Introduction and Guest Background

Hi, everyone. Welcome to the Reversing Type 2 Diabetes Summit. I'm your host Dr. Beverly, Yates, ND, And here for this session, I have the distinct honor and privilege to interview my colleague, our licensed doctor of Naturopathic Medicine, Dr.

Heather Sandison, whose expertise in Alzheimer's is breaking ground on the importance of brain health and including the blood sugar changes that often precede the clear onset of Alzheimer's, dementia and other kinds of brain threats.

I can't wait for this conversation. So Dr. Heather Sandison, welcome to our summit. Thank you so much for having me. Absolutely. Absolutely. Would you introduce yourself to the audience, give them a sense of your background?

Yeah, absolutely. So I went to Baxter University and got the doctor of Naturopathic medicine that you mentioned. And after that I came to San Diego, where I currently practice, and I have been very, very fortunate.

I've had the privilege of studying with Dr. Dale Bredesen and through his work he was the New York Times bestselling author of The End of Alzheimer's.

Through his work, I have been referred many patients who I got to see with my very own eyes. I saw them reversing Alzheimer's, reversing their cognitive decline.

And from that I developed a bit of a reputation then, and I was awarded a grant to study an integrative and individualized approach to reversing cognitive decline.

And we're really excited. The paper should be published in the Journal of Alzheimer's Disease this summer of 2023. So exciting. So we have a research arm to my project down here in San Diego.

We've got the clinical space where we see patients in person and virtually. And then I also have a residential care facility for the elderly where we welcome patients who are suffering with cognitive decline to experience the immersive lifestyle approach to this disease.

So there's an organic ketogenic diet, there's exercise, there is a lot of mental engagement and social engagement there. And the whole day is basically designed so that each choice you make, you don't have to make.

But every single thing you do throughout the day helps to support your cognitive function. We also see that the people who who do really well with this have the most support.

And although I don't want people to need to move into Marama to be in these residential care facilities, we do have them as an option because some people just get to that stage.

Their family is not in a position to be able to care for them and they want that for the immersive experience. But we also have Marama at home, which is coaching, so that you can do this at home and then also a tech platform that we're introducing so that people have that hand-holding, that ability to stay at home where they feel comfortable with their loved ones in their communities, hopefully working and engaging with their grandchildren and great grandchildren.

And so we're trying to just get as much support out there so that people can live this and get all of the benefits of reticence approach. Wow, what a brilliant assembly of fabulous options for people wherever they may be in their journey.

This is such a growing issue. And I think as people are living longer, many people are unfortunately not have the experience of living well, right. Like you say, live long and live well.

Now this is how we put those pieces together. So I so much love what you're doing. I respect it, support it. Thank you for that work and for taking that leadership, because if it's not for people leaving, these things won't happen.

They don't happen by accident. Well, you're so kind. And, you know, it's been so fun chatting with you and has as we've gotten to know each other, we've realized how much overlap there is in what we do.

So much of brain health has to do with metabolic health. And this is that connection between type 2 diabetes and Alzheimer's. We often hear Alzheimer's referred to as type 3 diabetes.

And what people are referring to here is Alzheimer's doesn't have just one cause, but a very common one, particularly in our society. And the standard American lifestyle and diet is that we see blood sugar creep up over time and then insulin resistance start to become a problem.

So people aren't able to you know, I'm sure most of your listeners know this, you certainly know this backwards and forwards, but it makes it harder for us to turn that glucose into fuel or ATP in our cells.

And so as that happens, the if insulin is more resistant to insulin, we can't get the glucose out of our bloodstream into our cells turning it into sugar.

There's a couple of things that happen when we're energy, energy deficient and the brain, although it only takes up about 2% of body weight, it uses more than 20% of the energy every single day in our bodies.

Brain Health, Metabolic Health, and Type 3 Diabetes

So we can't turn that glucose into fuel. Our brain is starved of energy. Even though we're getting enough calories, we're getting enough sugar, we're getting enough.

It's just not turning into fuel. The other thing that happens is that because insulin is resistant, we can't get that sugar to go from our blood into our cells.

That means it builds up in the blood and creates glycogen toxicity. This means that that sugar becomes it's almost like when you have an onion that formalizes at the end stages of in those capillary beds or at the tips of our nose or in our brains, we have places where that toxicity actually causes these and advanced glycation in products that damage the tissue itself, and that can lead to inflammation and eventually lead to things like beta amyloid plaques or other misfolded proteins like the Tao proteins that we so closely associate with Alzheimer's.

And so we want to stop this in its tracks. And we have lots of ways that we can help support you doing that. That's all great to know. Thank you for explaining this.

So now you've richly painted the picture here, connected the dots between brain health and blood sugar issues. Right. And also telling people why Alzheimer's disease specifically is often referred to as type 3 diabetes.

For some people, they're familiar with that kind of knowing picture that way of talking about it. But other people, this might be a new thought. So anyone for whom this is a new idea, please take notes and consider everything that I understand is insane because the threat of your blood sugar issues can affect your organs unevenly.

It is affecting you, but some things might be more vulnerable, shall we say, than others. And for some people it's going to be these brain problems and what might originally show up right as mild cognitive impairment.

Can you tell us a little bit more about that and what the path is for mild cognitive impairment, that diagnosis to dementia and Alzheimer's? Yeah. So this may also be really surprising to people.

I didn't realize until I was in the dementia world so long this kind of run away is before we take off with Alzheimer's. So the early pathological changes happen 20 to 30 years, decades before you actually even experience memory loss.

And so we have so much time where there's there's plenty of room for prevention, particularly if we know that there's a genetic predisposition or something else going on that puts us at higher risk for developing dementia later in life.

And so we have lots and lots of room to create change and to start preventing this. And that is actually where I have the most confidence, even though it's the hardest thing to prove.

And then a little bit later along the path, you run into subjective cognitive impairment. So subjective means it might not be measurable. We might not see this on a test, on a clinically administered test or even on a brain scan.

But we start to feel like our brain isn't working the way it did ten years ago. I would have remembered that neighbors name or I wouldn't have misplaced that or would have been able to come up with that word five, ten years ago.

But I'm noticing I'm not able to do that anymore. That's subjective cognitive impairment, and that's also a really great place to intervene, a really great time to make changes.

So don't get scared, get active, use that as something to empower you to make the changes so that you can reverse that because it's the easiest, cheapest, least least effortful time to make the changes.

And then the next stage is called mild cognitive impairment or measurable cognitive impairment. You sometimes hear it called and this is where we can measure it.

I think it's a complete misnomer to call this mild cognitive impairment because this is essentially like stage four cancer. Alzheimer's is late stage.

This is when people are losing dignity. They're losing their ability to dress themselves, put sentences together, the ability to feed themselves, live independently, certainly to derive.

This is a very late stage of the disease. And there although we can support these patients and we sometimes do see reversal of the disease process and we see that they get better, I have yet to see someone with late stage Alzheimer's go back to work fully, get their life back.

And I think that, you know, hopefully the science will support that. In time we'll find stem cells and other interventions. And maybe the combination of our approach with getting rid of the beta amyloid plaques through some of these new medications, potentially we can help there.

But there is oh so, so much that we can do in the stages of prevention, subjective cognitive impairment and mild cognitive impairment. In fact, most of the time when we work with a patient who has measurable cognitive impairment, we see improvements and often if the cognitive impairment is we, the MOCA scores are what we use and if they're in that mild cognitive impairment stage, even though I don't like calling it mild, they're in that criteria.

We can often get them back to perfect on a MOCA score. So back up to 30 out of 30 points on that worksheet. If they're in that range of about 16, 18 or above.

That's great to know. Thank you for making that quantifiable and understandable, both from a subjective symptomatic experience as well as the objective, quantifiable checklist.

Like what's your score? Right? It will be some parameters that people listening will be familiar with and people who might be new to this journey too, that's for sure.

Okay, so here we are in reversing type 2 diabetes summit together. So I got to ask you the question, is it possible to reverse Alzheimer's? Yes, emphatically yes.

I see it all the time. And I know many people will be going, Why haven't I heard that before? Why? Why is no one

talking about that? You know, I think it's a great question and it kind of drives me crazy because we see that, you know, there are these medications that came out and to a lot of fanfare and some controversy, but they were all over the news and they're the they're the monoclonal antibodies that allow us to get rid of beta amyloid plaques, which is one of these hallmarks we think of as being causal for Alzheimer's.

But that's not quite right. I think we kind of have gotten that wrong. Part of the reason is because those amyloid plaques and those tau protein says misfolded proteins, they're happening in response to something. Right.

And so even though the message that we've been told for decades is that the science will save us, there's going to be a magical drug. And it once we get rid of the plaques and tangles, you know, everything will be well and people will not have Alzheimer's anymore.

Stages of Cognitive Decline and Early Intervention

But what they've actually found is that when they get rid of those plaques, oftentimes people get cognitively worse. And in the best case scenario, what happens is they get cognitively less well.

So they get cognitively worse, more slowly. And so this means that this tortuous process for both the patient and the caregiver and the whole family, everybody who loves this person, that tortuous process is basically drawn out.

It's delayed. So they're still getting bad. They're still losing their dignity. They're still losing their memory, but it's just happening a little less quickly now.

That's a win. That's not not a win. However, if you compare that to exercise meditation instead approach, what we found is that we see that people actually get better.

So not only do you stop the decline, what they're doing is slowing it down. They're not even stopping it with those very expensive and risky medications.

Those medications are associated with brain bleeding and brain swelling. So these are not without risk and they're very expensive. And so those medications, they slow the process.

They don't even stop it. But other things that we know well that are totally free, that are very, very safe, like like exercise and meditation and healthy diets, these things not only stop the disease process when you start to layer them on top of each other, which we do, you see reversal of the disease process and you see improvements in cognition.

And that is a reversal of the Alzheimer's disease process. And it's better than any drug on the market. That's amazing. That's fantastic. And you know what a gift to humankind it is to be able to literally untangle these things and figure it out without causing other kinds of harm, because that usually seems to be the trade off with these kinds of treatments that seem like they are a blockbuster approach to a chronic illness when actually you're just treating one set of problems for another.

Precisely. Precisely. And that is so scary to me because one of the things that we're facing as a society is as the baby boomers age, we have, as you mentioned, more people are aging, more people are approaching this as a risk and as more people in our in our communities have dementia, who's going to take care of them?

This is very costly. It's very intensive for anyone out there who is a caregiver for a loved one with dementia or even diabetes. Right. You need someone to pick you up and take you to appointments, to doctors appointments and you like it with Alzheimer's, you need someone basically there 24 hours a day often, or at least some point along the way on this path.

And this is so, so expensive for society and there's so much wisdom and experience in that generation. We need them. We need them to, you know, impart their wisdom on that next generation.

We need them to be they're not parked in front of the TV watching, you know, God knows what, and eating cake and cookies. This is not a good use of that resource, this incredible resource of our elders.

I agree. I agree. I watched my mother in law with this process, and I wish we'd known then what we know now. This was years ago. And one of the first things that shift in her health, interestingly, was she became pre-diabetic.

She never got to type 2 diabetes before it was apparent that she had Alzheimer's. Her decline was really rapid, and she is from a heritage of people who live a long time.

And so it was just so sad to watch her fade away like that. So I hear every word you're saying, and I hope everyone is taking notes and listening and paying attention here because these really are life changing, life altering and life improving, life affirming options, that's for sure.

And so sorry to hear that. It is just it's it's heartbreaking to watch someone go through this process. It's the long goodbye of Alzheimer's. And, you know, she went through it relatively quickly.

But for many people, they don't know how long they're going to care for a loved one with Alzheimer's, it might be five years, it might be ten years, it might be 15 years.

It's a really long process that can be very taxing physically, emotionally and, of course, financially. Yeah, that's absolutely true. Absolutely true.

Okay. So, Dr. Sandison, what are some other considerations that people should keep in mind or be aware of when a person is being treated for suffering from this and dealing with dementia or if they're looking to prevent it?

Yeah. So I don't know how you feel actually about the ketogenic diet, but this is one of those number one things that I recommend is dietary and completely getting rid of carbs in your diet or almost completely getting rid of carbs in your diet so that you flip your metabolism from burning sugar to fuel to burning fat for fuel is very, very effective in improving cognitive function.

Also, energy, mood, stability, better sleep. And so I don't want people to be in ketosis forever, but getting into ketosis for 6 to 12 weeks if you're experiencing cognitive decline, can create some really incredible benefits.

They then can start to perpetuate other ones. So you have more energy, so now you start getting more exercise, you're getting better sleep. So now you start being able to eat those better foods and and do that engaging creative social brain activities.

So we often will suggest the ketogenic diet first. And this helps for so many reasons. One, because just like where we started this conversation with fuel.

So if you're not effectively turning glucose into fuel, the body is just absolutely miraculous, right? Like with a car, you can't do this. You can't take a gas guzzling car and like just put diesel in it, right?

But with the human body, you can switch from burning sugar to burning fat for fuel and you can much more efficient. We make make ATP out of ketones. And so we ask the body to do that.

And then also this is this kind of a weight loss day, but it's certainly helps with blood sugar. So and I'm sure that you're well aware of that and many of your listeners have maybe heard of this.

I highly recommend doing a veggie heavy ketosis, a lots and lots of leafy greens, cruciferous veggies, not not your bacon and cheese keto, but no, no, no, no, no, no, no.

But like a high fiber high veggie ketone that just cuts out the carbs, processed foods and carbs and temporarily your your fruit sugar like your seasonal fruits and your starchy veggies, but just temporarily so that you can get the benefits of getting into ketosis.

And then when we switch out of ketosis, I usually have people go towards a paleo Mediterranean or Whole30 diet or an ape diet, whatever is appropriate for them, so that they're just maintaining that elimination of highly processed foods.

Highly processed foods are highly associated with both diabetes and Alzheimer's. And so we want to completely eliminate those as a lifestyle long term.

So diet is a consideration. Exercise is another consideration. We know that our muscles are actually actually our endocrine organs. So they send signals from the muscle tissue itself to the brain, including BDNF or brain derived neurotrophic factor.

Can Alzheimer's Be Reversed?

So this is one of the signals that tells the brain to create new nerves, new neurons, new connections between those neurons and muscle also sends testosterone around the body.

So muscles are sending signals, right? Testosterone, yes. Is that feeling of like, I got this now that you're not as afraid of risk, but also more energy, better mood and better muscle building, which in this population that I treat with dementia, we're not only worried about their brain, but we're worried often about falls and fall risk and balance.

And so because of fall and dementia, these are the things that really cause people to go downhill. I know lots of people are concerned about heart attacks and cancer and of course those are a big deal too.

But we can help to avoid all of those things, all four of those things. Cancer falls, diabetes, heart disease. Well, what was the other one? I just. Cancer.

No, no, no. Alzheimer's, of course. Where are we? Basically, all of the scary things as we age, we can eradicate them more or less with getting regular, vigorous physical exercise.

So I tell patients, if you haven't done anything, like if you don't even walk to the to the mailbox, then start and just 11 minutes of exercise a day reduces your risk of all cause mortality by 23% over the next five years.

So there's a big benefit to just getting pretty small amounts of exercise, but 150 to 200 minutes per week of moderate to visit to vigorous exercise significantly reduces your risk of cardiovascular disease and really improves the risk of of cognitive decline.

So and there's there's a whole spectrum if you're already exercising and you're walking, walking isn't enough. Remember, we're asking for a miracle if we're asking for the reversal of Alzheimer's. So you got to do more than just walk.

However, if you're not doing anything, just walking regularly is going to have a huge impact. So what my recommendation to most patients is do a little bit more and mix it up.

If you haven't been doing Zumba class, go to Zumba or go to yoga or go to Pilates or start playing pickleball, do something new and something engaging that you get excited about and you look forward to.

That totally makes sense, right? The whole old adage of use it or lose it or keep moving. Things like that are really important and in today's lifestyle, much of the world, we are so much more sedentary than we've ever been before in human history.

And we're seeing all the various metabolic derangements that are going on, including type 2 diabetes and Alzheimer's, right? These things are all related.

So we talked about diet and exercise. Sleep is another big component. So we know that cognitive function will go downhill very quickly with sleep apnea.

Sleep apnea. I want people to think of an apnea event at night as being like mild brain damage. And so as a brain doctor, I am not okay with that. Even if somebody has mild sleep apnea, it's not moderate or severe.

I still recommend some sort of treatments. And there are lots of different things out there. You don't just have to get a CPAP or like those Darth Vader machines at night, though sometimes does work really well for people and that's the answer.

But other times people use an iPad, which is an alternating pressure, or they'll use the travel version, which can feel a little less cumbersome. Alternatively, there are oral devices that your dentist can create or maybe a referral to a specialist a special dentist can create.

And there are also things like mouth tape or the breathe right strips that keep your nasal passages and then your airway open just through some positioning.

And that can be helpful as well. If you have a partner, a sweet partner who tells you you snore, absolutely. Get a sleep study If you have cognitive decline, I actually recommend anyone with cognitive decline.

Have a sleep study done because I have so many patients who are thin and female and never snore and they still have sleep apnea. And not that. Again, say very gently.

So people make an assumption if someone's overweight or obese, that they have sleep apnea or they have type 2 diabetes. And conversely, if they are lean, they don't have these things and they aren't, you can't just look at somebody and diagnose him, Right.

Please repeat what you just said. All right. Yes. And exactly what you said. So people who assume that you can't have sleep apnea if you're not overweight, if you're not male, and if you don't snore at night, if you're not gasping for air, I have people tell me all the time, oh, no, I'm not gasping at night.

I don't have sleep apnea. You don't know that, actually. And so if you have any cognitive decline, regardless of your body type, regardless of whether or not you snore, I don't care.

Just get a sleep study done. And since COVID, this has actually been one of the great things about COVID. Since COVID, we have more of these at home tests that are validated and they're actually quite good.

They're really good at ruling in sleep apnea. I have their sleep medicine dogs who still will want people to do an overnight sleep study in the hospital.

But there are a lot there's a lot you can do with the at home watches there that watches with a ring that beam, the information up to somewhere and then some magical sleep.

Doctor somewhere in the world reads it and these get covered by Medicare. You you often will get the devices covered by Medicare or any referrals covered by Medicare.

And so I highly recommend doing that as part of what Dr. Bredesen, my mentor, calls a cognitive skip.

Lifestyle Strategies: Diet, Exercise, Sleep, and Stress

So if you have cognitive decline, you want to do this very thorough cognition copy and look at your blood sugar, look at your sleep patterns, look at your toxic burden, look at your cholesterol levels, look at your vitamin levels, look at your thyroid and hormones and all of the pieces so that, you know, if there are if there's an additional risk from any of these different components.

So we talked about diet, exercise, sleep, and in particular sleep apnea. And then stress is another big one. And we see this with blood sugar as well.

Great meditation, prayer, moments of gratitude, doing quite random acts of kindness, finding ways to create mindfulness, to slow down, become present in the moment.

This has massive effects on our health and it helps to regulate that sympathetic parasympathetic balance that rest, digest and heal with that fight, fight free state.

And we want to spend more of our time in that resting resting heal state. This is good for everything, including diabetes as well as cognition. We know that stress is highly associated out of balance.

Stress, right? So stress you don't want too much. You don't want to at all. You know, some of my patients that they run into that that issue of like, okay, I'm retired, so I'm going to kick my feet up.

I'm going to go on cruises and I'm going to watch TV, and that's going to be my life after retirement because I earned this and that. Like you said, if you if you don't use it, you lose it.

And so you want to stay engaged, but you don't want so much stress that you feel constant under threat. You're in that fight, fight fleet free state because that is actually cortisol is damaging to the hippocampus, The area of our brain that is related to memory and the amygdala that's related to our emotional center, especially our anger and fear at the amygdala and the hippocampus or working very closely together.

And so putting our body is like actively working to make sure our bodies get back and remember that rest digesting heel state through mindfulness is very beneficial.

There's really, really impressive data on Kirtan Kriya, which is a type of meditation. It's this Taha nama. There's a mantra just 12 minutes a day has very impressive benefits not only for glucose and insulin regulation, but for cognition itself.

All right, that's great info. Thank you so much for making that clear and unpacking it for us. You know, so as we consider what people's options are in the fact that this is such an amazing issue, it compels an awful lot of heartache and problems.

And if we can get in front of it or reverse it or, you know, not even have any of this happen, this is all a blessing. All of it. Right. So what are the challenges you find that the people that you've worked with, your patients and the residents at your care center, what do they experience in how do you provide support for them through these challenges?

Because for many families and certainly the individual who has somewhere on the spectrum of the poorly named mild cognitive impairment through Alzheimer's and dementia, there's all these different touchpoints, right?

And we all know the challenges that happen are real. What can you share with us here? Yeah, in the neurology community, they say if you've seen one Alzheimer's patient, you've seen one Alzheimer's patient, right?

They're all different. So everyone presents different. And in that as people lose their memory, as people change and decline over time, the I mean, there is just this endless combination of issues that come up.

And the biggest one I see as preventing people from getting benefit from this approach is that it's hard for them to do so. Most of the people who show up in my practice or who contact us about Miramar, they get it.

They've read the reticent book, they've heard of this. They're like, This is common sense. If you do all these things, of course you're going to get better.

Your body's going to work better, your brain is going to work better. But how do I do it right? It's really like that day to day implementation. And so having people around you who are supportive of this and then also having the tools and they know that you have a lot of resources and that's essentially like my life's work.

It's creating resources and pragmatic tools, just the practical things that you need the lists, the the recipes, the reminders, the stuff that you need to be able to implement this at home.

And the other thing that I see come up that's really sad and challenging and that we try to be supportive of is communication. So often the dynamics of Alzheimer's are challenging.

There's usually the patient involved and if they're far enough along the process, they have a power of attorney, they have someone they've put in charge of their affairs.

And this can be either a spouse or an adult child, someone else in their in their network who they trust and sometimes there's multiple adult children and their interests and beliefs and values are not always aligned with the others.

And so we see a lot of infighting in the families. It can be really challenging to kind of put the the well-being of the the patient first and then I get it there.

There are lots of dynamics at this stage, but I think communicating lovingly and aligning on on the mission is really, really helpful. And our mantra is connection, overcorrection.

So if we're looking for if we're looking to support any family, whether you're talking to the patient who has Alzheimer's or if you're talking to your brother or sister or to your mom or dad who doesn't have Alzheimer's but who is involved in this, it's so much more helpful for everyone if the focus is on connecting, understanding what the other person's point of view, rather than connecting or proving that you're right or or especially with someone who is struggling with Alzheimer's, we highly recommend that if they start to tell you about something that didn't really happen, or if they start to tell you about something that happened 20 years ago is if it happened 10 minutes ago, just go with it.

Go and meet them in their world. And by doing that, you're going to diffuse. You're going to create less stress for them. And it doesn't matter that they don't know that their mom isn't alive anymore.

Don't remind them that she passed away. Just go and meet them there. There's and like a patient of mine had been describing the breakfast that she had with her mom.

And instead of saying, hey, your mom passed away 20 years ago, don't you remember? Don't. And also not asking them to remember anything, asking them to remember can be very stressful.

But saying instead, what what your mom make for you, what you guys to enjoy for breakfast and just ask her to describe that. Asking them to describe senses.

So the sensory experience, what did it taste like? What did it smell like? What did you see? Did you help? And asking them to describe the details of their world can help you connect with them and then they feel more at ease.

Everything goes better, they sleep better, they're more willing to exercise. They're more willing to eat what you put in front of them. They have better digest and everything's a little bit easier.

If we can diffuse those situations and not escalate or kind of feed that fire. Then make sense. It sounds like it's a loving, caring way to meet them where they're at, rather than keep harping on the fact that you aren't having a shared experience of reality and that they will understandably become alarmed and stressed by this is not going to help.

I haven't seen stress help anything, so I get that. No, right, exactly. All right, cool, cool. These are all wonderful, wonderful insights. You know, one of the things I think that's not apparent on this journey with dementia and Alzheimer's are all the ways in which people social interactions shift.

And a lot of times the people who love and care about someone the most are often the least equipped to deal with

it because they don't have the emotional space.

It's almost like their soul or their spirit is so stressed in the moment, so pressed, and they're alarmed, understandably, as their loved one continues to recede right into the midst and to the breadth and depth of this illness.

What are the things that you think would be helpful? Is there any language in any early conversations that maybe need to be had among family and friends?

Because I think a lot of people start to see the train jump in the tracks in slow motion. The wheels are starting to screech, all sorts of things are happening and they don't really know what to do.

And I often find because these are difficult conversations to navigate, people really need some support around that. Any thoughts? Yes, so many things come to mind.

I think there is one piece around this sort of, as you were describing, that the caregiving can present quite a burden and it can it can feel very burdensome.

If you haven't been a caregiver yet, it's coming. It will happen at some point. And it's just sort of a phase of life and finding the joy in it, finding the gratitude there.

There are people who lose their parents way too young and they don't get the opportunity to care for them. Right. Reframing this as an opportunity. So most caregivers, many, many caregivers at the end of that phase of life, when they're no longer caring for their loved one, they have so much gratitude for the ability to have been there and for all of those moments that they got to share.

And so I think remembering that this is an opportunity to care and then doing everything you can to find the joy in those moments, Certainly there are there's lots of resources out there.

It's not my area of expertise, but working with an estate planning attorney, working, working with a caseworker or a social worker is anybody who can.

There are lots of resources out there basically to help you make sure that legally things are in place so that that doesn't become burdensome or worrisome later on.

And I think doing that as early as possible before someone has dementia, before you're questioning their judgment, before there is any question around their judgment so that they're not taken advantage of later on, but also so that their intentions are what is followed in those intentions and and their expectations are very clear from the beginning.

That can be, of course, really helpful. We work with with people all the time where, you know, it's mom doesn't want any life saving anything. She just wants to eat cake and cookies.

And that is how she planned to spend the end of her days.

Caregiving Challenges and Family Communication

So we're not going to do this like this is just too much. It's not what she would have wanted. And then there are other people who are like, we're doing everything.

We are going to do everything for as long as possible. We are not giving up. We are where you no more. What else can we do? They have the resources. They have the energy, they have the ability to pour everything into it.

And know that's what mom wanted, right? So having those conversations so that there isn't a question of what that person would have wanted ten years ago or when they were full capacity.

Now sometimes you end up in just these absolutely impossible situations. Recently, one of my coaching clients, Joe, he is an engineer and cares diligently for his wife and he's got spreadsheets mapped out for everything, all the music that they do and the exercise they get in, the recipes that they that ketogenic organic recipes that they're trying every day and he's just so dedicated to her is his son lives halfway around the world.

And so Joe is asking me, should I take Marilyn to see him today? She take her ten out on a ten hour plane flight halfway across the world, or is that going to be too disorienting?

And I was like, oh, that's way too disorienting. Like, please don't that that often means, you know, exposure to germs. It's stressful on the system, just a circadian rhythm of of travel and the changes in time zones and jetlag.

It's so hard on anyone's body, let alone someone who's struggling so much cognitively. Well, then he was like, But he's getting married. His mom needs be at his wedding.

There are just these absolutely impossible decisions that end up being made along this journey. And it's the Sophie's Choice and you know what's what's right.

And through this coaching call, what we brainstormed, it was a group coaching call and I can't take any responsibility for it. It was really the group.

Someone said, Well, could it could your son maybe have two weddings and his mom could be at one of them near you? And so I think that's the direction that they were going to go.

But you're not alone, right? There are so many people who are struggling with these with these, you know, really impossible decisions and feeling backed into a corner.

There often is the adult daughter who is caring for someone and she's got her kids that she's raising and she's got her full time job, right. She wants to manage and she's got her husband that's trying to maintain a relationship with her, her spouse.

The sandwich sandwich. You know, she's totally sandwich. And then her parents need help and it can feel absolutely impossible to do it all. And so asking for help know that if you're listening to this, you're doing the best you can.

So having compassion for yourself and getting help where you can and before you need it, I, I really implore caregivers, because caregivers are anywhere from two and a half to six times the risk of being diagnosed with Alzheimer's later in life.

It's a very stressful, burdensome job. So change the mindset. You know, we got to work on the mindset, but also do what you can to care for yourself. And I strongly believe that having at least one full day off per week, at least 8 hours that are completely to yourself is really important and having those other people involved in the caregiving process.

So that's not just, you know, one person can do it alone, it's just not possible. So get those other people lined up, whether you pay them or it's a sibling or an in-law or a friend or a neighbor or someone from church, get that other person involved so that the sad one of the sad things I see is when people are in crisis mode and they need somebody to show up, so they're finding someone on Care.com.

If they've never met, nobody's comfortable with them, especially the person with dementia. It's like who is a stranger I've never met and they're totally backed into a corner.

And so having those conversations and getting those things lined up before you think you need it is really, really helpful for a lot of families. Yeah, that's a great, wonderful way to just take that whole, you know, perspective on that journey and find what's going to work for somebody and to try to be ready before you need to be ready.

There's no such thing as being ready too soon. From what I've seen of how this unfurls. So anyone listening to this, if you are a caregiver, please take the advice of Dr.

Sandison just shared with us around trying to build that world around you where people are supporting you. And I know sometimes that's not easy because sometimes people really are the rock, they are the connector.

They're the one that everybody else goes to for help. Right? And one of the things I've noticed clinically for type 2 diabetes and pre-diabetes many times in people's journey to those particular diagnoses, they've often been the caregiver and they have been caring for others and their own self care was not prioritized as job number one.

You know that old thing about put your own mask on first before assisting those around you. And so sometimes it's more easily said than done, depending on the people we are with and the kinds of relationships we have.

Anyone listening here who's not had the opportunity of being a caregiver, if you've ducked it, if you've actively avoided it, I'm going to ask you to step up, gather your courage and show up.

So whether or not you are directly the caregiver, perhaps you know someone who's just jammed. They've got entirely too much to do, offer them generously and with compassion from a real place.

Whether or not you can help, maybe you can come over and do the laundry. Maybe you going to do the dishes, maybe going to go to a store. You're going to sit there and listen to them.

Maybe you're going to take a few shifts so that they can then have these 8 hours off, etc. that Dr. Sandison is talking about. I have some pretty strong views about that, in part because I'm an only child and I had a chance to be a caregiver with my mom during her time of need.

And it was just such a life's joy, a blessing to be able to give back to her because she had fought so richly. And to me I would not have the life I currently enjoy had it not been for her love and focus.

So I was sad that the situation was happening, glad that I could help. So all I can say is please. I hope folks are listening and taking this completely to heart.

We really have to find a way to, in this world of more isolation, to push away that isolation and link arms and help each other when appropriate and where and however we can.

Okay, I'll get off my soapbox. Go ahead, Dr. Sandison. I love it. Dr. Yates. It's just it's so important. You mentioned social connection, and I couldn't have designed this experiment.

But what happened at Marama really illustrated to me just how critically important social networks are, and especially from our peers, not just people that work for us, not just doctors, not just where we're running around appointments and running into people at the grocery store, but real social connection.

So at Marama, we have we have a facility that is big enough for about 12 people. And in that facility we had a COVID outbreak not that long ago and it took us a couple of years.

We went a couple of years without any COVID and the residents. But finally it happened. It got into the building and the resident who first had it, it was, of course, a Friday afternoon.

We found out that she had a sore throat.

Social Connection, Isolation, and Closing Resources

We found out that sure enough, it was COVID. So we isolated all of the residents to their rooms. No one else in the building got COVID. We tested everybody every day.

And each day the residents were, you know, in exercise, they got their organic ketogenic diet, they were in their nontoxic living environment, they did their creative exercises, they did their brainwaves, they did all of those things.

But they did it just with the caregivers, not with their friends, not with the community that lives in that building with them. And we isolated them for ten days.

In those ten days, we had three falls. We hadn't had a fall in six months before that. We had incontinence issues, sleep issues. I mean, the number and cause measurable cognitive decline, rapid cognitive decline in just ten days.

It took ten weeks for those. There were 11 residents there, then ten weeks for those 11 residents to get back to baseline after ten days of isolation from their peer group, not isolation completely and still doing all of the lifestyle things.

Just ten days of isolation from their peer group. I mean, I could not have thought of I mean, you couldn't it would be cruel to do that to anybody with what I know now.

And COVID itself. Right, was very isolating. Now I get the the severity of how how obviously threatening, life threatening that was for people. But social isolation is one of these modifiable risk factors that affects blood pressure, of course, stress and sleep.

And I mean, we are social animals. We need connection. So join that club. Go do it, Go to that party, do that thing, and maybe wear a mask. You know, if you if that makes you feel more comfortable.

But whatever it takes, get together with other people who are in your peer group. So important. It's so important that all ages and stages. Absolutely.

I think we are learning so much more about ourselves, both as a species and as individuals and within our families and our friend groups and networks.

Having come through, you know, the earlier stages of the pandemic and whatever health things may be in front of all of us, you know, in terms of possible event horizons, those connections matter.

And it's ironic that excuse me that in today's world we have all these ways to supposedly connect digitally, but it probably never felt more lonely. It's just it's quite a it's a conundrum, right?

It's just a real thing. You've got to show up in person. It's not the same to scroll through Facebook and to be at a in a club or in a group. Dr. Yates, thank you so much for having me.

It's is always a pleasure to connect with you. Absolutely. I was just getting ready to wrap this up. If you have any last minute tip, here's your chance.

And otherwise, please tell us where we can connect with you. We want to follow up for more info. Yeah. So, drheathersandison.com will connect you to all of the projects that I have going on.

And if you are interested in learning more about Alzheimer's, we're also going to have a free gift to the Ketogenic Diet Guide. So feel free to grab that and you'll find us at Solcere.com S O L C E R E.com or Marama, Maramaexperience.com, Maramaexperience.com or Solcere.com If you are interested in either clinical support or the residential support or even at home caregiving support and training.

All right, great. Thank you so much for your leadership here and taking action and making this world a better place. I appreciate you. Dr. Yates, right back at you.