

# NBAFT S3E5 Kimmie S

## interview:snacks:movement

### SPEAKERS

Kendra, Megan, Kimmie

#### **Kendra**

Welcome to No Body Aked for this a diet culture takedown. I'm Kendra

#### **Megan**

and I'm Megan.

#### **Kendra**

We are your co pilots for the movement of diet culture take, please fasten your seat belts if you need a seat belt extender.

#### **Megan**

Yes!

#### **Kendra**

we will happily bring one skipping to you.

#### **Megan**

What if in this fat friendly airline, all seatbelts are extended?

#### **Kendra**

That's what I should have said. Yes, yes. And there are no limits to snacks or beverages. And there's no such thing as first class or business or economy. The whole plane is first class baby!

#### **Megan**

Yeah, and the seats are wide and deep.

#### **Kendra**

And you don't have to like, I don't know, shove your crap under the seat in front of you everybody gets two seats, everybody gets two seats

#### **Megan**

And if someone in front of you is draping their hair over the back of their seat

#### **Kendra**

forgot about,

**Megan**

then you let us know we'll take care of it.

**Kendra**

Yes, we will. I am really feeling planes because I was on one for the first time in I don't know. 12 years. No, not 12 years. But you know, COVID feels like forever. Yeah, I used to fly all the time. And yeah, only on one plane. I needed to ask for a seatbelt extender.

**Megan**

Okay,

**Kendra**

and I just did it with all the confidence in the goddamn world. excuse me, I'm going to need a seatbelt extender. Thank you. Then I went would you like it back on my way off the plane and handed it right back there. But yeah, so Okay, here we go. Y'all this episode is packed to the brim. our early our early listeners the OG.

**Megan**

Yeah.

**Kendra**

Are gonna remember that we did a segment called movement as often as we possibly could,

**Megan**

for about five episodes

**Kendra**

and then ran out of stuff to talk about. So um, what is going to be a real fun treat is that in this episode, we talk about movement again with bringing it back

**Megan**

Yeah,

**Kendra**

and it's really good because it's around PCOS and this whole episode with Kimmie Singh who is just Kimmie is so concise, to the point where at some point, Megan, in this episode says, just a little sneak peek. I'm not even sure how to respond, because you've just said everything so wonderfully.

**Megan**

Yeah. We weren't really needed.

**Kendra**

Yeah, we weren't, we could have just been like, like, sent her the questions and let her just do her thing. As someone who doesn't have PCOS, I learned so much. And there's so many great resources in the description of this episode, and that we talked about, so please be sure to check those out for further learning. I y'all are really going to enjoy this episode. But before we dive into it, there's one little piece of business we have to address. I guess we don't have to address but we feel responsible to address

**Megan**

yes

**Kendra**

and that is that. One of the things that Megan I've always strived to do with this community and with any of our guests that we have on the episode is to vet them to the best of our ability and make sure that their values align with our values and the work that we're trying to do with you all here in this community. And we really feel a responsibility to protect this community from any harm. So with that, we wanted to let you know that we have removed an episode from our feed. After some events that have unfolded over the last several months, we just realized that this guest at this point does not align with our values. And that's about all we're gonna say about it, because the hope is that we'll be able to put it back up someday because it's good. And we just feel again, like we will always be looking forward and back to do better. And we just felt like we needed to let you know that we're always trying to do our due diligence and and do what we can to protect this community.

**Megan**

Yeah, and all I'm going to say is no new thins, where your fat friends at? just a little parody of a Drake lyric? That was thins not friends

**Kendra**

no new thins

**Megan**

are your fat and book a big fan?

**Kendra**

All right, but Kimmie Kimmie aligns like none other with our values. And we really can't wait for you to hear this episode.

**Megan**

In this episode, we're discussing medical weight Discrimination, which can be a hard topic to hear about, as it is a reality in our world. So take good care as you're listening, you'll hear a lot of medical talk in general, including things like doctors not believing patients that live in bigger bodies, not taking symptoms as seriously. So if you've experienced that, and it's a trigger for you take care as you're listening. And as always, this is a educational and informational and

entertainment podcast. So you know, go see, go see a therapist, if you want to talk to somebody and try to find a weight neutral doctor for medical advice. And and and also listen to Kimmie Singh she's legit.

**Kendra**

Yeah, here we go. Enjoy.

**Megan**

You down and Okay, I think we're good.

**Kendra**

Great. Okay.

**Megan**

So every time I say we're so excited, and I'm trying to like change it up.

**Kendra**

I know but we just really are

**Megan**

but we are really excited. Okay, here we are, for an interview that I'm so excited about genuinely, with Kimmie Singh, who is a registered dietician. And guess what, guys? She's body positive.

**Kendra**

That's right!

**Megan**

And guess what else?

**Kendra**

What else?

**Megan**

Thank you. She specializes in PCOS, which is something that I have, and I cannot wait to learn more about it because a lot of people, dieticians, doctors, etc. Their first recommendation for PCOS is weight loss. So I'm so excited to have this conversation Kimmiewelcome. Thank you so much for being with us.

**Kendra**

Yeah.

**Kimmie**

Thank you so much for having me. I'm yeah, very excited for this. And yes, I like to talk about PCOS. And why it doesn't have to be something about weight loss.

**Megan**

Yes. Kimmie, will you tell us your pronouns?

**Kimmie**

Yes. My pronouns are she, her, hers.

**Megan**

Awesome. And what is your preferred size descriptor?

**Kimmie**

Yeah, so I am super fat. Yeah, I'm super in general.

**Megan**

Yes, you are.

**Kendra**

You know what you said that and what song started playing in my head was but with super fat and it was super fat, super fat, super freak guy. Do you know the song? That's like a seventy song.

**Megan**

But but it's not. What is freak? Yeah, it's like, yeah. That should be our next parody can drift for sure.

**Kendra**

definitely want to go on the list.

**Megan**

Tell us a little bit about your background and why you got into this field.

**Kimmie**

So I was studying physics, like that's where my background is in, in my undergrad degrees in physics,

**Megan**

physics.

**Kimmie**

Mm hmm. Yeah. And I was planning on sort of going down that road career wise. And then after I finished it was that yeah, it was sort of my PCOS was actually having this major flare up, like halfway through this program. So when I finished my undergraduate degree, I was struggling

with my PCOS. And I was also really struggling with an eating disorder. They didn't know I had, they didn't know that fat people have eating disorders. And so then, after starting treatment, I realized I really want to help people learn about intuitive eating, learn that there's another way. And so I like finished grad school studying nutrition. And that's sort of what brought me to where I am today. And it's interesting because I was diagnosed with PCOS before I was fat. And when I was diagnosed, literally, my doctor said, I think you have this thing called PCOS, you may have trouble conceiving, I'll have the nurse bring you a pamphlet and walked outside what like, left the room and it was all like one quick sentence at the end of my appointment. And that was all the information I had. And so it felt really confusing, because when I looked up the symptoms, the only one I really connected to is a facial hair. But I'm also Indian, which is so facial hair is a thing culturally. So yeah, I just I was like, Do I really have it? I don't even know like doesn't really affect anything else. I was 19. I wasn't worried about fertility at that age. Yeah, so it was really confusing. So then, a few years later, so when things were feeling really out of control. That's when I realized like, Oh, these symptoms are really here. And yeah, it just and I felt like there wasn't support around what metabolic changes may happen throughout your 20s. Like now, I know. There are so many people with PCOS in their early 20s. They have so many changes in their PCOS experience. And yeah, I wish I knew that then.

**Kendra**

So can you define and tell us what PCOS stands for and what it is?

**Kimmie**

Yeah, so PCOS stands for polycystic ovarian syndrome. And essentially, it's a hormonal disorder. And it's characterized by having to out of at least two out of three symptoms. And so these three symptoms are irregular periods and struggled with ovulation. The second one is cysts on the ovaries. And the third one is having higher androgens, which are different types of hormones. One of the most significant ones you probably know is testosterone. Okay, and so just to sort of back it up and try to break it down. Like although PCOS in the name, it says polycystic ovaries. You don't actually have to have cysts on your ovaries to have PCOS, which is really confusing. So out of those three things I named you need to have just at least two so you could just have the irregular periods and higher levels of antigens.

**Megan**

What was the third one testosterone.

**Kimmie**

So testosterone is an androgen. Yeah.

**Megan**

And then irregular periods. And then was the third one that cysts.

**Kimmie**

Yep, exactly.

**Megan**

Cool. I have all three!

**Kimmie**

Air five. Yeah, that so like, if you have all three that's actually called the classic type of PCOS.

**Megan**

Aww that's so sweet.

**Kendra**

You're classic.

**Megan**

Okay, so what are let's, before we get into our Mythbusters? Can we talk about some symptoms that aren't the three classic?

**Kimmie**

Yeah, definitely. So aside from those three classic, you also sort of have this excess hair in places a lot of people don't want to depending on what they're going for gender presentation wise. So it could be on the face different parts of the body. There's also a lot of times skin issues, maybe acne.

**Megan**

HS, is Hidra...something.

**Kimmie**

Oh, good question. HS is a really long word. I don't know how to pronounce. I think it's like hyper danta super or something. But it's, um, yeah, like sort of,

**Megan**

oh, hidradenitis?

**Kimmie**

Yes, yes, yes. I think Well, I think that's it. But so it's oils that sort of grow in areas where you have glands, certain glands in throughout your body. So yeah, it's really common. And I like to name it because people that experience it oftentimes feel a lot of shame. Yeah, really alone. And they don't realize that not only does it happen to other people, but it's yeah, if you have PCOS, it's pretty common. Yeah. So aside from that, there's also sometimes thinning hair struggles with fertility. Not sure if I mentioned that. And so other common experiences that I feel like are less oftentimes talked about is sort of mood disorders, eating disorders, weight cycling, low energy and fatigue, this overall sense of heaviness in your body that's not related to weight, but actually like other stuff that's going on metabolically. So movement can be really difficult. Also trouble concentrating. Sometimes trouble regulating temperature one really interesting. One is dry eyes. That's a really common symptom.

**Megan**

Really?

**Kimmie**

Yeah. And I'm someone who has a dry eye. And I didn't realize that oh, maybe if you see us, that's pretty interesting.

**Megan**

Yeah. Yeah. And so, so much. Mm hmm.

**Kendra**

Yeah, it can be those are such con, those things, when I hear them, they're like such common presentations, and a lot of those in a variety...for a variety of reasons. So, but there are those ways it can present outside of the three, that you have to have the three up or if you don't have two of the three in but you do have like a dry eye, and a couple of you know, concentration issues and that kind of thing. Could it still be PCOS, or you have to have two or three. And then these are just like additional ways that it might present?

**Kimmie**

Yeah, you have to have two out of the three to be diagnosed. And so like in order to fit that diagnosis, you have to have two to three. But what we find is that a lot of these things are really common experiences amongst people that have it. And it's really confusing, especially for me who I'm sort of a science nerd. And there's so many unknowns with PCOS. So even like, with eating disorders and mood disorders, it's hard to know, like, is it really connected to the PCOS process? Or is it because of more stigma and other issues that people are facing related to that.

**Megan**

Oh, yeah. Yeah, that makes sense. Yeah. And then there's also

**Kimmie**

a part of PCOS that like, is, like, has a hormonal place in the brain. So that would make sense as to why there could be trouble regulating temperature. So hypothetically, it's almost like I'm putting together pieces of a puzzle and I don't have all the pieces yet. And I feel like those of us with PCOS could sometimes feel like we have to create our own pieces, or try to fill in the missing gaps.

**Megan**

Yeah. Quick personal story. Hidradenitis, if that is what it's called.

**Kendra**

We'll find out if we are wrong and check it at the end if we are.

**Megan**



Yeah. Um, so I was going to a dermatologist because I did have some of that hormonal acne, especially around my mouth. And they put me on this drug called spironolactone, which is, correct me if I'm wrong. Trying to decrease some of the androgens.

**Kimmie**

Mm hmm. Good. Typically blood pressure medication, but can be used usually.

**Megan**

I've heard it can be for so many different things. It's weird, or I mean, prescribed for different things. I had been going to this dermatologist for a while, and then had an appointment with a different one just by chance. And we were talking about You know, issues and stuff. And I had mentioned that I had PCOS. And I was like, you know, I really like to talk to you about something else. And it's something that I had been dealing with for 10 years, and had not brought up to a doctor except for maybe one time. And it was a boil. I had an armpit boil I've had in my groin, I've had them on the armpits they are extremely painful. And like you said, I was ashamed. I hadn't brought it up, because it was like, weird to say, I got a boil, you know. But guys, it affected my quality of life in a big way. Anyway, so I tell her about this boil, and I have her look at it. She's like, Oh, she's like, actually, here's the good thing is the medicine that you're on Spironolactone will help to treat that a little bit. She's like, actually, you have something called hidradenitis. And I was like, Record scratch like, What? Are you kidding me that I've had this the whole time. And I've actually already on a medicine that's prescribed for it. But the focus of my dermatology appointments was the physical things that other people could see my acne. And part of that was on me, because I didn't have the knowledge that I need it. I'm going to say a big part of that was on the doctor, like, we need we just don't know enough about this. First of all, people aren't maybe doing the research. I don't know.

**Kendra**

that's exactly it.

**Megan**

Yeah. The things that are really affecting quality of life. were ashamed about and I feel like the doctors aren't really talking about it either.

**Kimmie**

Exactly, exactly. And I feel like so many doctors don't even recognize how many of these things occurred. So many people with PCOS. And so instead of asking, like, Hey, are you also having boils or asking some more particularly leading questions? It just ends up being this secret that people don't know they have till they hear this episode. That yes, yeah.

**Megan**

Here it all is also. Okay. So you just said regulating temperature. Is that the reason. I'm always sweating.

**Kimmie**

Yeah, maybe. like I thought a lot too. And this is something where like, it's not really studied. But so many folks I know, with PCOS, they have an experience. And I'm someone who, when I get cold, it's really it takes a really long time for me to warm up. And when I'm hot, it takes a really long time to cool down. And it's just such a common experience with almost all the folks I know with PCOS.

**Megan**

Wow, had no idea.

**Kendra**

And I just want to piggyback and say that, it absolutely. You know, one of the I think the biggest reason we don't know any enough to that we're just guessing often about when it comes to, to things like PCOS is because it's none of its fun. The research isn't funded. Because you know, no one cares about.

**Megan**

Yeah, women are productive.

**Kimmie**

yeah. It's really hard for me, and I feel like the most attention it gets is when it's discussed in the realm of fertility. Yeah, something that's Ooh, if pisses me off so much I think there was a doctor or a researcher in Australia who suggested, let's not tell people with PCOS that they have it unless they're interested in getting pregnant, because it really stress them out. They're gonna Google stuff online, like it was just like, this whole BS spiel that they put out there. And so I'm gonna have to send you the link to the rebuttal that I wrote, because, I was mad, I'm still mad, and I think about it. And it's, it's hard because it sort of goes back to this idea of like, women and femmes like only being valued by their fertility, ability to reproduce. And so I feel like that's such a big driver for when there is research. It's around that motivation and that non recognition for how it affects the overall quality of life.

**Kendra**

You know, that if PCOS was something that people with penises had to deal with? Everything we needed to know about? Yeah, exactly.

**Megan**

Kimmie, I'm so so grateful that you just said that, because I'm someone that isn't concerned with my fertility right now. Probably won't be. And um, yeah, I often feel like maybe I'm taking less seriously at a doctor's appointment, because I just want to talk about my quality of life instead of my ability to conceive or give birth.

**Kimmie**

Yeah. I think doctors also like they just don't realize how much PCOS PCOS affects so many other areas. And they just sort of see it as almost like this cause and effect model where they're like, oh, PCOS, fertility, they don't realize that there's really all these other arrows coming out of

PCOS. And there are so many other issues at hand. I don't know if that that's without the visual but

**Megan**

yeah, no, it totally does. Should we get into our Mythbusters?

**Kendra**

Oh, my word. I can't wait.

**Kimmie**

Yes, I am ready.

**Kendra**

Alright, so we are going to dive into one of our favorite things to do which a myth busters! PCOS edition. Okay. Our first mythbuster is low carb slash veganism is a good management plan for PCOS.

**Megan**

False that is a myth. So, where do I even begin? Um, yeah, so it's really common that with PCOS folks are really having trouble getting those carbs like getting getting it where they need. So they're having lower energy levels. They're feeling like movements really difficult. It really affects their overall quality of life. And so reducing carbs when your body's already struggling to best utilize them, leaves people feeling more depleted. It's also really unsustainable because it's another really common PCOS experience, which I linked to maybe like having the struggle around carbs is having really intensified carb cravings and so a low carb diet on someone with PCOS. I feel like there is a really primal response and everyone low carb diets across the board. And I think with PCOS, it's amplified just a bit. And so I don't recommend it. One of the things I mentioned weight cycling, that happens with PCOS is often started by someone who decides to do a low carb diet because their doctor, unfortunately, recommended it to them because they didn't realize how harmful it is.

**Megan**

Had that recommended so many times.

**Kimmie**

Yeah. And so veganism, it's really interesting because it's not supported by research to support PCOS. But there's like this one study that started to suggest that lower dairy intake could be supportive of PCOS. But even in this study, people were having like multiple servings of dairy per day, and so it's sort of averaged out to what a lot of people have. And so it wasn't showing that having a vegan diet was supportive of PCOS. And it also wasn't something that was replicated that we really have your answer about. But what I do find is that dairy sources of protein are oftentimes really quick and easy ways that my clients can get more protein and fat in their day that helped them really feel satisfied and also feeling energized. And so I'm so happy that they have that option. That being said, another issue with PCOS is that people have more

trouble keeping omega threes at the level they should be. So if you're following a vegan diet, and you're not getting like omega threes from animal sources, that can make it even harder. And then if you also don't have other animals, sources of protein outside of dairy, your protein options just become far more limited. I know that some folks choose to have a vegan lifestyle for ethical reasons and for sustainability. And for those folks, I completely respect and honor their decisions. I think it's just really important to name that. First. It doesn't have to be black and white, you can have more plant based foods that help you feel great without making it something that feels very rigid and not necessarily supportive to a healthy relationship with food. I also think it's really harmful to press these ideas on other folks. Especially with someone has eaten disorder history, it's really a traumatic is this traumatic experience that they've had around food. And yeah, and even those that don't like people are kind of tired of being told what to do and what not to do.

### **Megan**

Well, thank you for that response based in evidence. And we'll move on to Myth number two, only women have PCOS.

### **Kimmie**

People that have ovaries have PCOS. And this may be confusing if someone doesn't understand that, like you can be trans and exist in the world. And I understand that. And also it's really important that we make healthcare more inclusive and we change the conversation about PCOS. So that's why I yeah, I try not to use the word women around PCOS. I tried to say people with PCOS because it also includes folks that are trans who don't identify as women. i One like if you're someone PCOS or you have a piece of us community, I'd really recommend you stop using the word sisters like C-y-s-t sisters. Yeah, I think like if you know it was originally this thing done to cultivate like fun haha cyst community. But um, yeah, so exclusive. Yeah. And, um, yeah, that being said, like I know I've come a long way. I used to say women all the time and not realize how harmful it was something you're struggling with. I totally encourage you to learn more.

### **Kendra**

It could be cyst-blings.

### **Megan**

Really rolls off the tongue Kendra.

### **Kendra**

It's inclusive I guess.

### **Megan**

Yeah, it's a it's a group that is left out of the conversation and the research and the everything, time and time again. So let's be better

### **Kendra**

myth number three. You cannot intuitively eat to manage PCOS.

**Kimmie**

Oh my gosh, this is so false. I can't even stand it. What a myth. Yeah, this is a really common misconception that you can't have all different foods, and it's going to harm your PCOS. But in reality, Intuitive Eating is the best way to learn more about your PCOS and your body. Although there are these common symptoms and experiences that I mentioned, it's still really individualized. So how one person responds to a particular type or protein or type of food, whether it's in their energy levels, or their PCOS symptoms, is going to be really different from someone else. So yeah, I think that intuitive eating is a nice way to know how to best support your overall quality of life by better learning how to have satisfaction, pleasure, and also just like great nourishment around food that doesn't feel restricted and also is prevented from developing eating disorder.

**Megan**

Yes. Yeah, I almost like can't think of anything to respond to what you say with because it's so well said.

**Kendra**

I wonder what is it? Like? What's the explanation for people saying you can't intuitive to me, I'm like, that's a no brainer. It's like even more reason to be intuitive and you're eating. So what's the other side? What's the argument to say, This is why you can't intuitively eat?

**Kimmie**

a big part of it goes back to this cell on the low carb idea and like a poor understanding of the real outcomes of a low carb diet for PCOS.

**Kendra**

Okay,

**Kimmie**

And so it goes back to this really? Yeah, like I said, this just a misunderstanding of what that really happens when someone does that.

**Megan**

And here we are at myth number four. This is maybe my favorite slash least favorite one. And it is your behaviors can cause PCOS.

**Kimmie**

No, not true at all. So behaviors do not cause PCOS, you cannot cause your PCOS, PCOS is linked to a couple of factors, one being genetic, you could get it on either side of the family. And then the other being environmental, not in terms of behaviors, but literally the environment. So we suspect that changes in agricultural for time exposure to certain industrial components, some geographic locations, maybe even changes in the water system may affect like the

likelihood of developing PCOS in those who do not have the genetic component. But it's really not well understood. I think that because PCOS occurs with fatness, like sometimes, that's a big reason why people are really quick to assume that there's something to blame. There is more I think it's more so about the stereotype related about this.

### **Megan**

I think you're exactly right. I think it's rooted in fatphobia. Because we believe that we cause our health or our behaviors caused fatness or in somehow our faults, which like, first of all being fat, like there's no, there's no fault there. But that's another conversation. But yeah, I believed for I mean, maybe up until like, this year, that it was my size that caused me to have PCOS. And it's not true. And then I read something about how like, it's even, like present in the womb.

### **Kimmie**

Yeah, it's interesting, because I've heard that there's a theory related to like, maybe something a change in the brain that occurs before like before someone is born. That may affect the development of PCOS. But it's one of those like, is yet another theory that's still being studied

### **Megan**

that, to me is like just freedom knowing. You can't imagine if you don't have it, and you aren't fat. What that belief does to yourself, thinking that you've caused this thing that's really affecting your life in a negative way. Or, you know, you have to manage and think about daily. That's a really big, no pun intended weight. And I don't know, I just think that it's so important for people to know you cannot cause it. If you're listening and you have PCOS. It's not your fault.

### **Kendra**

We've kind of already talked about this with one but let's let's just dive in a little deeper. Anyways. Myth number five. People with PCOS have a certain body type.

### **Kimmie**

Nope not true. Yeah, as I mentioned, there are different I think I mentioned there are different types of PCOS. And so the different different types are broken up into which of those three criteria you experience. So it could be all three and then like two of each, if that makes sense. And so like I said, the most common is all three, and so that is most likely to be associated With having a larger body and having more weight around the midsection, and so then I can't remember which type is more associated with Lean type is PCOS. But there are people with PCOS that are not fat. And I think it makes it sort of amps up the fat phobia around care, because it's under factors like okay, well, this other person PCOS is not that simple, can't link size to PCOS. But there is actually a link to certain hormones and how they affect weight. And that being said, like, I don't think PCOS or anything else, we don't need to justify or for being fat. That's not the case. Right. But I think it also it just makes it really hard to believe like when people are under eating, and they're being told while you're getting weight, you can't be under eating. I don't know if that makes sense. But

### **Megan**

yes, yeah. So like you go into a doctor's office, and they tell you basically, like you can't have an eating disorder, you can't be under eating because of your size.

**Kimmie**

Exactly. Because they don't understand the link between PCOS and weight. Because there are some people that have PCOS that are thinner. And so I feel like they use it to say, oh, it's not a valid reason for like, you gaining weight if you're not eating, they're a different us experiences. It's so harmful when we just try to throw out this blanket statement. And it makes Yeah, it just kind of goes back to that stereotype of providers not believing that people

**Megan**

Kimmie, How does your lived experience in your background play into your practice?

**Kimmie**

Oh, gosh, I think the biggest part of it is really being able to be present with your body while you have chronic illness. And so as a provider with a chronic illness, it's tough. Because you really, you know, part of my work is showing up and supporting folks. And yeah, it's tough when I'm not physically feeling my best. And it's also a testament to what I tell them to do is really to be with their bodies and have compassion and kindness and gentleness, even when my PCOS is really pissing me off or something else is going on.

**Megan**

I just had a big lightbulb moment. You saying that PCOS is a chronic illness. I'm not sure I'd ever been told that. And also, I hadn't ever thought of it in that context. And guess how that makes me feel? Justified. Like I feel it's like, oh, yeah, you feel like shit on some days? Yeah, you have to take some meds and like, yeah, you have, like, take it seriously.

**Kimmie**

Mm hmm. Yeah. And I think you said that. Yeah, like this idea that we should just all be functioning at 100% Every day, and our body should be doing X, Y, and Z no matter what. It's so ablest.

**Kendra**

As someone who does not have PCOS. What could I do? For the people in my life? Who do like what is helpful to be supportive? And encourage, I don't know, encouraging or I don't know, what is what is the thing that if I came over to your house, and you were having a day that you would want me to know or want me to? How would you want me to be?

**Kimmie**

I would want to feel heard. And I think one part of a PCOS that is tough is having all these other random experiences, you know, not in those basic three symptoms, that affects my day to day life. And, yeah, I think sometimes people don't realize how much it branches out, and affects overall well being. And so just really trying to be with that person. So you know, it's a bad day, not every day is going to be bad. What can I do to support you in this moment?

**Megan**

How can it affect your sex life?

**Kimmie**

from what I understand, there are changes in hormonal levels that can affect sex drive, and they can really change over time as hormones change. That being said, I think there's also this really big component related to body image. And this idea of femininity and what it means to like quote unquote look feminine. And so being able to still feel your best if you're having these symptoms that don't align with how you want to present your gender can be really difficult. If you're having like, if you have HS you don't know how to discuss it with your partner or someone you want to be intimate with. It can be really difficult. And so yeah, I think it it just sort of creates so much space for vulnerability and connection like with someone that's safe. And it can also make it really harmful, you know, with a partner with someone that's really unsafe.

**Megan**

What would you tell someone that wanted a quick conversation with you? For tips on how to manage that aren't restrictive eating?

**Kimmie**

First, I would say like notice your body notice your symptoms, your unique experience. And don't discount it don't say it's just in my head. Don't say like I'm being lazy. That's a really common thing I hear. And so from there like there are I can send you a blog post that I've written just about in general recommendation, but one is really like getting enough protein throughout the day, noticing how you're feeling. If you add more fiber, add some fat to meals and snacks. And know that each food isn't going to affect you like each person the same way or each type of protein might not affect you in the same way.

**Megan**

You mentioned omega threes.

**Kimmie**

Yes, I do recommend taking omega three supplements. I wrote a blog post about this, I can send this to you, because there's a specific thing to look for on the label particularly DHA. And so you want to have between 500 to 1000 milligrams of DHA per day. And then there's another supplement called DeVos at all. I will also send you the blog post on that. And so, yeah, it's a great like powder supplement that really helps manage all the PCOS symptoms. It can also like really help with fertility on its own.

**Megan**

I take both of those thank you Nashville Nutrition Partners.

**Kendra**

You've got this great blog, tell us where we can find it.



**Kimmie**

Yeah, so you can check me out on my website called body positive dietitian dot com. Or you can find me on Instagram at Body Positive underscore dietitian. I also co hosted a podcast about PCOS with Julie Duffy Dillon called PCOS and food peace podcast. So I will send you that link and some other specific blogs that I wrote for her when I was her intern.

**Megan**

Yes!

**Kendra**

so good. And we'll definitely have all that links below. So easy, easy to get to it. Yeah, thank you. Thank you so much. So so much. I mean honest, as somebody who doesn't have PCOS and didn't know really anything about it, except a little bit that Megan has filled me in on I'm have learned so much. And I'm so grateful for your willingness to share not just your expertise, but your personal experience with it. And I know our listeners are just gonna, I want to say eat it up. They're gonna eat it all up.

**Megan**

And as someone who does have PCOS, I can't even like process which just happened. I feel like in a couple hours, I'm probably gonna cry about it. Um, but just like, I don't know, to me, this conversation has been relief, and empowering. So thank you so much.

**Kendra**

And you've got new language around it that you didn't have before.

**Megan**

yeah! I mean, seriously, that's just kind of blowing my mind like it's a chronic illness. Take your goddamn self. Seriously. Negan Yeah, that's another thing. But yeah,

**Kimmie**

yeah. Well, thank you so much for having me. It was such a joy to speak with you both

**SNACKS****Megan**

Welcome to Snacks, where we talk about the snacks that we like to normalize non restricted eating. Today, we are going to talk about movie snacks. Kimmie, what are you into at the movies?

**Kimmie**

Okay, so I really enjoy popcorn with some sort of fizzy drink is sometimes I add on some sort of chocolate. I really like this chocolate like crunch Brand. I think it's like bunch of crunch like that.

So I really like that sometimes. I kind of have a funny movie theater snack story. Back in the day, I think when I was in high school, I brought my own snacks in the movies. And I brought like this bottle of soda. And I accidentally dropped it. After I opened it and it rolled to the front. Since then, I've been nervous to bring my own snacks to the movies.

**Megan**

So you were like trying to be covert about it and like sneak them in.

**Kimmie**

Yeah, well, I was already like watching the movie when this happened. Like the movie was playing. And you can hear it rolling. And it's interesting because like, years later, the office had an episode where like Michael Scott dropped a bottle of wine when he was watching.

**Megan**

Yes.

**Kimmie**

I'm like, Oh my gosh, did I inspire this moment? And I was like, No, I'm probably not the only one. Narcissistic moment.

**Megan**

You're probably did.

**Kendra**

No one's ever gonna know. You can claim that that's you know

**Kendra**

a girl can dream my way way too early.

**Kendra**

Yeah. I'm, I'm really into try and seeing what I can get into a movie theater with. That's like legal. That's food.

**Megan**

If you say here's someone who brings like a full on fish dinner into a movie theater. I'm gonna be so pissed at you.

**Kendra**

I've never done that. But I have brought Chinese orange chicken.

**Kimmie**

This confuses me because I'm like, How does anybody want to have anything other than popcorn or smelling that popcorn? Yeah, well, yeah.

**Kendra**

Well, if I go to the movies at lunchtime, I don't normally want popcorn.

**Megan**

Is it that hot. Your food's already hot.

**Kendra**

Okay, yeah, I buy it and then go to the theater and yeah, Got it. Okay,

**Kimmie**

now can I ask a little follow up?

**Kendra**

Sure.

**Megan**

I have a lot of follow up like,

**Kimmie**

do you go in with Chinese bag like out and yeah out and showing or do you sort of like try to hide that

**Kendra**

I usually have to drink out because they don't typically stop you. And I will always take like a big purse, and I just have it down in the purse. You know, and I go

**Megan**

Do you like, get out your chopsticks.

**Kendra**

well typically, I'm at a theater like long before the movie starts I like to like I like to watch all the previews so by the time I'm done eating the movie has like it's like five minutes in to start it like it's not far so I'm not like usually eating throughout the whole movie and, and because I'm usually one of the first ones in the theater. If you see I got Chinese out. Don't come next to me.

**Megan**

That is a great test actually.

**Kendra**

Um, I have taken five guys can see the theater a whole burger and a whole thing of Cajun fries. with a coke. Yeah, I've taken watermelon into theater

**Megan**

pre-cut But like like a machete

**Kimmie**

like, now that would be bad to drop on the floor.

**Kendra**

I do love popcorn at a movie popcorn and a coke. That's what I want. No, don't give me Pepsi. I want a fountain coke. That's what I want. And a straw. Okay, just I want a straw. Okay, I'm just gonna be controversial. And I love a good chocolate. Salty mix in that most cases. No. In that case. 100% I want the snowcaps though.

**Megan**

What are those?

**Kendra**

literally a chocolate morsel like that you bake with with white cake tiny dotted candies on the top of them.

**Megan**

Is it mint flavored?

**Kendra**

No. Chocolate with a little extra crunch on top

**Kimmie**

Just imagine like a chocolate chip with crunch

**Megan**

for like real like I assumed they were meant chocolate.

**Kendra**

How have you never had them were?

**Megan**

Well, you know how I feel like I'm? I'm like medium on chocolate.

**Kimmie**

Me too.

**Megan**

Are you?

**Kimmie**

Maybe it is just getting fun. Yeah, movie theaters in the few places. I really enjoy chocolate and it says yeah, sweet and salty mix. I go. Yes.

**Megan**

Yes. Yeah. What I like to do is to get popcorn, obviously with butter added. Why be generous?

**Kendra**

I don't do butter added.

**Megan**

Okay, Indra. I'm about to change your life. Butter added is necessary, then. Here's another thing you can do.

**Kendra**

I just I have had popcorn with bother. I think it's not my preference.

**Megan**

BUty you don't ask them. You're not like popcorn with butter when you order

**Kendra**

it? No, they and they will even ask me do you want butter? And you say no.

**Kimmie**

And my for me? Like they don't even give me like I have to put my own butter. I have to all that. Yeah,

**Kendra**

get out of New York.

**Megan**

Alright Manhattan. Here's what I like to do. As for the popcorn. Also, here's the thing that intern intern Eric is my husband. We call him intern. He actually has a doctorate. It's a thing. We have to get separate popcorn y'all, because we will fight. Because he eats it like this. He gets a handful. He takes about five pieces, stuffs it into his mouth and at least three of them fall and I am livid at this point. Okay,

**Kendra**

how are you wasting all this popcorn?

**Megan**

I'm mad that he's wasting it. I'm mad that like it's not readily available to only me. We have to get our separate popcorn. In fact, we have one time ordered a popcorn. I asked him if we could just have another bag so that I could split it myself. They wouldn't allow it.

**Kimmie**

I'm not surprised. They know where the moneymaker is.

**Megan**

concessions.

**Kimmie**

It's really interesting how like, some people will do the single pop and some people will do like the grab grab it like, yeah,

**Megan**

yeah, it is if he doesn't know when he's going to eat again.

**Kendra**

Well, maybe he doesn't, Megan.

**Kimmie**

You know, as a dietitian, there's so much to explore here.

**Megan**

You're right. You're right. I shouldn't judge it to him.

**Kendra**

Are you a one Colonel?

**Megan**

Me? Okay.

**Kendra**

Both of you. Are you a one cornel or a handful.

**Kimmie**

somewhere in between? Like, I actually put some in my hand. So yeah, like partner holds the bag and I just like take stuff from that hand. But then both my hands get dirty, so I have to get a lot of napkins.

**Megan**

Yeah, napkins are necessary. here's the other thing I like to do, I like to get some peanut m&ms.

**Kendra**

I like doing this too!,

**Megan**

you don't even know what I am going to say.

**Kendra**

you're gonna pour the peanut m&m into the bag of popcorn?

**Megan**

And and then you shake it so that you've got layers. Also, that's a good way to the butter.

**Kendra**

They don't go to the bottom when you shake it because there's so much heavier,

**Megan**

it's fine. It's fine. It works out well.

**Kendra**

Okay, great.

**Megan**

Yes, they do that you can't you can actually ask, okay, if you're at a place where they make you do your own butter, I don't have a tip for that. But you can, I don't usually do this because I'm terrified of being high maintenance. But you can ask them to sort of layer the butter for a more consistent experience. But you know, again, if you have a lot of people behind you in line, I wouldn't suggest that.

**Kendra**

Um, but also, if you really want to do it, those people can wait.

**Megan**

Yeah, and that's you. That's Kendra. Like, that's what I strive to be. And here's the other thing, though, y'all. If you want to have a movie theater, popcorn experience in your home while you're watching a movie, you can purchase popcorn, quote, unquote, butter in a bottle. You guys already know about this. I only learned like a couple years ago. Make your popcorn.

**Kendra**

I'm still gonna be shocked.

**Megan**

It's like an oil almost. It's probably who knows what they're allowed to call it legally. But it's a butter flavor. And you just sort of drip it all over your popcorn. And it's great.

**Kendra**

Wait, what? I can't. Are you sure?

**Megan**

Yeah. And yeah, Thank you. But actually,

**Kendra**

you never answered. Do you have one Colonel? Or a handful? Or what is your what's your popcorn technique?

**Megan**

I'm gonna say three tops.

**Kendra**

Okay, well, that's very specific

**Megan**

like to put them in one at a time. i My whole thing about food. And this would be probably an entire episodes worth of unpacking, is that I like for it to last a long time. Part of that has to go with the movie whole thing like I especially if it's going to be scary. Like I need that popcorn in those scary moments to just like, I don't know distract, I guess. But yeah, I am not one that wants to finish my food quickly. I want it to last.

**Kendra**

You know who loves popcorn?

**Megan**

Who?

**Kendra**

Percy. And she's telling you about it just just wants everyone else to know. Yeah, she loves she loves that. She really does love popcorn. Okay, my popcorn technique.

**Megan**

Oh, okay.

**Kendra**

I've been waiting for this moment.

**Megan**

Okay. At home or at the movie?

**Kendra**

I only at the movie, okay, I only Well, probably also at home. I go to the movie a lot by myself because I don't give a shit. So I just go and do what I want to do, and I want to do it. So I'm typically at the movie by myself with my, you know, bucket of popcorn. If I haven't gotten food.

**Megan**

Chinese store the Chinese Chinese restaurant.

**Kendra**



I don't like to get on my fingers dirty. I only eat popcorn with one hand. I'm a three finger eater of popcorns. I don't want all my fingers dirty.

**Kimmie**

My partner would have to really manage two fingers to Yeah. Now how you do it. I use both hands. All in.

**Kendra**

I if I want. I'm like Ed and then I want a little break. I just look all that goodness off. And then I go back in again later.

**Megan**

I have quite a life hack for you.

**Kendra**

What?

**Megan**

Get your Chinese food. Also Get your popcorn, take out your chopsticks and use them to pick up your popcorn.

**Kendra**

Next time. I'm going to take a latex gloves. One left one. I'm going to go into the movie theater. I'm gonna pull out the one left handed latex gloves.

**Kendra**

Gloves are handed by the way.

**Megan**

yes they are!

**Megan**

No they aren't! You turn them around?

**Kendra**

Oh, I guess it depends on the way are they?

**Megan**

No, they're not. Okay.

**Megan**

This has been snacks.

## MOVEMENT

### Megan

Okay, when we talk about movement, which we don't do very often because we learned that we quickly ran out of things to talk about. What we do like to talk about though is joyful movement. And it's different for everyone. And it's different if you have PCOS. Kimmie How does PCOS affect our movement?

### Kimmie

It's first, it's really important that your body's feeling like it can move comfortably just with PCOS and having more likelihood of having higher inflammation levels, there could be more pain and stiffness. All that aside, there is like I said sort of that sense of heaviness. So I'd recommend trying to do other things to support your PCOS before jumping into movement, if it's feeling physically uncomfortable. And I would say it's really important not to over exercise for everyone, but especially for PCOS because it can just sort of cause this increase and a release of stress hormones, which can make PCOS symptoms worse. Yeah, and I find that a lot of people with PCOS really do enjoy high intensity movement, like as some sort of maybe like around anxiety or there are different ways it can be beneficial for them to enjoy that movement. That being said, I think it's really important to not have that be the only type of movement you engage in, and maybe make some room for things like yoga or gentle walking and things to sort of balance it out. So your body isn't feeling like it's at that level all the time when it wants to move.

### Megan

What kind of movement do you enjoy?

### Kimmie

Oh, my gosh, I really enjoy yoga. And I really like lately, it's been winter here in New York. So being outside feels really troublesome. That being said, we've had some nice 40 or 50 degree days, I've went out for some gentle walks. And just yeah, whatever my body's feeling like it needs the most.

### Kendra

This is like not just good advice for people with PCOS. This is just good advice for anyone to be more like aware of not overdoing exercise not over exercising.

### Megan

Yeah, yeah, that's super good information. Because for a while I was doing high intensity for like 45 minutes to an hour. And I think I got sort of that. I was moralizing it so I was like I'm working out for a long time. So I'm a good person and worth something. And obviously we know all that space yet is BCS BCOS. Oh, okay, kind of love that, um, bullshit. But, yeah, it's really good to know that that can be harmful and trigger actually symptoms.

### Kimmie

And it's, I think it's also it ties into like wanting to use food as a compensatory movement as a compensatory mechanism, or a reason to feel better or like, feel different about yourself worth. So then sometimes when people say, okay, movement makes me feel better. I'm like, is it making you feel better because it's having this physiological effect? Or is it making you feel better? Because you think you're compensating for something?

**Megan**

Yes. Do you have any ideas about how to decipher the difference?

**Kimmie**

I think it's really important to bring mindfulness in the process and trying to be with your body. I think it's really ableist, like I said, to be able to expect your body to do particular things on demand. Something I just mentioned the other day, a session with a client was like, I wonder, like, if aliens came down and saw us like doing bicep curls, with dumbbells, and like, it was just this year, you know, people take training seriously, sometimes. Aliens, I just feel like it would be such an odd thing to see value in a particular type of movement. Yeah, like we just, um, yeah, I don't know, we just put so much into it. I think making movement functional and joyful, so important.

**Kendra**

Yeah, absolutely.

**Megan**

It's kind of like, yeah, like, this thing that is so normalized to us, but it's like, Wait, why are we actually doing this? Like, is this bicep curl going to help me? Lift that like lift groceries? Maybe it will? And maybe that's functional?

**Kimmie**

Yeah. Like, at what extent? Like is it really about wanting to use it in a functional way? Or is it about trying to change your physique? Is it about moralizing? It where you're feeling better because there's a certain amount you're lifting?

**Kendra**

Yeah, my back I want to circle back for two seconds to what you were saying just before this was around like listening and not over exercising I am so I have not had like a movement practice we'll call it probably for the last several months just with like a lot of transition happening but I'm starting to feel like okay, I feel like that's something I want again my body wants to introduce again and my what I go to his okay, what is that hour long go hard class and I'm going to jump right into and I have to remember that it's important not to do that not to just go from having no movement to just full on too much movement but to to start with something that's that to I don't know, I guess condition my body better to start with something simple, more more. That safer, frankly, for my body and and will fit fit more comfortably with where I'm at absolutely good things so we like to move it! But not too much.

**Kendra**

As someone who doesn't experience PCOS, I am just so grateful, both to Kimmy and to you, Megan, for sharing your experiences. On this podcast in other places, I learned so much about what it means to live with something that isn't known. But like, there's not a lot known about it.

**Megan**

Right.

**Kendra**

And I really loved the moment when you had this, like epiphany realization of oh, this is a chronic illness. Yeah, I had never thought of it like that.

**Megan**

Yeah, in fact, I was just thinking about this, which we recorded this episode of while a while a while ago, but over the weekend, I was visiting my grandmother. And I kept getting really sweaty every time especially every time we were in the kitchen, and we would turn on the oven or something like that. And you know, visibly sweaty while everybody else was kind of okay, so I kept you know, doing things like opening the window and my dear grandmother, who, um, I'm so much like her, kept being like, you know, wanting to help me feel comfortable. Well, Megan, what, can we turn on the fan? Can we open the window? What can we do? But then, you know, in a way that maybe didn't feel as comfortable, like pointing out that I was sweating a lot. And she was like, I just want to know why you're sweat why you're sweating so much. And I didn't say this. I think maybe I did say like, Well, it's because of PCOS probably, right? Like, yeah. And I you know, by the way, it would be fine for anyone to sweat.

**Kendra**

Right? No matter what

**Megan**

that's like your body taking care of yourself. If you couldn't sweat, that'd be bad.

**Kendra**

Yeah.

**Megan**

But to know that it is a symptom of this thing that I have. That's a chronic illness. Feels validating.

**Kendra**

Yeah,

**Megan**

because I think I'm usually second guessing myself. Like, Why am I sweating so much? So yeah, life giving conversation. epiphany for me for sure.

**Kendra**

Yeah. So we'll hope y'all are also listening to our mini episodes for the weighed on take down. This third one is coming soon. It's coming soon. So be sure you are subscribed. Wherever you listen so that as soon as it's live, you know, so you can go listen. And then the next episode from that on the way down to town is going to be our special guest.

**Megan**

Yeah,

**Kendra**

who has been to Remnant Fellowship.

**Megan**

Yes, this upcoming episode we get into like, cult behaviors and characteristics of cult leaders and character characteristics of cult members in a way that I think folks will find really interesting. Yeah,

**Kendra**

for sure. All right, y'all stay safe, be boundaried, protect yourself. Have some fun,

**Megan**

be boundaried. I like that.

**Kendra**

Bye bye.