

Menopause Support Protocol

Clinical Protocol to Support Healthy Aging and Hormonal Balance*



The Pathophysiology of Menopause

Approximately 1.3 million women in the U.S. enter menopause each year, typically around the age of 51.¹ Although menopause is a natural part of the aging process, it can be associated with undesirable symptoms that significantly impact a woman's quality of life.¹ Certain medical surgeries or treatments can also induce menopause.¹ The menopausal transition, or perimenopause, consists of a rapid decline in the number of ovarian primary follicles. Consequently, ovulation ceases, estrogen and progesterone production decreases, and the level of follicle-stimulating hormone (FSH) and luteinizing hormone (LH) increases. The fluctuations and eventual decline of estrogen disrupt the hypothalamic-pituitary-ovarian axis, leading to irregular menstrual cycles for approximately 1 to 3 years. Menopause is officially reached after 12 consecutive months with no menstruation.¹

Approximately 75% of menopausal women experience vasomotor symptoms, including hot flashes (the most common reason women seek medical help during perimenopause)², night sweats, palpitations, and migraines.¹ Urogenital symptoms, such as vaginal atrophy, urethral atrophy, and sexual dysfunction, affect around 60% of women.¹ Psychogenic symptoms like anger, irritability, anxiety, depression, sleep disturbances, difficulty concentrating, and loss of confidence are reported by approximately 45% of women.¹ Furthermore, the decline of estrogen during menopause is associated with long-term complications affecting cardiovascular, gynecological, and bone health.^{1,3}

This clinical protocol is designed to support menopausal women through evidence-based lifestyle, dietary, and nutrient interventions by promoting healthy aging, hormonal/neurotransmitter balance, and bone health.*

Diagnostic Biomarkers and Clinical Indicators of Menopause⁴⁻¹⁰

- Conduct a thorough history to rule out pregnancy.
- Menopause is clinically diagnosed based on the patient's age and symptoms and by ruling out other conditions for patients older than 45.¹
- Obtain a full sex hormone panel (including estrogen, progesterone, testosterone, LH, and FSH) in women with suspected premature menopause (before age 40) or differentiate between other conditions, such as polycystic ovary syndrome (PCOS).¹
- Perform a physical exam of blood pressure, weight, height, breast palpitation, vaginal examination, and Pap smear.¹
- Start screening for osteoporosis through a dual-energy x-ray absorptiometry (DEXA) scan.¹
 - T-score on DEXA of 1.0 to 2.5 is indicative of osteopenia
 - T-score on DEXA greater than 2.5 is indicative of osteoporosis

Therapeutic Diet and Nutritional Considerations

- Recommend a Mediterranean diet with a high intake of phytoestrogens from plant-based foods, such as flaxseeds, beans, berries, broccoli, and garlic.⁴⁻⁸ Phytoestrogens are plant substances structurally similar to estrogen that allow them to bind to estrogen receptors in the body, but they are 100 to 1,000 times weaker in potency and activation.⁹ They may promote estrogen homeostasis during menopause.^{8,10,11}
- Advise avoiding dietary triggers for vasomotor symptoms, such as hot beverages, alcohol, caffeine, and spicy food.^{3,12}
- In cases of feeling excessive perceived stress, consider 5-HTP Supreme™ and/or PharmaGABA®.
 - 5-HTP would only be for those who do not take SSRIs. 5-HTP may help moderate norepinephrine surges, which are known to trigger hot flashes.¹³ This is because, unlike SSRIs, 5-HTP promotes serotonin metabolism and may reduce the synthesis of epinephrine/norepinephrine.¹³ PharmaGABA® would only be for those who do not take benzodiazepines.

Lifestyle Interventions

- Advise patients to quit smoking.¹
- Encourage consistent weight-bearing/aerobic exercises and movement-based activities (e.g., using the stairs, gardening, walking for transportation) to support healthy bone/muscle mass, mood, and sleep, and potentially lower the risk of falls and bone fractures.¹⁴⁻¹⁶
- Recommend the use of personal lubricants and vaginal moisturizers for sexual health.¹⁴
- Counsel patients on sleep hygiene techniques to improve sleep quality. Sleep disorders are associated with menopause.¹²
- Recommend modest weight loss (if appropriate). Obesity is associated with a higher incidence of menopausal symptom prevalence.¹⁴
- Recommend stress management techniques or psychological counseling, such as cognitive-based therapy, as depression and anxiety are common during the menopausal transition.¹²

This information is provided as a medical and scientific educational resource for the use of physicians and other licensed health-care practitioners ("Practitioners"). This information is intended for Practitioners to use as a basis for determining whether to recommend these products to their patients. All recommendations regarding protocols, dosing, prescribing and/or usage instructions should be tailored to the individual needs of the patient considering their medical history and concomitant therapies. This information is not intended for use by consumers.

^{††}Ipsos 2023 survey among 160 U.S. functional medicine practitioners who are aware of Designs for Health and recommend supplements. Among these practitioners, in an average month, Designs for Health is their most recommended and personally trusted practitioner supplement brand, meaning a brand that is sold by health-care practitioners, in their office. (For sample definition, go to <https://www.designsforhealth.com>)

Supplement Protocol

Primary Support:



<p>FemGuard-HF™</p>	<p>Metabolic Synergy™</p>	<p>BRF 45™</p>	<p>Osteoben®</p>
<p>Dose 2 capsules per day</p>	<p>Dose 6 capsules daily with meals</p>	<p>Dose 2 softgels per day with a meal (divided dosing recommended)</p>	<p>Dose 4 capsules daily</p>
<p>Duration Ongoing as needed</p>	<p>Duration Ongoing as needed</p>	<p>Duration Ongoing as needed</p>	<p>Duration Ongoing as needed</p>
<p>Formula Highlights</p> <p>FemGuard-HF™ is designed to help promote a normal response to physiological changes that trigger hot flashes and promote overall menopausal comfort.* This product is a synergistic combination of phytoestrogens (genistein and lignans as HMRlignan®), gamma-oryzanol, vitamin E tocotrienols, and the amino acid taurine.* This product may promote healthy aging, bone health, healthy inflammatory and antioxidative responses to estrogen fluctuations/insufficiency, and healthy hormonal and neurotransmitter balance.*</p>	<p>Formula Highlights</p> <p>Metabolic Synergy™ helps maintain healthy glucose and insulin metabolism while supporting the conversion of carbohydrates to be used for energy by providing nutrients for the tricarboxylic acid cycle (TCA).* The chromium, zinc, selenium, manganese, and molybdenum are provided as true chelates for maximum absorption and bioavailability. This formula also contains optimal levels of R-lipoic acid, taurine, and carnosine to support healthy glucose metabolism.* Blood sugar fluctuations may contribute to hot flashes.</p>	<p>Formula Highlights</p> <p>Designs for Health's most advanced vitamin K2 formula that targets bone health with clinically studied bone remodeling factors (BRF).* BRF 45™ features 45 mg of vitamin K2 (as MK-4), the research-backed amount shown to promote bone density and strength, arterial health, and help reduce age- and hormone-related bone breakdown in women and men, such as during menopause and andropause.* It also includes 1 mg of vitamin K1 and 100 mg of GG to support normal blood clotting, activation of bone-building proteins, and healthy vitamin K status.*</p> <p>Warning: Closely monitor patients who are taking Coumadin, warfarin, or other anticoagulant medications.</p>	<p>Formula Highlights</p> <p>Osteoben® is a vitamin and mineral blend formulated to support bone strength and health.* It provides nutrients and other compounds necessary for the physical structure and proper maintenance of bone tissue, including the minerals calcium, magnesium, and zinc, along with vitamins D and K2.* Osteoben® also features the phytoestrogen genistein from the Japanese sophora extract, a non-soy plant source.</p>

For a list of references cited in this document, please visit:

<https://www.designsforhealth.com/api/library-assets/literature-reference---menopause-support-references>

Dosing recommendations are given for typical use based on an average 150-pound healthy adult. Health-care practitioners are encouraged to use clinical judgement with case-specific dosing based on intended goals, subject body weight, medical history, and concomitant medication and supplement usage. Any product containing botanical substances has the potential for causing individual sensitivities, appropriate monitoring, including liver function tests (LFT) is recommended.

For considerations regarding herb-drug and nutrient-drug interactions, please refer to reliable, evidence-based resources such as the Natural Medicine Database or Stargrove MB, Treasure J, McKee DL. *Herb, Nutrient, and Drug Interactions: Clinical Implications and Therapeutic Strategies*. St. Louis, MO: Mosby-Elsevier; 2008.

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*These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.