A GLOBAL WOMEN'S HEALTH GUIDE

The Health Conversations Women Need *Before 50*

WHAT EVERY WOMAN SHOULD KNOW
BEFORE LIFE CHANGES BEGIN

DR. DONNA ADAMS – PICKETT

Dear Reader,

Over a decade ago, I wrote a puberty primer entitled "Big Sis' Guide to Growing Up". It was an introduction of sorts to the FIRST chapter of your reproductive health story. Consider this little book "Big Mama's Guide to Growing Up". This is your blueprint to the PEAK chapters of your story. You know the ones where the heroine begins to figure it all out and her story unfolds on her path to triumph!

For more than two decades, I have sat across from women who came to my office feeling confused, dismissed, or simply uninformed about their own bodies. Women who had been told their symptoms were "just stress." Or worse— "just perimenopause". "Just" and "Perimenopause" are two words that should never sit beside each other. Downplaying peri/menopause is ignoring the magnitude of these changes. The sad thing about this attitude from our Moms, our doctors, our partners and our friends, is that it has left far too many women uneducated and uninformed. Most women never hear the word perimenopause until they are already deep inside it.

This e-book is the conversation I wish every woman could have before age 50. The decisions you make about your reproductive health, your hormones, your cardiovascular system, and your mental and sexual wellness today will shape your life for decades to come. Just like your "Big Mama" sat you down and told you about periods, tampons, breasts and boys, come sit with me a spell and let me give you a peek into the next and best chapters of your story.

Dr. Donna Adams-Pickett

GLOBAL WOMEN'S HEALTH LEADERSHIP

> *Informed women make better health decisions. They advocate for themselves. They catch things early. They thrive!*
> **— Dr. Donna Adams-Pickett**

Table of Contents

Know Your Body: The Anatomy of Change

Understanding your body is the first step to advocating for your own care.

35	10+	400+
Age bone density peaks then begins to decline	Years perimenopause can precede the final period	Physiologic processes that involve estrogen in the female body

The female reproductive system undergoes continuous hormonal, structural, and functional change throughout your lifetime. Let's pretend your body is a car. (And a finnne car indeed!). Estrogen, progesterone and testosterone are the gas, oil, and fuel injector that keep the engine of the female body running. Those 3 hormones are largely made from the eggs in your ovaries. Well did you know that you were born with ***all*** the eggs that you were ever going to have? Yes, you were born with every potential hormone factory you could possibly possess. But this is the kicker, half of those buggers are spontaneously gone by the time you reach puberty. What a racket! Before you ovulate even once, your eggs are jumping ship. (Argh!) Once you start puberty, you will lose eggs each month with ovulation AND they will also continue to spontaneously dissolve. The result is your ability to make hormones decreases as you grow older and your eggs say "bye-bye". Unfortunately, you don't get a chance to buy, grow, or Door Dash more eggs.

As these eggs leave the nest and your gas, oil and fuel injector levels fall, your body engine doesn't run as smoothly as it did when you had more hormone making factories.

Why is that? Why does the female body need these pesky things called hormones in the first place?

We know the female body has a few unique capabilities that the male body does not. Whether we choose to or able to, the blueprint for the female body is to try and engineer a machine that can potentially have the capability to carry, deliver and feed another human. The male body does not have that engineering. To do those three things every single organ system must have the ability to stretch, adapt, and change back and forth to accommodate those functions. If you ask any woman who has ever had a period or been pregnant and/or delivered a baby, she will tell you that she didn't just feel her period or felt pregnant in one part of her body. No. She will tell you that EVERY part of her body is affected by her period, her pregnancy, childbirth and/or breastfeeding.

All of the systems involved in those processes have on and off buttons. If not, we would ovulate, bleed, make placentas and drip breast milk all the time. We don't. There is something starting and stopping the female body from doing these things and allows this "shape shifting" of sorts. Female hormones regulate how the female brain, heart, bones, gut, skin, ligaments, muscles and metabolism function. That is why hormonal shifts affect every organ system, not just the reproductive one.

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Why the Years Before 50 Matter Most

Now that you know a little more about the supply of and demands for hormones, let's talk about when the supply begins to decrease and how that affects the demand. The window between 35 and 50 is when we see hormones decrease to levels that begin to have an impact of organ function. This period is when the most critical preventive decisions are made. For example, bone density peaks in your early 30s and then begins to decline due to gradual decline in hormones. At the same time cardiovascular risks begin to rise because the protective benefits of your hormones begin to decrease. Early-stage gynecologic conditions are most treatable in the mid 30's as well. The problem is that this is typically the time when many women are most consumed by their profession, personal relationships and raising their families. The result is that they do not prioritize their own health. Awareness and education are your most powerful protective tools. Because once you know more, hopefully you will do more for your health and well-being.

Key Takeaway

Hormonal changes in your 30s and 40s affect your heart, brain, bones, mood, and metabolism—not just your reproductive system. Early awareness and preventive action are the most effective tools you have.

Perimenopause: The Transition No One Warned You About

It can begin in your mid-30s. It can last a decade. Most women are never told.

Menopause is defined as 12 consecutive months without a period. Perimenopause is the hormonal transition that precedes menopause. Unlike menopause, there is no time stamp that defines perimenopause. Perimenopause is a gradual process spanning roughly 10 years or more before the periods completely stop. These years can produce some of the most disruptive symptoms of a woman's life. It is also among the most underdiagnosed.

Physical Symptoms

- Brain fog and difficulty concentrating
- Sleep disruption
- Irregular periods or flow changes
- Decreased libido and vaginal dryness
- Joint pain and muscle aches
- Heart palpitations
- Weight changes, especially midsection
- Hot flashes and night sweats
- Dry, itchy skin

Behavioral Symptoms

- Heightened sensitivity to stress
- Anxiety and new-onset mood changes
- Attention Deficit
- Loss in Executive Functioning
- Irritability
- Depression

Treatment Options

(Many can be used in combination with each other)

Treatment	Best For	Notes
Hormone Therapy (HRT)	Hot flashes, mood, sleep, bone health, brain fog	Consider individual risk profile
Low-dose oral contraceptive	Cycle regulation	Also provides contraception
KNDy receptor blockers (Veozah and Lynkuet)	Hot flashes and sleep disturbances	Non-hormonal option. Requires healthy liver function
Vaginal estrogen	Local dryness (GSM)	Minimal systemic absorption
Vaginal DHEA	Dryness and discomfort with sex	May assist with libido
Testosterone	Decreased libido and energy	Off label use, limited US studies for women
SSRIs / SNRIs	Mood, anxiety, hot flashes	Non-hormonal option
Supplements (Magnesium Glycinate, Collagen, Creatine, Calcium, Vitamin D)	Mood, sleep, brain fog, energy, bone health	Works well with traditional therapies above

Mental Wellness & the Hormonal Connection

The relationship between hormones and mental health is profound—and underrecognized.

Anxiety, depression, brain fog, and mood instability during the perimenopausal years are frequently misdiagnosed because their hormonal roots are ignored. When progesterone—a natural calming hormone, begins to decline as estrogen does, women often experience heightened anxiety and disrupted sleep. This is a "check engine light" from your body, not a weakness. You shouldn't think that you can just "will" your body to feel better. You may be receiving a signal that your hormone levels are dropping and can benefit from some help.

Evidence-Based Mental Wellness Supports

- Aerobic exercise 30–45 minutes, 5 days per week—equivalent to antidepressant effect in mild to moderate depression
- Consistent sleep schedule—7 to 9 hours of quality sleep nightly
- Reduced alcohol—alcohol disrupts estrogen metabolism and sleep architecture
- Cognitive behavioral therapy (CBT)—first-line for anxiety and perimenopausal mood changes
- Mindfulness-based stress reduction (MBSR)—clinically validated for hormonal mood symptoms
- Social connection—consistent, quality engagement is clinically protective
- Supplements like Magnesium Glycinate, Magnesium Threonate, and Creatine can support brain function

If you are experiencing new or worsening anxiety, depression, or cognitive symptoms in your late 30s or 40s, ask your provider to consider a discussion on perimenopause before defaulting to a psychiatric diagnosis alone.

> *Many women in perimenopause are diagnosed with anxiety disorder when hormonal changes are responsible for their mood instability.*
> **— Dr. Donna Adams-Pickett**

Sexual Health After 40

Psst… Let's Talk About Sex

Sex in your mid-30's, 40's and 50's is a little bit of "the good, the bad and the ugly".

First, the Good.

Now that you are 35 and older you have the capability to enjoy all the many benefits of sex. A healthy sex life has several physical and emotional benefits.

Physically, a healthy sex life can provide:	Emotionally, a healthy sex life can provide:
A stronger immune system	A Confidence Booster
Better sleep	Increased Mental Clarity
Headache relief	Better Memory
Improved bladder control	Stress relief

As you approach your mid 30's and 40's you are no longer limited by the societal ideas that kept you from fully embracing sexual freedom before. You are a grown-up now! Hopefully, you are no longer attempting to please your parents or other "adult" figures at this stage in life. Guess what friend? YOU are the adult. YOU call the shots. Additionally, this is the stage in your life that your sexual comfort level should be where you can precisely identify what brings you pleasure. The GOOD is that you should feel mature enough that you do not feel you need permission to allow yourself to enjoy a glorious sex life.

But here comes the Bad…

The "Bad", unfortunately, soon creeps in and rears its head. Your mind and spirit are ready to embrace this empowered sex life, but your body and your brain begin to get out of sync. The primary hormones of libido, or sex drive, are estrogen and testosterone. As those levels begin to fall during perimenopause, so does your desire to engage in sexual activity. This is a great time to begin supporting physical desire for sexuality and intimacy with physical and behavioral aids. Hormonal supplements of estrogen and testosterone can boost the physical desire that will begin to drop along with the levels of those hormones in your ovaries.

This season is also a great time to nurture the psychological components of the sexual response. Desire is also fostered in the brain. The "idea" of a pleasing sexual experience is a driving factor to engaging in intimacy. If you have not done so already, before the age of 50, intentionally take the time to introduce yourself to the treasure

trove of books, films, and devices that can help you become more familiar with the pleasure centers of your body. Becoming intimately comfortable and knowledgeable with what your body can do will allow you to use those parts as intended so that you can avoid…the "Ugly".

And then there is the Ugly…

"The Ugly" is when your anatomy begins to change because of the decreased hormone production and decreased sexual activity. You read that right. If you don't "use it" you WILL "lose it". Vaginal tissue becomes increasingly dry, thin, brittle and less elastic as you age. In your 30's you should begin to use daily moisturizers to begin conditioning vaginal and vulvar skin the same way you maintain a daily conditioning regimen for your face, neck, arms and legs. Additionally, a healthy sex life, with a partner OR even yourself, promotes robust blood flow to intimate tissue and maintains elasticity and healthy function.

Cardiovascular Health: The Silent Threat

Heart disease is the #1 cause of death in women—more than all cancers combined.

#1	120/80	80%
Leading cause of death in women globally	Target blood pressure — know your baseline	Of cardiac events are potentially preventable

Women are significantly underdiagnosed and undertreated for cardiovascular disease. Women often present differently than men with nausea, jaw pain, extreme fatigue, and back pain—not the classic chest pain most people expect and what we typically see in men. Two of your hormones, estrogen and progesterone have important roles in keeping your heart and blood vessels healthy.

Estrogen:

- Promotes Healthy Cholesterol Levels
- Reduces Inflammation in the blood vessels
- Keeps Arteries Flexible and Stretchable
- Prevents Plaque formation preventing atherosclerosis

Progesterone:

- Prevents blood vessel constriction or “kinking”
- Acts as a mild diuretic, reducing sodium levels in the body.
- Prevents hyperactivity of the heart and blood vessels

You can now see how the decline of estrogen and progesterone accelerates your cardiovascular risk. This is why the perimenopausal years are a critical window for prevention, measuring your baseline and intervening when as early as possible.

Know Your Numbers

Marker	Target	Action if Outside Range
Blood Pressure	< 120/80 mmHg	Lifestyle changes + medication review
LDL Cholesterol	< 100 mg/dL	Diet, exercise, statins if indicated
Blood Glucose (fasting)	70–100 mg/dL	Screen for prediabetes / diabetes
Hemoglobin A1C	< 5.6	Screen for prediabetes/diabetes
Liver and Kidney Function	Normal values	Rule out fatty liver disease or early kidney disease
Resting Heart Rate	60–100 bpm	Cardio fitness + thyroid check
Vitamin D levels	Above 30, preferably 60–100	May need supplementation
Triglycerides	< 150 mg/dL	Dietary review, omega-3s if indicated

Ask Your Doctor

"I'd like a cardiovascular baseline: lipids, CMP, vitamin D level, Hemoglobin A1C, blood pressure trend, and a discussion of my family history. Can we assess whether I need a calcium score or stress test?"

Endometriosis, Fibroids & PMOS(PCOS)

Two of the most common—and most dismissed—conditions in women's health.

Endometriosis and uterine fibroids affect tens of millions of women worldwide. Both are frequently normalized, minimized, or dismissed. Both carry significant delays to diagnosis.

Endometriosis

Endometriosis occurs when tissue similar to the uterine lining grows outside the uterus. The average delay from symptom onset to diagnosis is 7–10 years. 1 in 10 women of reproductive age are affected.

Uterine Fibroids

Fibroids are non-cancerous growths present in up to 80% of women by age 50. Black women are 2–3x more likely to develop fibroids, tend to develop them younger, and experience more severe symptoms.

> *Heavy and/or painful periods that cause you to miss work, pass large clots, soil your clothes or require prescription pain medication are clinical symptoms—not something to normalize.*
> **— Dr. Donna Adams-Pickett**

Seek evaluation if you experience:

- Period pain that disrupts daily function or requires prescription pain relief
- Pain or bleeding during or after intercourse
- Worsening symptoms over consecutive cycles
- Heavy bleeding—soaking a pad or tampon every hour for several hours
- Pelvic pressure, bloating, or fullness that does not resolve
- Difficulty conceiving or recurring pregnancy loss

Polyendocrine Metabolic Ovarian Syndrome (PMOS)

Formerly known as PCOS-polycystic ovarian syndrome, this is a disorder of metabolism and the ovarian function that has many presentations. It can include irregular periods, elevated testosterone causing acne and/or hair growth on the face and body, insulin resistance causing difficulty with ovulation and difficulty losing weight and pre-diabetes. Individuals with this disorder can have some or all of these symptoms. Many times, the symptoms overlap with symptoms seen with perimenopause and may delay diagnosis. PMOS patients can have an increased risk of uterine cancer as well as diabetes so early diagnosis is key.

Screenings You Cannot Skip

Preventive screening is not optional—it is the single most powerful tool you have.

Most life-threatening conditions—cervical cancer, breast cancer, uterine cancer, heart disease, diabetes, and osteoporosis—are substantially more treatable when caught early. Do not wait for symptoms.

Core Screenings	Additional Screenings
Annual Well-Woman Exam	Colorectal Screening (from age 45)
Pap Smear + HPV Co-Test	Bone Density / DEXA (if indicated)
Mammogram (from age 40 or earlier with family history)	STI Screening (as appropriate)
Monthly Self Breast Exam	Thyroid Panel (TSH)
Blood Pressure (annually with your doctor, monthly at home)	Annual Skin Cancer Check
Cholesterol / Lipid Panel	Mental Health Screening
Blood Glucose (from age 35)	

Screening Timeline by Age

Age Range	Recommended Screenings
Ages 35–39	Annual well-woman exam, Pap + HPV co-test (determine if you are high risk or low risk which will determine your frequency), blood pressure, cholesterol panel, blood glucose, STI screening, mental health check.
Ages 40–44	All of the above, plus: mammogram, genetic risk assessment if family history of BRCA, cardiovascular baseline including EKG if indicated.
Ages 45–49	All of the above, plus: colorectal cancer screening, formal cardiovascular risk assessment, perimenopause evaluation, DEXA bone density if risk factors present.

> *An annual well-woman exam is not just a pap smear. You are more than your cervix! Your well-woman exam is your whole-body health check-in. Self-Advocate for comprehensive care.*
> **— Dr. Donna Adams-Pickett**

Building Your Before-50 Health Plan

Knowledge without action is incomplete. This is where it becomes real.

Everything in this guide leads here—to a set of concrete actions you can take today to protect your health before life changes begin. You do not have to do everything at once. Start with Step 1.

Step	Action
Step 1 — Schedule Your Well-Woman Visit	If you have not had an annual well-woman exam in the past year, schedule one today. Bring a list of symptoms and questions. Be specific and persistent.
Step 2 — Get Your Baseline Numbers	Request a comprehensive lab panel: blood pressure, full lipid panel, blood glucose, and hormonal profile (estradiol, FSH, progesterone, thyroid). Track results over time.
Step 3 — Know Your Family History	Compile a detailed health history on both sides. Breast cancer, heart disease, diabetes, and osteoporosis directly inform your screening schedule and risk profile.
Step 4 — Build Your Care Team	Your primary care provider, OB-GYN, and mental health clinician are partners. Seek providers who take a whole-person approach and who listen.
Step 5 — Follow the Screening Timeline	Use the age-based screening guide in Chapter 7 as your annual roadmap. Prevention is exponentially more effective—and less costly—than treatment.

> *"Your health is not a luxury. It is your greatest asset and the foundation of everything else you love in your life."*
> **— Dr. Donna Adams-Pickett**

Resources & References

The following organizations offer evidence-based information, patient support, and clinical guidelines across all topics covered in this guide.

ACOG — American College of Obstetricians & Gynecologists
Clinical guidelines on gynecologic care, perimenopause, and preventive screening.
acog.org

The Menopause Society (formerly NAMS)
The leading authority on menopause medicine. Position statements and provider locator.
menopause.org

Go Red for Women — American Heart Association
Cardiovascular health resources specifically designed for women.
goredforwomen.org

National Breast Cancer Foundation
Screening guidelines, early detection resources, and support services.
nationalbreastcancer.org

Black Women's Health Imperative
Health equity resources with a focus on conditions disproportionately affecting Black women.
bwhi.org

Endometriosis Foundation of America
Patient resources, research updates, and healthcare provider directory.
endofound.org

Office on Women's Health (U.S. HHS)
Comprehensive women's health information across all life stages.
womenshealth.gov

Join Dr. Donna Adams-Pickett's global conversation about preventive care, perimenopause, cardiovascular health, hormone balance, mental wellness, and aging with confidence.

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