

A man with dark hair, wearing a green sweater and a watch, is pouring tea from a light-colored teapot into a matching mug. He is standing in a modern kitchen with wooden cabinets and a white countertop. In the background, there are shelves with various kitchen items and a window with a view of greenery. The overall atmosphere is calm and domestic.

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THE MIDLIFE GUIDE

What's changing after 40.

Sleep, energy, recovery, focus, weight, desire: what shifts, why it shifts, and what's worth asking about.

FOR PEOPLE WHO FEEL DIFFERENT AND CAN'T QUITE SAY WHY

PEPVIO.COM

WELCOME

If you feel different and nobody warned you.

Somewhere in your forties, things you never had to think about start to change: sleep, energy in the afternoon, how long it takes to recover from a hard weekend. This guide explains what's going on.

We'll walk through why the body feels different after 40, the six changes people notice most, how to tell "common" from "worth a closer look," what helps all of it, and where a treatment conversation fits if you want one. Along the way, the questions that get a better answer from a provider.

It won't turn every change into a problem. Some of this is a normal part of aging. The goal is to help you tell which changes are normal and which are worth looking into.



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Why the body feels different after 40

Four systems in the body change after 40. Each one affects several of the changes people notice, which is why they tend to show up together.

The overnight repair rhythm

Every night your body runs a repair cycle driven by a signal that peaks in deep sleep. From your thirties on, that signal gets quieter and deep sleep gets shorter. Recovery, sleep quality, and body composition all depend on it.

Hormones

For women, estrogen and progesterone begin to swing and then fall through perimenopause, often starting in the early forties and showing up first as sleep, mood, and temperature changes. For men, testosterone eases down more gradually. Both change energy, focus, weight, and desire.

Cellular energy

NAD+ is the molecule every cell uses to turn food into energy. Levels drop by roughly half between your twenties and your fifties. It's one reason the afternoon feels different even when the night was fine.

Metabolism and muscle

Muscle is easier to lose and harder to keep, and it's what sets your resting metabolism. Less of it means the same diet and exercise produce a different result.

The six changes people notice

Each change below has three parts: what it looks like, what's behind it, and when it's worth a closer look.

SLEEP

You sleep, but you wake up tired.

What it looks like. Lighter sleep. A 3 AM wake-up with a busy mind. Mornings that need more coffee than they used to.

What's behind it. The deep, repair-heavy part of sleep shortens with age, the overnight signals that drive it get quieter, and shifting hormones (for women, often years before anything else) fragment the night.

Worth a closer look If it's been months rather than weeks, or it's affecting the whole day.

ENERGY

The afternoon dip that coffee no longer fixes.

What it looks like. A steady morning, then a wall around 2 or 3 PM. Less energy for the second half of the day.

What's behind it. The molecule your cells use to make energy, NAD+, falls with age, by roughly half by midlife. Sleep quality and hormones affect it too.

Worth a closer look If the dip is new, daily, and there regardless of how the night went.

RECOVERY

Recovery takes longer than it used to.

What it looks like. A workout that used to take a day to recover from now takes a weekend. A late night affects the next two days.

What's behind it. Repair happens overnight, on the same rhythm that fades with age. Less deep sleep and a quieter overnight signal mean slower rebuilding.

Worth a closer look If recovery keeps stretching even when training and food haven't changed.

Focus, weight, desire

FOCUS

Words and names come more slowly.

What it looks like. Names, references, the thread of a conversation. Task-switching costs more than it did.

What's behind it. Cellular energy in the brain, sleep quality, and (for women) estrogen shifts all affect working memory. Stress and a short night make every one of them worse.

Worth a closer look If it's persistent, or it's showing up at work in ways you notice.

WEIGHT

The habits that worked stopped working.

What it looks like. The same food and the same training, and a body that stores more, especially around the middle.

What's behind it. Metabolism slows a little each decade, muscle is easier to lose and harder to keep, and hormone shifts change where the body stores fat. Effort is only part of the picture.

Worth a closer look If the change is steady, or diet cycles keep ending in the same place.

DESIRE

Interest in sex is lower than it used to be.

What it looks like. Less interest than before, for women or men. Not gone, but lower.

What's behind it. Hormones, stress, sleep, and the brain pathway that controls desire. It's common, it's rarely talked about, and it's a health issue like any other.

Worth a closer look If it's bothering you or your relationship. That's reason enough.

Most people recognize two or three of these. A few recognize all six. Recognizing them isn't a diagnosis, but it's a reason to keep reading.

Common, or worth a closer look?

A change can be normal for your age and still worth doing something about.

The question isn't whether a change is typical for your age. It's whether it's affecting your life. Three signals separate a change you note from a change you act on:

It's new

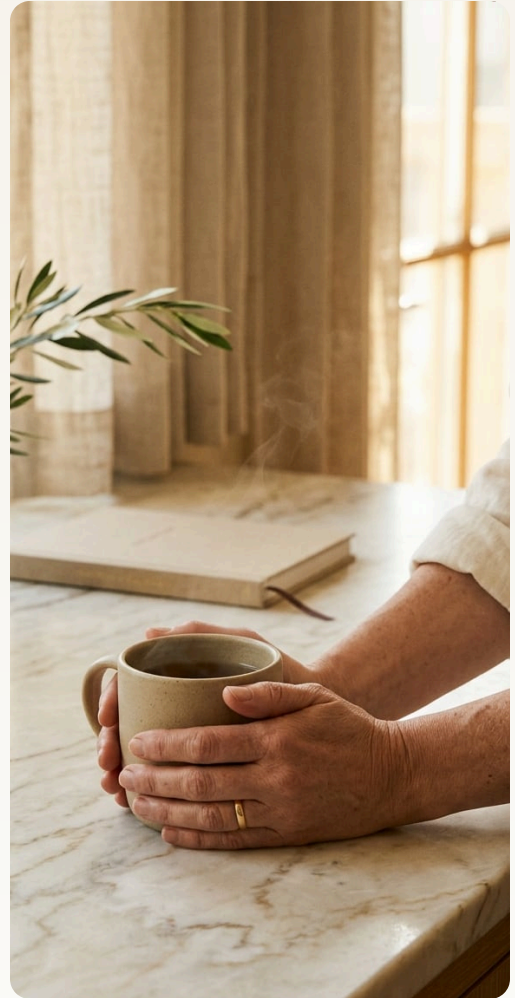
You can point to roughly when it started. Sleep that held until your early forties and then didn't.

It's persistent

A rough month is a rough month. Six months of the same 3 AM wake-up is a pattern, and a pattern usually has a cause.

It's getting in the way

Of work, training, mood, or your relationship.



WHAT A GOOD PROVIDER DOES WITH THIS

Takes the timeline seriously, asks what else changed around the same time, and considers hormones and sleep before reaching for "that's just your age." If two of the three signals apply, it's worth that conversation.

What helps all of it

Whatever else you decide, five things move every one of the six changes in the right direction. None of them are new, but they are the foundation for everything else.

1. Protect the night

A consistent wake time, a dark and cool room, and no alcohol in the last three hours. Alcohol is the most common reason for a 3 AM wake-up that people never connect to it.

2. Lift something, twice a week

Muscle is the lever for metabolism, recovery, and energy. Bodyweight, bands, or a gym all count.

3. Enough protein

Roughly 0.7 to 1 gram per pound of your goal weight, spread across the day, with a real serving at breakfast.

4. Walk most days

Digestion, mood, sleep, and the afternoon all improve with it. Twenty minutes is enough to count.

5. Give changes real time

Sleep habits take a few weeks to show results. So does any treatment. Give them enough time before deciding whether they're working.



Where treatment fits

When the basics are in place and a change is still affecting your life, these are the conversations worth having. Each one is a prescription decision a physician makes based on your health history.

WHAT YOU'RE NOTICING	WHAT IT MAY BE WORTH DISCUSSING	THROUGH PEPVIO
Lighter sleep, slower recovery, body composition drifting.	Supporting the overnight repair rhythm that fades with age.	Sermorelin
The afternoon dip. Energy that doesn't carry through the day.	Restoring the cellular energy molecule that falls by midlife.	NAD+
Focus that fades, the word that surfaces a beat late.	Low-dose cognitive support with a long medical history.	Methylene blue
Hot flashes, night sweats, sleep and mood shifts (women).	Replacing the hormones perimenopause takes away.	HRT
Weight that diet cycles haven't moved.	Medication that changes the hunger signal itself, with a price that never rises with your dose.	GLP-1
Desire that's quieter than it used to be (women or men).	A peptide that works through the brain pathway for desire, taken as needed.	PT-141

Through Pepvio, each of these is prescribed by a US-licensed physician after an online intake, and compounded by a licensed US pharmacy. The doctor review is free, and you're only charged if a prescription is written.

Questions worth bringing to a provider

Most people leave a doctor's visit without asking the question they came in with. Walk in with these written down.

"When did this start, and what changed around then?"

Ask it of yourself first. Timing points at causes: a new job, a new medication, a change in sleep, or simply reaching your forties.

"Is this common at my age, or is it worth looking into?"

Both can be true. You want to know which, and a good answer explains how to tell.

"Could my hormones be part of this?"

Especially for sleep, energy, mood, weight, and desire after 40. It's a fair question for men as well as women.

"What are my options, and what would you try first?"

Lifestyle, medication, or both. A specific answer is a good sign; "let's wait and see" without a timeline is not.

"What would we watch to know it's working?"

Turns a vague plan into something you can check in a few months: nights slept through, afternoon energy, the scale, how long recovery takes.

IF YOU'D RATHER START ONLINE

Through Pepvio, that conversation begins with a two-minute intake reviewed by a US-licensed physician. If you're not sure where to look first, the quiz on the next page matches what you're noticing to a starting point.

READY WHEN YOU ARE

Start with what you're noticing.

You don't need to know the name of a treatment to take the first step. Tell us what's changed, and the quiz points you to a starting place. From there, the intake takes about two minutes and a US-licensed physician reviews it.

1

Take the 60-second quiz

What you're noticing, in your words. It matches you to a protocol worth reading about.

2

Complete the 2-minute online visit

A short medical questionnaire. No video call. You're not charged until a physician prescribes.

3

A US-licensed physician reviews within 24 hours

They confirm the fit against your history, or tell you it isn't right for you, and you don't pay.

FIND YOUR STARTING POINT

pepvio.com/quiz

Free doctor review and free shipping. You only pay for the medication, and only if a physician prescribes it. Every Pepvio prescription is HSA/FSA eligible.