

Meno. Well *Practitioners*

MPowder®

Meno.Well *Practitioners*

Sleep & circadian Rhythms through the lens of naturopathy

How to improve sleep during the
menopause transition

With

Dr. Vera Martins, PhD, DipBSLM, MAMH, Naturopath & Herbalist and
Dr Maja Schaedel DCLinPsych MSc BA (Hons)

Hello. We're MPowder

A co-creation community of 17k+ women with a shared mission.

Born out of personal experience, today we are a team of strategists, medical doctors, holistic practitioners, data scientists, nutritionists and naturopaths.

We work with our community to co-create data-informed products, services and programmes to nourish the body and mind through menopause.

Our host tonight

Dr Maja Schaedel DClinPsych MSc BA (Hons) PGCert
Clinical Psychologist & Co-founder of
The Good Sleep Clinic.

- Specialist Clinical Psychologist in Sleep Medicine & Trauma
- Specialist practitioner in Cognitive Behavioural Therapy for Insomnia (CBT-I), Eye Movement Desensitisation Reprocessing (EMDR) and Acceptance & Commitment Therapy (ACT)
- Provides Clinical Psychology service to Guy's & St Thomas' NHS Foundation Trust
- Strong focus on evidence-based practice



Our host tonight

Dr. Vera Martins, PhD, DipBSLM, MAMH, naturopath and herbalist, clinical lead MPowder.

- MSc in Plant Biology and PhD in Cancer Biology.
- Passionate about natural health, retrained as a Herbalist and Naturopath; certified Lifestyle Medicine practitioner
- Specialises in Women's health, perimenopause and menopause.
- Works alongside menopause specialist doctors.
- Clinical lead at MPowder, perimenopause and menopause co-creation community and supplement range.



Tonights flow

“Poor Sleep may be triggered by perimenopausal biological changes but it is often perpetuated by our behavioural, cognitive and physiological responses.”

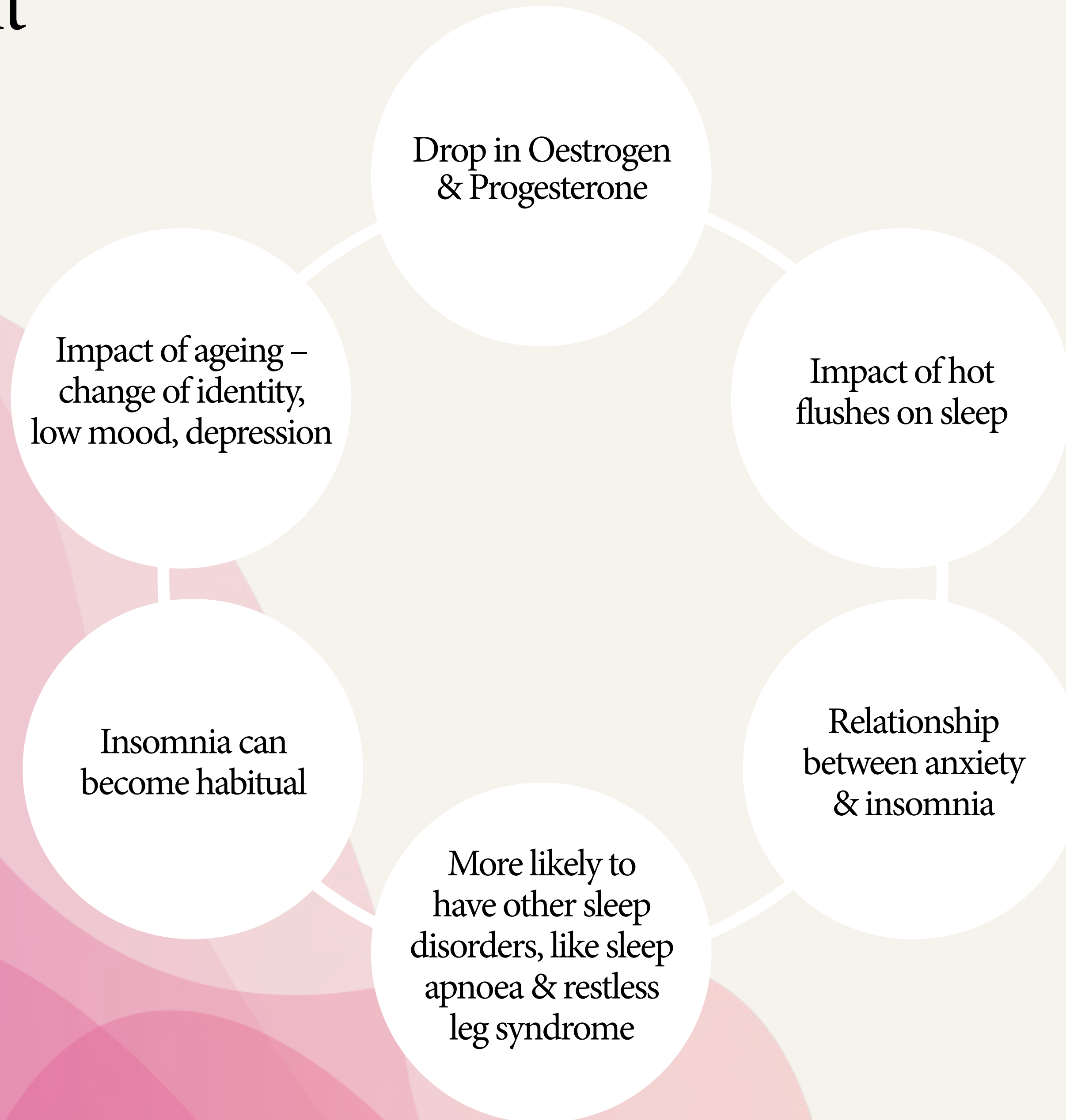
- The impact of hormones on sleep
- The relationship between sleep, diet-regulating-hormones & health
- What keeps sleep problems going
- Treatment for Insomnia (what works and what doesn't)
- Case studies

How does menopause impact our
body's ability to achieve sleep?

Menopause & Sleep

- At a State-of-the-Science Conference in 2005, insomnia was described as one of the core four symptoms of the menopause.
- Prior to the menopause, women sleep better than men with higher total sleep time, lower percentage of stage 1 (light) and higher percentage of slow wave (deep) sleep.
- This gender dimorphism in sleep regulation may have arisen to protect women from the demands of infant and childcare.
- This changes as women enter the perimenopause, when they are more likely to experience sleep disturbance, peaking in late perimenopause and continuing into post menopause.
- The most common symptom is difficulty maintaining sleep, reported by 40–60% of peri- and postmenopausal women, as well as increased difficulty falling asleep.
- 50% of postmenopausal women with difficulties sleeping obtain < 6 h of sleep.

Stress management



Why is sleep important?

Sleep problems are associated with significant negative impact on healthcare utilisation and costs, health-related quality of life, work productivity, and can have long-term effects on health and wellbeing.

Sleep deprivation is a risk factor for cardiovascular disease, diabetes, obesity, mental health problems, dementia and cancer.

Both disturbed sleep and menopause are linked to impaired female sexual health and satisfaction

But too much of a focus on this can increase anxiety and make sleep problems worse.

How does sleep deprivation lead to obesity & diabetes

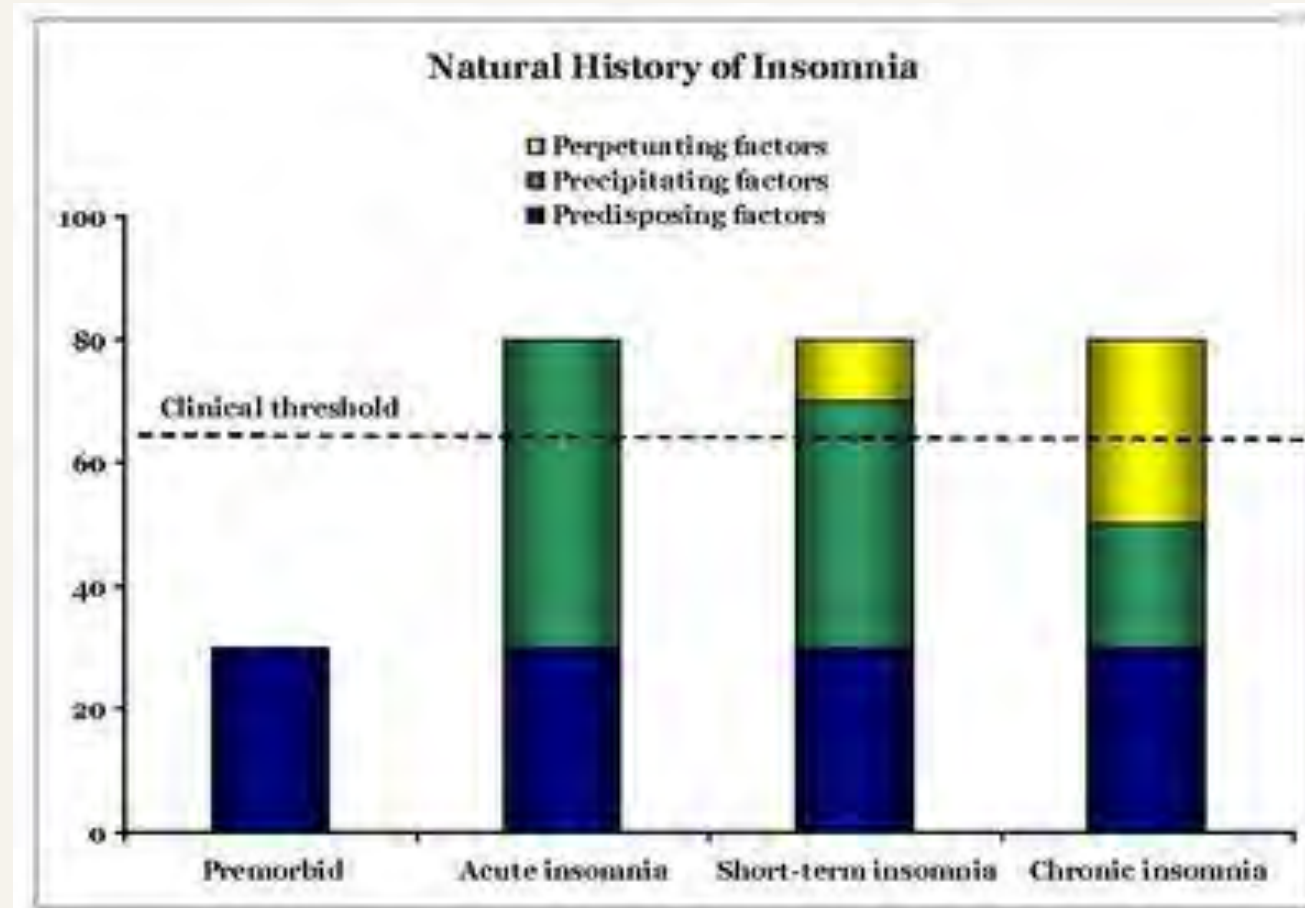
When we are sleep deprived we:

- Increase our food intake:
 - (6hrs sleep a night, eat significantly more calories next day)
 - Also choose worse foods (pizza, cookies, ice cream)
 - Have reduced motivation to exercise and be active and make healthy choices
- Changes to hormones:
 - Increase in Ghrelin – the hunger hormone
 - Decrease in Leptin – the hormone which suppresses appetite.
- Pre-diabetes:
 - Sleep deprivation reduces our ability to put glucose into muscle (after 1 week of 4hrs sleep a night, health people are PRE-DIABETIC)
 - Inability to clear glucose from blood

Troubled Sleep vs Insomnia

Insomnia disorder

- dissatisfaction with sleep quantity or quality, with either: difficulty initiating sleep, difficulty maintaining sleep, frequent awakenings or problems returning to sleep.
- The sleep difficulty occurs at least three nights per week and is present for at least 3 months.
- The prevalence increases as women approach and pass through the menopause



- Spielman's '3 Ps' three-factor model (1987)
- Predisposing factors (such as genetics and personality type),
- Precipitating factors (such as illness, stress and vasomotor symptoms)
- Perpetuating factors (unhelpful cognitions and behaviours).
- Menopause symptoms can be both a precipitating and a perpetuating factor for insomnia.
- Insomnia treatment is based in managing the perpetuating factors.
- Cognitive behavioural therapy for insomnia, CBTI, is recommended first line and is efficacious.

Tools and practices that work...

Evidence of CBT-I with Comorbid Insomnia & medical/psychiatric Problems

Insomnia & Comorbid medical or psychiatric problems

Several meta-analyses show that CBT-I is effective and produces good results in improving sleep when insomnia is comorbid with medical or psychiatric problems (Rogers et al., 2015, Geiger-Brown et al. 2015, Wu et al., 2015)

Insomnia & Depression

CBT-I effective at reducing depressive symptoms and insomnia symptoms. Bos, T., 2018.

Insomnia & Cancer

CBT-I very effective at reducing sleep latency and improvement in sleep efficiency (Johnson et al., 2015)

* 'Ref sources in appendix'

Acceptance & Commitment Therapy

Useful for people with “racing mind” or chronic anxiety

Thought Defusion crucial – helps clients to have awareness that they are having a thought, e.g. “I am noticing that I am having the thought that I will be too tired to meet my friends tomorrow”

3 step approach to sticky thoughts

- 1) Notice that you are having the thought
- 2) Welcome it!
- 3) Bring your attention back to your body (mindful breathing, mindful touching sheets/duvet)

Practice mindfulness everyday

* Ref sources in appendix'

Case study review

Section 3: Case study review

Exploring the tools that work in context

- What to expect when you refer a client to a sleep psychologist
- What does treatment look like for a client of the Good Sleep Clinic?

* Ref sources in appendix'

Case Study

48yr old woman with Insomnia for past 6 months. Getting on average 4-5 hours of sleep a night. Wakes in the early hours in the morning and can't get back to sleep.

Some previous sleep difficulties on and off and 1 previous episode of anxiety in her 20s. Works in a stressful job as a lawyer, married with 1 teenage son.

Had seen a specialist Menopause doctor who had said she was perimenopausal and her sleep problems were related to this

Previous breast cancer meant she was not able to try HRT

Was advised to reduce stress from work and improve overall health, e.g. diet & exercise but this has not helped

Sleep Assessment

- Her sleep behaviour was contributing to her sleep problems
- She was getting into bed very early in an attempt to maximise sleep
- She was having a glass of wine to help falling asleep
- She was panicking about not going back to sleep when she woke in the night
- Her general activity levels had suffered due to exhaustion
- She did not have enough sleep pressure
- Her level of anxiety was stopping her from going back to sleep when she was waking

Case Study

Used CBT-I to retrain her body and brain

- Addressed changing behaviours around sleep
- Getting up during the night when can't sleep
- Sleep Consolidation – squeezing time in bed to improve sleep pressure
- Used Putting the Day to Rest (Worry diary)
- Increased activity levels
- Moved glass of wine 2 hours earlier in evening

Used ACT to address her anxious thinking during the night (and day)

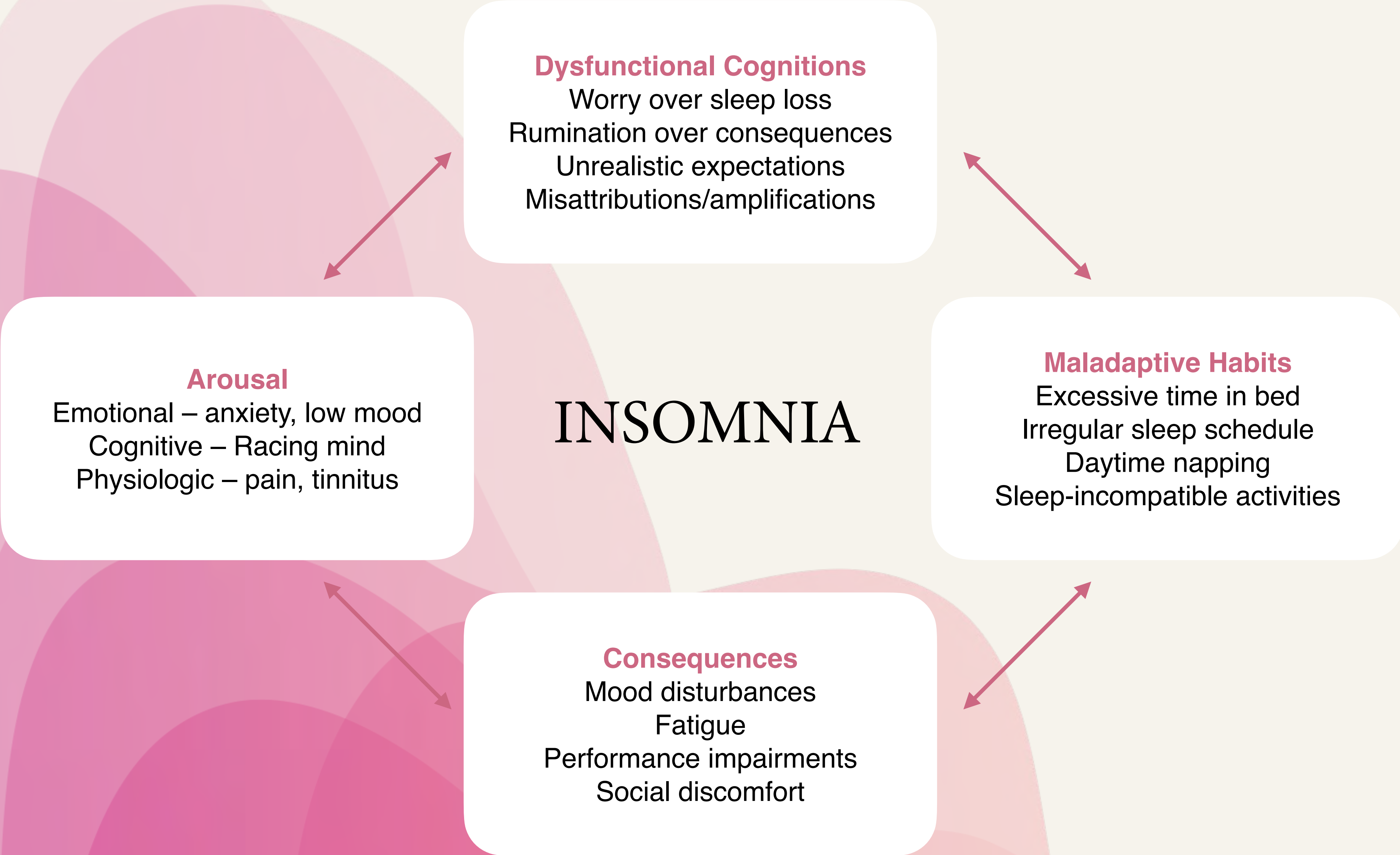
- Thought defusion (separating ourselves from our thoughts)
- Perspective taking
- Mindfulness (focusing on the Here and Now rather than our thoughts)
- Focus on Values (Do I want to spend the next 10 minutes worrying about not sleeping? What else could I do that brings me more in line with my values?)

Result

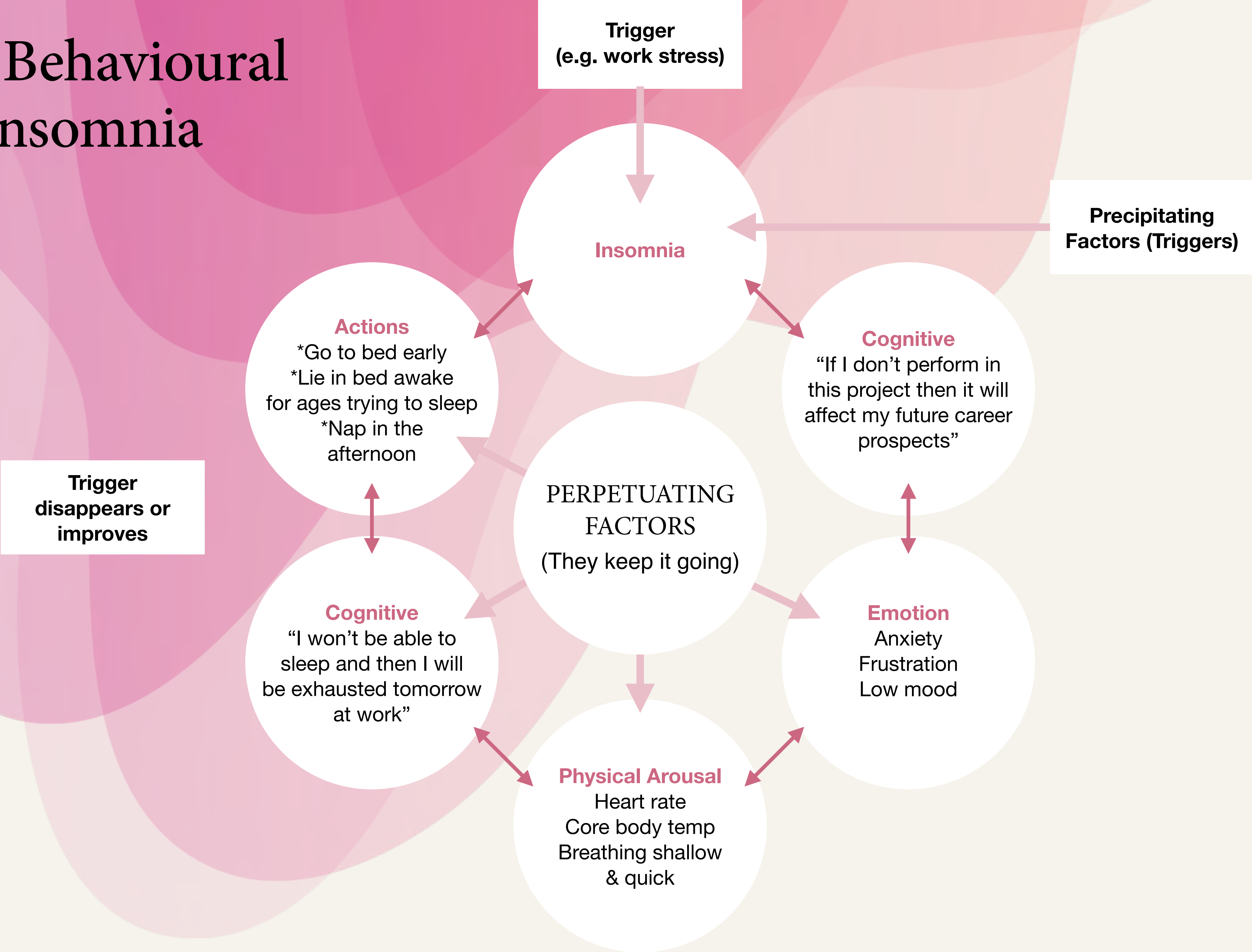
Total sleep time up to 6.5-7 hours a night

The role of the sleep psychologist

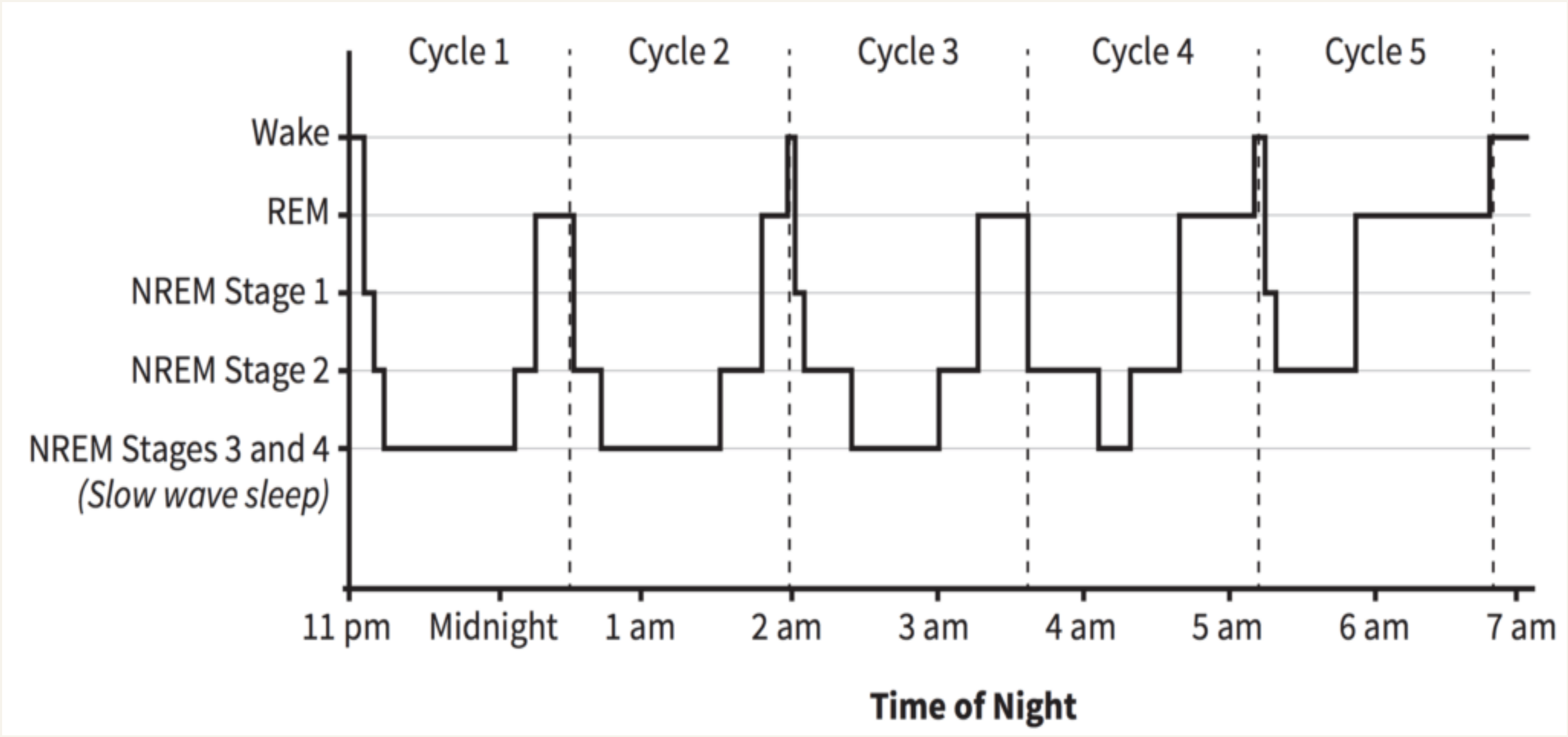
Cognitive-Behavioural Model of Insomnia



Cognitive-Behavioural Model of Insomnia



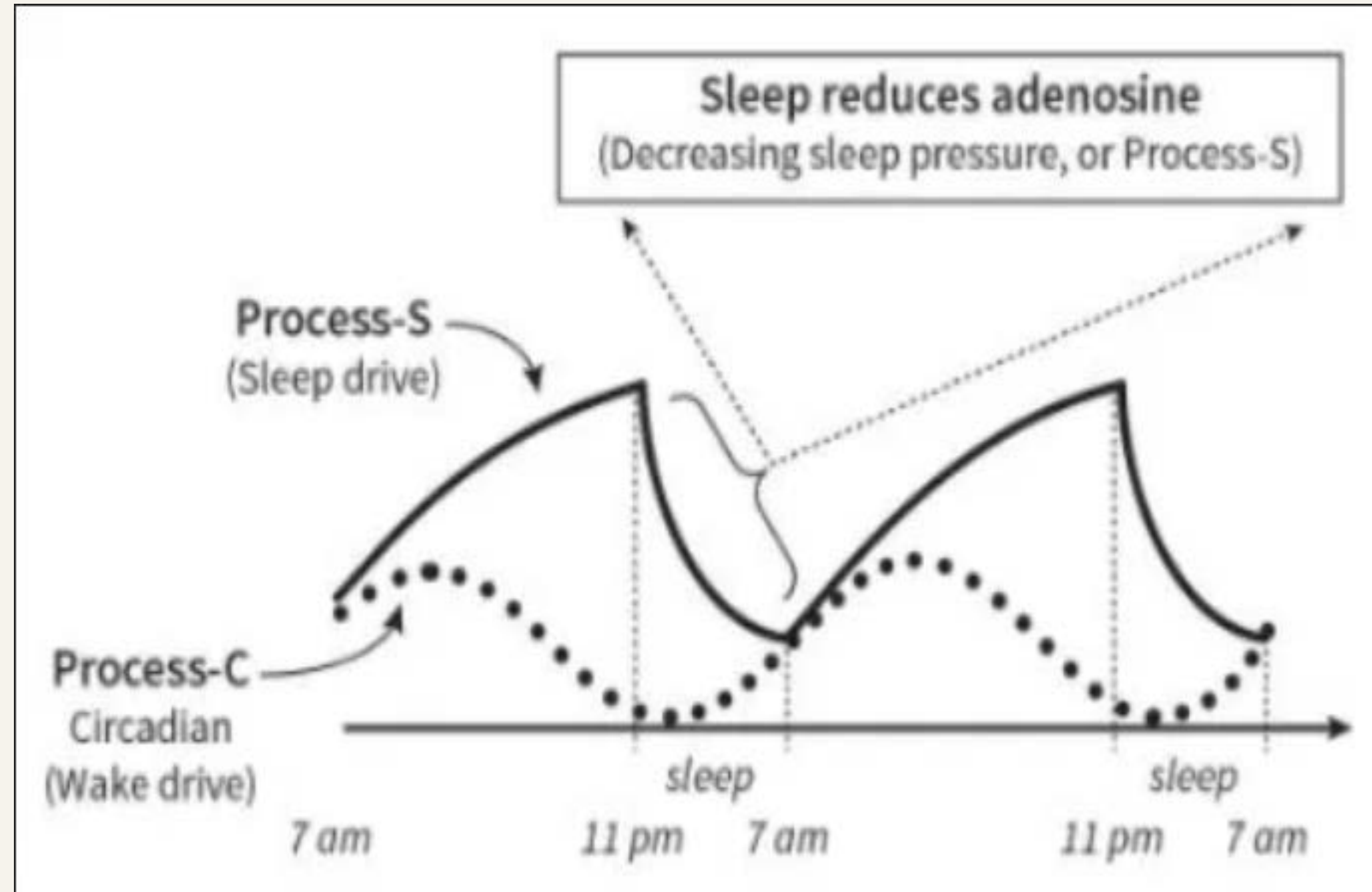
What is happening when we are sleeping?



How does sleep work?

Sleep homeostasis (S)

Circadian Rhythm ©



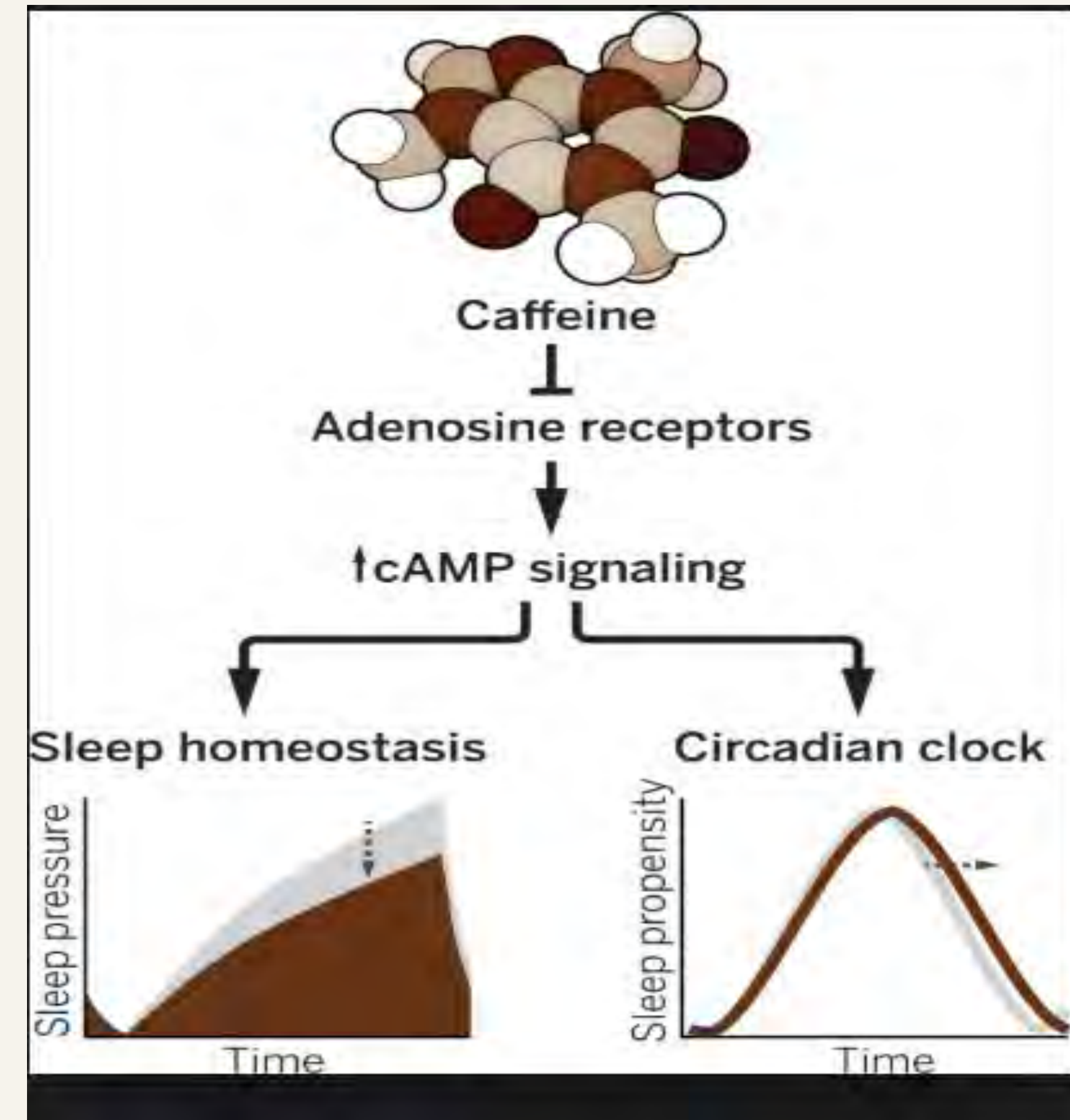
Caffeine

Blocks Adenosine receptors

Halts “Sleep Drive”

Delays the Circadian Clock

What about health benefits of caffeine? – Dose and timing important



What does treatment look like at The Good Sleep Clinic?

The Good Sleep Clinic

1-2-1 treatment for Insomnia, Nightmares, PTSD related
Sleep difficulties

The Good Sleep for Menopause Course is coming soon! There's a link on our website to sign up to emails to hear about it and get early bird discount.

Focus on Values (Do I want to spend the next 10 minutes worrying about not sleeping? What else could I do that brings me more in line with my values?)

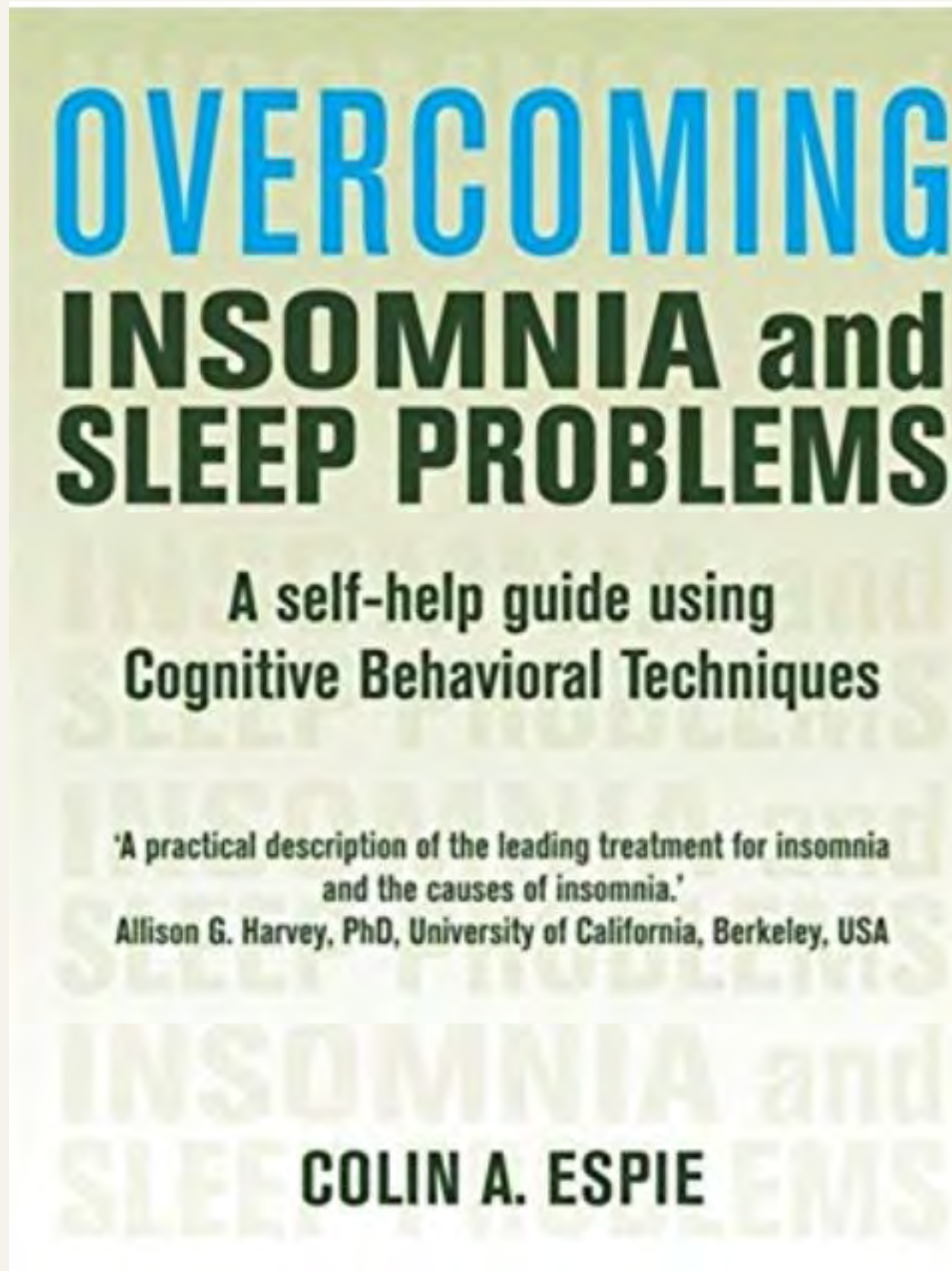
If you want to seek help

For Insomnia:

- Ask GP about CBT-I (Cognitive Behaviour Therapy for Insomnia)
- Privately you can access CBT-I through phone apps (Sleepio) or online (Sleep Station) or you can see someone 1-2-1 at The Good Sleep Clinic

Books:

- Overcoming Insomnia by Colin Espie
- The Sleep Book by Guy Meadows
- For Menopause:
 - Speak to GP about accessing a specialist women's health clinic to discuss options
 - HRT – especially using natural micronized progesterone
 - Private menopause clinic like Myla Health or sign up to our Video course coming out shortly



Sleepstation Log in

Let's start fixing your sleep problem today

[Start now](#)

Sleepio YOUR SLEEP SCORE

How would you like to improve your sleep?

Select all that apply

- Get to sleep more easily
- Sleep right through the night without waking up
- Stop waking up too early
- Wake up feeling refreshed
- None of the above

Naturopathic support tools for sleep

Botanicals, Vitamins & Minerals

Sleep, stress management, mood, and cognition support

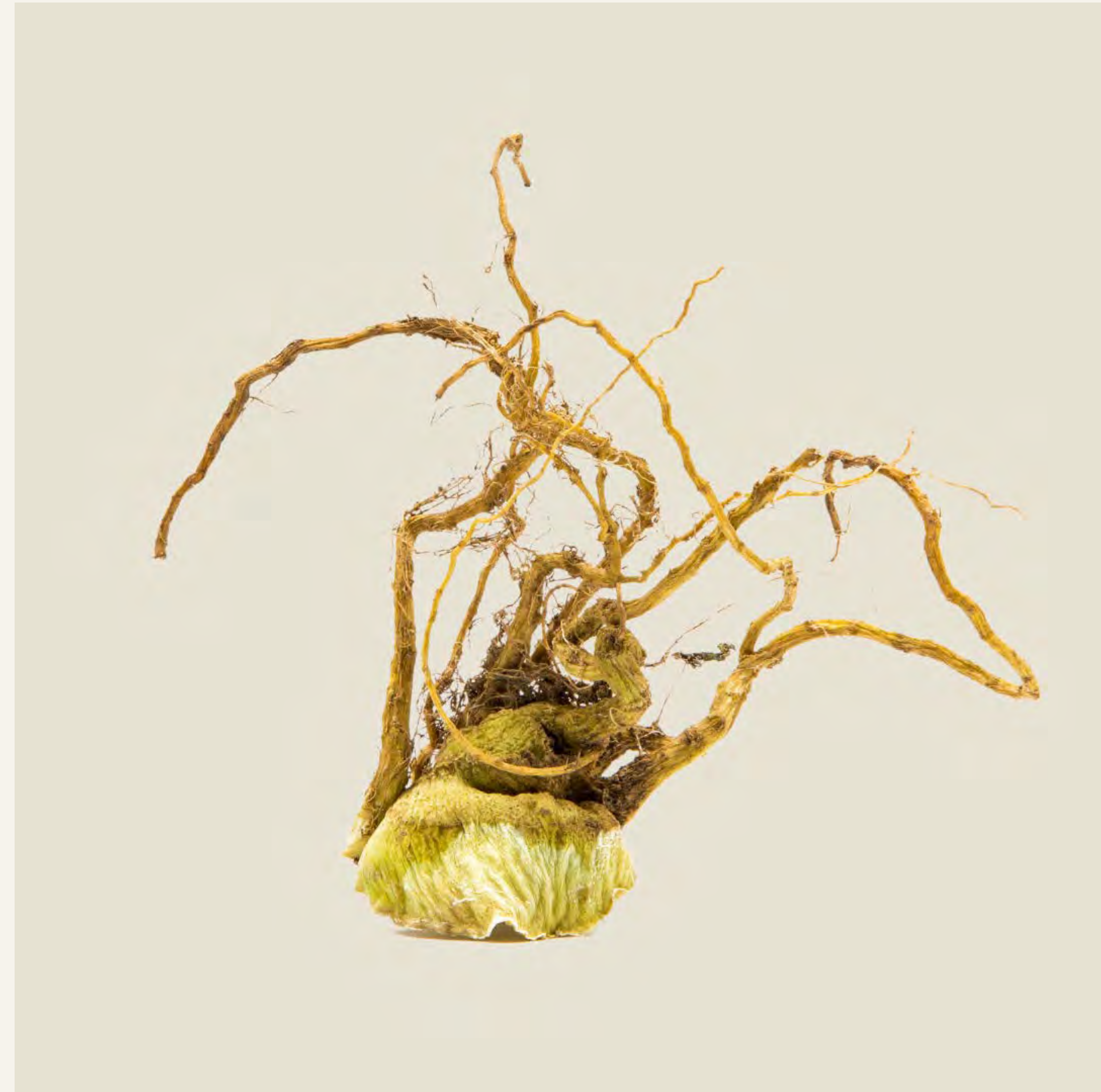
Ashwagandha (*Withania somnifera*)

KSM-66[®], adaptogen, reduces cortisol levels, GABAergic activity

- Supports the stress response and reduces anxiety
- RCT: significantly improved sleep quality and sleep onset latency (n=60, 10 weeks) (Langade et al., 2019)
- RCT: significantly improved non-restorative sleep; 72% improvement with ashwagandha vs 29% improvement with placebo (n=144, 6 weeks) (Deshpande et al., 2020)
- Improves cognitive function, sexual function and reduces stress-related cravings

Lemon balm (*Melissa officinalis*)

- Reduces mild-to-moderate anxiety and sleep disturbances
- RCT with Lemon balm: significantly reduced anxiety and improved sleep when compared to placebo (n=80, 15 days) (Cases et al., 2011)
- Improves mood (Kennedy et al., 2003)



Botanicals, Vitamins & Minerals continued...

Passionflower (*Passiflora incarnata*)

- Anxiolytic and sedative, shown to be effective in the treatment of anxiety and insomnia (Ngan and Conduit, 2011)
- Modulates the GABA system (Rose et al., 2011)

Cacao (*Theobroma cacao*)

- Reduces anxiety (also in association with increased microbiota diversity) (Shin et al., 2022)
- May exert beneficial effects on insomnia and circadian sleep disorders induced by psychophysiological stress (Oishi et al., 2020)
- Improves cognitive function (increases brain oxygenation and performance) and mood (Gratton et al., 2020)



Botanicals, Vitamins & Minerals continued...

Lavender (*Lavandula angustifolia*) - aromatherapy

- RCT: inhalation of lavender essential oil in combination with sleep hygiene significantly improved sleep quality (n=79, 5 days and remained at 2 week follow-up) (Lillehei et al., 2015)
- RCT: lavender e.o. inhalation increased delta wave in slow-wave sleep - SWS (n=9) (Ko et al., 2021)

Magnesium

- Nature's calming mineral
- Deficiency linked to poor sleep (Mah and Pitre, 2021)
- NMDA antagonist and GABA agonist
- RCT: improved subjective measures of insomnia (ISI score, sleep efficiency, sleep time, sleep onset latency, early morning awakening) as well as objective measures (melatonin, cortisol) (n=46, 8 weeks) (Abbasi et al., 2012)

Vitamin D

- Data suggest a link between vitamin D deficiency and a higher risk of sleep disorders (Piovezan et al., 2017; Gao et al., 2018)



Lifestyle prescription for sleep

Actions and sleep environment

- Establish a regular sleep cycle for bedtime and wake time
- Bath/shower and/or socks to increase peripheral cutaneous vasodilation
- Minimise/eliminate bedroom noise and lights

Light exposure

- Increase daytime exposure to sunlight (ideally outdoors) and decrease light at night (blue light from screen devices at least 1 hour before bedtime)

Dietary

- Eliminate nighttime and limit daytime caffeinated beverages
- Avoid alcohol within 3 hours of bed
- Assure adequate daytime fluid intake
- Avoid high sodium foods

Minimising stress

- Start settling down 1 hour before bedtime, develop a wind-down routine - meditation, breathing, Emotional Freedom Technique (EFT)

Intensive therapies

- CBT recommended as first-line treatment for chronic insomnia over medications



The impact of a naturopathic lens in
supplement formulation.

Introducing MPowder's Peri-Boost and Meno-Boost

Unique blends of wholefoods, botanicals, vitamins and minerals carefully selected to support the body during the distinct stages of perimenopause, menopause & beyond

The philosophy behind our blends

- Designed to act as a foundation layer and be taken long-term
- Based on herbal synergy (e.g. red clover and slippery elm)
- Botanicals selected for their health benefits shown in clinical trials
- Whole-foods whenever possible for better bio-availability and extra health benefits (e.g. moringa)
- Conservative doses of ingredients but based on clinical data (e.g: calcium, magnesium)
- What's "missing" in our blends and why (e.g. black cohosh)

- Allows for flexibility if layering up treatment protocols
- Versatile, easily take as part of your morning routine, in a drink, smoothie or breakfast bowl
- Community studies and symptom tracking - learning from our community/continuous improvement - what works, what can be improved, how they take it and how we can help creating a habit (e.g. flavour, dose refinement)
- Not a silver bullet, every pouch comes with access to our community, expert events with topics voted on by our community, and a 1:1 support from our health concierge and clinical team, whenever you need
- Can be taken alongside HRT (always recommended to discuss with doctor first)
- Contraindications? History of hormone-sensitive cancers; if on several medications check with doctor
- Developed in collaboration with a naturopath and medical functional doctor

Peri-Boost

For perimenopause and women 40+

- 29 wholefood-led ingredients
- DracoBelle™ Nu (Moldavian dragonhead extract), to improve skin moisture, elasticity & density
- Flaxseeds, a source of phytoestrogens and fibre to support oestrogen metabolism
- Moringa, for healthy blood sugar and cholesterol levels
- Organic cacao, to improve cognitive function, mood and reduce anxiety
- Cinnamon, for healthy blood sugar balance and weight management
- Ginger root, for improved digestion and joint pain
- Soya isoflavones, for hormone balance

- Deliver 7g of plant protein per serving
- High in antioxidants, amino acids & minerals
- High in magnesium, to support the nervous system and sleep
- With iron which contributes to normal energy levels
- With zinc, selenium and iodine for thyroid function
- With vitamins A, D3, E, K2, B6, B9, B12 & C



**27% of women take
alongside HRT**

* MPowder's Peri-Boost ingredients are selected based on their minimal contraindications, minimal potential drug-herb and herb-herb interactions and long-term safety of usage, allowing for more flexibility when used as part of a clinical treatment protocol.

Meno-Boost

For menopause & postmenopause and women 45+

- 36 wholefood-led ingredients
- Ashwagandha KSM-66™ for hormone balance, to provide resilience to stress, reduce anxiety, support cognitive function and libido
- Rosehip, a powerful antioxidant with anti-inflammatory properties, for bone health and joint pain
- Maca, for hormone balance, reduced hot flashes, mood and improved libido
- Lemon balm, for mood, anxiety and sleep
- Pomegranate extract for reduced blood pressure, healthy cholesterol and blood sugar levels
- Slippery elm bark, a demulcent herb with a strong tradition in supporting gut health, contains prebiotic and anti-inflammatory properties
- Red clover, for hormone balance and reduced hot flashes
- Cranberry to reduce the incidence of UTIs
- Rich in antioxidants, amino acids & minerals
- High in magnesium, to support the nervous system and sleep
- With chromium for healthy blood sugar levels
- With zinc, selenium and iodine for thyroid function
- With vitamins A, D3, K2, C, and complete vitamin B complex, including B3, B6, and B9



**67% of women take
alongside HRT**

* MPOWDER's Meno-Boost ingredients are selected based on their minimal contraindications, minimal potential drug-herb and herb-herb interactions and long-term safety of usage, allowing for more flexibility when used as part of a clinical treatment protocol.

Questions

Working with us

Co-creation and collaboration in action:

How we can support you:

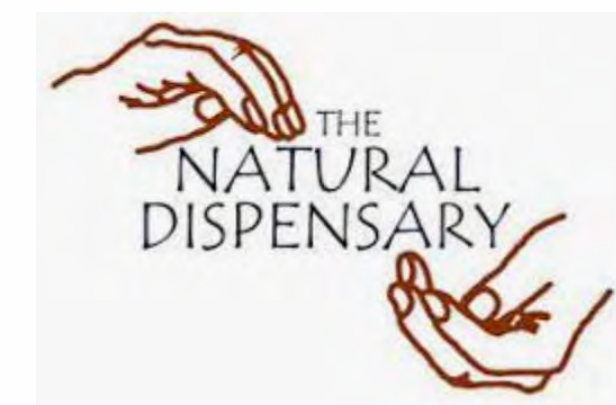
- A dedicated 1:1 support function
- Product sampling
- Event sponsorship
- Unique discounts for your clients
- Signposting your services to our community

How you can support us:

- Share our story and ambition
- Share our formulations - and share your clients' feedback
- Expert panel participation

To learn more: Email: sales@mpowder.store / clinicalsupport@mpowder.store

Proudly listed at:



MPowder®

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A SUPERPOWER



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Visit www.goodseep.clinic to sign up for emails & find out about Dr Maja's forthcoming Good Sleep for Menopause Course

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