

Perimenopause Toolkit

A calm, step-by-step plan for the hormone years: what's happening, the tests and options worth knowing, and daily habits that help you feel like yourself again.

Prepared by MK Wellness · Cypress, TX · mkwellness.care · Updated October 2026



Take a breath. You don't have to do this all at once. Pick where you are below, and start with one step today.

A NOTE FROM DANI

This is a transition, not a disease, and you deserve to feel good through it.

Perimenopause can turn your body upside down: hot flashes, broken sleep, weight that won't budge, mood swings, and brain fog, often while you're caring for everyone else. So many women are told it's "just age." It's not just anything. It's a real hormonal shift, and there is a lot you can do about it.

This toolkit brings together the best of what we've learned from menopause specialists, functional medicine, researchers, and the women we see every week. You'll find hormone and non-hormone options side by side, with honest labels on the research, so you can choose your path with your eyes open.

How to use this toolkit

1. **Tell us where you are** (just below) to see your first six steps.
2. **Tick each box as you go.** Your checkmarks save on this phone or computer, so you can come back anytime.
3. **Bring your questions** to appointments: print them, or email them to yourself. Talk through anything new with your doctor before you start it.

Where to start

Noticing changes

1. Track your symptoms for a month or two (step 1)
2. Ask for a full thyroid panel: TSH, free T4, free T3, and thyroid antibodies (step 3)
3. Ask about iron: ferritin and a complete blood count, especially if your periods are heavy (step 3)
4. Ask about blood sugar and insulin: fasting glucose, fasting insulin, and HbA1c (step 3)
5. Or a menopause-trained practitioner (step 4)
6. Lead every meal with protein (step 7)

In the thick of it

1. "Am I a candidate for hormone therapy? What are my personal benefits and risks?" (step 4)
2. Try CBT for menopause (step 6)
3. Find your triggers (step 6)
4. Protect your sleep (step 9)
5. Strength train 2 to 3 days a week (step 8)
6. Book a free tour or a first visit (step 12)

After menopause

1. Ask about a bone density scan (DEXA) (step 10)
2. Know your heart numbers (step 10)
3. Add impact as your body allows (step 8)
4. Use a vaginal moisturizer (step 11)
5. Watch the trend, not one number (step 3)
6. Find your people (step 9)

What the research labels mean

STRONG National guidelines recommend it, based on many trials.

PROMISING Positive randomized or controlled human trials; still being confirmed.

EMERGING Early human data: small studies, case series, clinic data.

EXPERIMENTAL Lab and animal studies plus personal stories; human trials still needed.

The 13 steps

1

Get organized

A simple record turns "I just don't feel like myself" into a pattern your doctor can see.

- ☐ **Track your symptoms for a month or two:** periods and bleeding, hot flashes and night sweats, sleep, mood, energy, and weight. A notes app or a period app works.
- ☐ **Note your cycle changes:** how long between periods, how heavy, and how many days. Changes in timing are often the first sign.
- ☐ **Keep a one-page summary** for appointments: your top 3 symptoms, how long they've lasted, your medicines and supplements, and family history of breast cancer, heart disease, and osteoporosis.
- ☐ **Ask to record your visits:** "Do you mind if I record so I don't miss anything?" [QUESTION TO ASK](#)
- ☐ **Bring your partner or a friend** into the conversation. It helps to have someone who understands what you're going through.

2

Know what's happening

Your hormones aren't just dropping. They're swinging up and down.

Perimenopause usually starts in your 40s and lasts about 4 years on average, though for some women it's much longer. Estrogen and progesterone rise and fall unpredictably, which is why symptoms can come and go. Menopause itself is one day: 12 months in a row without a period, around age 51 on average.

Common signs

- Periods that change: closer together, further apart, heavier, or lighter
- Hot flashes and night sweats
- Trouble falling or staying asleep
- Mood swings, anxiety, irritability, or low mood
- Brain fog and forgetfulness
- Weight gain, especially around the middle
- Joint aches, dry skin, and thinning hair
- Vaginal dryness, lower desire, or bladder changes

Call your doctor if you have

very heavy bleeding, bleeding that lasts much longer than usual, bleeding between periods or after sex, or any bleeding after 12 months without a period. If you feel hopeless or think about harming yourself, call or text 988, any time.

- ☐ **Trust what you feel.** If you're told it's "just stress" or "just age," ask for a fuller look, or see someone who specializes in menopause.

3

Get the right labs

Many symptoms overlap with thyroid, iron, and blood sugar problems, so check those too.

There's no single test for perimenopause. Because hormones swing day to day, one FSH or estrogen result can't confirm it; for women over 45, symptoms and age usually tell the story. Labs help rule out look-alikes and show where your body needs support.

- ☐ **Ask for a full thyroid panel:** TSH, free T4, free T3, and thyroid antibodies. Thyroid problems mimic perimenopause. Read why standard thyroid labs miss so many women. [QUESTION TO ASK](#)
- ☐ **Ask about iron:** ferritin and a complete blood count, especially if your periods are heavy. Low iron drains energy and mood. [QUESTION TO ASK](#)
- ☐ **Ask about blood sugar and insulin:** fasting glucose, fasting insulin, and HbA1c. Insulin resistance often rises in this stage and drives weight gain around the middle. [QUESTION TO ASK](#)
- ☐ **Ask about your heart numbers:** cholesterol (including ApoB if your doctor uses it) and blood pressure. [QUESTION TO ASK](#)
- ☐ **Check vitamin D,** which matters for bones, mood, and immunity.
- ☐ **Hormone tests can add context:** estradiol, progesterone, and FSH, but they change day to day, so they're one piece of the picture, not the answer.
- ☐ **Taking biotin** (in many hair, skin, and nail supplements)? Tell your doctor and the lab before blood work; it can throw off thyroid and other results.
- ☐ **Stay current on screenings:** mammogram, cervical screening, and blood pressure checks.
- ☐ **Watch the trend, not one number.** Keep every result, dated, and review changes with your team each year.

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Build your team

Find someone who specializes in this stage of life. It makes all the difference.

Who	What they do	How to find one
Functional medicine practitioner	Looks at the whole picture: hormones, thyroid, blood sugar, gut, stress, and sleep	IFM Find a Practitioner or the Natural Health Network directory (MK Wellness is a member)
Telehealth hormone evaluation	Licensed providers who evaluate you for hormone therapy or weight-loss options	We refer to EllieMD, a telehealth platform. That care happens through EllieMD directly, not at MK.
Certified menopause practitioner (MSCP)	Doctors and nurse practitioners trained in menopause care, including hormone and non-hormone options	The Menopause Society's directory
Pelvic floor physical therapist	Bladder leaks, pelvic pain, and pain with sex	Ask your gynecologist for a referral
Counselor or therapist	Mood, anxiety, and the big life changes that often come at this age	Your doctor, your insurance plan, or Psychology Today's directory
Supportive wellness, like MK	Recovery, body composition, sleep, and calm	MK Wellness, Cypress: (346) 805-8928

☐ **Find a functional or integrative practitioner** who looks at the whole picture, through IFM Find a Practitioner or the Natural Health Network directory.

☐ **Or a menopause-trained practitioner** through The Menopause Society's directory.

Questions for your doctor

☐ "Could this be perimenopause, and what else should we rule out?" [QUESTION TO ASK](#)

☐ "Am I a candidate for hormone therapy? What are my personal benefits and risks?" [QUESTION TO ASK](#)

☐ "If I don't want hormones, or can't take them, what non-hormone options fit me?" [QUESTION TO ASK](#)

☐ "What's my plan to protect my bones and heart over the next 10 years?" [QUESTION TO ASK](#)

☐ "Which labs should we track, and how often?" [QUESTION TO ASK](#)

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Know your options

Foundations first, then bioidentical hormones and other choices.

There's no single right answer. Start with the foundations in this toolkit, food, muscle, sleep, and calm, which help with almost everything. Many women also feel best with bioidentical hormones, guided by a functional or

integrative practitioner who listens. Read our guide to bioidentical hormones.

Bioidentical hormones

STRONG

The strongest help for hot flashes and night sweats, and they help protect bone. Bioidentical estradiol and progesterone match your body's own, and a compounding pharmacy can custom-make the dose and form your practitioner prescribes. The Menopause Society says that for healthy women under 60, or within 10 years of menopause, the benefits usually outweigh the risks. In November 2025, the FDA removed most of the "black box" warnings from hormone therapy labels (FDA).

Good to know: Ask your practitioner about both routes: standard bioidentical estradiol (patch, gel, or pill) and micronized progesterone, or custom-compounded. Compounded hormones aren't FDA-approved, so choose a PCAB-accredited compounding pharmacy and ask how it tests each batch. Women with a uterus need progesterone with estrogen.

Vaginal estrogen and moisturizers

STRONG

Dryness, pain with sex, and bladder urgency are common and very treatable. Low-dose vaginal estrogen works locally, and vaginal moisturizers and lubricants help too.

Good to know: Ask your doctor; this is one of the most under-asked questions in menopause care.

Testosterone for low desire

PROMISING

An international position statement supports testosterone for postmenopausal women whose low sexual desire bothers them. It isn't FDA-approved for women in the US, so it's prescribed off-label.

Good to know: Ask a menopause practitioner about monitoring if you explore it.

Non-hormone prescriptions

STRONG

Newer prescriptions calm the brain's temperature center without hormones, and a few other medicines also ease hot flashes. Ask your doctor if you want them.

Good to know: Ask about side effects and any monitoring they need.

- ☐ **Want a medical evaluation for hormones or weight-loss options?** We refer our clients to EllieMD, a telehealth platform with licensed providers.
- ☐ **Decide with your eyes open.** Bring your family history and your top symptoms, and ask about the benefits, risks, and alternatives for you. [QUESTION TO ASK](#)

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Calm hot flashes and night sweats

What the research shows works, plus the comfort tricks women swear by.

Start with what you can do today: find your triggers, keep cool, and calm your nervous system. Mind-body tools like clinical hypnosis and CBT have strong research behind them, and hormones are the strongest option if you want them. Movement, yoga, and real food may not stop hot flashes on their own, but they're the foundation for sleep, mood, weight, bones, and heart.

- ☐ **Find your triggers.** Alcohol, caffeine, sugar, spicy food, stress, and hot rooms are common ones. Your journal will show your pattern.
- ☐ **Keep cool for comfort:** a cool bedroom, a fan, breathable layers, and a cool shower before bed.
- ☐ **Replace what you sweat.** Night sweats and hot flashes cost minerals and fluid. A capful of BEAM Electrolyze in water, as part of a daily mineral foundation, replaces them without the sugar of most electrolyte drinks.
- ☐ **Use cold as relief.** Many women find a quick, dry cold session in our Cryo Float deeply calming.
- ☐ **Try clinical hypnosis.** Guided hypnosis sessions reduce hot flashes in studies. **STRONG**
- ☐ **Try CBT for menopause.** This short, practical talk therapy changes how hot flashes and night sweats affect you. Ask for a referral, or look for a CBT program built for menopause. **STRONG**
- ☐ **Losing extra weight can help** ease hot flashes. **PROMISING**

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Eat for steady energy

Your body handles sugar differently now. Protein and steady blood sugar are your friends.

- ☐ **Lead every meal with protein:** eggs, fish, chicken, beef, or Greek yogurt. Protein protects muscle, which is your metabolism's engine.
- ☐ **Aim for 25 to 30 grams of protein at each meal,** about a 4-ounce serving of chicken, fish, or lean beef. Breakfast is often the lowest-protein meal of the day. Dr. Eric Berg's muscle plan explains why.
- ☐ **Space protein meals 3 to 4 hours apart, and skip the grazing.** If you fast, keep your eating window wide enough for 2 or 3 protein meals.
- ☐ **Eat oily fish 2 to 3 times a week,** like salmon, sardines, or mackerel, for omega-3s.
- ☐ **Fill the rest with vegetables and fruit,** and add sweet potatoes, rice, or potatoes for energy around workouts.
- ☐ **Cut the blood sugar spikers:** added sugar, refined flour, seed oils, and ultra-processed snacks.
- ☐ **Go easy on alcohol.** It disrupts sleep, can trigger hot flashes, and adds to weight around the middle.

- ☐ **Walk for 10 minutes after meals.** It helps your body handle blood sugar.
- ☐ **Eat for your bones:** calcium-rich foods like yogurt, sardines, and leafy greens, plus vitamin D from sunlight or as your doctor advises.
- ☐ **Drink clean, filtered water** through the day.

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Build muscle and bone

Strength is the best investment you can make in this decade.

Bone loss speeds up in the years around menopause. In the LIFTMOR trial, postmenopausal women with low bone mass who did supervised high-intensity strength and impact training improved their bone density (Journal of Bone and Mineral Research, 2018).

- ☐ **Strength train 2 to 3 days a week,** working up to heavier weights with good form. A coach or trainer helps you start safely. **STRONG**
- ☐ **Build up in three phases:** a month of light weights to learn the moves, a month of moderate weight, then heavier lifts and impact with a coach. See the plan.
- ☐ **Ask whether creatine is right for you.** In women past menopause, it added a little more muscle and strength when paired with strength training (Journal of the International Society of Sports Nutrition, 2026).
QUESTION TO ASK **PROMISING**
- ☐ **Add impact as your body allows:** jumps, skips, or stomps load your bones. Start small, and ask your doctor first if you have low bone density. **PROMISING**
- ☐ **Walk every day,** outside in morning light when you can.
- ☐ **Practice balance:** stand on one foot while you brush your teeth. It protects you from falls later.
- ☐ **Try our vibration plate** for extra loading alongside strength training.

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Sleep, mood, and brain

Broken sleep, anxiety, and brain fog are real, common, and treatable.

In the long-running SWAN study, women were 30% to 70% more likely to have depressive symptoms during perimenopause than before it. You're not imagining it, and you don't have to push through alone.

- ☐ **Protect your sleep:** a steady bedtime, a cool, dark room, no screens the last hour, and morning sunlight to set your body clock.
- ☐ **For ongoing insomnia, ask about CBT-I,** the first-choice treatment for insomnia in medical guidelines.
QUESTION TO ASK **STRONG**

- ☐ **Pick one daily calming practice:** prayer, slow breathing, meditation, or a quiet walk.
- ☐ **Talk to someone** if your mood is low or anxious for more than two weeks: your doctor, a counselor, or a trusted friend. In a crisis, call or text 988.
- ☐ **Be kind to your brain.** Brain fog is common in this stage. Sleep, movement, and stress relief help, and so does writing things down.
- ☐ **Find your people.** Friends going through the same thing make it lighter. Laugh about it together.

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Protect your heart, bones, and future

Menopause is a turning point for long-term health. Small steps now pay off for decades.

Heart disease risk rises after menopause (American Heart Association, 2020), and bone loss speeds up. The good news: strength, steady blood sugar, sleep, and knowing your numbers protect both.

- ☐ **Know your heart numbers** each year: blood pressure, cholesterol, blood sugar, and waist size.
- ☐ **Ask about a bone density scan (DEXA).** Screening is recommended at 65, and earlier for women with risk factors like early menopause, low body weight, smoking, or family history. [QUESTION TO ASK](#)
- ☐ **If you smoke or vape, get help quitting.** It's one of the biggest steps for your heart and bones.

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Pelvic floor and intimacy

Dryness, leaks, and lower desire are common. They're also treatable.

- ☐ **Use a vaginal moisturizer** and a lubricant for sex, and ask your doctor about low-dose vaginal estrogen.
- ☐ **See a pelvic floor physical therapist** for leaks, pelvic pain, or pain with sex.
- ☐ **Try our pelvic floor strengthening** sessions, which use targeted electromagnetic stimulation, fully clothed, seated or lying down.
- ☐ **Talk about it.** With your partner and your doctor. You deserve to feel comfortable and connected.

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Your MK protocol

Recovery, body composition, sleep, and calm, built around you.

MK Wellness is a non-medical wellness spa, and a lot of our clients are women in this exact season. We build protocols around your goals; our perimenopause protocols article has the full details and a sample week.

Your goal	What we suggest
Stubborn weight	Strength training plus EMS Body Contouring, mild hyperbaric oxygen or HOCATT, the lymphatic roller and compression boots, and a 3D body scan to track muscle and inches
Hot flashes	The Cryo Float for cool relief; shorter infrared sauna sessions with a cool-down; PEMF and the Sound Lounge to calm the nervous system
Sleep, mood, and brain fog	The Sound Lounge, PEMF, and spinal thermal massage in the evening; red light earlier in the day
Skin, joints, and bones	Red light for skin, PEMF for joints, the vibration plate for bone loading, and pelvic floor strengthening

Good to know

Heat affects women differently in this stage. Some find the sauna triggers hot flashes, and others love it. Start with shorter sessions and cool down with the Cryo Float.

- ☐ **Book a free tour or a first visit**, and we'll build your protocol together. Call or text (346) 805-8928.
- ☐ **Look at the Weight Support membership**: 16 modalities a month plus a nutrition counseling session each month, built for exactly this season.
- ☐ **Track your progress with a 3D body scan**, because the scale doesn't show muscle gained and inches lost.

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Help, resources, and voices

Trusted places to learn more, and the experts whose work shaped this toolkit.

Who	Helps with	Contact
IFM Find a Practitioner	Functional medicine practitioners near you	ifm.org/find-a-practitioner
Natural Health Network	Holistic practitioners near you	naturalhealthnetwork.org
Let's Talk Menopause	Free, plain-language education	letstalkmenopause.org
The Menopause Society	Finding a certified menopause practitioner, and patient information	menopause.org
Office on Women's Health	Menopause basics from the US government	womenshealth.gov/menopause
988 Suicide & Crisis Lifeline	Free, confidential support, any time	Call or text 988

Dr. Mindy Pelz, DC

Two-time New York Times bestselling author

In *Fast Like a Girl* and *The Menopause Reset*, she teaches women to time fasting and food around their hormones, and to “work with their biology, not against it.”

Dr. Gabrielle Lyon

Founder of Muscle Centric Medicine

In *Forever Strong*, she makes the case for muscle and protein as the foundation of aging well: “We are meant to be strong. Strength is not a luxury but a responsibility.”

Dr. Lara Briden, ND

Naturopathic doctor

In *Hormone Repair Manual*, she explains that early perimenopause symptoms often come from falling progesterone, and treats this stage as a tipping point for long-term bone, heart, and brain health.

Dr. Mary Claire Haver, MD

OB-GYN

Author of *The New Menopause*. She helped bring updated hormone therapy research, and practical nutrition for midlife women, to millions.

Dr. Lisa Mosconi, PhD

Neuroscientist, Weill Cornell Medicine

Author of *The Menopause Brain*, on why brain fog, sleep, and mood change in this stage, and what supports the brain through it.

Dr. Stacy Sims, PhD

Exercise physiologist

Author of *Next Level*, on training and fueling through menopause: lift heavy, add impact, and eat enough protein.

Dr. Felice Gersh, MD

OB-GYN and integrative physician

Author of *Menopause: 50 Things You Need to Know*. She teaches how estrogen keeps the body’s clock, metabolism, and gut in sync.

Dr. Sara Szal (Gottfried), MD

Physician and author

Author of *Women, Food, and Hormones*, on how hormones and metabolism work together.

Dr. Eric Berg, DC

Nutrition educator

Known for his teaching on keto and intermittent fasting. His free *Postmenopausal Muscle Loss Recovery Guide* rebuilds strength in three parts: protein, key nutrients, and lifting that builds up safely. Read our summary.

Read more about these experts in five physicians reshaping women’s hormone care, and explore our Hormone Health guide.

We're in your corner.

Questions about this toolkit, or want help building your MK protocol? Call or text us. We're happy to talk it through.

MK Wellness · 17844 Mound Road, Suite F, Cypress, TX 77433 · Call or text (346) 805-8928 · mkwellness.care/toolkits/perimenopause

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