

PERIMENOPAUSE



What's Happening to Your Body
and What You Need to Know About It

BY DR. SUE DECOTIIS, MD

Three Women Walked into My Office

*Three women walked into my
office this week with completely
different symptoms.
They had the same problem.*

I heard the same story three times this week.

On Monday, Sarah called me in a panic.



She was 48, a professional who'd built her entire career on being unflappable—the person everyone counted on in a crisis. Her boss had just pulled her aside. She was blowing up at colleagues. Nobody wanted to work with her anymore.

Dr. DeCotiis, I don't know what I'm going to do. I can see myself losing it in meetings, but I can't stop.

On Wednesday, Jennifer came in.



She was 50, a portfolio manager at UBS who still looked 35. In her job, memory isn't optional—she needs to hold client portfolios, market details, and the specifics of complex financial instruments in her head at all times. She was forgetting things in meetings, losing track of details she used to hold effortlessly. She was terrified of making a costly mistake, and she had no explanation for what was happening to a mind that had never failed her before.

On Thursday, Michelle came in.



She was 41 and ran a fitness salon—she literally teaches transformation for a living, and for a year she'd been her own best advertisement. Then three months ago, her body stopped responding. Same program, same discipline, same client-facing energy she was paid to project. Nothing. Her body composition was shifting in the wrong direction, her clients were starting to notice, and no one in her world—not her trainer colleagues, not her doctor—could tell her why.

Here's what I saw that their other doctors missed:

All three had seen their gynecologists. All three had bloodwork come back “normal.” One was put on birth control pills. Another was told to try eating less. The third was on Ozempic with no monitoring. None of them suspected perimenopause. That's the problem I see every single week.

None of them suspected perimenopause. And that's the problem I see every single week.

You're Not Crazy

*Something changed, and
nobody can tell you why.*

Sarah, Jennifer, and Michelle aren't unusual cases. They're typical.

Most women who walk through my door have no idea they're in perimenopause. They come in for weight loss, or frustration, or after trying everything else. And they all describe the same experience: something changed, and nobody can explain it.

SYMPTOMS THAT SEEM UNRELATED—BUT AREN'T

1

Sudden weight gain despite doing everything right

2

New allergies, itchy skin, or eczema

3

Brain fog and memory lapses

4

Anxiety or insomnia that appeared from nowhere

5

Irritability straining your relationships

Maybe you recognize yourself. You're eating clean, working out, staying disciplined—but your body isn't responding. Or you have new allergies out of nowhere. Or the mental sharpness that made you great at your job is slipping. Or you're lying awake at 3 am with your heart racing and no idea why. Here's what almost nobody tells you: these seemingly unrelated symptoms are connected.

*“These seemingly
unrelated symptoms?
They're connected.”*

They have nothing to do with being lazy, stressed, or “just getting older.” And your doctors? They're testing for the wrong thing.

The Test That Lies

*Your blood work came
back 'normal.' So why are
you falling apart?*

Here's what probably happened when you went to your doctor. You described the weight gain, the anxiety, the brain fog. They ordered blood work. A week later: "Everything's normal."

Maybe they gave you birth control pills. Maybe they said you were stressed. What they didn't tell you—because most of them don't know—is that the test they ran can't show what's happening to you.

During perimenopause, your hormones don't decline in a smooth line. They fluctuate wildly. One day your estrogen is high. Three days later it's crashed. When they draw blood on a Tuesday morning, they're capturing a single snapshot of a system in chaos.

It's like taking a photo of the ocean at low tide and declaring there are no waves.

You could walk in on a day when your hormones happen to be in normal range. The test comes back fine—but that tells us nothing about yesterday, or tomorrow, or why you're falling apart.

The birth control pill makes it worse. It masks symptoms by overriding your natural cycle. Your periods might regulate, but the anxiety, weight gain, and brain fog keep getting worse underneath.

You're not crazy. The test is just wrong.

What's Really Happening

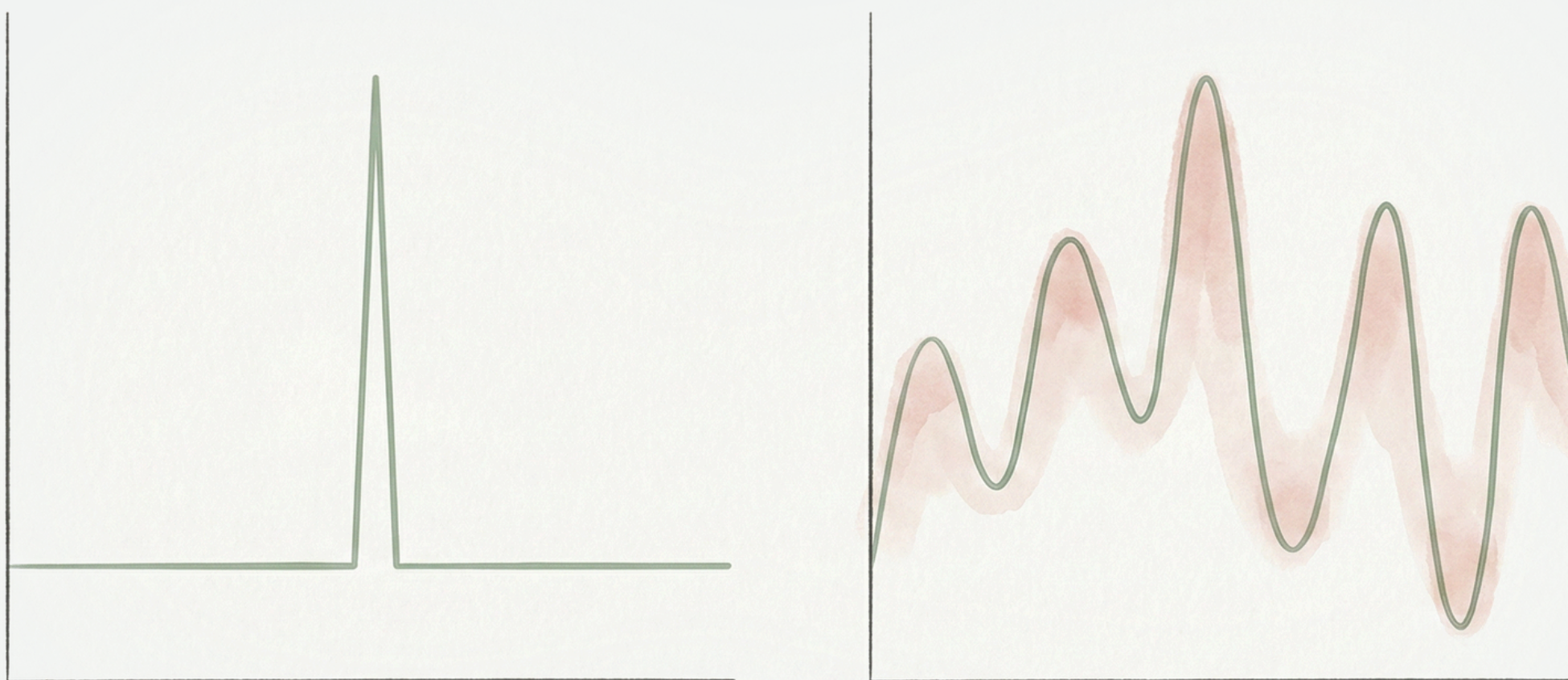
*This isn't about hot
flashes. It's about energy
at the cellular level.*

Perimenopause isn't primarily about hot flashes or "reproductive hormones." At its root, it's a disease of energy—and metabolism is where you feel it first.

Metabolism and Insulin Resistance

When your hormones start fluctuating, your metabolism doesn't just slow down—it gets confused. And the confusion starts with insulin.

Insulin is the hormone that manages how your body uses sugar and stores fat. During perimenopause, insulin stops working as well—not because of anything you did wrong, but because of a combination of aging, hormonal shifts, rising cortisol, and environmental factors that affect how insulin functions at the tissue level. Specifically, your cells' insulin receptors stop responding properly to insulin's signal. The insulin is there. It's just not getting through.



Doctors call this insulin resistance. You might know it as: I'm doing everything right and nothing is working.

The result: your body defaults to storage mode. The same eating and exercise routine that maintained your weight for years suddenly stops working. You're losing muscle and gaining fat—especially around your middle—even if the scale barely moves. Standard interventions stop delivering results because the underlying signal system has changed. Until you address the insulin resistance and the hormonal fluctuation driving it, you're fighting the wrong battle.

For women with extra body fat, the problem compounds in a counterintuitive way. Fat tissue produces its own form of estrogen—but it's a weaker version that can't do all the jobs estrogen is supposed to do. Your body senses “enough estrogen” and stops signaling for help, while everything continues to malfunction underneath.

The Mitochondria Connection



Here's the deeper mechanism: your ovaries contain more mitochondria—your cells' power generators—than any other organ in your body. More than your brain. More than your heart. When ovarian mitochondria slow down during perimenopause, two things happen at once: overall energy production drops, and hormone production drops, because making hormones is one of the most energy-intensive processes in your body.

Estrogen and progesterone aren't just reproductive hormones. They're signaling molecules with receptors throughout your entire body—your brain, bones, heart, metabolism, immune system. When those signals start swinging wildly, every dependent system gets mixed messages.

SYSTEMS AFFECTED

1

Brain:
neurotransmitter
disruption causes
anxiety, insomnia,
and memory loss;
gray matter
actually declines

2

Bones:
breaking down
faster than
rebuilding; density
loss is silent until
it's severe

3

Cardiovascular:
estrogen protection
disappears;
inflammation
increases; heart
disease risk rises

4

Immune:
hormonal
dysregulation
causes new
allergies, skin
reactions, and
inflammation

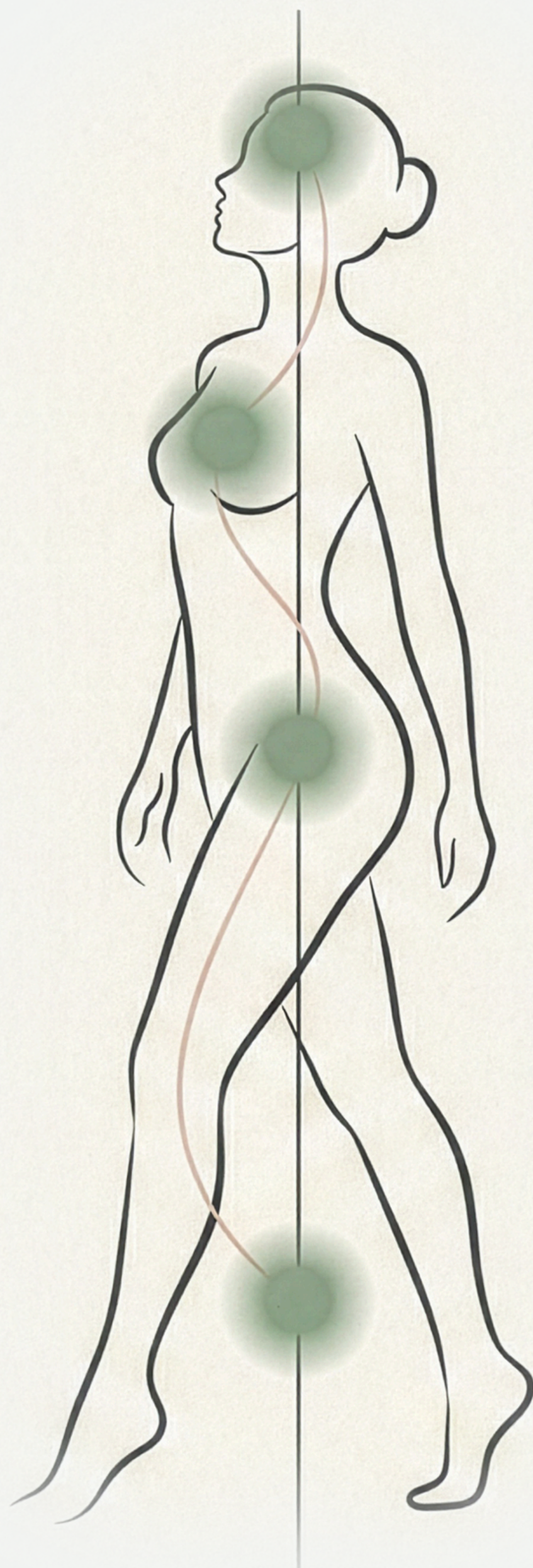
This isn't multiple separate problems that happened to arrive at once. It's one fundamental shift—your mitochondrial energy production slowing, your hormonal signals going haywire—rippling through every system that depends on them.

This is one system—your hormonal and mitochondrial energy system—affecting everything it touches.

The Warning System

*Your body isn't failing.
It's warning you.*

Think of these symptoms as your body's alarm system. They're not failures—they're signals. Your body is telling you something is changing, and it needs you to pay attention now, while there's still time to act.



What's happening right now, whether you can feel it or not:

- Your brain is losing gray and white matter because it's not getting the consistent hormonal support it needs
- Your bones are leaking density silently—by the time osteoporosis is diagnosed, 25–30% of bone mass is already gone
- Your cardiovascular system is losing its estrogen protection, and inflammation is rising
- Your metabolism has shifted to storage mode and will keep defaulting there without intervention
- Your immune system is losing its hormonal regulatory guidance, causing new symptoms that seem to come from nowhere

These aren't reasons to panic.

They're reasons to act.

Because this window doesn't stay open.


Why This Matters Now

*Windows close.
This one won't wait.*

You might be thinking: can't I just wait it out?

Perimenopause is a window—and windows close. Right now, during this transition, treatment can actually reverse the slowdown. We can stop the bone loss. Protect your brain. Reduce cardiovascular inflammation. Restore your metabolism. But only if we catch it now.

Once you're fully through menopause and the damage is done, we're managing consequences instead of preventing them. We're treating osteoporosis instead of maintaining bone density. We're treating heart disease instead of protecting cardiovascular health. We're dealing with cognitive decline instead of preserving brain function.



If you fireproof before the fire starts, your house stays intact. Wait until after the fire, and you're doing reconstruction.

The perimenopause window typically lasts 4–10 years. Every month you wait during that window, you're losing bone density, brain volume, and cardiovascular protection. And this is your fireproofing moment.

There's also something nobody wants to admit matters, but absolutely does: how you look and feel in your own skin. Estrogen supports your skin's collagen and elasticity—the glow, the firmness, the resilience. Your body composition. Your hair. Your energy. Your libido. These things matter—not because you're vain, but because feeling vital and like yourself is part of being fully alive. It's part of your confidence and how you move through the world.

Modern medicine has the tools to address all of this. We can test accurately, treat effectively, and help you maintain your healthspan—not just your lifespan, but the years you're actually healthy, active, and feeling like yourself.

Sarah got her career back. Jennifer regained the sharp memory her finance job depends on. Michelle rebuilt her body composition within weeks. Women who were considering divorce found their marriages healing once they could think clearly and feel like themselves again.

The question isn't whether perimenopause is difficult. It's what you're going to do about it while you still can.

The Treatment Gap

*Your doctor isn't ignoring you.
They weren't trained for this.*

If this is so clear, why isn't your doctor helping you?

The simple answer:
this isn't what most of them do.



Your gynecologist is excellent at what they were trained for—reproductive health, pregnancy, contraception, routine care. Your internist or primary care doctor is great at managing chronic conditions and annual checkups.

But comprehensive perimenopause care requires a different kind of expertise that most practitioners simply didn't receive training in. Even many endocrinologists, who specialize in hormones, focus primarily on diabetes and thyroid—not the intricate whole-body approach perimenopause requires.

This isn't a criticism. It's a specialty gap.

What specialized care actually looks like

- Comprehensive cycle testing—not just a single blood draw
- Urine testing that maps hormones across your entire cycle
- Body composition analysis, not just weight
- Analysis of how your body breaks down hormones (prevents inflammation, improves treatment)
- Bioidentical hormone therapy customized to your metabolic profile
- Collaboration with a compounding pharmacist to get the exact hormone mix right
- Ongoing adjustments as your body responds

That last point matters: a specialist determines not just your hormone levels, but how your body is metabolizing and breaking down those hormones.

That breakdown pattern affects inflammation, symptom management, and the entire treatment roadmap. Standard testing doesn't capture this.

Bioidentical hormones are specifically beneficial because they can be customized—tailored to your individual situation in ways that standard pharmaceutical options can't match. This often involves the physician working closely with a compounding pharmacist to create the correct formulation for you.

Perimenopause management is a specialty. It requires expertise most doctors simply weren't trained in.

The right doctor won't just hand you a prescription and call it done. They'll map your complete hormonal picture, understand your specific metabolism, and build a treatment plan around your actual body.

Your Permission Slip

Everything you need to hear.

Trust your body.

When you know something is wrong, you're right. The test that came back normal doesn't override what you're living every day.

Find specialized care.

Perimenopause requires expertise. You deserve a doctor who has it.

Act now.

The window closes whether you're ready or not. This is the quality of the next 40 years of your life—your brain, your bones, your heart, your vitality, your ability to show up as yourself.

Society says falling apart in your 40s is normal. You don't have to accept that.

*Your body is warning you.
Listen.*

What To Do Next

You've recognized yourself in these pages.
You understand what's happening in your body.
You know why standard care hasn't worked,
and what specialized treatment looks like.

*The next step is simple:
get comprehensive testing
and a proper diagnosis.*

About Dr. Sue DeCotiis

Dr. Sue Decotiis is a New York City–based, Triple Board-Certified Physician and leading expert specializing in medical weight loss, hormone optimization, and metabolic health.

With certifications in Internal Medicine, Obesity Medicine, and Anti-Aging/Regenerative Medicine, she takes a highly personalized, science-driven approach to treating both women and men, including those navigating weight loss, perimenopause, menopause, and andropause.

In her Manhattan private practice, she utilizes advanced diagnostic testing and customized protocols, including bioidentical hormone replacement therapy and peptide therapy, to help patients restore energy, clarity, and metabolic stability.

She is a frequent expert contributor across national media outlets including Fox News, CBS News, NBC News, Newsweek, and Women's Health.

Your First Consultation


We'll start with a complete history of your symptoms, health patterns, and goals. From there: comprehensive blood work, advanced body composition analysis, metabolic rate testing, and specialized urine testing that maps your hormones throughout your entire cycle.

We create your customized treatment plan from that full picture. Most women start feeling better within weeks. Sleep improves. Anxiety lifts. Energy returns. Life comes back into focus.

Ready to Start?

Dr. Sue DeCotiis, MD

 20 E 46th St., Suite 1201 | New York, NY 10017

 (917) 261-3177

 www.drdecotiis.com

Every month you wait, you're losing bone density, brain volume, and cardiovascular protection.

The window for prevention is now.

DISCLAIMER

This ebook provides information about hormone health and perimenopause. It is not intended to diagnose, treat, cure, or prevent any disease. Results vary by individual.