

## Module 8 Lesson 2

### Transcript

Today I'm talking to you about weight and menstruation. Yes, your period and your size. I think we have all heard that you have to be at a healthy weight to get your period. We know that our hormones are really sensitive and react to small fluctuations in weight. We also know that it's a complicated topic because not all weight is created equally. Today I want to get into the nitty gritty of this and talk about the connection between weight, body composition and menstruation. Specifically today you're going to learn how body composition and size affect menstruation, physical side effects during amenorrhea, the role that hormones play here, and what your role is in coaching this population of women. So let's start with an example of a client.

I had a female bodybuilder, Cynthia, who was a client of mine a long time ago. She came to me because she hadn't gotten her period for over a year and wanted to find the perfect balance between competing, which meant maintaining her definition and taking care of her health and reproductive wellness. Unfortunately when you're an adult female and you aren't menstruating one of the first places to weaken are your bones, you need estrogen to keep your bones fit. I barely begun my work with her. Bodybuilders are notoriously difficult to work with because they often freak out about every milligram of sodium and insist on weighing just about everything before competition.

Anyway, I had just begun working with Cynthia when she broke a bone in her wrist that kept her off weight lifting for four weeks. She was incredibly upset. Cynthia lost a lot of muscle mass in that four week recovery time. She also lost six pounds, but she did get back her period. Her weight wasn't what was keeping her from menstruating, her low body fat was the issue here. Cynthia was an extreme case because she had female athlete triad, a combination of menstrual dysfunction, low energy availability, and decreased bone density. It's pretty common in the intense female athlete world and you may have come across it before. Although Cynthia was definitely more of an anomaly there.

You want to ask about menstrual irregularity in your intake sessions. That is extremely important. More often you'll find you have overweight clients who are dealing with irregular periods and issues like polycystic ovaries, breakthrough bleeding, and irregular cycles. So what gives here? Let's talk about it. Girls tend to have heavier and more irregular menstrual cycles at the onset of Menzies. As we enter our late teens and twenties cycles should become more regular. Then in our thirties cycles should be most consistent and shortest until we enter our forties and peri-menopause, when cycles lengthen due to lessened ovarian follicles. When we're out of follicles, we enter

menopause and menstruation stops. I always like to talk to clients about the period being something good to see every month. When they don't see it, it's information about the rest of the body.

Just imagine what else isn't working right or is slowing down if you don't physically see your period. Okay, now having too little body fat may cause an absence of menstruation or amenorrhea regardless of the woman's weight, as we saw in Cynthia. The obvious side effects of not getting one's period are that you can't get pregnant. Some people are like, "Big whoop, I'm not trying to get pregnant anyway." But that is really a misguided perspective because not getting your period is a huge marker that's something else is not going right in your body. You need to be able to make clients aware of this. The repercussions of not menstruating can be irreversible and may include side effects such as headache, fatigue, acne, male pattern hair growth, lanugo, which is like peach fuzz all over the body. Premature menopause, loss of libido, stunted growth and teens, dry skin and constipation.

You'll remember from your TNS foundation that hormones are stored in fat cells, so it makes sense that decreased fat means decreased estrogen reserves. And you'll also remember how very important hormones are for pretty much every system in our bodies, not just the obvious ones like breast development and curvy hips and reproduction. But everything from thyroid functioning to cellular repair, feel good hormones in the brain, skin health, bone development and health and heart and liver functioning. I really cannot emphasize enough that if you have a client who is not menstruating and dealing with amenorrhea, have them checked out by a doctor. Sometimes amenorrhea is caused by things not related to weight such as endometrial cancer or other structural issues. Likewise, too much weight in the form of fat being overweight or obese also impacts menstruation causing disorders like irregular periods, longer periods and heavier flow.

And we also see in overweight and obese clients an increased risk of fertility problems and polycystic ovaries. So really maintaining a healthy weight is essential to healthy menstruation and maintaining regular menstruation is essential to overall health. Okay, so before we end today's lesson, let's review. Low weight and low body fat can lead to amenorrhea, which is the loss of the period. This is a sign that something is going really wrong in the body. Low weight and fat also mean low estrogen, which is damaging to the bone, skin, thyroid function and other systems where estrogen plays a role. Too much weight in the form of fat can cause disorders like irregular periods, longer periods and heavier flow. The period is a good sign that the body is functioning properly. If you aren't getting a period and you aren't pregnant, this tells us something else isn't working right or is slowing down. I'll see you in the next lesson.