

A mysterious set of ailments inspired Amanda Thebe to learn more about the mental health challenges women may go through in midlife. Now she's on a mission to share her knowledge about menopause.

BY MERYL DAVIDS LANDAU

# Finding Peace *of* Mind

"My ultimate goal is to help women feel better," says Amanda.

KRISTA ELLIS PHOTOGRAPHY.

**A**manda Thebe is a self-described force of nature. By 18, she had earned a black belt in karate. By 30, she had climbed three of the highest mountains in the United Kingdom. She married in 2002, had two babies in the next five years, and settled into a thriving career as a personal trainer and exercise coach. “Life was good,” says Amanda.

Then, in 2013, after a fitness boxing class, Amanda, then 43, felt extremely nauseated and dizzy. She recovered in a few days, but the sensation returned periodically over the next several months. One day, Amanda was so dizzy she couldn’t walk. Her sister-in-law rushed her to the ER, where doctors did blood work and a brain scan but didn’t find anything wrong. The results of subsequent visits to doctors were also inconclusive.

Two years after her symptoms first hit, Amanda began to experience debilitating depression. She had never struggled with mental health before, but she felt so listless that she’d often sit on the couch or lie in bed for hours. She abandoned entertaining and travel and stopped working out. “I couldn’t see the point of even getting up in the morning,” she recalls.

After years of struggle with few answers, she saw her gynecologist for a routine annual visit. When the exam was done, the doctor paused and asked if she was OK. That was all it took—Amanda burst out crying. “I told him I was miserable,” she says. The gynecologist suggested a culprit that not one of Amanda’s other doctors had mentioned: her hormones.

Amanda was skeptical—she thought she was too young to be in menopause, and she wasn’t

experiencing any of the telltale symptoms, like hot flashes. Still, she was desperate for the dark cloud to lift. What her doctor said next surprised her: Amanda had likely entered perimenopause, the five to 10 years leading up to menopause when hormones start to go haywire, spiking and dipping seemingly at random. During this time, women may experience physical changes like missed periods, sleep problems,



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and, yes, hot flashes. But some physicians don’t realize any more than their patients do that fluctuating estrogen puts women at risk for mental health issues such as anxiety, depression, and even, according to some experts, schizophrenia.

Schizophrenia strikes women most often in their 20s, but the disease can also occur around perimenopause, when hormones become erratic,

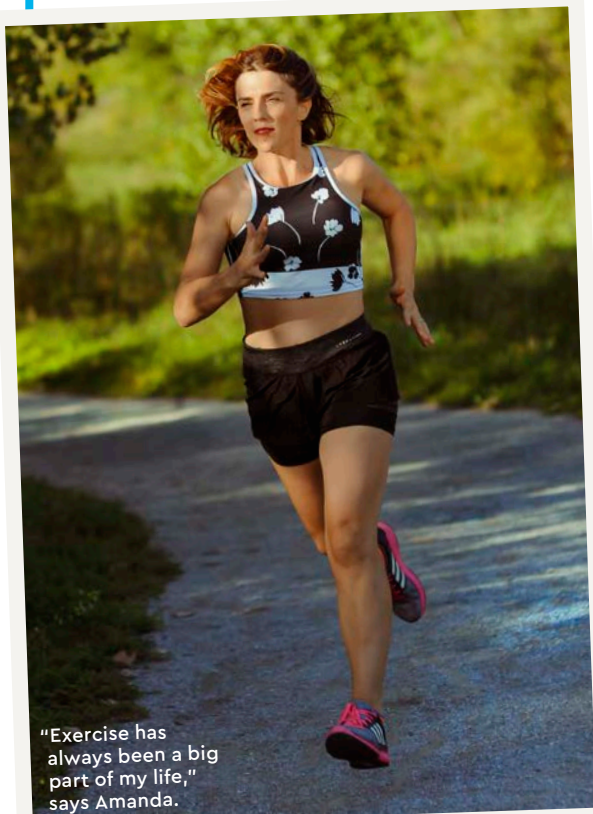
and in those who have an underlying predisposition for the mental illness, says Deanna Kelly, Pharm.D., professor of psychiatry at the University of Maryland School of Medicine. Other mental health issues during perimenopause can strike any woman, but those most at risk have had episodes earlier in their lives, especially when hormones were in flux, such as during menstrual cycles or after giving birth. “I had no idea that the symptoms I was having, especially depression, could be due to loss of estrogen,” Amanda says.



## AN UPHILL BATTLE

Even today, the unique health experiences of older women, particularly those related to mental health, are often given short shrift by the medical community. A 2013 survey in the journal *Menopause* revealed that only one in five obstetrics and gynecology residents reported receiving formal training in menopause. “Doctors aren’t adequately taught about menopause or the years leading up to it, and more research needs to be done,” says JoAnn Pinkerton, M.D., executive director emeritus of the North American Menopause Society (NAMS).

Luckily, thanks to the dedicated efforts of a few scientists (many



a hysterectomy, a combo of estrogen and progesterone to protect against uterine cancer). Estrogen can be taken by mouth, but Susan Girdler, Ph.D., professor of psychiatry at the University of North Carolina School of Medicine in Chapel Hill and a top researcher in the field, prefers skin patches so the doses are more consistent and the risk of blood clots is lower.

### HOPE THROUGH HORMONES

at age 54—walked through her front door one day after work and felt almost certain that some of her coworkers were standing in her kitchen. Sara knew they were not actually there, but the sensation remained through the evening and recurred from time to time after that. Every few weeks, she would be inundated with delusional thoughts that people were in her home or that someone was following her. "It was scary," Sara says. "I knew the thoughts were wrong, but I couldn't get rid of them." At one point she was so sure she was being stalked that she called the police. Eventually, a doctor put her on hormone therapy and later also psychiatric medication, and the psychotic symptoms disappeared.

After her frustrating and drawn-out experience with perimenopause, Amanda started the Facebook group *Menopausal So Hard* as a virtual support group for women. In two years, the group has amassed nearly 4,000 members, and more join every day. Pam Hohlbein, 50, had been in the group for several months when anxiety and depression struck her last year. She would lie in bed at night panicking about nothing or everything, and she woke up so depressed that even getting into the shower felt overwhelming. Although a nurse had told her several years before that she should stay away from hormone therapy because Pam's great-grandmothers and other relatives had had breast cancer, she learned from the women in Amanda's group that the risk was likely low, especially when weighed against the fallout

of them women), experts have begun to make a clearer connection between erratic midlife hormones and serious psychological woes, but they still aren't sure why these issues arise in the first place. Researchers suspect that dips in estrogen may cause disruptions in other hormones that can affect mental well-being, such as serotonin and dopamine, says Stephanie Faubion, M.D., director of the Mayo Clinic Center for Women's Health in Rochester, MN, and medical director of NAMS.

The treatment for midlife mental health woes is often more straightforward than getting a diagnosis. Although some women do need medication like antidepressants or antipsychotics, others get better by taking estrogen (or, if they haven't had

Leigh,\* a retired textile designer in Brooklyn, NY, is an example of how hormone therapy can make a big difference in mental health. She'd had several bouts of depression earlier in her life and was still on a low-dose antidepressant as she closed in on menopause at 57. Suddenly, she was hit with crippling despair. "I felt like my life was over, that everything interesting and good was now in the past," Leigh recalls. She spent nearly a year under a dark cloud, accomplishing little, a period she calls her "lost year." She felt isolated and alone, as if she were the only one struggling with this condition, until she joined a sympathetic online community. After she was put on hormone therapy by her gynecologist, she felt her mental health improve.

Then there's Sara,\* who—in the throes of perimenopause



from her despair. Pam finally sought out a gynecologist and asked for the hormones she knew could help her. Now, a few months after starting them, Pam is sleeping better, and she has rediscovered her zest for her business and her social life.

As for Amanda, she's still on hormones and has returned to her old unstoppable ways. She and her husband are again hosting gatherings with friends. And she's eagerly planning her next adventure: a trip to Morocco to ride camels and sandboard down the dunes.



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Amanda is determined to talk openly about her mental illness as a way to reach other women in menopause or perimenopause dealing with similar struggles.

"One of the biggest problems I experienced was feeling isolated, thinking nobody would understand what I was going through," Amanda says. "When women find this group, they not only learn about solutions, but also finally understand that they're not alone."

*\*Some names have been changed for privacy.*

## Mind Matters

Meet three women working to improve mental health in their communities.



### The Good Doctor

In her work as a college counselor,

psychologist Joy Harden Bradford, Ph.D., began to notice a trend: Very few black female students sought her help. "I wanted to create a space where black women felt comfortable talking," she says.

Bradford no longer works on campus, but her goal remains the same. In 2016, she launched an online directory of mental health professionals who specialize in counseling black women. On her podcast, *Therapy for Black Girls*, Bradford and other experts discuss topics that are top of mind for her community. The show has been downloaded millions of times since it started in 2017. She also founded the Yellow Couch Collective, an online network that lets women connect to discuss topics in her podcasts. She's planning live events for next year. "My hope is to reach as many women as possible," she says.



### The Grief Guru

In 2014, Nora McInerny lost her husband,

Aaron, to brain cancer; her father; and a pregnancy—all within a matter of weeks. Her grief, along with a hefty dose of humor, has gone straight into helping others. She wrote three books about her experiences; her TED talk on grief has been viewed nearly 3 million times; and in 2016 she began her podcast, *Terrible, Thanks for Asking*, a show that tackles topics like how it feels when a parent dies.

Her nonprofit, Still Kickin ([stillkickin.co](http://stillkickin.co)), was inspired by the phrase printed on the shirt Aaron was wearing the day he had a seizure. Now Still Kickin distributes funds to a wide range of people and families in need. In all her work, Nora stresses the importance of honoring the one you've lost. "A grieving person is going to move forward," she tells people. "But that doesn't mean he or she has moved on."



### The Survivor

When Bertha Loaiza was 3, her mother, who struggled with mental illness, held Bertha in her arms as she jumped off San Diego's Coronado Bridge. Her mother died; Bertha barely survived.

Today this experience informs Bertha's efforts to educate the Latino community in San Diego and beyond about mental health and suicide. She recently recorded a video in Spanish for the website [findyourwords.org](http://findyourwords.org) and has worked with a local nonprofit organization to have barriers installed on the bridge where her mother died. She also leads the only bilingual support group in the city for suicide loss. "I want Latino people to talk about mental health in the light of day," she says.