



Why Everything Women in Menopause Learned About Exercise May Be A Lie

Dr. Sharon Stills interviewing
Debra Atkinson



Dr. Sharon Stills

Hello, hello everyone! It's Dr. Sharon Stills welcoming you back to the Mastering the Menopause Transition. I am excited to see you all again, and we are gonna have such an important conversation today that I am personally super excited for myself, because we are talking with the master of exercising and how to do it right, and what you're doing wrong, and what you need to know when you're going through perimenopause and menopause. And so if you are like, I've been gaining weight, or I do my exercise and nothing's helping, this is the conversation you're going to want to hear. And to me, it's all about bringing in people who know, like I'm a physician and I make sure women exercise, but I'm gonna learn along with you all today. So this is gonna be a good one. And my guest is Debra Atkinson, who is flippin' 50. She is a functional health coach. She's a hormone balancing fitness expert. She has helped 250,000 women, probably more than that. Flipped their second half with vitality and energy. I love her tagline, which is the title of her book, "You still got it, girl!" That is like the best tagline ever. She's been a TEDx presenter. She just has a long, long list of credentials and accomplishments and just amazingness. And so welcome, Debra. I am so excited to have you here today.

Debra Atkinson

Well, thank you. Flattered by that opening.

Dr. Sharon Stills

Totally, totally true. Totally from the heart. I am like, because it's true. Just because you're a physician and you work with women, doesn't mean you're an exercise expert, and it's



really important that we all kind of have our lane and we learn from each other, and so your lane is a really important one. And I guess for starters, I just love for you to maybe tell us your story, how you got into this, why you're doing what you do. I would love to hear that.

Debra Atkinson

Well, okay. So we'll go way back. You know, I never intended growing up to be a fitness professional, and really, you know, if you think back to when we grew up, at least I'm 58, I mean, fitness professional wasn't really a thing, like, you know, career day, that one was not on the board yet. But I became somebody who was exercising more regularly, self-initiated right after high school. And it was the first time, you know, that I'd really like gone for a walk or gone for a run not because a coach said you have to do this, but because I actually enjoyed it. And I started enjoying the benefits far more when I was doing it that way as well, which is a great tip right away, just for anybody who's a little reluctant, that's the best place to start with something you enjoy. But I had one foot in graphic design for two years. And back in 19, that would've been 1984, everybody in graphic design and the arts smoked, drank, and stayed up all night to do their projects, and I was like becoming healthier and healthier.

And I'm like, I don't fit in here and I don't wanna do it this way. And so I flirted a semester with one major and the other, and by the end I had some great instructors and I realized what I wanted was to help a lot of other people feel the way they had made me feel, empowered like I had more energy, like I was more creative to do the other things in my life. And you know, so that's really, I think been my mission all the way along is to help people be a better mom, a better spouse, a better boss, a better employee, a better whatever, and enjoy the ride more themselves while they're doing it. You know, and getting better biceps, and going sleeveless, that's all icing on the cake, but it's not the real thing. And so that's how I landed there. How I landed specifically, narrowing down to women that we are talking to right now is a bit of an accident. Nobody intentionally has a midlife crisis, but I did.

And, you know, at 49, I quit my job on purpose. So I created that havoc, and that brought with it some, you know, things that were happening the same year. My son left for college, so I've gotten this empty nest now and he's getting a life, so I needed one. And, you know, I jumped in with both feet. I literally quit everything. I didn't inch my way in. I



said, I'm gonna build this online business. And I had no idea what I was doing. I knew fitness face-to-face, body-to-body. I didn't know how to build a course. I didn't know how to get online. I didn't know anything. And there wasn't all the help that there is today because of the pandemic, certainly. So there was a big learning curve. And a relationship fell apart, so my sound board was gone. So, I mean, in about 14 months I had about eight major life stressors. And I found myself not letting myself away from the computer, 'cause this was where my future was. I was building this course. And so I became somebody who was exercising maybe 20, 30 minutes a day. And I had been somebody who exercised hours a day for the last 30 years. And about a year later I realized, I was thinner, I was leaner, and stronger, and healthier looking. And people were asking, what are you doing?

And I'm like, that much, you know what I mean? So, you know, that flew against everything that I had learned, you know. Exercise more, eat less, right? That's certainly not what I was doing. And, you know, so I said, okay, I'm gonna dig into this because I had taught for 15 years at Iowa State University in kinesiology, and I'm like, for years, was I saying the wrong thing, you know? 'Cause this is not what I was telling people to do. And what I discovered is, that only 39% of all exercise in sports medicine research features women at all. And so if you look at all the hormone phase changes in our lives, you know, we could say that they're seven. Now some people go through them more, they have multiple babies, for instance. Other women don't choose to or maybe aren't blessed to go through all of them. But on average, there's seven major hormone changes, and every single one of them demands a unique exercise prescription.

So if we're just exercising, you know, and just going to a program and we're standing in a room with men and with women and with all ages, potentially that exercise prescription for the program wasn't designed for any one individual. So it's been like gambling if we didn't know to ask, was this program designed for me based on women just like me? Chances are no, because most of the research is done on young athletic males. They're easy. They're easy to find. They're easy to deal with. They have fewer hormones. Exactly the reason that we're hard to research is the reason we need to research us exactly, right? And it's slowly coming around, because we're beginning to demand it, and we're beginning to point it out that this is wrong and it's an injustice and it's not fitting for us. So functional fitness really has been a buzzword for a long time. But I would say, it's not the word that you think it that it is. It's not the stay off of the machines and only do



dumbbells, because I think a machine can be very functional depending on your goal, but functional related to hormones and related to your signs and symptoms and how you feel as opposed to a quota, that's what Flipping 50 is all about is, yes, there's a better blueprint based on the research of women, but then there's also, let's talk about you, and are you feeling like you can do that or do we need to maybe reset and restore first? And when you are restored, we can progress. And it's not at all a time when you need to or have to slow down. If anything, we need more intensity in our exercise than we've ever needed before if we feel good and are able to do it. So the bottom line, the umbrella for me, and for Flipping 50, is I think there's no more powerful health influencer in the world than a midlife woman. She's got three different generations looking at her. You know, our young adult kids are looking at us, our friends, I mean, where do you get your advice from for exercise, right? You better be me, by the way. And your partners, your spouses, and then parents and in-laws. They're looking at that midlife woman. And so whatever you're doing in one way or another you're influencing good, bad, or ugly. It's happening. So that's what keeps me getting up in the morning.

Dr. Sharon Stills

That's just fantastic. So I have so many questions. So seven hormonal changes, so let's talk about, do you wanna just maybe talk about them really quickly and then we can spend more time on the menopausal change?

Debra Atkinson

Yes, absolutely. So first of all, of course, just reaching puberty, right? So when we're talking, and unfortunately right now, I mean, that happens with fifth graders, you know, I mean, younger and younger because of our obesity problem, somewhat, but you know, let's say you've got an adolescent teen, you know, what you wanna do with that teenager is gonna be very different than what you do with somebody prenatal or postmenopausal. We want them doing some impact. We want them creating bone density while they can. And although you may not relate that, I mean, that is a hormonal change. They still have an open door, open window, to put deposits for bone in the bank until about 30. So we wanna keep having them do things like jump rope, you know, if you're gonna give a gift to a child for exercise. Swimming is great, it's great for muscles, but it's not really gonna help their bones. So gymnastics or a jump rope are fantastic things to do with them, because it helps build that bone density, so those kinds of things. And getting girls comfortable, moving, and loving their bodies no matter how they're changing. I think it's



so very important during that stage, that they're hearing also from those of us older, positive statements, positive thoughts, about the way we feel about exercise, about the why we exercise. I think we're influencing them by those things as well. So then there's, you know, there's a couple stages here, but there's young adult when we don't wanna be pregnant, right? I mean, there's that, you know. And then there's prenatal, which also we don't even include this in the seven, a woman who wants or needs to go through infertility, you know, and she's having problems. That's a whole another animal and she's gonna have more of a rollercoaster ride. That's gonna influence her need to exercise, her desire to exercise, what's happening with her body is gonna change. So adjusting to that as well. During pregnancy, obviously, we've gotten totally different goals, but exercise is definitely now, finally, you know, grasp as something that all pregnant women ideally could do, you can start, you can continue, and it should be relative to you and your needs, and, of course, then if you've got any special needs, we cater to that.

Postnatal, you know, if it took a year to build a body, you know, it's gonna take you a year to recover from that. And I don't know, I like to say probably mine took 18 years, I don't know. That was just the sleep deprivation keeps on giving, right? But there's that, and then, you know, a lot of women, oddly enough, can be layering. They're in postnatal, and they're in perimenopause at the same time. So, I mean, we've got a double whammy for a lot of women. And then menopause, although, you know, you know menopause and I'm preaching to the choir here, but that's just a blip, right? It's 12 months since your last period. When I'm talking to fitness professionals, I like to sometimes break it down into perimenopause and menopause, even if it's hindsight we're looking at that, and post-menopause, where menopause is that time, the last two years of perimenopause, and then the first two or three of post-menopause, because during that stage and age, we know there's a more rapid possibility we lose muscle and lose bone density.

So even if you didn't know, you're coming to an end, like it's month seven and it's month eight, for some reason, it doesn't happen like that for all women I've found, but we do know when it happens, you've got a couple years there when hopefully, that wakes you up. That if you're not strength training, we need to be strength training. If you're not addressing your protein needs, probably we need to do that. And in conjunction with strength training, because the two together really help muscle protein synthesis. So post-menopause, I like to say, I remember at first, when I began Flipping 50, women were like, well, what about flipping 60? Or, I'm way past that, so I don't have to worry



about that anymore. But I like to say, I mean, it's still death do us part, right? I mean, we're gonna be impacted by our hormonal changes until death, and we certainly have hormones until death. So cortisol and insulin are always gonna be there.

Dr. Sharon Stills

So you mentioned strength training, you mentioned protein needs. Do you have like a formula, for the women listening? Is there some kind of average of how you should think about how much protein you get? Are all proteins made equal? Or what are your types of recommendations in that area?

Debra Atkinson

Yeah, great question. So this is, I know this is a little bit of a bumpy road. It's a little bit of, you know, I feel like I need to say a disclaimer, it's not my job to persuade anybody and I'm not gonna judge any way that you might be eating, so I think no matter how, if you're plant-based, if you're animal-based, that's not the concept. But what we know is that, you know, animal protein is different than plant protein, or beef, for instance, or bison or elk or venison is different than the quality of the essential amino acid profile in say, turkey or chicken. So it all varies slightly. And what you're looking for is, I like to think of a New York skyline, you know, and then there's me, I'm from a super small town in the Midwest.

The skyline just is not there, you know. And so you're looking for a protein profile, something that offers you, New York skylines, where everything is high and all the essential immuno acids in it are high, instead of that Midwestern small town, you know, there's barely a bank and a store and a bar, you know, that are making that skyline, and they're not very tall. And that's the difference, you know, if we can use that analogy. So what's important about protein is, yes, choosing the right quality, and for a lot of my plant-based followers, what they will often do, and we agree that, you know, at a certain point, especially on plant-based, because so many protein sources are high in fiber, we get to a point where you're so full, you actually can't eat all of the protein, you know, that the RDAs, many of us believe, are antiquated.

And there's been research out since the '90s that still isn't mainstream, is, I think, there are a lot of influencers now talking about it, but it's still not something that everybody in your family if you sat around the table and said this, would believe that your body weight in pounds, ideally, and if you need to lose weight, it may be closer to your ideal or your



lean body weight in pounds, in grams of protein per day. But it's like a bottle of penicillin. If your doctor said, you need to take this, they're gonna say, you need to take this three times a day. And this dose at each of those three times. And that's what we know about protein as well. That even distribution throughout the day, over the course of meals, not just one big Uncle Buck's steak at dinner time, you know, or skipping throughout the day, it works best if you get that dose multiple times, especially as we get older. So if we're over 50, that's true, but as we get to be 70 and 80, it's gonna be even more true, that we need that pickup at those different points during the day. So the irony is also this, that the more active you are, the better you are at using or synthesizing protein for the benefit of your muscle, for gaining strength, and keeping that muscle mass, so you have better metabolism. But the less active you are, the worse your muscle protein synthesis. So it might be the opposite if you've thought, well, I'm not an athlete so I don't need that. In fact, you know, aging, older adults who are sedentary potentially need it more, because they don't actually digest and break down those proteins for the use of their body, as well as an athlete or athletic person. If you exercise intentionally, we're just gonna call you an athlete today, okay?

Dr. Sharon Stills

Yeah, yeah. I will own that.

Debra Atkinson

Yeah, it feels good.

Dr. Sharon Stills

I love it. So that's so, just to repeat it was your weight, so if you're 125 pounds and it's 125 ounces of protein in divided doses throughout the day. And animal proteins are superior.

Debra Atkinson

Yes.

Dr. Sharon Stills

And I learned this the hard way. I was one of these like crazy vegans in my early 20's, and I'm blood type O and so we really need protein. We are like the carnivore blood type, and I never felt good as a vegan. I was always sick. My periods were messed up, but I was just so righteous about not eating anything with a face. And then finally I had this moment



where I thought, yeah, you know, I wanna be impacting in the society and participating and giving my gifts and helping people, and if I don't feel good, then does it really matter if I'm not eating animals? And so I started to eat meat and it like changed my life, health-wise on every level. And I do my best, you know, for those listening, I'm conscious. I give thanks to the animal. I eat grass-fed, I eat organic, but sometimes, if we're doing something and it's hurting our health, sometimes we just have to take a look at our reasons as why we're doing that. And I do have patients who are vegans and we work together, but sometimes it's like hurting yourself when you're trying to do something good, but you're hurting your own health.

Debra Atkinson

Yeah, I love that. And I think that, you know, backing up to where we started, you know, it's not my intention or job to persuade anybody, but what I think anybody should be doing is, you know, looking at the numbers, like, how is it impacting you? And of course, yes, you know how you feel, there's that, and how you're sleeping and your libido and those kinds of things, but the way I want people to look is, you know, measure, but not just on the scale, measure your percent body fat, measure the amount of lean muscle you have. And especially, after 50, we wanna watch that, we wanna guard it, we wanna hold onto it.

We certainly don't want it to go down. So we wanna be doing the strength training, and eating in the way that helps us either maintain our muscle or gain our muscle. And that is possible at any age. It's been proven. I find that some of my plant-based people will do supplements, they'll take amino acid supplements in order to give them that extra bump. And I'm a huge advocate of food first, 'cause we need the other micronutrients from the food. You're not gonna get those in a pill. But then you get yourself as far as you can. And then when you need a little help, then the supplement I think is there when it's called for.

Dr. Sharon Stills

So, we love you vegans, we love you vegetarians, but we're just saying there's lots of different ways to think of it, and options. Just to keep it clear here. So you mentioned measuring, so should we throw out our scale? Should we have a certain kind of scale? Let's have the scale conversation.



Debra Atkinson

Yes, so throw out your old scale, potentially, yes, or if right now it's not in the budget, hang on to that scale, but also then make sure that you get a tape measure and you're measuring your inches. I call that the poor woman's body composition scale. Because if your weight on the scale is not changing, however, your inches are positively changing, and for some of you, I think it's unfair to assume everybody here needs to lose weight. Some of you probably feel you need to gain weight. Maybe you're on the frail side. And we don't want that to happen either when we're in our 50s and 60s, because 20 and 30 years from now, that doesn't look good, right? So whatever it is that you need, but you're seeing those changes happen. And for some, it's not a huge loss or gain in total, but it's a change where maybe you're losing it around the belly where you need to, if it was gaining and you were at risk because that's where we carry risk for heart disease and other diseases as well.

So I love a smart scale for anybody who can, you know, budget for that and afford it. And they're actually very affordable now, but a smart scale will measure for you right at home, in the comfort of your own bathroom, in the buff, you can do this any morning you want to, but it will measure for you your body composition. And we should be clear here that body fat percent is not the same as what you're familiar with as BMI, body mass index, is just, you can tell me that by looking it up, it's your height, your weight. So we need to know, is that BMI full of muscle, or is it full of fat? Because your health is very different based on that. And you know, worst example probably here, I can't think of a female, but Arnold Schwarzenegger. You know, you can imagine him, he was very short, right, and stout, but he was Arnold, right? He was Arnold.

He would have a terrible BMI, although he was like 100% muscle, you know, back in the day. And his example is that, although his BMI is probably just off the charts terrible, he was very healthy, you know, based on lean muscle mass to fat ratio. So you wanna be sure that when you go to your doctor, your doctor still does use generally BMI as a measure. And it has some degree of help, but body composition is really what you want. And if you can go deeper, we can do the math ourselves, your total weight minus your fat weight, we'll know what your lean is. That'll include your bone and your organs and your muscles, but we know your bone and your organs are probably not gonna change much. If we see change, we're gonna see it in your muscle. So knowing that is really a great



benchmark for what impact are your habits, your exercise habits, your nutritional habits, sleep habits, even having on your lean muscle mass.

Dr. Sharon Stills

Hmm, okay. So the smart scale.

Debra Atkinson

Smart scales.

Dr. Sharon Stills

So, let's talk, you mentioned strength training, but sure, I mean, I'm included in this as a postmenopausal 54-year old, am I doing the right exercise? What kind of exercise should I be doing? You said it changes. Should I have been doing different things in perimenopause or now that I'm post-menopause like, what's the scoop?

Debra Atkinson

Great question. So, in general, if I can give you a general blueprint, let's talk about, if you aren't feeling really good, you're going through a rollercoaster in perimenopause, and you're not sleeping, we wouldn't wanna say, just do this, this is what you do no matter what. Feel good, feel bad, we wouldn't say that, right? So it does need to change. If you're not feeling good, here's how we'll change. We'll talk about that. But here's what we know from the research. For women, specifically in menopause, as they're studied, and this goes for a little bit broader, men and women, but I think we can intuit and I'll have you vouch for this, so you see a lot of midlife women, we know that it's even more true for them, there's no difference at all between the benefit of getting two or three times a week strength training. So that said, what's everybody's biggest objection? Time, generally. Right? I don't have time to do that.

I don't have time to exercise. Two, supports a little bit less time. We have to do that. But women that I meet who want to get fit, want to feel better, maybe feel like I've got this stubborn body fat that I can't get rid of, almost always are already tired before they come asking for that exercise program. So to pile on more stressors, 'cause even exercise of a positive climb for good health is a stressor. Your body likes to be on the couch, right? So, yeah. And we need to keep that stress low. So by doing twice a week what we allow is adequate recovery. And that's the one thing that probably, in the last 30 to 40 years of



our adult lives, we have negated. We've always been told more exercise, less food or the more you move the better it is. And that's the American way. So we may have an international crowd here, but I don't know about you. That's the way it is over here. And so looking at, you know, twice a week, instead of say, Monday and Wednesday and Friday, the way most of us used to exercise, Monday and Thursday, allows you two full days between, so that's about 72 hours. And what many studies find is that, the older we get, the more we probably get more fit by taking that additional recovery between. So I'm not saying to anybody slow down because you're too soft and you're not resilient, but we're saying if you want to get in better shape, you will actually just put more time between your high quality workouts, because our muscles need to repair and we're just not quite as good at it now as we were 20 years ago. So we need a little bit more time. We can do it, but we need a little, little more time.

So twice a week, strength training. In those strength training workouts, you wanna do the whole thing, your upper body, your lower body, so it's total body. So you're all done, you're not gonna do a little of this on Monday and a little of that muscle group on Tuesday, you get eight times the results doing total body. As you do, if you were doing that split routine is what it's called, when you do your chest and your triceps on Monday and you do your legs on Tuesday, because most of us don't have that amount of time for every single day or four days a week to be strength training. And if you are only gonna do a smaller muscle group, you need to do more exercises. So you're adding a lot more time duration-wise. So now you're talking, you've gotta exercise or do strength training for at least four hours or five or six hours a week as opposed to get two high quality workouts, and it might take 30 or 45 minutes, maybe it takes an hour if you have it, but it's all about quality.

Not really quantity like it, it's not the minutes. So twice a week during training, two muscle fatigue. So this is a big one and we can't skip it. So a lot of people will do 15 repetitions, 'cause that's how many we're supposed to do. And then put the weights down and go on to the next exercise. But if you are that perky, after 15, something's wrong, okay? So we need to get to that last few feeling like, I don't know if I can do this one, you know, feeling like it's getting sloppy, like I'm starting to cheat with other muscles. That's a good sign. This is the only place in the world where failure is success. So we actually want to reach just temporarily that muscle is done, not in the third set, if



you're doing three. In set one and in set two and in set three. So they all need to really count.

Dr. Sharon Stills

So if you're not reaching that point, then would you be increasing the weight to a higher pound or would you be doing more reps or which is the way to go?

Debra Atkinson

Great question. And it depends a little bit on you. So we could say it depends on you, your needs, your status, or it also depends on your body type, and your goal, and what it is you want. So we have to start with status. Number one, for a beginner, generally, the number that you do, the number of repetitions in a set will be a little bit higher. So we might want a beginner to do maybe 20 or even 25 repetitions, 'cause that's gonna mean it's a lighter weight. And so we're gonna not just condition the muscle, but we're gonna let the connective tissue around the joint adapt. And even when your mind and your muscle feel like I can lift more, that connective tissue is like your foundation and you would never skip building a foundation and letting it solidify in a house, and you don't wanna do that in your body either.

So you can't rush to fitness because then you'll probably look back and say, oh, that's why I got that injury, right? Yeah, so taking it slow if you're a beginner or if you have arthritis, and doing a few more repetitions, not so many that we're doing now wear and tear, but so we don't have the heavy weight stress on the joint. So we'd probably keep you there and finding a way where, yes, you were choosing slightly heavier weight, so you were reaching fatigue, but you were at a higher repetition range. If you were somebody who had more experience, you are somebody who's lifted weights regularly and fairly intensely, you came close to fatigue most of the time, but you said, my number one goal right now is bone density. What we know is, you know, getting off the couch and doing something is more bone density building than lying on the couch, right? Then lifting lightweight is better than that.

But lifting heavier weights, the heaviest you're able to, and if you're able to do 10 or fewer repetitions, that is most closely associated with bone density benefits. So not everybody can do that. It becomes a dance between bone density and arthritis or osteoarthritis potentially. And we have to abide by where's the risk. We don't need to cause risk, we'll



do the best we can taking care of that so there's no pain and we get the benefits we can, or we do the other things. So heavier is best if bone density or if metabolism is a big goal, because we know that for weight loss, boosting lean muscle, lean muscle mass, it's more metabolically active tissue. So we're gonna get a bigger boost that way as well. So heavier weight if you're not fatiguing at 15 if you can, and if you're a beginner, yes, then I would increase the repetitions instead.

Dr. Sharon Stills

So I have so many questions. Say someone is 60 listening and has never really lifted weights, is the window lost for building bone density or how?

Debra Atkinson

Great question. So it may be, but here's the benefit. Stopping the loss.

Dr. Sharon Stills

Okay.

Debra Atkinson

It's still there, right? That's gonna be there for good. And you know, I don't know how we wanna get into supplements, but I will throw this out, and this may be something you wanna research or add your two cents about, what I have had is success with women in their late 50s, so I can't say 60, which is the example you gave, but starting to strength train they hadn't before, but of course that's how it happens. You go to the doctor, they have you do the scan, and you get that diagnosis. And so it's like, okay, I need to lift weights. I've been hearing that, now I know. Now I do. And what we've found is that, the weight lifting plus a supplement called AlgaeCal.

Dr. Sharon Stills

Oh okay, yeah.

Debra Atkinson

Yeah, has supported gains for a couple of my private clients and a couple of our group members have also had good results doing it. So had a woman who just before the pandemic started, came to me, we met once in person and then the pandemic hit. And so she went online, she was doing digital programs, but I had told her about AlgaeCal



and said, if I were gonna recommend something to my mother or myself, this is what I do, do your due diligence, you know. And so she did. Nine months later, she called back and she said, I'm ecstatic. She said, I had my second bone scan and it's better. It improved. And she said, my doctor's thrilled. Yeah.

Dr. Sharon Stills

Yeah so, so there's always opportunity to improve or slow down, so there's always opportunity to improve or slow down, which is helpful. So you talked about twice a week strength training, which is really exciting that like you get to rest more, that seems so much more digestible. And speaking of digestion, I just wanted to throw in, when we were talking about protein, it's really important, that I see this a lot in patients who are eating a lot of protein, but they're not absorbing it. And so it's really important to evaluate your hydrochloric acid levels, make sure you're chewing and eating slowly, so that if you are eating a lot of protein, you're actually utilizing it, 'cause I can't tell you how often I see that, where women are like, but I eat so much protein, and I look at their diet diaries and I'm like, but you're not absorbing it, we don't have the stomach acid and the digestive capabilities. So we talked about the strength training. What about cardio?

Debra Atkinson

Yeah, so you mentioned recovery, right? So there is a lot of recovery between the strength training, but we do want you to be active on those other days. So let's talk cardio and then break up with cardio as we know it, all right? Most of us here grew up in the time when, you know, you got your heart rate up and then you're gonna keep it there and cruise and then you're gonna bring it down and cool down, that steady-state cardio, we called it. So that died 1980 called and wants it back.

Dr. Sharon Stills

I just have visions of like Jane Fonda and Lucille Roberts.

Debra Atkinson

So short periods of that are okay. But if you could think of this, let me see if I have an pyramid around here, I don't, but if you can think of like a pyramid, all right, and if we could divide that with two lines, so we've got three sections in it, ideally, what we wanna do is have, we've got low intensity exercise or movement. You go for a walk, not even for a heart rate or for a distance or a speed, but you go for a walk and you enjoy it. That's



movement. That's low level kind of the base of the triangle. And we should spend quite a bit of exercise time there moving to counter, I mean, I don't know about you, but I'm sitting down, are you sitting down?

Dr. Sharon Stills

I am.

Debra Atkinson

I know, right? So we sit so much, and, you know, we need to counter that, because life didn't used to be like that, and nobody back when it wasn't needed a gym, the way they do it today, right? So we need to just move and don't think of your exercise or your walking necessarily as exercise, but do find ways to do it. So while I say walking, I throw that as a blanket statements to any of you who like to garden all day, or like to golf, and are willing to walk a little bit more than just ride, and who like to go stand up paddle boarding, or like to be moving throughout your day. That's what you're doing, is looking for activities and maybe sports, but really things you can do for extended periods of time and not be sedentary.

That's the goal. And then the high is that's where we do interval training. So that's where we do the kind of interval training where you actually get breathless. And of the cardio that you're going to do, those two kinds are most related to longevity, most related to maintaining lean muscle mass, and most related to decreasing cortisol or stress levels. And cortisol, we all know, you know, as a stress hormone, cortisol bad, but cortisol breaks down muscle. So you may be doing all of this activity to gain muscle and eating the protein, but if you're under a great deal of stress or you're trying to exercise more and more, you may be adding to that cortisol, which is causing actual muscle wasting, the opposite of what we want. So you may be amazed to find, less exercise but more movement actually is the key.

Dr. Sharon Stills

So we got our strength training on Monday and Thursday. Do you recommend we be moving every other day?



Debra Atkinson

I recommend, yeah. I recommend movement every day. I mean, some kind of movement. I mean, maybe on one day it's yoga, but most days it's walking, or it's version of walking, so maybe it's golf and gardening, and a walk, or if you have a dog you're walking every day, and that's probably a good thing for both you and the dog, but then you can punctuate with high intensity interval training.

Dr. Sharon Stills

And how often are you doing the high intensity, every day or just a couple of those days?

Debra Atkinson

Wow, that's such a great question. So I'm gonna be talking a little bit more about something called high intensity repetition training as the time rolls on, we're kind of just looking at the tip of the iceberg. Traditionally though, high intensity interval training is maybe burst of 30 seconds and recovery of 30 seconds or a minute, so you can recover longer so you feel ready to go again, but you're literally getting breathless. So if you were outside going for a walk, you could pick it up and go faster with walking or you could find a hill and you could walk up that hill, try not to lose your pace, turn around, come back down slowly, recover, and do it again. So those repeats maybe four times, maybe six times. And then finish with, you've started with a warm-up, you end with a cool down. And that whole thing can take 20 minutes, and then you're done. Warm-up to cool down, the whole thing. So if you want to continue, it probably wasn't high intensity.

Dr. Sharon Stills

Right, okay. So it's okay to do, is that okay to do every day? The little hill?

Debra Atkinson

No. So what we've seen is, at a point about six years ago, when there was enough research, we'd all been doing it, right? High intensity wasn't just for athletes anymore. Everybody had been doing it. There was enough data to show that injury rates went up about, sitting down right, 544%.

Dr. Sharon Stills

Whoa.



Debra Atkinson

In the same time that interval training started to increase. So we know injury rates are there and prevalent, so it's choose wisely what activity you're going to do. And I find, I can't point to research on this, but I can find when I sit down with other medical exercise specialists or even physical therapists friends of mine, when we talk about midlife women, there is a correlation between the increase of injury and a midlife woman. There's more plantar fasciitis. There's more tendonitis. There's more bursitis. So we know there must be a hormonal contingent, but we don't, research hasn't come up with anything to say, this is it, this is why. So I would choose wisely. And what I like to say is, if you're gonna do interval training, think of it as you have 45 minutes in your interval training bank for the week. So we don't need to start with that, but you might do three sessions of 15 minutes of interval training a week.

Dr. Sharon Stills

Yeah.

Debra Atkinson

Or you might do two of 20 minutes a week. And that would be spending your allotment and knowing that, okay, I'm still below that curve where injury risk goes up. And it doesn't mean that you couldn't get away with more, but I think that's a good guideline for realizing, you know, things get muddy when we just start doing more. Unfortunately, your intensity probably will come down, and the longer you do something, more you do something, the more sloppy we will get. So if you keep it short, you do a few really good high intensity intervals, call it a day, 'cause you've done all the good you can. You can't do more good. You've just done good.

Dr. Sharon Stills

This is like good news ladies, like less is more. Who knew?

Debra Atkinson

It is okay to walk away feeling good, yes.

Dr. Sharon Stills

I love it. I love it. So 10,000 steps a day, is that a fallacy? Is that something we should strive for?



Debra Atkinson

You know, it is not necessarily proven. So, I mean, it's a guideline, but here's the statistic that is true, that one of the risks of losing muscle, and so we know bone loss is osteoporosis, so your audience may or may not know muscle loss, significant muscle loss is called sarcopenia, so one of the three risks of muscle loss significant enough to be qualified as sarcopenia, one of them is step count. So for adults who were closer to like a thousand steps a day, they were much more at risk for sarcopenia than adults who got 6,000 or more a day. So I think you've gotta look at your overall activity. So yes, I think, step count for some people is very helpful because we're a little competitive with ourselves, it's like after dinner, if it's not there, maybe you're gonna be more likely to go around the block.

Dr. Sharon Stills

Guilty.

Debra Atkinson

But I also think if you're somebody who lifts weights and you swam some laps, I mean that step count might not be there that day, but you've been pretty active. So don't wear yourself out or beat yourself up for the sake of the steps. So look at the whole picture.

Dr. Sharon Stills

I love by wearing an Oura Ring, which counts steps, and it also lets me know, hey, you need to get up and move like if I'm sitting at my desk too long, which I love those little reminders. I think those things can be helpful, 'cause sometimes we all get busy and you're really involved in something and you can forget. Obviously, like getting a stand up, that's on my to-do list. I wanna get one of those stand up, sit down desks, so then you can be going up and down and moving your body.

Debra Atkinson

Yeah, not be in the same position for so long. Yeah.

Dr. Sharon Stills

So I have a couple more questions before we finish up, otherwise, I'll keep you here for hours and hours and hours. What do you recommend before you work out as opposed to after? When do you eat? Should you do a protein shake? Are there any tips you can give?



Debra Atkinson

Yes. So great question. And that kind of circles back, so thank you for doing that, 'cause we talked about muscle protein synthesis, and as we age, we're not as good at using the protein that we eat to the benefit of our muscles. So it takes more protein than it did for us when we were 20. So if you and your kids are fighting over that last hamburger, you take it. You gotta say no. Okay, and then we know you're not likely to do that, but ideally, the sweet spot for muscle protein synthesis when you pair the high protein meal, which boosts your muscle protein synthesis with your strength training, which also boosts it, but if we can marry the two of them, then really you get a boost, 90 minutes after a high intensity strength training workout, and I would say this would apply too if you're doing high intensity intervals and you can time this, right? But that's the sweet spot for muscle protein synthesis. So it's about your perfect time to, you know, if you're due for breakfast then at 90 minutes or due for lunch or due for dinner, perfect. If not, you know, maybe a smoothie or a shake, another way to get that in. So you've got 30 or more grams of protein at that meal. That is kind of threshold for getting the adequate essential amino acids that you want.

Dr. Sharon Stills

So I just wanna make sure I understood. When you're done working out, you wait 90 minutes? Like what if you're hungry? You have to wait?

Debra Atkinson

Well, let's address that. So to those who, number one, if you exercise in a fasted state, and I'm just gonna say that personally, I'm not a fan, and professionally, I just did a masterclass recently on this, that there is no difference in fat burning after exercise in a fasted or in a fed state. So for women who are already more susceptible to negative effects of stress and cortisol, more likely to be in muscle breakdown at midlife, it may be who you to eat something to stop that cortisol breakdown before you go into an exercise, which is also breaking down muscle. So realize that healthy exercise breaks down muscle. It's between the exercise that the fitness happens, not during but between, when those muscles repair themselves. So yes, I'm a fan of eating something before. And I think that to midlife women who are a little bit more sensitive to carbohydrates, you need to play an experiment for yourself and see what you're doing. The body tends to wanna burn on carbohydrates and will digest that easier when you're doing high intensity things like running or jumping, you got a lot more gut activity and you're



jostling it, so you wanna make sure it's easy to digest. It doesn't have to be a lot, but half a banana, a smear of nut butter may be okay, but if you can do nuts and seeds or you're fat adapted and/or some protein, a simple smoothie, you know, which is maybe it's almond milk in your protein shake before, so it's liquid, it'll digest a little bit easier, something in your system prior to can be helpful, especially to strength training for those women who struggled to gain lean muscle.

Dr. Sharon Stills

And when you say prior, are you talking right before or 30 to 60 minutes before?

Debra Atkinson

The timing is really individual. So it has a little bit more to do with your stomach. I mean, obviously the closer you get to the exercise, the lighter you want it to be, you know, and just to take the edge off of hunger or being distracted by that, and give you a little bit of blood sugar, but not such a huge rise that you're gonna come up and crash down.

Dr. Sharon Stills

We don't want you puking, right?

Debra Atkinson

No, we don't with that.

Dr. Sharon Stills

And then you mentioned the word time, is there a better time to exercise? Does it matter? Morning, afternoon, evening?

Debra Atkinson

Yes, I'm so glad you asked that. So the mantra we use at Flipping 50 is, intense early and light late, so that a woman is working with her natural cortisol levels. Because later in the day, you know, generally as cortisol is coming down, cortisol is the energy hormone we use for exercise. So that steel of hormones that should make us rest and relax and sleep better later, that pregnenolone maybe converted to cortisol. If you're somebody who tries to exercise at 5:30 and you're trying to do your high intensity intervals at that time, you may get done and say, Debra, I'm fine. I just did it fine. And potentially you could. But later, you may not get the quality or the quantity sleep and rest that you should, because



you've kind of written checks from that account to borrow for the cortisol energy you didn't have. So I'd much rather see somebody do high intensity early and light late even if, because I know this will happen, you meant to do your high intensity workout this morning and it just didn't happen. Don't be thinking you need to pay that back tonight. Push it to tomorrow, and instead tonight, go for a walk or do yoga if you want to move.

Dr. Sharon Stills

That's such good permission, thank you. And before I ask you where everyone can find you, 'cause I wanna know what we can do, I'm just, so this is a personal question, but rather than ask you off-air, I figured, you know, there's probably women listening. So I am really into hot yoga, and hot yoga is a lot of muscle, like we're doing pushups, we're using our own body, and I'm just curious, does that mean you don't need to do the strength training? What do you think of the more hot power yogas not just like a Hatha chill yoga, but one where you're really, you're working hard?

Debra Atkinson

Yeah so I mean it is, in a sense, you're right, it is resistance training in that you're moving your own body, but you're not actually reaching that point of muscular fatigue, just total muscle fatigue at each of your major muscle groups. So I would suggest, yes, to balance that to short strength training workouts. And maybe because you're doing that, those are a little bit shorter. Your sessions of strength training picking up heavy weights are shorter, but you're still doing those to round things out. So I'm asked that quite a lot, and I remember sitting through my, I'm a 200-hour yoga instructor, and I was sitting through the training, and I remember they were going through here's all the benefits and he was just kind of reading them and he was, bone density and I'm like, just a minute here.

Dr. Sharon Stills

Okay, good to know. Good to know. So, wow. Well, we are at our time and I guess the last thing is, I'm sure there are a lot of women who are saying to themselves right now, where do I get started? What do I do? How can we follow you? How can we learn from you? So what do you got for us?



Debra Atkinson

So we are, I'm at flippingfifty.com, and that's all spelled out words, no numbers. And then on all things social, it's Flipping 50 TV. So we're on Instagram, lots of YouTube videos, and we have a large Facebook group and activity as well.

Dr. Sharon Stills

Awesome, awesome. Well, you are just such a treasure and such a wealth of information. So everyone, go follow her, go learn from her. I follow her in Instagram and her videos are awesome. And of course, before you engage in any new physical journey, make sure you check with your physician. I'm a physician, but I'm not your physician, so make sure you get cleared, we don't want you getting hurt. But this has just been so valuable and such an important piece and just inspiring and empowering that it doesn't matter if you've never exercised or you feel like you've lost that opportunity, you can rock it. You still got it, girl! You can get this going on. You can be an athlete, 'cause I am now an athlete. Debra said I'm an athlete. So I'm owning that. So, thank you so much for being here and everyone else. There were so many good, important nuggets, so I hope you're taking notes, and I know you're gonna wanna listen to this one again, and so there's just so much hope and inspiration here and in methodology that it's not just something you go out and do, that there's really, as Debra was saying, there's research. And the best take home is less is more. You don't have to be hours a day every day, so that's fantastic. So thank you so much. And we look forward to seeing you in the next interview, everyone.

Debra Atkinson

Thank you, buh-bye!