

Dear Healthcare Practitioner,

I have the innate genetic trait of high sensitivity, scientifically known as Sensory Processing Sensitivity (SPS), more commonly known as the Highly Sensitive Person (HSP).

I hope to discuss this further to help you be more informed about me and the best care for me. Particularly when prescribing HRT and/or SRRI's.

This scientifically proven trait is equal in gender; about 70% are introverts and 30% extroverts. It is NOT a diagnosable disorder but an essential trait for you to know about because my needs will likely differ from the majority of patients that you see.

Because this is a Sensory Processing Sensitivity issue, people with this trait often experience sensory overload, impacting physical and mental health and well-being. There are distinct brain differences as well that are important to note, particularly in relation to hormones which fluctuate during perimenopause and into the menopause transition which leads to a complex interplay between hormones and brain chemistry.

As you will be aware, declining progesterone and oestrogen influence our brain chemistry - these changes can disrupt the regulation of neurotransmitters like serotonin and dopamine.

It is essential to start low and slow on hormones to obtain the right (individual balance) during the early stages of perimenopause if prescribing oestrogen, progesterone and/or testosterone.

Particularly important is the balance of oestrogen and progesterone due to their role as neuromodulators which are biologically active in the brain (also testosterone if prescribed).

Highly Sensitive People already have more sensitive brains and nervous systems. More activation in the amygdala may trigger the fight/flight/freeze response too often, releasing adrenaline and stress hormones, often the culprit of anxiety, emotional reactivity, digestive issues, headaches/migraines, and other chronic conditions.

Some HSPs may also have symptoms of depression caused by isolation to avoid overstimulation. More activation in the insula means more conscious awareness (often why HSPs often benefit the most in psychotherapy and commonly feel symptoms before they show up on tests).

More activation in the brain mirror neuron system means HSPs often fire the same neurons as the person they observe, leading to increased empathy and overload.

### **Sensitivity to Medications.**

HSPs are often more sensitive to medications and more impacted by potential side effects and therefore, need to consider starting at lower dosages slowly with supervised titration to allow the brain and body to acclimatise and adjust accordingly before increasing doses to the optimal (lowest dose) to manage individual symptoms.

It may also be necessary to increase or decrease medications and titrate more slowly; therefore, please discuss medications thoroughly.

### **Misdiagnosis.**

Without awareness of this trait, HSPs may experience misdiagnosis of Sensory Processing Disorder, Bipolar, Borderline, ADHD, Anxiety, or Depression. Therefore, education on this trait is crucial to avoid misdiagnosis.

Research shows that HSPs suffer more in adverse, unsupported childhoods and thrive even more than those without the trait in positive, supportive childhood conditions, which means supporting parents with sensitive children is also crucial.

Common Challenges of HSPs who did not have a supportive childhood include higher stress levels. Anxiety. Depression. Low self-esteem (often the result of feeling different and misunderstood). Chronic health conditions, such as headaches, digestive issues, autoimmune disorders, adrenal issues, etc. sleep issues. depletion, burnout & Fatigue.

I thank you for taking the time to read this and to support me through a process of shared decision making when it comes to prescribing medication.