

KP TOTAL ESTATE

Is It Perimenopause?

*7 Signs Your Hormones Are Shifting.
And What To Do First.*

KRISTIE PERRY · NASM-CPT · NASM-CNC

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If your body feels like it changed the rules without telling you, you are not imagining it.

The symptoms of perimenopause can begin years before your period actually stops. Sometimes as early as your mid-thirties. Most women spend months, sometimes years, wondering what is wrong with them before anyone connects the dots.

This guide names what is happening and gives you the first steps forward.

I am Kristie Perry. I am a NASM-certified personal trainer and nutrition coach specializing specifically in perimenopause and menopause. I built my practice around this transition because I lived it, and because I watched too many women receive generic advice that made their symptoms worse.

What you will find in these pages is not generic wellness content. It is the clinical truth about what is happening in your body, explained in plain language, with clear first steps you can take today.

Use this guide as a checklist. Circle or note what applies to you. Then read the explanation for each sign, and the first step that actually works. If three or more of these apply, your body is already telling you something important.

01

Your sleep has changed. And nothing else has.

You fall asleep fine but wake at 2 or 3am unable to go back. Or you sleep a full night and wake exhausted anyway. You lie there with a racing mind about nothing specific. This is not anxiety. This is hormonal.

WHAT THIS IS:

Declining progesterone disrupts sleep architecture, specifically the deep, restorative sleep phases your body depends on for recovery. This symptom often begins years before any change in your period.

WHAT TO DO FIRST:

Reduce screen exposure 90 minutes before bed. Magnesium glycinate (200–400mg in the evening) supports nervous system regulation during this transition. Resistance training earlier in the day measurably improves sleep quality. Avoid intense training within 4 hours of bedtime.

02

Weight is redistributing to your midsection despite no change in your habits.

You are eating and moving the same as always. Your waist is changing anyway, specifically around the abdomen, not the hips and thighs the way it used to. This is not a discipline problem. This is physiological.

WHAT THIS IS:

Declining estrogen shifts fat storage from hips and thighs to the abdomen. Simultaneously, cortisol sensitivity increases, which compounds abdominal fat accumulation. Your body's distribution pattern changed because your hormones did.

WHAT TO DO FIRST:

This is not a calorie problem. It is a hormonal one. Progressive resistance training is the primary intervention. It improves insulin sensitivity and metabolic function in ways that cardio alone cannot. Cardio-heavy programs can worsen this by elevating cortisol further.

03

Your mood is unpredictable and the irritability is new.

The window between calm and irritable has shortened dramatically. You snap at people who don't deserve it. You do not recognize yourself in those moments. This is neurochemical, not characterological.

WHAT THIS IS:

Estrogen is a natural regulator of serotonin and dopamine. As it fluctuates and declines, your brain's access to these stabilizing neurotransmitters fluctuates too. The irritability is a symptom of hormonal change, not a reflection of who you are.

WHAT TO DO FIRST:

Consistent resistance training increases BDNF and supports serotonin production. Protein adequacy directly affects neurotransmitter synthesis. Low protein worsens mood instability. Target 1.2 to 1.6 grams of protein per kilogram of bodyweight daily.

04

Your energy crashes in ways that never happened before.

It is not that you are tired. Your energy is unreliable. You are fine and then suddenly not fine. The crash feels different from ordinary fatigue. More sudden, more complete.

WHAT THIS IS:

Hormonal fluctuation affects blood sugar regulation and cortisol patterns. These energy crashes are often blood sugar related, a problem worsened by the estrogen decline itself. Your body is less able to regulate blood sugar the way it did before.

WHAT TO DO FIRST:

Prioritize protein and fat at breakfast before carbohydrates. Avoid large gaps between meals. Resistance training improves insulin sensitivity over time. This is a medium-term intervention, not an overnight fix, but it addresses the root cause.

05

Recovery from exercise is slower than it used to be.

Workouts that were once manageable now leave you depleted for days. Your body is not bouncing back. The answer is not to work harder.

WHAT THIS IS:

Estrogen supports muscle repair and recovery. As it declines, recovery requires more intentional support: more protein, more sleep, more rest days between sessions.

WHAT TO DO FIRST:

Never train the same muscle group on consecutive days. Prioritize protein intake in the 45-minute window after training. Reduce high-intensity sessions and increase moderate-intensity progressive resistance work.

06

Brain fog: words disappear, focus requires effort.

You walk into rooms and forget why. Words vanish mid-sentence. You wonder if something is wrong with you cognitively. Something is happening. It is hormonal, documented, and addressable.

WHAT THIS IS:

Estrogen supports hippocampal function, the brain's memory and learning center. Its decline affects cognitive sharpness. This is real. It is not permanent with the right intervention.

WHAT TO DO FIRST:

Both resistance training and aerobic exercise increase BDNF and support cognitive resilience. Omega-3 fatty acids support brain health during this transition. Reducing alcohol entirely is one of the highest-impact cognitive interventions available in perimenopause.

07

Your periods have changed: irregular, heavier, lighter, or skipping.

Cycles have become unpredictable. Coming early or late. Heavier than before or lighter. Occasionally skipping. If this is happening alongside any of the other six signs, the picture is clear.

WHAT THIS IS:

This is the clinical definition of perimenopause, hormonal fluctuation causing menstrual irregularity. You are not broken. You are in a transition that has a name, a physiology, and a response.

WHAT TO DO FIRST:

Track your cycle and your symptoms in parallel. This data matters for your physician conversations and for building a training and nutrition program that works with your hormonal patterns rather than against them.

If three or more of these signs apply to you, your body is asking for a specific response.

Not a generic fitness plan. Not fewer calories. Not pushing through harder. A program built around what your hormones are actually doing right now.

01

Get a baseline.

Talk to your OB-GYN or a functional medicine physician. Request FSH, LH, estradiol, progesterone, and thyroid panels. Know your numbers before building your program.

02

Start resistance training immediately.

Not cardio. Not a boot camp. Progressive resistance training with actual weights, two to four times per week, is the single most evidence-supported intervention for perimenopause and menopause. It preserves muscle mass, improves bone density, stabilizes blood sugar, and supports cognitive function simultaneously.

03

Increase your protein significantly.

Most women in this phase are eating well below what their body needs. Target 1.2 to 1.6 grams per kilogram of bodyweight. Prioritize protein at every meal, beginning with breakfast.

04

Treat sleep as infrastructure, not a luxury.

Poor sleep accelerates every symptom on this list. It is not a willpower problem. It is a physiological priority that requires intentional management.

Ready to build a program built for your body?

I have founding member spots available through June 15
at a significantly reduced rate.

This is not a generic program. It is built specifically
around what your hormones are doing right now.

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KRISTIE PERRY

NASM-CPT · NASM-CNC · TEXAS REALTOR · GRI · C2EX

kptotalestate.com

+1 713-205-3239 · kptotalestate@gmail.com