JORGE TALKS PEPS

The Menopause Pep Map

Seven symptoms, the peps people ask about for each one, how strong the evidence really is, and the questions to bring to your doctor.

Jorge Abreu, written with my wife's experience in mind. Not a doctor. Education and our personal experience, not medical advice.

Why I made this

My wife and I are in this season together. Watching her deal with the sleep, the energy dips and the changes nobody warned her about, I went looking for straight answers and found two camps: people selling miracles and people saying nothing works. This map sits in the middle. It is what the research actually says, rated honestly, plus a little of what we have tried ourselves.

Start with your doctor and HRT. Hormone therapy is the most studied treatment for menopause symptoms, and for many women the benefits outweigh the risks when it is started at the right time. Peps are not a replacement for that conversation. If anything, this map is a list of better questions to bring to it.

No doses in here, on purpose. A number that fits one body does not fit yours, and some of these interact with medications and conditions in ways only your clinician can check.

HOW TO READ THE EVIDENCE RATINGS

STRONG	FDA approved or backed by large human trials for this kind of use.
MODERATE	Solid human data, but in a different population or a related use.
EARLY HUMAN	Small or early human studies. Promising, not proven.
ANIMAL OR VERY LIMITED	Mostly animal or lab data. Treat as a research question.

THE MAP AT A GLANCE

Belly and insulin	Semaglutide, tirzepatide, tesamorelin
Energy	SS-31, MOTS-c, NAD+
Libido and mood	Kisspeptin, PT-141
Sleep	CJC 1295 and Ipamorelin
Brain fog	Semax, Selank
Skin and hair	GHK-Cu
Joints	BPC-157

01 Belly fat and insulin

Falling estrogen shifts where fat is stored, toward the middle, and insulin sensitivity often slips. Many women notice the scale and the waistline move even with no change in habits.

Semaglutide and tirzepatide (GLP-1s) STRONG

The best studied tools on this list. Prescription GLP-1 medicines (Wegovy, Zepbound) produced large average weight loss in big trials that included plenty of midlife women. Muscle loss and nausea are real issues, so protein and strength training matter more, not less.

Wilding et al., NEJM 2021 (STEP 1); Jastreboff et al., NEJM 2022 (SURMOUNT 1)

Tesamorelin MODERATE

FDA approved (Egrifta) to reduce visceral belly fat, but in people with HIV associated fat gain. Not studied for menopause belly specifically.

Falutz et al., NEJM 2007

QUESTIONS TO ASK YOUR DOCTOR

- Is my weight gain hormonal, insulin driven, thyroid related, or all three?
- Would a fasting insulin and A1c help us decide?
- Am I a candidate for a prescription GLP-1, and how do we protect muscle on it?
- Would HRT change how my body stores fat?

02 Energy and fatigue

The afternoon crash, the heavy legs, the feeling that your battery holds less charge. Poor sleep, iron, thyroid and blood sugar are common culprits, so rule those out first.

SS-31 (elamipretide) EARLY HUMAN

Targets mitochondria, the energy factories in your cells. Human trials exist, but in rare mitochondrial disease, with mixed results. Nothing in menopause.

Human trials in primary mitochondrial myopathy and Barth syndrome

MOTS-c ANIMAL OR VERY LIMITED

A peptide made by mitochondria themselves. Interesting animal data on metabolism and exercise capacity. Human data is very thin.

Lee et al., Cell Metabolism 2015 (mouse)

NAD+ EARLY HUMAN

Levels drop with age. Small human studies of NAD+ precursors show it raises NAD+ levels, but results on how people actually feel are mixed.

Small randomized trials of NR and NMN in older adults

QUESTIONS TO ASK YOUR DOCTOR

- Can we check ferritin, B12, vitamin D and a full thyroid panel before anything else?
- Could my fatigue be sleep disruption from night sweats?
- Is anything I take now known to cause fatigue?

03 Libido and mood

Low desire is one of the most common and least talked about changes. Hormones, sleep, stress, relationship and medications all play a part.

Kisspeptin EARLY HUMAN

This one is personal. My wife and I both use kisspeptin and we like it. The research is early but real: Imperial College London ran human studies in women with low sexual desire and found kisspeptin boosted activity in the brain areas tied to sexual desire and attraction. Those women were premenopausal, so it is not proven after menopause. And to be clear, kisspeptin is not a hot flash treatment.

Thurston et al., JAMA Network Open 2022 (Imperial College London, women with HSDD)

PT-141 (bremelanotide) STRONG

FDA approved as Vyleesi for premenopausal women with low sexual desire that bothers them. Not approved for postmenopausal women. Nausea and flushing are common, and it can raise blood pressure for a short time.

Kingsberg et al., Obstetrics and Gynecology 2019 (RECONNECT trials)

Mood swings and low mood deserve their own conversation. If you feel persistently down, tell your doctor directly.

QUESTIONS TO ASK YOUR DOCTOR

- Could HRT, including testosterone or vaginal estrogen, help my desire or comfort?
- Could any of my medications, like antidepressants, be lowering my libido?
- Is PT-141 appropriate for me, and is my blood pressure a concern?
- If hot flashes are the issue, should we talk about HRT or a non hormonal option like fezolinetant?

04 Sleep

Night sweats, 3am wakeups, and lighter sleep are classic. Progesterone drops and hot flashes are big drivers, and so is sleep apnea, which rises after menopause.

CJC 1295 and Ipamorelin

ANIMAL OR VERY LIMITED

Growth hormone releasing peps that people report for deeper sleep. Human studies looked at growth hormone levels, not menopause sleep. The sleep benefit is mostly anecdote. Not for anyone with an active or past cancer without clearance.

Teichman et al., JCEM 2006 (CJC 1295 hormone levels); no menopause sleep trials

QUESTIONS TO ASK YOUR DOCTOR

- Are my night sweats the main reason I wake up, and would HRT help that?
- Should I be screened for sleep apnea?
- Would progesterone at night make sense for me?
- Is anything about my history a reason to avoid growth hormone related peps?

05 Brain fog

Losing words, walking into rooms with no idea why. Brain fog in the menopause transition is real and for most women it improves. Sleep, thyroid and B12 can mimic it.

Semax EARLY HUMAN

Developed and used in Russia, with studies mostly in stroke and cognition published there. Very little independent Western data.

Russian clinical literature; limited English language trials

Selank EARLY HUMAN

Also from Russia, studied for anxiety. Some people use it for calmer focus. Same caveat: thin data outside Russia.

Russian clinical literature on anxiety

QUESTIONS TO ASK YOUR DOCTOR

- Can we rule out thyroid, B12 and iron as causes?
- Is my fog tied to poor sleep or hot flashes?
- When should brain fog be checked further, not written off as menopause?

06 Skin and hair

Estrogen supports collagen. Skin can thin and dry quickly in the first years after menopause, and hair often thins too.

GHK-Cu (copper peptide) MODERATE

Best data is for topical use in skincare, with small human studies showing better firmness and fewer fine lines. Injected use has much less data.

Pickart et al., BioMed Research International 2015 (review)

QUESTIONS TO ASK YOUR DOCTOR

- Could thyroid, iron or low vitamin D be part of my hair thinning?
- Would HRT or topical options help my skin?
- Is there a reason to avoid copper based products for me?

07 Joints

New aches and stiffness are common after menopause, and estrogen loss also speeds up bone loss.

BPC-157 ANIMAL OR VERY LIMITED

Popular for recovery and joints. The healing data is almost entirely animal studies. There are no solid human trials. Treat it as a research question.

Sikiric et al., multiple rodent studies; no controlled human joint trials

QUESTIONS TO ASK YOUR DOCTOR

- Should I get a bone density scan (DEXA)?
- Are my joint pains inflammatory, autoimmune or hormonal?
- Do I need more vitamin D, calcium or strength training?

Your next three moves

1. Get labs. Half the symptoms on this map can also come from thyroid, iron, B12 or blood sugar. Grab my free Labs to Ask For checklist at jorgetalkspeps.com/menopause-labs and bring it to your appointment.

2. Have the HRT conversation. Ask your doctor whether hormone therapy fits you. Ask about vaginal estrogen, progesterone and testosterone too. If you get brushed off, it is fair to look for a menopause certified clinician.

3. Pick one symptom. Not seven. The one that costs you the most each day. Bring that page of this map to your doctor and work through the questions.

NOT SURE WHERE TO START?

- Take the 2 minute quiz at jorgetalkspeps.com/menopause-quiz. It ranks your top two focus areas and tells you what else to rule out.

This guide is education and my family's personal experience. It is not medical advice, a diagnosis or a treatment plan, and it does not tell anyone to use any compound. Several items here are research compounds that are not approved for human use. Talk to a licensed clinician before you change anything. Business disclosure: Jorge Abreu is involved in Reign Peptide.

KEEP LEARNING WITH JORGE

Your next step starts here.

Everything I use, teach and share, in one place. Tap any link.

PEPTIDE SOURCE

Reign Peptide

reignpeptide.com →

Where I source research use only peptides. For laboratory research, not for human consumption.

PEPTIDE EDUCATION

Jorge Talks Peps

jorgetalkspeps.com →

Free guides, the Pep Cheat Sheet, Stack Builder and every lead magnet in one library.

COMMUNITY

Peptide Talk on Skool

skool.com/peptide-talk →

Ask questions, share labs and progress, and learn with people on the same journey.

FOLLOW THE JOURNEY

Instagram	TikTok	YouTube	Facebook
@jorgetalkspeps	@jorgeonpeps	@jorgetalkspeps	jorge.abreu

"I share everything I do, the wins and the misses, so you do not have to guess."

JORGE ABREU



Education and my personal experience, not medical advice. Reign Peptide products are sold for research use only, not for human consumption, and are not intended to diagnose, treat, cure or prevent any disease. Disclosure: Jorge Abreu is involved in Reign Peptide.