Introduction and Guest Background

Hello! Welcome to our episode today on hormones and mental health, overcoming anxiety, depression and ADHD in women. Today I have a very special guest, Nicole McPherson, and she is going to talk to us about the importance of thyroid hormone.

And we're actually going to talk about metabolic health and GLP one on this episode of Hormones and Mental Health. I would like Nicole to kind of introduce herself and tell everyone about her and her clinic, and how she kind of came about to be in this space, because I think it's very powerful, and I think that people will really resonate with this and then want to listen to this episode even more.

Hi guys, I'm McCormick Pearson. I am a PA and I'm the founder of Modern Thyroid Clinic. You would think we're somehow affiliated with Doctor Smith's modern endocrine.

We're not. We're just soul sisters in the thyroid sector. I ended up in thyroid by way of being a patient. So I took my pain and turned it into purpose.

When I was 27 and couldn't get help and was literally going to bed at 330 in the afternoon every day. Took me a while to navigate the complexity of this system, but eventually I got my life back for my thyroid condition, learned and was mentored in every form and facet in the sector of thyroid and have built on that knowledge, expanded it to create our own unique treatment algorithms, treatment protocols that modern thyroid clinic.

And so that's what I do. That's my day job. And we are now creating and launching our sister company, Modern Weight Loss. And we have really been diving in deep to the research with our own patients and science in the world of GLP one.

So so excited, so excited and passionate about that topic. Excited to dig into that today. And I think we'll talk about some things you wouldn't expect.

And you can find me on social media. I kind of love me a good thyroid educational series and my podcast Modern Thyroid and Wellness. So happy to be here.

Thanks for having me. I am thrilled to have a returning guest. So I think this is my first returning guest and now one of my dear friends. So this is McCall McPherson and she is the visionary of Modern Thyroid Clinic and the owner of Thyroid Nation, a large thyroid advocacy platform.

She's a physician assistant, a recent head speaker, and a thyroid expert by way of being a thyroid patient herself, she's been a guest on numerous podcasts and summits, discussing various topics on thyroid and hormone issues, and now host Thyroid Nation Radio.

She also just started her own podcast, which is amazing, and we'll put all that in the show notes. Her passion for perfecting thyroid treatment stemmed from years of her suffering due to the mismanagement of her own hypothyroidism.

Now she lives, breathes and thrives, and understanding the nuances of proper thyroid care. Her philosophy is simple there's no reason to still have thyroid symptoms.

She spends her time helping to give her patients their lives back, and teaching and advocating for the other millions suffering who aren't her patients.

You can get a more in-depth understanding of who she is on her website, and we'll link all that in the show notes.

She ended up on this fascinating niche of medicine for a few reasons.

The most profound was our own case of hypothyroidism that she simply could not get manage, and left her almost nonfunctional for more than six months.

Repeatedly, she asked her doctor, begging them for help, and asked them to look at her thyroid. It wasn't until she learned that thyroid disorders are much more complex to diagnose and treat than a simple TSH, and leave a thyroxine that she got her life back years later.

For obvious reasons. Her passion runs deep for solving patient's thyroid problems, and it's her jam and her life's calling. Professionally speaking, she's licensed and a national certified physician assistant with prescriptive authority.

She graduated magna cum laude with a bachelor's degree from Texas State University in Psychology in San Marcos, Texas. She then packed up her bags and moved to New York City to earn a master's degree, as well as an additional bachelor's degree.

And she's a physician assistant at mercy. And then began began her certification from the prestigious Institute for Functional Medicine in 2015. She lives in Austin, Texas, with her two daughters, Weston and Rose, and in her free time she enjoys exercise, live music, spending time outdoors and traveling.

So please help me welcome Nicole McPherson back to. Back to the basics. So happy to be here. Really happy to hang out with you and chat about all the things we love.

So thanks for having me. Of course. So today we are going to talk about hormones and mental health. So we are actually going to repurpose this podcast.

And we're going to use it for our hormone and mental health summit that we're having. It's also kind of the code title is Overcoming Anxiety, depression and ADHD in women.

And you're actually going to help me host or co-host that that summit. So I'm so excited about that. But we just wanted to kind of focus on today, you know, thyroid in menopause and then how menopause and thyroid disorder change.

Thyroid, Menopause, and Hormone Shifts

And then also some of the symptoms that you develop with, anxiety, depression, things like that. And then we're going to get into one of your specialties, which is GLP one use towards the end.

Does that sound like a plan. I love it, let's do it. Okay. So I kind of have some questions I want to go over with you. So the first question would be we often hear about how hormonal changes during menopause affect various aspects of health.

Can you explain how the decline in estrogen during menopause impacts thyroid function? Yeah. You know, it's interesting. So medicine historically looks at these things as like all separate entities.

Right. Like hormones are different than thyroid. And you know we're still lacking in like an integrated viewpoint in so much of medicine. We've become so divided.

And obviously these things interplay with one another. Estrogen in particular influences thyroid function because we share a couple mechanisms of transport of these hormones.

One being like your sex hormone binding globulin, another one being your thyroid binding globulin, they influence how these hormones are metabolized used and excreted.

And so big upticks or downshifts in estrogen impact how our thyroid function is used and available. So, you know, when estrogen initially plummets, we can end up having a little bit of a resurgence of free available thyroid hormones.

But simultaneously, what can happen is, you know, menopause, perimenopause, right. This is a whole slow evolution of a process. When we hit menopause, which is where the sciences is, the set point of data analysis is because perimenopause is just too darn muddy to differentiate data.

But menopause, when we hit menopause, we become at an increased risk for hypothyroidism, right? So just plain old low functioning thyroid. And I always give an analogy of like look like our bodies.

They break down slowly over time. We slowly lose our hormone production. Over time, our reproductive hormones don't just stop in menopause, they start decreasing in our mid 20s, mid 30s, that kind of thing.

The same happens with thyroid. So at that data set point where research is done, they find hey, when women hit menopause often they have hypothyroidism.

But in addition to that, in a third facet we're more at risk for Hashimoto's. So when we hit menopause, our risk of Hashimoto's also increases, which therefore also increases our risk for hypothyroidism.

So these big shifts are complicated, they're intertwined. And it's very confusing for patients to navigate. It's often confusing even for clinicians, because hormones aren't really emphasized so much and a lot of aspects of medicine.

And so we have to be really careful and mindful during those big, big transitions. Why do you think that patients develop Hashimoto's more at that transition into menopause?

Do you think it's inflammatory based? Do you think it's stress based? Research suggests and I don't know if they firmly delineate, but they suggest it's inflammatory based that that drop in estrogen actually promotes a higher risk for being at an inflammatory state, which is pretty interesting.

Again, like so sad for all these women who were one generation before us who never got really access to hormone replacement Carrick because it was demonized.

I'm glad that medicine is changing its viewpoint in that. But those poor women, like a whole generation or more obviously just didn't get that. And so they're more inflamed, more at risk for all these health ramifications because of that.

Yeah. And I wonder macall too, if some of it is like gut. Right. So we know that estrogen plays a huge role in your gut and your gut health. And so when we lose estrogen we lose a lot of our good microbiome.

And so I wonder if some of that plays a role too with inflammation. Gosh I'm sure right. I'd have to I'd be curious if we could find any studies. Like it'd be pretty interesting to dig up, but it makes perfect sense.

Like we have the switch with hormones and all of a sudden it shuts off and the effects of that are so incredibly far reaching and underappreciated in a lot of, you know, a lot of medical care.

Yeah. And speaking of that, too, you know, when we do have this shift of estrogen and it kind of shuts off, explain what happens to some of your patients, whether they have thyroid symptoms or not, as far as like their mental health.

Do you notice a change in mental health, mood, sleep, anxiety, depression, anything like that? Yeah. So I definitely see like a flattening with low estrogen.

Like just sort of like this apathy I wouldn't say depression, but maybe like mild depression, just lack of engagement,

you know what I mean? Just my sort of attitude.

And then with that, like the low progesterone component is one of the most fascinating things that I've ever found in medicine of like, all the sudden these women, not all of a sudden, but when they do experience low progesterone, they go from never having anxiety in their whole life to having like profound and significant anxiety for no reason whatsoever.

And then if you supplement them with some progesterone, it's like in 72 hours their anxiety is gone and they feel like themselves again. I did not know that when I started doing hormone replacement therapy, and every time patients would come back and it was like mind boggling to them, I was like, wow, this is really like incredible.

I can't believe no one ever taught me this. Like, this is mind boggling. Yeah, yeah, I would agree. And even in the perimenopausal phase or, you know, even younger girls that have issues with progesterone for sure, that's that's something that I see a lot as well.

So given the symptoms of thyroid dysfunction often overlap with those of menopause, what should women be aware of in terms of distinguishing between these condition.

So like how can women know is this my hormones? Is this my thyroid? And then how can health care providers ensure that they're making inadequate diagnosis.

So if we have health care providers listening to this, how do we distinguish this right. And it's sort of nuanced between perimenopause or pre menopause and menopause. Right.

They all present quite differently. But in like the pre or. So here I'll just start over I'll ask the question again. Ready. Okay. So given the symptoms of thyroid dysfunction often overlap with those of menopause, what should women be aware of in terms of distinguishing between these conditions.

Like how can women and how can health care providers know? Are my symptoms actually thyroid related, or are they menopause related because a lot of them coexist?

Right. And it's such I actually get this question on social media, like almost every day, every few days. And it's confusing, especially because there is delineation that has to take place between like pre and perimenopause and post menopause.

And I would say the pre and perimenopause is actually like with low progesterone, anxiety, irritability, agitation, insomnia. Women usually see those symptoms building up leading up to their period.

They getting worse and worse. They start their period and they're like oh my God. Life actually is like not so bad at all. It's actually pretty great.

I don't know why. I was like completely losing my mind three days ago. And so that is a really good indication of estrogen dominance. Too little progesterone and pre or perimenopause is very common, just like you mentioned.

See it literally all day every day. And then the low estrogen peace usually fluctuates in Perry and perimenopause. It's vaginal dryness. It's hot flashes again a little differentiated from thyroid.

Those are the symptoms I'd hone in on to differentiate it. And pre or Perry and also postmenopausal for estrogen I think where things get confusing is testosterone.

And you might agree with me it's like low testosterone leads to like some fatigue some loss of overall sense of well-being, kind of, lower ability to build up your exercise, build muscle mass with extra poor metabolic function.

Right. Can't lose weight, can't maintain your weight. And those things kind of overlap a lot with thyroid, right. And lead the normal sleep. I feel like women with low testosterone have a terrible time sleeping.

And then so my thyroid is in my estrogen is. Yeah. Totally. And it's confusing. And that's where I think the lab data is so important. And I and I'm sure you feel the same way the more data points that we can gather over time, when long before your perimenopausal and all the way through Perry and postmenopausal, the more power we have to influence this in a positive way.

And so we want to understand the patterns and what's normal for you, so that when things begin to shift, we can intervene really early on. But without that lab data, without full thyroid panels, without full hormone panels, it's really hard to make as clinicians effective, informed decisions.

Yeah, I think that's the problem with a lot of healthcare today. Right? Is like you go see your primary care doctor. They have ten minutes to see you.

You have five complaints. They say, I don't know, like here's a medicine. Instead of really trying to figure out like, okay, how do these all relate? How do they all correlate, like getting more information about when they started and then actually doing a lab panel.

And I actually had a primary care doctor tell me recently, like, well, you know, we were talking, well, why would I get all those labs? Because I have to look at and interpret all those labs.

And I'm like, yeah, man, that seems like a huge nuance. Like actually helping people, you know, like. So it's like, maybe it's necessary. Yeah. I'm like, I don't know.

I mean, just seems like it might help. So yeah, I mean, I do think that symptoms, you know, there are a lot of things that cause fatigue. There are a lot of things that cause you know what we're talking about.

And they do run together a lot. You know, thyroid hormones, cortisol, adrenal. You know, you're a big adrenal person to guy. Like it's all intertwined.

But the lab and the data point I think is, is so crucial for you and a provider. And then also I think, you know, you preach this so well as the patient like, you have to be your own advocate for your own health.

Like, you know, when you don't feel well, right, like, you know, you knew when you didn't feel well. I knew and I didn't feel well. You have to find someone who will listen to that and then help you figure out how to fix it.

Right. And don't try to convince your doctor to listen to you and take you seriously. And that's the mistake. I think so many people, when they are trying to be informed consumers of their health care, make, you will not convinced that doctor you just mentioned to care about how you feel to run labs, to spend the time interpreting them, that's never going to happen.

You have to continue to look for someone who's invested in your health and invested in partnering with you and your health, and I have to say, a lot of times those people don't take insurance because they want to work with you for you on the time that is necessary to spend to help you get your life back.

And that's a worthwhile investment in your quality of life and health. 100%. It's the best, probably investment. You know, you don't. I was talking to somebody about this this past week.

You don't really think about how much money you would spend on your health care in yourself until you're not well, right? Right. You just don't think about it because we all take advantage of it, right?

We all just take it for granted. Go. We feel well, but, you know, you never really think about that until you don't have that. And then all you want is your health.

You don't care about all the material purchases you've made as opposed to spending money on your health. You got whatever it was a car, a house, clothes.

All you care about in the world is getting your health back. And so you want to reverse those concepts and invest in your health first, because that too leads to way more productivity and way more ability to invest in yourself, in whatever, whatever other form or fashion you want to.

Yeah. And investing in your health is investing in yourself, right?

Distinguishing Thyroid Symptoms from Menopause

I mean, it's investing in you. And so I think that's especially women sometimes have a hard time with that. Right. Because we give to everyone else first, our kids and our husband and our family.

And but you can't be a good mom, wife, mother, etc. if you're not well yourself. So I think the other thing that is wrong in this country is thinking about, you know, is it okay to spend money on my health care because a lot of people have this warped mind of like, you know, the insurance company is going to take care of me, and if that is your mindset, you will end up fat with insulin resistance, diabetes.

Very sick. Yeah. And you'll. Do medications? Yep. Your golden years will be spent in a hospital because that's where they want you to be. So they can make money.

And you know, I also view the work that you and I do as honestly, it's generational, like fixing a woman's health fixes a marriage, it fixes a family unit.

It fixes the kids, the relationship with the kids, their grandchildren. Like, if you can fix a woman's health, I promise that you can. We can change the our country like we can absolutely influence.

So far reaching and so investing in your health as a woman is investing in your marriage. It's investing in your family, and it's investing in the generations to come.

Yeah. And it's very important because it's hard. Like we're talking about like, you get to these transitions in your life where your hormones are shifting, and it does change a lot of things for some women, not everyone, but a lot of women. Right.

So your hormone shift, like you said, your hormone shift. And then you start having issues with your thyroid or you start having issues with your cortisol, or you start having issues with your insulin and, and then all these things add up, and then you start having issues with your mood and your anxiety and your depression because you're like, what is going on? I don't even know this person. I've become.

And so it's just very hard and it's a very sensitive time and in a woman's life. And then I think a lot of times, unfortunately for writers, I know you believe this, like when a provider doesn't know the answer to something, it's like, oh, well, you must be crazy, right?

It must be all the in your head. Since I don't know how to help you, it's all in your head. So here's an antidepressant. And that's not what we need to do.

Like, that's not why I went into medicine. Amen. And honestly, even if you have mood like issues from progesterone or whatever, a lot of times your antidepressant is not going to fix that.

That's actually how I ended up in thyroid. So you have to get to a. Hormones are powerful things like we have to address them because anything short of that is not going to get the job done.

Exactly. So transitioning to metabolic concerns, we were kind of asking about that. Moving beyond the thyroid. We know menopause is also linked to metabolic changes.

Everyone knows that. You know, women have the muffin top and they feel like their body is changing. They lose muscle mass. Can you tell us why menopause often leads to a decline in metabolic rate, and how this impacts

overall metabolic health?

Yeah, so there's a few different facets here. I would say. One is we start shifting the way that we store fat from like our hips to our stomach and that, you know, people often don't realize that's a big deal, but it's called central adiposity.

And that is a sign of, you know, really poor metabolic function, insulin resistance, increased risk for cardiovascular issues. It is a telltale sign that things are not good on the inside.

You're storing visceral fat that means fat around your organs, which is extremely it increases your risk substantially for long term health issues, which are big risks, for death in, you know, disability.

So it's it's a very, very big deal. That drop in estrogen literally changes our fat stores. It reduces our, metabolic flexibility, our ability to build muscle mass.

So with that loss of estrogen comes a loss of testosterone. And it starts getting incredibly difficult to build muscle, to maintain muscle, which means overall, your basal metabolic rate is decreased.

Like it's just going to be really difficult to lose weight, maintain weight, which is why it's so important to start building that muscle mass at an early age.

Because when we get those loss in hormones and, you know, loss of testosterone comes a heck of a lot earlier than that, complete loss of estrogen. So by the time your estrogen drops, we get metabolic syndrome, central adiposity.

Your testosterone has already been low. You can't build muscle mass. And it's this perfect storm for metabolic dysfunction. And when that happens, it's very hard to back your way out of it.

It's a lot easier to manage it on the front end. Yeah. And so managing it on the front end is finding a provider that is following you through this and believing you and checking labs and making sure your hormones and your thyroid are are where they need to be.

Correct. Totally one that values hormone replacement and perimenopause pre menopause post menopause that encourages you how to eat well, how to maintain that metabolic flexibility, that insulin sensitivity.

The things that we know are looming for women. You want someone in your corner to help direct you for through lifestyle medication combinations of all of these things.

How to prepare and prevent those changes that we are hardwired to experience as we move through early menopause. Yeah, and it's so frustrating. I think that's one of the things that women really, you know, struggle with is like, they get this, they say this tire around the midsection and, you know, they say, I haven't changed what I'm eating.

I haven't changed my exercise. And so, you know, to that that one significant issue for women during and after menopause is that shift in fat distribution.

Like you were talking about the reduced metabolic flexibility. And so, you know, why does this happen? People want it. You know, they're like, I don't understand why this happened.

I haven't changed anything. You know, what are some strategies that can help women manage this effectively as they like, have these metabolic changes with menopause.

Yeah. So straight training foundational right. Like outside of the hormone replacement piece like strength training early pre menopausal is huge. When you still have testosterone, the younger you start the better.

Because we start losing testosterone at about 2526 as women. And then it just slowly kind of decreases. You throw a thyroid issue in with that. Like it profoundly increases the rate of loss.

You know, eating a low inflammatory diet, setting yourself up for to not walk around in flames all the time. High micronutrients, high protein let protein be the foundation of your diet.

I always talk about like ordering food, like putting protein first to lay that foundation so that your blood sugar doesn't spike when you eat carbs. It doesn't spike when you eat the rest of your food as much.

It keeps your insulin more sensitive over time. It keeps you from entering in that blood sugar dysregulation state. It keeps you metabolically flexible.

I also like very much advocate for intermittent fasting in a balanced way for women, not to extremes, but that is one of the most lifestyle wise protective mechanisms that we have to hold tight to our insulin, our leptin sensitivity, all of these things that our body wants to shift and disrupt.

Fasting is a really powerful way to protect that from from happening or minimize it. Yeah. So tell people how they can intermittent fast, which is not, you know, over the top like three day water fast things like that.

But what do you recommend for your patients. Yeah. So for my patients I recommend like what's called a 16 eight. So you fast for 16 hours. You eat in an eight hour window.

But I only recommend that they do that about 3 to 5 days a week. So, basically you're not in this constant state of fasting and taxing your body. I also tell them, look, the beauty of intermittent fasting that I don't think the internet world has caught up with that is it does not need to be super rigid and dogmatic, like we do not need to go to extremes here.

If you wake up and you're hungry, eat breakfast. Don't fast that day or stop eating earlier, but you don't have to do the same thing every day. If you have late dinner plans and you want to fast skip breakfast, start eating late, and then finish eating late.

But let that vary based on what you have going on that day, what your body's communicating to you. If you had a really tough workout, you know, so be fluid and flexible with it.

And I think that is where the detriment can happen with women is if they are so rigid, so dogmatic, it has to be the same way every day. They completely forgo listening to their body.

And sure, most anything isn't great in extremes. But on the flip side, I've seen it absolutely reverse loss of metabolic potency, insulin resistance. I've seen it reduce Hashimoto's antibodies way more times than I can count.

The inflammatory effects alone is huge. Not even mentioning the the metabolic impact and improvement. Yeah. And so you talk about metabolic impacts, improvement, the inflammatory.

What about mood. Have you noticed has it changed people's mood. Has it helped with anxiety, depression things like that? Absolutely. Like I mean when you're dealing with inflammation, I don't think people realize like what inflammation feels like.

It makes you flat, it makes you depressed, it makes you anxious. Even your blood sugar swings up and down and volatile, and you become, if you're not metabolically flexible, you become a slave to the ebbs and flows of your blood sugar every day.

And that is volatile and uncomfortable. And it's moody. It's where the phrase hangry actually comes from, right? So when you have control over that, when your physiology can fluidly switch from burning food to burning fat, you are no longer on that roller coaster and the impacts to your mood are enormous.

I would be so cranky, so irritable, so anxious, and completely unmotivated if I did an intermittent fast. If if someone just took that away from me, I don't think I'd be where I am today.

I don't think I could help as many people as I help. It's a huge tool and it's underestimated. And people just often they hear on the internet don't intermittent fast, and they just believe that if you're a woman, you know, and I'm like, no, like do it, but you can do it the right way.

You can also intermittent fast according to your cycle. If you're premenopausal, that kind of thing. So yeah, and that's the nuance of medicine, you know, is that it's all individualized.

Metabolic Changes and Weight Gain in Menopause

And so yes, if your BMI is 19 and you're having no menstrual periods because your body weight is so thin and you're exercising every day, then you probably aren't a candidate for 16 eight intermittent fasting.

Although there are people that look like that that do have insulin resistance. Right? So it's it's very individualized. And so that's the problem with social media and with a lot of doctors, it's like not everyone fits in the same box.

But if you do have PCOS you have insulin resistance. You have have any of those issues and you are having issues with your mood and anxiety, things like that then or hormone fluctuate.

So an intermittent fasting can be great. And to your point, it doesn't have to be super rigid. It can fit with your life, but it is helpful. So help listener explain to them.

Like when you intermittent fast what is off the table. So a lot of people say like oh, I can't have my coffee, I can't have my matcha. I know you like those. What are they called?

I can't remember those teas. Oh yeah. Your your what is it? You have it. It's why you keep your. About herbal tea. That's your thing, man. I tried one of those. They just have a lot of caffeine.

Like get me. They do. They have so much caffeine. You have to be careful. Like. And it hits different. So you have to drink like a third to a half of one a day is plenty.

Okay. I'm not sure. And you can have like three. Right. Right. Especially if you're at a work conference and you really have to get it done. Yeah. So tell people like, what can you have with intermittent fasting?

What can you not because you've put a lot of good social media rules too up about with like what you do with your coffee to maintain in your intermittent fasted state.

Yeah. So I'll tell you, again, if you want to be rigid and dogmatic, you have water or you have black coffee or tea. I am not a rigid or dogmatic person.

In fact, like myself. And with my patients, I strive to find balance and realistic expectations. So let me lay that disclaimer down. So, the way that I ask my patients to fast in a sustainable, realistic way where they still can have coffee because I personally am a coffee addict and I would never ask my patients to do anything that I don't do myself.

So, you can have coffee, you can have tea in the morning, and I would not be fasting if I couldn't put something in my coffee and I had to drink it black.

So you can have, things that have no sugar, no carbs, no protein, and less than 50 calories. So you have to be careful. People will be like, well, I use nut pods.

Will nut pods have carbs? They have, you know, things that are going to break your fast. Some workarounds are, you know, if you're able to tolerate dairy, you can have some heavy whipping cream mixed with water, about a

tablespoon.

And you can put that in coffee. I put it in cold brew coffee with vanilla kind of flavoring because it's more tolerable. And I enjoy my coffee that way.

You if you can't tolerate dairy, I recommend canned coconut milk, light. And you mix that with water. And both of those can really actually like, especially if you mix it with like Grady's vanilla cold brew coffee.

You can get the job done. You can still enjoy your coffee and you can stay in a fasted state. Is it perfect and rigid now? But does it work? Absolutely.

Okay, so there you have it. Canned coconut milk, light or heavy whipping cream with some water less than 50 calories. No protein, no carbs. Just can have fat.

Correct? Yep. Correct. I luckily like black coffee. I only do decaf, but I like black coffee, so I am okay with all of that. And water. How how are you doing life right now I don't even I do everything you do know.

Whenever I can have coffees. When I put things in my coffee, I don't know, I just don't like it. I like coffee, I think I just, I grew up, you know, doing residency fellowship at a VA where coffee is just, like, awful, like it all tastes like it's been on the floor and you're, like, licking. I don't know, it's just terrible.

So I'm just used to like that kind of suffering, right? I think, but caffeine, I don't know, I just have a I have I got off the caffeine a couple of years ago and when I drink it, oh my gosh, it gives me so much anxiety.

So I'm just like, no I'm good. I just get my eight hours sleep and and go on with life. So okay. So I want to transition to like one of your specialties GLP ones.

So GOP ones and metabolic health. So these things have changed my patients lives I know they've changed their patients lives. We have a different philosophy than most people who who use GLP ones.

And even some people who say they microdose so they don't really microdose. So I want to talk about that. So with the increasing focus on metabolic health and interventions, GLP one medications have been gaining attention.

And how do these medications work? And improving metabolic issues, especially in the context of menopause? And what should women consider when exploring these treatment options?

Yeah. So I mean, my perception may be skewed, right, because I have access to my patients and the data involved in my patients, which are thyroid patients, usually of the more complex kind.

But goodness, it would be hard for me to find two out of ten women that don't have metabolic dysfunction by the time they hit menopause, like already leading up to that, they're prone to metabolic dysfunction.

Once they hit menopause again, their leptin sensitivity goes out the window, their insulin sensitivity goes out the window, and the metabolic dysfunction very quickly follows.

Right. And the message I want to get across with this is not oh, well, grapes are just they're great for everybody. And anyone who you know is overweight should just take them and not do anything else. And life is great now.

Like but there is a missing piece of this conversation so often, which is a lot of these women are doing everything they need to be doing to improve their metabolism, to maintain it.

They're exercising, they're eating well. They're eating a low inflammatory, high protein diet. They're lifting weights, but they still cannot lose weight like their metabolic dysfunction is so saddled that it's very difficult to break that cycle.

And menopause puts you more at risk of that. And so these medications can be extremely powerful. Yes. In losing weight. Right in, in trying to improve that marker of your health.

But I think the power in them really lies in their ability to reverse metabolic dysfunction, to reverse insulin resistance, leptin resistance, prediabetes, diabetes, fatty liver.

Right. Like visceral fat storage, which is so detrimental to our health, which is what we mentioned earlier, that happens in that shift of menopause. GLP tend to pull that fat early on in the weight loss process.

So the part that is most detrimental and puts you at risk for heart disease, it tends to impact that early, early on in the process. And then as people are losing weight, their leptin is becoming more sensitive.

They're less prone to store fat, their insulin is becoming more sensitive, their blood sugar is dropping, and these these issues that made it impossible to lose weight are now beginning to reverse and heal.

I'm seeing that every day in my practice. I can only assume you are to. Yeah, right. Yeah. So much like it's it's it's wild how much better people feel.

And I think a lot of it to your point is it's inflammatory based right. It's not inflammation. And then it's allowing your body to be able to actually do what it's supposed to do, assuming that the patient's doing what they're supposed to do, like what you have to like, what you have to hear here is like, this is not a, you know, drug that you just take, do nothing.

And it's like a wonder drug. You have to do the work yourself as well. Then those people that are doing it, it's just so amazing how it does shut their inflammation down.

And once that inflammation starts to shut down, then oh my gosh, their body actually is absorbing their food and absorbing their micronutrients. And now we're making hormones and our adrenals are better and our actual hormonal better hormone levels are better.

And our thyroid, you know, our conversion from T4 to T3 in the periphery gets better because we're less insulin resistant. And it's just it's wildly fascinating how well these medications are working with patients when done appropriately.

You know, there's a lot of people who take to higher doses and have a lot of issues. But I have found a lot of really great benefits with them. Right.

And then there's so many people that we don't hear about in the media that are doing it right, not having issues like they're not having even mild side effects and their whole lives are changing.

Intermittent Fasting and Metabolic Support

And what's I think the other important piece that's so vital that I think people aren't hearing is these impacts. They are not weight related. They are independent of weight loss, like the inflammatory reduction I've seen literally on labs happen after one injection over and over again.

The and people report that too, right? I mean, within 72 hours they feel so much less inflamed. You know, reductions in Parkinson's and Alzheimer's progression and all of these things, they're happening not because of weight loss, because of the mechanisms of action of these meds.

And, you know, long term, the goal is, at least for me, with the majority of my patients is, hey, let's take you off of these meds. Once you have metabolic healing now, that will never happen if you're not doing your part right, you have to show up and eat well and build muscle and, eat protein and do all the things.

But the goal and what people aren't hearing too, is it's possible to stop these medications, not in all cases, but in

quite a few of them. Very commonly.

Yeah. And especially like to your point, GLP one medications, do they help with mental health symptoms? Was my next question. And what I've seen in patients is I mean, I'll have people take a shot.

And to your point, they'll come back like we typically start people and then they'll come back a week or two later. I'll have people that are like, oh my gosh, my rheumatoid arthritis symptoms are gone.

Like, I don't have joint pain, my anxiety, my debilitating anxiety, depression that I came in here on three medications for and couldn't sleep is like almost gone, like that's strange.

You know, I'll have people that will take these medications and then they'll stop them. I saw several last week. You know, I, I've been on this for a few months.

I want to stop it and just see. Okay, great. And they come back and a lot of them, they don't say like, oh, I feel water retention, I feel inflamed. It's my anxiety's back, like it's back.

It's fully back and I can't sleep. And I'm like, okay, you know? And I think it's all just it's inflammatory based, you know. And that is in inflammatory.

Yeah. We don't understand all the mechanisms I don't think yet. But I think a lot of it there is just inflammation for sure. Yeah I found four inflammatory pathways so far that are influenced in, in research.

In terms of mechanisms. And now we know that so much of our mental health is inflammatory mediated. It's literally brain inflammation, gut inflammation causing anxiety depression.

And I'm sure you would agree I have never ever in medicine seen anything that influences inflammation like GLP ones. And so it is not surprising at all that this immediate of a response happens when it's so powerfully reduces inflammation.

So quickly, it just shuts off that mechanism. And people are like their manifestation is anxiety or depression and it's gone or massively improved. It's fascinating.

Yeah, I would agree it's gone are much better. And then their sleep is better. Their mood is better. Like I said, they're making hormones better. They actually want to get up and get off the couch and exercise.

Then they're making better food choices. Yes. They're making you know, they're just it's it is very fascinating. And it's very frustrating to know that all these people are, you know, pharmaceutical companies are trying to, you know, stop this, especially the micro dosing, because, you know, just the pharmaceutical companies are making these drugs, are making them into high doses, like people are going to get sick taking those.

And they own a lot and millions of people that need them, not everyone, but millions of people that need them long term. And, you know, I see people I know you do a lot of gut studies.

We do a lot of gut says. I see people who have been on ozempic or, you know, trulicity any of these medicines for a year or two, even not at the highest doses, you know, 1.5mg of trulicity, one milligram of those, and they're in like their GI tract.

A lot of times it's just obliterated, like they're, you know, they're pancreatic, like they don't have pancreatic enzymes that are functioning. Their digestive enzymes are bad.

A lot of times they're necromancy. It's dead like they're just on to higher doses. And it's frustrating because the patients feel that too, right? They start to become malnourished.

They start to go, this is where I think GP's get a bad name. People say, oh, well, you're going to lose your hair and

you're going to get sick and you're going to get this ozempic face and face.

No, no, you're going to do that when you get malnourished because you're taking too high of a dose. It has to do with the ozempic. No, nothing. It has everything to do with the prescriber.

And, you know, to be honest with you. So I was you know, I tell people I'm a recovering endocrinologist, like a recovering conventional endocrinologist.

And so for years I gave people these drugs I gave. Right. You know, they teach you in school like the more the better. So like, okay, let's go, let's go.

Like I had, you know, probably a thousand people on high doses of GLP ones. And, you know, I look back now and I'm like, man, I wasn't doing them a favor at all.

And they would tell you this though, right? Like my hair's falling out. I'm tired. I don't feel good. I'm. And it's like, put your blood triggers. Great.

So, you know, like, okay, great. But now we know better. And that's what I tell my patients. Like, you have to listen to your body. And if you are malnourished, you know, we do a lot of in body scans.

We do a lot of things to try to help them figure this out. But when you give them these tiny, tiny doses, a lot of times people don't even realize they had a shot, you know?

And that's what I want. I want them to come back and be like, well, I didn't notice anything, but my depressions better, my anxieties better, my joint pains better.

And I'm sleeping better. Okay, great. I should hold a. Perfect. Right. And I'm still eating food. Like I'm still able to get enough nutrients. Macro micro.

Because that is. Yeah. You know that's the long game. You don't want to deplete people. And that's never going to do anyone any favors in the long run. No, no. So to kind of wrap up everything that we've talked about then, you know, for people out there that are struggling with hormone issues, whether they be, you know, PCOS, menstrual irregularities, they're kind of perimenopausal or they're in this post menopausal phase.

Now, I think what I want people to take away from this, and I kind of want your thoughts is, you know, first of all, you're not alone. There's millions of people that go through this, so don't feel like you are when you go to a provider, if they're not listening and they're not trying to help you feel better, find another one.

And there are a lot of things changing. So it is very difficult for you to navigate this as a patient. And it's difficult for providers to navigate this. Right.

Like I have a ton of providers that reach out to me. I know you do too. And so some of it is, you know, trial and error with you because you are the only individual person we're treating.

But, I mean, what I want you to hear is that there are lots of shifting with hormone changes. There's lots of inflammatory changes. You know, it's not necessarily what you're doing that's wrong.

It's just you need somebody to help coach and guide you to be better.

GLP-1 Medications and Mental Health Benefits

And these things you're experiencing, especially the mood issues and the anxiety, the depression, things like that. It's just symptoms your body is giving you that, hey, something's not right.

You know, I tell my patients this all the time. Your body can't call you, it can't text you, it can't send you an email

whenever something's not right.

It does it in the form of symptoms that are not normal. And so when you get those symptoms, you can't ignore them. You have to find somebody to help you fix them.

And so that's just kind of what I want people to take away from this. And what I'm, you know, the reason I'm really passionate about this is you can find somebody to help you and to be better, because if everyone in this world was just, you know, functioning at their best or at least 10% better than they are today, the world would be a very different place.

I couldn't agree more. Yeah. So do you have any final takeaways for anyone as far as what you want them to get out of this? You know what, I honestly think you summed them up perfectly.

And I think sometimes it can feel as a woman like you're alone, like you're written off, like you're gaslit, like there is no hope, but there is hope, and there are so many people like you, like me, that can help you, that make this their life's mission to support women and help change their lives.

And so, yeah, just don't give up. Don't ever feel like there isn't hope. Like this has to be how you're going to feel forever, because you would be shocked at how quickly you can get your life back, and how quickly things can change when you land in the hands of the right clinician.

I completely agree, I could not agree more. You just have to find the right one, and then we have to figure out how to train more of them, or get the ones that are practicing conventional medicine to come to the the functional medicine. To the bright side.

It's so much more rewarding. Scary. But when you take the jump, it's just it's crazy. And like Macall and I, she kind of has helped force this upon me a lot recently.

Thankfully, after I met her in April and her and I were just talking about this and, you know, I tell people this all the time, every it's like every single week I go to work it just like it keeps getting better, to the point where I'm almost like, I have to pinch myself and like it almost makes me want to cry.

Talking about like, patients used to be, like angry when they came in and it was just like, oh, I have to go to work. And I just had this, like, dread feeling like I did what I did because I loved it, because I love taking care of people.

But when people aren't grateful and it's just it's stressful. And now it's like, you know, everyone that comes to see me, every single patient that comes in my office now wants to be there.

And so it's just it's it's wildly different. Right? And it's like they want to be there. And it's sad because a lot of them have seen a lot of other providers.

And to your point, like, you know, we get people that aren't necessarily new to this, unfortunately, and kind of have been, you know, tossed around between providers.

But it's so just different whenever you have people that actually want to be helped and you can help them and it makes you feel like. It's sacred, you know, like it is a holy journey for the patient, but also for us.

And being able to partner with them on that journey is it's so different than traditional medicine. And so creating that place and protecting it and offering it to people is it's amazing.

It's a win win. It goes from a lose lose situation in the normal medical model to a win win. And it's so special. I mean, we're lucky to be a part of it.

We're it's a it's a good time to be in medicine right now. Yeah. So thank you for everything that you do for patients. I really appreciate you. I know there are tons of patients that appreciate you and we'll make sure that we link all of

Nicole's stuff in the show notes so you'll be able to get it.

Her clinic is expanding nationwide very quickly, and so she's always adding new states. So we'll make sure that we put all of that there. Tell people where they can find you, please.

So you can find me at Modern Thyroid Clinic. Com and our sister company that is launching literally any week now is Modern Weight Loss, which we're really, really excited about too.

You can find me on TikTok at McCall McPherson and Instagram at McCall McPherson PR or my podcast, which Doctor Smith will be on soon. So yeah, it's modern thyroid and wellness.

So we're excited to have you there and thank you for all the work that you do. Thank you for our friendship. I feel so grateful to have found you in the throes of the internet.

And yeah, thank you for for everything that you do to change lives. Yeah. And just so you guys know, McCall is a TikTok queen, so you must follow her on TikTok.

Like the TikTok queen right here. So we're going to do really quickly what we did at the last podcast. I don't know if you remember. And so hopefully you don't.

And maybe your answers will be different. But I think that I in my podcast with the same three questions every single time. And so we can always go back and see what your answers were before.

Right. But question number one, what is the one food? That's the most beneficial and why. And you only get to pick one food. Green juice. That's what you said last time I da okay.

That's okay. Tell me why. Because I was like dang I gotta start green juicing. That's so funny. Yeah. So I mean, at least I'm, I'm like consistent in my answers, right.

So green juice offers a huge amount of micronutrients of that in a very small container. If you can see me right now and it doesn't have fiber, it doesn't have all the things that slows the absorption of those nutrients.

When you make a smoothie, you can fit like 2 pounds of veggies in a smoothie. Maybe if you're lucky, when you make green juice, you can fit 6 or 8 pounds of veggies worth of micronutrients in the same serving, and so it's readily available.

Easy to absorb literally every day. Green juice. And what's your favorite green juice? Because you told us last time. Yeah. So it's Alchemy Organics is the brand.

And they do ship nationwide and it's like the highest quality cold pressed organic. But I like spinach, cucumber, a little kale. If you want to add fruit you could add like a lemon.

But I try to keep the, the, the fruit, the sugar level super, super low parsley, cilantro all the all the greens. You drink it when you break your fast.

Does it matter when you drink it? When do you drink carrots? It's what I always break my fast with protein. So I'll usually do protein. If an ideal world they do protein and green juice, then the rest of my like roughage green leafy veggie foods.

So that would be ideal. Okay, it's a good midday pick me up too. It's four. So I'm going to get I'm going to get some of this juice. So okay the next question second question.

What is one thing anyone can do for their health to better it.

Closing Advice and Rapid-Fire Questions

That's 100% free. So I know I'm sure I said last time intermittent fasting. So I should probably change that. Walks. Walking walks are. Really a pretty powerful yeah, walking.

And I love intermittent fasting. Like I said, it's changed my life. But if I had to say something different, I would say walks. They're an underestimated form of exercise.

Their calm for your adrenals, they don't tax your body. And almost anyone can do it. So get out there. Yes. And the last one. What is one thing that you would have done differently or wish that you knew about your health 15 years ago or 15 years ago?

What would you have done differently about your health. 15 years ago was right about when I was in my thyroid crisis. Yeah. Yeah. I wish that I found someone that could help have helped me a lot sooner.

And then I wish that I created resources for people with this problem sooner, for sure, because there weren't really resources back then. Right. Okay.

Well, Nicole McPherson, thank you so much. I'm happy to say, I'm sure we'll do this again, but I'm so excited that you agreed to help co-host my summit.

And I'm glad that we finally got to meet in person and think, just again, thank you so much for what you do. If you guys are listening to this and you like this episode, please make sure that you share it.

Leave us a feedback. Leave us feedback. Send it to a friend. Leave us reviews. And Michael has a podcast. Like I said, you guys get to check it out. It's wonderful.

I just listened to her give you one one. But make sure that you share this and we will see you next week. On back to the basics. Take care.