

THE MIDI MANUAL

Your Roadmap through Perimenopause & Menopause



Menopause is defined clinically as just one day in your life when you've gone exactly 12 months without a period. But at Midi, we recognize that menopause is a journey, full of physical and emotional changes that start long before your periods end and last long after they stop. We're with you every day, and every step of the way, with comprehensive, compassionate care. And this manual is your roadmap, pulling together some of the most important info we share with patients at every stage of the menopause transition. Because menopause is a time that can feel positive, liberating, and full of possibility. All you need is good guidance and a plan. Let's get going—together.

MidiHealth

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1. Know Your Stage

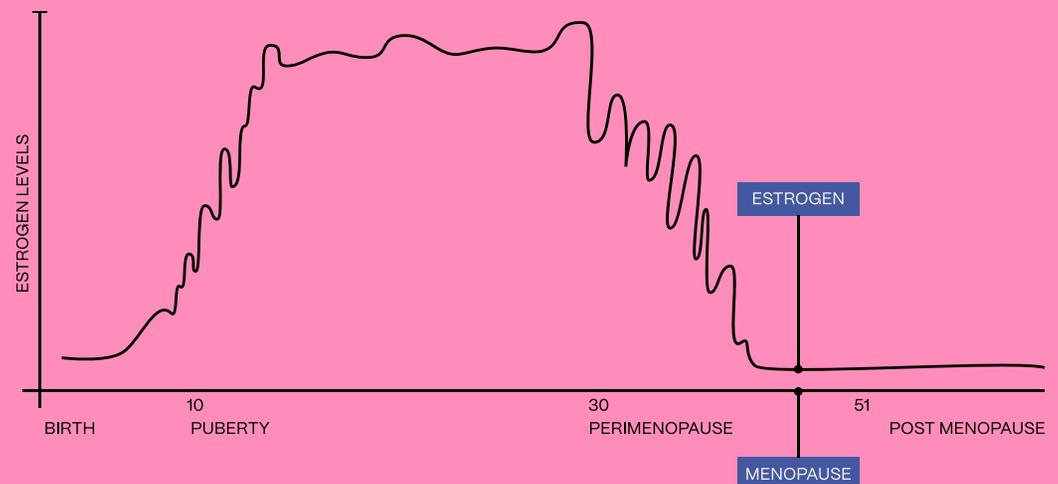
Perimenopause and menopause are terms that are frequently used interchangeably—but these are two distinct stages in a woman’s life:

Perimenopause is the natural and normal stage when your body adjusts to the end of your reproductive years. (You might also hear this period called the menopausal transition.) It happens in the years before your period stops, starting typically in the mid-40s, though it can be as early as your 30s or as late as in your 50s. This transition lasts anywhere from a few months up to 10 years. On average, women are in perimenopause for around 4 years.

During perimenopause, your ovaries begin to produce less estrogen, your primary female sex hormone. It’s not a steady or predictable decline. Instead, estrogen levels will fluctuate up and down, triggering symptoms like irregular periods, hot flashes, and more (see below). Eventually estrogen dips so low that your ovaries no longer release eggs and your periods stop.

Menopause is the moment when a woman has gone 12 consecutive months without a period. At this time, you’ve reached the end of your fertility. On average, this happens around age 51, though not every woman’s ovaries are on the same timeline, and menopause can happen years earlier or later than the average. However, symptoms can persist well into post-menopause.

Menopause symptoms stem from drastic changes in hormone levels over time



Understanding the Signs and Symptoms

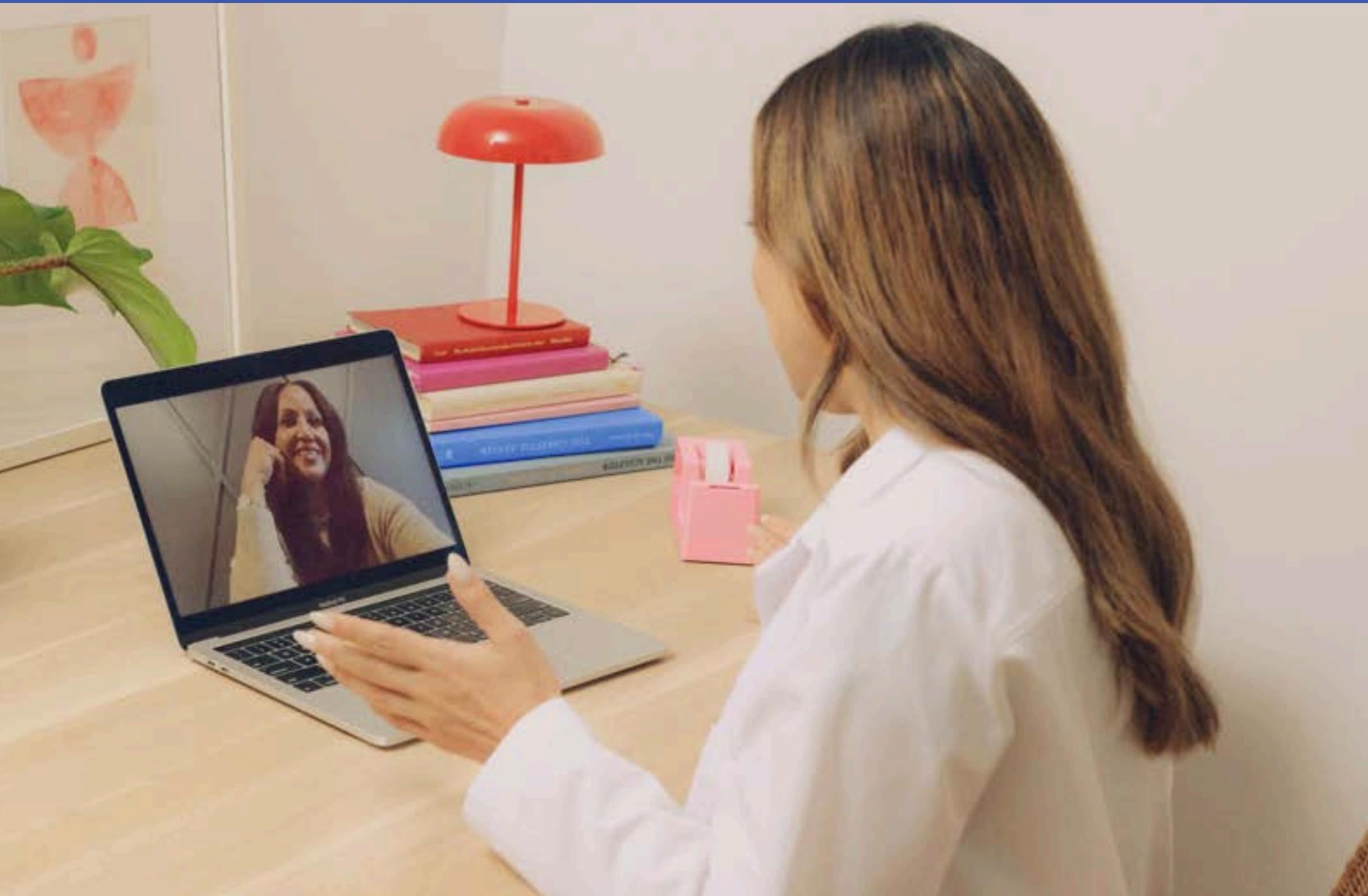
There are no specific tests to confirm that you're in perimenopause. Doctors will consider your age, the age at which your mother or sister entered menopause, your health history, and symptoms.

Speaking of symptoms, there are dozens that can happen when you're perimenopausal. Many of these are the result of additional life factors, and having them on your radar may help you connect the dots to your own health.

Let's focus on 12 of the most common symptoms:

-  **Irregular Periods:** During this time, your periods may truly be head-scratching, becoming less frequent, lighter, heavier, with shorter or longer cycles. That old period predictor app? Not as useful now.
-  **Hot Flashes:** A sudden feeling of intense heat that washes over you, hot flashes vary in their intensity and severity for women. They are the most common sign of hormone changes, affecting 75% of women.
-  **Night Sweats:** Hot flashes that happen when you're sleeping are called night sweats, and they can disrupt your sleep.
-  **Sleep Disturbance:** Along with night sweats, anxiety also contributes to insomnia. Difficulty sleeping affects 61% of menopausal women.
-  **Mood Changes and Irritability:** Estrogen plays a key role in mood stabilization, so hormonal fluctuations can send your emotions on a rollercoaster ride.
-  **Vaginal Dryness:** Lower estrogen levels lead to less vaginal lubrication, which can cause pain during intercourse.
-  **Decreased Libido:** Lower estrogen can cause a dip in your sex drive (and you may not want to even think about sex if it's painful due to dryness).
-  **Difficulty Concentrating:** Dropping estrogen levels directly impact the brain, which can show up as a lack of focus, aka "brain fog".
-  **Memory Lapses:** Hormonal changes may also lead to memory blips (forgetting a good friend's name or where you parked your car are classics).
-  **Bone Loss:** Estrogen maintains bone strength and density. Declining levels increase your risk for osteoporosis.
-  **Skin Changes:** You may see more wrinkles and sagging due to dryness and a loss of collagen and elastin. Acne can sometimes be an issue, too.
-  **Weight Gain:** Changing hormones, a slowing metabolism, and poor sleep can all contribute to weight gain, particularly in the abdomen.

2. Talk to a Menopause Specialist



Despite the fact that the menopausal transition is a completely natural stage of life, you don't have to tough out symptoms on your own. You deserve great care, and you shouldn't settle for anything less.

First up: Connect with a menopause specialist. This is someone who will look at you as an individual, taking into consideration your unique experience with your symptoms, health history, and more. At Midi, we provide virtual care for women navigating their own journey of perimenopause and menopause. Midi clinicians deeply understand women's midlife health, and work with you to develop a personalized Care Plan that will relieve your symptoms, asap.



A Midi virtual visit runs longer than a traditional healthcare appointment, so you have ample time to connect with your clinician. It can be helpful to plan out the questions you want to ask and think ahead about how you would like to approach your care. Whether you come to Midi, or seek out care from another menopause-trained provider, you might want to explore these questions:

1 Am I in perimenopause?

Being honest and clear about what you're really feeling is important for your clinician to fully understand what you're going through. Don't downplay symptoms. We take everything you're feeling seriously—and we may ask you about symptoms you never thought to mention.

2 Is HRT an option for me?

HRT isn't right for everyone, so your clinician will consider your symptoms, age, medical history, genetics, and personal approach to health before recommending it for you. We do know that decades of research and clinical data show that HRT is the most effective intervention available to improve symptoms of hormone transition, and it is a life-changing choice for many women. If it's not right for you, there are so many other solutions your Midi clinician can offer.

3 What supplements and/or lifestyle changes do you recommend?

Every Midi Care Plan will include lifestyle goals, and your clinician will work with you on coming up with strategies to help you reach them. Some of the most studied supplements for menopausal symptoms include black cohosh, ashwagandha, soy and red clover, and these can be a good option for many women.

4 Is my Care Plan looking at my overall health?

At Midi we see the whole patient—which includes your perimenopause and menopause symptoms—but **also** takes into account the other health issues you may be living with, so that your Care Plan addresses the root causes of your symptoms and weaves together numerous approaches to bring the solutions that are right for you.

5 Do you consider alternative therapies?

In addition to conventional prescription medications, there are many complementary therapies grounded in science that could be helpful to you. Midi clinicians take a holistic approach to care and offer a range of options, including supplements and wellness therapies, to come up with the most effective regimen for you.

3. Get Educated on HRT



Hormone Replacement Therapy

Hormone Replacement Therapy (HRT)—which is sometimes also called menopausal hormonal therapy—refers to medications that address menopause symptoms by replacing some of the hormones that are naturally declining in your body. There is a lot of conflicting advice surrounding HRT, but for many women, it's a game-changer for their quality of life.

What is HRT? HRT is a type of medication used to treat menopausal symptoms brought on by changes in hormone levels. It's available in forms, including pills, patches, vaginal rings, and topical creams and gels.

How HRT Can Help: HRT works by releasing estrogen into the bloodstream or vaginal tissue. Clinicians also add a progesterone or progestin to the mix to protect against uterine cancer (women who've had a their uterus removed in a hysterectomy may not need this). HRT is the most effective treatment for relieving menopausal hot flashes, night sweats, vaginal dryness, and recurrent urinary tract infections. HRT may also be effective in relieving symptoms of insomnia, mood changes, and brain fog.



True or False? HRT Edition

So many women receive conflicting advice about HRT. We're here to clear it up.

HRT COMPLETELY REPLACES
YOUR HORMONES

False. HRT does not actually fully replace the hormones your body stops producing during the natural menopause transition. These medications add back a small percentage of the hormones your body makes during your fertile years.

HRT IS THE ONLY WAY TO GET RELIEF
FROM YOUR MENOPAUSE SYMPTOMS

False. Although HRT is highly effective, if you're not a candidate for HRT or you prefer not to take hormones, there are other solutions that can work for you, including non-hormonal medications, supplements, lifestyle changes, and wellness therapies.

HRT WILL COST A HUGE AMOUNT

False. The cost of HRT varies widely, from as little as \$10 per month to \$500 or more, depending on factors like the form of HRT you're taking, generic vs brand name, insurance coverage, and specific dosage or treatment regimen. Many major insurers provide coverage for virtual visits and most prescriptions with Midi. See more info on costs on the next page.

HRT INCREASES THE RISK OF
HEART DISEASE

False. The misconception that HRT is unsafe stemmed from data from the 2002 Women's Health Initiative Study. Since then, we've learned that the results of this research were broadly misrepresented. More recent research shows that if women start HRT within 10 years of their last period, they have a lower risk of heart disease (the number one killer of women) and bone loss.

ALL WOMEN WITH A HISTORY OF
BREAST CANCER SHOULD AVOID HRT

False. Many women who are breast cancer survivors are told by their providers that hormonal therapies are off-limits. The evidence shows that in fact, some of these women are eligible for hormonal treatments. If not, there are many non-hormonal alternatives available to provide relief from menopause symptoms. A Midi clinician can help you understand your options.

EVERYONE SHOULD TAKE HRT

False. Although at Midi we support the use of HRT and prescribe it responsibly, we recognize the importance of your clinician in partnering with you to develop a Care Plan tailored to your symptoms, health history, and personal values. If you have a history of stroke or certain types of blood clots, some types of heart or liver problems, and some kinds of cancer, including some breast and uterine cancers, your clinician will steer you toward other effective solutions.

How Much Does Hormone Replacement Therapy (HRT) Cost?

Midi clinicians work with patients to understand their coverage and find options that are effective and affordable (yes, we take care of your wallet, too!).

Type of HRT



PILLS

The two most commonly prescribed pill types are Estrace and Premarin (also available as creams).

Cost

\$10 for a 90-day pack of generic pills up to \$500 for brand names.

Type of HRT



VAGINAL SUPPOSITORIES

Vaginal tablets or suppositories are inserted into the vagina and slowly release hormones locally to the vagina.

Cost

\$40 or less per pack for generics. \$200 or more for brand names.



PATCHES

Hormone replacement patches, sometimes called estradiol patches, are adhesive patches applied to the skin.

Price varies by brand and dose, but can range from less than \$40 for a month's worth of patches with insurance to more than \$250 without.



GELS

Topical gels (like Divigel, Elestrin, EstroGel, Estroge) are applied to the skin (some are rubbed into the arm, while others are applied to the thigh).

\$40 or less for a generic 30-day supply; some varieties can be over \$200.



VAGINAL CREAMS

Estrace and Premarin, which we cover above in pill form, are also available as vaginal creams.

\$25 - \$100 per month, depending on the brand. Some insurers may cover them completely.



VAGINAL RINGS

Vaginal rings are inserted into the upper part of the vagina to deliver hormones locally to the vulva and vagina. Most rings last for 90 days.

Out of Pocket: \$500 or more per ring. With insurance: \$30 or less depending on the brand.

4. Build a Better Sleep Routine



It's common for sleep to suffer during perimenopause and menopause.

Hormone shifts at midlife can contribute to sleep issues. That's because of the way estrogen and progesterone work in your body:

- **Estrogen** is essential for maintaining your sleep-wake schedule, as well as regulating your body temperature.
- **Progesterone** has relaxation effects.

Symptoms of menopause also impact sleep (hot flashes and night sweats, frequent nighttime urination), in addition to life stresses and age-related sleep conditions like sleep apnea and restless legs syndrome.

Why address your sleep? Well, there are so many health ramifications of poor sleep:

- Chronic poor sleep is associated with an increased risk of coronary heart disease, osteoporosis, type 2 diabetes, decreased cognitive function, and weight gain.
- Missing out on the sleep you need can worsen menopause symptoms like hot flashes, brain fog, and mood changes.

71% of Midi patients have sleep complaints

HORMONE	HOW IT AFFECTS YOUR SLEEP
Estrogen	Dips in this hormone affect your sleep/wake cycle.
Progesterone	You may have less of this "relaxing hormone" now.
Melatonin	Lower levels make falling asleep harder.
Cortisol	Higher levels near bedtime can keep you awake.

Sleep is a cornerstone of health. Address your sleep problems and everything else, including weight, stress, and mood, will improve. Your Midi clinician will point you toward the combination of solutions that help get you the rest your body needs. Your options include:

- **Lifestyle changes**, including a healthy sleep routine, exercise, and diet changes.
- **Wellness therapies** like cognitive behavioral therapy (CBT), relaxation techniques, and mindful breathing.
- **Supplements**, possibly melatonin, lavender, L-theanine, and more.
- **HRT**, which can effectively treat hot flashes and night sweats that cause sleep disturbances.
- **Non-hormonal** sleep medications. (These can have side effects and be habit-forming, so Midi uses them as a last resort.)
- **CPAP** (Continuous Positive Airway Pressure) if you have been diagnosed with sleep apnea.

Creating a healthy sleep routine is something that can pay off—starting tonight. We've outlined the plan that Midi clinicians find helps midlife women get better sleep.

Wake up and go to bed at the same time every day, even on weekends.

Make your bedroom dark, cool, and quiet. Only use it for sleep and sex (not TV, work, or phone scrolling!).

Create a calming, pre-bedtime ritual.

Avoid screens 30–60 minutes before bed.

Avoid bright lights before bed and during the night.

Allow 3–4 hours between dinner and bedtime. Avoid caffeine, nicotine, spicy foods, and alcohol, which can trigger hot flashes and night sweats.

Get regular exercise.

Go outside in the daylight within 30 to 60 minutes of waking up.

Important Note: Midi clinicians don't ask women to do all of these at once! No one wants to pile more onto your plate than you've already got. But starting with one of these tips and building from there can help you find what works so you can start getting some solid sleep.

5. Make a Plan to Get (and Stay) at Your Healthiest Weight



Research confirms what you probably already know. On average, **women gain 1.5 pounds per year**⁵ after going through menopause, and fat distribution changes, too, with more accumulating around your midsection or waist as opposed to your thighs and butt.

The natural aging process, decrease in activity, sleep problems, and waning female hormones associated with menopause all combine to cause these weight and body composition shifts.

Bodies are always evolving based on your stage of life—and menopause is no different. But if you can work on habits that help you get to your healthiest weight, you'll reap a whole host of benefits, including:

- Improved blood sugar regulation and insulin function
- Healthy blood lipid levels
- Better blood pressure
- Decreased risk of heart disease and certain cancers
- Lowered inflammation

Maintaining a healthy weight and body make-up at midlife is key. And while you may not be in control of all of the changes you're going through now, there is still a lot you can do. Bonus: They'll make you feel great on a daily basis—no matter your weight or size. Start with these three lifestyle changes →

Make a Plan to Get (and Stay) at Your Healthiest Weight



First, find the eating pattern that works for you

There is no “best” diet—a huge sigh of relief! That means you can follow a plan that fits with your food likes, eating habits, and more. Pinpointing what works for you will likely require some trial and error, and guidance from a Midi clinician can help.

To effectively manage your weight during menopause, you’ll need a diet that serves your body’s new normal, aligning with your changing energy needs. Focus on nutrient-dense foods, and avoid empty calories from processed snacks and added sugars. Here are three cornerstones of healthy eating:

- **Eat a diet rich in whole or minimally processed plant foods**, which contain filling fiber and a range of vitamins, minerals, and phytochemicals essential for good health.
- **Choose complex carbohydrates** (found in beans, lentils, brown rice, quinoa, oats, and barley, among other foods) over simple carbs (found in anything containing refined flours and added sugars such as white bread, pastas, crackers, cereal, and baked goods).
- **Get enough protein to support muscle mass.** As a general rule, aim to eat about 20 to 30 grams of protein per meal from sources such as legumes, minimally processed soy, and high quality meats and fish.

WEIGHT	PROTEIN
120 lbs	55–108 grams
150 lbs	70–140 grams
180 lbs	82–165 grams
200 lbs	100–180 grams



Second, make time for cardio exercise

Staying active is important when you're going through menopause. And it's about more than just weight loss. By moving your body more and exercising regularly, you're investing in your future mobility. Even if you haven't been much of a gym-goer before now, this is the perfect time to explore new fitness routines.

Aerobic exercise provides cardiovascular benefits—important in menopause for weight maintenance and to help reduce the risk of heart disease. It also promotes quality sleep and helps alleviate the mental health symptoms that undermine healthy eating.

Aim for 150 minutes of aerobic exercise per week. The good news is that you can choose the activities you like. Recruit a friend to join you to make it even more enjoyable. If you find you often cancel on yourself, buddying up can help you stick to the plan. These options can get you started:

- Brisk walking
- Jogging or running
- Cycling
- Swimming
- Running
- Pickleball
- Hiking
- Yoga flow
- Elliptical
- Rowing

Creating a regular exercise routine during menopause is easier said than done—especially if you experience joint pain, feel chronically tired, or have other barriers to traditional exercise. Your clinician may recommend physical therapy before starting a new fitness routine, especially if you have prior injuries or conditions that could make working out unsafe.



Third, add in strength training

Strength training is often missed in a fitness routine, but there are so many benefits to making it a regular habit.

You can improve and maintain muscle mass

While cardio has been shown to be effective in fat loss, resistance training helps build lean muscle mass, an important factor in shifting you toward a healthier body composition.⁶

More muscle can help you burn more calories regardless of your weight. And if your goal is to lose weight, strength training will help you hold onto more muscle while you do it. That's hugely important for your metabolism.

You can boost your bone health

During and after the menopause transition, women's risk of osteoporosis and serious bone fractures increases. That's because estrogen helps maintain bone strength and density by promoting new bone formation. But a decrease in estrogen, along with normal wear-and-tear, puts you at risk for weakened bones. Strength training causes your muscles to pull on bones, triggering your skeleton to grow stronger.

You can shore up your strength

Resistance training also helps you improve your strength⁷—that means hauling groceries, climbing stairs, and doing everyday activities with more ease and less pain. There's no reason why life during perimenopause and menopause can't be the years you feel like your strongest self.

Aim for strength training workouts at least twice a week. What counts?

- Lifting free weights
- Weight machines at the gym
- Using resistance bands
- Performing body-weight exercises (push-ups, squats, lunges, planks, and more)
- Climbing stairs
- Heavy gardening



Medication for Weight Management

We know that midlife weight loss is hard, and that's why we tap a holistic range of solutions, ranging from targeted lifestyle changes to supplements and prescription medications—including the new weight loss medications that are proven to help patients reach their weight goals.

Unfortunately, these prescriptions aren't always covered by insurance, putting the treatment out of reach for many. At Midi, we strongly believe women should have access to medications that can help address midlife symptoms, including weight gain. That's why we now prescribe compounded semaglutide.

Containing the same active ingredient as brand-name semaglutide medications like Ozempic® and Wegovy®, Midi's compounded semaglutide helps by mimicking a hormone naturally produced in the body that tames appetite, reducing "food noise" (constant thoughts about food), and slows digestion, to help you feel fuller.

Compounded semaglutide works best when paired with a healthy diet and regular exercise. To help you reach your goals, your Midi clinician will support you with advice on the lifestyle changes that are best for you—like the diet and exercise strategies we outline here.

“

My clinician is amazing. She prescribed me GLP-1 for weight loss and HRT. I'm exercising and eating well, while still enjoying meals out. So far, I've lost 20 pounds. I feel so much better and look drastically different now that I'm getting the right support.

— LAURA M.



6. Get Your Head in the Game

You may be all too aware of the effect hormonal shifts can have on your mood and mental sharpness. After all, “menopause brain” is a term that’s caught on because so many women can identify with it.

Here’s the thing about midlife: There’s a lot being thrown at you at once. Not only are you dealing with the jagged decline in key hormones, but you may also have to contend with a variety of other stressors, including juggling more demands at work and at home. This, in turn, can affect how well you’re sleeping and how emotionally stable you feel.

Altogether, you may be dealing with anxiety, depression, anger, and brain fog. You might experience a combination of these or even all of them at once.



Mood Changes

If menopause is making you moody, you're in good company: More than 45% of women experience a change in their usual moods during menopause. A decline in estrogen levels can increase baseline anxiety and put you at greater risk for depression. Estrogen and progesterone regulate neurotransmitters including serotonin (a hormone in our brain that affects mood) and dopamine (linked to pleasure and executive function).

Mood changes during menopause run from minor dips to large swings. They can look like:

- Panic attacks
- Feeling down
- Anxiety
- Weepiness
- Insecurity
- Full-blown rage
- Crushing despair
- Irritability



So, what improves the emotional symptoms of menopause?
We have many tools at our disposal:

- HRT to manage hot flashes and mood swings
- Prescription medications, such as antidepressants, to treat mood disorders
- Regular exercise, which reduces stress and regulates sleep
- Eating a well-balanced, varied diet based on whole foods
- Herbal treatments, like black cohosh, to address both physical and mental complaints in menopause
- Use of fragrances to change your response to stress

Many women are diagnosed with a mood disorder or other mental health issues during menopause. That's why Midi clinicians may ask questions about depression and anxiety, both of which can emerge or worsen during menopause.

Brain Fog

Brain fog and mood changes aren't just "in your head" ... they're in your brain. Brain fog is a common concern among Midi patients, second only to hot flashes.

The primary factor contributing to brain fog during the menopause transition is the fluctuation of hormonal levels, specifically estrogen and progesterone. These hormones play a significant role in maintaining cognitive function, including memory and attention. In addition, menopause also changes the metabolic activity of a woman's brain, impacting cognition, flexible thinking, and recall.

Even if it feels like it, brain fog isn't a decline in brain function or cognitive abilities or a decrease in IQ. These are simply shifts during this period that we need to accommodate for. We assure you: It's not the beginning of the end!



Midi offers both hormonal and non-hormonal treatments to improve brain fog and memory lapses:

HRT can positively influence neurotransmitter systems, enhancing cognitive function. Research¹ suggests that women receiving HRT may experience improvements in memory, attention, and overall mental clarity during perimenopause and beyond. There's also some evidence that addressing estrogen levels at midlife may protect the brain long-term from cognitive disease.

Lifestyle changes can address chronic stress, sleep problems, and mood changes, all of which contribute to brain fog during the menopausal transition. Regular physical activity, developing go-to stress management practices, and spending time with friends are all powerful—and enjoyable—things you can do to perk up your brain power.

Diet changes like easing towards making more food choices that provide your noggin with the nutrients it needs to stay sharp. Focus on consuming more berries, nuts, beans, olive oil, and leafy greens.

Some final thoughts

Menopause can—and should—feel like a liberating, energizing second act.

Now is the time to focus on yourself and get the care you deserve to feel your best. Whether you see a Midi clinician or another menopause-trained provider, make sure you feel heard. They should listen to all your symptoms and concerns, then connect the dots to guide you towards safe, effective solutions.

If you're in perimenopause or menopause and want guidance from clinicians who specialize in women's midlife health, book a virtual visit with Midi today.

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