Introduction to Tom and Betty Freytag

There's a plan in place and there's no, and the path to Alzheimer's isn't, it's the choice. The path of Alzheimer is a choice, you can choose not to go down the paths.

I would have liked to have known that and I'd have like to know what the past was. And the oldest of four siblings and so when I'm looking at my my dad and thinking about that as being what's ahead for me.

That's depressing. And so what I needed to know is that there's a different path. I think that's what Bredesen has done. He's been able to show that you can decide whether you want to be on that path or not.

It's not Welcome back to this episode of the Think Well, Age Well podcast. I'm your host, Dr. Heather Sandison, and I am delighted to introduce you today to Tom and Betty Freytag.

They're a couple who embody curiosity, the commitment and the intentional aging that is so inspiring and that gets results as we apply this functional medicine Bredesen approach.

Tom is a retired aerospace engineer with a master's degree in material science and a bachelor's in mechanical engineering from UCLA. After a 30-year career at the Aerospace Corporation where he helped assess readiness for Air Force rocket and satellite launches, Tom turned his engineer's mind toward a new mission, protecting his brain.

Alongside him is his wife, Betty, a nurse by training, homeschooling mom to three, and a long-time child advocate for her four children in the LA County foster care system.

Together, they are grandparents and parents, affectionately known as Baba and Nana to eight grandchildren, deeply engaged members of their church and wider community.

What makes today's conversation especially powerful is the honesty and their trajectory. Tom started to notice subtle cognitive changes before retirement, and he sought out early testing.

And then motivated by his family history, he decided not to take the watch and wait approach. Instead, He's built a proactive team-based plan to support his brain health.

And he's drawn from conventional neurology, functional medicine, physical and cognitive therapies, and of course, the lifestyle interventions that we spend so much time talking about here.

So Tom and Betty, I'm just absolutely delighted and excited to jump in with you. Welcome to the show. Thank you! Tom, if you don't mind, I want you to take us back to that first moment where you were noticing changes in your cognition, changes and your brain and what that felt like for you, both like the reality, but also the emotional journey that you went through.

Well, it started out at work and I would go to say something and i'd have workers finish my sentence for me because I was not processing quickly enough to do it myself.

And so I chagrined by the fact that people were having to finish the sentence for me. And so I got to the feeling that I wasn't really providing the kind of consulting that the aerospace corporation wanted me to provide for them, being able to assess the reliability of rocket and satellite launches.

So I was feeling I couldn't do the job anymore. That was a step down. I'm sad, but I didn't want to be in a position where a rocket blew up or a satellite failed because of something I missed.

So with that in mind, then I decided to retire. Now, what was interesting with my retirement, I was concerned about the cognitive problems because my father, my, father had, uh, Alzheimer's as best I understand.

And he had a, he has a sharp mind. He was an engineer. Excuse me. 90, about 85, he started declining. And so what I did is I got a book from the live, actually a booked from my company that had a recommendation as to how to live with an Alzheimer's patient.

Tom's Early Cognitive Changes and Retirement

And so we started that journey. And I remember buying the book and reading it and feeling pretty depressed about the whole thing. When I figured, well, I have siblings, might as well buy them a book too, and we'll all work this together.

Well, my siblings all read the book and said they were depressed and didn't want to read it. So I figured, well, I have to understand what's around the next corner.

And there are just all kinds of surprises with Alzheimer's and things that go on and how you try and deal with the Alzheimer patient. One of the things dealing with my dad, we'd say, It's going to be a while before you're able to come back into your home.

And the issue was, well, if you told him that it was going be, you would, he would question it and get really upset. But if he said a couple of weeks, then that's not a problem.

and what we realized that he doesn't remember from a tough couple weeks to another couple. So what you did is you just played the game and, and that. What I was hoping to avoid for myself.

That's why I got involved. in trying to work with PNI and figure out a way to try and save Betty from that kind of a situation. So I'm very interested in, trying maintain my cognitive health as long as I can.

And Brennison has been a big help in try to understand that reading his book, you know, the idea that it isn't hopeless is a marvelous thing that you, and you have an opportunity to do something about it.

What I've been doing is trying to just pick the low-hanging fruit and do that, which is easy. So that's what I'm doing. Tell us, what is the Low-Hanging Fruit for you?

What have you found easiest to implement? A lot of people find this approach pretty overwhelming, right? And it's a very different paradigm if you're used to more engaging with conventional medicine where it is like, here's the pill, go pick it up from the pharmacy and be on your way.

That's all you need to do. This is a It's an intensive experience, right? And there's a lot of pieces to it and you're changing your lifestyle. So what pieces did you find simplest and then how did implement them?

What was your process like? Well, a diet we'd start with. How about Keto-Mojo? So we have this little thing that we do to run whether or not we're in ketosis or So we try to stay, we have a diet that tries to keep us in ketosis, which gives our brain another energy source rather than sugar.

So that would be one of the first things that we did. Uh, and we continue to do that. And you're right. It's kind of overwhelming because when you read Bredesen, you think.

This is crazy. I mean, you're starting to talk about mold and all this other stuff. And so you figure, well, we ran some tests and we did some as far as heavy metals and things like that.

You worry about the fact that I have feelings. And those fillings, is there a problem? And the indication is that they're not. So we don't have to worry about that right now.

Then we go into the diet that we've done. And then we started exercise. I've always been active, and so has Betty. What we do is we try and make sure that the exercise and we exercise in various, what is it, regime Yeah, we have a trainer that we go to that it's a high intensity.

We've been doing that for almost five years. High intensity, short duration trainer, but he helps us. Well, very accountable to him. Three times a week we'd go and he checks up on our weight, our eating.

He's our health coach. Yeah. We find that people who have a health coaches are often the most successful. You've got a few things here going for you, Tom.

A wife who's extremely supportive and that when you have partner, a spouse, even an adult child for some people, who is very supportive in helping you to implement and doing it with you.

Getting onto the diet with, getting into the trainer with. Doing all of these things so that it doesn't feel like you're alone or you are the only one that has to do it in your household.

You know, you don't feel as deprived or as tortured. And then also you've got this engineering mind. Can you talk a little bit about how we see this over and over again?

If somebody on that team is an engineer, they seem to do better. Do you have a sense of how that engineering background has impacted how you implemented this protocol?

I solve problems. What I look at is I looked at this Alzheimer's potential as being something that I could do something about. And so the solution then is what can you do about Alzheimer?

So you read a guy like Dr. Bredesen. And he proposed things that you can go do. And so what you do is you select the things of the proposes that are more, it's doable for me.

and that seemed like kind of an engineering approach is, is that, you look at what's. What the cost and what the benefit is. If the, if the costs is minimal and the benefits is high, well, then you did that.

So that's kind what Bredesen's did is that you look at the kinds of things that he proposed like keto mojo. I mean, you buy this thing and you just use it.

And what's interesting is you can know where you are in the process as far as ketosis. You know that want to be there. But you're learning your way along on that.

Choosing a Proactive Brain Health Plan

You know, there's all kinds of questions and what you do though is you just run little tests and figure out how it works. And so you've got the thing to do.

So that gives you kind of an insight into the way my mind works and I guess you can say, I, guess it is engineering because that's what I've done as a profession for many years.

I enjoyed it, and so it was a problem-solving way that is just a matter of course. You just get that. It sounds like it's just the way you live, right?

The way your brain works day to day, no matter what problem you face. Right. Dr. Stanison, when Tom Took the mocha test during one of our physicals and didn't score as high as he had in the past.

Our family doctor is also on our team and he recommended that Tom start a program that's near us. It's Atlantis. brain health program. And so they combine the physical with the mental, the dual tasking and that.

So that's been a really big help. He's going twice a week for many months and now once a That's fantastic. So

describe Atlantis. You said there's dual task exercise there where you're engaging cognitively and physically at the same time.

Are there other brain games and what is Atlantis? Are their providers there, coaches there? How does that work? What they do is they try and do something by your body and also something for your mind.

For example, when Betty and I go out for a walk, We try and count backwards by sevens. So, you know, I'll make one subtraction, and then she'll the other, then we'll decide who's right.

You just go ahead and try to figure out, count backward by twos, by threes. Um, there's, uh, things that Atlantis would ask me to do. And they would asked, you know, I'll be exercising and they'll ask.

Um. Remember things. In other words, they don't give me three or four things to remember. Then, and then I will exercise for a while. We'll asked me, do I remember those three of four and things?

And so you are trying to. Do this lying body thing to try and. help you. help your cognition. And so when I worked with Atlantis and I'm working with them now, I said, what's important to me is my cognition, or want to be able to reduce the rate at which I am losing my capability to process information.

So that's kind of the signpost for them in helping me, is that that is what I want them to do. They work closely with Ryan, Ryan Glout. Yeah, we've interviewed Ryan on the podcast here.

So yeah, and they're taking direction from him and doing a lot of that. Yeah. A dual task exercise and the brain gym kind of stuff. Yes. Sometimes you'll be in a plank position and you will be touching lights that are lighting up.

Things like that, yeah. Some games. That's really fun. So, you mentioned the MOCA score that you got from your primary care provider, and it sounds like you made this very proactive decision to get baseline cognitive testing done years before I think a lot of other people would, right?

Because you noticed a change. And I'm curious what you might say to someone, so to a listener here who might be hesitant to get the testing before they feel like there's a problem.

Did you feel this was helpful? This was beneficial for you? Yes, it was. And it's, a step because you're looking at less than what want to be. It's kind of like when you do any kind therapy.

The reason you're in therapy is because you need it. I mean, if you didn't need, you wouldn't be there. So the situation is you in a position where you are trying to address problems that you have.

And there's some internal thing that Bredesen talks about is, do you want to deny it? You don't want do that. You say, it really isn't that bad, I can go ahead and brush it aside.

And at some point, it's harder to brush it aside. It's still there. And so what you do is you decide that you're going to try and do something about it.

The cognitive battle is a fight. I mean, because it used to be easy to do this. My mind was such that I could count backwards by sevens without any trouble at all.

I would do those kinds of things and it's like using when I was doing calculations at engineering, I had a slide rule and you used your head in making out where the decimal plate was going to go and all this sort of stuff.

And I lost that capability. when I stopped using the slide rule, but I'm seeing instances where you can still lose capability, what you have to do is fight for it back.

It's a fight. There's times when you get kind of depressed on the fight because you wish it was easier than it The kinds of things that I have to do now is a struggle that i never had to encounter in the past.

It just came to me, but now you have to try and do things to make an allowance for what you've been able to do in the past. Yeah, absolutely. It takes effort.

Betty, I'm curious from your perspective as both a nurse and a spouse, what it was like to watch and be there for Thomas. He navigated this. And then also how you made the decision together about what to.

So we have a daughter that's a speech therapist. And so, she understands cognitive health. And back in 2015, we were seeing a few things.

Diet, Exercise, and Engineering Mindset

This is a couple years after Tom retired, actually, seeing few a things, so that's our daughter Sarah recommended that we go and do this full on cognitive exam, if you will, all day kind of a thing.

She said, We need a baseline. You know, so we kind of knew there was something going on. And as Dr. Bredesen says now, you're better off to test for these things early rather than late, because then you can jump in on the solution a lot sooner.

So it's hard to see Tom not performing at the level that he once did, because he's smart. Yeah. This has been a big part of your identity, Tom, and I'm sure a part your relationship is that Tom's sharp.

He's got this. So he can do the math in his head. I mean, you've got the engineering mind. That's right. And so there's a shift in the relationship. Right.

A few years before, let's see, in 2020, we found out that he had esophagitis, and so he needed to go gluten-free, dairy- free. And so we just did that together.

I think that's part of the key is, as you said, doing it together, so whatever the diet that follows is what I follow. We do it, together we do the walks together yeah.

we do the trainer, I mean, the train, all this is good for my health as well. Right, of course. I love that you've stumbled on that realization. Yeah.

Some care partners, some spouses, they resist as, well, right? And it's like, no, you go do that, and I'll drive you there, or I will support in the ways that I can, but they're not fully invested.

And as a care partner, You have higher risk for developing Alzheimer's over time as And as a female, actually, not that I'm suggesting that will happen, but I am just delighted to hear that you are in it.

You are doing everything you can to age well and do all these things. Yes. Oh, go ahead. I was curious about the timeline. Also very supportive. We have one daughter that's forever sending us articles about this, that, and the other.

And, you know, part of Tom's issues, he, no, has Hashimoto's by reditis. So it's been a matter of getting the right, uh, the, other team member that we have is a natural path, um, in Orange County and, ah, she's, been pivotal in.

helping with the thyroid management. We addressed gut health. Well, we did sleep studies and Tom found out that he needed a CPAP. And now we're also using the mouth guard, the snore guard kind of approach as well.

So there's just been kind a parade of things that we've discovered that will do their little part to help in this puzzle. It's like a jigsaw puzzle and there's all these pieces.

So, yeah. And it's really coming together. I want to understand the timeline. You said 2015 was when you did the initial neuropsych evaluation, that long all day, typically people describe it as very stressful.

That was around 2015, more than 10 years ago. And a few years before that, Tom, you mentioned that you had retired with cognitive changes already happening.

Is that right? That's correct. You've been on this path for 13, 14 years now. Yes. What do you think it's worth working? Like, what do think would have happened had you not sought out kind of all of these care, this integrative care team, your primary care provider, Dr.

Merrill at Pacific Neuroscience Institute, the Atlantis for the exercise, you're naturopath. What, do do the trajectory might have looked like? Well, I'll give you an example.

One of our, many years ago, and the doctor that helped me, I was looking at my, what is it? It's a THS, thyroid stimulating hormone, and it was going up.

And here's the old engineer. I'm just looking it, oh, why is going it up? Well, the doctor isn't giving me any kind of an answer. In my work, there are three kinds of answers.

One is a fairy story, one is the bald-faced lie, so a rare truth. And I wasn't getting any rare truth. So I, I started working, asking this guy, you know, like I need, um, not feeling the way that I want to feel.

And so, so then we started going to another, another doctor to try and address some of that. Yeah. He also addressed the Hashimoto's theory. And so the doctor that I had, so you're always trying to figure out your own path and the doctors not as helpful as you'd like him to be.

You're kind of finding your way. It's like a blind man in a dark room trying find your through this. And so you're not getting the kind of help you want from the medical folks.

And then, so then we started looking at brain health and we starting reading Dr. Bredesen's books and when we saw Pacific neurologic PNI. Right. But you know, before that, back when he had that extensive neurological test, We saw a neurologist after that, a traditional neurologists, if you will, who said, well, there's really nothing we can do just socialize, exercise, read books, don't be in front of the TV too much, and then we'll see you in another year.

I've got to give them a little bit of credit because a lot of people don t even get that much. Sorry, there's nothing we can do. We'll That's pretty good advice, right?

To socialize and read, to stay engaged, like exercise. There's some good advise in there. I know it didn't feel like enough and it was still disappointing, but man, that's more than a lot of people get from neurology.

Okay. Well then, so that, kind of where we started there and then tried to find our path. And Dr. Sanadson's asking, where would you be without these interventions?

Where do you think that path would have taken? Well, as you could see, the best answer I have is a mocha score. And the one that I had when I started seeing that there was a problem was 23. Normally you want 30. I looked at that and I thought, this doesn't feel good.

And so there has to be some way to try and remedy this, which was then started the Atlantis, that's right. That was our first step. So we started that.

Yeah. Then we've started doing some research on our own to figure out how you handle the cognitive decline.

Atlantis Brain Training and Baseline Testing

We were looking We got Dr. Bredesen's name. No, no, you brought us in. And then we started looking at, at some of the stuff that he's, he did. Then we found PNI and I don't remember how we.

Because they were affiliated with Dr. Bredesen. Okay. Yeah, and maybe also because at Atlantis, they knew Ryan

Glatt. Yes, that's right. Probably a couple of different ways.

And then you linked up with Doctor David Merrill. That's correct. Great. What shifted, or maybe surprised you the most, when you started getting care at PNI with doctor Merril?

Can I talk? Yeah. Please do. I was just shocked at all the testing he ordered. I mean, the family doctor is great, but he doesn't go down the path that Dr.

Merrill went down. Of course, there was an MRI, and he has extensive interpretation of that MRI more so than just a regular neurologist would do. But the testing that he did, he tested for anything and everything you can imagine.

I don't know how many vials you gave that one time, but it was a lot. They drew all they could out of one arm, and then they started on the other arm.

And then, they had to start on this same arm again. Yeah. He tested it for mold and venereal disease and, oh, just Lyme disease. As Tom said, the heavy metals, just on and on it went.

Part of Tom's problem is immunity, autoimmune diseases and his immune system. So he's tested a lot in that area as well. The spike protein and various, who knows?

Anyway, yeah, just all that extensive testing. And it was kind of overwhelming. But now we understand what he was doing. It's like the problem is covered with stones, and you're having to go and lift up all these stones.

That it's not one stone, it many stones that are the possibility. He was looking for anything and everything, Um, um, sleep study, you know, let's make sure you're addressing the thyroid diet as properly.

Um. I mean, it's yeah. The exercise that was all good, and we found out that the methyl. Oh yeah, the MTHFR. Yeah. Yeah. Yeah, and Tom's the APL34. He's a lipo little a, or I think that's what it's called.

LP little A is elevated. Your plan, from what I understand, chatting briefly with Dr. Mayall about it, is that your plan really was very comprehensive in addressing vascular health so that you can get blood flow to your brain and reducing inflammation so we're not triggering that amyloid plaque production.

addressing your metabolism, like you said, the thyroid component, and then hormones, you mentioned the testosterone, sleep and sleep apnea. And then you already had the great team at Atlantis helping you with exercise.

I think that this, your path really illustrates how comprehensive this can be. And a lot of people want to then ask, well, which is the one that did it?

And I'm curious if you have a sense of one thing, one of these interventions being more impactful, or if it's been synergistic, that they've really worked together, all of the interventions to help you maintain your cognitive function.

I had a friend that asked that same question. He wanted to know what the key issue was and as if it was the magic pill. And there is no magic pill. And so what you do is you try and again, it's, and I was talking to my, my he's a fraternity brother.

So he was asking me, you know, what the magic kill was for, for cognitive health. I told him there isn't, I sent him the write-up that Dr. Merrill did for me to try to figure out how to address the cognitive challenges I have.

And it's a remarkable effort on Dr. Merrill's part to put together this cognitive health assessment, if you will, on how to improve my cognitive help.

And that's not just one thing. It's spectrum. That's daunting, honestly, because it is a spectrum of all these things that you have to do, and now you even have an opportunity to choose which one.

And so what you do is you choose the one that looks like it's the most reasonable to do at this point. And, so you'd do that one and then you try and do another one, and you just keep doing it.

And so that's kind of the path is that there is no magic pill and it's too bad. You wish there was, but there isn't. Yeah. And has it been worth it? You mentioned that you started out with a MOCA of 23. I'm curious what you've seen.

Has that MOC improved? Has cognition improved, is it stabilized? And do you feel like the effort's worth Yeah, it was like 27, 28 now. Fantastic. I just want to take a moment to celebrate that.

That's huge. And it takes work. Tom and Betty, both of you I know are doing the work, but that must feel so good to see that number reflect your efforts.

Yeah, you've got to measure. And there's a part of it that you say, well, I understand that the MoCa test in it is where you count backwards by sevens.

Building a Comprehensive Care Team

So when we go for a lock, we count backward by 7. I mean, uh, gaining the system and so, but you know, the, whole point is to get your mind working that way.

And so if you can walk and count backwards by sevens or threes or twos or whatever, that, uh you're, you still work in your. Mind. So that's good. Yeah.

You know you asked, is it worth it? I can't imagine not walking this path for us. that will always know we did all that we could. And there's no promise that the decline won't happen a little bit at a time, but we're slowing it down.

I will know that I always did everything all I could as Tom's wife of 47 years to facilitate The best outcome and that's what we're trying to do is have the best.

Um, we can't that we have control over. Yeah. I didn't want Betty's, uh, wife together with me to look forward to me sitting in a chair, drooling. Uh, I don't wanna do that.

And so I wanted to. Do everything in my power to try and keep the cognition where it needs to be, to uh, a good spouse and, uh and somebody that is, is a, you know, and that we share the kinds of life together that.

We've enjoyed so far and we can continue to do that, so. You know what else Dr. Sanderson that's been a surprise to me is how Tom is willing to share his story with our friends and with others.

He's not He doesn't shy away because we're constantly going out to dinner. Well, we can't have that. We can have. That well, if we'll just order this, you know, and people, our friends have to adapt to this changing world that they're in because of our changing.

But he's not, he saw afraid to speak out about it, to be honest and open about with friends and family, which was a surprise. we normally want to hide our weaknesses.

And I'm calling it a weakness. Yeah. I agree with that. That's the way I- Yeah, and it's, we grieve, you know, but we're doing the best we can and we know we are.

So that really helps. It sounds like it brings a lot of peace in a challenging situation, right? It's not all unicorns and rainbows as you navigate this, maintaining that social engagement, right?

Going out to dinner, despite the fact that it might be a little annoying that you've got to modify what's on the menu. You're still putting in the effort to maintain those social engagements and to have fun.

It sounds like enjoy life. I mean, that's really the point of this Bredesen approach, is not to not be able to enjoy Christmas and Thanksgiving and a trip and wedding.

But between those special occasions, if you're working the plan, getting the exercise and on the diet and doing the mental exercises and all of these components that we're discussing, then when it comes time to go to dinner with friends or engage in the world, you can.

You have the cognitive capacity to do it. And I think you guys are just doing such a great job sharing a real amazing model for how to navigate this. You've seen improvements from what I understand, not even in those mocha scores, as you've kind of learned to take that test.

But I'm curious if you have seen improvement at home, like in your conversation, was there trouble word finding? You mentioned having trouble finishing sentences and your employees would kind of jump in and help you.

Have you noticed that there's better verbal fluency or kind some of these day-to-day things that you've struggled with? Have they gotten better? They gotten worse over time over the last 14, 15 years?

It takes a while. My processing speed is not what it used to be. And so to come up with a word I may have to think for a while and Betty's will sit patiently while I figure it out.

And so that's just what I have deal with. I mean, you have search and I don't know that there's a good way to try and figure out how to search better.

There probably is a way. figuring out how to remember people's names in different ways, which has been kind of fun. There's a guy up the street whose name is Jose, and I think about post B, I remember his name.

That's a family joke. There's this lady I met, she was a therapist, her name is Sydney. I was thinking about the Sydney Opera House in Australia, so that's how I remembered her.

I wish I were better at that, but you make little steps as you go along. Yeah. I've had to learn not to jump in. And just sit and wait. So yeah. Allowing the time and space so you can work that muscle.

Yeah, yeah, that's right. That's great. Yeah. And this associations, like you described, name is Sydney, think of the Sydney Opera House. Name is Jose, Think of Hoseby.

Having these associations that are funny, and maybe you even had a trip to the Sidney Opera house that kind of comes back to mind and it's something enjoyable.

These are great ways to remember names for people even without cognitive decline, right? A lot of people talk about never having been good at remembering names and associations are one of the tricks.

So I love that you've adopted that. You've also seen improvements from what I understand from Dr. Merrill in balance and sleep and energy. And can you talk how that has impacted your general well-being?

Well, one You worry about what balance is falling down. And one of the things we do when we walk, um, is we that we're walking over different kind of terrain.

So you'd have to make adjustments for how you walk. His name is Lou and Lou is our, our therapist. Yeah. What his, his desire is to have us have the strength of them if we fall down and just get out.

So the idea is you have the strength that you've done the kinds of exercises such that if you fall down, you just get up. And so that's the… He also has a skip.

Lou has his spin. So you're looking at… And then one of the things that I will realize is, is that, I used to like to ride my bike here in Manhattan beach.

I'd ride it to, uh, to Palos Verdes with friends and then ride back. Trip was about 30 miles or something. And I got to noticing that when you're walking, riding on the bike path, that there are these motorbikes and there's also people that aren't paying attention.

And I had one example where a guy came up in front of me and I, I was able to steer my bike and get off of it, uh, before I hit him and didn't hit them.

Tracking Progress and Daily Adaptations

And so I avoided it. So I've thought about that particular part in the bike path, which is right at Hermosa beach. and so, stopped riding through Hermoso beach on the right path because of those kinds of people.

so then I got to thinking about it and talked with Lou our coach and about falling down off the bike. And so I figured that's it, I'm done. I'll not ride the bikes anymore.

Betty and I can walk and we can do the kind of, we could walk up and down hills. We can all the kinds of things that are necessary to get the air into ourselves and into our brains by just walking faster.

So we do that. Rather than ride a bike, We'll just walk and that that's a little safer in that way. Uh, the chances of falling down or mineralized to some degree.

So you make these kinds of choices, realizing that, um, there are consequences associated with calling on the bike and, uh, and you'd rather not do that.

So that's just a change in the way of life. I have a good friend that rides multiple miles and he can't think of a life without him being on a bike, but I'm not going to do that.

Yeah, it's kind of the risk benefit analysis of getting a traumatic brain injury when you already are at risk for cognitive impairment. You can calculate it the same way.

Thank you for helping me. When Tom started on the CPAP machine, that really helped his energy. He woke up more rested. So that was really helpful. That was a good step.

That can be a profound intervention. So for everyone listening, make sure you go back and listen to what Betty just said. And when he started on the CPAP machine, he woke up with more energy and it meant that you were getting oxygen to your brain at night.

I just cannot help but take the moment to emphasize. how important it is to test for and then aggressively treat obstructive sleep apnea because you've got to get oxygen to your brain at night so that you can get deep sleep.

You can restful sleep, you get REM sleep they all contribute to cognitive health. So well done getting that. Was it Dr. Merrill who ended up ordering that for you?

He suggested it and that was family doctor. Yeah, so we went to the family doctor and said we'd like to do this. When Dr. Merrill did his big plan, all his testing and all those results, he laid out all these interventions.

And so, we we, went through our team members and we want to our natural path Dr Core and he said, okay, which of these are you going to be doing? He said well I can do these supplements, I make sure you're getting, you know, were addressing these various nutritional supplemental things that Tom might need.

And then we went to our family doctor and he said, okay, I can do the sleep study. We'll continue with Atlantis. I cannot remember what some of the other things for him was.

So we kind of broke it up into our team. And that's how we've kind of approached the solution, if you will. I'm sorry. Dr. Merrill is kind the integrator, right?

We come back to him and say, you know, here's all the things that we'd done. And he kind integrates and makes any adjustments that are necessary. That's fantastic.

So he's kind of got that big picture Bredesen perspective. Yeah. And then you can have the primary care do the things that they're good at, naturopath do things she's good.

That that's. Fantastic. You know, we tell people often, you know the, the risk of engaging with the Bledesen protocol is the effort, right? What are you spending here?

It's a lot of effort and it can take resources. However, the risk, when we think about this risk benefit analysis, kind of like you did with the biking, and the, risk-benefit analysis around the Bredesen Protocol is the health risk is that your blood pressure gets better, your sleep improves, that you're diabetes resolves, you weight becomes more optimized, Your energy improves.

Right? So the side effects of engaging in this approach are that, Right. And it seems like you guys have both had the benefit of these side effects of the bread and protocol.

Is that right? That's correct. That is right. Betty, what have you noticed for your personal health and your experience? Have you seen any changes? Yeah.

Some of this goes back to our trainer whom we were seeing, because his approach, it's all about what you eat. Although he's a trainer, a physical trainer but it's the whole body approach.

So we lost weight going to him. I'm as strong as I've ever been. And he makes sure that we travel to Tennessee to see our daughters and their children multiple times a year.

We have these exercises we do and one of them is carrying weights. I'm carrying weights. I carry to 25 pound weights and we go back and forth. Tom carries 40 pound weight, you know, so we can carry our suitcases.

You know as I said we skip for brain health. He's, he's often recommending things like One thing Tom was shy on was B12. His B-12 needed, so that's another thing the family doctors helped with and our natural path.

So as far as me though, what else? Losing weight, feeling healthier. I also had a sleep study test. I was not so successful using a CPAP machine. So I've gone to the mouth guard, snore guard approach.

And that seems to be working. I'm probably going to have another sleep study test in a few months, but I had no idea that I wasn't deficient in oxygen at night.

That flowed over into my health. Yeah. The vigilance? the vigilance of trying, you know, sometimes we get a little off kilter, like around the holidays, but then, okay, we've got to start back.

We've gotta get back on the program, and- What do you use, what inspires you to get on back the on program? Keeping Lou happy. Yeah, it's the accountability, right?

It's accountability with your coach. I say this all the time, coaching is one of the, I think is the best bang for your buck in this business is having a health coach who will hold you accountable, who gives good advice, that kind of has an appreciation for this Bredesen approach.

But where you've got to show up and you got tell them what you'd been eating and they weigh you in, they're looking at body composition. They're watching you, whether or not you can increase those weights.

I love it. It sounds like that has been a really, really essential part of this journey. You can tell when we've gone out the pounder too. Okay, he's on a trip right now.

Okay guys, you got to stick with the program. I love it. That is great. Though we also have a lot of support. Our

friends have adapted to this. When we get together and have dinner with our friends at their home, they now know what we can eat, what they can't eat and they adapt.

Um, our family has adapted tremendously, act of love, isn't it? It is, it is. And our family is adapted and so, yeah, everybody in our life has been very accommodating and even at church, you know, they offer donuts at Church.

And although a lot of fruit isn't the Bredesen way or ketosis way, if you will, we bring tangerines to church.

Support, Faith, and Aging with Purpose

We put them out so that people have an option other than donuts. Yeah. So anyway. And that's interesting because I remember Brentesen liking oranges and oranges are not ketoses friendly.

But he still likes oranges and I still like oranges. And so you have it occasionally. Maybe with a little coconut yogurt right before so they don't spike your blood sugar quite so much.

That's cool. I'm curious, for couples who are listening, who might be in the early stages of cognitive changes, either for themselves or a partner, what encouragement would you offer them?

And maybe a better way to ask it is, What do you wish you had understood back in 2015? For me, in 2016, I would like to have understood that there's a plan in place and the path to Alzheimer's isn't It's a choice.

The path to Alzheimer's is a choose. You can choose not to go down the path. I would have liked to have known that. And I wouldn't like to know what the past was, which is what we found out recently through Dr.

Bredesen. So it's the idea that at the time when as, as my, I'm the oldest of four siblings. my dad and thinking about that as being what's ahead for me, that's depressing.

And so what I needed to know is that there's a different path. I think that is what Bredesen has done, is he's been able to show that you can decide whether you want to be on that path or not.

It's not a foregone conclusion. At the time that I was looking at my father, I didn't have a season. All we had was a book that told them how to try and figure out how accommodate the problems associated.

A 36-hour day. Yeah. That's what I read. And that's still the bestseller in Alzheimer's. It's depressing. There's so much more empowerment in the Bredesen approach.

Yes. That's right. Do you have any thoughts for listeners who are the partner of someone starting to struggle? Are there things that you wish you knew earlier?

Well, what's interesting is I didn't know Thomas experiencing the cognitive issues at work. And that's why he retired until a few years after he returned.

I wasn't aware of that. then it became known and you can see little things, little changes. I think there's a balance you walk between being supportive and being on that plan and working it with the spouse and not being a nagger and it's boundary thing.

but I can come alongside them and help. Sometimes I maybe ask too many questions but there's a program called LudoFit which we subscribe to which, we're not using to the fullest extent as we could, but we go play ping pong at the city once a week as often as So, you know, offering suggestions, being available to partner, because you don't, it's not fun doing things by yourself.

So trying to be available, partner with Tom. And like you said earlier, some spouses will say, well, that's fine for you, but I'm not going to do that.

I can't imagine that approach. Not wanting to do everything I can to make things successful for our brain health, for Tom specifically, but my brainhealth as well.

And we see it's not very effective, right? If that plan is for you, not me, then it really is a lot harder for people to get benefit. Yeah. That's right.

One of the things that we learned recently is that I need to go out in the sun in I tend to just like to sit and read. But then you realize one of the ways that you use your body clock right is that, you get up in the morning and you look at the sun and just enjoy the Sun.

We've just started doing this. Yeah, we noticed that Tom's deep sleep wasn't as Uh, long as it needs to be probably. So what would facilitate that? So we did some reading when we found out that sunlight getting, getting the circadian rhythm going.

Have you seen more deep sleep? Has your deep-sleep increased since doing that. We just started. Yeah. Just a few days. Very curious. That's fantastic.

But it sounds like this is part of the pattern in your household, right? Is you identify a problem and then you identity a solution and you put it into action.

And over and over again, what I see as a provider is that people who have to take that approach They are the ones who get the benefits of the program.

We also got Fitbit watches, you know, to measure traps and analyze our sleep. Yeah, and that's good. Like the sleep content, deep sleep… Yeah. That's how we know that.

Yeah, we're big fans. I wear my Oura ring all the time. The Fitbits and the Apple watches and The Whoop straps, all these things can be really helpful in getting that objective data so that you know, okay, is this the effort of getting up and out and instead of kicking back and reading a little bit in the morning and getting in The Sun instead, Is that going to help my sleep?

And you'll get that data. You'll Get that feedback. And I can't wait to hear what you learn. But it's that curiosity and that openness and the humility that we don't have it all figured out.

It's a journey. We're on the path and we're going to keep figuring it out that really stands out to me as a big part of why you guys have been as successful as you have.

And it, it not just the science or the protocols, It is your intention and then also your collaboration, right? That there's this real partnership that you And this decision you made, Tom, to pay attention early to ask better questions, ask more questions and then to build this team around yourself so that you could be addressing all of these components.

It takes effort, man. And I just want to give you both so much credit for taking this on and also just thank you deeply. This conversation is a reminder to everyone here listening that Cognitive health isn't something that we suddenly address in a moment of crisis at some end stage.

It's something we can tend to. We can do this consistently through movement and connection and purpose and faith. we didn't even get to talk about your faith, but curiosity and care and relationship.

This doesn't mean pretending that change isn' happening and being in that state of denial. it means that were responding to it with wisdom and agency and grace.

And you guys are just this beautiful, beautiful inspiring example of that. So thank you. Thank you, thank for modeling what it looks like to age with awareness and hope and partnership and grace and cognition.

Well, I can't tell you how grateful we are for the positive feedback that you're giving us. These are things. As an engineer, one of the things I always did is I was always looking for problems.

And so you have this mindset that's that way. But the problem with having a mindset like that is you don't accept the kind of praise and, and. validation that you're providing.

It's just helpful to have that kind of input from you because we can think about that and try and incorporate it deeply into us that there's this good thing that's going on in our life and you are helping by acknowledging it.

So thank you. It's grateful, yeah, gratitude. Gratitude is a big thing for us, is to rehearse gratitude, and yes, yes. To go through, you know, our grandchildren and things that are going on in our lives.

We are constantly trying to grow spiritually as well. I mean, it's yes health, but it is also, growing, as you mentioned, in about how we incorporate that into our everyday as well.

Wow, it really is a journey. Thank you so much for being here, for this inspiration, this model to others. You're really among the pioneers. As Dr. Bedison's book is titled, The First Survivors of Alzheimer's, you're charting a very different path than your father did, and that is huge inspiration to other.

Thank you again for being here to our listeners. Until next time, keep thinking well. Follow the model that Tom and Betty have laid out so that you can age well with grace and connection.

It's such a privilege to be here with you. Thank you so much for listening to the Think Well, Age Well podcast. If you enjoyed today's conversation, please take a moment to subscribe, leave a review, and share this episode with someone you care about.

It's one of the best ways to help others discover tools and inspiration for aging well. To stay connected, get bonus resources, and never miss an episode, head over to drheathersanderson.com and join my email list.

Until next time, keep thinking well and aging on purpose.