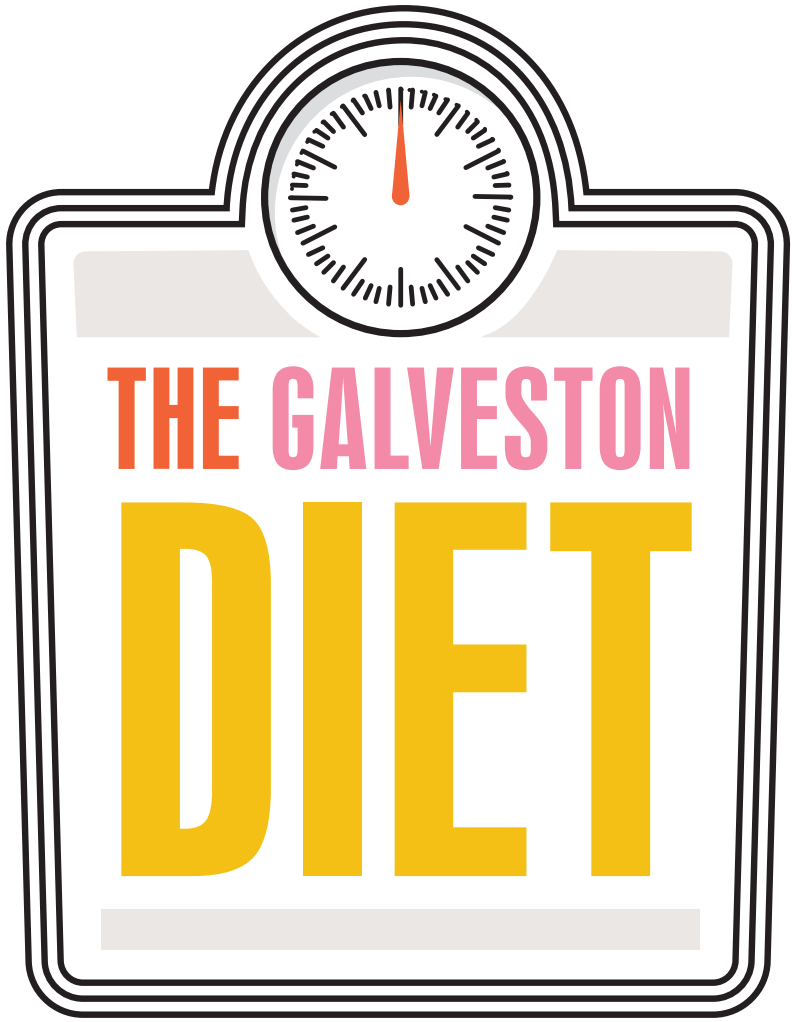
Your Ultimate Menopause Health Plan



THE GALVESTON DIET

SHIFT STUBBORN WEIGHT

TAME YOUR SYMPTOMS

FEEL LIKE YOU AGAIN

Dr Mary Claire Haver

The Galveston Diet

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Your Ultimate Menopause Health Plan



Mary Claire Haver, MD



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To every patient, friend, coworker, student, and follower who said,
"Help me, I don't understand what is happening to me."

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The Galveston Diet

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INTRODUCTION

From our first day of life until the last, our bodies are always changing. This is a part of aging—a natural process no one can escape. But the changes that happen to women in midlife are unique and are often unsettling. Suddenly we're having odd symptoms like hot flashes and an accumulation of strange, new weight gain around our midsections. Our skin can be very dry or wrinkling more. We may have joint pain, hair loss, headaches, bloating, and worsening anxiety or depression. Sleep becomes elusive. Sexual intercourse can hurt. Little things set us off.

A lot of this may be happening to you right now. Trust me, you are not alone. Let me introduce you to someone who knows exactly what you're going through: me.

I was a busy physician, a mom, and a wife in my late forties. My main health challenge at the time was polycystic ovary syndrome (PCOS), a condition caused by insulin resistance, in which insulin can't do its job of ushering glucose into cells for energy. PCOS leads to erratic periods, acne, infertility, ovarian cysts, and unwanted hair growth.

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About 1 in 10 women of childbearing age has PCOS. The majority (about 70 percent) are overweight or even obese, but I was among the 30 percent of normal weight. Fortunately, PCOS is treatable, and in my case, taking hormones greatly helped.

Then came a death in my family; I lost my brother, Bob, to liver failure. I was despondent. He was my daughters' favorite uncle, a creative fun spirit with whom I had a special bond. We were dance partners when I was younger, winning dance competitions all over Louisiana. When he died, I was heartbroken, and losing him brought crushing pain.

Grief does strange things to each of us. For me, I coped by bingeing. Night after night after long clinic shifts, I stood in front of my pantry, gobbling handfuls of Goldfish crackers. I'd wash them down with glasses of wine. Pretty quickly I gained nearly 20 pounds. I looked like a different person, and I felt miserable.

With my medical background, I knew that at my age it might be time to come off the hormones for a while. So, I talked to my own doctor, and we agreed that I should.

But taking the hormones had masked the perimenopausal symptoms that occur during midlife, so within two weeks of being off them, everything abruptly changed—and not for the better. I had hot flashes and I felt like I was burning from the inside out. Along came sleepless nights and, most troubling of all, the fuzzy and forgetful feeling called brain fog. My long, thick hair started falling out by the brushful. My skin felt parched from head to toe, and I had to completely change my skincare routine to keep my skin moisturized. My body ached so much that I kidded with a friend that I'd give up my firstborn to get relief. My sleep became a recurring nightmare of multiple awakenings through the night—at first drenched in sweat, and then freezing once the hot flash passed.

I knew I was going through a period of hormonal change—perimenopause—but the symptoms it produced were so profoundly intense that I was really alarmed. All this *on top* of the weight gain? I was a mess.

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Then I heard my brother Bob's voice in my head. "Girl, you don't have to wallow in this anymore. You got yourself into this; you can get yourself out."

I went to work on my weight first. I did exactly what I and other doctors had always counseled patients to do: eat less, exercise more.

My efforts paid off, sort of. I'd lose a pound or two, but that was it. Then the weight would come right back on. I was starving myself and working out obsessively, but hardly dropping any weight. It was very frustrating. I just wanted to fix me, but nothing I did or tried was sticking.

I realized that I was struggling with the same weight issues many of my patients had told me about. They would sit in the examining room, often clutching paper gowns, and ask for advice about losing weight, frustrated with the fact that they had changed their diet and exercise habits and yet the scale kept moving in the wrong direction. I'd spend the next several minutes speaking with them about the combined power of diet and exercise. But for the majority of these women at this age, what I had been taught, and what had worked for me in the past, stopped working. They had fought for years to shed stubborn weight, without much permanent success. I'm sorry that it took having this same thing happen to me to change my tune, but that's the truth. When my own good advice didn't help me, it really hit me that I was doing something wrong.

I then threw myself into researching weight management and human metabolism—specifically as they relate to women. Medical school and my OB-GYN residency had taught us "calories in/calories out" as the only way, but clearly there had to be another. I didn't have all the answers, but I wanted them—so I could feel better myself and then I could guide and teach women how to reach the weight, the energy level, and the good health they want and deserve. I yearned to understand why we have such a tough time losing weight and keeping it off, especially as we approach and enter midlife.

My deep passion for finding answers, combined with motivation and determination, took me to some unexpected and exciting places. What

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kept popping up in the research were three themes: intermittent fasting, anti-inflammatory nutrition to help manage our hormonal changes, and important new science on the exact ratios of protein, carbohydrates, and fat we need to consume to burn fat.

Could these be the keys?

I decided to create my own plan using these three principles. That's when my individual health journey began. I tried out the newly minted diet on myself first. I focused on timing first and then gradually started intermittent fasting. After I mastered that, I focused on content: I began to eat more protein and fiber. I used olive oil, avocado, nuts, and seeds as my principal sources of fat. I steered clear of refined, processed carbohydrates (no more Goldfish crackers!). I restricted foods and ingredients like artificial colors and flavors that promote inflammation and disrupt the gut. What I *never* did was *count calories.* Next, I further refined the macronutrient percentages to supply more fat, moderate amounts of protein, and fewer carbohydrates.

Within several months, I lost those 20 pounds—especially around my abdomen. I was ecstatic but quickly realized the weight loss was just a pleasant side effect. More important, I felt healthier, stronger, and more energetic. My hot flashes dramatically diminished, and I was sleeping better.

I was on to something, so I asked my friends to try it. As I had been, they also were amazed about the pounds and inches they were losing. Best of all, they agreed this was easy. We didn't feel hungry all the time. No cravings. No terrible feelings of deprivation or restriction.

Next, I made copies of this three-tiered plan and handed them out to my patients. There were the same results: weight loss, fewer menopause symptoms, and more energy. Plus, they were keeping the lost pounds off, something they'd never been able to do on any of their many previous diets.

After seeing these success stories, I felt it was time to share my plan with a wider audience. I launched the initial program on Facebook for free and asked volunteers to try it. Word then spread that people were

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losing significant amounts of weight, including belly fat. I then wanted everyone to have access to its secrets and experience its success.

I further formalized the plan and took it to an even broader audience through an online program. Not sure of what would happen, I noticed that women began enrolling in the plan, week after week, and we were off and running. I have to admit, I was astonished to see how popular the program had become in such a short time. It was the medical diet everyone was talking about.

Enrollment in the program further skyrocketed, and to date, the plan has now helped tens of thousands of women shed unwanted pounds, shrink their waistlines, and improve their health.

I named my diet after Galveston, a coastal resort town in Texas. Although I wasn't born there, my husband and I have raised our daughters in Galveston. I call it home, and it is where I've spent much of my medical career. Now it is the birthplace of *The Galveston Diet*!

After the program took off, I wanted to further sharpen my nutrition knowledge. I enrolled in the prestigious Culinary Medicine Program at Tulane University, in Louisiana. It educates and trains doctors and other medical professions to understand and apply medical nutrition principles in a practical manner. That way, we can help our patients with nutritional modifications that improve their health.

Sixty hours of coursework and many hands-on labs later, I was certified in 2019 as a Culinary Medicine Specialist. The experience solidified and affirmed that I was on the right path with what I had developed for *The Galveston Diet*, particularly the importance of anti-inflammatory nutrition. The course also emphasized something that really stuck with me: *Nutrition is the most under-utilized medication, yet it is the most effective.*

So here I am today, humbled and gratified that so many women are *finally* achieving what they've always wanted: a beautifully fit body on the outside and an incredibly healthy one on the inside.

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The Galveston Diet and You

This book expands my online program with new information and strategies. These new features include help for detoxing from sugar, new insights into menopause issues, the importance of certain under-appreciated nutrients, new science behind how macronutrients support midlife health, completely new recipes, brand-new meal plans, a maintenance plan, and other information you can't get online.

Even if you've worked through the online program, this book will be a helpful guide and resource for you as you continue your Galveston Diet journey. And if you're new to my program, welcome! You now have an opportunity to gain a 360-degree experience to achieve long-term weight loss and make a happy, healthy transition through perimenopause and menopause to postmenopause.

And, for both new and online students, this book will help you get to know your body and teach you how to treat it like a loving friend. You'll achieve peace of mind, knowing how to form new habits that give you joy and better health, and that work with your body to make you look strong, lean, and beautiful.

My plan is not the typical diet—the 21 or 30 days and you're done approach that you see so often now. Not at all! Although many women come to the program to lose weight safely and steadily, my main goal is that you use it every single day *permanently*—a total lifestyle change.

With that goal in mind and staying true to the principles that worked so well for me initially, I have designed three components of *The Galveston Diet.* They are essentially health-promoting actions that make the program work for you because they lead to good habit formation. All habits are built from actions, learning, and repetition, so that the behavior becomes automatic. In other words, you do it without much thinking. To develop good habits, you'll work on these three actions at the same time:

1. **Intermittent fasting.** This practice has enormous benefits for women in terms of hormone balance, metabolism, and lowering inflammation.

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Of all the components of the program, this is the one that moves the needle for most women. They've told me they felt best after learning how to fast intermittently.

On the Galveston Diet, you'll do something called the 16:8 form of intermittent fasting: 16 hours of fasting with an eating window of 8 hours. I prefer this method because the fasting window is overnight. That means you sleep for many of those 16 hours (ideally half of them)! So, it becomes an easy habit to form.

2. Anti-inflammatory nutrition. The underlying issue in many diseases, chronic inflammation triggers weight gain. But weight gain also triggers inflammation, so they feed off each other in a crazy cycle. Inflammation tends to get worse in women as we age and experience menopausal hormone fluctuations. A lot of the foods we eat don't help, either, because they create inflammation throughout the body. Yet it doesn't have to be this way. There are many foods that actually fight inflammation. *The Galveston Diet* focuses on limiting the pro-inflammatory foods and increasing the anti-inflammatory foods.

3. Fuel refocus. For consistent, lasting weight loss, your body must shift its energy usage to rely more on fat as its fuel, rather than on glucose (which is generally supplied by carb-heavy diets). If you don't burn all the glucose you have in your bloodstream, the excess is stored as body fat. This metabolic fact led me to create a nutritional protocol made up of 70 percent healthy fats, 20 percent lean protein, and 10 percent quality carbohydrates. This ratio accomplishes three major metabolic feats: It encourages the body to burn fat. It trains the body to break the addiction to sugar and processed carbs. And it refocuses your eating on healthy sources of fats, protein, and carbohydrates.

Later, as you're ready to start maintenance, I'll introduce you to the Galveston Diet for Life program, in which you gradually decrease the fat percentage and increase the carbohydrate percentage, ultimately stabilizing at 40 percent fat, 20 percent protein, and 40 percent carbohydrates for lifetime success.

By the time you're well into all three actions, your body is beginning

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to burn fat more easily, and it will stop depositing fat in undesirable places like your abdomen. Accordingly, you could lose a tremendous amount of weight on the program. Kelli is a good example. She started the Galveston Diet and stuck with it, month after month. She ended up losing 100 pounds! She also trimmed $14^1/_2$ inches off her waist and $9^1/_2$ inches off her hips. But along with the weight loss, Kelli also noticed dramatic improvements in her sleep patterns, energy level, and digestive function, as well as decreased menopausal symptoms like hot flashes and a greater feeling of overall wellness.

Here's the big secret behind why the Galveston Diet is so effective: All three components work together synergistically to give you the best results. You have to intermittent-fast to lower inflammation and start to burn fat. You can't just fast, and still eat the standard American diet of inflammatory foods, then expect to burn fat and keep it off. You have to nourish your body with a great variety of anti-inflammatory foods. And you have to refocus your macronutrient choices to include more fat, moderate protein, and healthy carbohydrates.

Maybe you're wondering how long this diet takes to return you to great health? Well, the answer is pretty simple: There is no set amount of time; everyone loses weight and regains health at a different pace. But more important than that, remember and understand that the Galveston Diet is not a *diet* in the conventional sense of the word. It is a lifestyle.

Please don't be discouraged that this is a forever plan. Once you learn to live and eat this way, it becomes second nature to do so, and those old, health-harming habits—of reaching for fast food or sugar-laden carbs all the time—will become things of the past.

Yes, the Galveston Diet starts with a tightly orchestrated four-week plan to help you change the way you eat, but that is only the beginning. To help you stay with it *forever,* you'll transition to the Galveston Diet for Life program, which I cover in the final chapter. Most books present nutrition plans that are short term, with no guidance on what to do after you've followed the plan for several weeks. They leave you hanging, tempted to return to your old, unhealthy ways of eating (along with a

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frustrating return of pounds!). But with this maintenance program, that won't happen. It is a plan that shows you how to put additional anti-inflammatory foods back into your lifestyle, change your macro percentages to include less fat and more carbohydrates, and use intermittent fasting as the powerful weight-maintaining tool that it is.

Keep in mind that the word *diet* comes from the Greek word *dieta,* meaning "to live normally." However, nowadays the word mostly refers to cutting calories, even entire food groups, to help weight loss rather than a way to enjoy food and health. *The Galveston Diet* will help you lose weight and keep it off for sure, and this is critically important to health because weight gain contributes to many chronic and serious conditions in women. But the Galveston Diet, along with its maintenance plan, is primarily an eating pattern in the original sense of the world—a way of life—that promotes long-lasting health.

If you follow the Galveston Diet and change the way you live, you'll ultimately find, like I did, that weight loss is only one great benefit. (By the way, you can do this plan even if you are happy with your weight. I'm at a healthy weight now, and I live this way all the time.) There are so many more benefits besides weight loss: fewer menopause symptoms, blood sugar control, normalized blood lipid ranges, quality sleep, better gut health, greater energy, smoother skin, and more. You'll just feel better overall. Remember, *The Galveston Diet* is not a temporary stop on your journey. It is the journey! There may be ups and downs. You may take a few steps back before you charge ahead, but that's okay. This is ultimately a forward journey, and you're on this path to take better care of you. Just solidly commit yourself to moving down this path, and you will see your life and health change. I'm so happy to be on this journey with you.

Mary Claire Haver, MD

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PART I

THE PROMISE



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CHAPTER 1

Your Changing Body, Your Changing Needs

To say that my own transition from perimenopause to menopause was grueling would be an understatement. It turned out to be hell, pure and simple—with hot flashes, night sweats, thinning hair, dry skin, and weight gain. I was so ready to be done with it all.

But now that I look back, I see things that were not clear to me at the time. I wish I had known, for example, that symptoms can begin in your thirties, that if I had started hormone replacement therapy earlier, I could have been a whole lot more comfortable, and that mental states like moodiness, depression, or anxiety do not mean we're crazy!

Yes, your body is changing, but this is a normal part of life that all of us women go through—mainly brought on by hormonal fluctuations. This time of physical flux is categorized as three stages: perimenopause, menopause, and postmenopause. We experience these in unique ways. Let's take a look at what happens in each stage.

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Perimenopause

In your mid- to late thirties or early forties, it may seem like your body is morphing right before your eyes. You may notice—and be irritated by—the discovery that your clothes don't fit as well as they used to, even if you haven't gained any weight. Your skin becomes drier. A few wrinkles are visible. You look and feel more tired than when you were younger. It's like seeing a stranger in the mirror.

If these changes are happening to you, you're most likely entering the first stage of hormonal fluctuation—perimenopause. This is a natural period of transition that begins several years before menopause. It can last from a few months to up to 10 years prior to menopause, and it is your body's natural transition to making less estrogen. As your ovaries produce less estrogen, your periods become irregular. You may start to skip periods. Eventually, your monthly cycle will stop completely. Once you've gone a year without having a period, you've reached full menopause.

Symptoms in Perimenopause

Every woman's experience is unique. Some women have no symptoms or simply a few minor ones, while others experience a wide range of symptoms that can be quite severe. Symptoms begin in perimenopause but can continue into menopause. Fortunately, by the time you hit postmenopause, the major issues have all but vanished. Here is a look at the symptoms that begin in perimenopause and often persist into menopause:

Weight gain. This might be the symptom that brought you to this book! Whereas once you used to rip through nachos, candy bars, and cheeseburgers—and remain a size 4—now a few potato chips might force you into a larger dress size and elastic-waist pants become your new BFF.

When the pounds start inexplicably piling on, this is due mostly to the effects of changing hormones on appetite and metabolism, as well as those hormones that control how and where we store fat. This excess

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weight can increase and worsen other symptoms, such as night sweats and hot flashes, muscle and joint problems, and bladder issues.

The increase in hot flashes, in particular, has been chalked up to what researchers term the "thermoregulatory theory." If you carry more body fat on your frame relative to muscle, that body fat is insulating your body, making it harder to dissipate heat. Your body then retains that heat, and it can't be distributed. The result is more severe hot flashes.

Much of this has been substantiated in research. A 2017 study uncovered clear evidence that women who are overweight or obese have a more difficult menopause, with more night sweats and hot flashes. In addition, other symptoms like joint pain, muscle pain, vaginal dryness, and urinary incontinence and other bladder symptoms were worse in women with excess weight.

Another challenge for women in midlife has to do with visceral fat, which wraps around our organs. I call this the "menopause middle." It is caused by the rising activity of our circulating androgens (testosterone and others). Visceral fat is marked by an increasing waist-to-hip ratio (WHR). The WHR calculation is the ratio of your waist circumference to your hip circumference, and this gives a pretty fair indication of how much fat is stored on your waist, hips, and buttocks.

Aside from affecting the way we look (and how we feel about it), visceral fat is associated with increased risk for serious conditions like heart disease, breast cancer, uterine cancer, diabetes, hypertension, stroke, sleep apnea, and many other troubling diseases.

The point here is that if you can get your weight under control, you can go a long way toward easing many of the most severe symptoms of perimenopause and menopause—plus reduce your risk factors for many of these scary illnesses. Excess fat in midlife is not only a cosmetic concern but also an issue that can gravely affect health.

Hot flashes. You're all dressed up, you've done your hair, you've got your makeup on, when suddenly—wham. Here comes an intense heat whooshing through your upper torso and face. It might last anywhere

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from a few seconds to many minutes, but you're ready to strip down, right then and there. Some women have hot flashes once or twice a month, while others experience them daily. Nighttime hot flashes (night sweats) might wake you up, interrupt your sleep, and then make you feel weary and sluggish during the day.

Hair loss and changes. Your hair changes as you go through midlife. It usually thins out over parts of your scalp, as opposed to developing obvious bald patches. Also, your hair may fall out in big clumps when you brush or shower.

Hair loss during midlife is caused primarily by a hormonal imbalance that is specifically linked to the decline in estrogen, as well as the rise in the activity of testosterone. Hair grows more quickly and stays on your head longer when estrogen is abundant and testosterone activity is relatively low.

And where on Earth did those whiskers on your face and chin come from? Blame it also on the rising activity of testosterone.

Insomnia. Your sleep patterns may now resemble those of a newborn. You're up every two hours. You're hungry. And you have to pee. You toss and turn for hours each night, hoping that your mind will shut off and let you go to sleep.

You may be experiencing insomnia (difficulty falling asleep), or perhaps you wake up earlier than normal. Sweaty nights might also make it difficult to sleep.

Again, the culprit here is hormonal fluctuations. Your estrogen and progesterone levels are going up and down.

Memory loss and brain fog. You know that feeling when you're trying to remember something, and the word is right on the tip of your tongue? Or, you find yourself standing in the middle of the room and have no idea how you got there or what you're supposed to be doing? Or, you've repeated the same story to your husband or kids a couple of times already this week? This might be you 24/7 these days. This condition is often referred to as brain fog, and it's common during perimenopause and menopause because your body is producing less estrogen.

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Vaginal and bladder problems. With the drop in estrogen levels, your vaginal walls become drier, thinner, and less elastic. I know one woman who described this dryness as feeling like her vagina had grown cobwebs! These changes may lead to pain and discomfort during intercourse. You may be more susceptible to vaginal infections when your estrogen levels are low.

Because of the proximity of the bladder to the vagina, the thinning of the vaginal wall affects the bladder, too. A loss of tissue tone may cause urinary incontinence and frequent bladder infections.

Sexual changes. Our sex lives—like life itself—are changeable based on many different situations. One such situation is the dip in female hormones during midlife. This change has many ramifications, including a decrease in sexual arousal and desire. However, if you were sexually frisky before menopause, you'll probably continue to have a healthy sex drive now. And if you wonder about sex after age 50 or 60 or beyond, the most important thing to remember is your sex life can and will last a lifetime—if you want it to!

Mood shifts. Irritable doesn't begin to describe it, right? Your emotions frequently spiral out of control at the least little thing, and you can't seem to control your mood swings and temper. Couple this with being tired (because you were woken up by hot flashes) and the problems are compounded. For many women, this is the worst symptom simply because you suddenly feel so *not like yourself.*

Yet again, one big reason for this change is your estrogen level. Estrogen controls how much serotonin is being produced in your brain. Serotonin is a chemical that helps regulate your moods. If you're producing less estrogen, you're also producing less serotonin. This can have a direct impact on how stable and optimistic you feel.

If you're dealing with mood shifts, remember that your body is changing and you aren't to blame for these emotions. It's also important that you explain the physiology of this particular symptom to your partner so that he or she can be more patient and understanding of, well, your impatience!

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Other symptoms. Many other symptoms crop up during perimenopause, and very seldom are you warned about them. For example:

Breast pain
Dry and/or itchy skin
Palpitations
Panic attacks
Constipation
Dizziness
Dry mouth
Urinary incontinence
Rage
High blood pressure
High cholesterol
Dry eyes
Light-headedness
Headaches or migraines

The food and lifestyle strategies of the Galveston Diet will help you combat weight gain and other symptoms during perimenopause.

Menopause

After perimenopause comes menopause—the stage during which your ovaries stop producing reproductive hormones and you have no monthly periods for 12 consecutive months. Although the average age for starting menopause is 51, it is normal to experience it as early as 45 and as late as 55.

In menopause, weight gain can become even more pronounced—and frustrating to shed. On average, women gain between 12 and 15 pounds during the ages of 45 through 55. You'll experience more intense hunger signals, too, which make you want to eat more food and which necessarily increase your chances of putting on pounds.

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