

## **Getting Curious with Jonathan Van Ness & Dr. Louise Newson**

JVN: Hey, curious people. I'm Jonathan Van Ness and welcome back to another episode of Getting Curious. I hope you guys are thriving in this December. I can't believe it's already December of 2024. Where did this year go? And I know that usually I'm the one asking questions here, but maybe you've got a question about like, how do we choose the topics for our podcast? Well, I'll tell you this, there's a million ways that we do it, but basically, it just has to be something that I'm really curious about. Maybe it's something that we know a little bit about. Maybe it's something that I saw on Tik Tok and I wanna go deeper. Maybe it's something I've been curious about for my whole life. Uh, there's so many ways that we get curious and there's so many ways that our community inspires our curiosity that like, you just really never can tell. But today, honey, I'm going to a new place, menopause. I won't experience menopause. I've been hearing about menopause on and off like my whole life, but I don't understand what it is or how it works or what the effects are. And what is it? What is menopause? And how does it affect people? And is like, what have it? We found the perfect guest to come, help us break it down. It's giving menopause 101 but also like extra because we learned so much. What's really happening with the body? What are the treatments? What are the myths? What is the deal with menopause and perimenopause? And how can we as people who haven't gone through it or won't go through menopause be a better support system for those that are to help us cover perimenopause menopause and more we're bringing on Dr. Louise Newson. Dr. Louise Newson is a physician menopause specialist and member of the UK government's menopause task force. She is also an award winning Dr., educator and author, committed to increasing awareness and knowledge of perimenopause and menopause described as the medic who kick started the menopause revolution. She has empowered a generation of women to have a greater understanding, choice and control over their treatment bodies and mind. She is also the host of the Dr. Louise Newson podcast, which is the definitive perimenopause and menopause podcast. Today, we're asking Dr. Louise News, what is menopause? Dr. Louise Newson how are you today?

DR. LOUISE NEWSON: I'm great. Thank you. I'm very excited to be here today.

JVN: Well I'm so excited. You're joining us now, Dr Newson, where are you joining us from? Because your accent sounds, I'm married to a British man. And so your accent's giving me, it's reminding me of a beautiful, *\*British accent\* a beautiful nation. I love, darling.*

DR. LOUISE NEWSON: Ah, yes. So, I am British and I'm in the UK, so my, my clinic is near Stratford Upon Avon. So Shakespeare's birth town.

JVN: Are you, are you like an OBGYN?

DR. LOUISE NEWSON: No, I'm not. So, I'm a bit unusual in that respect. So, I think about the body holistically. The women are more than just their ovarian, their ovaries and their wombs. So, no, I'm not –

JVN: Fuck yeah they are!

DR. LOUISE NEWSON: Yeah, totally. So, no, I, I've actually got two degrees. So I've got a pathology degree. So that's the study of disease. And I've got obviously my medicine degree, but I trained in hospital medicine. So I've got lots of, um, I've done lots of different specialties in medicine and then I went into gen general practice. So family physician, but I'm

also a medical writer as well. So I've done a lot of work as a medical writer very into evidence based medicine. So I've got a sort of, you know, portfolio career if you like rather than a traditional career.

JVN: Totally sidebar question, but –

DR. LOUISE NEWSON: Mhm.

JVN: Is becoming a Dr. in the United Kingdom, like the same as the US, like, does it take longer? Is it like, is it a nightmare? Is it like just like it's all just so hard?

DR. LOUISE NEWSON: Right, yeah. So it's similar. So I was six years at university. I've not come from any medical people in my family, but I've always wanted to do medicine. So I didn't really know what to expect to be honest when I went to medical school. Um, but yeah, but even when you've qualified, you're really at the start of everything, you know, I mean, every day you're learning, of course. But certainly as a junior doctor you're, you're learning a lot, lots of things. You know, it's not that your knowledge ends when you become a doctor.

JVN: Got it. So, um Dr. Newson, do you want me to call you doctor or do you want me to call you louise?

DR. LOUISE NEWSON: No! Please call me Louise.

JVN: Ok. Ok. So, ok, ok, ok, ok, it's hard. This reminds me of when I interviewed Senator Warren the first time and she was like, call me Elizabeth, call me Elizabeth. And I was like, oh my God, it's so hard like, ok. Ok. Ok. I got it. So doct – oh I just did it again! So, sorry. My grandpa was a doctor and he was very much a stickler for being like *\*British accent\* that's doctor to you!* But he also didn't have a British accent. So I don't know why I just did that then. Ok. So I'm gonna give you a little tiny bit of background here. I used to have this bit in a stand up show that I did years ago where I would tell this story about how I used to be vagina-phobic stick with me because I felt like growing up as a gay person, like a gay man, I felt like, you know, anytime someone brought up vagina, I'd be like, oh girl, like, I don't even, you know, and there's just, but there's a lot of like vagina phobia and like just like rude ways that women's vagina or like the way that like vaginas are spoken about reproductive um health system is talked about reproductive health care has talked about like, there's just so much nastiness. And so I remember this one time I was doing Margaret Cho's hair early in the morning for Fashion Police in late 2013 or something. And I was like, she said something about vaginas and I was like ew like vaginas and she was like, girl, have you ever even been around a vagina? And I was like, no, I kind of filtered that story for you because you're a doctor, so I was like, no. And then she was like, well then don't be rude about it. So ever since then, I've been like, I'm not gonna be vagina-phobic I am not platform vagina phobia. I am so pro vagina. I wouldn't even be here without vaginas. And people who have vaginas are some of my favorite people that ever drew breath. Like I fucking love women and people who have vaginas. They're amazing. So that all being said, I was minding my own business and I realized a bunch of people who I know were like, we're getting the hot flashes. I remember when my mom went through menopause but I don't know what menopause. Like what I mean? I think I know fu – I think, I know, but I don't fucking know. Like, how do I know about menopause? So, what, what's perimenopause? What's menopause? What's the deal with it?

DR. LOUISE NEWSON: No, it's great. And you know what, most people, I don't know what it is and I wish I could get rid of the word because it's ridiculous. If you look at the actual word menopause, it means stopping periods. But actually, and I think it's probably a man in an ivory tower decided to add a caveat. It has to be a year since your last period to be menopausal. So like, what the hell, why do we have to wait a whole year? What if it's a leap year? Do we add that extra day in or not? And then what about women who've had a hysterectomy? And aren't having periods? Do they not become menopausal? Like it's just madness and perimenopause just basically means that um we're having periods that have become a bit irregular and our hormone levels are declining. So it's, it's just stupid really because what it really is is that we have hormones. So, hormones are chemical messengers go in our blood, they tell ourselves what to do. We've got lots of hormones, but our so called sex hormones. So estrogen, progesterone, testosterone made in our ovaries, our ovaries don't work as well because we get –

JVN: Wait, wait, wait, wait, wait, wait, wait. So I always thought that but then I thought that I was crazy. So, ovaries make estrogen –

DR. LOUISE NEWSON: So our ovaries make all three hormones. So they make estrogen progesterone and testosterone.

JVN: Interest. So there is like a little bit of testosterone in ladies?

DR. LOUISE NEWSON: There's a lot when we're young, it's the most biologically active hormone we have, we have more testosterone than estrogen.

JVN: What organs produce hormones in men and women?

DR. LOUISE NEWSON: So that those three hormones, estrogen, progesterone, testosterone, ovaries, testes, obviously, but also our brain, also our adrenal glands, our muscles, even our heart makes estrogen. So lots of our tissues –

JVN: It does?!

DR. LOUISE NEWSON: Yeah, it's amazing, isn't it?

JVN: Yes.

DR. LOUISE NEWSON: Yeah. So that's why I have an issue that it's not just about periods. Like I don't want to be defined as a woman about my periods or my fertility. Like it's irrelevant. What I want to know is what is my hormonal status because the other thing is once you have low hormones, they stay low forever. So we're always menopausal.

JVN: Wait so if you have low T you have low T forever?

DR. LOUISE NEWSON: Yes. And low estrogen and low progesterone. If your ovaries aren't producing enough of those hormones that levels will decline. And so this thing about getting through the menopause, it's, it's always there. It's a long term hormone deficiency. And then that's when we have to know what are these hormones, what do they do? And then, which we can talk about, but when you know what they do, then you're like, hang on. That's why my brain isn't working. That's why my muscles and joints are so stiff. That's why I'm getting palpitations. So there's symptoms, but these hormones are really important in our body, they keep us healthy. So when we don't have them, we have a risk of diseases. So it's not just about a bit of a gynae problem that we stop bleeding. It's far more than that.

JVN: So when you're having your period, what's going on hormonally, like in someone's body?

DR. LOUISE NEWSON: This is actually really important. So, although I'm a menopause specialist, I'm really interested in hormones for all ages. So when we have our periods in an ideal world and no one is ideal, we don't read textbooks as women, but we have a period like every month, ok? So our hormones are all in tune with each other. They produce an egg ovulate. So we get a little peak in our hormones and then the second half of our cycle, we have a big peak of estrogen and progesterone. And then those levels fall really quickly. Then we have a period, right? But most women, like 90% of women will have PMS, premenstrual syndrome. You might have heard of where we just feel a bit rubbish before our periods, you know, a bit low, a bit flat, a bit moody. And it's always like, oh, don't worry, she'll come on a period soon and she'll be ok. But actually I do worry about these people because they're having symptoms due to their hormonal drop that happens. And about one in 20 women have something called PMDD which is premenstrual dysphoric disorder –

JVN: Mmm, I've heard of this!

DR. LOUISE NEWSON: Yeah, and it's more severe form, ok? But the symptoms of perimenopause menopause PMDD, PMS are identical because they're related to changing hormones. So, I don't care. As a woman, what label I'm given, it's a hormonal change that's triggering symptoms. And a lot of the symptoms are mental health symptoms, but they're also physical symptoms. They can be a combination. So my oldest daughter, for example, has PMDD. It's only, you could say only three days a month, she feels really flat and joyless and terrible and doesn't want to do anything. But actually that's three days a month every month. So that's like 36 days a year. So a month of a year, she's supposed to be feeling crap. But then the other days of the month, she's like, I can't, I don't want these days to come. I don't want these days to come if they come when I'm doing an exam or I'm going to a party or I'm whatever. Like so and so she's treated, she has hormones. So she doesn't have those symptoms because all you do is give hormones for those days in balance. But the number of women globally who have hormonal problems who are given antidepressants or told it's just a hormonal thing. Love just go on with. It is outrageous. So, it's so wonderful you're having this conversation, but it shouldn't be, wait till you're menopausal. Like hormones affect us all the time. And as women were being told to just put up and shut up and it's wrong because we shouldn't be.

JVN: I mean, that's a huge load to bear 36 days a year knowing that you're going to feel terrible. And so do a lot of women in that situation, end up getting prescribed antidepressants –

DR. LOUISE NEWSON: Totally.

JVN: And it's like, maybe not necessarily like the right fit, like a hormone balancing thing could be better?

DR. LOUISE NEWSON: Absolutely. So, there's two things really, a lot of antidepressants. You know, it's huge in the US. It's huge over here. The number of people, especially young people being given antidepressants, but also a lot of them are given contraception to smooth out their hormones, but they're synthetic. So they've been chemically altered. So they don't have the same biological effects as our natural hormones. Do you know what I mean? You

want if you're gonna have something I, this sounds a bit weird, but bear with me the difference between chicken flavored crisps and roast chicken is quite different, isn't it?

JVN: Right.

DR. LOUISE NEWSON: If you want chicken, you're going to eat chicken, you're not going to eat the crisps because they probably don't have any chicken in any way. So, the synthetic hormones are chemicals that they've been altered. Whereas if you want natural hormones. We've got them but they are part of hormone treatment. And so a lot of young women, we see we give them just the natural hormones you replace light with like, and they feel better. They don't have risks, but for too long –

JVN: And they would just like take like for severe PMDD you would just take hormones like those three days.

DR. LOUISE NEWSON: Yeah, because that's what you do in medicine. You know, you treat the underlying cause there's no point treating something else. It doesn't make sense, does it?

JVN: Do we know, do we have, is there any research on why some women experience more severe PMDD than others?

DR. LOUISE NEWSON: So research –

JVN: Or why some get PMDD and some don't?

DR. LOUISE NEWSON: Yeah, research in women are the two words that don't go together. So loads of people just don't do research properly. Search in women. But there are definitely some women who are more sensitive to hormonal changes and it's usually mental health changes but it can be physical, but some women really notice a difference and others don't. And we don't know why, but I'm very interested in the hormones in our brain –

JVN: I'm interested in that too.

DR. LOUISE NEWSON: Yeah. But especially in our brain like, you know, you can, if there's a bit of, if you have some flushes and sweats, which is what you said at the beginning like, yes, ok. They're a nuisance, but it's more of a nuisance when you have dark intrusive thoughts, you're feeling really irritable or angry or you can't think you can't concentrate and those symptoms are very common.

JVN: Is there any other symptoms?

DR. LOUISE NEWSON: Yeah, there's loads, there's loads of symptoms. So they –

JVN: Give us the, the end of the prescription ad like in America –

DR. LOUISE NEWSON: So how many symptoms are those affecting our brain? Because the hormones are so important in our brain. So the mood changes, you know, the irritability, the anger, the poor sleep, the reduced concentration, the low mood, the anxiety, the brain fog. But also, um you know, if you work down the body, you can get eye changes, dry eyes, you can get changes in smell, you can get sore mouth, burning mouth, you can get palpitations, even shortness of breath. Um, people can get muscle and joint pains, they can get headaches, they can get, you know, irritable bowel type symptoms because we've got every single cell in our body responds to these hormones. So, you know, you can, um, a lot of

people find, you know, they get urinary tract infections, they get going to the toilet more frequently. You've already mentioned vagina. But people get vaginal soreness discomfort. You know, I see people who can't sit down for long periods of time, they have such discomfort, but no one thought about their hormones, so yeah –

JVN: Your poor vagina!

DR. LOUISE NEWSON: I know! it's, it's, you know –

JVN: I've had my fair share of butt stuff. We've talked about it a lot on the podcast and I don't know what it's my ADHD it's not trying to one up. It just, like, wants to relate. But when you're having something going on with your butt or just anything downstairs below the belt, it's so uncomfortable. I just, I hate that feeling. I can only imagine like, your poor fucking vagina if it's all, like, just comfortable and you don't want to sit down?

DR. LOUISE NEWSON: Yeah, I know. It's terrible.

JVN: I think mental health gets the short end of the stick in so many ways –

DR. LOUISE NEWSON: Mhm.

JVN: But in some ways, I feel like men's mental health in the last few years. Not that we're, you know, it doesn't have to be a comparison, but it's like, it's like this unspoken epidemic of like men's mental health when I feel like also women have this huge epidemic of mental health where it's like, not legitimized. It's seen as like it, it's just a misogynistic view of women of like, and we just saw that so much in the presidential campaign with the way that people talked about Kamala Harris. Like there is so much men speaking about like, oh, she's gonna be uh period, perimenopause. She can't have the nuclear codes, da da, da, da, da, da. Like it's just, it's, there's so much absolute toxic misogyny around women's mental health and periods and just so much of this. So what barriers do you see that women have um in terms of getting help for their hormones or PMDD or perimenopausal menopausal symptoms?

DR. LOUISE NEWSON: So a lot of it is misunderstanding. There's so much medical gas lighting and when, when I, when you asked me at the beginning, it's so important thinking, not about obs and gynae. So I'm very interested in health of women rather than women's health. Because if you talk of about women's health, it's about periods. It's about, oh, goodness me. It's gynae issues. When you talk about health of women. I worry about brain function. I worry about heart. You know, I worry about our bones and the problem is because some of these symptoms can be misdiagnosed as depression, anxiety, you know, fibromyalgia, irritable bowel symptoms. People are being mislabeled and then mistreated and actually, you know, I take hormones if I didn't, I wouldn't be happily married. My Children would hate me. I wouldn't be working because my brain didn't work. And yes, I couldn't do the job I do. But actually what we should be doing with these women is saying actually, you know, you haven't got depression, you haven't got these things. Let's give you some hormones back, which are very safe by the way because they're just replacing like for like –

JVN: I was thinking about that too. Like my, my brain went straight to like, scared of cancer.

DR. LOUISE NEWSON: Yeah, which is, yeah. Which the older types of hormones, right? The synthetic ones, chemically altered ones. They were associated in a big study in 2002 with a small risk. That wasn't even statistically significant, but now they group all hormones

together and say that all hormones could increase risk of cancer. Which is rubbish. Why are we born with hormones if they're going to cause cancer? It doesn't make sense. Does it, how would your testosterone cause cancer –

JVN: So is there studies to support that hormones can be carcinogenic or cancer causing?

DR. LOUISE NEWSON: the synthetic ones that have been chemically altered? So, which even the study showed it wasn't statistically significant, you know, any study, you can skew data, do you know what I mean?

JVN: Like those studies that like it can like in mice that increased like thyroid cancer. But like there's been, they have been on it for like a decade for diabetes and they're not, there's, we're not seeing thyroid cancer.

DR. LOUISE NEWSON: So but again, you've got to look at the benefits of hormones as well. So one of the main benefits is if you get the dose and type right, people feel better is that a bad thing that people feel better? I don't think it is –

JVN: No, it's a good thing.

DR. LOUISE NEWSON: But the other thing is most women globally die from heart disease and dementia, ok? And one in two women will have osteoporosis, women who take hormones will have a lower risk of all of those diseases. So as a woman who takes HRT, I can decide what about my benefits versus risk. As a woman, I'm really scared of osteoporosis because osteoporosis of the spine is cruel and painful and difficult. So actually I take it for the benefits if there is a risk. The risk is either not there or so low that actually it doesn't matter? Like we all buy cars, don't we, there's a risk, we'll have a car crash, but we'd still buy a car, you know. So the problem is with women is they're not, they're not given a choice and that's what I have an issue with.

JVN: Right. So, if someone's listening to this and they're like, I have some of these symptoms, like a lot of this is like ringing a bell. Um, well, actually I did have one other question before I get there, which is like, so, but just so I don't forget I want to learn about like how someone gets diagnosed or like needing to know that they have hormones. But then the other thing I wanted to ask when I asked the question about like, is there barriers that people face is, is ageism a barrier? Do women ever have issues with this? But maybe if they're in their thirties or forties, like, well, it could never be a hormone thing because I couldn't be perimenopausal yet –

DR. LOUISE NEWSON: Mhm most of them –

JVN: And so is that like a think where we're labeling them and it doesn't help because –

DR. LOUISE NEWSON: Yeah, and there's a lot. But if you look, actually one in 30 women under the age of 40 will be menopausal. So my youngest patient was 12 when she was diagnosed because her ovaries never developed. So she never had hormones. So that means she was at school being a menopausal woman and didn't understand what was going on. So there are women in their twenties and thirties who are perimenopausal and menopausal and are being mislabeled. That's why it's so important that they have the information to make the diagnosis themselves.

JVN: Wow. I just did not even know that. So how would you get diagnosed with being perimenopausal or menopausal?

DR. LOUISE NEWSON: It's a great question. The first thing is, do not buy or have a hormone blood test because it will be unreliable because in the perimenopause our hormone levels fluctuate. So I've seen so many women who have had normal blood tests, but they were normal at the time, they were taken two minutes later, they'd probably be abnormal. So, um people can make the diagnosis if they've got information themselves about the symptoms and a lot of women say, yeah, they're symptoms similar to those symptoms I had before my period ie when my hormone levels were reducing. So we've got our Free Balance app where we've got a symptom list on it and people can look at the symptoms, mark them, create a health report. They can print off take to their doctor and go. These are my symptoms. I'm pretty sure they're related to my perimenopause or PMS, PMDD, menopause. And I'd like to talk to you about having some hormones to see if that helps. And then the proof is in the pudding. You know, if they feel better with hormones, it will be related to their hormones of course.

JVN: So is there like an average age where women may start to experience like, perimenopausal symptoms or like the, like, moving into menopause?

DR. LOUISE NEWSON: Yeah. But it depends on their background. Depends on their ethnicity. Depends where their country. But on average, um, 51 is the age of menopause, but perimenopause can last around a decade. So most women in their fifties will be perimenopausal unless they've had a menopause at an earlier age. In which case, they'll be menopausal. So most women in their forties will have hormonal changes affecting them.

JVN: I mean, one thing that I am just reeling with is we kind of start to land in the plane is that just the lack of research for women's health and hormones, like, how can we advocate for better research for women's hormones and overall health in the United States and the United Kingdom?

DR. LOUISE NEWSON: So it's very important, you know, when I qualified women didn't even have to be in any studies at all. Like, and I mean, I'm old but I'm not that old –

JVN: We learned about that in the podcast too. Like, and it's like in the US, like before, like I think it was like in the eighties up until the eighties, women didn't even have to be included in fucking studies in the US.

DR. LOUISE NEWSON: I know, and ours was a bit later, it was in the mid nineties but actually –

JVN: It might have been that late here too. I'll have to fact check.

DR. LOUISE NEWSON: What we need to do is do proper research, not just looking at our ovaries and our womb. We need to be looking at the role of these hormones in our brain. We need to be looking at the role of hormones throughout our body. But we also, you know, we've done a lot of research because we've got big data sets because I've got Balance App that's had over 1.5 million downloads. We've obviously got our clinic data. So we've been really looking with, we're publishing some papers now which is changing the way people are thinking about hormones. But we need to do more. You know, we're doing some testosterone research with some guys in the US, which is great, but we need to not be thinking about fertility and periods and all that. But I think we should also be doing hormone research in men and women because that will make it far more interesting. Do you know what I mean? It, it's, you know, obviously there's far more funding in male research but not in



hormonal health. I'd love to know, like I say, the role of estrogen in men, the role of progesterone in men. You know, the first thing our brains do if we had a stroke or head injuries produced progesterone, whether we're man or women. So why aren't we looking at that? So we need to be looking at these hormones for men and women. And I think if we did that, you get a lot more funding and a lot more research because when, when it goes just to women, it goes back to their gynecological organs which don't get me wrong. It's good. But we need to do beyond that.

JVN: We need, we need hormone research across the board

DR. LOUISE NEWSON: Of course we do, we absolutely do.

JVN: And then people are more caring about fucking men anyway –

DR. LOUISE NEWSON: Yeah!

JVN: Let's just Trojan horse it. And we just need like hor hormone research for all!

DR. LOUISE NEWSON: We do, and I do, you know, I do a lot of work over here with the British Society of Sexual Medicine. And for many years, I've lectured with the guys there. They lecture about low testosterone. I lecture about menopause and it's the same like symptoms of low testosterone in men are similar to menopausal symptoms. The health benefits of testosterone in men are the same as health benefits. So why don't we just stop doing this men, women divide thing? Let's just research hormones properly and then everyone can get better.

JVN: Is there any any findings in 2024 that have like started to move the needle on how we understand women's health hormones, perimenopause menopause or any other like conditions like endometriosis or like PCOS or anything?

DR. LOUISE NEWSON: Well, I mean, we've had some papers published, we've got one that's coming out soon. One of them is looking at testosterone about how it improves symptoms beyond libido. So the cognition improvements, mental health improve improvements. And that's really important. We've also got this paper that's been accepted. It will come out really soon. Looking at dosing of estrogen showing some people need higher doses than others to get the same absorption that's really important as well. We've also got papers accepted looking at testosterone um, and um in women who are doing sports because if you're a professional sports person, as a woman, you're not allowed testosterone. So there's women who are deciding between giving up their career so they can have testosterone. Whereas if you're a man, you are allowed testosterone with a medical exemption certificate. So that's a really important piece of work that we're working on.

JVN: That's an interesting, like, trans intersection.

DR. LOUISE NEWSON: It's hugely important. And then we're doing quite a lot about mental health. I found a researcher looking at suicide risk and um menopause. So we're looking a lot about our mental health symptoms and how those can improve with hormones. So those are things that are just taking the conversation in a slightly different way. But I think we have to think differently to be able to move the agenda forwards.

JVN: Is there anything that you're frustrated by just like constant misinformation? Like one thing I'm for instance, hearing a lot is that like puberty blockers cause like long term like

infertility, they can be really, really dangerous. Like we've like, so there's just like so much around here like hormones. Where do you feel about all of these things?

DR. LOUISE NEWSON: I think it's really difficult. There's so much misunderstanding, you know, I think when people talk about hormone blockers, what did they really mean? Like people, like we've said, have had had breast cancer given hormone blockers. So is that all right that they're giving them people who are trans, have really high doses of estrogen. Yet women aren't allowed any estrogen. Like how does that work? You know, I think this so much fragmentation and misunderstanding when we use the words even hormones, like we're talking about three hormones, we've got hundreds of hormones in our body. But somehow when it's about these gendered sex hormones, people get so fired up and they miss the basics if you see what I mean. Um, and then you miss the person. I think, you know, my work is about choice. I'm not there to judge anybody by their gender, their sex, their hair color, their whatever. I think it's really about having choice and being understood is the most important and also not doing harm as a patient, as a doctor I don't want to do harm on people, but I want them to have a choice. That's right for them at the time. That's right for them. And what's happening is that –

JVN: So what do you say to the people who are being so aggressively limiting around medical choice?

DR. LOUISE NEWSON: When you're talking about adults who are sensible, they're consenting adults. You know, the number of DM's I have from women every day, including from us telling me that they can't access treatment, their lives are falling apart. Like why I don't understand that this is, is so hard. Whereas if I wanted to take an antidepressant, if I wanted to take a painkiller, I could get it really easily, but I can't get my own hormones? It just doesn't, you know, without any good evidence, you know, I'm well read. I know the evidence. There isn't any evidence telling me that hormones, natural hormones are dangerous. Like why would they be?

JVN: I mean, in the United States gender affirming care for minors can be haircuts, it can be pronouns, it can be clothing completely non permanent things. And when and if someone is prescribed some type of hormone blocker, it is in their teens. It's like, and it's with like a adult supervision, parental supervision, like everyone's kind of on the same page. We just got to interview Chase Strangio on the podcast. Um, they're gonna be the first out trans lawyer to argue a case in front of the Supreme Court. And there has been this um case coming out of Tennessee and Kentucky that's actually been allowed just since we recorded a Chase to go into effect here in the United States, which completely cuts out gender affirming care in its entirety for anyone through the age of 18. And that's why Chase is fighting this fight because they're not saying that they wanna put in some safeguards or say like, hey, we wanna make sure we're not because kids do change fast. And because you know their ideas change. And if we got like a 12 year old or a 13 year old, you know, they're not saying we want safeguards, we're not saying they want a three month waiting period or you know they're saying no, never, never ok, never an option, period. End of story. And the reason why I just got in this huge fight with this like woman who was like harassing me on this uh Instagram video I made about like what is abortion, gender affirming care, birth control have in common and it's like the Supreme Court is coming for them. And this one was like, why do you care so much about abortion? You're never gonna need an abortion. Like why are you always talking about this? And first of all, it's like, well there's empathy like it's ok for, for us to care

about each other and, and what happens to each other. But more than that if I was going to be all the way selfish about it like this woman was being, it's because if someone limits the medical freedom of one person, they can do it for anybody. So when I see women being restricted in their ability to obtain the medical care that they need, I know that that could happen to me. When I see trans people who are being legal or you know, legislated out of existence, I know that that could happen to me and so even for people, and I'm not even cisgender, like I identify as non binary and, you know, gender queer, but for, even for people that are cis and think that these regulations can't come for them, they can. And that's the point. Um ok. So what do you think though, back to menopause, perimenopause, what are the biggest societal misconceptions that people have about them? About perimenopausal menopause?

DR. LOUISE NEWSON: I think the biggest misconception is it's a few hot flushes and sweats that you'll just endure and get through and you'll get through the other side and it's not like that.

JVN: Mhm. That was a good tight answer.

DR. LOUISE NEWSON: The other thing we're being held back by is by women who have had minimal symptoms and they think that every other woman has minimal symptoms and is making a fuss, you know, we're all different, right? So we have to acknowledge that and we have to realize for some women, it can be a very detrimental time of their lives and other women, it might be not so bad, but they still want treatment. So it's the whole thing or like you were saying we shouldn't be judged, but we should be able to access the treatment that we want.

JVN: Interestingly, that same woman that I was fighting about abortion care with on Instagram, she was like, I've had miscarriages and I didn't need any sort of medical care. And I'm like, well, that's so lucky that you didn't need a DNC –

DR. LOUISE NEWSON: Yeah.

JVN: And that you didn't get sepsis and fucking die or become infertile for the rest of your life. Not everyone is so lucky to be able to miscarry in the, you know, and they're not so lucky, but not everyone miscarries and has no complications. Some people do and some people have like, lifelong complications from it. Ah, ok. So that one was really getting on my nerves and she also had, like, the other thing that pissed me off about her is she had good glam and any time a conservative has good glam, it makes me mad because I feel like conservatives shouldn't get to have good glam. You know, they should look fucking, not cute and her makeup was blended, the blow dry was really good. Not like a little good. It was very fucking good. Like she had really good glam and I just, that is just not, I don't wanna compliment good glam on conservatives. I'm going through enough, but I am a hairdresser. So how do you see the conversations around menopause changing in the next few years? Have they changed lately? I feel like it hasn't, I mean, just being a non woman, but I think there's just so much shitness around it still.

DR. LOUISE NEWSON: I think it has actually especially well, like I said, I've just done this theater tour, I've done 34 dates in all over the UK and actually I, I spoke to thousands of women and it's different when you hear them on social media and you see them as, as you know, there's a real difference isn't there when you see and what is different this time is that women get it, they get it quicker than healthcare professionals. So for example, in 1974 we

had the first menopause clinic opened in the, in the UK and it was shut down by the British Medical Association. They said there was no need for menopause uh clinic. So we've been, you know, held back, held back, held back by other doctors. This time, we've got social media in a way that we've never had before. We've got, obviously even just using Balance app, our app, people get knowledge and then they make choice and that's what's different and it is happening more and more, but it has to do a lot more in the, in the US and other countries as well. That's where we're going to keep this conversation going through the women and others, not just women but men understanding like how fantastic you're doing this podcast, like getting it out and then people can just join the dots themselves and work it out. That's, you know, my children, I've got three daughters, like they understand hormones, they're not going to be suffering, they'll go and find someone that will listen and have choice and their, their, their future health and probably their mental health will be a lot better for it, but they're this kick ass generation, they'll do it.

JVN: How can well intentioned people support women going through this transition and not stigmatize perimenopause or menopause?

DR. LOUISE NEWSON: I think not being judgmental is so important in anything. We do anything is so is so crucial just because we've got like certain color hair doesn't mean others with different color hair are going to be different, same if we've got, we don't have many symptoms. You have to be nonjudgmental, but you have to have knowledge so you can help signpost because you know, having been menopausal myself, struggling with symptoms, your brain doesn't work in the same way. You're very vulnerable. You feel very, you have reduced self esteem. What you want is someone to scoop you up and go. Do you know what Louise? Let's talk about this together. Let's see how much is related to your hormones. I'm gonna help you see someone that you want. That's what you want. You don't want someone laughing at you because you can't string a sentence together or you can't remember your password at work or you're shouting at your husband because his breathing is really annoying you, you want someone who's gonna just understand and that's where everybody has to know about the impact of hormones but not just normalize the conversation.

JVN: How should a partner or a husband or you know, wife be there for someone who's going through this? I mean, kind of just like what you said, like scoop them up and say, how are we going to get through this together and don't and just give them a little bit more space and compassion.

DR. LOUISE NEWSON: But it's not to normalize it. Go. Oh, darling, you must be really tired. I make you a cup of tea and you know, whatever it should be. Ok. This is a treatable condition. How are we going to get the treatment? That's right for you. Let's think about treatment choices. And if you do want hormones, I'm going work with you to find someone that will give them to you because what happens sometimes is the conversation is normalized. Oh, it's just a process. It's just a transition. Let's hold your hand for the next eight years while you're suffering. No, nobody should be suffering once they know it's hormones and if they want hormones, they should be able to access them easily.

JVN: Your fucking lips to God's ears. Now, this is kind of for social, but it also is like kind of for the podcast like we did so good. This is amazing.

DR. LOUISE NEWSON: Alright.

JVN: But what would you say are the top three pieces of advice you would give to someone entering perimenopause?

DR. LOUISE NEWSON: Get information, but make sure it's evidence based information from a reliable source. Obviously, download Balance app, which is free to get that information, right? And if you don't get the right help from the first person you see, don't give up, you are allowed 2nd, 3rd opinions. You've got to invest in your future health here because menopause lasts forever.

JVN: I think. Yes, how you said, like, I'll get through menopause. You like, girl, this is lifelong. So it's not, it's that, that really is ringing in my ears. It's like that's a total misconception that I've had my whole life. Not knowing.

DR. LOUISE NEWSON: Good, good, good.

JVN: Now, this is again, kind of for social, but we'll also keep it in the podcast. So how can women advocate for themselves in healthcare settings regarding menopause?

DR. LOUISE NEWSON: They've got to have knowledge, I think before, ideally, before they get symptoms because then they can make choices in a better way. They have to be really strong and you know, you don't have to be cross, but you have to be firm with a person that you see. So you get what you want. And so this again, it comes back to having the knowledge, but write things down. If things are being difficult, go with someone else, you don't have to do this alone and it's so much better to not do it alone.

JVN: So you just did a 30 a 30 stop tour in the United Kingdom on, on menopause and perimenopause. Like giving us auditoriums, honey, giving us sold out. How was it? Is it or is the tour over? Is it if anyone's listening to this, it's heading over to the United Kingdom already there. Can they see you again?

DR. LOUISE NEWSON: Yes it's over. It finished two nights ago. So I did it in 34 theaters all over the UK. So Scotland England Wales. And it was amazing. I never like my mom's an actress so I've never wanted to be on the stage. Like, I'm a doctor aren't I? And it was suggested to me and actually I loved it. I love, it was really weird –

JVN: Are you gonna do a part two if they missed it?

DR. LOUISE NEWSON: I'm going to do it again, like next year. So January 2026. So I've got a new book coming out then. But, you know, maybe I'll come over to us and do it over in the US and do it

JVN: Yes, come to the US. I think there's just a huge, there's so much need for this.

DR. LOUISE NEWSON: Yeah.

JVN: And I just had such and also, um because you host, because you also host the Dr. Louis Newson podcast, that's part of how we found you –

DR. LOUISE NEWSON: Yes, I do.

JVN: So if people are obsessed with this, how can they listen to your podcast? And when does it come out?

DR. LOUISE NEWSON: So yeah, I mean my website is DrLouisNewson.co.uk, Dr Louise Newson. So I do a weekly podcast which is quite popular, um, which is great. And then I do a weekly youtube actually, like when it's Instagram live that goes off onto my youtube. And um then I've, yeah, I've written a few books already. My most recent one is The Definitive Guide. Um, but I'm constantly putting out more and more information on, on Balance. Um, so people can get information. But yeah, no, the tour was good because I did a lot about hormones and how they work. But the second half I did about the history of hormones and the, honestly, some of the treatments for hysteria, which is another word for menopause. Really? It's just so awful. But it was great. Like people came out, they really –

JVN: Oh, my God. What were they?

DR. LOUISE NEWSON: It was funny but it was, oh, do you really want to know?

JVN: Kind of, I mean, you, I mean, curious. It's called Getting Curious. You can't, like open that can of worms and leave without telling us.

DR. LOUISE NEWSON: Well, you know, they thought hysteria was due to the wandering womb because it was wandering throughout our bodies looking for sperm, right? So anything that would tie our womb down, whether it was squirting water jets on us or, you know, gynecologists used to do uterine massage. So you can use your imagination to think what uterine massage is for these gynecologists –

JVN: Uh uhuh!

DR. LOUISE NEWSON: I know. And then, you know, all the women that were locked up in asylums are having their lobotomies and straitjackets and –

JVN: The lobotomies. They were doing that to the gays too.

DR. LOUISE NEWSON: Yeah, I know.

JVN: I these people. Um, ok –

DR. LOUISE NEWSON: But you know what though, I see people now had ketamine infusions for their menopause. Like we haven't really moved forward –

JVN: You don't even need ketamine honey, you just need some estrogen.

DR. LOUISE NEWSON: What I loved was the energy from the crowd and the people that was just phenomenal. It was amazing. But it's also really sad though because like I did a book signing after and these women are coming up to me literally crying literally trembling, you know, and I'm just a doctor and they're like saying you have literally saved my life and they're tearful because it's not because they've been to the clinic. It's because they've been empowered with information, you know, and I, I'm like, isn't that lovely? But isn't that sad that something as simple as hormones? And I've just given them the knowledge and the confidence, like it shouldn't, like the, the suffering is awful or women that have been crying because they've gone to clinics and they've been told they can't have testosterone because their libido is not low enough. Like what's going on?

JVN: Well, thank you for doing this important work, Louise because it's so important

DR. LOUISE NEWSON: Thank you.

JVN: And I feel like I learned so much. I loved our time together and you guys get it together and be listening to Dr. Louise Newson's podcast every week, listen to our youtube following all the things. And also Louise will include all those links on the episode description um of this episode. So we just love you so much and thank you so much for coming on. Getting Curious.

DR. LOUISE NEWSON: Oh thank you! Hopefully meet you in real life at some stage. That would be wonderful!

JVN: I'd love to, we'll send you some JVN Hair and when we come over, well, I'd love to see you. We come over quite a bit to see my husband's family.

DR. LOUISE NEWSON: Oh for sure. Well, then they come out, it would be great –

JVN: We do it at least three or four times a year are you, are you north of London or south of London?

DR. LOUISE NEWSON: So it's north, but you know, I come into London. I will come and visit you. So, it's fine.

JVN: because Mark's dad lives in, um, what's it called? Darby. Derbyshire.

DR. LOUISE NEWSON: That's really near. That's like an hour away. It's not far.

JVN: Yeah, we go, like, walk around that cute, like, pond.

DR. LOUISE NEWSON: Definitely. It would be lovely to see.

JVN: We'd love that. I would say that was one of our like, I mean, our episodes are always good around here but I learned so much and I guess call me not smart, but I just, I, I really didn't understand that this was like all hormones. And I also, I always think that I remember that like women and men make both estrogen and testosterone. But then I always think, wait, that must not be right. But it is right. And I think that is just so incredibly fascinating, just like hormones. There is so much going on there. And for me, in particular, when Dr. Newson was telling us about like, oh, you can just take some hormones. It's like the amount of like fear and trepidation and like ingrained thoughts that I, that I think I had around hormones. I just, it really came up for me like I was like, well, isn't it dangerous? Is it, this, isn't it that? And it's like we've been, it's like synthetic hormones and like the hormones that doctors prescribe in the way that Dr. Newsom was talking about. It don't seem to be the same thing and that's a really important for us to understand. I do think that generally by and large women do not have the same awareness of the hoops that they have to deal with when it comes to health care. Um from PMS to PMDD to periods pregnancy. Um, the risks around pregnancy. Um just, I mean, that just to just the tip of the iceberg. So many things, I mean, the way that women are so often prescribed antidepressants instead of hormone therapy, interesting um understanding hormones can help us alleviate so many symptoms of menopause, which I thought was fascinating. Oh, and ageism, the way that ageism can prevent uh younger women from receiving proper care. Um, I also love the part about like how women can take small amounts of testosterone and some days that's the thing because women do produce testosterone just in smaller amounts and, and I just couldn't and so let's get into things that I'm curious about, now. I'm, I am reignited in my curiosity of the gender binary. And what's the medical, what's the medical part of – because I just as Dr. Newsom was talking so much about hormones, I couldn't help but think about trans exclusion in

sports. Um and just how much we don't know about hormones and how much we don't know about just about hormones and the way that hormones have been fear mongered and, um, you know, politicized. And I just think that is so why are hormones so politicized? And I think we already know what it is, but it comes back to, I think just this, this idea that we have, this people think, you know, biology is simple. Men and women are so, or it's so easy to tell the difference and it's hormones and both of us, men and women do have all the different types of hormones. And I get that the, the ranges are different for them. But I'm just reignited with our obsession around hormones, bodies and gender. Also, I don't know why lobotomies came up, but lobotomies did come up there and like lobotomies, what is the history of lobotomies? Like scary. But uh you know, uh and I think another thing here is just to leave us on this when I, I made this video on Instagram a few weeks ago talking about abortion and, and why I didn't think that the government had any place in women's bodies and their ability to receive abortion and abortion or reproductive health care. And there was this one in particular person in the comments who was like, why do you care? You're never going to have a kid, you're never gonna need an abortion. Like why do you care about this? Like why do you care so much about abortion? And it's like, because I love people, I love women. I love birthing people and I've had so many people in my life who have needed that medical care for a myriad of reasons. Um, and that's why I care and I just, I think that why do people think that something has to affect them in order for them to care? Like, why can we not care anyway? Like, when did caring become so uncool? And also it's like, what's the economy of caring? Well, I'm curious, like, how do you get people to care about things that don't impact them? How do you get someone to give a shit? It, it seems that that really with this election and every in the fallout from this election, how do we get people to care about each other again, in a really earnest way or just in an, in an authentic way? I just, how do we get people to care? I, I want us to care about each other's health outcomes and how we can take care of each other and how we can make systems that work better for more people and, and how can we come from a place of abundance and not scarcity together? How can we do that? I'm not sure that and lobotomy is coming up on Getting Curious. We love you guys and thank you so much as always for listening to our show and supporting our work. We love you so much and we'll see you next week.

You've been listening to Getting Curious with me, Jonathan Van Ness. You can learn more about this week's guest and their area of expertise in the episode description and follow us on Instagram @CuriouswithJVN. You can catch us here every Wednesday and make sure to tune in every Monday for episodes of Pretty Curious which we love. It's our podcast on all things beauty, get into it! Still can't get enough and you want to get a little spicy with us? You can subscribe to Extra Curious on Apple Podcasts for commercial free listening. And our subscription only show, Ask JVN where we're talking sex, relationships, or really just whatever is on my mind that week. Our theme music is Freak by Quinn. Thank you so much to her for letting us use it. Our editor and engineer is Nathanael McClure. Getting Curious is produced by me, Chris McClure with production support from Julie Carrillo, Anne Currie and Chad Hall.