## Introduction to My MD Unscripted

We all know people who spend their whole life going to doctor's appointments. And, you know, if you're on seven medicines and you're too sleepy to get out of bed or dizzy or, you know, that's not a healthy health span.

So, so that's, that's the focus. That's the title of my video series actually is women's health span voices. And yeah, that is, as you mentioned, the focus is just let's keep this person alive and not really think too much about the quality of life.

Welcome to My MD Unscripted, where healthcare gets personal and the script gets tossed. I'm Dr. Clint Carter, ER doctor turned direct primary care freedom fighter on a mission to challenge how our healthcare system treats patients in America.

In every episode, my expert guest and I dive into real conversations about what's broken and how we can fix it by making healthcare about people, not just managing disease.

It's time to rethink what healthcare should be and how we can make it better together. Welcome to the podcast. Hello again, and thank you for joining us on the My MD Unscripted podcast.

I am your host, Dr. Clint Carter, and I'm honored today to be joined by Dr. Pat McShane. She has extensive history.

## Dr. Pat McShaneu2019s Background and Menopause Focus

She was in the fertility space in the beginning and has watched it just evolve into what it is today, which is basically miraculous and futuristic to me as a family medicine doctor.

I love watching that, that space grow, but I am going to let Dr. McShane introduce herself, but I guess I would start with the question. Well, most women spend over a third of their lives after menopause.

Who's helping them thrive and not just survive through all these years. So go ahead and introduce yourself and get this ball rolling. Thank you, Dr. Clint.

That was a third of our life. And I got to that point myself and said, who's helping me to understand all the great information that's out there? And I came up with the answer.

Not too many people. There's wonderful webcasts out there for 50-year-old guys trying to get our VO2 max up. And I'm like, you know, VO2 max is not the space that myself and most of the women in menopause are really operating in.

So let's bring it to a more understandable level. As you mentioned, I am very fortunate to have been in the OB-GYN training place when IVF was first getting going.

Before that, there was some fertility medicine going on, but not a lot of success for certain people. So I was fortunate enough to be the medical director of a large IVF program and we watched our pregnancy rates rise up dramatically over the years.

And I only retired really about a year ago. Wow. Yeah. Yeah. And as I said, watched the pregnancy rates go up tremendously and the complication rate because we were only putting in one embryo instead of two, three, four.

Yeah. Yeah. So that's how I got to my own podcast here of information for postmenopausal women. And there really is a lot of great information out there.

A lot of it from some of these large studies that have looked at women. The main one is the UK Biobank. And they looked at over 400,000 people of a little bit more men than women, I think, but pretty close, 50-50.

over many, many years. And in the British health system, they follow people under one information umbrella, so you can get correct information about someone's subsequent clinical story because of the National Health Service.

And it was well-designed, so there's just a tremendous amount of data backing up the lifestyle approaches that I'm finding over and over again in the research that I'm doing for women in their menopause.

## Why Health Span Matters More Than Lifespan

And it's kind of novel because, you know, until recently I was working with, you know, embryos that had, you know, 100 cells and doing very high, not me personally, but, you know, advising couples about, you know, genetic testing and which embryo to put back and so on.

And now I've found myself in a space where getting eight hours of sleep and eating a plant-based or plant-rich diet and avoiding alcohol and so on is more to the point than the high-tech stuff, although we still rely upon the high-tech stuff, of course.

I love that you spent your career bringing life into the world and you've transitioned to that landing that plane gracefully with quality of life. And, you know, I feel bad that so many of the 70 plus generation and the ones that have gone a decade before them that have just had such a poor quality of life.

just because the information has been wrong. Our approach to hormones has been wrong. Why do you think there's so much misinformation? We're in the information age.

There's so much data out there. But I think so many of our patients, because you know, you get to feeling bad. You go to Google, you look it up. How can I feel better?

What's wrong with me? But so often they end up with the wrong information. Why is it so hard to find the right information? I think it doesn't sell, seriously.

The bed headlines sell a lot better than the, you need to get eight hours of sleep a night headlines. And I just think our culture has gone way, way down the path of materialism and self, you know, individual, everybody has to do everything by themselves.

get whatever they can and, you know, consume. And we're good consumers, no doubt about it. And we consume too many calories. We consume toxic things in our air and in our water and in our food and just too many material possessions.

We have cut ourselves off from relationships with other people. I just did a video on the loneliness epidemic, which is particularly relevant for older people.

And I think a lot of it is our culture. That's why the information we get is basically trying to sell us something, not get us back out to nature and get exposed to light in a more physiological way.

And we've basically ignored how our bodies are designed to live in this world. And I think it's coming to roost the mistakes that we've and just kind of assume that we were all gonna drive around in 4,000 pounds of plastic and metal and live under, you know, electric lights and eat stuff that came on a truck from Lord knows where, you know, from some factory in between.

So that's kind of where I am with all of this, which again, is a far cry from those little embryos that I used to think about. it's not sexy and it's not a miraculous quick fix.

It's not a new $10,000 a month medicine that, you know, it's back to the basics and it doesn't sound like something

that would sell, but it works. And there's a generation of folks that just need to know it and would love to consume that information if it was presented to them.

Well, I think part of, where the problem is is that medicine has been so focused on lifespan and helping people not die that they've ignored what we call health span and being healthy and really living along that journey.

## Starting Small with Lifestyle Changes

Tell me what the difference between lifespan and health span means to you and kind of what you feel like are the pillars to the thriving during some of these post menopause years for these women.

Yep. Statistically, the difference for American women, and I'm not sure if your audience extends much beyond the US, but it is around 12 or 13 years between what we would consider our full lifespan, which is in the low 80s for most American women.

And health span is back about 12 years from there. So that's a long time. And the definition of an unhealthy life at that point is issues with mobility, issues with energy.

We all know people who spend their whole life going to doctor's appointments. And, you know, if you're on seven medicines and you're too sleepy to get out of bed or dizzy or, you know, that's not a healthy health span.

So that's the focus. That's the title of my video series, actually, is Women's Health Span Voices. Right on. And yeah, that is, as you mentioned, the focus is just let's keep this person alive and not really think too much about the quality of life.

And it's sort of built into the system. You know, you focused on America with those stats and it's. not just an American problem, but it is uniquely also an American problem because we have an insurance-based system that it would be really hard for them to figure out how to pay for prevention and say, congratulations, thank you for helping them not have this problem.

It's much clearer and easier to pay to fix a problem once it comes up. So avoiding a calf should pay more than getting a heart, calf and a stent, but it doesn't, it pays zero dollars.

So the system is built to treat the fruit, not the root. And here you're coming in and kind of giving an upside down reality. you know, if you were to like put it into, you know, pillars of care, you know, physical, mental, emotional, hormonal, where do you like to start when you get these women that reach out and say, Hey, or on your video series, as you, as you sort of coach along, like, you know, they got to start somewhere.

Yeah, that's the tough part. I mean, I myself, of course, have things that I do and ingest and so on that I would wish to be doing differently. And I can really relate to how hard it is.

When I get new information, it's like, oh, darn, I didn't want to know that. Yeah. Alcohol really is a complete neurotoxin. I really like my glass of wine.

Correct. I thought it was good for you to have a glass of wine at night. That's what they were telling us 20 years ago. Go start low and go slow. I just came back from a conference where you know the focus of most of the of the talks was was based in lifestyle some of it, you know supplements medications and particular tests and so on but a lot of it boils down to to lifestyle and both the speakers and the audience are very we're very aware of of how difficult this can be.

And one of the speakers who was talking about exercise, which of course is what I call the secret sauce, you know, what if it would blow a lot of medicines out of the water, you know, for blood pressure control and so on and so forth.

Yes. But, you know, if I can get somebody to do 10 push-ups against their kitchen counter and 10 squats, you

know, who isn't doing anything and can barely get out of the chair without help, you know, I'm doing her a favor, you know, to start there.

No VO2 maxes for her or for me at this point. And again, the functional medicine doc said, if you don't sit down and talk to somebody about how they're feeling and how they could feel or might feel, and if you make a change, how do you feel now on this new hormone replacement or, you know, changing your diet to a more plant-based diet, you know, how do you feel?

You have to keep focusing on that piece. And that's really the important piece is how do we feel, which our body knows and will tell us.

## Rethinking Hormones and Bioidentical Therapy

that our symptoms are our body speaking to us is how one of the speakers represented the clinical experience you know your body is telling you what you need to know and start small start where you can actually make a difference and if that is walking for five or ten minutes after dinner do it you know if you're not into exercise.

So that is kind of a long-winded answer to your question, but start where you can start and check in on how you feel. Because again, your body knows the answer.

Most of the time, you will start feeling better rather than the same or worse. I really love that. If nothing else, it refrains the conversation to, you can feel better.

It's not normal. to feel terrible for a decade waiting for God to mercifully take you home. It is average. That is very much how the last generation experienced the process very often.

God forbid you were healthy enough to live a long time, then you got to suffer that your prize was 10 years of senescence, but As we reframe the conversation, we're like, no, no, ma'am.

I tell my 40 and 50 year old patients, I'm like, hey, listen, you're going to be a little old lady one day. You're super healthy, but you don't really exercise.

You don't really need to. You look great. You don't think you need to, but you need to start training now. to be older. You don't want osteoporosis and no muscle mass and your brain to start slipping and all the things are going to happen if we just keep existing because you're not on fire.

So many of my patients, they have a fire to put out. I love it when we get past that and they're like, I guess I'm good. Like, no, no, no, we just got started.

We just got started. Now we can start talking about the future. Tell me a little bit more about your approach to hormones. I think for my practice and for our audience, they've heard a few things about hormones and longevity.

How do you approach that? Well, as a gynecologist, I was, you know, in the middle of the storm when the Women's Health Initiative landed and everyone started telling women, no, no, no, no hormones for you.

It's bad stuff. been a lot of rethinking of that information and basically a huge change in what kinds of hormones are available because that study and a couple other studies were based on horse urine estrogen derivatives and laboratory altered progesterone.

So a lot different than what we now have, which are the bioidentical hormone. So I advocate people to go on hormone replacement when they begin having menopausal symptoms, basically, which is for most people early in their perimenopause before they've basically started having tremendous hot flashes and no periods, you know.

If you're working with a doc who's in tune with all of this, you can start seeing signs of your perimenopause years before you actually go through your last period.

And for many people, that's when they may need some hormones. And if you're in the practice of someone who's oriented in that way, they can help you to make that menopausal transition as painless as possible.

It's more and more and more popular, common to find a provider that believes in bioidentical hormone replacement in your 40s in that decade before menopause.

I mean, it's usually about a decade of perimenopause that gradually gets a little worse and a little rougher and a little worse and a little rougher. and you know we love to play in the testosterone sandbox progesterone sandbox we dabble in the estrogen a bit in that phase it's a little tricky in that phase because we don't want to push people to estrogen dominance more than we need to but individualized personalized care dictates where we go with each patient and tell me When you're advised, cause you know, the women's health initiative, that study that you were referencing that ran all of the obstetricians and basically doctors in America away from hormones for 20 plus years and doing the best they could with what they had, but they were wrong.

How do you approach the idea that hormones are bad for you? Again, citing more recent studies with the hormones that one would choose to use now, the bioidenticals, and talk about the specific problems with the Women's Health Initiative and some of the earlier studies using the synthetic progesterone and what was called conjugated estrogen.

you know, data. And again, some people aren't going to be open to hearing that and they're just not going to care for it. But, you know, you can say, do you want to feel better?

## Menopause, Loneliness, and Social Connection

And let's try, let's try this and we can start at a low dose and go slow and low. And if it's not for you, we can stop. But most people are going to feel better in, I don't know, 48 hours.

What's your experience? Yeah. Yeah, really relatively quickly. But also, you know, if we do when we on our females that we pellet for sure, it's the first round last a woman about three months and they start to feel a lot better.

And then the second round hits and all of those processes have been turned back on their testosterone, estrogen, progesterone processes are all ready to roll and you hit them with a fresh batch.

and they're just like like like an awakening like I am back baby let's go I remember what it felt like to be able to think and sleep and go and care it's amazing but the I think the the stipulation I like to make with my patients is yeah and we're not drug dealers like there's cocaine probably feels good too i'm not going to put you on that this is literally making you healthier for the few people who don't have this like all inspiring oh my gosh where has this been the last 20 years awakening i'm like okay i mean that's up to you i know we haven't blown your socks off here But it's decreasing your risk of cancer is decreasing your risk of heart disease is decreasing your risk of falls osteopenia sarcopenia you know wasting away dementia you know.

It is good for you. It is a key to your longevity. You don't have to do it because, you know, you were looking to feel a million, but give me a little bit more time.

Let me tweak the doses and just, by the way, let's go get a little exercise. Let's get a little sunlight. Let's, you know, what are you eating? Let's get into that ballpark as well.

I think getting the point across, like you said, that the more recent data that it actually makes you healthier. is powerful. And in a 10-minute appointment, you know, most docs do not have the opportunity to say all those great things that you just mentioned, and that's the advantage of having the kind of practice that you have.

So again, the message that you send to patients and providers is You know, you don't have to be in the factory kind of medical care. You can find someone who has that kind of time and that kind of approach.

So, yeah, go for it. Speaking of time, thank you. And speaking of time, you know, many people see menopause as a time of like loss, a loss of fertility, a loss of feeling good.

And, you know, it's sort of, I don't know, it's so often a depressing reality. How do you sort of re frame that discussion? And other than, you know, you know, you don't Hey, listen, you don't have to have periods anymore.

That's positive. But how do you, you know, peer support this whole season of life? Like, how do you reframe this for your for your audience? That's a great question.

Again, it's going to be a third of your life, hopefully, if you're healthy enough to make it for those next 30 years. And that's what you're advising your female patients in there for you.

So, okay, well, you made it through, but now you still have a long way to go. It's still true, the U-shaped curve of happiness. For most people, again, in the West, it's an American study, but I believe it's true in other countries.

Our middle ages are actually very, very stressful as we're dealing with growing children or, you know, children growing up. And often we're the sandwich generation.

Our parents are aging and infirm. and we're trying to do our career and still be spouses, partners to our partners and life partners. And this is very, very stressful.

And one by one, as we get older, we get freed from those various responsibilities, or they certainly change. They don't, I mean, I have four kids, so you're not free of your children.

I don't want to be free of my children or my grandchildren, but it's very different. It's not the immediate all day, all day, every day kind of situation.

And I'm sort of enjoying the invisibility. They say women after, I don't know what age, 50 are invisible. And for some people who've spent their life getting themselves all done up, that's probably a bad thing.

For me, it's fine. I don't, I don't mind being invisible. I just want to look like, you know, not call attention to myself, but just go and do my, my own life.

And that's fine by me. So, and you typically have more time to spend with your friends and family at your same age level. Hopefully people are healthy.

So, except for those that are getting more and more isolated, you know, there's, Tell me about that. That seems to be a really big deal in this population.

Yep. As I mentioned, I just did a video on that loneliness epidemic, and there's a great book called Bowling Alone. I believe the author is Robert Putnam.

It was written along, I think in the 90s, but it seems to be very true still, maybe more now. Our social media presence has, and a lot of the things that we used to do, like go to church and be in a bowling league or a bridge club or something of that nature, have kind of slowly gone away in our society.

And we are more and more isolated. And obviously, if you can't see at night, night vision, difficulty driving, if you can't pull some of that kind of stuff off, Your mobility may not be great to get to where you're trying to go.

These factors all compound our isolation, basically. And the answer is, you know, again, make a very concerted effort to be in a book club, you know, start small, again, if you can't pull off a big thing all at once, you know.

Join the choir at church if that's all, you know, the biggest group you can manage. Go to church if you can. Yeah, et cetera. So the data about social isolation and loneliness is pretty compelling that it's associated with decreased health and diminished longevity.

So this is a real thing. It's not just pain, but it's again, against your best health situation. And if you're, you know, if you're a listener out there and you feel that you, you're like, yes, that is absolutely true.

I'm very lonely. The irony is, is that you're not alone, right? Like so many people are in that same boat and it's. It's hard because likely the group isn't going to come banging on your door demanding that you join.

## Exercise as the Key Prescription for Thriving

It does take that initiation, which is really hard. The longer that you're isolated, the more intimidating it is to do anything else. But the little things that you were comfortable with or are comfortable with start there and grow.

I love it. the mental health crater that we took during and after COVID was largely isolation based. There were other stressors, of course, but the way that we weren't allowed to get together was on our, I mean, and it was without age demographic.

It was just across the board, kids, older folks, you know, working class, rich, poor, it didn't matter. Being isolated is bad for you. Volunteering is great.

I mean, if you just type volunteer on your search bar, there's plenty of stuff out there that needs to be done. And especially across generations, I think it's invigorating to be with people who are in a different generation and a different worldview.

That's what I've found in my own life. Well, okay, I'll start kind of wrapping it up. I would love to hear if you could give every woman one prescription, air quotes here, for thriving after menopause.

What would that be? Exercise. It's so powerful. And again, if it means starting walking for five minutes after dinner or lunch or, you know, that for so many people that would make an enormous difference in how they felt.

I think it's harder to take away something, let's say, you know, that piece of pie that I love to eat after dinner than it is to add something in. And, you know, we're needing to be doing both aerobic activity as well as resistance, weight, you know, using our weight.

Uh, our body weight or other, other weight, as well as, you know, flexibility and balance and all that. But basically start with what it is that you know, you can do and you will do if possible, do it with a friend, you know, your family member or get rid of the isolation, go in a walking group, go do, you know, chair yoga with somebody.

Let's. Yeah, absolutely. Yep. So to me, for most people, that would make a big difference and not be as painful as some of the other alternatives. I think what we eat is harder to change for most people.

Yeah. Well, you know, I have a couple that I saw literally yesterday. They're super healthy. They're pretty natural. They'll take almost anything as long as it's not made by big pharma.

And, but, you know, the last year or so, you know, they've just kind of stopped exercising and just kind of started eating what they wanted. And it was their annual, they were in here together.

So we had a couple hours straight with the two, with all three of us in here and it was. Yeah, we gotta start. We gotta start walking. I've got this little injury.

I need to address that so that I can exercise. We gotta quit eating that. That darn ice cream machine has been our down. You know, it was such a good conversation because The world says you need to be more comfortable.

There's no reason you shouldn't be. And cognition is slipping. Their weight is increasing. They're hurting more. Their quality of life in the last year has dropped significantly.

And it's just because they stopped doing the things they know to do. And there was a vacation here and an injury

there. There's always something, right?

It wasn't like they just decided that being healthy was stupid. They just kind of. forgot, you know, one thing lead to another. So it was a really great visit and we're going to add in some things and play with their hormones a little and do some things, but ultimately they know what the difference is and it's so huge.

So what do you hope for? What do you think the next decade of women's health is going to look like? So you've been around for some decades of women's health.

You've been practicing medicine for how long now? Well, 1977 is when I graduated from medical school. No way, okay. Well, this is not an opportunity we get.

Almost 50 years of watching healthcare evolve, women's health specifically in your field. And while you were focused largely on fertility and the amazing movements that have happened in the last 30 years there or more, what do you hope for?

What do you think the next decade with the momentum we're getting a little bit of for women's health is going to look like? I think that the more personalized care and more listening care that you've described and we've been talking about is gotta be the way that things are going.

## The Future of Womenu2019s Health and the Podcast Series

And yes, it's true that we don't have the staff, the practitioners to allow everyone to have an hour with their doc. But another part of me says, but if we didn't have so many symptoms, we wouldn't be going to the pulmonologist and the endocrinologist.

Yeah, right on. Gynecologists, so maybe there's some economy of changing the whole landscape there, that if people were healthier, they wouldn't need to be going to so many different specialists and docs all the time.

And if people took more personal responsibility, same drill, rather than running down to the doc's office every time they have some symptom. And the information age should help us.

It should information. But you know, yeah, the information is like, gosh, man, how do you trust with that? I mean, if you Google your symptoms, it will eventually say cancer.

That's just I'm convinced the algorithm all things lead to cancer or death of some kind. But I do I do think that you make a good point with, you know, If a primary care doctor had more than 10 minutes, he wouldn't have to refer every short of breath to three specialists.

You know, if you could dig into the root a little more, then they wouldn't need those other visits and those other visits could be given to someone who has true, you know, blah, blah, blah.

And so, you know, what I like about when we make a referral from our direct primary care membership based practice is that that doc on the receiving side of this referral knows good and well they've been worked up.

And when we send the referral, it's here's what we did, here's the records, here's the imaging, the labs, and I'll be checking with you after this referral, so thanks for your help.

And it's two things. One, it keeps them on their toes, but two, the specialists are grateful because they just get to be special. They just get to do their things.

So many of our specialists are so busy doing the primary care doctor's initial workup for the first visit or two before they even really get to do what they do.

So I think you're right. There is, there's probably more room than I give credit for a backlash on time and attention

from your provider. And I do pray that that's a big part of the next decade.

And I love that what you're doing is a big part of it. You educate your listeners on what it should look like and can be like. And so, Tell us more about the Women's Health Span podcast video series and what kinds of stories and insights that listeners could expect and how they can get a hold of you if they have any questions.

Sure. I did videos independently on YouTube. So if you want to go back and find some of those, Women's Health Span should get you to that in my name, Pat McShane.

And now I've moved over to Dr. Talks to help me to do the editing parts, the pieces that I didn't like to do that took a lot of time. So that's my current platform and that means I'll be on the audio podcasts as well, the Spotify and Apple and so on.

I just did an interview on eye health, which for most older women and men, of course, there's lots of a whole panoply of symptoms that we can and often do have.

So that was a great one. I plan to do a lot on bone health, which of course is a big one. And then just keep talking about, you know, a lot of diet, exercise, preventive care, dementia.

You know, there's just a large number of topics that I'm hoping to cover with the other experts with primarily functional medicine approach, but some of it is very subspecialty kind of medicine as well.

So it should be a range of different approaches. I love that. Well, you know, a place where you know that you're getting information that you can trust and topics that aren't, you know, talked about nearly enough and if they are, it's usually to sell something.

So Yes, I'm pretty excited. Thank you for that. I know that we'll have a lot of our listeners check into that because gosh, man, good information is hard to find.

But Dr. Machine, thank you so much for your decades of dedication to women's health, you know, from fertility to freedom. I think that's what I'll call this podcast.

And thanks for helping, you know, my patients, the women in my life and all over the country and beyond embrace sort of midlife to the final third, you know, their health span.

Thank you for that. And thanks for being on with us. And I appreciate it. It was great to meet you. Spend my pleasure. Thank you so much. A lot of fun to talk.

All right. Thanks for joining me today on My MD Unscripted. I hope today's conversation opened your mind and inspired you to imagine a better path for your health and therefore life.

If you found value in this episode, be sure to subscribe, leave a review, and share it with someone passionate about transforming health care. Real change starts with real conversation.

So let's keep them going. Until next time, stay well, stay curious, and never stop pushing for better.