

STRENGTH AFTER 30

# Why You Feel Like **Sh\*t** After 35

And What 82 Peer-Reviewed Studies Say to Do  
About It

The science behind training, nutrition, hormones, sleep,  
and recovery after 35 — explained in plain English. No  
pitch. No upsell. Just the research and what to do with it.

STRENGTHAFTER30.COM



# Hi. I'm Chad Adams.

40. Husband. Former D1 athlete. 25+ years under the bar. Glass knees, broken neck, torn pecs — a body rebuilt after doctors said the lifting was over.

I was benching 500 pounds as a teenager — learned to build muscle from a state-champion bodybuilder who wore bumblebee spandex and combat boots to the gym in Anchorage, Alaska. All-State linebacker. Then a surgeon cut both my kneecaps loose in a single operation. Bilateral lateral release. Both knees. Same day.

For ten years after that surgery, I was afraid of bathtubs. Not metaphorically — literally. I'd stand at the edge of the tub at 6 AM, one hand on the cold tile wall, the other gripping the shower curtain rod, because if my knee buckled and I went down, I wasn't getting back up. A 250-pound man terrified of slipping in his own bathroom.

About five years in, I seriously considered amputating my leg. Not because a doctor suggested it — because I'd followed every piece of conventional advice (rest it, baby it, don't strain it) and my body only got worse. The math started to make sense: a prosthetic would give me a better life than the leg I was born with.

Then one day at the gym I saw a woman at the squat rack. Maybe 130 pounds. Maybe 75 years old. She unracked the bar, dropped to full depth, paused at the bottom, and drove it back up. Smooth. Controlled. I was twenty feet away, barely able to walk to the water fountain. That was the day I said enough.

I went back to the fundamentals I'd been taught as a kid — not just lifting heavy, but actually building. Low bar squats with barely any knee involvement. Then pushing my knees forward a centimeter more each week. Sissy squats on bodyweight. Hack machine. Leg extensions with a pause. Heels elevated squats. Full pause squats. I literally re-grew my knees — built the muscle, the connective tissue, the stability that a surgeon had cut away ten years earlier.

At 40, I squatted 725 for a single. 675 for a triple. Bench back over 500. Not because I'm special — because the process works if you actually follow one.

I built Strength After 30 so the next guy doesn't have to figure it out the hard way.

**725**

lb squat at 40

**500+**

lb bench press

**25+**

years training

**D1**

former athlete

# What's Actually Happening to Your Body

You're not imagining it. The fatigue, the belly, the short fuse, the disappearing sex drive — it's not "just age." It's measurable, it's progressive, and it's reversible. Here's what the data says.

**5.4×**

Higher all-cause mortality if you can't sit and stand from the floor without hand support

BRITO 2014, EUR J PREV CARDIOL [2]

**5.0×**

Higher mortality — low fitness vs. elite fitness

MANDSAGER 2018, JAMA [3]

**16%**

Higher mortality per 5 kg drop in grip strength

LEONG 2015, LANCET [1]

**10—  
20%**

Lower all-cause mortality from 30—60 min resistance training per week

MOMMA 2022, BR J SPORTS MED [4]

**3—8%**

Lean muscle mass lost per decade without resistance training

CRUZ-JENTOFT 2019, EWGSOP2 [44]

**10—  
15%**

Drop in daytime testosterone after just one week of 5-hour sleep

LEPROULT 2011, JAMA [11]

**Strength is the lever. Everything in this guide is how you build it.**

# Five Pillars. That's the Whole System.

Every symptom you're about to read walks through these five pillars. This is the framework behind everything we do at Strength After 30. Each pillar targets a different layer of your biology — and they compound.

01

## Discover

The full lab and body panel. You stop being told you're fine when you're not.

02

## Optimize

The medical levers, used right. The biology stops fighting you.

03

## Train

A program built for a 45-year-old body. You get strong again.

04

## Fuel

Food and supplements as inputs, not rules. Your body has what it needs to rebuild.

05

## Recover

Sleep, stress, environment. Everything else actually sticks.

We're going to walk through five symptoms that men 35—55 bring to us most often. For each one, you'll see: what's actually happening in your body, the full five-pillar breakdown of what moves the needle, and the three highest-leverage moves you can start this week.

**Every symptom. Every pillar. Every study cited. Let's go.**

# "I'm exhausted by 2 p.m. and I haven't done anything."

Three coffees in. Slept seven hours. Still cooked. Naps don't fix it. Weekends don't fix it. Here's what's actually happening.

## WHAT MAY BE CONTRIBUTING

- ✓ **You're getting six hours and calling it enough.** Cumulative sleep debt doesn't show up as sleepiness — it shows up as reduced cognitive performance you don't notice until you measure it.<sup>[5]</sup>
- ✓ **The lunch that drops you ninety minutes later.** Meal composition directly drives postprandial sleepiness — that crash is a glucose event, not an energy event.<sup>[6]</sup>
- ✓ **The two drinks last night that aren't out of you yet.** Alcohol fragments sleep architecture even at moderate doses. You slept, but your body didn't recover.<sup>[7]</sup>
- ✓ **The afternoon coffee you didn't think still counted.** Caffeine has a 6–8 hour half-life. A 2 p.m. coffee is still half-active when you're trying to fall asleep.<sup>[8,9]</sup>
- ✓ **Sleep restriction tanks insulin sensitivity.** Even short-term restriction induces metabolic changes that compound into daytime fatigue cycles.<sup>[10]</sup>
- ✓ **Something quietly low — iron, testosterone, or thyroid — that a basic panel missed.** Ferritin can be on the floor while hemoglobin reads normal. Low Free T3 is symptomatic fatigue that TSH alone won't catch.  
<sup>[12,11,18]</sup>
- ✓ **Sleep apnea that's never been screened.** Common, invisible, destructive. STOP-Bang screening is free and takes 60 seconds.<sup>[17]</sup>

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For reference only. Markers and interventions to be determined with a qualified medical professional.

# How the Five Pillars Work This Problem

## 01 · DISCOVER\*

### START HERE

- **TSH** — basic thyroid screen; the most common energy thief
- **HbA1c** — 3-month blood-sugar average; request if 45+

### GO DEEPER

- **Ferritin** — iron stores; low = fatigue even with normal hemoglobin<sup>[1,2]</sup>
- **Free T3 + Free T4** — active thyroid hormones your GP rarely orders<sup>[1,8]</sup>
- **Free T + SHBG** — total T alone hides the real picture<sup>[3,9]</sup>
- **Fasting insulin** — catches insulin resistance years before glucose moves<sup>[1,0]</sup>
- **hsCRP · Vitamin D · GGT** — inflammation, immune, liver stress<sup>[3,2,35,33]</sup>

## 02 · OPTIMIZE\*

### START HERE

- **TRT or enclomiphene** — if free T confirmed low; biggest single energy lever for most men<sup>[3,9,4,0]</sup>

### GO DEEPER

- **T3 + T4 or NDT** — if Free T3 stays low on levothyroxine<sup>[1,8]</sup>
- **GLP-1 agonist** — semaglutide or tirzepatide for metabolic phenotypes<sup>[4,1,1,6]</sup>
- **Trazodone 25–50 mg** — low-dose sleep aid, no next-day hangover<sup>[4,2]</sup>
- **Sleep study** — if STOP-Bang  $\geq 3$ ; undiagnosed apnea wrecks recovery<sup>[1,7,4,3]</sup>

## 03 · TRAIN

### START HERE

- **Heavy resistance, 3–4×/wk** — improves insulin sensitivity, T levels, and lean mass simultaneously<sup>[2,7,2,8]</sup>

### GO DEEPER

- **Zone-2 cardio, 2–3×/wk** — 30 min; burns visceral fat without spiking cortisol<sup>[2,6]</sup>
- **VO<sub>2</sub>max intervals, 1×/wk** — 4×4 min protocol; builds the cardiac engine<sup>[2,4]</sup>
- **8–12k steps/day** — mortality dose-response flattens here<sup>[2,5]</sup>
- **10–15 min walk after lunch** — flattens the afternoon glucose crash<sup>[1,4]</sup>

04 · FUEL

START HERE

- **Eat at maintenance** — the recomp window; chronic deficits tank T and recovery<sup>[29]</sup>

GO DEEPER

- **Protein 0.95—1.1 g/lb** — non-negotiable for lean mass retention<sup>[28,29]</sup>
- **Fat ≥30% of calories** — cholesterol is testosterone's raw material; low-fat drops T 10—15%<sup>[30]</sup>
- **Protein-first at lunch** — blunts the glucose dip behind the 2 p.m. wall<sup>[15]</sup>
- **Iron + vit C if ferritin <50** — plus omega-3 at 2 g/day for systemic inflammation<sup>[1,3,22]</sup>

05 · RECOVER

START HERE

- **Fixed wake time** — keep the weekend gap ≤1 hr; consistency beats duration<sup>[5,37]</sup>

GO DEEPER

- **Bedroom 65—68 °F** — full blackout; core temp drop triggers deep sleep<sup>[36]</sup>
- **Caffeine cutoff ≈8 h before bed** — half-life is longer than most men think<sup>[8,9]</sup>
- **Alcohol-free weeknights** — even 2 drinks fragments REM architecture<sup>[7]</sup>
- **Wearable HRV trend (7-day)** — tracks recovery load; single-night readings are noise<sup>[38]</sup>

\* For reference only. Markers and interventions to be determined with a qualified medical professional.

## The 3 Moves That Move the Needle Most

If you did three things this week for the 2 p.m. crash, make it these.

### RECOVER

**Fixed wake time.  
Weekend gap  $\leq 1$  hr.**

Sleep regularity moves daytime energy more than total hours. A 3-hour weekend shift is jet-lag your Monday afternoon pays for. Your circadian clock doesn't know it's Saturday.<sup>[5,37]</sup>

### TRAIN

**10—15 min walk after lunch.**

Flattens the post-meal glucose spike that IS the 2 p.m. crash. Most targeted single intervention on the entire wall. Start within 30 minutes of eating.<sup>[14]</sup>

### DISCOVER

**Test ferritin. Not just hemoglobin.**

Iron stores can be on the floor while a standard CBC reads "normal." Low ferritin is exact-fit fatigue your GP rarely checks. Ask for it by name.<sup>[12]</sup>

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**The takeaway:** The crash isn't one thing — it's a stack. Sleep architecture + glucose management + an undiagnosed deficiency can combine into fatigue that no amount of coffee fixes. The fix isn't more stimulants. It's peeling the layers back until you find which floor is broken.

# "I haven't taken my shirt off at the pool in 3 years."

It crept on. A pound a year, maybe two. You didn't notice until you did. Now it's the first thing you see in the mirror, and you haven't taken your shirt off at the pool in a long time.

## WHAT MAY BE CONTRIBUTING

- ✓ **Sarcopenia** — **1–3% lean-mass loss per decade** if you're not training resistance. Less muscle means a lower resting metabolic rate, which means the same diet that used to maintain you now adds fat.<sup>[44]</sup>
- ✓ **Visceral fat is organ fat, not subcutaneous** — driven by insulin resistance and cortisol. It's not the fat you can pinch. It's the fat wrapped around your liver and gut.<sup>[45]</sup>
- ✓ **Falling testosterone shrinks lean mass**, drops resting burn, and the belly creeps. The hormonal floor keeps lowering and the body recomposes in the wrong direction.<sup>[39,28]</sup>
- ✓ **Chronic under-protein** — most midlife men eat 0.4–0.6 g/lb. The lean-retention floor is ~0.9 g/lb. You're not eating enough of the one macronutrient that protects muscle.<sup>[28,29]</sup>
- ✓ **Long, slow steady-state cardio without resistance** strips lean mass and barely touches visceral fat. The treadmill-only approach makes you a smaller version of the same shape.<sup>[27,26]</sup>
- ✓ **Alcohol drives visceral storage** and blunts fat oxidation the next day. Total weekly volume matters more than "I don't drink on weeknights."<sup>[46]</sup>
- ✓ **Sleep debt drives cortisol** — **cortisol partitions fat to the gut**. Same calorie intake, same exercise, but sleep restriction literally redirects where fat gets stored.<sup>[10,48,49]</sup>

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# How the Five Pillars Work This Problem

## 01 · DISCOVER\*

START HERE

- **HbA1c + fasting glucose** — tells you if you're pre-diabetic; most men over 35 have never checked
- **Standard lipid panel** — baseline cholesterol and triglycerides from any GP visit

GO DEEPER

- **Fasting insulin** — catches insulin resistance years before glucose moves<sup>[45]</sup>
- **ApoB** — the single best predictor of cardiovascular risk; better than LDL alone<sup>[47]</sup>
- **Free T + SHBG** — low T drives visceral fat accumulation directly<sup>[39]</sup>
- **DEXA scan** — quantifies visceral vs. subcutaneous fat and lean mass by region

## 02 · OPTIMIZE\*

START HERE

- **TRT or enclomiphene** — if free T confirmed low; restoring T shifts body comp even before training adapts<sup>[39,40]</sup>

GO DEEPER

- **GLP-1 agonist** — semaglutide or tirzepatide for metabolic phenotypes; pair with resistance training to protect lean mass<sup>[41,16]</sup>
- **Statin or ApoB-targeted therapy** — if ApoB is elevated, lifestyle alone may not be enough<sup>[47]</sup>

## 03 · TRAIN

START HERE

- **Heavy resistance, 3–4x/wk** — the only intervention that rebuilds lean mass while burning visceral fat<sup>[28,27]</sup>

GO DEEPER

- **Zone-2 cardio, 2–3x/wk** — 30 min; primary visceral fat lever without cortisol spike<sup>[26]</sup>
- **VO<sub>2</sub>max intervals, 1x/wk** — 4x4 min; builds the cardiac engine that keeps you alive<sup>[24]</sup>
- **8–12k steps/day** — the nutrient partitioning lever; directs calories to muscle, not fat<sup>[25]</sup>
- **10–15 min walk after lunch** — flattens the glucose spike that drives afternoon fat storage<sup>[14]</sup>

## 04 · FUEL

START HERE

- **Slow deficit ≤0.7%/wk** — if cutting; maintenance calories if recomping; aggressive cuts burn muscle<sup>[29]</sup>

GO DEEPER

- **Protein 0.95–1.1 g/lb** — non-negotiable for preserving lean mass in a deficit<sup>[28,29]</sup>
- **Fat ≥30% of calories** — protects testosterone substrate; low-fat diets drop T 10–15%<sup>[30]</sup>
- **Fiber 30+ g/day** — satiety, glycemic control, and gut health in one lever<sup>[72]</sup>
- **Alcohol audit** — biggest hidden visceral fat lever; liquid calories with zero satiety<sup>[46]</sup>

## 05 · RECOVER

START HERE

- **7–9 h sleep** — sleep restriction parks fat in the gut at the same body weight<sup>[49]</sup>

GO DEEPER

- **Eat earlier, not later** — 3 h before bed, not 30 min; late meals spike insulin during repair window<sup>[50]</sup>
- **Alcohol audit (total weekly)** — weekend binges wreck the entire week's fat-loss progress<sup>[46]</sup>
- **10-min walk after largest meal** — start within 30 min; blunts the biggest glucose spike of the day<sup>[51]</sup>

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## The 3 Moves That Move the Needle Most

If you did three things this week for the belly, make it these.

### TRAIN

#### Heavy resistance, 3—4×/wk.

The only lever that rebuilds lean mass. Without it, weight loss just makes you a smaller version of the same shape. Resistance training improves muscle insulin sensitivity and beta-cell function independently of fat loss.<sup>[28,27]</sup>

### FUEL

#### Audit the alcohol.

The single biggest hidden visceral-fat lever most men ignore. Total weekly volume matters more than "I don't drink on weeknights." Greater visceral adipose tissue correlates directly with high alcohol intake — not just binge drinking.<sup>[46]</sup>

### RECOVER

#### 7—9 hours of sleep.

Restriction parks fat in the gut at the same body weight. Same scale number, worse picture. Experimental sleep restriction increases visceral fat even without any change in caloric intake.<sup>[49]</sup>

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**The takeaway:** The belly isn't a calorie problem — it's a composition and hormonal problem. You can't cardio your way out of low testosterone, visceral fat, and sarcopenia. The fix is heavy resistance (to rebuild lean mass), protein (to fuel the rebuild), and sleep (to stop cortisol from undoing the work).

# "I yelled at my kid over cereal."

It wasn't about the cereal. It's never about the cereal. You used to be the patient one. Now small things hijack you, the apology comes too late, and you can see in your kid's face that they're starting to flinch.

## WHAT MAY BE CONTRIBUTING

- ✓ **Chronic short sleep is the single biggest driver** — it impairs the prefrontal brake on the amygdala. The fuse gets shorter before you ever feel tired. Meta-analysis of 154 experimental studies confirms the link.<sup>[59,60]</sup>
- ✓ **Low free testosterone shifts the baseline.** The same wife, the same kid, the same problem — different response, because the hormonal buffer is gone. Testosterone treatment alleviates depressive symptoms in 27 RCTs.<sup>[61]</sup>
- ✓ **Chronic cortisol from work stress sensitizes the threat system.** You're not reacting to your family — you're reacting through a nervous system that's been at yellow alert for a year.<sup>[70]</sup>
- ✓ **If you stopped training, you stopped the most reliable mood lever in the literature** — with effect sizes that rival first-line antidepressants in trials. NNT  $\approx$  4.<sup>[62,63]</sup>
- ✓ **Three drinks on Thursday doesn't "help you unwind"** — it fragments your REM and trades a calmer Thursday for an angrier Friday. Hangover increases next-day irritability measurably.<sup>[67]</sup>
- ✓ **Postprandial glucose swings — the "hangry" mechanism** — are biologically real. Glycemic variability is associated with mood decrements, and these swings hit hardest at the hours the kids need you most.<sup>[69]</sup>

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For reference only. Markers and interventions to be determined with a qualified medical professional.

# How the Five Pillars Work This Problem

## 01 · DISCOVER\*

START HERE

- **TSH + basic CBC** — thyroid and blood health; rules out the medical causes of brain fog and irritability
- **Standard physical** — blood pressure, heart rate; baseline before any intervention

GO DEEPER

- **Free T + SHBG** — low free T is a documented mood endpoint, not just a gym metric<sup>[39]</sup>
- **AM cortisol + DHEA-S** — stress-axis imbalance; cortisol/DHEA ratio predicts reactivity<sup>[74]</sup>
- **hs-CRP** — chronic low-grade inflammation drives irritability independent of sleep<sup>[32]</sup>
- **Omega-3 index** — RBC EPA+DHA; most men are severely deficient<sup>[75]</sup>
- **Sleep audit** — Epworth scale + actigraphy; poor sleep is the #1 fuse-shortener<sup>[38]</sup>

## 02 · OPTIMIZE\*

START HERE

- **TRT or enclomiphene** — if free T confirmed low; mood improvement is a documented clinical endpoint<sup>[61,39,40]</sup>

GO DEEPER

- **Low-dose trazodone** — if sleep onset is the driver of next-day reactivity; no hangover<sup>[42]</sup>
- **STOP-Bang + sleep study** — undiagnosed apnea fragments sleep architecture and spikes cortisol<sup>[43,17]</sup>

## 03 · TRAIN

START HERE

- **Resistance training 3–4×/wk** — effect on depression rivals first-line medication (NNT ≈ 4)<sup>[62]</sup>

GO DEEPER

- **Walking or jogging 150 min/wk** — dose-response is real and replicated across populations<sup>[63]</sup>
- **Morning training when possible** — anchors cortisol rhythm and protects sleep onset<sup>[19]</sup>

## 04 · FUEL

START HERE

- **Omega-3 EPA+DHA 2–4 g/day** — only nutrient with direct meta-analytic evidence for reducing aggression<sup>[66]</sup>

GO DEEPER

- **Ashwagandha 300–600 mg/day** — lowers cortisol and perceived stress in multiple RCTs<sup>[64,65]</sup>
- **Protein-first breakfast (30+ g)** — flattens glucose swings that drive the 11 a.m. and 4 p.m. flare-ups<sup>[68]</sup>

## 05 · RECOVER

START HERE

- **7–9 h sleep, consistent wake time** — partial restriction alone collapses positive affect; it's not optional<sup>[59,60]</sup>

GO DEEPER

- **No alcohol within 3 h of sleep** — protects REM architecture; 2 drinks wrecks deep sleep stages<sup>[67]</sup>
- **One off-ramp daily** — walk, breath work, or 10 min outside; the brake your nervous system stopped using<sup>[70]</sup>

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## The 3 Moves That Move the Needle Most

If you did three things this week for the short fuse, make it these.

### TRAIN

#### Resistance training, 3—4×/wk.

Effect on depression rivals first-line meds. NNT ≈ 4. Lifting is mood treatment with side effects you actually want.

Network meta-analysis of 218 RCTs confirms exercise outperforms many pharmacological interventions.

[62,63]

### FUEL

#### Omega-3 EPA+DHA, 2—4 g/day.

The one nutrient with direct meta-analytic evidence for reducing aggressive behavior. 28 RCTs, 3,918 subjects. Not a vibe. A signal. Target an Omega-3 Index >8%.<sup>[66,75]</sup>

### RECOVER

#### Sleep — same wake time, every day.

Partial sleep restriction alone collapses positive affect. The fuse gets shorter before anything else has a chance to work. Sleep is the foundation everything else compounds on.

[59,60]

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**The takeaway:** The short fuse isn't a character flaw. It's a stack of biology — sleep deprivation, low testosterone, elevated cortisol, and glucose swings — all hitting the same prefrontal brake. Fix the substrate and the patience comes back. Your kids didn't change. Your nervous system did.

# "I can't remember the last time we had sex."

You don't remember when it stopped. There was no fight. You just stopped reaching for each other, the months turned into a year, and now you live with someone you love and don't touch.

## WHAT MAY BE CONTRIBUTING

- ✓ **Free testosterone is the operative number, not total T** — a GP "normal" total T can hide a basement free T. SHBG binds testosterone; what matters is what's left unbound.<sup>[39]</sup>
- ✓ **Two years of bad sleep doesn't just make you tired** — it suppresses the hormone that runs desire. One week of 5-hour nights drops daytime testosterone 10–15%.<sup>[11]</sup>
- ✓ **The belly isn't just cosmetic** — fat tissue converts testosterone into estrogen via aromatase. The more belly fat, the less of the hormone you need is available.<sup>[45]</sup>
- ✓ **Morning erections are diagnostic.** Present means the hardware works. Absent means the vascular or hormonal layer needs investigation. RigiScan testing differentiates organic from psychogenic causes.<sup>[73]</sup>
- ✓ **ED predicts cardiovascular events 3–5 years out.** If it's not working in the bedroom, it's often the first sign something isn't working in your arteries. Meta-analysis of prospective cohorts confirms the prognostic link.  
<sup>[52,53]</sup>
- ✓ **If you're on an SSRI or finasteride,** your prescription may be doing this. Most men were never told. Bupropion SR has been studied as an antidote for SSRI-induced sexual dysfunction.<sup>[55]</sup>

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For reference only. Markers and interventions to be determined with a qualified medical professional.

# How the Five Pillars Work This Problem

## 01 · DISCOVER\*

START HERE

- **Total testosterone** — the first screen; but total alone misses the real story
- **Standard physical** — blood pressure matters here; erections are a vascular event

GO DEEPER

- **Free T + SHBG** — the operative pair; SHBG binds T and takes it out of play<sup>[39]</sup>
- **Estradiol (sensitive assay)** — too high or too low both kill libido; standard assay is inaccurate in men<sup>[39]</sup>
- **Prolactin** — elevated prolactin suppresses libido and erectile function directly<sup>[58]</sup>
- **LH / FSH** — distinguishes brain-level vs. testicular cause of low T<sup>[39]</sup>
- **ApoB / hsCRP** — vascular inflammation and endothelial dysfunction show up here first<sup>[47,32]</sup>

## 02 · OPTIMIZE\*

START HERE

- **TRT or enclomiphene** — if free T confirmed low; libido and erectile function are documented endpoints<sup>[54,39,40]</sup>

GO DEEPER

- **PDE5 inhibitor** — tadalafil or sildenafil; addresses the vascular and endothelial layer directly<sup>[53]</sup>
- **Bupropion** — if an SSRI is driving the problem; switch or add-on conversation with your prescriber<sup>[55]</sup>

## 03 · TRAIN

START HERE

- **Heavy resistance 3–4×/wk** — the strongest movement lever for acute and chronic testosterone elevation<sup>[28]</sup>

GO DEEPER

- **Zone-2 cardio 2–3×/wk** — erections are a vascular event; endothelial fitness = erectile fitness<sup>[24,52]</sup>
- **Audit chronic endurance volume** — long, high-volume aerobic work suppresses testosterone<sup>[56]</sup>

## 04 · FUEL

START HERE

- **Don't run a chronic deficit** — under-eating is directly anti-testosterone; your body deprioritizes reproduction<sup>[30]</sup>

GO DEEPER

- **Fat ≥30% of calories** — cholesterol is testosterone's raw substrate; low-fat diets drop T 10–15%<sup>[30]</sup>
- **Alcohol audit** — the single biggest libido lever most men ignore; even moderate intake suppresses T<sup>[46]</sup>

## 05 · RECOVER

START HERE

- **Sleep is when testosterone is made** — restriction flattens the morning T surge; 5-hour nights drop T 10–15%<sup>[11]</sup>

GO DEEPER

- **Stress decompression** — cortisol suppresses the reproductive axis; the brain runs the bedroom<sup>[57]</sup>
- **Daily non-sexual touch ritual** — the relational lever no prescription can replace; reconnection is a practice<sup>[71]</sup>

\* For reference only. Markers and interventions to be determined with a qualified medical professional.

## The 3 Moves That Move the Needle Most

If you did three things this week for the bedroom, make it these.

### OPTIMIZE

#### Treat low T — if free T is confirmed low.

TRT or enclomiphene is the lever that actually moves the needle when biology is the driver. IPD + aggregate meta-analysis confirms symptomatic benefits across sexual function, mood, and body composition. Confirm, then act.<sup>[54,39,40]</sup>

### FUEL

#### Fat $\geq 30\%$ of calories.

Cholesterol is testosterone's substrate. Low-fat diets drop total and free testosterone 10—15%. The most common own-goal in midlife nutrition. Meta-analysis across multiple dietary interventions confirms the relationship.<sup>[30]</sup>

### TRAIN

#### Zone-2 cardio, 2—3x/wk.

Erections are a vascular event. Endothelial fitness IS erectile fitness — long before any pill. Zone-2 builds the vascular substrate that blood flow depends on. ED predicts cardiac events 3—5 years early.<sup>[24,52]</sup>

**The takeaway:** The bedroom problem isn't psychological until you've ruled out the biology. Free testosterone, sleep, vascular health, and dietary fat intake are all measurable and fixable. And if it IS working in the morning but not at night — that's diagnostic too. Start with the labs.

# "I don't recognize the guy in this body."

You used to be strong. You're not anymore. The mirror doesn't match the man you remember. This isn't nostalgia — it's measurable, and it's fixable.

## WHAT MAY BE CONTRIBUTING

- ✓ **Lean muscle mass sits in the top tier of midlife mortality predictors** — the men who keep it live longer than the men who lose it, independent of body weight. Lowest quartile vs highest: HR ~2.0.<sup>[76]</sup>
- ✓ **Sarcopenia** — the age-related loss of muscle — begins in the mid-30s and accelerates after 50. Without resistance training, expect 3—8% lost per decade.<sup>[44]</sup>
- ✓ **Anabolic resistance:** the same protein meal builds less muscle than it did at 28. The food didn't change. Your response to it did, and the per-meal dose has to rise to keep up.<sup>[28]</sup>
- ✓ **Low free testosterone pulls lean mass, grip strength, and gait speed down together** — the biological floor of "feeling like a guy." Endogenous sex hormones directly correlate with physical function in community-dwelling older men.<sup>[77]</sup>
- ✓ **If you stopped lifting heavy — or never started** — nothing else rebuilds lean mass. Walking and cycling are good for the heart and won't put a kilogram back on the bone.<sup>[28]</sup>
- ✓ **Sarcopenic obesity — losing muscle while gaining fat at the same scale weight** — is one of the most predictive midlife mortality phenotypes. You look the same on the scale but the composition is moving in the wrong direction.<sup>[82]</sup>

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For reference only. Markers and interventions to be determined with a qualified medical professional.

# How the Five Pillars Work This Problem

## 01 · DISCOVER\*

START HERE

- **BMI + body weight** — starting point, but tells you almost nothing about body composition
- **Standard physical** — clears you for heavy training; blood pressure and resting HR baseline

GO DEEPER

- **DEXA / ALMI** — appendicular lean mass index; the real measure of muscle you've lost or gained<sup>[44]</sup>
- **Grip strength** — dynamometer test; strongest single predictor of all-cause mortality<sup>[1]</sup>
- **Free T + SHBG** — low free T directly limits muscle protein synthesis<sup>[39]</sup>
- **hs-CRP** — chronic inflammation blocks MPS; the silent brake on hypertrophy<sup>[32]</sup>

## 02 · OPTIMIZE\*

START HERE

- **TRT or enclomiphene** — if free T confirmed low; lean mass gain is a documented clinical endpoint, not a side effect<sup>[78,39,40]</sup>

GO DEEPER

- **Rule out untreated OSA** — suppresses testosterone and impairs recovery; STOP-Bang screening is free<sup>[43,17]</sup>

## 03 · TRAIN

START HERE

- **Heavy compound lifts 3–4×/wk** — the only intervention that rebuilds lean mass after 30; machines and isolation won't get you there alone<sup>[28]</sup>

GO DEEPER

- **≥10 hard sets per muscle/week** — the dose-response for hypertrophy is established; below this, you're leaving gains on the table<sup>[79]</sup>
- **Train near failure (RIR 0–3)** — proximity to failure drives hypertrophy independent of load; effort matters more than weight<sup>[80]</sup>

## 04 · FUEL

START HERE

- **Protein 0.7–1.0 g/lb/day** — hitting ~30–40 g per meal (≈3 g leucine); this is the MPS trigger threshold<sup>[28]</sup>

GO DEEPER

- **Creatine monohydrate 3–5 g/day** — the most replicated ergogenic aid in sports nutrition; cheap, safe, effective<sup>[81]</sup>
- **Energy availability, not deficit** — eat at maintenance with fat ≥30% kcal; chronic deficits block growth and tank T<sup>[29,30]</sup>

## 05 · RECOVER

START HERE

- **7–9 h sleep** — one week of 5-hour nights drops daytime T 10–15%; muscle is built during sleep, not in the gym<sup>[11]</sup>

GO DEEPER

- **Protein within ~2 h of training** — leucine spike timed to the stimulus; the anabolic window is real, just wider than bro-science claims<sup>[28]</sup>
- **Deload every 4–8 weeks** — accumulated fatigue silently eats progress; planned recovery isn't laziness, it's strategy<sup>[79]</sup>

\* For reference only. Markers and interventions to be determined with a qualified medical professional.

## The 3 Moves That Move the Needle Most

If you did three things this week to rebuild, make it these.

### TRAIN

#### Heavy compound lifts, 3—4×/wk.

The only intervention that rebuilds the lean mass that defines what your body can do.  $\geq 10$  hard sets per muscle per week. Train near failure (RIR 0—3) — proximity to failure drives hypertrophy independent of load. Everything else compounds on top of this.

[28,79,80]

### FUEL

#### Protein 0.7—1.0 g/lb/ day.

~30—40 g per meal ( $\approx 3$  g leucine) is the dose that triggers muscle protein synthesis. Hit it 3—4× daily or the lifting doesn't cash in. Add creatine monohydrate 3—5 g/day — the most replicated ergogenic supplement in the literature.

[28,81]

### RECOVER

#### 7—9 hours of sleep. Non-negotiable.

One week of 5-hour nights drops daytime testosterone 10—15%. That's the substrate the rebuild depends on — gone, while you train harder. Sleep is when muscle protein synthesis peaks and growth hormone pulses.<sup>[11]</sup>

**The takeaway:** Building back isn't complicated — it's lift heavy, eat enough protein, and sleep. But "simple" isn't "easy" when you're 40 with kids, a desk job, and a knee that clicks. That's why the programming has to be built for your body, not a template that assumes you're 25. The research is clear: the men who keep their muscle live longer. Full stop.

# We Covered 5. Your List Is Longer.

"I gained 4 pounds on vacation and never lost it."

"My hair's thinning."

"I get winded going up the stairs."

"I wake up tired no matter what."

"I drank more than I meant to."

"My calves cramp at night."

"I have to pee three times a night."

"My kid was up all night."

Every single one of these walks through the same five pillars.

Discover what's actually happening. Optimize the biology. Train with a system built for your body. Fuel the rebuild. Recover so it sticks.

## The Pattern You Should See

Across all five symptoms, three interventions appeared in almost every list:

**01**

**Heavy resistance training,  
3—4× per week**

APPEARED IN 5 OF 5 SYMPTOM  
BLOCKS

**02**

**7—9 hours of sleep,  
consistent wake time**

APPEARED IN 5 OF 5 SYMPTOM  
BLOCKS

**03**

**Protein  $\geq 0.7$  g/lb + reduce  
alcohol**

APPEARED IN 4 OF 5 SYMPTOM  
BLOCKS

The research isn't complicated. The execution is — because it has to fit your body, your schedule, your injuries, and your life.

# You Don't Have to Feel Like Sh\*t.

It's not age. It's not effort. It's your biology — and biology is fixable. This guide gave you the research. Here's how to actually put it to work.

## The 168

**\$97**

Your entire week engineered — named for the 168 hours in a week. Most programs only cover the 3–5 hours in the gym. The 168 covers training, nutrition, cardio, sleep, supplements, recovery, willpower, and travel — all personalized from one 15-minute assessment, delivered in 48 hours.

- ✓ 9 personalized PDFs — your 168 blueprint, cardio protocol, sleep protocol, supplement audit, willpower system, cheat meal guide, travel protocol, bulletproof knees, and executive summary
- ✓ 2-week primer training program in the Strength After 30 app
- ✓ Every dollar credits toward coaching if you decide to go further

[trainerize.me/profile/strengthafter30](https://trainerize.me/profile/strengthafter30) → GET THE 168

## Rise Again Coaching

**\$120**/mo

Monthly coaching with group calls, professional programming in the app, nutrition guidance, and direct access to your coach. Your 168 assessment is included free in month one — yours to keep forever. For men ready to stop managing this alone.

**Includes The 168 assessment free in your first month.**

[trainerize.me/profile/strengthafter30](https://trainerize.me/profile/strengthafter30) → START RISE AGAIN

## 1:1 Bio Optimization

### By Application Only

Everything in Rise Again plus comprehensive bloodwork through our medical partner, MD-supervised hormone and metabolic protocols, and a dedicated advisor who builds your plan around what your labs actually say. For men who want the full clinical picture.

**Starts with a free strategy call. No pitch unless it makes sense.**

[link.strengthafter30.com/booking](https://link.strengthafter30.com/booking) → BOOK A CALL

**Both pictures are real. The only difference is what you do this week.**



