Eye on Menopause & Healthspan: How to Stay Strong, Sharp, and Independent After 50 Transcript

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Introduction to the IQ Podcast and Womenu2019s Health

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Maybe you know that you have trouble sleeping. And again, there are things that can be done and diagnoses, you know, something that might be helpful for you besides just trying a different sleeping pill that may enhance your sleep and make you feel better all day long as well as have reduced risk of a number of medical conditions.

Welcome to the IQ Podcast. I'm Dr. Rani Banik, here to help you boost your IQ with powerful insights that connect your eyes, your brain, and your whole body wellness.

Hello everyone and welcome to the IQ Podcast, where you can gain insights into your vision health, your brain health, and your overall wellness to raise your IQ.

I'm your host, Dr. Rani Banik. I'm a board-certified ophthalmologist and functional medicine practitioner. Today's episode is all about women's health.

And I am so excited to bring my guest on, Dr. Pat McShane. Thank you so much for joining us on the IQ Podcast, Dr. McShane. It's great to be here. Thanks for having me, Dr.

Banik. Absolutely, yeah. And so to introduce you to our audience, I have a little bio that I'm going to read. So Dr. Pat McShane is a board-certified obstetrician and gynecologist, and she's also a women's health specialist with decades of clinical experience helping women navigate the hormonal transitions of perimenopause and menopause.

With a deep passion for prevention and proactive care, Dr. McShane is dedicated to optimizing hormonal balance, brain function, metabolic health, and overall quality of life.

So I am super, super excited to really pick your brain, Dr. McShane, and what we as women can do to support our health. But before I ask you those questions, can you share with us a little bit about What you do and how you've gotten to where you're at this stage of your life, you're really trying to support as many women as possible.

Thanks. Yes, I'd love to do that. My major clinical focus through my 30-some years of clinical medicine was infertility.

Why Womenu2019s Health Research Needs More Attention

Certainly, aging and issues as we get into our late 30s, early 40s, and menopause becomes a big fertility issue for a lot of people. But mostly I was just kind of going along with the wonderful, fantastic new things that are going on in reproductive medicine until I went through my own menopause.

And my friends and sisters and cousins and so on were all going through the same things. And many of us were having various aches and pains and medical issues.

I started looking out in the social space out there, Facebook and YouTube and so on. There seemed to be quite a lot of good medical information for men, especially 50-year-old men who are the hosts.

Then I'm like, well, where's the information for postmenopausal women? There was really very little of it. I guess I

wasn't shocked at that. knowing, you know, kind of who controls the media and the culture in general in our Western civilization here, and then also what the clinical research has been doing in all these years, and women have been kind of systematically excluded for a long, long time out of clinical research and then more reluctantly included.

And in fact, I think 1993 was the year that the National Institute of Health passed a resolution that women must be included in clinical research. But in fact, there's still a tremendous lag in that most of the research is still primarily done with males.

There's some justifiable reasons for the initial exclusion of women, but there's certainly ways around them. Pregnancy is a big one. Let's say we're studying a new antibiotic in a 35-year-old woman and she may be pregnant and we don't even know it yet, and you don't want to expose that fetus or that embryo to a novel medication that hasn't been studied.

Then the hormonal changes that do happen in women's lives may make somebody's response to different medications or even surgery or other clinical routines be different as we go through perimenopause, menopause, postmenopause, or different even stages of the menstrual cycle.

Those were justifiable considerations for keeping women out. But now is the time for women to be in, in my opinion. And that's kind of what pushed me towards making a podcast, a bunch of YouTube videos initially for menopausal women, women who are post-menopause, because that group seemed to me to be kind of the least reported upon group of people that I could find.

So that was kind of the background. And the other piece is that although our lifespan has been increasing in the Western world, in developed countries, until COVID, that kind of took a dive there for a few years, our health span has not been improving.

And again, lifespan is how many years we live. Healthspan is how many years of healthy life without tremendous depression, mobility issues, diabetes, spending, you know, once a week in the doctor's office getting something taken care of.

being unable to walk up a flight of stairs because of chest pain or shortness of breath, you know, those are not good quality of life. And that's the difference between lifespan and healthspan.

So that's what really got me to focus on what can we as aging women, women, senior women do to keep our health span and our lifespan as close as possible that make our later years be productive and enjoyable.

To go back to something you mentioned earlier, Dr. McShane, you were saying that traditionally that women have been neglected in a lot of research studies.

I just wanted to share this with you because I think our listeners would be interested as it pertains to eye health. So glaucoma is a disease of the optic nerve, and in glaucoma, usually the pressure is elevated.

Healthspan, Aging, and Key Lifestyle Pillars

Now, what's normal pressure? Well, the studies looking at normal pressure were all done on men and Caucasian men. And so the normal range for pressure, typically we report as 10 to 21. But there are so many variations and so many factors that play into that.

So age, sex, ethnicity, race, there's just so much. And women have been excluded from the conversation. To my knowledge, I'm not aware if anyone's ever repeated that study to look at what are women's eye pressures?

What's a normal range for a woman? And I'd be really curious to know if it's quite different than what it was for men. Yeah, I can reinforce what you just said.

I just read an interesting report about women's coronary arteries that the calcium that's seen on a particular kind of heart scan is indicative of calcifications within the arteries or around the arteries, and that can be very useful information.

But in fact, women tend to have uncalcified lesions, little narrowings, tightenings in their arteries that don't show up on those scans. So what may be a reassuring scan in a male may not be as wonderfully reassuring in a woman.

And the doses for medications have been determined in men largely. So again, the whole age cut off. Most clinical studies, the age cut off is 60 or 65. So there's a whole other science of the medication usage in older people.

that hasn't been as well studied as we would like. And I recently did an episode on deprescribing, trying to get around some of the medications that really are even harmful if not inefficacious in older people.

So there's a lot of work to be done here. Absolutely. I think we're just coming to the realization that these demographics need to be addressed and supported in various stages of life.

Now, we go back to something you were saying earlier also about what's out there. The buzzwords these days about health have to do with anti-aging or longevity.

But you used a very important buzzword, which is also getting more and more popularity, which is healthspan. So when it comes to, let's bring these concepts together, women's health and healthspan, and when it comes to these aspects of health, what are some of the most important pillars that you look at for, or women should look at, your recommendations for women at this stage of life?

Let's say 50 or 60 plus. as they've gone through menopause already. Yes. Behavioral pillars, things that we can and should be doing, that's what you're asking.

Yes, yes. Yes. Well, some of them are pretty tough subjects. Weight maintenance is probably one of the toughest ones, and that's a perennial issue, and again, something that should be carefully talked through with your physician or other provider if you're overweight or obese, but it has enormous implications, even including some of the eye health issues that you've previously mentioned, Dr.

Banning. That's one of them, trying to stay in a healthy weight range. But more importantly, even probably just the kind of foods that we eat, trying to stay away from a lot of ultra-processed foods and fast foods.

and get back to more simple things, especially fruits and vegetables. Protein is a big one for older women. Many people kind of shy away from protein.

They tend to eat more carbs. But protein is important for certainly maintaining our muscles and Having good muscle tone and muscle mass in our bodies is very critical, and that's a huge problem as we get older.

We tend to lose bone mass, which is another whole topic, but muscle mass as well. We haven't been talking about muscle mass as much as we have bone mass, I think.

Could I ask you about, since we're talking about protein, so the traditional medical teaching, I remember from medical school, was that in terms of protein intake per day, you use this equation, which is 0.8, I believe this is 0.8 grams per pound per day, is that correct?

Per kilogram per day. Yeah, I think per kilogram, and a better recommendation would be more than that. In some of the podcasts talking about longevity and anti-aging and health span, I've heard 30 grams of protein per meal.

Now, is that something that women should, especially at this stage of their life, is that something that they should aspire to, or do you think that's more a male goal rather than a female goal?

I think that is a female and everyone who is senior goal because as we get older, our protein absorption and

metabolism changes. And again, the recommendations, the minimum daily requirement was what was originally promulgated probably by the FDA.

I'm not an expert on this. and that was to basically keep you out of the hospital, not to keep you in optimal health and keep you from falling or sustaining a fracture if you do fall and so on.

Protein, Muscle, and Resistance Training

So yes, I think 30 grams per meal, if you're of a normal weight, if you weigh 100 pounds, maybe 25, but a number that's in that range, which is a lot higher than the minimum recommended dietary allowance, That doesn't put too much of a strain on other organs like our kidneys or because I remember again thinking back to medical school the way I was taught is don't have too much protein because it's going to damage your kidneys.

Again I don't think that that has been systematically studied. But for most of us, the risk of falling and frailty is much greater than the risk of kidney failure from eating too much protein.

Perhaps if you have kind of marginal kidney function, that that's a different story and your doctor or other providers should be telling you more about that.

But for most of us, I think aiming to stay away from frailty is like one of my major goals in life. and to build muscle if we've lost our muscle. And that takes protein and activity resistance in particular.

Can you share a little bit more about that, about the activity component and how one can try to get more resistance training in? Let's say, you know, it's not feasible to go to a gym or they don't have, you know, someone doesn't have weights at home.

How could they accomplish this? Yeah, there is a tremendous amount of good information on YouTube and other platforms now about what you can do for resistance training.

Body weight is what most of us need, unless we're trying to really bulk up a lot, which that's not the goal here. In fact, it's very difficult to bulk up doing what would be normal exercises.

And that's something that used to keep women out of the gym and away from the weights. because they didn't want to look like their husband or their brother, but that's very seldom something to be concerned about.

Body weight is adequate for a lot of things that you can do. Again, I urge people to go onto YouTube and look at resistance training, but that is a critical component.

The aerobic activity is important also. There's really three or four components here, balanced exercises, which again, don't have to take too, too long, even just standing on one leg if you're not used to it.

And if you're pretty good at it, try closing your eyes, do it when you're near to something that you can hold on to. That's the first exercise for balance.

But again, these kinds of things will keep us from injuring ourselves if we do fall. So balance is one, cardio or aerobic, and that again is critical for heart function primarily, but other bodily functions as well.

And then resistance keeps going up. in our consciousness more and more in avoidance of falls and just overall health and cardiac well-being and so on.

You know, sometimes I don't actually belong to a gym and I don't like to go out to do exercise, but sometimes I'll just do some yoga or Pilates at home and that's using my own body weight.

And it's building core strength. And there's a lot, like you said, there's a lot you can find on YouTube and other platforms where you can learn some basic exercises that you don't even really need much equipment to do.

No, little bands, bands are good for a lot of people as well resistance. I have my elastic bands. And sometimes you can, you know, if you don't have weights, you can use like, I've in the past when I've used cans of food, you know, just like a one or two pound can of something and use that as for some weight, you know, low weight training.

Well, Dr. McShane, this has been such an interesting discussion. I'm so enjoying like learning from you. We're gonna take a very short break to hear from one of our sponsors and then we'll be right back with more on the IQ Summit.

So stay tuned. Are you suffering from migraine symptoms like debilitating headaches, light sensitivity, dizziness, or brain fog? Do you want to avoid medications or over-the-counter drugs that all too often cause unwanted side effects?

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Today we're speaking with Dr. McShane about women's health and health span. We're talking earlier about some basic behavioral pillars of health. Let's talk now about sleep and rest.

Can you share some insights into those topics? Yeah, sleep has recently been added by the cardiology group for the Life's Essential 8. It was Life's Essential 7, or I forget the exact wording before, but sleep has been recognized more and more as a totally important part of our overall health.

and not only the amount of sleep, but the type of sleep that we get. And the hours that we sleep, if we can possibly get into a routine, you know, where it's the same time every night and every morning, that's an important piece of our wellbeing.

And I don't know if that's a part of eye health or not, but I haven't seen it. Actually, that is something I recommend. Like exactly what you said is, you know, setting a time when you're going to bed and waking up at the same time, no matter if you're traveling, if it's a weekend, weekday, holiday.

And it's more so, probably it is important for eye health, but more so for migraine. I happen to take care of a lot of people with migraine. And so migraine brains crave that regularity.

So I'm glad that you mentioned that about sleep. And I'm sure a lot of our listeners and viewers are saying, yeah, well, that's wonderful for her to say, but I'm having trouble sleeping.

And again, I urge people who are wake up tired, are tired all day long, even though they think they slept. Maybe you have sleep apnea. You can't make that diagnosis by yourself necessarily.

Maybe you know that you have trouble sleeping. And again, there are things that can be done and diagnoses something that might be helpful for you besides just trying a different sleeping pill that may enhance your sleep and make you feel better all day long as well as have reduced risk of a number of medical conditions.

don't just take poor sleep as, oh, I've never been able to sleep, you know, maybe there's something that can be done, and it's important to do that. Absolutely, and I actually have seen quite a few patients who have sleep apnea who end up with vision problems, whether that be something relatively minor like dry eye or there's something called floppy eyelid syndrome or something more serious even eye strokes or optic nerve stroke so that is definitely like linked very closely with sleep apnea.

Actually I don't know if you've heard about this Dr. Machine but there's an app that I found I believe it's called SnorLab where you can download it, you put it on your phone, and it records you at night.

So even if you don't know if you're snoring, it will record you and then give you a score in terms of whether you are at risk for sleep apnea, and then you can go take that to your doctor and get a sleep test.

I found that really helpful for a lot of people. The good news about sleep tests is that it used to be you had to go to a lab and make the appointment weeks in advance sometimes and sleep in an unfamiliar setting.

That for most people is no longer required unless you have a complex neurological condition of some type. For people who just have typical problems with sleeping or daytime fatigue and so on, There's so many things that can be done at home now, wearing straps and maybe a little nasal cannula, but at least you'll be sleeping in your own bed.

It makes all the difference, I think, because when you're in a strange environment, it's hard to fall asleep, and you're hooked up to all these machines.

Yeah, it's challenging to do that sleep test. So don't use that as an excuse. Yes. Dr. Michane, what about the people who have trouble falling asleep?

What are some recommendations you would give them to help them fall asleep more easily? Avoidance of caffeine. I know people who can down a cup of coffee at 10 p.m.

and go to sleep at 10.30. I'm not one of them, and probably most people are not. caffeine may be found in some of the drinks and even the chocolate has a compound that's similar to caffeine.

So that's probably the number one thing is avoidance of that. You probably could tell us more about blue light, whether that's been overhyped or not, whether exposure to screens and our phones and our computers.

It definitely plays a role. And artificial blue light, whether it's your phone, your tablet, your computer, even those CFL bulbs emit blue light, LED bulbs emit blue light.

I usually tell my patients, if you're having trouble sleeping, refrain from using those two hours before bedtime. I've read about that for kids, helping to get your kids, and in my case, my grandkids, to sleep.

Again, turn down the big overhead lights and turn on a few little lamps with low wattage bulbs. Or even red bulbs. Yeah, red can be very soothing as well.

So if you just switch from the bright cool light to like a more amber reddish hue, that can make a big difference as well. We are so far away from our natural environment, the way we currently live.

It's amazing that we can sleep at all in some ways with our artificial light, sound, and our ability to get any information at any time of day or night.

If we can go back a little bit to the way our bodies, and I'm sure you know more about this Dr. Banna because of your neurological training, but expose ourselves to light first thing in the morning, and then maybe the setting sun if we are lucky enough to be able to be outside at that time, but then not all the artificial light all the time.

And activity as well. Some people can, again, when I was young, I used to be able to play racquetball at 9 p.m. and

go home and go to sleep. Not anymore.

So, again, front-loading physical activity earlier in the day for some people may make a difference. Eating. Don't eat right before you go to sleep. That can keep you awake and give you stomach problems.

Smoking, Alcohol, Loneliness, and Social Connection

So that, again, earlier meals and, again, front-loading your calories earlier in the day, not have an enormous meal in the evening, which can be hard socially to pull that one off.

But it's a goal anyway. Yeah. And as you said, these are all behaviors that we have control over, right? A lot of these factors. And the other thing I wanted to just add is that it's not easy to make these changes, right?

They're habits that are so deeply ingrained in us. Like for me, I'm a night owl. I do my best work at night. So I'm always up late at night. And yes, I do have trouble sleeping sometimes when my brain is just so full of ideas.

Give it time and be patient with yourself when you decide to make a change like this. Whatever change that is, give it time and it's repetition, right, Dr.

Machain? Yep. Yep. Yep. Many, many repetitions sometimes. Other pillars, we talked about activity and sleep and smoking. I don't know what to say about smoking.

Never good. Probably if you smoke just a tiny bit, that might not be such a big deal. But smoking for so many diseases is just the first thing that you should cut out.

And actually, you know, specific to eye disease, people who smoke have a two times risk of losing vision for macular degeneration than people who don't smoke.

And this is based off of twin studies. Yeah. So we know we have data that it's not good. Yeah. I don't know so much about marijuana use. Again, more and more issues of mental health conditions coming up from that kind of marijuana that's available now.

But again, the research isn't going to be very forthcoming because there's not going to be money to fund it. So I'm not sure when we're going to find that out.

But anecdotally, I think Smoking a lot of weed or ingesting other forms of marijuana is not such a great idea for our overall health as well. I would add vaping to that because a lot of people will think, oh, it's not a cigarette, I'm just vaping.

Vaping has toxins as well. Yeah, plenty of toxins and there have been links with eye conditions. And alcohol, unfortunately, I like my wine, but it turns out that that U-shaped curve that we used to think the people who drank a little bit had the best mortality rates turns out to probably be not correct.

That there's reasons that those people who didn't drink who had worser outcomes than the people who drank a little they may have been people who had an illness and that's why they stopped drinking.

So the best current data is that any amount of alcohol has an impact on your brain and that's from some laboratory kinds of research as well as large population studies showing people who drink at all.

So minimize alcohol I guess is what I would say for a healthier We know that also from the data from the Blue Zone areas, showing that people who are centenarians who live to 100 and above, who live in these communities, have a lot of these support systems in place, but they have very little to no alcohol in their diet.

maybe one glass with dinner or something, yeah. And back to what you just said about social situation, there's, again, more and more data about our social connections and our overall health.

And even the Surgeon General back one or two administrations ago called loneliness the latest epidemic. It's the people who report either social isolation or feelings of loneliness have lower life expectancies and life quality than people who are socially connected and don't consider themselves lonely.

So that's another piece of all of this. So again, if you can get out a little bit, volunteer, join a book club, sing in the choir, different things that get you out there into the world with other people.

That's relevant. Or you can get a pet. I've had some patients who, unfortunately, they've lost their spouse and they're very, very lonely. It's their pet that keeps them, that gives them that motivation to keep going every day.

I spoke to a woman yesterday who volunteers at the local shelter every week for, she said, six hours, which was a pretty big commitment. But again, sense of purpose and connection, and she gets to see some results from her work and so on.

Yeah, so wonderful. Well, Dr. McShane, this has been fantastic. Thank you so much for sharing some of these thoughts and simple, simple strategies, ideas that people, especially women in this stage of life, can employ.

If anyone wanted to reach out to you, learn more about your work, and by the way, Dr. McShane has her own podcast, the Women's HealthSpan Voices podcast, so please check that out if you've enjoyed learning from her to learn more.

Where to Find Dr. McShane and Closing Remarks

But how else can people find you and your work? Well, I have a Facebook page. Women's HealthSpan is probably the best way. And do you have the social media things at the bottom of your screens?

Yes. We will put all your links, so your Facebook group, your YouTube channel that you mentioned, your link to your podcast, so that people can learn more from you.

But again, thank you so much for spending some time with us today, Dr. McShane. And thank you all for tuning in to the IQ podcast. If you enjoyed this episode, please remember to, first of all, subscribe and leave us a review.

And the more reviews we get, the more visibility, the more people can learn and, yeah, and benefit and raise their IQ. So please support us in this journey.

Thank you, and I will see you all next time. Take care. Thank you for tuning in to the IQ Podcast. I hope you enjoyed today's episode and learned something new to help you boost your IQ.

Leave us a review and share the podcast with your family and friends. Stay connected with me for more eye-opening insights on eye health, nutrition, and lifestyle.

Until next time, keep your vision clear and your IQ sharp.