Discover Comprehensive Medical Weight Loss Strategies Transcript

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Introduction and Guest Background

In this DrTalks, I have a really lovely guest, Dr. Courtney Younglove and Dr. Younglove is a colleague of mine with the Obesity Medicine Association. Dr. Younglove is a physician.

She's dual board certified in obesity medicine and obstetrics and gynecology. And just like me, she is one of only a hundred or so clinicians in the US that has earned their own a fellowship in the field of obesity medicine.

So true expert and the field of obesity medicine, Dr. Younglove is the founder and medical director of the Heartland Weight Loss and Obesity medicine practice in Overland Park, Kansas and Lawrence, Kansas, and is the chief medical officer at Journeys Metabolic, which is a digital therapeutic solution for value based organizations.

Dr. Younglove is incredibly passionate about making evidence based treatments available to all patients who struggle with disease and obesity, and I have asked her today to join me to really give us a big picture of what comprehensive obesity care looks like, what high quality obesity care looks like, and what our pillars are, what our sort of mainstays of treating or addressing obesity or excess weight is.

Thank you so much for joining me, doctor. Younglove. Thanks for having me. Will you just tell us a little bit about how you got interested in the field of obesity medicine, especially as an obstetrician?

Sure. So practicing ob gyn, you really get to know your patients very, very well. And you see them year after year. You see them through big life events and you get very close to those people.

it's a very, very open relationship. You can I mean, if you're a woman, you know, you can talk to your gynecologist about just about anything, right? It's a very safe space to talk about things that you wouldn't often talk about with your girlfriends or your sisters.

And it it became very clear to me, as I was in my practice, that this is something that weight was something that really weighed heavily on my patients, that they talked to me about it.

They wanted help with it, often more so than they wanted to help with their sexual health or their relationship health. I just wanted help with this topic, and I felt completely helpless and unable to help them.

I myself at the time had excess weight and I kept thinking, how can I help them with something that matters if I can't even help myself? So I just started trying to think, what can I do for them?

I knew nothing, clearly, if I knew it, I would have helped myself at the time. So I went to one of these little OAB fundamentals courses that I kept getting fliers for in the mail, thinking, okay, maybe I can learn something, that I can pass along and feel more powerful, and it it just blew my mind that this was a whole field of medicine.

so I just started diving in and it took me a couple of years of practicing full time and being a mom and doing all the other things to feel like I had enough of a grasp of the concept to sit for the boards, and then it just leaked into my practice, and eventually it became what everyone wanted to talk to me about when I was trying to be an obstetrician at the same time, which didn't really work well to do a pap and deliver a baby and do all the other things and add weight management on top of it.

So I eventually just said, I'm going to leave that objection to the objections and I'm going to do this piece of it. And, the rest is history. Wow. Yeah.

How Obesity Medicine Became the Focus

I think such a similar story that I've heard from many experts in the field of of really seeing that it was such a problem for their patients and really having to do that deep dive on their own to get that education.

So in the world of obesity medicine, what we practice, what can you walk us through, what the sort of pillars are, what the mainstays are of treatment, how we sort of think about treating obesity.

Yeah. So we look at it as different silos of things we need to address. So there's the medical portion. That's the surgeries, the medications, the monitoring, the labs, the.

But what a lot of people think of is the medical piece, which is obviously a big piece of it. I mean, obesity is a disease. There's a lot of overlapping comorbidities.

We are using tools within that toolbox to treat obesity. So that's it's a big pillar for us. medications. I don't do surgeries, but I, I work with the surgeons in our town to optimize pre and post surgery.

so that's a big pillar of what we do. I focus very, very heavily in my clinic on the nutrition pillar. I think, in my opinion, after all the research I've done, that's such a big foundational pillar of what we do.

so we, we, we rest heavily on that pillar. we have a pillar of movement. That movement is a piece of all of this, and, and that's a piece that is part of comprehensive care and we need to look at that as a separate pillar.

a lot of people put the eat less, move more into one bucket of lifestyle, but I really think nutrition is one pillar or what we call it our clinic nutritional biochemistry.

And then movement is totally separate pillar. And then there's a pillar of behavior and psychology. It's all the how to implement all the things that need to be implemented as part of a lifestyle intervention.

And why don't we do the things we're supposed to do? And that's another huge pillar. So we have those kind of four legs of the table that we have to address in a in a complete manner.

Right. So like it's not just one of those things there's like nutrition on its own is often not enough movement on its own is not going to be enough medications on their own. We're probably not enough.

And then the mindset or habits on their own often are not going to be enough. But when we bring all of those things together, then we can really start having really huge change for for ourselves and our patients.

Well, it sounds like nutrition is maybe the thing you're most passionate about. If you had to give us a couple bullet points of nutrition, what do you think are sort of the key things that you would want people to know or, you know, the pros and cons of some different strategies that maybe you're using in your clinic.

And oh my gosh, we've gone so many different ways in this to pull the literature together. And, and, and I think we've condensed it down to make it as simple as possible to understand and execute.

and so when I talk with a new patient about nutrition foundation, one is just to eat mostly unprocessed foods. I mean, I think that that is the simplest thing is eat one ingredient foods and that if we can just do that, we've done 90% of the work.

Now, again, the execution of that can be very difficult for people, but just eating foods that Mother Nature plunked on the earth the way they are, chicken, egg, broccoli, apple, those kinds of things.

I think that is key. Number one. And then for most people with excess weight, they do have significant metabolic dysfunction. So then you often have to take that one step further and say, okay, of those while we're healing the disease of obesity, we have to restrict some of the single ingredient foods that cause a high rise in blood glucose.

So we have to get rid of some of the potatoes and the brown rice and the this, you know, the, the, the dietary

carbohydrates that raise blood glucose.

and that's, that's a lever that sometimes we have to turn initially, but not necessarily forever for long term maintenance of that loss or for people that really don't have much excess weight.

So it's it's that healing of disease. And then maintaining the healed state or kind of two different things. But that's what we tend to work on is single ingredient foods.

And then really honing in on those single ingredient foods that don't raise insulin while we're healing. And that's I think. That was so beautifully, simply explained.

Core Pillars of Comprehensive Obesity Care

And, you know, if I have to say one highlight I've had of interviewing so many experts for this summit, the consistency in which people say, eat unprocessed food, eat like you said, single ingredient foods, which is a good way to explain it as well.

has been the most consistent messaging I have heard. so and then from there, we're sort of tweaking, right, for the individual patient. Do we need to worry more about carbs?

Do we need to focus on calories, like, you know, what are some of those individual things that that person may need? But starting with that foundation of like, let's eat more real food.

And as I've never had anybody over eat those things, I never had to be over eat chicken. I never have anybody over eat eggs. I have to fight with my patients times to get them to eat those single ingredient dietary proteins that they need.

Like, it's it's a battle to get the intake in. So it's. And because those foods are not made to be ultra palatable right. They're just as nature intended.

So you'll it's a lot easier to eat those into a point of fullness when to overeat, where, you know, we got some sort of Pringles or something, you know, in our house recently, you know, man, they have these formulated just right.

You cannot stop, right? Like, they, they really make those foods so that you, you can't stop eating them. So, there's this whole concept of intuitive eating, right, that your body knows what to do.

And I love that concept, but it really only works when you're eating, the real foods in nature. Because if you start eating the things that have been made in a lab, our body really was not prepared to intuitively eat M&Ms or chips.

Right? Exactly. Yeah. That the that methodology only works in one realm of nutrition. So. All right. Absolutely. Basics. We, you know, eat more real food and then need individual plans from there which may for the large amount of our patients that have insulin resistance may mean, reducing carbohydrates and simple carbohydrates particularly.

okay. So then let's talk about movement. What is your approach? What should be the general approach to movement? The more the merrier is? I very rarely have patients with obesity over exercise.

It's really getting them just to move. and one of the things that I found in my ten years of practice is when you start getting the inflammation down with the nutritional intervention, people do want to move.

It's almost instinctive. It's. And so I typically don't start with movement as this is a foundational day one process because lo and behold, that human body wants to move when it starts to feel good.

And then it's and then you can tweak it. but I tend to meet people where they are and say, fine, just walk. Start with walking, right? Nobody has to go do CrossFit. It's wonderful.

But that's a big hurdle to overcome for a lot of people. So let's just start moving and let's throw a Frisbee around because lo and behold, unless you're a Frisbee champion, you'll move a lot when you're throwing a Frisbee around, you know, walk the dog, those kinds of things.

And so and I start heavily with neat, too. I've just moved more around the house. So, you know, get a sit stand desk for 100 bucks on Amazon and stand if you're a sitting person and and so we really start simply there and just let people tweak it up themselves.

And then you can start pushing again. If you could just start with the basics, then you can join a gym and get a personal trainer. I really work on every muscle group for the right amount of time, but that's it's not a starting point.

It's a it's a finishing point. So starting somewhere, for anyone and I agree and I agree with you that I that is not the first battle that I tackle. Unless that's what someone comes in really excited to work on.

Like we'll get some movement. Movement is going to be important. We all live better. We live longer when we are moving. But once people have started to lose some weight from the nutrition or the medications, you know, like you said, it becomes so much easier to move and sometimes your body starts like asking for it.

So, so I agree with your approach there. I do the same thing where I'm like, that's not the first step. If someone isn't isn't ready, they're in an ideal world.

Where would you like to see, people get over the course of time or someone's like, okay, but I want to do the recommended amount.

Nutrition Foundations and Real Food Strategies

Like what would be sort of the minimum you would recommend or the target goal for exercise? I mean, if you look at the guidelines put out by the published agencies, it's 150 minutes of moderate exercise a week.

I would love to see everybody get there, but man, I wouldn't ding them if they got to 120 or 100. If 100 is better than five, then let's aim for 100. I think, you know, starting small and letting people organically get there.

I think sometimes when you give them that big task, it seems overwhelming. I mean, when I look at it, sometimes it seems overwhelming and I move a lot.

I do it in ten minute increments here in 20 minute increments here. And then today I'm going to do 90 minutes of yoga, okay. And when I add it up I go, okay, I've got well over 150.

But when I look at it at the beginning of the week saying I need to check that box, sometimes it just makes me want to get depleted. It feels like a lot, especially when we're all so busy and commuting doing side gigs and you know, the modern world.

We are so busy. But I think what you said about it's okay to break it into small chunks, you know, like you're like, I'm going to do ten minutes here.

I'm going to do ten minutes there. And then maybe when I have time to do an actual yoga class or do a video, I'll, I'll spend more time on it. But ten minutes counts, right?

Walking further from the back of that parking lot counts taking the stairs count. Yeah, that all adds up. Yes. Even just. And one of the things I've tried to do lately is say, can we do a phone conversation instead of a zoom conversation?

Because then I can go walk around. I live on a farm and I've got a lot of acreage, and I can just go walk around because then I get to nature. I guess I'm going to get sweaty, but no one's going to know that.

And I'm moving while I'm talking, and I don't even think about it as exercise. But it's movement. It's great. Yes. And I think there are that group of people out there.

You may be listening right, right now who the idea of exercise, like formal exercise, just it feels like a punishment. It's just not interesting. It seems boring.

And so it doesn't have to be going to the gym. It doesn't have to be a workout video. It can be walking while you're on the phone, either for work or just with a friend.

it can be, gardening. it can be playing with your dog. Like, it doesn't have to be, you know, doing a workout video. If that is something that sounds miserable to you.

And we always just call it movement because movement is such a softer word. I think that and it's much easier to wrap your head around moving. Yeah, I love it. That's a great mindset.

Like it's just it's movement. Like we we can all increase our movement. And then, you know, if that word is not for you, you don't even have to think about it.

Yeah. All right. And then let's the first thing you mentioned was medications and medical therapies and labs. So how does that fit all in? Because I think most people are aware that for our health and for our weight, nutrition and movement are going to be important.

But I think this idea of medications is something that a lot of people are warming up to, or other medical interventions. Tell me the role you've seen in your ten years of practice.

and when someone maybe knows that they need to to try another intervention. I mean, I think medications are beautiful. It's it we've had these anti-obesity medications for a long time, and we've used them fairly liberally because it's it's so hard for a lot of people to do the nutrition, to work on that behavioral piece.

When the noise of the outside world and our habits and our systems and our environment is so loud, it's it's I think the medical, we've always looked at the medications as providing the space to do the work that needs to be done.

And I think on our team, that's that's the way we look at it. It's not going to do the work for you, but it'll give you the space to do the work so you can hopefully heal that insulin resistance piece.

So you aren't hungry all the time. So that maybe you don't always need medications because you don't have that drive to eat. so we've used them fairly liberally and I think they're wonderful.

I think they need to be used in the right context. I think we tend to approach them in a step therapy way. Do we need the biggest gun for every person?

Probably not. do we need to use them safely? Yes. And so we've always done that. We always monitor body composition because when they're used wrongly, you can lose a lot of muscle mass, which then in the long run doesn't help people.

So we've looked at them as a very part of the comprehensive package. and that's been great. Do we, do we make sure we have labs in all of our patients, or are we missing something? I don't want to know that.

So I don't want to miss the fact that somebody has renal insufficiency or they have very high liver enzymes, or their triglycerides are through the roof and they're at risk of pancreatitis.

So things that are very important to us, we do in that medical piece. and I kind of put that body composition monitoring into that medical piece of if we're managing the disease of obesity, which is excess adipose tissue, then I want to monitor adipose tissue response to treatment and adjust the treatments accordingly.

So we've done all of that. And I think for a long time it was hard for some of my referring dogs. Most of my patients come from referring docs or nurse practitioners or Pas in the community that that have said for a long time, I don't want to manage this piece.

It's given them a lot of comfort that we're managing the adiposity piece and making sure we're not providing poor treatment or insufficient treatment.

so that's been the thing. And they didn't want to do the medicines.

Movement as a Separate Pillar

I think this explosion of GLP ones on social media and this mass adoption of writing prescriptions is great. And so much that it's moving obesity treatment to the forefront of everyone's mind.

But I think it's also not being done very well because we're not, in many cases, managing that. The adiposity metric to see is, are we doing the right thing?

Are we putting the labs in there? You know, I think I think we go down a rabbit hole there. But I think the. Metrics there is there someone if you're on the medication, is there someone who's monitoring your body composition, monitoring your blood work, making sure you're on the right medicine, make sure you're getting the appropriate nutrition and movement and behavior support to really make that medicine perform as well as it can and be be safe.

And be safe. You mentioned step therapy. Can you explain what that means? So we've always looked at it. So we have in Kansas City God bless the Midwest.

But we have very poor coverage for anti-obesity medications. It's just really poor. and so some of our medications are very inexpensive and some are very, very expensive.

so we've always had kind of this idea that let's start if, if a patient is a candidate for a very inexpensive medication and they have no medical contraindications, why wouldn't you start with something that's very inexpensive for them, rather than loading that on their pocketbook on top of everything else that they have in the world?

and if they're not a candidate, then let's move to the next most expensive medication. And if they're a medical candidate for that, then use that. And if they're not, then let's keep moving up that tier.

Safety wise. and and financially it does matter to people. So we've always looked at it from a financial step therapy model. and, and a lot of our older anti-obesity medications are very effective if you're using them the right way.

I mean, if we're just using them to knock down hunger hormones. Yeah, they're not as effective as the newer ones. But if you're using them to provide the space to to really do the nutritional intervention and do the behavior interventions, like we talked about earlier, when somebody is actually eating primarily unprocessed foods, they don't have a lot of hunger.

It's it's lovely. So we don't need a big gun for hunger hormone management. We just need that space being made. So we've always looked at it that way.

And then I think to me that's a very responsible way to look at it. But for the cost of health care overall for the entire nation, but also for the individuals sitting in front of me.

Which is digital, right? There's so many people who are like, you know, my insurance doesn't cover or go or is that bound? And there's no way I can pay five, $600 a month for this medication.

but don't realize that we do have other medications that have been out for decades. Aids like phentermine, which is super affordable, voluntary phentermine plus topiramate.

Like we have other options. And, you know, you and I have both been doing this since before were govi or Ozempic were around and people kept coming back and seeing as we did have results, we had successes and so I do think that there is a little bit right now of feeling like it's, you know, well, govi as I'm being that bound or nothing.

and that's just really not the reality. Those are amazing, powerful medications and I love utilizing them. But, some people they won't work for, some people have side effects.

And a lot of us cannot afford that medication. and so, you know, there are other options that that people may find great success with. And they don't have to worry about finding their medication or paying for their medication every month. I right.

Okay. So I think we only have one pillar left to cover, but it's kind of could be a big one. which is sort of the behavior and the psychology around weight and the changes that need to happen there.

for weight loss. What can you give us a sort of an overview for that? I mean, it's such a heavy topic, and this is where, I mean, in a comprehensive obesity treatment program, you would have a therapist, behaviorist, somebody to really tackle this.

I wish we had that. We have no coverage for that in Kansas City, which is just disturbing.

Medications, Labs, and Step Therapy

but, this whole idea that weight defines our identity, especially for women, this is a big problem, and that you're living with a disease that everyone can see that has been attached to so much bias and stigma for all of these years.

I mean, it wears on people. It does. It defines a lot of how they look at themselves, how they look at their future, how they look at the treatment process.

I think it has to be addressed as part of the program. I think ignoring that is is way too idealistic. And then there are also a lot of things that go along with treating obesity.

It's a you're asking somebody to do something that's not normal in our culture and society. So we're asking them to do things that their neighbors and their friends and they're often their spouses aren't doing.

I mean, eating a diet of unprocessed foods is hard in a world that lives on ultra processed foods. So you're asking them to be different than the people around them, which is psychologically and emotionally hard to do.

So support for that process, I think, is an integral. You're asking them to start moving, which may go against their their habits and systems. In the past, which again requires support.

so I think the and then understanding why we struggle to do the things we know we want to do is its own beast, right? I mean, that to me, that's I know what I should be doing.

But yes, if there's Pringles in the other room, I want to go eat them. And so it's an internal battle that I will fight with myself day after day. so I think it's a big, huge piece of the puzzle that takes a long time to address.

and it takes time to address it too. So it's it's probably the hardest piece to deploy within our traditional fee for service health system, because it takes a lot of tools and personnel. So.

Yeah, I would say it's my favorite part to work. Through with my favorite to. Because that's where we see the long lasting change. We see these moments.

And often there's crying because, you know, people realize, that they've been so hard on themselves and they've been blaming themselves and how much harder their life has been.

but also like just huge eye opening moments of figuring out why we do the things we do. And then once we know why, a lot of times we can make a change, and change it.

But it is so hard to summarize because that's psychology part that we work on is so individualized. Right. and so, that is a big part of what I enjoy with the getting to know my patients and figuring out what makes them, like, and what we can do to kind of like, move things forward and, again, get to that.

Why like, why is this behavior happening and then what can we do? So, but yeah, hard to summarize sometimes it's everything from habits to dealing with the bias and the stigma to, changing our mindset about things.

And I think you pointed out about people, having to be different or having to, you know, kind of do things differently than their family or friends is something that that is underestimated.

And it gets harder to do over time sometimes. Right. You're like, okay, I can do this for a while, and then then your family goes on a cruise or a camping trip and like, oh, like, how do I navigate, you know, these social in situations while trying to stick to my plan?

Yeah.

Behavior, Psychology, and Sustainable Change

And I think sadly, where that all the emphasis we've had recently on medications is, hey, this is a disease and the disease can be fixed by the medication and we're, we're getting away from that piece.

And I think it's a heavy piece, and I think we're doing everyone a disservice by just making this a medication deficiency problem. And it's going to come back.

Yeah. Yeah. I mean, again, I think you and I are huge champions for medications. We both use them. We've always used them. Yeah. But it is one of our four pieces of the puzzle.

and we see much better results when we combine them all together and sustainable results, for example, when we combine them all together. And, you know, one thing we didn't really talk about between the two of us is, the it's not just about weight loss, right?

Like, that's not why I'm here. I'm pretty sure it's not why you're here. We're really trying to improve health. And so that movement, that increased movement you're doing is improving your health even at the scale doesn't change, right?

Eating more whole foods is improving your health, even if the scale doesn't change. And so those are things that, again, the medications make a lot easier to do.

And you see bigger changes on the scale. But they are so worthwhile doing regardless of of any numbers that you're looking at. Yeah. And I think people use weight as what they want.

And I some do I mean some of it is more of an esthetic thing. But I think a lot of people use weight because that's the word we're used to using, but they want to feel vibrant.

And I think if we can aim towards what does that look like? Does that mean I want to get on the floor and play with my grandkids? Is that I want to fly on an airplane and and not feel uncomfortable, like I can't move my arms the whole time I'm flying.

Like, if you really dig in to what people want, they want to live well. And that that's not always a number thing. That's a that's a feeling. I don't think there's any better way we can sum things up.

But I think, you know, if you're looking for what are your goals like, do you feel well? Are you living well? and let's

focus on that because everyone's individual number is going to be different.

But we can all tell how we feel and if we're living our best life. Yep. Well thank you so much doctor Younglove. If someone wants to connect with you, find you.

Where can they find out more. So I'm on LinkedIn. I'm not a social media person except for LinkedIn because I think that's a great place to connect. our clinic is Heartland Weight loss.com.

We're only in Kansas, so we can only see people in Kansas. So that's a somewhat regional limitation. one of my big passions is really trying to gather people in the health care ecosystem to create a health care system that really prioritizes that wellness and comprehensive care.

And so that's been my big passion lately. And I that's been the fun piece of my life. so I have a website that's Courtneyyounglovemd.com where I'm kind of finding those people and gathering them together.

but that doesn't talk a whole lot about actual weight loss on there. So we have clinic resources with a blog that's a mile long, where we talk about those things.

And then I have my own personal space where I'm really trying to be a part of the change. Wonderful. Well, thank you so much, Dr. Younglove.