# Bone Health: Why You Should Care Before Menopause Transcript

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## <Untitled Chapter 1>

## Why bone health matters more than most women realize

We're talking so much more about We're talking so much more about menopause these days, but there's one menopause these days, but there's one big piece that's missing from most big piece that's missing from most conversations, and that's bone health.

conversations, and that's bone health. Our bone health is so critical to our Our bone health is so critical to our longevity, our health span. And yet so longevity, our health span. And yet so many women don't realize that they're many women don't realize that they're missing a big piece of their health that missing a big piece of their health that they could be doing something about even they could be doing something about even in their 20s and 30s. That's why today in their 20s and 30s. That's why today I'm so happy to have Cindy Dewee on the I'm so happy to have Cindy Dewee on the show. She is a functional nutritionist show. She is a functional nutritionist who's been in the game for over 20 who's been in the game for over 20 years. Um, and she's now really years. Um, and she's now really specializing in women in menopause specializing in women in menopause because she's had her own journey of because she's had her own journey of going into early pen menopause at 43 and going into early pen menopause at 43 and has had to learn through her own has had to learn through her own experiences, but is also now supporting experiences, but is also now supporting women through this and really looking at women through this and really looking at a full picture view of menopause and our a full picture view of menopause and our health during this change. How things health during this change. How things like our estrogen levels are really like our estrogen levels are really impacting our health, including our bone impacting our health, including our bone health and our even our digestion, which health and our even our digestion, which we get into a little bit here. Uh, and we get into a little bit here. Uh, and it's just really, she really brings so it's just really, she really brings so many very practical insights into why we many very practical insights into why we should care about our bone health, what should care about our bone health, what we should really know, what things put we should really know, what things put us at greater risk of having lower bone us at greater risk of having lower bone density, and what you can do to advocate density, and what you can do to advocate for yourself with your doctor in your for yourself with your doctor in your lifestyle to support your bone density lifestyle to support your bone density now and into the future before it's too now and into the future before it's too late and even if you already have things late and even if you already have things going on, what you can still do. So, I going on, what you can still do. So, I hope you enjoy this. I really think it's hope you enjoy this. I really think it's such a great conversation. Cindy, thank such a great conversation. Cindy, thank you so much for being with me today.

you so much for being with me today.

## Cindy's journey into specializing in menopause

>> Well, thank you for having me. It is an >> Well, thank you for having me. It is an honor and a privilege. Yeah. honor and a privilege. Yeah. >> So, you know, as we get started, I'd >> So, you know, as we get started, I'd love to hear first your journey into you love to hear first your journey into you really specializing in women through really specializing in women through menopause, kind of supporting women in menopause, kind of supporting women in that transition.

that transition. >> Well, um I've been a functional medicine >> Well, um I've been a functional medicine nutritionist for a little over 20 years. nutritionist for a little over 20 years.

And so I've been helping both men and And so I've been helping both men and women, you know, along that path. And I women, you know, along that path. And I moved into pmenopause and menopause moved into pmenopause and menopause partially because I've been in this partially because I've been in this space myself for about 25 years, believe space myself for about 25 years, believe it or not. I went into menopause kind of it or not. I went into

menopause kind of young. I went into it when I was 43.

young. I went into it when I was 43. Mhm. Um I was going through a very Mhm. Um I was going through a very stressful time in my life and um you stressful time in my life and um you know kind of threw myself through the know kind of threw myself through the stress and losing weight into menopause.

stress and losing weight into menopause. I was having periods and then I stopped. I was having periods and then I stopped. You know the body says hey you know we You know the body says hey you know we don't have enough support. We don't have don't have enough support. We don't have enough cholesterol. We have enough fat.

enough cholesterol. We have enough fat. We're just done. And even when I kind of We're just done. And even when I kind of write in myself a couple years later at write in myself a couple years later at about 45 my body just says we're not about 45 my body just says we're not going to turn it back on. So, I've been going to turn it back on. So, I've been in the space for a long time and I was in the space for a long time and I was watching some of my own personal watching some of my own personal clients, clients, clients, um, women, you know, I knew how they um, women, you know, I knew how they ate. I knew their lifestyle. I I, you ate. I knew their lifestyle. I I, you know, they we've been working together, know, they we've been working together, so I knew we had a lot of things dialed so I knew we had a lot of things dialed in, but yet we were still losing some in, but yet we were still losing some ground.

ground. ground. So, I kind of thought, you know, there's So, I kind of thought, you know, there's another piece here that I really need to another piece here that I really need to look at. And then I was looking at my look at. And then I was looking at my contemporaries and watching them lose contemporaries and watching them lose their vitality, being in pain, become their vitality, being in pain, become less mobile, seeing the doctors more, less mobile, seeing the doctors more, getting more procedures.

getting more procedures. And I had been on HRT for And I had been on HRT for from age 50, so I've been on it for from age 50, so I've been on it for about 18 years. So yes, I'm 68. So I've about 18 years. So yes, I'm 68. So I've been on it for a while. And I can see been on it for a while. And I can see the difference between myself and most the difference between myself and most of my contemporaries.

of my contemporaries. And you know, I used to ask kind of a And you know, I used to ask kind of a cursory question of my clients, you cursory question of my clients, you know, when it came to hormones because know, when it came to hormones because this is kind of how we're conditioned.

this is kind of how we're conditioned. And I think it's definitely changed in And I think it's definitely changed in the last three to five years as we the last three to five years as we become more familiar with exactly what become more familiar with exactly what our hormones do for us. It's just not our hormones do for us. It's just not siloed into this fertility, procreation, siloed into this fertility, procreation, um having a sex drive, right? Just um having a sex drive, right? Just that's it. But that's the question I that's it. But that's the question I would ask my clients is how's your would ask my clients is how's your libido? And they would say, "Well, yes, libido? And they would say, "Well, yes, it's dropped." But most of them, believe it's dropped." But most of them, believe it or not, um would say, "My husband's it or not, um would say, "My husband's not interested, so it's not that big of not interested, so it's not that big of a deal." So, I would drop the a deal." So, I would drop the conversation at that point in time conversation at that point in time because I didn't realize all of the because I didn't realize all of the longreaching longreaching longreaching um benefits that our hormones have on um benefits that our hormones have on all different parts of our bodies and all different parts of our bodies and the tissues and the organs and all of the tissues and the organs and all of that. So, that's how I got moved into that. So, that's how I got moved into the pmenopause um space.

the pmenopause um space. And so, I started doing a really deep And so, I started doing a really deep dive probably about four or five years dive probably about four or five years ago. And I haven't stopped because ago. And I haven't stopped because there's so much information. There's so there's so much information. There's so much conflicting information. So you much conflicting information. So you have to dig, you have to understand, you have to dig, you have to understand, you know, kind of like the theories like know, kind of like the theories like when you learn to play a musical when you learn to play a musical instrument, you have to learn what's instrument,

you have to learn what's behind it. So when you start to behind it. So when you start to understand what our hormones do for us, understand what our hormones do for us, it gives us a better basis it gives us a better basis to understand if something's right for to understand if something's right for us or to have a conversation with our us or to have a conversation with our providers. it just puts us in a totally providers. it just puts us in a totally different space rather than, you know, different space rather than, you know, just the hormones treating the symptoms.

just the hormones treating the symptoms. If we have an understanding behind that, If we have an understanding behind that, I think that helps us. So, um, that's I think that helps us. So, um, that's how I've gotten into that space. And I'm how I've gotten into that space. And I'm kind of on a mission kind of on a mission to help as many women as I can because to help as many women as I can because sometimes I get a little lulled into sometimes I get a little lulled into this mindset that, you know, there's so this mindset that, you know, there's so much information out there now on social much information out there now on social media, YouTube, whatever.

media, YouTube, whatever. Um, that women are hearing what they Um, that women are hearing what they need to hear. They are getting the help need to hear. They are getting the help possibly that they need to help. But I possibly that they need to help. But I keep on getting women in my clinic that keep on getting women in my clinic that says, "Nope, that's not the case." says, "Nope, that's not the case." >> And so my mission is to reach as many >> And so my mission is to reach as many women as I can. you know, I've created a women as I can.

## Why doctors aren't trained in perimenopause and menopause

you know, I've created a platform for that, a course for that, platform for that, a course for that, and to help women become their own and to help women become their own advocates advocates advocates >> because, you know, as much as we would >> because, you know, as much as we would like to sit back and have our doctors like to sit back and have our doctors handle us, most of us are doctors, we do handle us, most of us are doctors, we do see them for 15, 20 minutes. There's see them for 15, 20 minutes.

## Why a broken hip is more serious than most people realize

There's only so much they can do. And the other only so much they can do. And the other thing is to put this in perspective of thing is to put this in perspective of why so many doctors don't know about why so many doctors don't know about pmenopause and menopause and hormone pmenopause and menopause and hormone replacement. First of all, they weren't replacement. First of all, they weren't taught about it in medical school, which taught about it in medical school, which I'm sure you're aware of.

I'm sure you're aware of. >> And um >> And um you know, part of that is WHI study. you know, part of that is WHI study. Part of it is that and I just lost my Part of it is that and I just lost my train of thought, but um understanding train of thought, but um understanding that because they haven't had the the that because they haven't had the the training and they're seeing so many training and they're seeing so many patients that they're not going to have patients that they're not going to have the bandwidth and the time and the the bandwidth and the time and the energy to dig into it unless for some energy to dig into it unless for some reason they have an impetus to do that.

reason they have an impetus to do that. And often, and we're seeing this all And often, and we're seeing this all over social media, it's, you know, the over social media, it's, you know, the ones that are leading the charge are the ones that are leading the charge are the ones that are in their early to mid50s.

ones that are in their early to mid50s. They went through it and went, "Excuse They went through it and went, "Excuse me. me. me. I don't think we have to live the rest I don't think we have to live the rest of our lives this way. We got to look of our lives this way. We got to look into it." So, um, that's how I got into into it." So, um, that's how I got into it. Yeah.

it. Yeah. >> Yeah. I love that. Yeah, you're so >> Yeah. I love that. Yeah, you're so right. There is so much more information right. There is so much more information out there. And I do agree like I I'm out there. And I do agree like I I'm happy that there's a lot more happy that there's a lot more conversation around menopause and how it conversation around menopause and how it can be done differently, can be done differently, >> but that still doesn't

mean >> but that still doesn't mean unfortunately that we can go to our unfortunately that we can go to our doctor and just say, "Okay, let's have a doctor and just say, "Okay, let's have a conversation about HRT." Because there conversation about HRT." Because there is still, you know, the guidelines are is still, you know, the guidelines are still outdated. They're catching up, but still outdated. They're catching up, but then yeah, the doctor is getting caught then yeah, the doctor is getting caught up with the update guidelines. There's up with the update guidelines. There's not enough time in their day often for not enough time in their day often for them to really understand.

them to really understand. >> And it keeps happening. My mom-in-law >> And it keeps happening. My mom-in-law even was asking me about HRT. got her even was asking me about HRT. got her all of her facts. She had her all of her facts. She had her information ready.

information ready. >> Good for her. >> Good for her. >> Went to her doctor to talk to her. But >> Went to her doctor to talk to her. But still, she was met with, "Oh, they cause still, she was met with, "Oh, they cause cancer." cancer." cancer." >> Like kind of pretty much door shut, >> Like kind of pretty much door shut, conversation over like, "Wow." And she conversation over like, "Wow." And she even came with all the data. She was even came with all the data. She was like, "Can I show you these studies that like, "Can I show you these studies that you know I so and so on a podcast was you know I so and so on a podcast was telling me?" Like she came with telling me?" Like she came with information. She was so well informed information. She was so well informed and it still was like unfortunately her and it still was like unfortunately her doctor just wasn't at the same page. So doctor just wasn't at the same page. So yeah.

yeah. yeah. >> Yeah. And I just ran into that >> Yeah. And I just ran into that personally, you know. I I've been paying personally, you know. I I've been paying out of pocket out of pocket >> to see a physician who will prescribe.

>> to see a physician who will prescribe. Okay. And then I've been, you know, Okay. And then I've been, you know, paying out of pocket paying out of pocket for um compounded creams. I mean, for um compounded creams. I mean, there's variety of ways of um getting there's variety of ways of um getting your hormones, the delivery forms. And your hormones, the delivery forms. And so, new doctor so, new doctor and and I opted for osteopath thinking and and I opted for osteopath thinking that they're going to be more open.

that they're going to be more open. Right. Right. Right. >> First thing she said to me when she saw >> First thing she said to me when she saw I was taking hormones was, "You're still I was taking hormones was, "You're still on hormones." And I said, "Yeah." And I on hormones." And I said, "Yeah." And I said, "I have no plan on going off." And said, "I have no plan on going off." And she looked at me like him. And I said, she looked at me like him. And I said, "And if this is going to be an issue, "And if this is going to be an issue, this is a crossroads for us. Then we this is a crossroads for us. Then we need to talk about this." So she was need to talk about this." So she was referring me out. But um so I digress a referring me out. But um so I digress a little bit, but um you know, we just run little bit, but um you know, we just run into this all the time. And her deal was into this all the time. And her deal was heart disease that, you know, clotting heart disease that, you know, clotting stroke. And that's again that that is stroke. And that's again that that is the form that's oral form that you might the form that's oral form that you might have an issue with have an issue with >> and I've you know anyway.

>> and I've you know anyway. >> Yes. Yeah. So much room for improvement >> Yes. Yeah. So much room for improvement for sure. for sure. >> Yes. Yes. Yes.

>> Yes. Yes. Yes.

## The problem with waiting until 65 for a DEXA scan

>> Well, today we're specifically talking >> Well, today we're specifically talking about bone health which I think is such about bone health which I think is such an under talked about piece of the an under talked about piece of the puzzle.

puzzle. puzzle. >> Um the conventional approach for bone >> Um the conventional approach for bone health is

let's just get a DEXA when health is let's just get a DEXA when you're maybe in your 60s. Maybe by then you're maybe in your 60s. Maybe by then >> and so many things have already happened >> and so many things have already happened by then.

by then. >> I mean maybe to start do you like what >> I mean maybe to start do you like what are your thoughts on that of like is are your thoughts on that of like is there a thought behind why we're not there a thought behind why we're not checking earlier?

checking earlier? You know that's a really good question. You know that's a really good question. I had to pause actually. I had to pause actually. It's like okay why? I think the why is It's like okay why? I think the why is it's happening below the surface. It it's happening below the surface. It isn't obvious, isn't obvious, at least to the woman, okay?

at least to the woman, okay? >> But it should be obvious to >> But it should be obvious to practitioners practitioners practitioners because they're seeing osteoporosis because they're seeing osteoporosis in so many women who are 65 and older.

in so many women who are 65 and older. And you know, a lot of my women are in And you know, a lot of my women are in and that I see are in menopause more so and that I see are in menopause more so than per menopause. And I always tell than per menopause. And I always tell them, you've got to get a DEXA scan. And them, you've got to get a DEXA scan. And that's on the NLB bill, but it's still that's on the NLB bill, but it's still kind of our gold standard that we go by.

kind of our gold standard that we go by. It's something that we need to have It's something that we need to have done. done. done. >> And you know, Medicare will cover it >> And you know, Medicare will cover it when you're 65. And so, a lot of doctors when you're 65. And so, a lot of doctors aren't in tune to having their patients aren't in tune to having their patients do it unless they're a little bit more do it unless they're a little bit more evolved. So, you need to ask for it. So, evolved. So, you need to ask for it. So, it's one of those things like, you know, it's one of those things like, you know, brain health, uh, cardiovascular brain health, uh, cardiovascular disease, uh, bone health, and, um, heart disease, uh, bone health, and, um, heart health or asycal disease. One more.

health or asycal disease. One more. Anyway, those are the things that I Anyway, those are the things that I think are below the surface of what's think are below the surface of what's happening in pmenopause. All the happening in pmenopause. All the symptomatic things are pretty easy to symptomatic things are pretty easy to see and go, okay, if I give you a little see and go, okay, if I give you a little bit of estrogen or whatever, those bit of estrogen or whatever, those things go away. It's those things that things go away. It's those things that are underneath the surface that are are underneath the surface that are silent that aren't knocking at our door silent that aren't knocking at our door um that we tend to ignore, right? Or um that we tend to ignore, right? Or aren't even aware of. And and I see in aren't even aware of. And and I see in my clinic, I see a lot of women coming my clinic, I see a lot of women coming in with osteoporosis. And and the thing in with osteoporosis. And and the thing is is that we lose the most amount of is is that we lose the most amount of bone like 20% bone like 20% in the first we can lose it within the in the first we can lose it within the first 10 years of going into menopause.

first 10 years of going into menopause. But yet, if a woman's not testing her But yet, if a woman's not testing her bones until she's 65, that's 15 years bones until she's 65, that's 15 years out for the average woman. Okay, out for the average woman. Okay, >> that is a lot of room for bone loss.

>> that is a lot of room for bone loss.

## Risk factors that put women at higher risk of osteoporosis 1

even if she is eating enough protein, even if she is eating enough protein, even if she is, you know, exercising and even if she is, you know, exercising and and, you know, having weight resistance and, you know, having weight resistance and putting that into it, you know, and and putting that into it, you know, and that kind of moves me into, if that's that kind of moves me into, if that's okay, unless you have okay, unless you have >> Yeah. Yeah.

>> Yeah. Yeah. >> Okay. Um, you know, some of the risk >> Okay. Um, you know, some of the risk factors, right, that we don't think factors, right, that we don't think about. And I want your audience to hear about. And I want your audience to hear this because when you start naming these this because when you start naming these risk factors, it's a much better chance risk factors, it's a much better chance of a doctor ordering a DEXA scan for you of a doctor ordering a DEXA scan for you if you can talk their language. All if you can talk their language. All right? And and there's a reason for them right? And and there's a reason for them to order it. Um, so to order it. Um, so one of the biggest risk factors and and one of the biggest risk factors and and I always I don't really like to use I always I don't really like to use genetics per se because I always say we genetics per se because I always say we can kind of turn our genetics around and can kind of turn our genetics around and that is true, but I do find that is true, but I do find with osteoporosis that it really does with osteoporosis that it really does kind of go is handed down the next kind of go is handed down the next generation. So if that's a risk factor generation. So if that's a risk factor in your family, your mom had it, aunts, in your family, your mom had it, aunts, whatever, you do need to look more whatever, you do need to look more carefully at that, okay? and have it carefully at that, okay? and have it done at a much younger age. And what I done at a much younger age. And what I like to tell, you know, women is to have like to tell, you know, women is to have it done when they're impairing it done when they're impairing menopause. So you have that baseline and menopause. So you have that baseline and then maybe have it done again as you're then maybe have it done again as you're going into menopause, you know, and going into menopause, you know, and just, you know, seeing how you're doing just, you know, seeing how you're doing there. And then you kind of make the there. And then you kind of make the decision on how you and your doctor or decision on how you and your doctor or you and how often you want to have the you and how often you want to have the DEXA scan done. and track it that way.

DEXA scan done. and track it that way. And I am going to just throw something And I am going to just throw something out before I forget it. And it would be out before I forget it. And it would be really nice to have it covered by really nice to have it covered by insurance. It's not an expensive test.

insurance. It's not an expensive test. And so you can order it yourself. You And so you can order it yourself. You can walk into a lab and order it can walk into a lab and order it yourself. And I think it's 150 or or yourself. And I think it's 150 or or under that. Okay. So it's it's not that under that. Okay. So it's it's not that expensive and it's well worth it. So expensive and it's well worth it. So yeah, getting it done in per menopause yeah, getting it done in per menopause and then tracking it from there I think and then tracking it from there I think is a really good so you can see kind of is a really good so you can see kind of the speed of you know you losing bone the speed of you know you losing bone and like what's going on here.

and like what's going on here. >> All right. So risk factors would be is >> All right. So risk factors would be is it in your family? Another one would be it in your family? Another one would be let's say were you an elite athlete let's say were you an elite athlete >> when you were younger especially during >> when you were younger especially during the years of your body building up bone.

the years of your body building up bone. So that would be your teenage years up So that would be your teenage years up to about 23 25 years old. So were you an to about 23 25 years old. So were you an elite athlete? Were you getting your elite athlete? Were you getting your periods or were you not getting your periods or were you not getting your periods? Because that estrogen plays a periods? Because that estrogen plays a huge role in it. Were you restrictive huge role in it. Were you restrictive eating? Okay. And here again, if you eating? Okay. And here again, if you were and you weren't cycling, that is were and you weren't cycling, that is another layer of that risk factor.

another layer of that risk factor. Have you had a history of taking Have you had a history of taking steroids and even um aerosol? So, uh steroids and even um aerosol? So, uh inhalers, okay, steroids. Steroids will inhalers, okay, steroids. Steroids will also pull out bone. So, if you have a also pull out bone. So, if you have a history of that, then you need to watch history of that, then you need to watch it more carefully and probably test a it more carefully and probably test a little bit young younger so you see what little bit young younger so you see what kind of support you need. Um kind of support you need. Um what else is there? If there's a lot of what else is there? If there's a lot of stress, you know, cortisol tends to stress, you know, cortisol tends to gobble up micronutrients, some minerals, gobble up micronutrients, some minerals, too. So, it can deplete our um our too. So, it can deplete our um our

bodies or our bones of the matrix that bodies or our bones of the matrix that it needs to stay dense. So, these are, it needs to stay dense. So, these are, you know, I think probably some of the you know, I think probably some of the biggest risk factors. um Caucasians and biggest risk factors. um Caucasians and Asians tend to be more in that group Asians tend to be more in that group where it's a higher risk factor um risk where it's a higher risk factor um risk group as well. So if you fit into any of group as well. So if you fit into any of those um pay attention to that, do not those um pay attention to that, do not wait to 65 to get your Dexus scan. Um I wait to 65 to get your Dexus scan. Um I would say, you know, 50 and then maybe would say, you know, 50 and then maybe depending on how it looks, maybe 55, depending on how it looks, maybe 55, maybe 60, you know. So yeah, you can't maybe 60, you know. So yeah, you can't wait. You really can't. And I don't know wait. You really can't. And I don't know if if women realize this is, you know, if if women realize this is, you know, we think about breaking a hip. Okay, we think about breaking a hip. Okay, that's yeah, it's a little inconvenient.

that's yeah, it's a little inconvenient. You know, we got to go through surgery. You know, we got to go through surgery. It's a little pain in the ass, It's a little pain in the ass, literally, too. Um, but yeah, but the literally, too. Um, but yeah, but the thing is is that one in three women will thing is is that one in three women will not make it past the first year of not make it past the first year of having a hip replacement having a hip replacement >> and from a hip fracture. And it's not >> and from a hip fracture. And it's not because of the surgery itself. I mean, because of the surgery itself. I mean, that's pretty easy to do.

that's pretty easy to do. One reason is that a lot of those women, One reason is that a lot of those women, you know, they're over 75, they are you know, they're over 75, they are usually frail. And when you're frail, usually frail. And when you're frail, it's hard to come back to being it's hard to come back to being immobilized.

immobilized. immobilized. So, they never get their muscle mass So, they never get their muscle mass back. They never get their mobility and back. They never get their mobility and their independence. Now, I don't know their independence. Now, I don't know about you, about you, but independence to the end is like a but independence to the end is like a big one for me. It just it's like, okay, big one for me. It just it's like, okay, I'm going to lift those weights, you I'm going to lift those weights, you know? It's not for the beach anymore.

know? It's not for the beach anymore. It's so I can move right to the very It's so I can move right to the very end. And so, that's one reason, the end. And so, that's one reason, the inability to move, the loss of mobility, inability to move, the loss of mobility, and just a decline from there. But also, and just a decline from there. But also, you know, you can be more susceptible to you know, you can be more susceptible to an infection from the surgery. You can an infection from the surgery. You can be susceptible to pneumonia because be susceptible to pneumonia because you're lying down, you're not moving, you're lying down, you're not moving, and you can be much more susceptible to and you can be much more susceptible to UTI, right? And they're not often not UTI, right? And they're not often not detected as we get older. They women detected as we get older. They women just are not in tune to the signs and just are not in tune to the signs and that can go to your brain, can go to that can go to your brain, can go to your kidneys. So, these are the reasons your kidneys. So, these are the reasons why it isn't the surgery itself. So, it why it isn't the surgery itself. So, it is a big deal. It's a big deal.

is a big deal. It's a big deal. >> That's so helpful, I think, to to >> That's so helpful, I think, to to highlight the reasons why we should highlight the reasons why we should actually care about this because actually care about this because especially when we're in our prime, sort especially when we're in our prime, sort of speak of our 20s and 30s, we're not of speak of our 20s and 30s, we're not thinking about when we're in our thinking about when we're in our hopefully 80s, hopefully 80s, >> feeling good, being independent, being >> feeling good, being independent, being able to drive ourselves, being able to able to drive ourselves, being able to get up off the floor or even get up off get up off the floor or even get up off out of a chair.

out of a chair. >> Yeah. >> Yeah. >> Yeah. >> Those things, you're right. you know, >> Those things, you're right. you know, once those start to decline, it's so once those start to decline, it's so much harder to get it back. It's so much much harder to get it back. It's so much harder if you do fall, you break a hip, harder if you do fall, you break a hip, then yeah, there's this, then yeah, there's this, >> you know, down old things that that come >> you know, down old things that that come up also. And yeah, it can make a huge up also. And yeah, it can make a huge difference of how you're actually living difference of how you're actually living your life in your life.

your life in your life. >> So, >> So, >> So, >> and to go back to those risk factors, I >> and to go back to those risk factors, I feel like that's so helpful to describe feel like that's so helpful to describe also because I think a lot of people also because I think a lot of people might not realize, oh, right, yeah, I might not realize, oh, right, yeah, I had an eating disorder or I was very had an eating disorder or I was very athletic in my teens. how that could athletic in my teens. how that could actually impact your bone health.

actually impact your bone health.

## When bone density peaks and when it starts to decline

>> Um, I agree with all those. One thing >> Um, I agree with all those. One thing that came to mind too while you were that came to mind too while you were talking is even like digestive issues, talking is even like digestive issues, >> you know, like ulcerative colitis or >> you know, like ulcerative colitis or something at its worst, but even just something at its worst, but even just >> signs we're not digesting our food very >> signs we're not digesting our food very well. Yes.

well. Yes. >> Then I've seen those people come in with >> Then I've seen those people come in with like, you know, they have no vitamin D, like, you know, they have no vitamin D, they have no calcium, you know, because they have no calcium, you know, because they are so nutritionally depleted.

they are so nutritionally depleted. >> Yes. Even one of my good friends, um, I >> Yes. Even one of my good friends, um, I believe it was when she was 39, she fin believe it was when she was 39, she fin like her because she was dealing with like her because she was dealing with this, she did get a Dexa luckily and she this, she did get a Dexa luckily and she already had bone density loss and I was already had bone density loss and I was like, "Oh my gosh, like let's replete like, "Oh my gosh, like let's replete you right now while we still have a you right now while we still have a chance." So, chance." So, >> thank you. Yes. And, you know, digestion >> thank you. Yes. And, you know, digestion is like one of my big deals because is like one of my big deals because that's something I deal with all the that's something I deal with all the time personally. So, thank you for time personally. So, thank you for bringing that one up. And yes, our bringing that one up. And yes, our minerals are not absorbed, broken down, minerals are not absorbed, broken down, absorbed, and our protein absorbed, and our protein >> too.

>> too. >> too. >> It's compromised if we don't have enough >> It's compromised if we don't have enough stomach acid, which a lot of people stomach acid, which a lot of people don't because of stress. So, yeah. Yes.

don't because of stress. So, yeah. Yes. Thank you. Thank you. >> Mhm. Now, to take it back, you were >> Mhm. Now, to take it back, you were describing a bit about how we lose so describing a bit about how we lose so much of our bone density suddenly when much of our bone density suddenly when we go into menopause, but what's sort of we go into menopause, but what's sort of the normal trajectory? like when is our the normal trajectory? like when is our bone density at its highest and then bone density at its highest and then when does it start to decline even when does it start to decline even before we're in menopause?

before we're in menopause? It's at our highest I believe around 25 It's at our highest I believe around 25 and it can start decline but on a very and it can start decline but on a very very slow trae trajectory. It isn't very slow trae trajectory. It isn't until we lose our estrogen until we lose our estrogen that it goes home. And that it goes home. And you know, I don't think most women or you know, I don't think most women or even doctors realize that, you know, even doctors realize that, you know, estrogen was approved by the FDA in 1975 estrogen was approved by the FDA in 1975 to prevent osteoporosis.

to prevent osteoporosis. Okay? And then once the WHI study came Okay? And then once the WHI study came out that went off the table and the out that went off the table and the bifphosphinates came on and you know and bifphosphinates came on and you know and you don't get a bifosphinate until you you don't get a bifosphinate until you So and estrogen can still you know help So and estrogen can still you know help slow down the loss and maybe even be slow down the loss and maybe even be part of bringing some of that bone back part of bringing some of that bone back as well. So, you know, we kind of fall as well. So, you know, we kind of fall off that cliff. You know, we we were off that cliff. You know, we we were starting to to lose some possibly during starting to to lose

some possibly during pmenopause, pmenopause, pmenopause, but we really do fall off that cliff um but we really do fall off that cliff um when we have that scinessence of ovarian when we have that scinessence of ovarian function basically. So, when that function basically. So, when that estrogen just takes a huge drop and if estrogen just takes a huge drop and if you're not doing any type of um you're not doing any type of um what's the word I want not extraneous what's the word I want not extraneous but um but um outside replacement. Yeah. Yeah.

outside replacement. Yeah. Yeah. >> Yeah. I think that's such so good to >> Yeah. I think that's such so good to highlight that you know that has such a highlight that you know that has such a big impact on it and it really is. I big impact on it and it really is. I don't think people really realize how don't think people really realize how much, like you said, estrogen doesn't much, like you said, estrogen doesn't impact just our no, impact just our no, >> you know, cycle. It's really impacting >> you know, cycle. It's really impacting everything in our body, including our everything in our body, including our brain, including our heart, including brain, including our heart, including our bones.

our bones. >> And it's such a big impact. >> And it's such a big impact. >> Digestive system, too. >> Digestive system, too. >> Digestive system. >> Digestive system.

>> Another one that's very not even think >> Another one that's very not even think about that. Yeah. about that. Yeah. >> No, we don't think about it. So, >> No, we don't think about it. So, yeah. And you know, I do have some yeah. And you know, I do have some clients that come in that you, you know, clients that come in that you, you know, don't want to go on hormones. And that's don't want to go on hormones. And that's fine. It's a very personal decision. And fine. It's a very personal decision. And and as long as your labs look good, you and as long as your labs look good, you feel good, your dexes look good, feel good, your dexes look good, >> um you're happy, >> um you're happy, >> there's nothing to fix here, you know?

>> there's nothing to fix here, you know? >> Yeah, I >> Yeah, I >> that's such an important factor to >> that's such an important factor to highlight that I think some people get highlight that I think some people get scared of like, I need to be on HRT. I'm scared of like, I need to be on HRT. I'm missing out if I'm not. And that's so missing out if I'm not.

## What impacts bone density beyond estrogen

And that's so great to say that, you know, if you great to say that, you know, if you don't want that option or if that is an don't want that option or if that is an option for you for whatever reason, you option for you for whatever reason, you might not need it, you could be doing a might not need it, you could be doing a lot of other things.

lot of other things. >> And on that note, what other factors >> And on that note, what other factors impact our bone density beyond estrogen? impact our bone density beyond estrogen?

We talked about some of them sort of We talked about some of them sort of like with nutrients and things like like with nutrients and things like that.

that. that. >> Well, protein again, right? Getting >> Well, protein again, right? Getting adequate amount of protein. It's really adequate amount of protein. It's really huge. So, keeping our muscle mass is huge. So, keeping our muscle mass is huge. and doing movement to stress.

huge. and doing movement to stress. Okay, movement, twisting, pushing and Okay, movement, twisting, pushing and what we're actually doing is stressing what we're actually doing is stressing our bones which tells it that it needs our bones which tells it that it needs to remain strong. So, you know, walk is to remain strong. So, you know, walk is important. Um, but putting some stress important. Um, but putting some stress and having the strength to do that is and having the strength to do that is really important. Um, I know doctors really important. Um, I know doctors will will will u push calcium.

u push calcium. Um, you don't want to go overboard Um, you don't want to go overboard because there's a balance with because there's a balance with everything, right?

everything, right? >> Uh, magnesium's not talked about enough, >> Uh, magnesium's not talked about enough, but we need need magnesium for bone but we need need magnesium for bone health as well. We um do need collagen health as well. We um do need collagen and some collagens are better than and some collagens are better than others. There's some trademarks like others. There's some trademarks like Forte collagen. I would say it's Forte collagen. I would say it's probably better for building up that probably better for building up that bone matrix.

bone matrix. Um, you know, all the things that we need to you know, all the things that we need to do for anything else in our body to keep do for anything else in our body to keep it healthy, you know, lowering that it healthy, you know, lowering that stress. Sometimes we get stressed on or stress. Sometimes we get stressed on or we get stuck on we get stuck on the stress hamster wheel and and the stress hamster wheel and and especially during pmenopause when especially during pmenopause when there's so much going on in a woman's there's so much going on in a woman's life typically life typically it can be really it's it's really it can be really it's it's really difficult to get unstuck from that difficult to get unstuck from that sometimes sometimes sometimes >> and you know journaling may not do it >> and you know journaling may not do it you know it might not be enough. So you know it might not be enough. So those are the things that I like.

those are the things that I like. Vitamin D of course, right? Vitamin D of Vitamin D of course, right? Vitamin D of course. So I like to see my clients, and course. So I like to see my clients, and you might differ here, but I like to see you might differ here, but I like to see them at least 60 to maybe 90, maybe even them at least 60 to maybe 90, maybe even 100, okay? Depending on her bone health.

100, okay? Depending on her bone health.

## Blood markers to monitor: CTX and P1NP

Um, so that's those are the things. And Um, so that's those are the things. And then monitor and maybe we can move into then monitor and maybe we can move into blood some blood work. Um, that I think blood some blood work. Um, that I think is really helpful.

is really helpful. Um, so we do want to monitor with the Um, so we do want to monitor with the DEXA scan, but I think Medicare covers I DEXA scan, but I think Medicare covers I could be incorrect in this. Every two could be incorrect in this. Every two years, I think even if you show up years, I think even if you show up having osteoporosis and it's like having osteoporosis and it's like really? So let's say you embark on a new really? So let's say you embark on a new program, right, of eating differently, program, right, of eating differently, of doing different types of exercises, of doing different types of exercises, and there's some bone programs that are and there's some bone programs that are specific to building bones. I can't specific to building bones. I can't remember off the top of my head what remember off the top of my head what they are, but let's say you embark on they are, but let's say you embark on something like that. Do you want to wait something like that. Do you want to wait two years to see what the heck is two years to see what the heck is happening in your body? I don't think happening in your body? I don't think so. And you know, it's too long.

so. And you know, it's too long. >> Um, and so I like these blood markers, >> Um, and so I like these blood markers, these serum markers for that. And also these serum markers for that. And also you taking, you know, things into your you taking, you know, things into your own hand and getting another DEXA as own hand and getting another DEXA as well. So there's two blood markers. One well. So there's two blood markers. One is called CTX. That's the abbreviation.

is called CTX. That's the abbreviation. and the other one is P um 1MPP. And what and the other one is P um 1MPP. And what I like seeing this because what CTX is I like seeing this because what CTX is measuring is the breakdown rate of the measuring is the breakdown rate of the bone basically.

bone basically. And we want to see the balance and P1 And we want to see the balance and P1 and P is the buildup. Okay, so we have and P is the buildup. Okay, so we have two different types of cells in our bone two different types of cells in our bone when it comes to bone density. We have when it comes to bone density. We

have osteoclass which breaks down and we have osteoclass which breaks down and we have osteoblast which is the buildup. And we osteoblast which is the buildup. And we need both. We need both. So, need both. We need both. So, I just had a client in, you know, last I just had a client in, you know, last week and we did do these markers. Her P1 week and we did do these markers. Her P1 and NP, so her buildup, right, and NP, so her buildup, right, is awesome. Okay, she's probably getting is awesome. Okay, she's probably getting enough protein. She's, you know, doing enough protein. She's, you know, doing enough um exercise. She also takes enough um exercise. She also takes progesterone and testosterone. And both progesterone and testosterone. And both of those are an integral part of bone of those are an integral part of bone buildup.

buildup. buildup. where it was really not good where it was really not good was her um uh CTX. So, the breakdown of was her um uh CTX. So, the breakdown of her bone was pretty high. I'm like, "Oh, her bone was pretty high. I'm like, "Oh, look at this. We're not going to be look at this. We're not going to be going in the right direction for a long going in the right direction for a long time unless we can get that boat turned time unless we can get that boat turned around." Okay. So, it gave me a really around." Okay.

## How thyroid issues affect bone breakdown

So, it gave me a really clear picture of where the problem lies. clear picture of where the problem lies. Okay. Um Oh, I didn't mention this. Okay. Um Oh, I didn't mention this.

Thyroid issues can be also a risk factor Thyroid issues can be also a risk factor and it made me think about it because of and it made me think about it because of her.

her. her. >> So if we have hyperthyroidism >> So if we have hyperthyroidism or a suppression over suppression of TSH or a suppression over suppression of TSH which is your thyroid stimulating which is your thyroid stimulating hormone which is what I'm seeing here um hormone which is what I'm seeing here um that can really play a role in the bone that can really play a role in the bone breakdown as well. So to see that in breakdown as well. So to see that in black and white can really help to guide black and white can really help to guide us into knowing how to create a plan and us into knowing how to create a plan and direct the client or patient. Yeah, direct the client or patient. Yeah, >> that's so helpful. And most women >> that's so helpful. And most women probably have never heard of those probably have never heard of those markers. So yeah, that's really helpful.

markers. So yeah, that's really helpful. And with those too, you know, there's so And with those too, you know, there's so many markers that we look at that we, many markers that we look at that we, you know, there may be a normal range, you know, there may be a normal range, but we're looking for a more optimal but we're looking for a more optimal range for those markers. Is it just in range for those markers. Is it just in normal if someone's getting them and normal if someone's getting them and wanting to know if they should be wanting to know if they should be concerned or is there like an optimal concerned or is there like an optimal range you look for for those two?

range you look for for those two? >> You know, I don't know what the range is >> You know, I don't know what the range is on the labs per se if they have one, but on the labs per se if they have one, but I know what I look for in the CTX. I I know what I look for in the CTX. I look for trying to keep it as close to look for trying to keep it as close to 300 and not getting above. Okay? You 300 and not getting above. Okay? You know, 300 or or lower. Um, and then on know, 300 or or lower. Um, and then on the buildup, the P1 and P, I like to see the buildup, the P1 and P, I like to see it pretty close to a 70, at least a 70.

it pretty close to a 70, at least a 70. So, we can see that it's being built up. So, we can see that it's being built up. And then there's a ratio, and I forget And then there's a ratio, and I forget what the ratio is between the two that what the ratio is between the two that you want to hit. Okay. But there is a you want to hit. Okay. But there is a ratio.

ratio. ratio. >> Yeah, that's helpful. Um, and with >> Yeah, that's helpful. Um, and with those, you mentioned some of the things those, you mentioned some of the things then that can impact those. So, like then that can impact those. So, like thyroid over production. Usually we thyroid over production. Usually we don't think we think of it, oh my don't think we think of it, oh my thyroid's too low, but people don't mind thyroid's too low, but people don't mind

when it's too high because it gives them when it's too high because it gives them more energy, but even it being too high more energy, but even it being too high could speed up the break then. And and could speed up the break then. And and this is getting kind of into the weeds, this is getting kind of into the weeds, but in this particular client that I was but in this particular client that I was seeing this in seeing this in um um um her thyroid hormones themselves, we've her thyroid hormones themselves, we've been struggling with getting them up been struggling with getting them up high enough, but her TSH got so high enough, but her TSH got so suppressed suppressed suppressed that we had to, you know, you really do that we had to, you know, you really do need to look at the whole picture of need to look at the whole picture of what's going on and going, "Okay, stop.

what's going on and going, "Okay, stop. >> We can't suppress this anymore." >> We can't suppress this anymore." Especially looking at the bone. Yeah. Especially looking at the bone. Yeah.

Mhm. Yeah. Mhm. Yeah. >> Yeah. >> Yeah. >> Yeah. >> And what other, you know, we mentioned >> And what other, you know, we mentioned some of the nutrient markers that you're some of the nutrient markers that you're checking also like vitamin D. Are there checking also like vitamin D. Are there other ones that you're you're finding other ones that you're you're finding really to be helpful like parathyroid really to be helpful like parathyroid hormone or calcium levels or those hormone or calcium levels or those things that, things that, >> you know, I don't check calcium levels?

>> you know, I don't check calcium levels? I mean, other than what's on, you know, I mean, other than what's on, you know, the CBC, but um parathyroid is another the CBC, but um parathyroid is another good one to check just to see if there's good one to check just to see if there's anything going on there for, you know, anything going on there for, you know, That's another piece of it so you get a That's another piece of it so you get a a whole picture. So, thank you for a whole picture. So, thank you for bringing that one up.

bringing that one up.

## The role of digestion, stomach acid, and bile in bone health

>> Yes. Yeah, of course. >> Yes. Yeah, of course. >> Um, and you mentioned some of the other >> Um, and you mentioned some of the other minerals um like magnesium, I believe minerals um like magnesium, I believe phosphorus and vitamin K too is another phosphorus and vitamin K too is another one that is finally getting some one that is finally getting some limelight too with bone health, but you limelight too with bone health, but you know, are do you typically check those?

know, are do you typically check those? Do you think it's necessary to check Do you think it's necessary to check those or are we just sort of making sure those or are we just sort of making sure there's enough in the diet and the there's enough in the diet and the supplementation?

supplementation? supplementation? >> When it comes to vitamin K, I I mean to >> When it comes to vitamin K, I I mean to the other ones I don't test it. Um, the other ones I don't test it. Um, I do like to have vitamin K in along I do like to have vitamin K in along with vitamin D, right? So, we're getting with vitamin D, right? So, we're getting the the vitamin D more better absorbed the the vitamin D more better absorbed into the bone. I don't test for that.

into the bone. I don't test for that. Um, magnesium, if you do test for it, I Um, magnesium, if you do test for it, I go more on symptoms maybe. Um, but it go more on symptoms maybe. Um, but it needs to be RBC and not just serum. Some needs to be RBC and not just serum. Some doctors just do serum which really doctors just do serum which really doesn't tell us um what is happening doesn't tell us um what is happening inside your cells. So it needs to be inside your cells. So it needs to be RBC. So that actually is a good one to RBC. So that actually is a good one to do if you can get your doctor to do it do if you can get your doctor to do it or you know if you choose we're so lucky or you know if you choose we're so lucky here in the US where we can order here in the US where we can order whatever we want whatever we want >> which is really nice.

>> which is really nice. >> Yeah, I agree. I mean at this point you >> Yeah, I agree. I mean at this point you can really order whatever you want can really order whatever you want yourself. the the hard part is the yourself. the

the hard part is the nuance, right, of understanding what nuance, right, of understanding what they mean and you you know you can put they mean and you you know you can put them into chat PT or something but it them into chat PT or something but it still doesn't quite miss the mark still doesn't quite miss the mark sometimes. No, sometimes. No, >> but I agree. I think there's so much >> but I agree. I think there's so much more access where you know you can at more access where you know you can at least get them checked, talk to someone least get them checked, talk to someone if they do seem abnormal talking to if they do seem abnormal talking to someone about those. Yeah.

someone about those. Yeah. >> Um and with all this, I mean, I think >> Um and with all this, I mean, I think you've given so many great tips here to you've given so many great tips here to kind of reiterate. Get an early Dexus kind of reiterate. Get an early Dexus again. I'm right I'm on that boat, too.

again. I'm right I'm on that boat, too. I'm like, why wouldn't we just do it I'm like, why wouldn't we just do it even in our 30s? Like get a baseline.

even in our 30s? Like get a baseline. >> Yeah. Okay. Right. >> Yeah. Okay. Right. >> Yeah. Yeah. You >> Yeah. Yeah. You >> know, I think that's very underutilized.

>> know, I think that's very underutilized. Um agree. I agree. Um agree. I agree. >> And you know, getting good nutrition, >> And you know, getting good nutrition, getting that movement in, getting that movement in, >> jumping, you know, putting on those >> jumping, you know, putting on those bones, getting the muscle going.

bones, getting the muscle going. Absolutely. Um are there other things Absolutely. Um are there other things that we should be like watching out for, that we should be like watching out for, making sure we're doing and maybe I making sure we're doing and maybe I guess we didn't really talk too much guess we didn't really talk too much about the diet, too. Are there things about the diet, too. Are there things that we can do um beyond like you that we can do um beyond like you mentioned protein? For sure. That's a mentioned protein? For sure. That's a really important factor really important factor >> when it comes to bone. Um, I would say >> when it comes to bone. Um, I would say protein is probably the biggest protein is probably the biggest thing that we can do. Of course, a thing that we can do. Of course, a varied diet. So, we have lots of colors, varied diet. So, we have lots of colors, right? It means that we're getting a lot right? It means that we're getting a lot of different types of nutrients and and of different types of nutrients and and antioxidants and just keeping us healthy antioxidants and just keeping us healthy overall. Um, getting enough fiber.

overall. Um, getting enough fiber. That's, you know, usually if we have That's, you know, usually if we have enough color in our diet, we're usually enough color in our diet, we're usually getting more fiber. And you know, you getting more fiber. And you know, you brought it up and thank you for bringing brought it up and thank you for bringing it up. Um, good digestion is huge.

it up. Um, good digestion is huge. Um, because if we're not digesting our Um, because if we're not digesting our food, absorbing our food, we're not food, absorbing our food, we're not getting the nutrients that we need. And getting the nutrients that we need. And the thing is is that the thing is is that there's so many ways that estrogen there's so many ways that estrogen affects our digestive system that affects our digestive system that I not everyone needs the the support I not everyone needs the the support there, but a lot of women need the there, but a lot of women need the support there. And one of the areas that support there. And one of the areas that happens is the our production of stomach happens is the our production of stomach acid will go down. And that's where that acid will go down. And that's where that protein um digestion happens and the protein um digestion happens and the ability to cleave our um minerals and ability to cleave our um minerals and vitamins happens in the stomach there.

vitamins happens in the stomach there. you know we need bile which we think of you know we need bile which we think of like we throw bile up right now. This is like we throw bile up right now. This is what I'm talking about is what's made in what I'm talking about is what's made in the liver, right? We need bile for so the liver, right? We need bile for so many different reasons and estrogen many different reasons and estrogen plays a role in our ability to make plays a role in our ability to make choline to make that bile. And some choline to make that bile. And some

women and I'm one of them are more women and I'm one of them are more susceptible because of a genetic makeup.

susceptible because of a genetic makeup. I have a genetic snip. I have two of I have a genetic snip. I have two of them them them >> that makes it very difficult for me to >> that makes it very difficult for me to make that choline and convert it into make that choline and convert it into bile. So I need supplemental support for bile. So I need supplemental support for that.

that. that. >> And why is that important? Because bile >> And why is that important? Because bile has to do with paristalsis. has to do with paristalsis.

um both stomach acid and bile um um both stomach acid and bile um kills the bacteria, okay, that comes kills the bacteria, okay, that comes into our dig digestive system. And a lot into our dig digestive system. And a lot of people as we get older have more of people as we get older have more difficult time with the foods that we're difficult time with the foods that we're eating partially because of all those eating partially because of all those reasons I just mentioned reasons I just mentioned and we can have more sensitivity. So and we can have more sensitivity. So what happens is so this can happen when what happens is so this can happen when you're younger too, right? we start you're younger too, right? we start limiting limiting limiting the foods that are in our diet. The the foods that are in our diet. The FODMAP is a perfect one, right, for FODMAP is a perfect one, right, for SIBO, right? We take out all the FODMAP SIBO, right? We take out all the FODMAP foods and that can give you some relief.

foods and that can give you some relief. It isn't going to kill the SIBO. It's It isn't going to kill the SIBO. It's going to give you relief. And the thing going to give you relief. And the thing is is that you start narrowing more and is is that you start narrowing more and more and more and you're taking out more and more and you're taking out foods that your body needs to be foods that your body needs to be healthy. So when we start restricting, healthy. So when we start restricting, not because of weight, but for other not because of weight, but for other reasons, um that's something to look at reasons, um that's something to look at and get help with.

and get help with. >> Yeah. >> Yeah. >> Yeah. >> Yeah. >> Yeah. >> Yeah. >> Here, here, we could go all day talking >> Here, here, we could go all day talking about this, right? I Yeah, about this, right? I Yeah, >> I completely agree. Yeah. It's so >> I completely agree. Yeah. It's so important and so missed. You know, important and so missed. You know, people are just like, "Oh, you know, I'm people are just like, "Oh, you know, I'm just starting to get some heartburn. I'm just starting to get some heartburn. I'm going to start taking the PPI going to start taking the PPI medications and, you know, all the medications and, you know, all the Tums." And it's like, "No, no, you're Tums." And it's like, "No, no, you're killing your stomach acid even more." killing your stomach acid even more." Okay. So, PPIs are a risk factor.

Okay. So, PPIs are a risk factor. >> There you go. Yeah. Yeah. Which if if >> There you go. Yeah. Yeah. Which if if people don't know, you know, the ant people don't know, you know, the ant acid medications. Yeah. That just acid medications. Yeah. That just >> decreases your stomach acid and then >> decreases your stomach acid and then decreases your digestion even more.

decreases your digestion even more. >> Yeah. And on that note, any other things >> Yeah.

## What to do if your DEXA shows significant bone loss

And on that note, any other things that you see really commonly like that you see really commonly like mistakes that women are making that are mistakes that women are making that are maybe negatively impacting their bone maybe negatively impacting their bone health? anything that we haven't health? anything that we haven't mentioned yet mentioned yet that are the only thing I would I would that are the only thing I would I would maybe put out there let's say you come maybe put out there let's say you come back with a DEXA back with a DEXA that's showing you you know a negative that's showing you you know a negative 3.5 or four okay so you you've got some 3.5 or four okay so you you've got some significant amount of osteoporosis first significant amount of osteoporosis first of all don't give up okay of all don't give up okay >> we can turn a lot of that around but >> we can turn a lot of that around but some of the more, you know, like wearing some of the more, you know, like wearing a weighted

vest probably isn't in your a weighted vest probably isn't in your best interest best interest >> because it's going to put stress on >> because it's going to put stress on especially if you have it in your spine, especially if you have it in your spine, it's going to put stress on that whole it's going to put stress on that whole area there. It's going to probably make area there. It's going to probably make it worse than better.

it worse than better. >> So, you know, be guided when it comes to >> So, you know, be guided when it comes to body movement when you're starting to body movement when you're starting to show something over a negative three, I show something over a negative three, I would say. Yeah, would say. Yeah, >> that's a >> that's a >> I think that's really the only thing >> I think that's really the only thing that I would add to that.

that I would add to that. >> Yeah. >> Yeah. >> Yeah. >> Um, running is probably not advisable. >> Um, running is probably not advisable. >> Yeah. Even think about like little >> Yeah. Even think about like little stress fractures that you can stress fractures that you can >> in your stuff. Yeah.

>> in your stuff. Yeah. >> Yeah. And by the way, if you're starting >> Yeah. And by the way, if you're starting to have little fractures here and there, to have little fractures here and there, little broken, it's like you didn't do little broken, it's like you didn't do hardly anything and you haven't had a hardly anything and you haven't had a DEXA scan, get your little patootie DEXA scan, get your little patootie right in there. Mhm.

right in there. Mhm. >> And get it done. Okay. >> And get it done. Okay. >> Because that shouldn't be happening. >> Because that shouldn't be happening. >> Yeah.

>> Yeah. >> Yeah. >> Yeah. And I appreciate the point, too. >> Yeah. And I appreciate the point, too. We didn't really talk about like We didn't really talk about like >> osteopenia versus osteoporosis, but >> osteopenia versus osteoporosis, but yeah, it's, you know, talk to your yeah, it's, you know, talk to your doctor about if it's like, you know, doctor about if it's like, you know, what your score looks like if it's what your score looks like if it's looking negative like that. But I like looking negative like that. But I like that you highlight the point that it's that you highlight the point that it's not too late. Even if you have frank not too late. Even if you have frank osteoporosis, you can do things like all osteoporosis, you can do things like all the things that we talked about to the things that we talked about to improve it. And maybe there are other improve it. And maybe there are other things, you know, that they're gonna things, you know, that they're gonna recommend too like the bisphosphinates recommend too like the bisphosphinates and things like that if things are and things like that if things are really far gone. But I think that's such really far gone. But I think that's such an important point that it's not ever an important point that it's not ever too late. Yes, the earlier the better to too late. Yes, the earlier the better to do something about it.

do something about it. >> It's harder later on. >> It's harder later on.

## Cindy's personal experience with a doctor's misguided recommendation

>> And I do want to just put this in here >> And I do want to just put this in here because it happened to me personally and because it happened to me personally and I want your your listeners to hear this I want your your listeners to hear this because we will run into it because we will run into it unfortunately way more than what we unfortunately way more than what we should. Okay. So, I had my first DEXA at should. Okay. So, I had my first DEXA at 66 a couple years ago and it was just 66 a couple years ago and it was just barely going into the osteopenic in one barely going into the osteopenic in one area. It's just like for my that's I'm area. It's just like for my that's I'm doing good. Doing good.

doing good. Doing good. And I don't know if that doctor really And I don't know if that doctor really ran my Dex skin or not. ran my Dex skin or not. But the result of the phone conversation But the result of the phone conversation not looking at me right probably not not looking at me right probably not looking at my chart really her looking at my chart really her recommendation was take more calcium and recommendation was take more calcium and put me on a biposphinate oh wow that's put me on a biposphinate oh wow that's when I said we are done yes but just the when I said we are done yes but just the fact that a doctor would do that fact that a doctor would do that whenever any whenever any practitioner practitioner practitioner puts out that you need to be put on a puts out that you need to be put on a medication. I'm hoping that you have medication. I'm hoping that you have someone in your sphere

who's someone in your sphere who's knowledgeable who you can run that by.

knowledgeable who you can run that by. There are times when that is There are times when that is appropriate, but there are times when appropriate, but there are times when it's not. This was very inappropriate, it's not. This was very inappropriate, >> but I'm sure I'm not the first that >> but I'm sure I'm not the first that she's done that to, and there are she's done that to, and there are definite big risks to using a definite big risks to using a bifphosphinate or any of the um bone bifphosphinate or any of the um bone drugs. So, I just want to reiterate to drugs. So, I just want to reiterate to your listeners that step back, take a your listeners that step back, take a breath, you're okay, breath, you're okay, and get a second opinion.

and get a second opinion. >> Yeah. Yeah. Wow. >> Yeah. Yeah. Wow. >> And maybe not chat. >> And maybe not chat. >> Yeah. >> Yeah. >> Yeah. >> Or Google, but a real person who knows.

>> Or Google, but a real person who knows. Okay. Please. Okay. Please. >> Yes. >> Yes. >> Yes. >> Yes. Yeah. Because again, there is so >> Yes. Yeah. Because again, there is so much nuance to look at everything and much nuance to look at everything and really talk about your lifestyle and really talk about your lifestyle and talk about the risk factors you've had.

talk about the risk factors you've had. >> Yes. >> Yes. >> Yes. >> Wow. That's Yeah. That is why >> Wow. That's Yeah. That is why appropriate and scary because you know appropriate and scary because you know yeah biscotinates can strengthen your yeah biscotinates can strengthen your bones but they can also make your bones bones but they can also make your bones more brittle. I think a lot of people more brittle. I think a lot of people don't know.

don't know. >> Yes. >> Yes. >> Yes. >> So that isn't the end all beall best >> So that isn't the end all beall best solution. Yes. It's a worst case solution. Yes. It's a worst case scenario. Yes. Like if you really need scenario. Yes. Like if you really need it help but these it help but these >> if that CTX is up really high and you >> if that CTX is up really high and you have significant bone loss that I would have significant bone loss that I would say would be an appropriate stop gap say would be an appropriate stop gap right while we're working on everything right while we're working on everything else.

else. else. >> Yeah. So again, taking everything as a >> Yeah. So again, taking everything as a whole picture and in context. Yeah. whole picture and in context. Yeah.

## The truth about weighted vests and bone health

>> Yeah. Yeah. And and to go back a second >> Yeah. Yeah. And and to go back a second to what you said too about the weighted to what you said too about the weighted vests, it's vests, it's >> they got so popular so quickly. And I >> they got so popular so quickly. And I think you're right that we should also think you're right that we should also be mindful about especially if you have be mindful about especially if you have back problems. Yes. Had people where back problems. Yes. Had people where they just go into like a 20 pound weight they just go into like a 20 pound weight vest and they're hurting their back now.

vest and they're hurting their back now. And I'm like, oh gosh, no. And I to my And I'm like, oh gosh, no. And I to my knowledge I think to the to date we knowledge I think to the to date we don't have that great of evidence still don't have that great of evidence still that weighted vests that weighted vests >> we don't even help with any of these >> we don't even help with any of these things even though logically we think things even though logically we think that it that it >> so yeah I think bottom line you know if >> so yeah I think bottom line you know if people like it fine but people like it fine but >> you know maybe focusing a little bit >> you know maybe focusing a little bit more on the muscle strengthening and the more on the muscle strengthening and the core strengthening especially first if core strengthening especially first if you're just getting into doing more of you're just getting into doing more of these things these things >> just like jumping like jump rope >> just like jumping like jump rope >> trampoline >> trampoline >> trampoline >> get on a Yeah. Get on a rebounder.

>> get on a Yeah. Get on a rebounder. >> Yeah. skip. When was the last time you >> Yeah. skip. When was the

last time you tried to skip? I tried skipping the tried to skip? I tried skipping the other day and I went, other day and I went, >> "Geez, I need to practice this." >> "Geez, I need to practice this." >> I know. I can't keep up with my kids and >> I know. I can't keep up with my kids and skipping near, you know, once we're not skipping near, you know, once we're not kid.

kid. kid. >> We lose that. It's like, >> We lose that. It's like, >> but it's fun. I I love it. >> but it's fun. I I love it. >> There's always room for some more play >> There's always room for some more play and fun in our lives.

and fun in our lives. >> Yes, there is. There is. >> Yes, there is. There is. >> This is so helpful. I think again, you >> This is so helpful. I think again, you know, you've brought so many incredible know, you've brought so many incredible highlights to this where people will get highlights to this where people will get a deeper understanding of what they can a deeper understanding of what they can really do to best support themselves and really do to best support themselves and advocate for themselves. So, I really advocate for themselves.

## Where to find Cindy Dupuis

So, I really appreciate this. appreciate this. >> My pleasure. >> My pleasure. >> You know, where can women find you? You >> You know, where can women find you? You mentioned you have a program now.

mentioned you have a program now. >> Um, so I do have a YouTube channel and >> Um, so I do have a YouTube channel and there is a video that I've done and this there is a video that I've done and this comes to hormone replacement therapy.

comes to hormone replacement therapy. It's just I think a really nice overview It's just I think a really nice overview touching on a lot of different areas. So touching on a lot of different areas. So people do have that theory. People do people do have that theory. People do women do have that understanding. So and women do have that understanding. So and that's um under my name Cindy Dupwi and that's um under my name Cindy Dupwi and then I have a Instagram that I put quite then I have a Instagram that I put quite a bit of content on that. And then I do a bit of content on that. And then I do have my and and that's at Cindy um Dup have my and and that's at Cindy um Dup Du Pui E. And then on my website, you'll Du Pui E. And then on my website, you'll find my 8-week grace and transition find my 8-week grace and transition course. You'll find the description course. You'll find the description about that. And it's done in a about that. And it's done in a community, so I keep it fairly small.

community, so I keep it fairly small. It's 8week. We tr I think we cover in It's 8week. We tr I think we cover in menopause and HRT and blood work and how menopause and HRT and blood work and how environment affects us. And we do have a environment affects us. And we do have a movement accountability group as well movement accountability group as well that's part of the program. Um, you that's part of the program. Um, you know, I also, if you think this would be know, I also, if you think this would be helpful, I don't know if I sent it to helpful, I don't know if I sent it to you, but I have a PDF and it's a um lab you, but I have a PDF and it's a um lab checklist checklist checklist >> for the pause years. So, the labs that I >> for the pause years. So, the labs that I think are really important for women, think are really important for women, why they're important, and how to ask why they're important, and how to ask your doctor. So, if I haven't sent it to your doctor. So, if I haven't sent it to you, I can send you that link. So, those you, I can send you that link. So, those are the ways, you know, and on my are the ways, you know, and on my website, you can find out how to work website, you can find out how to work with me oneon-one as well. So, those are with me oneon-one as well. So, those are the ways.

the ways. >> I'll link to those in the show notes so >> I'll link to those in the show notes so people can have those right there. people can have those right there. >> Great.

>> Great. >> Great. >> Thank you so much for taking the time >> Thank you so much for taking the time and sharing all this wisdom with us. and sharing all this wisdom with us.

>> My pleasure. Thank you very much for >> My pleasure. Thank you very much for