

*pause* + **reset**



Mood, Memory &  
**Mental Wellness**  
During Menopause

*Why you feel like a different person  
– and what's actually driving it*

by *pause* + **reset**

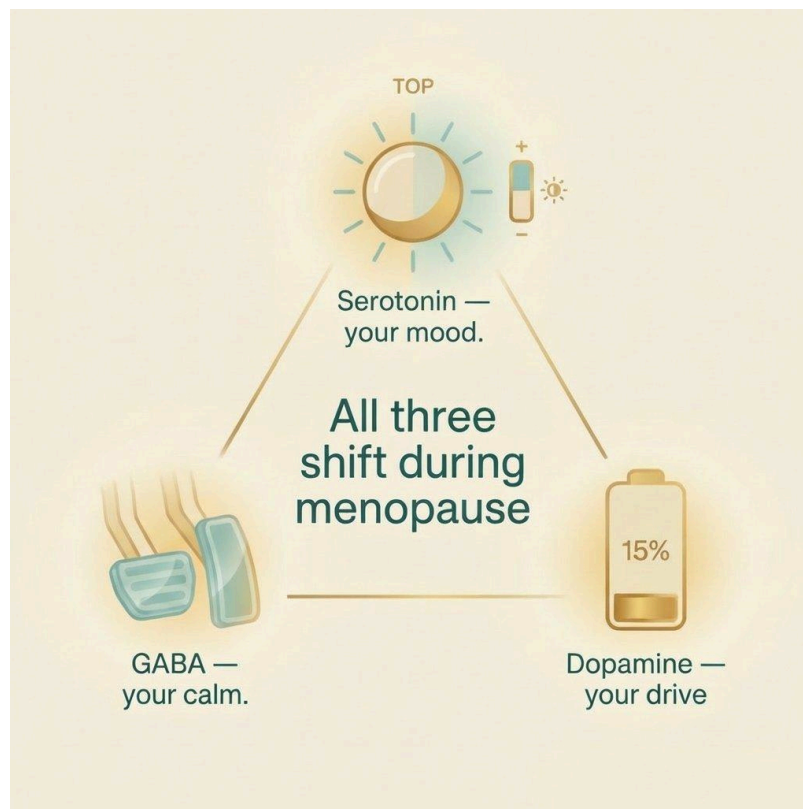
# You're Not Losing Your Mind. You're Losing Your Chemistry.

Let's talk about the scariest part of menopause. Not the hot flashes. Not the weight gain. The moment you start wondering if you're still... you.

## Sound familiar?

- You lost a word mid-sentence – a word you use every single day
- You snapped at someone you love and couldn't explain why
- You sat in your car after work and cried for no reason
- Motivation evaporated – things you used to love feel like nothing
- You Googled "early dementia" at 2 AM and terrified yourself
- You got an ADHD diagnosis in your 40s and something felt off about it
- You're on an antidepressant but still don't feel like yourself
- You're performing at work but it takes 10x the effort it used to

Here's what nobody connected for you: all of this – every single item on that list – traces back to three brain chemicals that shift during perimenopause. And most doctors are only addressing one of them. If they're addressing any at all.



***"Your mood, your memory, and your mental sharpness run on three systems. Menopause disrupts all three at the same time. And nobody's looking at the full picture."***

# The Three Shifts Nobody Explained

Each of these brain chemicals is connected to a specific hormone.

When the hormone changes, the brain chemical changes with it.

Here's the breakdown:

## Serotonin – Your Mood

Serotonin is the brain chemical that keeps your mood stable. It's what makes you feel like things are okay – not ecstatic, not miserable, just... steady. It's your emotional baseline.

Estrogen modulates serotonin. When estrogen swings wildly during perimenopause – surging one week, crashing the next – serotonin becomes unstable. The result? Mood swings that don't match your circumstances. Crying over things that wouldn't normally faze you. A low-grade sadness that sits on everything like a filter. Depression that appeared without a clear trigger.



### **The SSRI problem:**

When a doctor prescribes an antidepressant for perimenopause mood changes, they're targeting serotonin. And yes – it can help. But it's working on a depleted system. You're squeezing more out of less. And it doesn't touch the other two chemicals that are ALSO disrupted.



## **GABA – Your Calm**

GABA is your brain's brake pedal. It's what keeps your stress response proportional – small things stay small. It's what helps you fall asleep, stay asleep, and wake up rested. It's the buffer between a trigger and your reaction.

Progesterone supports GABA. When progesterone drops – and it drops FIRST during perimenopause – GABA activity decreases. Suddenly your brakes are soft. Small things feel enormous. Your fuse is impossibly short. Rage comes out of nowhere. Anxiety hums in the background. Sleep shatters. Panic attacks appear at night.



### **The rage connection:**

That rage that scares you? The one that doesn't feel like you? That's not a character flaw. It's GABA depletion from progesterone decline. Your nervous system literally lost its calming mechanism. The rage isn't who you are – it's what happens when your brain chemistry changes without support.



### **Dopamine – Your Drive**

Dopamine is your motivation chemical. It's what makes you WANT things – want to start a project, want to go to the gym, want to engage with life. It's your reward system. It's also central to attention, focus, and working memory.

Testosterone supports dopamine. When testosterone declines during perimenopause – and it does, quietly – dopamine drops with it. The result? Flat motivation. Things you used to love feel like nothing. The drive to create, connect, and achieve just... dims. The "I don't care about anything" feeling. The inability to start tasks or sustain focus.



## The ADHD question:

43% of first-time ADHD diagnoses in women happen between ages 41-50.

The perimenopause window. How many of those are actually dopamine decline from testosterone loss? And for women who've HAD ADHD their whole lives – estrogen was quietly boosting dopamine, keeping it manageable. When estrogen drops, ADHD symptoms that were always there become unmanageable.

# Why Nothing Has Fully Worked

Here's the math that explains everything:

**Three brain chemicals are disrupted.**

**Most treatments only address one.**

- SSRI/antidepressant = targets serotonin only
- Benzodiazepine (Xanax/Ativan) = targets GABA only
- ADHD stimulant = targets dopamine only

One out of three. That's why so many women say:

*"The medication takes the edge off, but I still don't feel like me."*

It's not that the medication failed. It's that the medication was only ever addressing a FRACTION of what's happening. The full picture requires looking at all three – and the hormones driving each one.

## The Memory Piece

And then there's the fear nobody talks about out loud. The word loss. The blanking. The "am I getting dementia?" whisper at 2 AM.

Your brain's memory and focus centers are packed with estrogen receptors. When estrogen becomes volatile, those regions get less blood flow, less fuel, less support. The cognitive changes are REAL. They're documented. They're measurable.

**But here's the part that should actually make you feel better: research shows these changes are typically TEMPORARY.**

**They're a feature of the transition, not a permanent decline. Your brain adapts. And it adapts MUCH faster when the hormonal environment is supported.**

## The Work Impact

77% of menopausal women report that symptoms interfere with their work performance. And 15% reduce their hours or step back from leadership entirely – not because they want to, but because they feel they can no longer perform at the level their career demands.

That's not a competence problem. That's a biochemistry problem. And it's addressable.

***"You didn't lose your sharpness. You didn't lose your drive. You didn't lose your emotional stability. Your chemistry shifted – and nobody told you that chemistry is the one thing that can actually be supported."***

# Getting Yourself Back

The fix isn't one pill. It's understanding which systems are disrupted and supporting each one through the right pathway.

## What we evaluate:

- ✓ Your hormonal foundation – estrogen, progesterone, AND testosterone (all three matter)
- ✓ Your thyroid function – thyroid fog looks identical to hormonal fog
- ✓ Your nutrient status – B12, Vitamin D, and iron all affect brain function
- ✓ Your cortisol pattern – chronic stress impairs memory and amplifies mood symptoms
- ✓ The connections between ALL of your mental health symptoms – not each one in isolation

## What women usually notice first:

Sleep comes back. That's usually the first domino. And when sleep comes back, the fog starts to lift. The mood steadies. The fuse gets longer. The words come easier. The motivation starts to return. It's not magic – it's what happens when you restore the chemistry your brain has been running without.

Learn more: [perimenopause brain fog](#) | [perimenopause anxiety](#) | [perimenopause mood swings](#) | [bioidentical hormone therapy](#)

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# Ready to Feel Like Yourself Again?

Two ways to start – depending on where you are right now.



## Know someone who doesn't feel like herself?

The friend who's sharp at work but falling apart inside. The sister whose rage scares her. The woman who used to light up a room and lately seems dimmer. Send her this.

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