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# JUDY GARDINER

Menopause & Mental Health

Brought to you by Mission Empowerment



# NPJUDYG

## A BRIEF BIO

Judy started her Registered Nursing career in 2004, spending the first 18 years in Emergency Medicine, 9 as the Charge Nurse. During that time she also led a number of projects that improved patient care and was awarded twice for her commitment to leading effective change.

She moved to Community practice in 2019 as a Nurse Practitioner in Primary Care and Heart Disease.

Then menopause hit and it hit HARD. She could not even get a conversation about it and realized that health care providers receive no training, yet there is a world of safe, evidence-based practice. She was eventually and reluctantly referred to gynecology, 21/2 year wait.



**Judy Gardiner**  
**Midlife Health Nurse Practitioner**

During those years, Judy changed her lifestyle drastically. With the support and urging of her husband and patients, she made her focus of practice Men's and Women's Midlife Health.

She is recognized as a Leader and Expert in Women's Health . She helped create a free online tool for providers to treat their patients.

She lectures for the public and providers. She is the Medical Director for two clinics. She aims to be the change she wants to see.



# THE OVERVIEW

# MENOPAUSE



## NATURAL

This is NOT a disease process or pathology. Rather it is a natural transition from fertile years to life beyond reproduction.



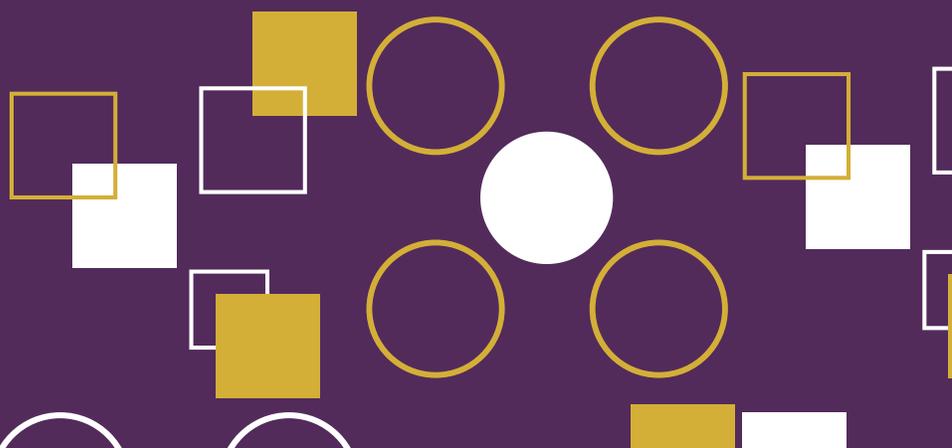
## INDIVIDUAL

Every woman experiences this transition differently. Symptoms occur on a continuum from none to debilitating but the vast majority experience something in between.



## PROFITABLE

The history of midlife women's health has resulted in this being a vulnerable population, many of whom are affluent. Influencers, Health care providers, and the wellness industry are exploiting this population.



# THE CONNECTIONS MENOPAUSE



## CULTURAL

While this has been traditionally seen negatively in the West, it is neutral or positive in many other parts of the world.



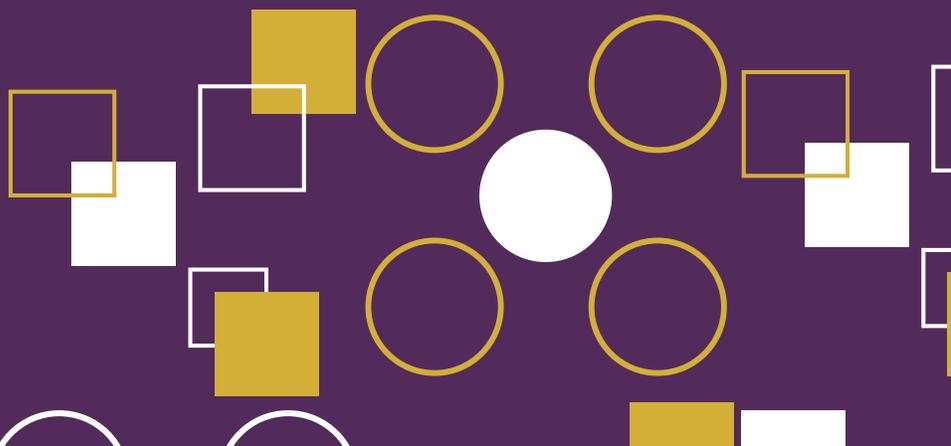
## BIOLOGICAL

Important changes explain some of the symptoms and the acceleration of risk factors for chronic disease.



## PSYCHOSOCIAL

Our individual experience and views interact in a critical way with those around us, in bi-directional influential relationships that shape how we manage ourselves individually and socially.



# PERIMENOPAUSE

A natural transition from reproductive years to life beyond fertility. Hormonal fluctuations shift from monthly and predictable to chaotic and unpredictable, affecting each person uniquely.

*I just don't feel like myself*

- vasomotor symptoms
- sleep disruption
- mood disruption
- libido disruption
- genitourinary changes
- body changes
- increased risk for chronic disease
- brain fog
- overwhelm
- menstrual bleeding changes

# MENOPAUSE

Technical Definition: 1 OR 2 years amenorrhea

Common Use: the phase of life after fertility.

Hormonal chaos ends and steady state returns, with lower levels than in the reproductive years

*I've never been happier*

- genitourinary symptoms
- heart disease
- osteoporosis
- cognitive decline
- cancer

# MENOPAUSE SYMPTOM RELIEF

## THERAPIES

- counselling
- therapy: CBT-A, CBT-i, DBT
- physiotherapy, osteopathy,
- light therapy
- acupuncture



## MEDICATIONS

### Hormone Therapy

- systemic vs local
- estrogens and progestogens
- sexual health medications
- birth control vs MHT
- compounded

### Non-Hormone Therapy

- SSRIs/SNRIs
- Gabapentinoids
- NK3RAs
- DORAs

# MENOPAUSE SYMPTOM RELIEF

## PROCEDURES

- IUDs
- ablation
- biopsies
- emerging guided procedures  
(hallucinogens, dissociatives, fasts)



## SURGERIES

- Partial Hysterectomy
- Full Hysterectomy
- Chronic Disease  
Interventions

# BRAIN CHEMISTRY

## MENOPAUSAL CONSIDERATIONS

**Estrogen:** recall that estrogen patterns change from a predictable ebb and flow each month to chaotic and Unpredictable over days/weeks.

**Serotonin:** integral to mental and emotional health. Regulation is affected by estrogen and stress. \*\*MHT has very mixed results and does not supercede considering the role of SSRIs/SNRIs etc. in relieving bothersome psychological symptoms.

**Dopamine:** motivation, focus, reward. also influenced by estrogen levels and stress. \*\*Mixed results with MHT and no evidence for improving motivation, which is highly complex and multifactorial

**Testosterone:** does NOT become chaotic. rather it follows and slow linear decline over about 20 years. NO evidence for use to improve motivation or mood. This is very nuanced and when results like this are seen, it is in a small population of women who respond well AND already have a testosterone-related libido disruption

**Foundations of Health:** Sleep, exercise, nutrition, purpose, and connection optimization are all equally or more effective than medications without the bothersome side effects. Do not overlook these, especially when the medications “aren’t working”

**Substance Use:** initially stimulate D&S release, giving us euphoria BUT interfere with our natural regulation. More than twice weekly use is considered chronic and insidiously causes a self-perpetuating cycle of use with very harmful side effects, many of which overlap with perimenopausal symptoms. AND significantly increase chronic disease risk.

**Stress:** affects S&D significantly, perhaps more so than anything else. Management is best done through mindset and foundations, not supplements and blood testing.

# MENTAL HEALTH BEYOND SYMPTOMS

## Childhood



- greatly influence our views on individual, family, & social norms
- affect how we act and react in difficult situations
- affect our likelihood of chronic disease development and length of life

This information can be leveraged to relearn norms, views, resilience and chronic disease screening and management.

Some view this as a neutral transition that carries neither -ve nor +ve frameworks.

Some view this as a reawakening or graduation to wisdom and leadership.

Some view this as fading of sexual, emotional, and leadership validity.

## Culture



## Mindset



Our critical work during this time as individuals, friends, colleagues, family members, and health care providers:

Help women strive for a mindset of accepting the current self and striving for the best self. This is how we change the culture and the childhood.



# CRITICAL CONCEPT MINDSET

A substantial body of work demonstrates that how we view ourselves individually and socially profoundly affects the way we experience the world.

In Women's Health, there are deep traditions of viewing women in terms that ignore their emotional, psychological, and physical health. Rather women's role has been to serve and look and behave in ways that are not achievable.

This creates turmoil throughout the lifespan. In midlife when our minds, emotions, and bodies are changing, our mindset is a critical in determining the course of our midlife transition, regardless of the ever popular hormone therapies, supplements, diets, and deluge of recommendations.





# FOUNDATIONS OF HEALTH

## SIGNIFICANT INFLUENCES

mental health and emotions  
pain and injuries  
weight and appetite  
libido and sexual health  
physical performance  
problem solving and executive function  
chronic disease onset & progression.

*SLEEP*

*EXERCISE*

*NUTRITION*

*PURPOSE*

*CONNECTION*

*STRESS  
Mgmt*

**Nothing replaces these.**  
**All Care Plans are Better with these.**  
**Many Care Plans are ONLY these.**

# FOUNDATIONS OF HEALTH

## ESSENTIAL COMPONENTS

**Education:** we never anticipated the fall of foundations that has occurred with the rise of convenience and technology

**Quality:** this is measurable in every foundation and dictates the effectiveness of your practices. Know your targets and goals.

**Quantity:** Each requires time and where time is too little or too much, quality or another foundation will be affected

**Timing:** When matters! When you eat, when you exercise, when you connect.

**Rest:** The body requires rest, renewal, rehab, recharge. Respect this need.

*SLEEP*

*EXERCISE*

*NUTRITION*

*PURPOSE*

*CONNECTION*

*STRESS  
Mgmt*

A whole other session would be the best way to really delve into these properly.

They are all fascinating and effective.

# PROVIDERS AS ADVOCATES

## A PATIENT WHO CAN

ACCEPT who they are AND how they got there

IDENTIFY where they want to go AND why

CREATE a realistic, timed action plan

COLLABORATE with the required resources

PIVOT as life happens

## What We Refer To You

- CBT
- DBT
- ACEis/Trauma
- Sexual Health
- Couples
- Families

## What You Might Refer to Us

- Symptom Relief
- Rx's
- Diagnostics
- Chronic Disease
- Risk Factor Reduction

## IDEAL STATE of THERAPIST-PRESCRIBER CARE PLANNING:

- collaboration over competition
- shades of grey over black and white approaches
- evidence-based, safe practice
- debunking misinformation
- \*\*ensuring other causes of symptoms are ruled out\*\*  
(avoid blaming everything on menopause)



# CARE PROVIDERS TEAM MEMBERS

## DISCIPLINES

- Physicians and Nurse Practitioners
- Physio, Massage, Sports Med, Kin
- Therapists, Psychologists, Counsellors
- Nutrition Educators
- Exercise Educators
- Family, friends, pets
- Workplaces, Health Insurance Providers



## PROVIDING VS PROFITEERING

- Financial Disclosure/Conflicts of Interest
  - Potential risks and side effects, not just Benefits
  - Studies on Socials
  - All or Nothing statements
  - Links to their store, brand, supplements
  - Unusually high cost for services/products
  - Frequent bloodwork to adjust therapy
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# IN CLOSING

# THE MIDLIFE TRANSITION

The menopause transition is a journey of privilege. It was only a century ago in 1910 that the average Canadian Life Expectancy was 51 years old, the average age of menopause.

We also now know that overindulgence in convenience and comfort comes at a cost.

COUNSELLORS AND THERAPISTS ARE CRITICAL ALLIES:

- Educate
- Advocate
- Transform

This requires hard work and patience. We are doing this, for just not for ourselves, but also for our families, communities and future generations of women.

Activism isn't parades and pickets. It's being the change we want to see, helping each other and cheering each other with EVERY small step. We strive to thrive and we do it together.





# GPS HEALTH CLINIC

MIDLIFE HEALTH | HORMONE THERAPY  
FITNESS | NUTRITION



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Virtual Care: Ontario residents



<https://www.judygardinernp.ca/>

