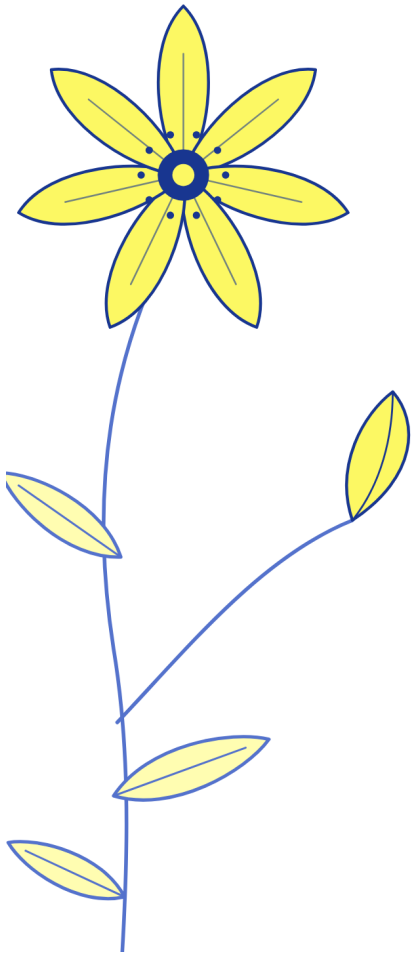
A DOCTOR'S GUIDE

FROM THE FOUNDER OF INNER BALANCE

The Complete Guide to

Peri-menopause *& Menopause*

It's not in your head. It's your hormones.
And there is a solution that works.



UPDATED
2026
FDA CHANGES INSIDE

DR. SARAH DACCARETT, MD



BEFORE WE BEGIN

A note from Dr. Sarah

If you're reading this, I'm guessing something feels off.

Maybe you're waking up at 3am for no reason. Maybe your jeans stopped fitting even though nothing about how you eat has changed. Maybe you're snapping at the people you love, forgetting words mid-sentence, or feeling anxious in a way you never used to. And maybe you've already asked a doctor and were told it's stress, your age, or "just normal."

Here's what I want every woman to hear: you're not crazy, you're not lazy, and you're not too young. It's very likely your hormones. And it's very treatable.

I wrote this guide because most of what's out there is outdated, terrifying, or trying to sell you something that doesn't work. Women are told to wait until their periods stop, to try another supplement, or that hormones cause cancer. None of that reflects what the research shows today.

So here's what you'll get instead: the signs most doctors miss, what your hormones actually do, the real story behind the study that scared a generation of women away from treatment, and the differences between hormone options that almost nobody explains. Short, clear, and based on today's medical guidelines.

Read it in one sitting or skip to what you need. Print the tracker. And bring your questions to the group. That's what we're here for.

You deserve to feel like yourself again.

Dr. Sarah

Dr. Sarah Daccarett, MD · Founder, Inner Balance

INSIDE THIS GUIDE

Contents

01 **It starts earlier than you think**
The stages, and why your period is the last thing to change

02 **The signs, including the ones nobody mentions**
Symptom map, quick self-check, symptom and PMS trackers

03 **Your hormones, in plain English**
What estradiol, progesterone and testosterone really do

04 **The study that scared a generation**
What went wrong, what the data show now, and is it safe?

05 **Not all hormones are created equal**
Pills, patches, pellets, creams and birth control, side by side

06 **What the guidelines say, and how we follow them**
Six rules for hormone therapy done right

07 **Getting more out of your hormones**
GLP-1s, libido, bones, muscle, and what to skip

08 **Myths vs facts**
The ten things women hear most, and what's actually true

09 **Getting the care you deserve**
What to bring, what to ask, and what to say if you feel dismissed

i A quick note

This guide is information, not medical care, and it isn't a replacement for it. It can't tell you what's right for your body. For that, take the quiz at innerbalance.com and talk with one of our providers instead of guessing. We don't treat emergencies; if you have one, call 911. Information is current as of October 2026; sources are listed at the back.

CHAPTER 1

01 It starts earlier than you think

And your period is usually the last thing to change

Most women are told perimenopause happens in your late 40s, when your periods start skipping. That's why so many women go years without answers.

Your hormones drop long before your period changes

As your ovaries age, they start making less progesterone **and** less estradiol. For many women this begins in their early 30s. Most just don't do anything about it until their late 30s or 40s, when the symptoms finally get too loud to ignore.

Here's the part almost no one is told: your period is usually the last thing to change. Most women in perimenopause still have completely regular cycles. A regular period doesn't mean your hormones are normal. The first signs are things like belly weight that won't budge, bloating and gut issues, waking at 3am, new anxiety, a shorter fuse, brain fog, or PMS that seems to last longer every month.

55%
of women aged 30 to 35 in a 2025 study of more than 4,400 U.S. women reported moderate to severe menopause-type symptoms

4%
of women in that same age group had talked to a doctor about it

7+ yrs
is how long hot flashes and night sweats last for the average woman. Waiting it out is a long wait.

The stages, simply

Hormones start dropping	Perimenopause	Menopause	Postmenopause
Ovaries slow down with age. Progesterone and estradiol fall. Periods still regular.	Symptoms build: weight, gut, sleep, mood, brain fog. Periods often still regular. Hot flashes and cycle changes usually come last.	12 months with no period.	Low, steady hormones. Bone, heart and vaginal changes build over time.
Can start in your early 30s	30s, 40s and into your 50s	Average 51	The rest of your life

Menopause is one day, not a decade: the point 12 months after your last period. Surgery that removes the ovaries, chemotherapy or pelvic radiation can bring it on suddenly.

Menopause before 40 is not "just early"

It's called primary ovarian insufficiency (about 1 in 100 women), and hormone therapy is recommended until at least the average age of menopause. If this is you, please don't wait.

✦ The takeaway

- You don't need a missed period, a certain age or a lab test to be in perimenopause.
- Weight, gut, sleep and mood changes come first. Periods and hot flashes usually come last.
- You don't have to wait for symptoms to "get bad enough." You can get help now.

CHAPTER 2

02 The signs, including the ones nobody mentions

Estrogen receptors are everywhere, so symptoms are too

Hormones are messengers. They travel through your blood and tell your body what to do: when to sleep, how to store fat, how to digest food, how to handle stress. There's nothing mysterious or taboo about them. You have estrogen receptors in your brain, gut, heart, bones, skin, joints and bladder, so when your hormones drop, every one of those places feels it. That's why so many women see five different specialists before anyone connects the dots.

1. **Weight around your middle**
   Falling estrogen moves fat to your belly and makes your body handle sugar less well. Often one of the first changes women notice.
2. **Gut issues**
   Bloating, indigestion, constipation, new food sensitivities. Your gut is full of hormone receptors.
3. **Sleep that falls apart**
   Trouble falling asleep, 3am wake-ups, waking hot. You need both estradiol and progesterone to sleep well.
4. **Anxiety, rage and low mood**
   New anxiety, irritability or feeling flat. The risk of depression rises 2 to 4 times in perimenopause.
5. **Stress that feels out of control**
   Wired but tired, on edge, signs of high cortisol. Women spend years trying to fix this when it's often hormones.
6. **Brain fog**
   Losing words, losing your keys, losing your train of thought. It's real, and it's hormonal.
7. **Fatigue and headaches**
   Exhaustion that sleep doesn't fix, and migraines that change or get worse.
8. **Joint pain and stiffness**
   Aching shoulders, hands, hips and knees. Frozen shoulder becomes more common too.
9. **Low desire and painful sex**
   Less interest, less arousal, dryness and discomfort.
10. **Bladder changes and UTIs**
    Urgency, leaking and infections that keep coming back.
11. **Skin, hair and eyes**
    Dry or itchy skin, thinning hair, adult acne, dry eyes.
12. **Heart palpitations**
    Fluttering or pounding beats. Usually harmless, but worth getting checked.

Last to show up: hot flashes and period changes

These are the symptoms everyone has heard of, but they usually come late, and not every woman gets them. If you're waiting for a hot flash or a missed period before taking your symptoms seriously, you could be waiting years.

✓ Quick self-check

Dealing with three or more of the symptoms above, at any age? That's a good reason to take the quiz at **innerbalance.com**. Many doctors still turn women away if they're having regular periods. We won't.

PRINTABLE

My symptom tracker

Rate each symptom once a week: 0 = none, 1 = mild, 2 = moderate, 3 = severe

Name: _____ Age: _____ Month: _____

Symptom	Wk 1	Wk 2	Wk 3	Wk 4	Notes
Belly weight					
Bloating / digestion					
Trouble falling or staying asleep					
Stress / wired but tired					
Anxiety / irritability / rage					
Low mood					
Brain fog / memory					
Fatigue					
Joint or muscle aches					
Headaches / migraines					
Low desire					
Vaginal dryness / painful sex					
Bladder urgency / leaks / UTIs					
Skin, hair or dry eyes					
Hot flashes (day)					
Night sweats					
Other: _____					

How much is this affecting my life? (circle)

Work 0 1 2 3 Relationships 0 1 2 3

Sleep 0 1 2 3 Mood 0 1 2 3

What I want to feel again:

_____

_____

PRINTABLE

My PMS tracker

Find your good days, and watch whether they're shrinking

PMS happens when your hormones drop to their lowest point before your period. When you're younger, that only lasts a few days. In perimenopause, your hormones stay low for more of the month, so those PMS days start to spread. **If it feels like PMS lasts all month, that's perimenopause.**

Each day, write how you feel from **1** (my best self) to **5** (full PMS: moody, bloated, exhausted, foggy). Mark **P** on days you have your period.

Month 1: _____

1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	

Month 2: _____

1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	

Month 3: _____

1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	

What to look for

Count your 1s and 2s each month. Those are the days your hormones are where they should be, and that's how you're supposed to feel all month. If your good days are getting fewer, your hormones are telling you something.

CHAPTER 3

03 Your hormones, in plain English

They do far more than run your period

We were taught these are "reproductive hormones." That's like calling your heart a "running organ." They help run your whole body.

Progesterone: your most abundant hormone

Your body makes far more progesterone than any other sex hormone. It's arguably the most important one, yet it's been reduced to "the uterus hormone" for decades. As your ovaries age, it drops.

- **Brain and mood:** calm, focus, resilience to stress
- **Sleep:** deep, restful sleep
- **Bones:** helps build new bone
- **Heart and blood vessels:** supports healthy vessels and blood pressure
- **Uterus and breasts:** balances estradiol and protects the uterine lining

Estradiol: your main estrogen

The estrogen your ovaries make. It starts falling in perimenopause, usually while you still have a regular period.

- **Brain and sleep:** memory, mood, body temperature at night, melatonin
- **Metabolism:** keeps fat off your belly, helps you use sugar
- **Heart, bones, skin, joints, vagina and bladder**

Testosterone: yes, women make it too

It declines slowly with age rather than dropping at menopause.

- **Desire, muscle, bone and energy**
- It needs estradiol to do its job, even for libido. Testosterone on its own rarely fixes the problem.

They work as a team

Old textbooks gave each hormone one job. That's outdated. Your hormones work together and are needed for almost everything. Libido needs all three. Sleep needs both estradiol and progesterone. Your brain, heart and bones need all of them. That's why replacing just one rarely makes you feel like yourself again.

Why your labs can come back "normal"

Many women are told their estradiol is "normal" because they still have a period. But there are no established normal ranges for estradiol in perimenopause, and one number on one day doesn't tell you how your hormones are doing the rest of the month.

FSH is the best marker we have. It's the signal your brain sends to push your ovaries, so it reflects how hard they're working across the whole month. And at any age, **your symptoms are the real test.**

How we read FSH at Inner Balance



An FSH over 8 is good reason to believe your ovaries are working harder. A normal FSH doesn't rule out perimenopause. Your symptoms still count.

CHAPTER 4

04 The study that scared a generation

Why your mom stopped her hormones, and why the FDA just changed course

In 2002, headlines said hormone therapy caused breast cancer, heart attacks and strokes. Millions of women stopped overnight. Doctors stopped prescribing. Twenty years later, we know the story was far more complicated, and a lot of women suffered for nothing.

What the Women's Health Initiative actually tested

Older women

The average woman was 63, often more than 10 years past menopause. Most women start hormones in their 40s or early 50s.

Horse estrogen

It used Premarin, a mix of estrogens from pregnant horses' urine, as a pill. Not estradiol, the hormone your body makes.

A synthetic progestin

It used medroxyprogesterone (Provera), not the bioidentical progesterone your body makes. This is where the breast cancer signal came from.

What 20+ years of follow-up show

22%
fewer breast cancers in women who took estrogen alone, compared with placebo

40%
fewer breast cancer deaths in that same group

<1
extra breast cancer per 1,000 women per year with the synthetic progestin used in that study

The benefits almost no one talks about

When hormone therapy is started before 60 or within 10 years of menopause, the research links it to:

~30%
lower risk of dying from any cause

~50%
less coronary heart disease

33%
fewer hip fractures

21%
fewer new cases of diabetes

~75%
fewer hot flashes, plus better sleep, mood and quality of life

#1
killer of women is heart disease. Started early, estrogen helps protect your heart.

WHAT CHANGED IN 2025

The FDA removed the "black box" warning

In November 2025, the FDA announced it would remove the boxed warnings about breast cancer, heart disease, stroke and dementia from hormone therapy labels, pointing to evidence that risks are low when women start before 60 or within 10 years of menopause. One boxed warning stays: if you have a uterus, estrogen should be paired with a progestogen to protect the uterine lining. Updated labels began rolling out in 2026.

For most women in their 40s and 50s, the bigger risk isn't taking hormones. It's going without them.

Every woman's history is different. Your clinician should review your personal risks, especially if you've had breast cancer, a blood clot or a stroke.

"But is it safe?" The risks, in real numbers

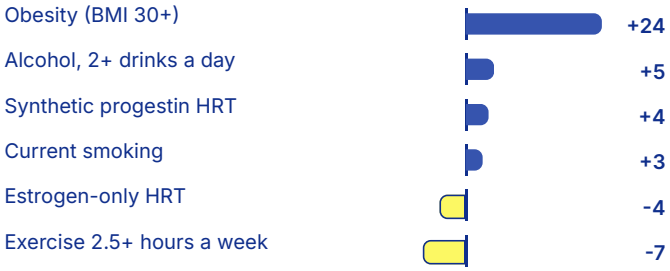
Nothing in life is risk-free. We drive every day, because the freedom is worth it. No one is handed only the crash statistics before getting a license. Yet with hormones, women are usually told only the risks, and almost never the benefits or the cost of going without.

1 in 3

women die of heart disease and stroke. It's the #1 killer of women, more than all cancers and car crashes combined.

Breast cancer: lifestyle moves the needle more

Extra (or fewer) breast cancers per 1,000 women aged 50 to 59 over about 5 years. Baseline: 23.



Source: British Menopause Society. Oestra contains no synthetic progestin.

1 in 101

Americans die in a car crash, and we still drive

Blood clots and stroke: it's the route

Non-oral estradiol, like Oestra, adds no measurable risk above baseline for blood clots or stroke.

Estrogen **pills** raise clot risk slightly, because they pass through the liver first. Even then, a woman's lifetime chance of a clot goes from about **8% to 8.5%** after 5 years on pills.

For scale: smoking, high blood pressure, obesity and long flights all raise clot and stroke risk more than hormones do.

Have a clotting gene or a past clot?

You may still be a great candidate. Women with Factor V Leiden who used non-oral estrogen had no added clot risk. Our Inner Balance physicians know this research and will review your history with you.

Worried about stroke?

Stroke risk is driven by blood pressure, smoking and age, not non-oral estradiol. Vaginal estradiol didn't raise the risk of another stroke even in women who had already had one.

When hormone therapy isn't the right fit

Current breast cancer or another estrogen-dependent cancer, an active blood clot, a stroke or heart attack happening now, active liver disease, or pregnancy. Any unexplained bleeding should be checked first.

CHAPTER 5

05 Not all hormones are created equal

The differences that matter most, and that almost no one explains

"Hormone therapy" isn't one thing. The type of hormone, how it gets into your body and whether it's paired with the right progesterone all change how well it works and how safe it is. Here's how the options compare, based on the guidelines and what we see in women every day.

Option	What to know	Our take
ESTROGEN		
Estradiol absorbed vaginally whole-body dose, like Oestra	The same hormone your ovaries make. It skips the liver, so it doesn't raise clot or stroke risk the way pills do. Vaginal tissue absorbs it well, nothing rubs off on anyone else, and progesterone can go in the same cream.	Best of both
Estradiol on the skin patches, gels, sprays, skin creams	Also skips the liver, which is good. But often less than a third is absorbed, and gels, sprays and creams can rub off onto your kids, partner and pets. Patches can irritate the skin or fall off.	Good, with drawbacks
Estradiol pills	Works well for symptoms, but passing through the liver first raises clot risk and can raise triglycerides. Less ideal if you have migraines, higher weight or clot risk factors.	Works, with trade-offs
Premarin conjugated equine estrogens	The pill used in the 2002 WHI study. A blend of estrogens from horses, many of which your body never makes.	Older option
Low-dose vaginal estrogen Vagifem, Estrace cream, Estring	Tiny doses designed to stay in vaginal tissue. Great for dryness, painful sex and repeat UTIs, but they won't help hot flashes, sleep, mood, weight or bones. Not the same as a whole-body vaginal dose like Oestra.	Local only
PROGESTERONE		
Bioidentical progesterone micronized progesterone	The same molecule your body makes, with the most reassuring breast and clot data. Taken as a pill or vaginally. It doesn't absorb well through skin, so skin creams can't be relied on to protect your uterus.	Preferred
Synthetic progestins medroxyprogesterone (Provera), others	The type used in the WHI arm that showed the small breast cancer increase. Can worsen mood and bloating for some women.	Works, with trade-offs

Pill, skin or vaginal: why it matters

Pills go to your liver first, and that "first pass" tells it to make more clotting factors. **Skin** skips the liver, but absorption is low and it can transfer to the people and pets you touch. **Vaginal** skips the liver too, absorbs well, stays with you, and lets progesterone go to work right where your uterus needs it.

The ones to be careful with

These are everywhere online and in med spas. Some have a place. Most don't meet the guidelines.

Option	What to know	Our take
OFTEN MARKETED TO WOMEN IN MIDLIFE		
Birth control pills	Not hormone therapy, and not a fix for perimenopause. The pill shuts down your own estradiol and progesterone and replaces them with synthetic chemicals that aren't the hormones your body makes. The synthetic progestins are linked to small increases in the risk of blood clots, stroke and breast cancer. Hormone therapy does the opposite: it gives back what you've lost. For heavy bleeding, Oestra can help too.	Birth control only
Hormone pellets	Implanted under the skin and can't be removed. Levels often go well above what your body would ever make, and side effects are more common. Not recommended by The Menopause Society.	Not recommended
Over-the-counter progesterone or wild yam creams	Not regulated, doses vary, and they don't reliably protect your uterus. Your body can't turn wild yam into progesterone.	Not recommended
Estriol-only creams	A much weaker estrogen. Fine for skin and vaginal tissue, but there isn't good evidence it treats whole-body symptoms or protects bones.	Local use
Saliva or "hormone balancing" tests	Not reliable for diagnosing or dosing. Guidelines advise against using them. Your symptoms guide the dose.	Not recommended

What does "bioidentical" really mean?

The hormone has the exact same structure as the one your body makes: estradiol and progesterone. It describes the molecule, not the quality. Pellets and drugstore creams can be "bioidentical" too. What matters is the right dose, the right route, the right progesterone and a clinician who follows you.

The takeaway

- Estradiol that skips the liver, paired with bioidentical progesterone, is what the evidence supports for most women. Vaginal gets you there without the drawbacks of skin.
- Pellets, drugstore creams and saliva tests don't meet the guidelines.
- Birth control pills are for birth control only. Low-dose vaginal estrogen stays local. Neither replaces your hormones.

CHAPTER 6

06 What the guidelines say, and how we follow them

Six rules for hormone therapy done right

When I started Inner Balance, I didn't want to reinvent anything. I wanted to do what the evidence and the major medical societies already recommend, and make it easy to get. Here's what that looks like.

1	**Use the hormones your body makes** Estradiol and bioidentical progesterone, not horse estrogens or synthetic progestins.	OESTRA Bioidentical estradiol + progesterone
2	**Skip the liver** Non-oral estrogen doesn't raise clot or stroke risk the way pills do.	OESTRA Absorbed vaginally into the bloodstream. No pill, and nothing rubs off on kids, partners or pets.
3	**Always protect the uterus** If you have a uterus, estrogen must always be paired with progesterone to protect the uterine lining.	OESTRA Both hormones in one cream, so you can't skip the progesterone
4	**Start early** Benefits are greatest when you start before 60 or within 10 years of menopause. You don't have to wait for your periods to stop.	OESTRA Available while you're still having periods
5	**Start low, then raise it until you feel better** "The lowest dose for the shortest time" is out. The goal is the dose that resolves your symptoms, not one that gives "some" relief. Symptoms guide it, not saliva tests. And there's no automatic stop date at 5 years or 65.	OESTRA You begin on a starting dose, and your care team raises it until your symptoms resolve
6	**Prescribed and followed by a clinician** A shared decision based on your history and goals, with someone checking in as things change.	INNER BALANCE Licensed clinicians review your history and stay with you

FROM INNER BALANCE

Oestra isn't just a cream. It's a treatment plan.

You start on a starting dose. Then your care team checks in on your symptoms and raises your dose step by step until you feel like yourself again. That's the part most women never get: a team of doctors who keep going until it works.

Bioidentical estradiol and progesterone in one cream, applied vaginally in about 30 seconds. It skips the liver, absorbs well, doesn't transfer to the people you love, and progesterone reaches the uterine lining directly.

Prescription only, compounded by a licensed U.S. pharmacy and third-party tested for purity and potency. Learn more at **innerbalance.com**.

CHAPTER 7

07 Getting more out of your hormones

Weight loss drugs, libido, bones, muscle, and what to skip

On a GLP-1? Your hormones still matter

Ozempic, Wegovy, Mounjaro and Zepbound can be life-changing. But they don't replace your hormones, and they don't fix sleep, mood, brain fog or hot flashes.

There's also a catch: a big share of the weight lost on a GLP-1 can be muscle, and fast weight loss can thin your bones. Estrogen helps protect both, at the exact time you're losing them.

~40%
of the weight lost on semaglutide in a major trial was lean mass, not fat

16% vs 12%
body weight lost at 12 months by women on semaglutide with vs. without hormone therapy

Mayo Clinic study of postmenopausal women, 2024. Observational, but promising.

Low desire isn't just a testosterone problem

Libido needs all three hormones working together: estradiol, progesterone and testosterone. Testosterone on its own rarely fixes low desire, because it needs estradiol to do its job. Healthy vaginal tissue matters too: it's hard to want sex that hurts.

Testing testosterone? Ask for more than one number

A total testosterone level alone doesn't tell you much. Ask for **free testosterone** and **SHBG**, the protein that ties testosterone up. Estrogen pills and birth control pills raise SHBG, which can leave less testosterone free to work.

Protect your bones and muscle now

Bone loss speeds up the moment estrogen falls. Women lose about 10% of their spine bone density in the decade around menopause, and 1 in 2 women over 50 will break a bone from osteoporosis. Hormone therapy means 33% fewer hip fractures.

- ✓ **Lift something heavy, twice a week.** Muscle and bone respond at any age.
- ✓ **Eat enough protein,** especially on a GLP-1. About 1 to 1.2 g per kg of body weight a day.
- ✓ **Drink less alcohol.** It worsens sleep and raises breast cancer risk.

What about supplements?

I get asked this every day, so here's my answer: **no supplement can replace a hormone your body stopped making.** Black cohosh, soy, red clover, evening primrose oil and "hormone balancing" blends haven't been shown to reliably help, and black cohosh has been linked to rare liver injury. If a bottle promises to "balance your hormones," it can't.

✦ The takeaway

- Hormones may help GLP-1s work better, and they help protect the muscle and bone you could lose.
- Low desire needs all three hormones, not just testosterone. Ask for free testosterone and SHBG.
- Strength, protein and sleep help, but they can't replace estradiol and progesterone.

CHAPTER 8

08 Myths vs facts

The ten things women hear most, and what's actually true

MYTH "I'm too young for perimenopause."

FACT Hormones can start dropping in your early 30s. In a 2025 study, more than half of women aged 30 to 35 reported moderate to severe menopause-type symptoms.

MYTH "My periods are regular, so it can't be hormones."

FACT Most women in perimenopause still have regular periods. Your period is usually the last thing to change.

MYTH "My labs were normal, so it's not my hormones."

FACT There's no established normal range for estradiol in perimenopause. FSH is a better clue, and your symptoms are the real test.

MYTH "The weight gain is just willpower. Eat less, move more."

FACT Falling estrogen moves fat to your belly and changes how you handle sugar. It's biology. Hormone therapy doesn't cause weight gain, and it's linked to less diabetes.

MYTH "Just wait it out. It passes."

FACT Hot flashes last 7+ years on average. Bone loss, vaginal changes and heart risk keep building quietly after menopause.

MYTH "Hormones cause breast cancer."

FACT That fear came from a synthetic progestin in older women. In the same study, estrogen alone led to 22% fewer breast cancers. The FDA removed its breast cancer black box warning in 2025.

MYTH "Hormones cause blood clots and strokes."

FACT Route matters. Estrogen pills raise clot risk slightly. Non-oral estrogen, which skips the liver, hasn't shown that increase in large studies.

MYTH "You can only take hormones for 5 years, or until 65."

FACT There's no automatic stop date. The Menopause Society says you and your clinician decide together, and review it over time.

MYTH "Bioidentical means natural, so pellets and drugstore creams are safest."

FACT Bioidentical describes the molecule. Pellets can push levels too high, and over-the-counter creams don't protect your uterus.

MYTH "Vaginal dryness and UTIs are just part of getting older."

FACT They tend to get worse without treatment, and they're very treatable. You don't have to live with them.

CHAPTER 9

09 Getting the care you deserve

What to bring, what to ask, and what to say

Many doctors got very little training in menopause. That's not your fault, and it doesn't mean you have to accept "it's just your age." Walk in prepared.

Before your visit

- [ ] Fill in the symptom tracker and PMS tracker for a few weeks
- [ ] List every medication and supplement you take
- [ ] Note your family history: breast cancer, heart disease, blood clots, osteoporosis, early menopause
- [ ] Write down your top 3 symptoms and the one thing you most want to feel again

Questions to ask

- [ ] Could my symptoms be perimenopause, even with regular periods?
- [ ] Am I a candidate for hormone therapy? If not, why not?
- [ ] Which estrogen and progesterone would you use, and is it non-oral?
- [ ] How will we adjust the dose, and when will we check in?
- [ ] What are my heart and bone numbers, and should I have a bone scan?
- [ ] Can you check my FSH, free testosterone and SHBG?

If you feel dismissed, try saying...

"These symptoms are affecting my sleep, my work and my relationships. I'd like to talk about treatment, not just wait."

"I understand my labs were normal, but perimenopause is diagnosed from symptoms. Can we check my FSH and talk about treatment?"

"The FDA removed the black box warning in 2025. Can you walk me through my personal risk?"

"If you're not comfortable prescribing, can you refer me to someone who is?"

It's always okay to get a second opinion. You don't need to "earn" care by suffering first.

Still getting periods? You can still get pregnant.

Use birth control until you've gone 12 months without a period (or longer if you're under 50 — ask your clinician). Hormone therapy at symptom-relief doses is not birth control.

> *Perimenopause is normal. Suffering through it is not.*

WHO WE ARE

About Inner Balance

Made by women, for women

Healthcare wasn't built around women. Inner Balance is.

Inner Balance is a women's health company founded and led by Dr. Sarah Daccarett, MD. For too long, women have been dismissed, misinformed and handed one-size-fits-all answers. We do it differently: evidence-based hormone care that follows the guidelines, prescribed by licensed clinicians, delivered to your door.

1. Tell us how you feel

Take a short online quiz about your symptoms, history and goals.

2. A clinician reviews it

A licensed clinician trained in hormone therapy decides on next steps with you.

3. Ongoing care

Your treatment ships to your door, and your care team checks in and adjusts as you go.

What we offer

Oestra

Bioidentical estradiol + progesterone in one prescription cream, for perimenopause and menopause.

Libida

A sex peptide you can take every 3 days, so you're in the mood when the moment comes. Libida = better sex.

BodyMatched Face Cream

Targeted prescription skincare for dark spots, acne and fine lines. Great skin at any age, from your 20s on.

HSA/FSA eligible

Use your HSA or FSA card at checkout.

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For the curious, and for your doctor

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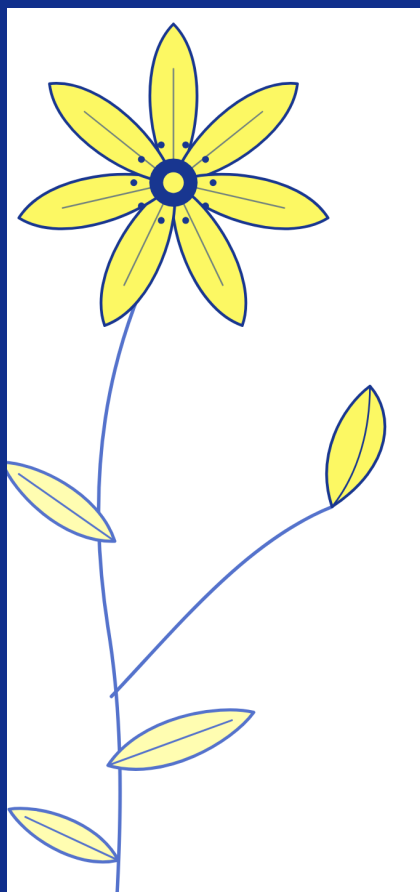
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