Feeling more like yourself

Each topic starts with a simple explanation, followed by more medical detail.

Why can mood change in midlife?

Perimenopause is the time leading up to menopause, when your periods begin to change. Hormone changes can affect how you feel. Depression can also happen during this time.

More medical detail: The menopause transition is a period of increased vulnerability to depression. In a randomized trial of 172 women without depression at baseline, clinically significant depressive symptoms developed in 17.3% receiving transdermal estradiol plus intermittent micronized progesterone, versus 32.3% receiving placebo over 12 months. This studied prevention with hormone therapy; it did not test EXOMIND or establish hormone therapy as a substitute for depression treatment. [3, 4]

What is EXOMIND?

EXOMIND uses magnetic pulses to stimulate parts of the brain involved in mood. A treatment coil rests against your scalp. You stay awake during the visit.

More medical detail: This treatment is called transcranial magnetic stimulation (TMS). Repeated pulses are called repetitive TMS (rTMS). The magnetic field induces electrical activity in targeted brain regions. Treatment suitability depends on your diagnosis, prior treatment and safety screening. [1, 2]

Who might benefit?

EXOMIND may be an option for adults with major depression when antidepressant medicine has not helped enough. Your provider will check whether it fits your needs.

More medical detail: The FDA-cleared adult indication covers depressive episodes in major depressive disorder (MDD), including reduction of co-occurring anxiety symptoms, after inadequate improvement with antidepressant medication during the current episode. Separate indications cover use alongside existing treatment for adult obsessive-compulsive disorder (OCD) and for MDD in patients ages 15-21. These clearances do not establish a menopause or weight-loss indication. [1]

Matching care to your symptoms

Each treatment should have a clear purpose in your care plan.

What should I know before EXOMIND?

Headache or scalp discomfort can happen. Seizures are rare. Tell your provider about past seizures, metal implants or implanted electronic devices before treatment.

More medical detail: TMS requires a review of seizure risk and potential contraindications involving metal or electronic implants. The type and location of an implant matter. Your clinical team must assess your history and device details before deciding whether treatment is appropriate. [1, 2]

What helps hot flashes and night sweats?

Hormone therapy may help. One option is estradiol, a form of estrogen. Your provider will explain the benefits and risks based on your health history.

More medical detail: FDA-approved estradiol can treat vasomotor symptoms, the medical term for hot flashes and night sweats. People with a uterus generally need a progestogen, such as micronized progesterone, with systemic estrogen to protect the uterine lining. The term bioidentical describes a hormone's structure; it does not replace a review of the product, dose, route and individual risks. [7]

What helps with weight management?

Medicines such as semaglutide and tirzepatide may help people who qualify lose weight, along with healthy eating and activity. Results vary from person to person.

More medical detail: Semaglutide acts on the GLP-1 receptor; tirzepatide acts on both GIP and GLP-1 receptors. These are hormone signaling pathways involved in appetite and metabolism. In separate trials with lifestyle support, semaglutide 2.4 mg produced average weight loss of 14.9% versus 2.4% with placebo at 68 weeks; tirzepatide 15 mg produced 20.9% versus 3.1% at 72 weeks. These were not head-to-head comparisons or EXOMIND combination trials. [8, 9]

What we know about combining care

Treat mood, menopause symptoms and weight as separate goals.

Can EXOMIND help with weight or menopause?

Researchers are studying these questions. EXOMIND has not been proven to treat hot flashes, night sweats or brain fog, or to add weight loss to a weight-medicine plan.

More medical detail: Trials using other TMS protocols have had mixed results: a four-week trial of 43 adults found a 2.75 kg average loss with active treatment versus a 0.38 kg gain with sham treatment. A newer eight-week trial of 51 adults found no significant weight or appetite benefit, with improved binge-eating scores in a secondary analysis. EXOMIND studies on food cravings and menopause-related outcomes are registered, but registration is not proof of benefit. [3, 5, 6, 12]

Can hormones and weight medicine work together?

They can be used together when each is right for you. Some studies found more weight loss in women taking both, but they cannot show that hormones caused the extra loss.

More medical detail: Retrospective studies in postmenopausal women reported greater average weight loss with hormone therapy use: 16% versus 12% with semaglutide at 12 months, and 19.2% versus 14.0% with tirzepatide at last follow-up. These observational associations do not establish causation. Hormone therapy should be prescribed for an appropriate menopause indication. [7, 10, 11]

How will we build your Hush care plan?

Tell us which symptoms affect your life most, what you have tried and what you hope will improve. Ask about benefits, side effects and follow-up for each option.

More medical detail: Track mood, vasomotor symptoms and weight separately. Treatment selection should reflect medical history, preferences and the indication for each therapy, alongside nutrition, strength training and sleep. Clinical trials have not established that EXOMIND improves hormone therapy response or that combining all three treatments adds benefit. [1-3, 7-12]

References

The numbered references below link to the studies, FDA labeling and trial registrations cited in this guide.

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