The Fasting Method #151- Hot Topic: Fasting Post Menopause

Megan [00:00:06] Before we get started with today's episode, I would like to quickly read you our podcast disclaimer.

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[00:01:13] All right. And now we'll get started with today's episode.

Terri [00:01:19] Welcome back to The Fasting Method podcast. This is Dr. Terri Lance, and I am here with my colleague Dr. Nadia Pateguana. Nadia, how are you today?

Nadia [00:01:30] I'm good. Terri, how are you?

Terri [00:01:32] I'm good. Good to get to catch up with you. Good to see you. Now we have a time change, so we're back on our normal length of time between our time zones, so it's making it a little less confusing for me.

Nadia [00:01:45] [laughs] Same here.

Terri [00:01:46] All right, well, Nadia, you and I talked a little bit before we got started and talked about, you know, a topic that you talk about, obviously, much of the time in your work at TFM, and I just wanted to kind of tap into that today. And it's a topic that I think is so important because we have so many people that are listeners, or part of our Community, or our clients that fit this demographic and really need this information. So, for today, we're going to talk about postmenopausal women, and fasting, and eating, and all good things. And, again, sometimes you and I trade off. I'm going to defer to you on this one, but certainly will be here to piggyback with you on things and share experiences and things. But this is really up your alley, so I'm going to go ahead and turn it over to you.

Nadia [00:02:42] Yeah. It's not only an exciting topic to talk about, but it's an important topic to talk about. I think the whole spectrum of our female reproductive years, and our health throughout, and just the changes throughout, it's-- I think it's really important for us, people who have female hormones, of course, to really understand a bit more, I think, than what we do. Historically, I think people have shied away from these topics, right? It was always like, "We don't talk about our periods, we don't talk about menopause." And really just looking at it-- always shining a very negative light on it, if anything, except for maybe having children. And really, I think that we need to learn to appreciate the various phases and really work with it. I have made it a point of never speaking about this topic, as in how to fast for menopause, but rather how to fast during menopause, right, because we're not trying to heal or treat menopause. But I will tell you that recently, more recently, even that I've looked at slightly different. Ever since I listened to a live at a conference (a low-carb

conference actually) and there was a gynecologist. She's pretty prominent on social media, and she talks quite a bit about menopause, and she does recommend a low-carb diet for women during menopause. But she actually spoke of menopause, and I think the title of her presentation was that menopause is actually a condition, [laughs] metabolic syndrome, right?

[00:04:09] And so it's funny because I think most women that have gone through menopause or that are in menopause would actually agree with that because of the complaints, right? Women come into their doctor's office and the complaints are not that my period has stopped. [laughs] The complaints are always health wise or, you know, "I notice more abdominal fat," or, "My blood pressure," or many of the other expressions of metabolic syndrome. So I think what Dr. Jamie Seaman (that's the doctor that I was referring to) is talking about is sort of the same thing that we see. And even though we don't look at menopause as a-- or haven't historically looked at menopause as an illness, as a disease, as a condition, even, we are aware of how it impacts this change, hormonal change, how it impacts our metabolic health, and, of course, our insulin resistance, which is what we at The Fasting Method most often talk about. So I think it's a very important topic, you're right. I think the majority of people in our Community, still, are postmenopausal women, for various reasons. But I do think that postmenopausal women notice, especially in comparison to themselves, not in comparison to others-- they're not more or less insulin resistant or have more or less metabolic syndrome than others, even in comparison to men. It's more about, in comparison to herself, postmenopausal women will tend to be more insulin resistant and have more expressions of metabolic syndrome because of this change in hormones. So that's, I think, what I most often talk about.

[00:05:44] Nonetheless, I think people want a schedule for menopause, right, fasting schedule for menopause. There is no one schedule because, again, it's not a disease. It's not-- and we don't even have a schedule for reversal of diabetes. It's always n=1. So there isn't one schedule for menopause, right, because we're not trying to treat menopause. We're trying to address all the various conditions. We're trying to-- just generally, we're trying to address insulin resistance, and we're trying to lower hyperinsulinemia in order to reverse the insulin-resistant expressions that do often occur post menopause. They can, unfortunately, also occur pre menopause, right? More and more, we're seeing this. We're seeing younger women, younger people in general, with various expressions of metabolic syndrome and insulin resistance. But definitely and historically women noticed weight gain, especially around the the belly area, post menopause or near menopause.

Terri [00:06:41] So,Nadia, whether women come to us pre, peri, or post menopause, making adjustments based on where they are in that process I think is always important. Like you said, it's not like, okay, now we're going to switch to this to treat this versus, okay, now that these factors are at play, here are some adjustments we might make or here are some things that we might do. So I'm curious, with postmenopausal women, what are some of the ways that you might encourage us-- and I'm starting to include myself in this group. What are some ways that you might encourage us to think about how to maybe make decisions in our fasting and eating plans, based on the fact that our bodies are changing and our hormones are different now.

Nadia [00:07:35] Yeah, that's a great question. What I-- and I include myself in that, too, because I'm also in the perimenopausal phase, for sure, right? I'm 46. I'll be 47 this year. It's not the age necessarily, because you can be in perimenopause much, much sooner or even later, depending on factors, genetic included. But the one thing I would say is that over the years we've learned-- so at TFM, I do a webinar on this monthly-- we've learned

to sort of create a schedule around our menstrual cycle. We've figured out that, during half of the month, it's easier to fast, the other half, it's harder to fast. During half of the month, we see better results as far as weight loss and lowering blood sugars, and during the other half, not so much. And so thanks to that, even though it was very challenging for women, I think during their reproductive years because of that Yo-Yo effect, right? But thanks to that, I think we've learned and we've had this amazing opportunity to work with women on various schedules that will change throughout the month, like to fast a little bit more during the first half of their cycle, and how to address the second half of the cycle with food and whatnot. I think the challenge that most women face is actually during perimenopause because some months they have a cycle, some months they don't. They may be ovulating, but most likely aren't. And so it will have a totally different impact. And I think that's when women feel most lost. I think postmenopausal women, not so much, but not always. Some women are like, "Oh, but this month it sort of felt like I had PMS, but I haven't had a period in two or three years.".

[00:09:07] And so I think that it's about understanding all of this. I think understanding that when you do have a cycle and when you have a more regular cycle and when you ovulate, that it will be different. In fact, it's different week by week, to be totally honest, because the first week doesn't feel the same as the second, as the third, as the fourth. And then during perimenopause, I fully understand if you're listening in and you're in perimenopause and feeling like, "Oh, but it's such a mess. Some months I have my period," I feel the same, right? Some months I have my period now and some months I don't. And that's tricky. I think that's trickier. And we're not-- I know we're not talking too much about that today, but post menopause, not so much.

[00:09:44] So the big difference, I think, is that for premenopausal women, women that have a cycle, if you're fasting and finding that it feels different, it's challenging, it's with good reason. And we can help you with that. We can help you to create a schedule for the first half of the month versus the second half of the month. But for post-menopausal women, I often tell them to use a calendar to create their schedule. But now the schedule itself has more to do with your fasting muscle and with your objectives and goals than with your cycle, because you no longer have a cycle. And at some point, postmenopausal women will have pretty stable hormonal levels, except for-- I mean reproductive hormones, right? They're lower for sure, absent for sure, some in very low levels. And you may or may not choose to supplement, to have hormone replacement therapy. That's a total medical decision that has to be done. And I mentioned Dr. Jamie Seeman and she talks about this. So she gives her opinion about hormone supplementation if you're interested, right? That's not what we do here. If women are on hormones then, again, we have to work with that to create a schedule, a fasting schedule, because, again, it might be harder, it might be easier, depending on which hormones they're taking. And so we may have to work on a different fasting schedule. We may have to work on food choices. I'm actually doing a masterclass very, very soon on fat fasting. And fat fasting is a fast-mimicking strategy that we use to lower insulin, but also to help with hunger, and to help with cravings, and a bridge to fasting (it does make fasting easier), and to put you in a fat-burning state. If you're having a really hard time going into a fat-burning state, fat fasting is definitely the way to go, right? So there's that, and then there's, you know, of course, the women that have-- are not on hormone replacement and have lower levels of all of these hormones, but it's stable. And so it pretty much feels the same, it really is just about working on your fasting muscle.

[00:11:37] The changes that women feel have to do with other hormones. For example, we all know, or we've heard, that women have some trouble sleeping post menopause, or

may have some trouble sleeping. If you had a really rough night, your fasting day is going to be really hard. So these are the kind of things that we hope to help you with. And I often refer back to my five pillars. It's a resource that people know in our Community. I've written about it, I've talked about it. And so my five pillars are: how often we eat (the epitome of intermittent fasting - TRE), what time we eat (eating earlier in the day before sunset is really important in lowering insulin), what we eat (I just mentioned a few things, including fat fasting, as some of the dietary options. So looking at diets of course.), and then there's stress and sleep management. And right off the bat, when you start our program, whether you're working with Terri, or me, or with any of the other coaches, or you're watching Megan's stuff, I mean, this will come up inevitably - stress and sleep. And so soon enough, people, in general, will understand that if you have a really rough night, if you're not sleeping well, if you haven't worked on your sleep hygiene, or if you're going through something acute like some type of unusual stress in your life, then that will have an impact on your fasting and on your cravings. And it will feel like PMS, even though you no longer have a cycle. So that's what we have to work on with postmenopausal women, is basically taking it one day at a time or one week at a time, just depending on what's going on. Also, of course, depending on your fasting muscle.

[00:13:04] So let's say (an ideal situation) there's a postmenopausal who women comes in, has done a few of the masterclasses, or a few of the courses in our program, or has done a few of the group challenges, you know, understands this pretty well, and is now ready to create a schedule for weight loss. Generally, we recommend an alternate-day type of fast for weight loss because that nail-and-hammer type of approach to eating and fasting, continuously, seems to provide the best and most effective, continuous weight-loss result. This idea of the rolling 42s or this 'eat/fast, eat/fast' sort of schedule works really, really well for therapeutic fasting, for weight loss. Okay? We talk about extended fasting. Megan is actually doing an extended fasting masterclass very, very soon, as well. And so, if you're interested in that, you can get all the information about electrolytes, and how to prepare, and how to break a fast, and all of these important things, of course.

[00:14:02] And so then I tell the people that I work with, "Okay, we start with TRE." Everybody knows that Nadia tells people we start with TRE, right? That's the basics for everyone, right? That's step one for everyone, if we're going to talk very practically. I know that there's probably a lot of pre steps that people work with Terri on because there's the mindset part of it. I completely agree, myself included. But, practically, step one - TRE. Once you've mastered that, I have my 'Start Here' program which is that alternate-day, two meal, one meal, 24-hour alternate-day because our objective, in this particular example that I gave you, is to eventually do a therapeutic fast of an alternate-day type, like the three 42s, or the rolling 42s, or the two 48s, or any one of those that we do have schedules for, resources for, right?

[00:14:50] And then I often say to postmenopausal women, now you're going to look at your monthly calendar (not your menstrual calendar because you don't have one) and you're going to choose a week of the month where you want to throw in an extended fast for that extra punch. I usually don't recommend an extended fast more than once a month, even during your therapeutic journey. So I know people often say, "Well, can I do a five-day fast every week?" I actually don't hear this question anymore, Terri, like I used to before, which I think is a huge accomplishment for our program and Community. I think people are no longer looking at fasting as an all-or-nothing, right? Before, like years ago, the amount of people that were doing five-day fasts weekly, or that wanted to, or thought that that's what we were recommending, it was-- or longer, right, longer even than five days. But, at this point, you have people asking or inquiring about, you know, a three-day

fast. You know, "How often should I do a three-day fast or a five-day fast?" And even that may or may not be available to you, as I often say. You may or may not have the fasting muscle. You may or may not have the... everything, right? If you don't sleep well, if your stress levels are not managed, it's very counterproductive for you to even consider doing those. But is it a very powerful therapeutic weapon? Yes it is. And so if it's available to you and if it makes sense, maybe throw it in once a month, but it won't be at a particular part of your cycle because you don't have a cycle like in women during their reproductive years. You know, I usually teach women, okay, this is where you *may* do a longer fast if everything aligns. But if you're postmenopausal, you just look at your calendar and say, "Okay, this is the week that it makes more sense," so that you can prepare for it, and you can break and recover from it, right? So maybe once a month we do an extended fast. I call that that extra punch. And then you learn, of course, how to break that fast, how to recover from it, and then how to continue. And usually that looks like an alternate-day pattern again until the next month where you consider whether or not you're going to do an extended fast, again, for that extra punch. And this will go on for (as we've said many times, right, Terri?) three to six months, usually, it's your therapeutic journey. And then you work on maintenance. And maintenance is a hot topic, for sure, in our Community. Megan just recently did a masterclass on that.

Terri [00:17:06] One of the things I love about what you're describing, Nadia, is, in this way, it kind of makes me sense that postmenopausal versus premenopausal, it's all similar in that you're looking for how to optimize how your body's working metabolically, and there's just different influences at different stages in life, in different stages in a cycle. And so it's really not saying, "Okay, all postmenopausal women need to do this schedule. All menopausal women need to do this. All type two diabetics need to do this." For all of us, it's figuring out what is a therapeutic fasting schedule for us and how does that vary? When do we change it? Do we need that extra punch? Rather than thinking, "Oh, I heard Nadia mention an extended fast, so it must mean all postmenopausal women have to do an extended fast once a month." Not at all. Just really looking at what works for your body, how you build that fasting muscle, and find how to optimize your metabolic health to achieve the goals that you're working on. So, in that way, it's not different than any other place along the continuum. And there's not one therapeutic fasting protocol that fits all postmenopausal women. I've had a couple clients recently that they do start losing weight with those alternating 24s. And I know my body; my body does not do that. So for me to go into therapeutic fasting, my body requires the 36 or the 42. But again, that's what works for my metabolic system versus someone else may need longer, they may do well with shorter fasts. And I think it's nice that you just kind of highlighted that it's not one specific protocol that we all should be following. It's the same thing as in other stages of life - you're looking for what fits with where I am now.

Nadia [00:19:14] It's so-- I know I say this all the time, but it's so great to record with you, Terri, because I feel like we bounce off each other so well, because everything that you just said made me realize something that I didn't say. And it made me think of a-- it wasn't a podcast because this was way before our podcast, but one of our testimonial success stories that went out in our newsletter, social media, a while back, a few years ago, was one of my clients - a postmenopausal grandma. We had the before- and-after picture and she lost 50 pounds, in a very linear way, doing alternate-day, 24-hour fasts. And it's so funny that you're saying that because we don't even describe the 24-hour, alternate-day fast as a therapeutic fast. We always-- I call it the 'Start Here', right? So you go from TRE to 24-hour alternate-day, and then we realize, recognize that most of us that are insulin resistant require 36 or 42 or longer for therapeutic fasting to lose weight. We don't want it to be that way, but that's what we recognize. We recognize that insulin resistance is a

condition and that it needs a serious treatment. And that's the therapeutic fasting. We don't take it lightly. And then here there was this postmenopausal women, a grandmother, a very proud grandmother. That was the title that she gave herself when she wrote her testimonial. And she lost this weight in a very linear way. Linear why? Because she didn't have a cycle. She didn't have a cycle. I'll tell you a few other reasons why it made her very linear. She ate the exact same thing every single eating day at the exact same hour. So she didn't have the hormonal fluctuation. She, you know, at least at that point in her life, had everything, sort of-- everything was very stable for this one particular person. Yes, she was postmenopausal. Yes, she didn't have some of the hormonal advantages that she had before menopause, but she also didn't have that cycle. So, for that reason, she didn't have the part of the month that was easier and the part of the month that was harder. It was always the same. She slept all right, I guess. I don't recall and I don't want to make this up, but, whatever it was, the reality is-- and probably also, actually, for sure, I remember this, she was not insulin resistant before menopause. She was somebody who gained a little bit of weight after menopause and she just wanted to lose that. She wasn't on hormone replacement therapy (I remember that) so it was very, very stable.

[00:21:32] And the other thing that you reminded me, and thinking about this particular client reminded me was that women often compare themselves to males. They'll often compare themselves to their husband, or to their partner, or to their brother, or whatever, and they'll always say, "Oh my brother loses so much more weight than me," or, "so much faster." That's because they don't have a cycle. It's linear. So it looks like it's easier or faster, but it's not. It's because it's linear. More linear. Nobody's journeys ever linear because life will always get in the way - stress, sleep, you know, other things, right? But for women, the reason why it's not linear pre menopause is because of these particular hormones that directly impact-- and we know-- because of women with PCOS, we know the impact that insulin has on our reproductive hormones and vice versa. So when you are postmenopausal-- I don't want to look at this as advantages or not, but I'm always talking about hormonal advantages. So I want you to look at the fact that there is a potential and possibility for it to be much more linear and that's not a bad thing.

Terri [00:22:34] That's right. I like thinking of it that way. I could sometimes be accused of trying to encourage people to be Pollyanna or something, but I really think it really helps when we can just shift the way we're looking at something. And rather than seeing this as a barrier, a detriment to us, to say, "Hmm, there are some benefits to this. I need to figure out the system that works within this place where I am," but, like you said, that may be seen as some benefit of being in this phase of life. And then, if I were younger, there would be some different benefits and then this one I wouldn't have yet. So really just kind of turning it and looking at it from a little different angle is that, you know, I don't have the cycle to influence where I am hormonally, and how that affects my decisions, and how my body does knowing that there might be some other advantages that you no longer have, but, you know, I believe in focusing on where is our advantage, where is our edge? How do we even talk to our mind about that? Because if I say, "Well, now that I'm postmenopausal, this isn't going to work," it's not going to because I'm going to make decisions based on that belief. And so thinking of it that way, like, "Hey, I've actually got this different approach now that I'm in this stage, I can look at it differently than I would have if I had done this 20 years ago."

Nadia [00:24:05] Again. So, Terri, you just triggered a thought there for me, which is a lot of people listening in are going, "Yeah, that's great that you're saying that, Nadia and Terri, but it feels a lot harder now." And the reason why it feels harder now is because you are slightly, or moderately, or significantly more insulin resistant post menopause. So you went

through that transition, which was ten years long. The transition of perimenopause is long - five to ten years for sure. You went through that transition, and slowly, maybe not abruptly, but slowly became more and more insulin resistant. So when you're more insulin resistant, when you're in a more hyperinsulinemic state, right, your insulin level's higher than before. And plus we know it's not just insulin, right. There's leptin, ghrelin, all these other hormones that are impacted. Stress, just the stress of it all, the lack of sleep, all of this. And we know that stress has a direct impact on this as well, on our leptin, ghrelin, on raising our blood sugars, on raising our insulin. So all of this that you went through because perimenopause is stressful, period, I think for most of us. So you went through all that recognizing that, yes, it is harder now. It feels harder right now. In this moment, it feels harder because you're more insulin resistant. So we come to terms with that. Okay, we recognize it.

[00:25:20] So now what? Can the journey be actually easier than it was when you were trying to lose weight before? It actually can be. It doesn't feel easier right now, today because you're more insulin resistant. So what do you do? You first of all address it as that. So this is why we have the fat fasting. And this is why we have the mindset help. And this is why we have, you know, the TRE masterclasses. All of these strategies are important to help you right now, meaning that, right now, your insulin levels are a lot higher. You're a lot more insulin resistant than you were a few years ago, and it just feels hard. So we address that, specifically, in the fat fast masterclass that I'll be doing soon. It's a three-day masterclass. I address it because you need to have a strategy that's going to help people with that craving, the cravings and the hunger. And it has to be quick. It has to be something that works in two to five days to actually get people believing. You know, you talk about our limiting beliefs and you talk about building that confidence to get them to the next level. Because once you can lower that insulin a bit and quickly-- that's what fat fasting does very, very well. Once you can help people lower that very, very quickly-- this has nothing to do with any of the other hormones. It has to do with this one hormone, insulin. And also I think addressing cortisol and stress and sleep, that's something people can do right now, today. And I know it's-- I'm not saying it's easy, and you can't get rid of stress, right? It's there. And you don't want to get rid of cortisol either, you need those stress hormones.

[00:26:49] But you have to mindfully and daily address your sleep. And there's things that we have to do about this. I'm constantly talking about this because I'm a major-- you know, I do this to myself. We travel a lot as a family because my husband travels a lot for work, and the kids have a million school holidays, and so it's an opportunity for us to spend time together. We go meet up with him, or whatever, all over the world. This is a problem because it has a major impact on your sleep and stress. I'm suffering from it right now. And so it takes us more than a week to, like, adjust to time zones and to going to bed at a normal time. I was looking at my ten-year-old, who's always been an amazing sleeper, and she's been sleeping with me this week because my husband's away. And I was like, "What's going on with this child?" until I realized, after the third or fourth day, she's not going into deep sleep because she's jetlagged and because we're going to bed very late. They have a lot of activities. We live in Portugal and, in Portugal, everything is late. People have dinner late, so there are-- kids activities end at 10 pm, if you guys can believe that. My kids are in bed at 11 pm. How crazy is that? And so the combination of the jetlag with the kids having these activities, my kid was moaning and moving and having nightmares all night long until I realized, "Oh, she's-- and then once I realized that, the kids came home and I said, "There's no activities today, there's no nothing. Everybody's going to go to bed-- which is not major early for you guys listening in, but 9 pm is super early in

Portugal, okay? And I'm like, "We're all going to bed at 9 pm." Can you believe that she slept all night? No moaning, no moving, none of that stuff.

[00:28:28] Again, if this is happening to you (and I know it's happening to me, I know it's happening to many of you because you guys tell me, you know), if you're not addressing your sleep, if you're not addressing these things-- you know, stress. Yes, there's acute stress, there's chronic stress. Chronic stress, at some point you have to say, "Okay, my job is stressful," my whatever it is, "I need to find strategies." And I know in our program we do a lot of work on this. Coach Lisa has a huge list, and we have group challenges and things that we do together to help us address how to lower those stress hormones. It's not that we're eliminating-- you're not quitting your job necessarily, but it's daily, cortisol-lowering techniques. Sleep hygiene. I mean, there's things that you can do. And it takes effort. You know, it was not easy to tell my kids that they couldn't go to their activity, because these girls, they go to these activities not because I make them-- at some point I used to make them. Now, it's a fight. I'm saying to my kid, "Okay, 20 hours of dance a week is too much," and I can't get her out of it, right? I can't. The other one does tennis and gymna-- whatever. You know what I mean. And this is you, right? You, that's a mom, that works, that whatever, grandma, whatever it is that's going on in your life. But you're going to have to figure that out.

[00:29:39] Another thing I want to say, because I speak to a lot of people, that, at this phase in their lives, they went from taking care of babies, eventually teenagers, and now you may be at a phase in your life where you're taking care of elderly parents. I speak to a lot of people, or husbands, or spouses, or, you know, you're just now caretakers. At some point, you're going to have to realize that you are a wonderful caretaker, but you have to take care of you as well. You can't be a caretaker to everybody else and not a caretaker to yourself. What that means is that you have to have an eating schedule, just like you create for your children or your elderly parents. You have to have a sleep schedule, no matter what's going on in your life. And I know this is hard because I've had kids, I have kids. I've had babies, I'm meant to say, and I know that I didn't get to sleep when I wanted to sleep, and maybe if you're taking care of somebody who's older, you know, I know, but you still have to be aware of it so that you can address it.

Terri [00:30:36] That's all really, I think, helpful, Nadia. And that, again, all of us, in every stage of life, have different stressors, have different distractions, requirements, roles that we're fulfilling, and so we really need to look at those things. The other thing that this conversation is making me think of is a number of clients I've had recently, and I can't think of all the details to know when they talk about this and when they're now talking about this, but I've had so many people say, "I don't get it. I used to fast and I used to eat this way, and the weight came off. Why is it not now? Why am I having such a hard time getting started again?" You know, maybe they've kind of dialed back their fasting for a few years, maybe got loose on the TRE, some food choices, and now they want to start again and get back into it, and they're struggling. And many of them are women, in that age range where, perhaps, five years ago when it felt easier, they were pre or perimenopausal and now they're moving more toward being more toward postmenopausal. So just that little bump up, at least, in insulin resistance does make it a little harder. And it's confusing because they start to think it's something wrong with them. They used to be strong enough to do this. Why can't they do it now? Why can't they be strong enough now? And I think this is an important perspective to have. I am dealing with a different beast right now. You know, where I was at age 45, maybe pre-menopausal and where I am now at 52, postmenopausal may just be I'm needing to understand that it's not going to feel the same, it's not going to look the same, it's not going to take the exact same strategies.

Nadia [00:32:24] Yeah, absolutely. I think that that's exactly it. Two major points here. One being that you're now in a higher insulin state in comparison to yourself, in a higher insulin-resistant state or condition in comparison to yourself five years ago. And the other one is the stress. I mean, we can never ignore that and we have to understand the direct impact that stress has. That's why I've talked so much about it today. But the direct impact that stress has on our insulin production, because it's raised your blood sugars, then it raises your insulin. And, over time, when it's chronic stress, you become more insulin resistant. And you'll notice that, you know, the fat around the belly and the blood sugars going up. And you can see that. So it's these two major things.

[00:33:04] Still-- you know, I always like to say I'm a solution driven person. And the point here is that what you need is a recovery plan. There's nothing wrong with your willpower, like Terri said. It's not that you-- nothing wrong with you, you were better before and now your weaker, or whatever. Whatever your mindset is telling you, that's what we're here for, right? We're here to say, "No, there's nothing wrong with you." As Terri said, it's a whole different beast, okay? The insulin beast has moved in with you post menopause, okay? So what we need is recovery plans, strategies. I've got the white knucklers. There's quite a few of them. I always joke the white knuckles that just do a five-day fast and boom, all of a sudden they're ready to go, ready to do whatever therapeutic fasting plan would tell them. They... whatever. I'm not one of those people. I don't think I ever will be. I don't envision that I'll be that person post menopause. And for me and many others, it's something like a fat fast or a very simple, repetitive-- you know, choose your list of foods, as Terri often says. And following that for a few days to get you into a lower insulin state. So now you can-- you've tamed the beast. Now you can make better decisions. It's easier to make fasting decisions and dietary decisions.

Terri [00:34:14] I liken it to-- earlier, Nadia, you kind of started us off with the idea of not pathologizing this phase in life, this stage of our development. Just like-- although I'm not a parent, but those of you who are, and you know, the terrible twos were tough, and then the freaking fours, or whatever, it just kept going. You wouldn't do the same strategy with your five-year-old kid that you're using with your 14-year-old kid because they're in different stages of development. Different things are going on cognitively, developmentally, and physically, so you take different approaches. And that's what I think that kind of the takeaway from today is - we may need to do some different approaches just based on this stage of life, this phase in our development, rather than, "I should still be able to do the same thing I did when I was 22." Okay, that would be like saying, "My infant should need the same behavioral interventions as my ten-year-old." No!

Nadia [00:35:14] That's funny. They call that the terrible twos, the whatever fours, and then after 13 they just call them teenagers. [laughter] That's the adjective that already says it all. And that's where I'm at. [laughter] I now have got a 13-year-old.

Terri [00:35:27] Yeah. Good. Well, Nadia, I appreciate getting to have this conversation with you. I'm looking forward to your upcoming masterclass and Megan's upcoming masterclass. So, again, those are on extended fasting, and fat fasting is the one that you're doing. And, again, folks, if you enjoyed listening to today's episode, I encourage you to leave us some feedback. Share it with someone else who needs to hear this. That's a great way to kind of pay it forward and give this information to other people that you care about. And until we talk again, Nadia, I hope you have a good few weeks, or a month or so before we reconnect. I hope everyone feels good in their fasting and eating choices.

Nadia [00:36:07] Thanks, Terri. Happy fasting everyone!