

THE PERIMENOPAUSE & MENOPAUSE GUIDE FOR WOMEN 45–60

A Bilingual, Confessional Manual — English & Português do Brasil

TL;DR

- **You are not crazy, lazy, or broken.** What you're experiencing is the most under-researched, most-gaslit endocrine transition in modern medicine. The Women's Health Initiative was misread in 2002, and the 2024 JAMA re-analysis (Manson et al., DOI: 10.1001/jama.2024.6542) corrected the record: for healthy women under 60 and within 10 years of menopause, the benefit-to-risk ratio of menopausal hormone therapy is favorable.
 - **A complete, evidence-based menopause protocol can cost under \$50/month in the US** — generic transdermal estradiol patch + micronized progesterone via GoodRx/Costco, plus magnesium, vitamin D, walking 7,000 steps/day, and 2 strength-training sessions weekly. Everything else (peptides, advanced labs, compounded testosterone) is optional layering for those with budget and specific clinical indications.
 - **Muscle, protein, sleep, and walking are the unsexy foundation.** No peptide, patch, or supplement substitutes for them. Strength training is non-negotiable — Dr. Stacy Sims is clear: "If you do nothing else, lift heavy sh*t."
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ENGLISH VERSION

A LETTER, BEFORE WE START

I want to tell you something nobody told me: nothing is wrong with you.

You are not lazy because the 12 pounds appeared around your waist while you were eating the same salad you've eaten for 20 years. You are not crazy because you cried in the cereal aisle at Trader Joe's. You are not broken because your husband touches your shoulder and your skin recoils for reasons you can't explain. You are not "just tired." You are not "just

stressed." You are not "fine."

You are a woman in the most under-researched, most gaslit, most dismissed transition in modern medicine. The Women's Health Initiative scared a generation of doctors away from helping us in 2002, and we've spent 20 years paying for a misinterpreted headline. We are the first generation that gets to refuse this inheritance.

This guide is long because the truth is long. Read it in pieces. Highlight it. Bring it to your doctor. Send it to your sister. Cry through Section 1 if you need to (I did, when I first learned what was actually happening inside my body at 49). Then come back and we'll build a plan.

— Your friend

SECTION 1 — HORMONES: What They Are, What They Do, Why They Matter

Dr. Mary Claire Haver says it plainly in her Alloy interview: "There are estrogen receptors in almost every organ system in our body." [Alloy](#) That is not poetry. That is anatomy. When estrogen falls, *every system* feels it — which is why menopause does not feel like one symptom. It feels like a hundred.

1.1 ESTROGEN — the queen who left without saying goodbye

There are three forms:

- **Estradiol (E2)** — the powerful one made by your ovaries. It's the one that crashes in perimenopause.
- **Estriol (E3)** — the gentler form, dominant in pregnancy; used in vaginal creams postmenopause.
- **Estrone (E1)** — the weaker postmenopausal estrogen, made in fat tissue.

At its best, estradiol keeps neurons firing (memory, focus, word recall); supports serotonin/dopamine tone (mood, motivation, pleasure); keeps blood vessels flexible; preserves bone density; holds collagen in skin and connective tissue; lubricates the vagina and bladder lining; sensitizes cells to insulin; protects joint cartilage.

Dr. Vonda Wright's "musculoskeletal syndrome of menopause" — published in *Climacteric* 2024 — shows that up to 80% of midlife women experience joint pain, frozen shoulder, tendinopathy, sarcopenia, and accelerated osteoarthritis as estrogen falls. [Drvondawright](#)

What it feels like when it drops: You wake at 3:17 a.m., heart pounding, drenched, furious

for no reason. You forget the name of the actress in the movie you watched on Tuesday. Your knees crack when you stand up. Sex hurts. You look in the mirror and your face looks blurry, like someone smudged the edges. You snap at your kid and then sit in the car crying because you don't recognize yourself.

This is not failure. This is endocrine reality.

1.2 PROGESTERONE — the calm one who quit first

Progesterone usually drops before estrogen. The rage, the insomnia, the anxiety that hits like a freight train at 4 a.m. — these are progesterone-deficiency symptoms.

At its best: Activates GABA receptors in the brain (natural sedative); calms anxiety; protects the uterine lining; supports osteoblasts (bone building); neuroprotective.

When it drops: Insomnia that no sleep app fixes. Anxiety with no story attached. Heavy flooding periods. PMS lasting three weeks instead of three days. Inability to wind down.

Dr. Stacy Sims describes the perimenopausal nervous system: "We have such a sympathetic drive because the body doesn't have as much parasympathetic response because we don't have progesterone coming onboard." [Dr. Kara Fitzgerald](#) Translation: you've lost your brake pedal.

1.3 TESTOSTERONE — the one nobody wants to talk about

Women make testosterone in the ovaries and adrenals. Dr. Sara Gottfried writes: "Although women's testosterone levels are about 10 times lower than men's, women are exquisitely sensitive to this hormone. Testosterone helps regulate sex drive, muscle mass, strength, and energy levels in women. Moreover, adequate testosterone is necessary for strong, healthy bones." [Inside Tracker](#) Levels begin declining 1–2% per year starting in our 30s.

[goop](#)

At its best: Libido (the *want* of sex); muscle mass and strength; bone density; confidence and motivation; brain clarity; physical energy.

When it drops: You don't want to be touched. You don't want sex and you don't even want to want it. You feel "flat." Muscles you used to have are softer. You don't recognize your own posture in a 5-year-old photo.

The honest truth on testosterone therapy: The 2019 Global Consensus Position Statement on Testosterone Therapy for Women (Davis et al., *J Clin Endocrinol Metab*, DOI: 10.1210/jc.2019-01603), endorsed by 11 international menopause societies, concluded: "The only evidence-based indication for testosterone therapy for women is for the treatment of HSDD [Hypoactive Sexual Desire Disorder], with available data supporting a moderate therapeutic effect, in postmenopausal women." [ObG Project](#) There is no FDA-approved

testosterone product for women in the US. [Empower Pharmacy](#) It is prescribed off-label, usually as a compounded cream or as a tiny fraction of a man's AndroGel pump.

Dr. Mary Claire Haver's warning: "A normal, healthy female at age 30 — when your natural testosterone levels are at their peak — is between 40 and 70. Anyone who's dosing you routinely over 100 doesn't understand women's endocrinology." [Katie Couric](#) If a clinic is pushing pellets that drive your levels to 300+, run.

1.4 CORTISOL — the bully who moved in

In perimenopause, cortisol does not politely retreat. Without progesterone's parasympathetic counter-pull, it rules unchecked.

When chronically high: "Steals" from progesterone (pregnenolone steal); drives visceral belly fat; wrecks sleep (3 a.m. panic); suppresses T4→T3 conversion; increases blood sugar and insulin resistance; erodes hippocampal volume (memory).

What it feels like: "Tired but wired." Jaw aches. Can't take a deep breath. Sugar craving at 4 p.m. Crash at 8 p.m. Can't sleep at 11.

1.5 INSULIN — the silent storm

Menopause makes you more insulin-resistant *even if your diet hasn't changed*. Estrogen helps cells respond to insulin; when it drops, cells go "deaf" to insulin. The same bowl of pasta that did nothing at 35 lands as belly fat at 52.

1.6 THYROID — the gland everyone forgets

Up to 1 in 5 women develop thyroid dysfunction by midlife, and the symptoms — fatigue, weight gain, brain fog, dry skin, hair loss, cold hands, low mood — are *identical* to menopause symptoms. Demand a full panel: TSH, free T3, free T4, reverse T3, and thyroid antibodies (TPO, TgAb). A TSH "within range" of 4.5 is not optimal — functional clinicians aim for 1.0–2.0.

1.7 DHEA — the mother hormone

DHEA is your adrenal raw material for estrogen and testosterone. By 60, you have about 10–20% of what you had at 25. Vaginal DHEA (prasterone, brand Intrarosa) is FDA-approved for painful sex due to menopause. Oral DHEA is OTC but converts unpredictably — get a level before supplementing.

SECTION 2 — WHAT HAPPENS IF YOU DO NOTHING

I'll be honest with you because pretending the consequences don't exist is a disservice. Untreated hormonal decline is not "natural aging" — it's accelerated aging.

2.1 Heart disease — the #1 killer of women

The CDC reports that heart disease killed 304,970 American women in 2023 — about 1 in every 5 female deaths. [CDC](#) According to the American Heart Association's 2012 national survey by Mosca et al. (*Circulation* 2013;127(11):1254–1263), only 56% of US women identified cardiovascular disease as the leading cause of death in women — a near-doubling from 30% in 1997, [PubMed Central](#) but still leaving nearly half unaware. The Framingham Heart Study (1976) showed a 2.6-fold higher rate of cardiovascular events in postmenopausal women compared to premenopausal women of the same age. [nih](#) After menopause, LDL rises, HDL falls, blood pressure climbs, arteries stiffen — the estrogen shield is gone.

2.2 Osteoporosis — the silent thief

According to the International Osteoporosis Foundation, 1 in 3 women over 50 will sustain an osteoporotic fracture in their lifetime. [Taylor & Francis Online](#) The lifetime risk of any fragility fracture in women approaches 40%. **20–30% of women who fracture a hip die within one year.** [WakeMed](#) Three out of four hip fractures occur in women (AAOS). [ScienceDirect](#) Bone loss accelerates to ~2% per year in early postmenopause.

2.3 Cognitive decline and dementia

According to the Alzheimer's Association 2024 Alzheimer's Disease Facts and Figures report, of the 6.9 million Americans aged 65 and older living with Alzheimer's dementia, an estimated 4.3 million are women and 2.6 million are men — "almost two-thirds of Americans with Alzheimer's are women." Estradiol is neuroprotective. The 2024 JAMA WHI re-analysis acknowledged that women starting HRT under 60 had a more favorable benefit-risk profile across cognitive outcomes than older starters.

2.4 Metabolic syndrome and Type 2 diabetes

University of Pittsburgh epidemiologist Samar El Khoudary explained to the American Heart Association: as estrogen drops, women accumulate more belly fat and metabolic syndrome (visceral obesity, high triglycerides, low HDL, hypertension, high blood sugar) becomes much more common. [American Heart Association](#)

2.5 Genitourinary syndrome of menopause (GSM)

The polite name for: your vagina hurts, you have UTIs every other month, sex is painful, you leak when you laugh. **GSM affects 50–80% of postmenopausal women and is**

progressive — it does not get better without treatment. The Menopause Society's 2020 GSM position statement is unequivocal: vaginal estrogen is safe and effective, including for most breast cancer survivors after non-hormonal options fail.

2.6 Depression, anxiety, mood disorders

Perimenopause has been called a “window of vulnerability” for major depression. Estradiol withdrawal in the brain is biochemically similar to SSRI withdrawal. Rates of new-onset depression are 2–4x higher in perimenopause than in premenopause.

2.7 Skin, hair, joints

Per Affinito et al., *Maturitas* 1999;33(3):239–247 (building on foundational work by Brincat et al., *Br J Obstet Gynaecol* 1985), up to 30% of dermal collagen is lost in the first 5 years after menopause, with collagen declining approximately 2.1% per year thereafter.

[ScienceDirect](#) Hair thins. Joints ache. Dr. Vonda Wright's “musculoskeletal syndrome of menopause” affects up to 80% of midlife women. [Drvondawright](#)

2.8 Sarcopenia

Women lose 3–8% of muscle mass per decade after 30, accelerating after menopause. Less muscle = lower metabolism, worse blood sugar control, higher fall risk, less independence.

Dr. Gabrielle Lyon: “Muscle is the organ of longevity.” [Genesishealthandlifestyle](#)

SECTION 3 — HORMONE THERAPY: THE TRUTH, THE FEAR, THE SCIENCE

3.1 What modern HRT/MHT actually is

- **Estradiol** — bioidentical to your own estrogen. Available as a transdermal patch (Climara, Vivelle-Dot, generic), gel (Divigel, EstroGel), spray (Evamist), or vaginal cream/ring/tablet for GSM. *Transdermal is generally safer than oral* — it bypasses the liver, which means significantly lower risk of blood clots and stroke per The Menopause Society 2022 statement.
- **Micronized progesterone** (Prometrium, generic) — bioidentical, taken at bedtime. Required if you still have a uterus; offers sleep and anxiety benefits.
- **Testosterone** — off-label in the US, usually a compounded cream at physiologic dose.

“Bioidentical” simply means the molecule is identical to what your body made. The “compounded bioidenticals” advertised at boutique clinics for \$400/month are usually no

better than FDA-approved generic bioidenticals.

3.2 The WHI disaster that wasn't

In 2002, the Women's Health Initiative published preliminary results showing increased risks of breast cancer and cardiovascular events in women taking combined estrogen-progestin therapy (Prempro). HRT prescriptions dropped by ~80% almost overnight.

What was buried:

- The average age of women in the WHI was **63**, not 50.
- Most women were 10+ years past menopause when they started.
- The hormones (conjugated equine estrogens + medroxyprogesterone acetate) are not what modern HRT uses.
- The absolute risk increase for breast cancer was 9 additional cases per 10,000 women per year — less than the risk attributed to one nightly glass of wine.

The 2024 JAMA re-analysis (Manson et al., DOI: 10.1001/jama.2024.6542) — 20 years of follow-up of 161,808 women — confirmed that for women under 60 starting hormone therapy in early menopause, the benefit-to-risk ratio was favorable. The NIH summary: "Women younger than age 60 with low-to-average risk for cardiovascular disease and breast cancer who want to take hormone therapy may experience greater health benefits than risks during early menopause to treat moderate-to-severe symptoms, such as bothersome hot flashes or night sweats." [National Institutes of Health](#)

Drs. Avrum Bluming and Carol Tavris's 2024 revised edition of *Estrogen Matters* lays this out, including the WHI authors' own quiet retractions. [Hachette Book Group](#)

3.3 What The Menopause Society says (2022 / 2024)

The 2022 Hormone Therapy Position Statement (Stephanie Faubion, lead): "*The benefits of hormone therapy outweigh the risks for most healthy symptomatic women who are aged younger than 60 years and within 10 years of menopause onset. Transdermal routes of administration and lower doses of hormone therapy may decrease risk of venous thromboembolism and stroke.*" [Let's Talk Menopause](#)

In September 2024, the Menopause Society updated guidance that women **over 65** can continue HRT with appropriate counseling [The Menopause Society](#) — no automatic stop date. ACOG and the British Menopause Society align.

3.4 The "window of opportunity"

Starting HRT before age 60 or within 10 years of your final period is protective for the

cardiovascular system. [University Hospitals](#) Starting it for the first time at 70 may not be. **The time to consider hormone therapy is now, not “when it gets worse.”**

3.5 Real contraindications (not fear-based ones)

- Active or recent breast cancer (vaginal estrogen may still be option — discuss with oncologist)
- Active estrogen-sensitive cancer
- Active blood clot (DVT/PE) or stroke
- Active liver disease
- Undiagnosed vaginal bleeding
- Known pregnancy

That’s mostly it. “Family history of breast cancer” is NOT an automatic contraindication. “High blood pressure” is NOT an automatic contraindication. If your doctor says “I don’t do HRT,” find another doctor — Midi Health, Alloy, Evernow, or a Menopause Society Certified Practitioner (MSCP).

3.6 What it actually costs in the US (2026)

With GoodRx, Costco, Walmart, or Mark Cuban’s Cost Plus Drugs:

Item	Generic cost with discount card
Estradiol patch (generic, 0.05 mg)	\$23–\$42/month
Estradiol oral tablet (generic)	as low as \$20/month
Estradiol vaginal cream (generic Estrace)	~\$24/tube with GoodRx
Micronized progesterone 100mg (generic Prometrium)	\$15–\$40/month
Compounded testosterone cream (women’s dose)	\$50–\$120 for 30–90 day supply

A complete generic HRT protocol — patch + progesterone — can be **under \$50/month**. Do not let anyone tell you HRT is “expensive.”

3.7 Telehealth menopause clinics (US)

Midi Health, Alloy, Evernow, Winona, Hers Menopause, Joi Women’s Wellness — most take

insurance now or run \$20–\$70/month visit fees. They prescribe FDA-approved HRT by mail.

SECTION 4 — PEPTIDES FOR WOMEN 50+

Honest framing first: Peptides are not a replacement for HRT, nutrition, sleep, or strength training. Most evidence comes from animal models, small Russian-language studies, or anecdotal user reports. The regulatory landscape is in flux: in February–April 2026, HHS Secretary Robert F. Kennedy Jr. announced that approximately 14 of 19 peptides previously placed on FDA's Category 2 list in 2023 — including BPC-157, GHK-Cu, Ipamorelin, MOTS-c, and Epitalon — would be returned to Category 1. (PNOE) Nominations were formally withdrawn effective April 23, 2026; a Pharmacy Compounding Advisory Committee (PCAC) meeting was scheduled for July 23–24, 2026. (Amanecia Health) **Until the FDA publishes the final list, the legal landscape is in transition.** Always work with a licensed physician and a 503A compounding pharmacy. Avoid “research peptides” sold online for human use.

4.1 BPC-157 — gut, joint, tissue healing

A 15-amino-acid peptide. (MedsBase) Over 35 animal studies; one frequently-cited retrospective case series of 12 patients with knee osteoarthritis is the most-discussed human data (PNOE) — even reviewers note its lack of objective measures. (Orthopaedic Care) **No randomized controlled trials in humans.** \$200–\$600/month compounded. WADA-banned. (Orthopaedic Care) Theoretical concern about pro-angiogenic activity — avoided in active cancer. (MedsBase)

4.2 GHK-Cu (copper peptide) — skin, hair, collagen

A natural tripeptide first isolated by Loren Pickart in human plasma in 1973. Levels decline ~50% from young adulthood to later life. (bonza health) **The peptide with the strongest human data in this list.** Abdulghani 1999 showed topical GHK-Cu cream outperformed both vitamin C and retinoic acid in stimulating dermal collagen in 70% of subjects. (Scrubalildeepa) A 2018 MDPI review by Pickart found that GHK-Cu cream applied twice daily for 12 weeks “strongly stimulated dermal keratinocyte proliferation.” (nih)

Topical 1–2% nightly. OTC ~\$30/month (NIOD CAIS2, The Ordinary Buffet+Copper, Skin Biology brand). Injectable compounded \$100–\$200/month.

4.3 Collagen peptides

The most accessible, cheapest, most evidence-supported. Multiple RCTs show 10–20 g/day improves skin elasticity and hydration; type II improves joint pain; specific collagen peptides at 5 g/day improve bone density (FORTIBONE study). 10–20 g/day. \$25–\$45/month (Vital

Proteins, Costco Kirkland Signature, Bulk Supplements).

4.4 Epitalon (Epithalon)

Russian tetrapeptide (Ala-Glu-Asp-Gly) developed by Vladimir Khavinson at the St. Petersburg Institute of Bioregulation and Gerontology. [Wikipedia](#) Russian human studies report telomere lengthening; [Wikipedia](#) large Western RCTs do not exist. [Pulse & Remedy](#) Treat as experimental. \$30–\$100 per 10 mg vial research-grade. [Trimrx](#)

4.5 Thymosin Alpha-1

28-amino-acid immunomodulator. [Beauty Refined](#) FDA-approved in 35+ countries (Zadaxin), not in the US. \$199–\$499/month telehealth compounded. [Peptide News Digest](#)

4.6 Ipamorelin / CJC-1295

Stimulate your pituitary to release its own growth hormone [DrDanWool](#) in physiologic pulses. [Perfect B](#) Most relevant for women with documented low IGF-1. NOT exogenous GH. 100–300 mcg ipamorelin + 100 mcg CJC-1295 (no DAC) subcutaneous nightly. \$200–\$600/month compounded; subscription programs from ~\$399/month. [Concierge MD](#)

4.7 PT-141 (Bremelanotide) — libido

A melanocortin receptor (MC3R/MC4R) agonist. [Real Peptides](#) [GoodGirlRx](#) Acts on the brain. **FDA-approved as Vyleesi in June 2019** for premenopausal women with HSDD; clinical trials enrolled over 1,200 women. [Loop Way](#) Used off-label in postmenopausal women. 1.75 mg subcutaneous, 45 min before activity. [Real Peptides](#) [GoodGirlRx](#) Brand Vyleesi \$900–\$1,000 per 4-autoinjector package [Drooracle](#) (~\$225–\$250/dose); compounded from \$133/month [GoodGirlRx](#) at telehealth pharmacies like GoodGirlRx. Side effects: nausea, transient BP rise, skin darkening. [Peptide Dosages](#)

4.8 Semax

Russian peptide derived from ACTH; [Victory Men's Health](#) raises BDNF, [Beauty Refined](#) modulates dopamine/serotonin. [Patsnap Synapse](#) Decades of Russian clinical use; limited Western RCT data. Nasal spray 200–400 mcg/day, 10–14 day cycles. [PeptideFox](#) \$44–\$134/nasal spray. [Peptide News Digest](#)

4.9 BPC-157 + TB-500 ("Wolverine Stack")

Recovery combination. Same caveats — limited human RCT data. \$199–\$425/month.

[Mypeptidematch](#)

4.10 The bottom line

If you do only one or two:

1. **Collagen peptides** — 10–20 g/day, \$30/month. Start tomorrow.
2. **Topical 1% GHK-Cu serum** — nightly. Closest thing to a “skin reset” with real human evidence.

Everything else: licensed physician, lab work first (IGF-1, hormone panel, inflammatory markers), 503A compounding pharmacy. **Do not order from research peptide websites for self-injection — they are not sterile.**

SECTION 5 — ANTI-INFLAMMATORY NUTRITION FOR WOMEN 50+

5.1 The 5 worst foods for hormonal women 50+

1. **Refined sugar and HFCS** — every bite spikes insulin, worsens estrogen-progesterone imbalance, feeds visceral fat. Hidden in flavored yogurts, “healthy” granola, salad dressings, plant milks.
2. **Industrial seed oils (soybean, corn, cottonseed, “vegetable”)** — high omega-6, pro-inflammatory at typical American doses.
3. **Ultra-processed deli meats** — nitrates, AGEs, sodium.
4. **Alcohol** — even one drink raises cortisol, disrupts deep sleep, raises breast cancer risk, worsens hot flashes. The hardest one to give up. I know.
5. **Refined white flour** — fast glucose spike, low fiber.

Dr. Mary Claire Haver's *Galveston Diet/The 'Pause Life* framework is built on this: reduce ultra-processed, hit the macros, anti-inflammatory always.

5.2 Top 20 healing foods for women 50+

Wild salmon, sardines, mackerel · Ground flaxseed · Fermented soy (edamame, tempeh, miso, natto) · Chickpeas, lentils, black beans · Cruciferous vegetables (broccoli, kale, cauliflower, Brussels sprouts) · Berries · Pomegranate · Extra virgin olive oil · Avocado · Pasture-raised eggs · Greek yogurt and kefir · Nuts (walnuts, almonds, Brazil nuts for selenium) · Seeds (chia, hemp, pumpkin for zinc, sesame for lignans) · Turmeric with black pepper · Green tea / matcha · 85%+ dark chocolate · Garlic, onions, leeks · Bone broth · Mushrooms (shiitake, maitake, lion's mane) · Leafy greens

5.3 The phytoestrogen daily protocol

- **Flaxseed:** 2 tablespoons ground daily (yogurt, smoothie, oatmeal). One of the most consistent dietary interventions for hot flashes.
- **Fermented soy:** 1 serving daily — ½ cup edamame, 3 oz tempeh, or 1 tbsp miso.
- **Sesame seeds:** 1 tablespoon (tahini, on salads).
- **Chickpeas:** ½–1 cup, 4–5x/week.
- **Red clover tea** (modest evidence): 1–2 cups/day if interested.

5.4 Protein target — write this down

Per Dr. Gabrielle Lyon and Dr. Stacy Sims: **1.2–1.6 g protein per kg body weight per day, distributed across 3–4 meals**, with at least 30 g protein at breakfast.

A 150-lb (68 kg) woman = 82–109 g/day. Example day:

- Breakfast: 3 eggs + Greek yogurt = ~30 g
- Lunch: 5 oz chicken + chickpeas = ~40 g
- Dinner: 5 oz salmon = ~35 g

This single change — getting enough protein — is the most underrated menopause intervention.

5.5 7-day meal plan (US supermarket-friendly)

Mon — B: Greek yogurt + flax + berries + walnuts | L: arugula, chickpeas, grilled chicken, olive oil | D: wild salmon, broccoli, sweet potato **Tue** — B: 3-egg veggie scramble + avocado + sprouted bread | L: lentil soup + edamame | D: tempeh stir-fry, brown rice **Wed** — B: smoothie (yogurt, frozen berries, flax, collagen) | L: tuna salad over greens + olives | D: turkey meatballs, zoodles **Thu** — B: cottage cheese + pumpkin seeds + berries | L: leftover meatballs + spinach | D: sheet-pan chicken thighs, Brussels sprouts **Fri** — B: chia pudding (kefir, cinnamon, walnuts) | L: Mediterranean bowl (chickpeas, cucumber, feta, tahini) | D: grilled steak, mushrooms, big salad **Sat** — B: veggie omelet + smoked salmon | L: Cobb salad | D: miso-glazed cod + bok choy + soba **Sun** — B: slow-cooked oats + flax + yogurt + berries | L: sardines on toast + arugula | D: roast chicken, root veg, sauerkraut

5.6 Budget version — under \$100/week (Costco/Walmart)

Eggs (5 dozen) \$15 · frozen wild salmon (2 lb) \$20 · chicken thighs (5 lb) \$15 · plain Greek yogurt (large tub) \$5 · canned wild sardines (4) \$8 · dried lentils (2 lb) \$4 · frozen broccoli/spinach/berries \$15 · flaxseed (1 lb) \$4 · olive oil (small) \$8 · in-season produce \$6

≈ \$100/week hitting all phytoestrogen, omega-3, protein, fiber targets.

5.7 Supplements that actually move the needle

Supplement	Dose	Why	Cost (US)
Magnesium glycinate	300–400 mg at bedtime	Sleep, anxiety, insulin sensitivity	\$15/mo
Vitamin D3 + K2	2,000–5,000 IU D3 + 100 mcg K2	Bone, immune, mood	\$10/mo
Omega-3 (EPA/DHA)	2 g combined daily	Inflammation, brain, cardiovascular	\$20/mo
Creatine monohydrate	5 g daily	Muscle, brain (Stacy Sims: non-negotiable for midlife women)	\$15/mo
Collagen peptides	10–20 g daily	Skin, joints, hair, gut, bone matrix	\$30/mo
Berberine	500 mg 2–3x/day with meals	Insulin sensitivity, glucose, lipids	\$20/mo
Maca root	1.5–3 g/day	Energy, libido, mild mood	\$15/mo
Ashwagandha (KSM-66)	300–600 mg/day	Cortisol, sleep, anxiety	\$15/mo

Per Chandrasekhar et al., *Indian Journal of Psychological Medicine* 2012 (PMC3573577) — a 60-day double-blind placebo-controlled RCT in 64 chronically stressed adults using KSM-66 ashwagandha at 300 mg twice daily (600 mg total) — “serum cortisol levels were substantially reduced ($P=0.0006$)” vs placebo, [PubMed Central](#) with a 27.9% reduction in serum cortisol. [Nutritional Outlook](#)

SECTION 6 — EXERCISE PROTOCOL FOR WOMEN 50+

6.1 The non-negotiable rule

Dr. Stacy Sims says it bluntly: “If you do nothing else, lift heavy sh*t.” [Dr Stacy Sims](#)

Resistance training is the single most important physical practice for a woman over 45.

Walking is wonderful. Yoga is wonderful. They are not enough.

6.2 Why strength training matters most

- 3–8% muscle loss per decade after 30, accelerating after menopause
- Each kg of muscle preserved = ~13 kcal/day basal metabolism + better glucose disposal
- Bone responds to mechanical load: in the **LIFTMOR trial (Watson, Weeks et al., *J Bone Miner Res* 2018;33(2):211–220)**, 101 women aged 65 ± 5 years [Oxford Academic](#) with osteopenia/osteoporosis underwent twice-weekly supervised high-intensity resistance and impact training (HiRIT). [ResearchGate](#) After 8 months the HiRIT group gained **+2.9% lumbar spine BMD vs –1.2% in controls (p<0.001)** and **+0.3% femoral neck BMD vs –1.9% in controls (p=0.004)**. Heavy lifting builds bone — at any age.

6.3 Minimum effective dose — beginner-friendly

2–3x per week, 30–45 minutes. Six compound movements.

Day 1 (lower + push) — Goblet squat 3x8 · Dumbbell bench press or push-up 3x8 · Romanian deadlift 3x8 · Plank 3x30–45 sec **Day 2 (upper + pull)** — Dumbbell row 3x8 · Walking lunges 3x10/leg · Overhead press 3x8 · Dead bug 3x10 **Day 3 (optional)** — Deadlift (KB/DB) 3x6 · Step-ups 3x8/leg · Pull-down/assisted pull-up 3x8 · Farmer's carry 3x30 sec

The Sims-Wright rule: lift heavy enough that by the 5th rep, the 8th feels uncertain.

[Shortform](#) If you can do 15, it's not heavy enough.

6.4 Cardio — Zone 2 over HIIT (mostly)

Per Dr. Sims, the perimenopausal woman is already cortisol-elevated. [Alight Wellness](#) Long moderate cardio (70% effort for an hour) raises cortisol without enough payoff.

- **Zone 2** (brisk walk, easy bike) — 3–4x/week, 30–45 min. Conversational pace.
- **True HIIT** — only 1–2x/week, short (30 min total), [Alight Wellness](#) intervals at 80–90% HR max for 1–4 minutes. [Huberman Lab](#)
- **Sprint intervals** — 30 sec all-out × 5–6, after a heavy lift.

If you're crushed by 5x/week Orangetheory/F45 and not seeing results, *that's the cortisol talking*.

6.5 Walking — the underrated tool

The 10,000-step myth (a 1965 Japanese pedometer marketing campaign) is finally being

retired. The 2025 *Lancet Public Health* meta-analysis by Ding et al. (57 studies, 160,000+ adults) found that 7,000 steps/day is associated with:

- **47% reduction in all-cause mortality vs 2,000 steps** EurekAlert!
- 25% reduction in cardiovascular disease EurekAlert!
- 38% reduction in dementia risk EurekAlert!
- 22% reduction in depressive symptoms EurekAlert!
- 28% reduction in fall risk EurekAlert!

Past 7,000, the curve flattens. Hit 7,000 most days.

6.6 Yoga and mobility

Two 30–45 minute sessions weekly: reduces cortisol, improves HRV, helps sleep, maintains hip and shoulder mobility (critical given the frozen-shoulder risk Vonda Wright describes).

Free: Yoga With Adriene (YouTube), Down Dog app.

6.7 Home gym under \$200

Adjustable dumbbells (or 2 pairs: 10 lb + 20 lb) \$80–\$120 · Resistance bands \$20–\$30 · Yoga mat \$20 · Stability ball \$20 · Doorframe pull-up bar \$25 · Jump rope or mini stepper \$20. That's it. No Peloton or Tonal needed.

6.8 Sample weekly schedule

Day	Workout
Mon	Strength Day 1 (45 min) + 20-min walk
Tue	7,000 steps + 20 min mobility/yoga
Wed	Strength Day 2 (45 min) + 20-min walk
Thu	Zone 2 cardio 30 min + yoga
Fri	Strength Day 3 OR rest + walk
Sat	Long walk/hike (60 min) + optional short sprints
Sun	Rest, restorative yoga, cooking, sleep

SECTION 7 — THE INTEGRATED PROTOCOL

Tier 1 — FREE or under \$50/month (80% of the benefit)

Do this for 8 weeks before adding anything else.

- Section 5 nutrition (focus first on protein target and reducing alcohol)
- 7,000 steps most days
- Strength train 2x/week (bodyweight + cheap dumbbells)
- Sleep 7–9 hours: lights down at 9 p.m., bedroom 65°F, no phones in bed, magnesium glycinate (\$15/mo)
- Stress: 10-min daily walk without phone; 4–7–8 breathing pre-bed
- Free resources: *The 'Pause Life* (Mary Claire Haver), *Hot for Your Health* (Vonda Wright), Dr. Stacy Sims newsletters, The Menopause Society “Deciding About Hormone Therapy Use” MenoNote

Tier 2 — \$50–\$150/month

Add to Tier 1:

- Vitamin D3 + K2 (\$10/mo)
- Omega-3 fish oil (\$20/mo)
- Creatine 5 g daily (\$15/mo)
- Collagen peptides 10–20 g daily (\$30/mo)
- Ashwagandha or maca, choose one (\$15/mo)
- Generic transdermal estradiol patch + micronized progesterone via Midi/Alloy/local MSCP (\$30–\$70/mo with GoodRx)
- Resistance bands (\$25 one-time)

Tier 3 — \$150–\$300/month

Add to Tier 2:

- Full HRT including off-label compounded testosterone cream (\$50–\$120/mo)
- Vaginal estradiol cream if GSM (\$20–\$40/mo)
- Topical 1% GHK-Cu serum (\$30/mo)

- Berberine 1,500 mg/day (\$20/mo)
- Higher-quality food (organic produce, wild fish, +\$80–\$100/mo)
- Quarterly visit with a Menopause Society Certified Practitioner

Tier 4 — \$300+/month

Add to Tier 3, only with documented need:

- Ipamorelin/CJC-1295 if IGF-1 documented low (\$200–\$400/mo)
 - BPC-157 cycle for joint/gut issues (\$199–\$425/mo)
 - PT-141 if HSDD persists (\$133–\$250/mo compounded, or \$99–\$250/dose Vyleesi)
 - Comprehensive labs annually (\$300–\$500): full thyroid panel, sex hormones (estradiol, FSH, total + free testosterone, DHEA-S, SHBG, progesterone), insulin/glucose/A1c, lipids with ApoB and Lp(a), hs-CRP, homocysteine, ferritin, B12, vitamin D, IGF-1
 - DEXA scan annually (\$150)
 - Optional: concierge longevity program
-

A FINAL WORD

Three things to walk away with:

1. **You are not crazy and nothing is wrong with you.** Your hormones are doing what hormones do. The system, not you, has been failing women.
2. **HRT, started in the right window, is one of the most evidence-based interventions in women's health.** The fear was based on a misread 2002 trial in 63-year-olds. The 2024 JAMA re-analysis fixed the record. Read *Estrogen Matters* (Bluming & Tavis, 2024 revised edition).
3. **Muscle, protein, sleep, and walking are the unsexy foundation.** No peptide, no patch, no supplement replaces them. Start there. Always start there.

You have, statistically, 30–40 more years to live. The choices you make in the next 12 months will set the curve.

I love you. Go.

VERSÃO EM PORTUGUÊS DO BRASIL

O GUIA DA PERIMENOPAUSA E MENOPAUSA PARA MULHERES DE 45 A 60 ANOS

Um manual confessional de uma amiga que por acaso é médica e nutricionista. Não é um livro-texto. É a verdade que sua ginecologista nunca teve 15 minutos para te contar.

UMA CARTA, ANTES DE COMEÇAR

Quero te dizer uma coisa que ninguém me disse: não há nada errado com você.

Você não é preguiçosa porque não consegue perder os 5 quilos que apareceram na sua cintura comendo a mesma salada que come há 20 anos. Você não está louca porque chorou no corredor do supermercado. Você não está quebrada porque seu marido toca seu ombro e sua pele se retrai por motivos que você não consegue explicar. Você não está "só cansada". Você não está "só estressada". Você não está "bem".

Você é uma mulher na transição mais sub-pesquisada, mais menosprezada, mais ignorada da medicina moderna. O estudo Women's Health Initiative assustou uma geração inteira de médicos em 2002, e passamos 20 anos pagando por uma manchete mal interpretada. Somos a primeira geração que pode recusar essa herança.

Este guia é longo porque a verdade é longa. Leia em pedaços. Marque. Leve para sua médica. Mande para sua irmã. Chore na Seção 1 se precisar. Depois volte e a gente monta um plano.

— Sua amiga

SEÇÃO 1 — HORMÔNIOS

A Dra. Mary Claire Haver: *"Existem receptores de estrogênio em quase todos os sistemas orgânicos do nosso corpo."* Alloy Isso não é poesia — é anatomia. Quando o estrogênio cai, todos os sistemas sentem.

1.1 ESTROGÊNIO — a rainha que foi embora sem se despedir

Três tipos: **estradiol (E2)** — o forte, dos ovários; **estriol (E3)** — mais suave, dominante na gravidez; **estrone (E1)** — fraco, produzido no tecido adiposo após menopause.

Em ação: memória, foco, humor, vasos flexíveis, densidade óssea, colágeno, lubrificação vaginal, sensibilidade à insulina, cartilagem das articulações. A "síndrome musculoesquelética da menopausa" da Dra. Vonda Wright (*Climacteric* 2024) atinge até 80% das mulheres em meia-idade.

Como se sente quando cai: acorda às 3h17 com o coração disparado, esquece o nome da atriz do filme de terça, os joelhos estalam, sexo dói, o rosto parece embaçado no espelho, você grita com seu filho e chora no carro porque não se reconhece. Isso é realidade endócrina, não fracasso.

1.2 PROGESTERONA — a calma que foi embora primeiro

Cai antes do estrogênio. Ativa GABA, acalma ansiedade, protege endométrio, sustenta osteoblastos.

Quando cai: insônia que nenhum app resolve, ansiedade sem motivo, menstruações pesadas, TPM de 3 semanas. Dra. Stacy Sims: *"Temos uma alta carga simpática porque o corpo não tem mais a resposta parassimpática que tinha — porque não temos mais progesterona chegando."* Dr. Kara Fitzgerald Você perdeu o pedal do freio.

1.3 TESTOSTERONA — a esquecida

A Dra. Sara Gottfried: *"Embora os níveis de testosterona femininos sejam cerca de 10 vezes menores que os masculinos, as mulheres são extremamente sensíveis a esse hormônio."*

Inside Tracker Cai 1–2% ao ano a partir dos 30.

Quando cai: você não quer ser tocada, não quer sexo e nem quer querer, sente-se "achatada", músculos amoleceram.

Verdade sobre TRT em mulheres: O Consenso Global 2019 (Davis et al., *J Clin Endocrinol Metab*, DOI: 10.1210/jc.2019-01603) concluiu: *"A única indicação baseada em evidência para terapia de testosterona em mulheres é o tratamento do Transtorno do Desejo Sexual Hipoativo (TDSH), com efeito terapêutico moderado, em mulheres pós-menopausa."*

ObG Project Nos EUA é off-label, geralmente creme manipulado em dose física. Dra. Haver: *"Uma mulher saudável aos 30 tem testosterona entre 40 e 70 ng/dL. Quem te dosa rotineiramente acima de 100 não entende endocrinologia feminina."* Katie Couric Se uma clínica te empurrar pellets que levam seu nível a 300+, fuja.

1.4 CORTISOL — o invasor

Na perimenopausa, sem o contrapeso parassimpático da progesterona, ele domina sem resistência. Cronicamente alto: "rouba" pregnenolona, estoca gordura visceral, destrói sono, suprime conversão T4→T3, aumenta insulina, encolhe o hipocampo.

Como se sente: “cansada mas ligada”. Mandíbula travada. Não respira fundo. Crave de açúcar às 16h. Apaga às 20h. Não dorme às 23h.

1.5 INSULINA — a tempestade silenciosa

A menopausa te torna mais resistente à insulina *sem mudar a dieta*. O mesmo prato de macarrão que era inofensivo aos 35 vira gordura na barriga aos 52.

1.6 TIREOIDE — a esquecida

Até 1 em 5 mulheres desenvolve disfunção tireoidiana na meia-idade. Sintomas idênticos aos da menopausa. Peça painel completo: TSH, T3 livre, T4 livre, T3 reverso, anti-TPO, anti-Tg. TSH “dentro do limite” de 4,5 *não* é ideal — médicos funcionais buscam 1,0–2,0.

1.7 DHEA — o hormônio-mãe

Matéria-prima adrenal. Aos 60 você tem 10–20% do que tinha aos 25. DHEA vaginal (prasterona, Intrarosa) é aprovado pelo FDA para dor em relações sexuais.

SEÇÃO 2 — O QUE ACONTECE SE VOCÊ NÃO TRATAR

2.1 Doença cardíaca — campeã de mortalidade

O CDC: 304.970 mulheres americanas morreram de doença cardíaca em 2023 — 1 em cada 5 mortes femininas. [CDC](#) Segundo a pesquisa nacional da AHA por Mosca et al. (*Circulation* 2013;127(11):1254–1263), apenas 56% das mulheres americanas identificaram a doença cardiovascular como a principal causa de morte — quase o dobro de 30% em 1997, [PubMed Central](#) mas ainda deixando quase metade sem saber. Framingham (1976): 2,6 vezes mais eventos cardiovasculares em pós vs pré-menopausa. [nih](#)

2.2 Osteoporose

Fundação Internacional de Osteoporose: 1 em 3 mulheres acima de 50 sofrerá fratura osteoporótica. [Taylor & Francis Online](#) **20–30% das que fraturam quadril morrem em 1 ano**. 3 em cada 4 fraturas de quadril ocorrem em mulheres (AAOS). [ScienceDirect](#) Perda óssea acelera a 2%/ano nos primeiros anos pós-menopausa.

2.3 Declínio cognitivo

Segundo o relatório 2024 *Alzheimer’s Disease Facts and Figures* da Alzheimer’s Association, dos 6,9 milhões de americanos com 65+ anos com demência de Alzheimer, estima-se que 4,3 milhões são mulheres e 2,6 milhões são homens — “quase dois terços

dos americanos com Alzheimer são mulheres." A reanálise WHI JAMA 2024 (Manson et al., DOI: 10.1001/jama.2024.6542) confirmou benefício-risco favorável para mulheres <60 anos.

2.4 Síndrome metabólica

A epidemiologista Samar El Khoudary (Universidade de Pittsburgh): com queda do estrogênio, gordura abdominal acumula e síndrome metabólica explode após a menopausa.

American Heart Association

2.5 SGM (Síndrome Geniturinária da Menopausa)

Vagina dói, ITUs recorrentes, sexo machuca, escapa urina. **Atinge 50–80% das pós-menopáusicas e é progressiva.** Estrogênio vaginal é seguro inclusive para a maioria das sobreviventes de câncer de mama (posicionamento 2020 da Menopause Society).

2.6 Depressão e ansiedade

Perimenopausa é "janela de vulnerabilidade" para depressão maior. Taxas 2–4x maiores vs pré-menopausa.

2.7 Pele, cabelo, articulações

Conforme Affinito et al. (*Maturitas* 1999;33(3):239–247), até 30% do colágeno dérmico se perde nos primeiros 5 anos após a menopausa, com declínio de ~2,1% ao ano depois disso.

ScienceDirect

2.8 Sarcopenia

3–8% de perda muscular por década após os 30, acelerando após a menopausa. Dra. Gabrielle Lyon: "*Músculo é o órgão da longevidade.*"

Genesishealthandlifestyle

SEÇÃO 3 — TRH/MHT: A VERDADE

3.1 O que é TRH moderna

Estradiol bioidêntico — adesivo (Climara, genérico), gel (Divigel, EstroGel), spray, anel/creme vaginal. *Transdérmico é mais seguro que oral.* **Progesterona micronizada** (Prometrium, genérico) — bioidêntica, à noite, obrigatória se útero intacto. **Testosterona** — off-label nos EUA, creme manipulado.

3.2 A história do WHI

2002: WHI publicou aumento de risco com terapia combinada (Prempro). Prescrições

caíram ~80% em meses.

O que ficou enterrado: idade média **63**, não 50; maioria mais de 10 anos pós-menopausa; hormônios usados (estrogênio equino conjugado + acetato de medroxiprogesterona) não são os da TRH moderna; aumento absoluto = 9 casos a mais de câncer de mama por 10.000 mulheres/ano — menos que o risco atribuído a uma taça de vinho diária.

Reanálise JAMA 2024 (Manson et al., DOI: 10.1001/jama.2024.6542) — 20 anos de seguimento, 161.808 mulheres — confirmou relação benefício-risco favorável para mulheres <60. Bluming & Tavis detalham em *Estrogen Matters* (edição revisada 2024).

Hachette Book Group

3.3 A Menopause Society (2022/2024)

Posicionamento 2022: *“Os benefícios da TRH superam os riscos para a maioria das mulheres sintomáticas, saudáveis, <60 anos e dentro de 10 anos do início da menopausa. Vias transdérmicas e doses mais baixas podem reduzir risco de tromboembolismo venoso e AVC.”* [Let's Talk Menopause](#) Setembro 2024: mulheres **acima de 65** podem continuar TRH com aconselhamento [The Menopause Society](#) — sem data automática para parar.

3.4 A “janela de oportunidade”

A hora de considerar é agora, não “quando piorar”.

3.5 Contraindicações reais

Câncer de mama ativo/recente; câncer estrogênio-sensível ativo; trombose/AVC ativos; doença hepática ativa; sangramento vaginal não investigado; gravidez. Só isso. Histórico familiar de câncer de mama NÃO é contraindicação automática.

3.6 Custos nos EUA (2026)

Item	Custo genérico com cupom
Adesivo de estradiol genérico 0,05 mg	\$23–\$42/mês
Estradiol oral genérico	até \$20/mês
Creme vaginal de estradiol genérico	~\$24/tubo
Progesterona micronizada 100 mg	\$15–\$40/mês
Creme de testosterona manipulado (dose feminina)	\$50–\$120 por 30–90 dias

Protocolo TRH genérico completo — **abaixo de \$50/mês.**

3.7 Telessaúde de menopausa

Midi Health, Alloy, Evernow, Winona, Hers Menopause. \$20–\$70/mês.

SEÇÃO 4 — PEPTÍDEOS

Enquadramento honesto: peptídeos não substituem TRH, nutrição, sono ou força. Em fev–abr/2026, Secretário do HHS Robert F. Kennedy Jr. anunciou que ~14 dos 19 peptídeos colocados na Categoria 2 do FDA em 2023 (BPC-157, GHK-Cu, Ipamorelina, Epitalon etc.) voltariam à Categoria 1; (PNOE) nomeações formalmente retiradas em 23/abril/2026. Reunião PCAC: 23–24/jul/2026. (Amanecia Health)

Trabalhe sempre com médico licenciado e farmácia 503A. **Não compre “peptídeos de pesquisa” online para uso humano.**

- **BPC-157:** 15 aa, (MedsBase) 35+ estudos animais, **1 série retrospectiva de 12 pacientes** humanos, sem RCTs. (PNOE) \$200–\$600/mês manipulado. WADA-banido. (Orthopaedic Care)
- **GHK-Cu:** tripeptídeo natural descoberto por Loren Pickart em 1973. **O peptídeo com melhor evidência humana desta lista.** Abdulghani 1999: creme tópico superou vitamina C e ácido retinoico em 70% das voluntárias. (Scrubalildeepa) \$30/mês OTC; \$100–\$200/mês injetável manipulado.
- **Colágeno hidrolisado:** o mais acessível, barato e com evidência. 10–20 g/dia, \$25–\$45/mês (Vital Proteins, Kirkland Signature do Costco).
- **Epitalon:** tetrapeptídeo russo (Khavinson). (Wikipedia) Sem RCTs ocidentais grandes. (Pulse & Remedy) Experimental.
- **Timosina Alfa-1:** aprovado em 35+ países (Zadaxin). \$199–\$499/mês. (Peptide News Digest)
- **Ipamorelina/CJC-1295:** secretagogos de GH. (DrDanwool) (Perfect B) NÃO é GH exógeno. \$200–\$600/mês. (Concierge MD)
- **PT-141 (Bremelanotida):** aprovado FDA junho/2019 como **Vyleesi** para TDSH em mulheres pré-menopausa. (Enavvi) (503pharma) Vyleesi \$900–\$1.000/4 doses; (Drooracle) manipulado a partir de \$133/mês. (GoodGirlRx)
- **Semax:** russo, derivado do ACTH. (Victory Men's Health) (Beauty Refined) Spray nasal 200–

400 mcg/dia, ciclos 10–14 dias. [PeptideFox](#) \$44–\$134/spray. [Peptide News Digest](#)

- **BPC-157 + TB-500:** \$199–\$425/mês. [Mypeptidematch](#)

Bottom line honesto — se for um ou dois: **colágeno** (\$30/mês) e **sérum tópico GHK-Cu 1%** (\$30/mês). O resto: médico, exames, 503A.

SEÇÃO 5 — NUTRIÇÃO

5.1 Os 5 piores alimentos

Açúcar refinado/HFCS; óleos industriais (soja, milho, "vegetal"); embutidos ultraprocessados; álcool; farinha branca refinada.

5.2 Top 20 alimentos curativos

Salmão selvagem, sardinha, cavala · linhaça moída · soja fermentada (edamame, tempê, missô) · grão-de-bico, lentilha, feijão preto · crucíferas (brócolis, couve, couve-flor, couve-de-bruxelas) · frutas vermelhas · romã · azeite extravirgem · abacate · ovos caipiras · iogurte grego e kefir · nozes/amêndoas/castanha-do-pará · chia/hemp/abóbora/gergelim · cúrcuma com pimenta-preta · chá-verde/matcha · chocolate 85%+ · alho/cebola · caldo de osso · cogumelos (shiitake, juba-de-leão) · folhas verdes.

5.3 Protocolo de fitoestrogênios

- Linhaça moída: 2 colheres de sopa/dia
- Soja fermentada: 1 porção/dia
- Gergelim: 1 col sopa/dia
- Grão-de-bico: ½–1 xícara, 4–5x/semana

5.4 Meta de proteína

Dr. Gabrielle Lyon e Dr. Stacy Sims: **1,2–1,6 g/kg/dia**, com 30 g no café da manhã. Mulher de 68 kg = 82–109 g/dia.

5.5 Cardápio 7 dias

Seg C: iogurte grego + linhaça + frutas vermelhas + nozes | **A:** salada com grão-de-bico e frango grelhado | **J:** salmão, brócolis, batata-doce **Ter C:** ovos mexidos com legumes + abacate | **A:** sopa de lentilha + edamame | **J:** stir-fry de tempê **Qua C:** smoothie (iogurte, frutas, linhaça, colágeno) | **A:** salada de atum | **J:** almôndegas de peru **Qui C:** cottage +

sementes + frutas | A: sobras de almôndega | J: coxas de frango assadas, couve-de-bruxelas **Sex** C: pudim de chia + kefir | A: tigela mediterrânea | J: bife grelhado, cogumelos **Sáb** C: omelete + salmão defumado | A: salada Cobb | J: bacalhau com missô **Dom** C: aveia lenta + linhaça + iogurte | A: sardinha sobre torrada | J: frango assado, raízes, chucrute

5.6 Versão econômica abaixo de \$100/semana

Ovos (5 dz) \$15 · salmão congelado (900 g) \$20 · coxa de frango (2,3 kg) \$15 · iogurte grego (pote grande) \$5 · sardinha em lata (4) \$8 · lentilha seca (1 kg) \$4 · congelados \$15 · linhaça \$4 · azeite \$8 · sazonais \$6.

5.7 Suplementos

Suplemento	Dose	Para quê	Custo
Magnésio glicinato	300–400 mg à noite	Sono, ansiedade, insulina	\$15
Vit D3 + K2	2.000–5.000 UI + 100 mcg	Osso, imunidade, humor	\$10
Ômega-3 (EPA/DHA)	2 g/dia	Inflamação, cérebro, coração	\$20
Creatina	5 g/dia	Músculo, cérebro	\$15
Colágeno	10–20 g/dia	Pele, articulações, ossos	\$30
Berberina	500 mg 2–3x/dia	Insulina, glicose	\$20
Maca	1,5–3 g/dia	Energia, libido	\$15
Ashwagandha KSM-66	300–600 mg/dia	Cortisol, sono, ansiedade	\$15

Segundo Chandrasekhar et al. (*Indian Journal of Psychological Medicine* 2012, PMC3573577) — RCT duplo-cego de 60 dias em 64 adultos cronicamente estressados, com KSM-66 300 mg 2x/dia (600 mg/dia) — “níveis séricos de cortisol foram substancialmente reduzidos ($P=0,0006$)” vs placebo, [PubMed Central](#) com redução de 27,9%. [Nutritional Outlook](#)

SEÇÃO 6 — EXERCÍCIO

6.1 Regra inegociável

Dra. Stacy Sims: “Se só fizer uma coisa, levante peso pesado.” [Dr Stacy Sims](#)

6.2 Por que musculação acima de tudo

3–8% perda muscular/década após os 30. **No ensaio LIFTMOR (Watson, Weeks et al., *J Bone Miner Res* 2018;33(2):211–220)**, 101 mulheres com 65 ± 5 anos [Oxford Academic](#) com osteopenia/osteoporose fizeram treino de resistência e impacto de alta intensidade (HiRIT), 2x/semana. [ResearchGate](#) Após 8 meses, o grupo HiRIT ganhou **+2,9% de DMO na coluna lombar vs -1,2% nos controles (p<0,001)** e **+0,3% no colo femoral vs -1,9% (p=0,004)**. Levantar pesado constrói osso — em qualquer idade.

6.3 Dose mínima eficaz

2–3x/semana, 30–45 min. 6 movimentos compostos.

- **Dia 1:** agachamento goblet 3x8 · supino com halteres ou flexão 3x8 · terra romeno 3x8 · prancha 3x30–45 s
- **Dia 2:** remada 3x8 · afundo caminhando 3x10/perna · desenvolvimento 3x8 · dead bug 3x10
- **Dia 3 (opcional):** terra (KB/DB) 3x6 · subida em caixa 3x8/perna · puxada/pull-up assistido 3x8 · farmer’s carry 3x30 s

6.4 Cardio — Zona 2 acima de HIIT

Zona 2 (caminhada rápida, bike fácil) — 3–4x/semana, 30–45 min, conversacional. **HIIT verdadeiro** — só 1–2x/semana, curto. [Alight Wellness](#) **Sprints** — 30 s x 5–6.

6.5 Caminhada — a subestimada

Meta-análise *Lancet Public Health* 2025 (Ding et al., 57 estudos, 160.000+ adultos): **7.000 passos/dia** = 47% menos mortalidade total vs 2.000 passos, 25% menos DCV, 38% menos demência, 22% menos depressão, 28% menos quedas. [EurekaAlert!](#) Acima de 7.000 a curva achata.

6.6 Yoga e mobilidade

2 sessões de 30–45 min/semana. Grátis: Yoga With Adriene (YouTube), Down Dog.

6.7 Academia em casa < \$200

Halteres ajustáveis \$80–\$120 · elásticos \$30 · tapete \$20 · bola \$20 · barra de porta \$25 · corda \$20.

6.8 Cronograma semanal modelo

Seg: força Dia 1 + caminhada 20 min · Ter: 7.000 passos + 20 min mobilidade · Qua: força Dia 2 + caminhada · Qui: Zona 2 (30 min) + yoga · Sex: força Dia 3 ou descanso + caminhada · Sáb: caminhada longa/trilha + sprints curtos · Dom: descanso, yoga restaurativa, cozinhar, dormir.

SEÇÃO 7 — PROTOCOLO INTEGRADO

Nível 1 — GRATUITO ou abaixo de \$50/mês (80% do benefício)

Alimentação Seção 5 · 7.000 passos · musculação 2x/semana · sono 7–9h · magnésio glicinato (\$15) · respiração 4-7-8.

Nível 2 — \$50–\$150/mês

- Vit D3+K2 (\$10) · ômega-3 (\$20) · creatina (\$15) · colágeno (\$30) · ashwagandha ou maca (\$15) · adesivo de estradiol + progesterona via Midi/Alloy (\$30–\$70/mês) · elásticos (\$25 único).

Nível 3 — \$150–\$300/mês

- TRH completa incluindo creme de testosterona manipulada (\$50–\$120/mês) · estradiol vaginal se SGM (\$20–\$40/mês) · sérum tópico GHK-Cu 1% (\$30/mês) · berberina (\$20/mês) · alimentação mais cara (+\$80–\$100/mês) · consulta trimestral com MSCP.

Nível 4 — \$300+/mês

- Ipamorelina/CJC-1295 se IGF-1 baixo (\$200–\$400) · ciclo BPC-157 (\$199–\$425) · PT-141 se TDSH persiste (\$133–\$250 manipulado, ou \$99–\$250/dose Vyleesi) · painel anual (\$300–\$500) · DEXA (\$150).
-

UMA PALAVRA FINAL

Três coisas para levar:

1. **Você não está louca e não há nada errado com você.** Seus hormônios estão fazendo o que hormônios fazem. O sistema falhou, não você.
2. **TRH iniciada na janela certa é uma das intervenções mais bem embasadas em saúde da mulher.** O medo veio de um estudo mal interpretado de 2002 em mulheres de

63 anos. A reanálise JAMA 2024 corrigiu o registro. Leia *Estrogen Matters* (Bluming & Tavis, edição revisada 2024).

3. **Músculo, proteína, sono e caminhada são o alicerce sem glamour.** Nenhum peptídeo, adesivo ou suplemento substitui. Comece por aí. Sempre comece por aí.

Estatisticamente, você tem mais 30–40 anos de vida. As escolhas dos próximos 12 meses definem a curva.

Eu te amo. Vai.

Recommendations (Staged Action Plan)

This week (free) — Start the Tier 1 protocol. Order magnesium glycinate (\$15). Walk 7,000 steps for 7 days. Read the Menopause Society MenoNote on hormone therapy.

This month (under \$50) — Add creatine, vitamin D3+K2, omega-3, collagen. Do strength training 2x/week with whatever you have. Track protein at 1.2–1.6 g/kg.

Within 90 days — Book a Menopause Society Certified Practitioner (MSCP) or telehealth visit (Midi, Alloy, Evernow). Bring: full thyroid panel, sex hormone panel, ApoB, hs-CRP, vitamin D, ferritin, A1c, fasting insulin. Discuss generic transdermal estradiol patch + micronized progesterone. With GoodRx, the full protocol can be under \$50/month.

Within 6 months — If GSM symptoms persist, add vaginal estradiol cream. If libido remains low despite optimized hormones, discuss PT-141 (Vyleesi) or compounded testosterone cream. Add topical 1% GHK-Cu serum nightly.

Benchmarks that should change the plan: If estradiol patch + progesterone don't relieve hot flashes within 8–12 weeks → increase dose. If you cannot reach 30 g protein at breakfast → use a clean whey or pea protein shake. If you cannot lift 3x/week → 2x is acceptable but never zero. If you have any vaginal bleeding on HRT → see your doctor urgently. If IGF-1 is documented low and budget allows → discuss ipamorelin/CJC-1295.

Caveats

- **Peptide research is thin in menopausal women.** Most BPC-157, TB-500, Epitalon, and Semax evidence is from animal models or small Russian-language studies. None should be considered standard of care, and the US regulatory status is in active transition (HHS announced re-categorization in February 2026; formal FDA list and PCAC review pending through July 2026).

- **The 2024 WHI re-analysis does not endorse hormone therapy for *prevention of chronic disease in asymptomatic women*.** The NIH/NHLBI summary is clear: HRT is appropriate to treat bothersome vasomotor symptoms in early-menopausal women without contraindications. [EurekaAlert!](#) The cardiovascular and cognitive benefits seen in early starters are an *additional* favorable observation, not a primary indication.
- **Compounded testosterone for women is off-label in the US.** The 2019 Global Consensus Position Statement (Davis et al.) supports physiologic dosing for HSDD only — not for energy, weight, mood, or anti-aging. Pellet therapy that drives serum testosterone above 100 ng/dL (and especially above 200–300 ng/dL) is supraphysiologic and inconsistent with international expert consensus.
- **Prices listed are US, 2026.** GoodRx, Costco Member Prescription Program, and Cost Plus Drugs prices fluctuate. Always check at the time of purchase.
- **Always work with a licensed clinician.** This guide is educational synthesis of published research and expert positions — it is not a substitute for individualized medical care. Anyone with a personal or strong family history of breast cancer, blood clots, or cardiovascular events should have a personalized risk-benefit discussion with a Menopause Society Certified Practitioner.
- **Ashwagandha caveat:** NIH's Office of Dietary Supplements notes that while multiple RCTs show cortisol reduction, "study results are mixed, and more high-quality research is needed." [Columbia University](#) Some case reports describe hepatotoxicity with prolonged use — discontinue if any signs of liver issue. Avoid with active autoimmune thyroid disease without supervision.