that we made with the adrenals and progesterone. So just to recap, if you didn't hear the first lecture or the first conversation we had about adrenals; adrenals are making cortisol. And when they're stressed, the brain senses a signal, and sends a signal to the adrenals to make more cortisol.

And so for a long time, people are living with higher than expected or needed cortisol. And then over time, the adrenals are sprinting the marathon of life all the time and therefore they tend to get tired. And so then we start to see more adrenal fatigue, if you want to call that, where cortisol levels are lower.

And so some of these symptoms that we might see are because of low cortisol. But what happens is progesterone and cortisol are right next to each other. And so as cortisol levels are declining... If we go back to caveman days where survival is more important than

procreation, because if we can't keep this baby alive, then there's no point in procreating, right?

So, we're going to put everything we have into supporting cortisol and it's going to pull or sacrifice progesterone. And so, in some people, some progesterone replacement may be helpful. And progesterone can be bioidentical, something that's made from yams, it's pretty easy to find over the counter. I like testing just to know that that's what it is, and then repeat testing to make sure that what we're supplementing is optimal.

But if we're trying to go from the root cause, the reason that you're having these symptoms may be low progesterone, but why is your progesterone declining in your mid thirties or forties when it shouldn't happen until we're officially menopausal, right? So I would go back to the stress of what's going on, and whether that's controlling the mindset and the external stressors that we can deal with or some internal stressors.

So if we're being exposed to a lot of chemicals and things that our body has to think about and work on, or foods that may be, creating some stress on our system, or if you have this, we haven't even really touched on the gut, but if you have some dysbiosis where maybe you have some candida or yeast overgrowth or some inappropriate bacteria overgrowth.

So things like probiotics. And you can either take some probiotics or you can try to do natural things like fermented foods and stuff like that to sort of help settle your gut a little bit as well. So things that are stressing out your system are going to affect your adrenals, which then lead to progesterone deficiency that's going to lead to these symptoms.

So you can take the root cause approach and really work on your stress and your gut. I don't think there's anything wrong with doing some progesterone supplementation. But again, that's something that I think should be done after testing, just so you can monitor it and make sure that you're doing the right dose.

Katie: And in our first episode together, you got to really dive into thyroid hormones and understanding thyroid labs. And that was so helpful to me personally, and I'm sure to many people listening. And I'm curious, as women approach the perimenopause and menopause age, are there labs that are good to get a baseline of and or pay attention to? And are there similar things where normal might not mean optimal and that understanding that we can use that to our advantage to navigate that phase of life in a way that's as pleasurable and fun and with the least discomfort possible?

Aimee: Absolutely. So I'm fairly biased in testing hormones and adrenals through saliva testing. So, whether it's working with me or you're finding another practitioner, one of the

things I love talking to patients or in this environment is doing the right google search if you want to call it.

So finding somebody who's doing saliva testing, finding somebody who is addressing adrenal dysfunction or like you said thyroid Hashimoto's type stuff. So the best test in my opinion is to do a saliva test that really gives you a nice overview of what your hormone levels are like. How they are in relationship to each other, and then also having that nice cortisol curve that can tell us, does everything look normal?

Are we starting to see some dysfunction in the thyroid that maybe, could be preventative so that we're not hitting the wall when we start seeing worse symptoms, right? So in my opinion, I think that that's the best thing. So if you could find a provider that does saliva testing for hormones and adrenal function with cortisol, that's ideal.

Blood testing, like we talked about the most common things we would see would be again, looking at thyroid. So TSH, free T3, free T4, and then thyroid antibodies could be helpful from that perspective. Outside of that, we can look at things like when somebody comes in and they're really tired, you want to rule out, like, we don't have anemia for some reason.

So getting just basic CBC, you want to make sure that nobody has something major that we might be missing, like some kidney dysfunction or weird liver thing or something. So you're going to see very commonly kidney function, liver function, a CBC to make sure that we're not having some anemia. But really those typical labs that you might get from your annual physical or something like that are really not going to be able to show a whole lot.

Most of the time they're going to be normal because you're not really broken. That goes back to that analogy I was using about the dryer, the lint catcher in your dryer, right? So your dryer may not be working because the lint filter is super full, but the dryer is not broken. So there's not going to be any diagnostic test that's going to run that tells us what's broken.

It's really, your body again, is pretty smart and it's resilient and it's trying to protect you. So everything's going to be working until you may get to the very end, but that's going to be way farther along in our battle. If you start to see kidney dysfunction, liver dysfunction, things like that.

So traditional tests that you might see in just a regular annual physical exam are really not going to be helpful in kind of looking at these smaller sort of nuanced symptoms. Another thing that I want to touch on, and this could be a whole topic in and of itself, is the gene called MTHFR.

Have you heard about that before, or had any kind of conversation about that?

Katie: Yeah, I have, but I would love to hear it in reference to what we're talking about.

Aimee: So the reason I bring that up is, it's a little complicated, but MTHFR in, I've said this so many times I can say it without messing it up, I think. It stands for methyl tetrahydrofolate reductase. And that is an enzyme that helps us sort of either add or take away a methyl group. And methylation is really important for us to get through our hormones, to get through our neurotransmitters in our brain.

So, for instance, in order for us to go from serotonin to melatonin, methylation needs to happen. And if you have a genetic dysfunction in the MTHFR gene, that can affect your ability for neurotransmitters to happen, for hormones to be metabolized and other chemicals and things like that. So it's not unusual for us to see more younger, like for instance, adolescent women or college age women have more mental health dysfunction, like anxiety and depression.

And a classic story might be somebody who was started on an antidepressant at 15 or 16 years old and it worked for a little while and then the dose had to be increased and then that one didn't work anymore and they had to switch to another one. By the time they get to their 20s or 30s, they've been on every single one.

Now they're on some mixture of two or three. And it's like, I feel a little bit better, but it's not really doing the job. So that's another area where testing could be really helpful because the treatment is super simple. It's just providing some more methyl support. And so there are methylated B12, there are methylated folate supplements that you can take to help support that methylation.

And again there are some high dose prescriptions, but really just making sure like, for instance, if you're going to take a multivitamin, or you're reading something about taking a B complex might be helpful just to give you some energy, just make sure you're seeing the word methyl on the list of ingredients and you're going to get better results with that.

So that's another sort of unusual test, but that's something could be really helpful, especially with we're dealing with some of the mental health symptoms that go along with these hormonal changes.

Katie: And I love that idea of paying attention to the mood symptoms first. And like those can be early indicators before even like lab results might show changes. It does seem like I've heard from several podcast guests, like the earlier we can pay attention to these things and catch these shifts early, the easier it is to support the body from a root cause perspective, even if hormone replacement is also helpful later on. But to like, kind of have

that baseline, know what optimal is for you, know what your optimal feels like, and then notice if there's changes within that.

And I'm curious if there are also any recurring lifestyle or diet or supplement factors that you see commonly with women in perimenopause that if we paid attention earlier, we might be able to support our bodies from an earlier time to have a smoother ride through that? Like are there commonly recurring things that women can pay attention to? Or things that they can start supporting earlier than they might think they need to?

Aimee: Well, I think I'm just going to go back again to the dietary changes that we see. I mean, I think so often you may not have a direct symptom, that I'm eating something. It's very common for somebody to go, Oh, I can't drink milk, or I can't have ice cream because I have stomach upset immediately if I have Starbucks or I have a milkshake or something like that.

But what we don't realize is that the stressors that we experience or that our body experiences from just this chronic exposure to not food, if you want to call it, but food that we think is food, but isn't really real food. And so this processed food and these chemicals, and you might not even recognize how those things affect you.

And I see this all the time in our patients when we do the elimination as we're going through that gut healing detox phase, removing the foods that we find on testing that are stressing your system out. How much better they feel within just weeks of eliminating those things that are causing a stress on your system.

And you can do a little elimination diet. You can do some food journaling, but sometimes it takes up to three days for you to be able to tell that a certain food is causing you a symptom. So, I think that's one of the easy, it's one of the hardest things and one of the easiest things, right?

Is to be connecting to, is this food fuel or is this food slowly stressing your system out and poisoning you, right? So, the closest that you can get to nature, if you want to call it, so. A lot of people will call it the whole foods diet, but like an apple you pick from a tree and you can eat it, especially if it's an organic apple.

We don't even have to wash it or anything, right? But if you think about something like a piece of bread, we don't go out into the field and pick the wheat and just start chewing on it. And even then, that wheat gets harvested, it gets dried and it gets milled into flour. We don't go eat spoonfuls of flour.

So by the time it's getting to our mouth in bread or tortillas or whatever we're thinking about, there's been multiple steps through that process of where it came from in nature to

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where it is now. And often these days, bread is full of chemicals that are preservatives, right? So it used to be we had where I grew up in Colorado, there was a bakery called the Great Harvest or Daily Harvest or something like that. And so you could go and get fresh bread and then they had day old bread for half price on the back shelf, right. And so their bread was not full of preservatives.

And so it was going to be stale by the time it was a day old, it would start to get hard. And that's what you use for croutons and things like that, right. These days we can buy bread and it sits on our counter for weeks. Still soft as can be and still smelling really good. Until it starts to grow green stuff, you don't even notice that it's gone bad.

So it's not just about the gluten itself, but it's about the chemicals that are in there. So the more we can avoid a processed food and just eat the real stuff, what's your fruit, what's your vegetable, what's your protein source. Good fats like olive oils, avocados, things like that, and just really try to stay away from the processed stuff.

You're going to see a huge change in how you feel and how your body's reactive.

Katie: Yeah, I think that like often we can underestimate the power of simple changes because they're simple. But to illustrate what you're talking about, that's been probably one of the biggest differences I felt really quickly in just my energy levels in my body was when I switched to a much more just whole food based diet and started eating ingredients versus eating food with ingredients, which means most of my meals are very simple.

It might be like grass fed beef and some berries and sauerkraut, things like that, or it might be like sardines and avocado and natural pickles. And within a few days, I was like, wow, I didn't realize I could feel this good.

Aimee: Yes.

Katie: And that's continued, so I think that's absolutely a valuable tip, and you've given so many valuable tips in this episode. I will, of course, link to your website, to your book, and to resources people can find. But where can people find you, can they work with you if they want to one on one, and how can they keep learning from you?

Aimee: Yes, so I see patients in my office in Clemson, South Carolina at carolinaintegrativemedicine.com is where you can find us there. Also licensed in North Carolina. But tons of information on that website. And again, if you find my website and you find some information, maybe you're not in those two states, but you're like, huh, how do I find a doctor like you?

Use that website as a guide to say, okay, I want to find another provider. So, searching for things like saliva testing for adrenal dysfunction, for natural hormone balancing. Things like that, that you might find in other people's websites, but certainly find mine just to get more information. And any of the social media, Facebook, Instagram, LinkedIn, all that kind of stuff, you'll find Carolina Integrative Medicine there.

Katie: Amazing. Well, you are an absolute wealth of knowledge. I learned a lot. I think we had some very actionable takeaways for people listening. I'm excited to keep learning from you myself and to follow your work. And I hope we get to have future conversations, but for today, thank you so much for your time.

Aimee: Thank you.

Katie: And thank you as always for listening and sharing your most valuable resources, your time, your energy, and your attention with us today. We're both so grateful that you did. And I hope you will join me again on the next episode of the Wellness Mama podcast.