How GLP-1 medications work, who may benefit, and how to maintain healthy, sustainable weight loss. Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and guest background

Hello, my name is Adriana Merino and I Hello, my name is Adriana Merino and I am host and producer of Bend into am host and producer of Bend into Balance powered by the source. Today I'm Balance powered by the source. Today I'm very happy to be accompanied by Dr.

very happy to be accompanied by Dr. Kevin Jones. Dr. Jones began in Kevin Jones. Dr.

Origins of Ozempic and GLP-1 drugs

Jones began in emergency medicine before starting Flow emergency medicine before starting Flow Wellness here in Bend 3 years ago. Can Wellness here in Bend 3 years ago. Can you tell us a little bit about Ozempic you tell us a little bit about Ozempic and the GLP-1s in general, how they and the GLP-1s in general, how they began, how long they've been in the began, how long they've been in the market because many of us think Ozempic market because many of us think Ozempic is a household name like it just in the is a household name like it just in the couple years ago but it's actually been couple years ago but it's actually been around since 2005 if I'm not mistaken or around since 2005 if I'm not mistaken or these type of drugs at least.

these type of drugs at least. >> Correct. Yeah, they were first developed >> Correct. Yeah, they were first developed for diabetics to help manage blood sugar for diabetics to help manage blood sugar which is something that Ozempic does do.

which is something that Ozempic does do. And it was a really a incidental side And it was a really a incidental side effect that people were losing weight effect that people were losing weight while taking this medication. And the while taking this medication. And the initial drugs, the one that were around initial drugs, the one that were around in the early 2000s, you had to take in the early 2000s, you had to take either once or twice a day. And so for either once or twice a day. And so for weight loss that's not a very appealing weight loss that's not a very appealing thing but for diabetics who rely on thing but for diabetics who rely on insulin, they're used to doing daily insulin, they're used to doing daily shots so it wasn't a big thing for them shots so it wasn't a big thing for them to take those medications.

to take those medications. >> Uh-huh. >> Uh-huh. >> Uh-huh. >> And what really changes when they were >> And what really changes when they were able to make the medication last longer able to make the medication last longer from daily to weekly and then start from daily to weekly and then start looking at it just for the sole purpose looking at it just for the sole purpose of weight loss. And and the original of weight loss.

How GLP-1s evolved for weight loss

And and the original medicine for that was called semaglutide medicine for that was called semaglutide or semaglutide also known as Ozempic. or semaglutide also known as Ozempic. >> Okay.

>> Okay. >> Okay. >> And then that just you know it just hit >> And then that just you know it just hit a tipping point where people realized it a tipping point where people realized it was effective and for the most part safe was effective and for the most part safe with you know not there are some side with you know not there are some side effects but most people can manage them.

effects but most people can manage them. And now there's newer medications like And now there's newer medications like tirzepatide which is also called tirzepatide which is also called Mounjaro or Zepbound. There's pills now Mounjaro or Zepbound. There's pills now available where you don't even have to available where you don't

even have to do the shots. And then there's even do the shots. And then there's even newer medicines out there that are newer medicines out there that are approaching like what the level of approaching like what the level of bariatric surgery is for weight loss.

bariatric surgery is for weight loss. And so it's just a real exciting field And so it's just a real exciting field to be part of and and see where it's to be part of and and see where it's going.

going. going. >> Wow, it's really grown fast in such >> Wow, it's really grown fast in such little time. little time. >> Yeah, I mean the the the tragedy with >> Yeah, I mean the the the tragedy with obesity is that affects so many parts of obesity is that affects so many parts of people's lives. You know, it's linked people's lives. You know, it's linked with higher risk of heart disease, with higher risk of heart disease, cancer, stroke, longevity. And there cancer, stroke, longevity. And there just wasn't wasn't a treatment for it.

just wasn't wasn't a treatment for it. You know, we would I mean, not so much You know, we would I mean, not so much in the ER, but primary care doctors in the ER, but primary care doctors would say, "Well, you know, exercise would say, "Well, you know, exercise more and eat better." But, you know, more and eat better." But, you know, that that only gets you to a point, and that that only gets you to a point, and then with ultra-processed food, it's then with ultra-processed food, it's pretty hard to monitor calorie intake.

pretty hard to monitor calorie intake. And so, we were you know, even though And so, we were you know, even though people were trying, this is what I hear people were trying, this is what I hear from a lot of the patients that I've from a lot of the patients that I've treated, you know, they're doing their treated, you know, they're doing their best, but just not getting where they best, but just not getting where they want to go.

want to go.

Obesity, treatment gaps, and patient eligibility

And also, just middle age and getting And also, just middle age and getting older, you know, your body slows down. older, you know, your body slows down.

So, for a lot of people that were at a So, for a lot of people that were at a healthy weight, that changes over time. healthy weight, that changes over time.

And And now, we have this medication And And now, we have this medication that can help people get to where they that can help people get to where they want to be and feel like themselves want to be and feel like themselves again. It's really phenomenal.

again. It's really phenomenal. >> Yeah. This reminds me of in my past, I >> Yeah. This reminds me of in my past, I was a filmmaker, and I did a one-hour was a filmmaker, and I did a one-hour special for National Geographic on special for National Geographic on obesity, and I went to Monterrey, obesity, and I went to Monterrey, Mexico, and I met that that time the Mexico, and I met that that time the world's largest man.

world's largest man. >> Oh, yeah. >> Oh, yeah. >> His name was Uribe, uh Miguel Uribe, and >> His name was Uribe, uh Miguel Uribe, and he got the Guinness Book of He got the he got the Guinness Book of He got the Guinness record of being the heaviest Guinness record of being the heaviest man, and he was at almost 600 kilos, man, and he was at almost 600 kilos, which is which is close I would have to do the math, but I close I would have to do the math, but I think that's over 1,200 lb. And when I think that's over 1,200 lb. And when I met him, he had been living met him, he had been living on a mattress for the last 13 years. And on a mattress for the last 13 years. And on that mattress, he had to do on that mattress, he had to do everything, all his bodily functions. He everything, all his bodily functions. He could not get up from that mattress. And could not get up from that mattress. And he had been literally bedridden for 13 he had been literally bedridden for 13 years. And if you wanted to see the sun years. And if you wanted to see the sun and get out, they had to transfer that and get out, they had to transfer that mattress to the back of a pickup truck, mattress to the back of a pickup truck, and then they would drive him through and then they would drive him through town, and he would just kind of be town, and he would

just kind of be exposed to the sun and you know, of exposed to the sun and you know, of course, to the city. He was obviously course, to the city. He was obviously well known, you know, a lot of people well known, you know, a lot of people went to go visit him. Anyways, he sadly went to go visit him. Anyways, he sadly passed away a couple of years later, but passed away a couple of years later, but I don't think he reached I don't think he reached I think he died around close to 40, if I think he died around close to 40, if I'm not mistaken. He was probably in his I'm not mistaken. He was probably in his late 30s when I met him. But, it was a late 30s when I met him. But, it was a very impactful experience to see him very impactful experience to see him just really glued to that mattress, and just really glued to that mattress, and knowing that he had been there for 13 knowing that he had been there for 13 years It very hard to conceive. So, that years It very hard to conceive. So, that brings me, you know, to the need of why brings me, you know, to the need of why these drugs could be useful these drugs could be useful because he was unable to lose any because he was unable to lose any weight.

weight. weight. Can you tell us, you know, when you a Can you tell us, you know, when you a patient comes to you, like what are the patient comes to you, like what are the factors that you're keeping in factors that you're keeping in consideration as to as to why this consideration as to as to why this patient should be eligible or not to patient should be eligible or not to take these new medications?

take these new medications? >> Uh yeah, it's a great question. There >> Uh yeah, it's a great question.

Non-traditional uses and patient profiles

There are criteria which we base off of the are criteria which we base off of the body mass index, which is a calculation body mass index, which is a calculation based on your height and weight.

based on your height and weight. >> Mhm. >> Mhm. >> Mhm. >> And then also factoring in other risk >> And then also factoring in other risk factors, mainly for heart disease, like factors, mainly for heart disease, like does that person have diabetes or high does that person have diabetes or high blood pressure or bad cholesterol or a blood pressure or bad cholesterol or a family history of heart disease.

family history of heart disease. And so, those are the kind of And so, those are the kind of traditional things that we look at for traditional things that we look at for GLP-1 medications. We are seeing it use GLP-1 medications. We are seeing it use a lot more commonly now for other a lot more commonly now for other conditions, mainly in the longevity conditions, mainly in the longevity space. There was a large study that space. There was a large study that showed semaglutide, which is the showed semaglutide, which is the original weight loss medication, had a original weight loss medication, had a 15% drop in all-cause mortality for 15% drop in all-cause mortality for people who took it over a study period.

people who took it over a study period. And so, people are looking at this and And so, people are looking at this and say, "Hey, I can actually use this say, "Hey, I can actually use this medication help live longer." There was medication help live longer." There was a large study looking at it for a large study looking at it for dementia, which it didn't really pan dementia, which it didn't really pan out, so that's still up in the air.

out, so that's still up in the air. >> Okay. >> Okay. >> Okay. >> We've also had patients use it for >> We've also had patients use it for inflammation.

inflammation. inflammation. >> Uh-huh. >> Uh-huh. >> Uh-huh. >> Like pro-inflammatory states of the >> Like pro-inflammatory states of the body, and you know, fat cells are body, and you know, fat cells are pro-inflammatory. And so, if you can pro-inflammatory. And so, if you can lose weight, you can decrease that lose weight, you can decrease that inflammation.

inflammation. inflammation. >> Sure. >> Sure. >> Sure. >> And so, we have we are we have the >> And so, we have we are we have the traditional things, which is just truly traditional things, which is just truly excess weight. Like a BMI over 30, excess weight. Like a BMI over 30, whereas over 25 is considered obese.

whereas over 25 is considered obese. >> Right. >> Right. >> Right. >> Or over 25 is considered overweight, >> Or

over 25 is considered overweight, over 30 is obese. And then also folks over 30 is obese. And then also folks that are looking at it for kind of what that are looking at it for kind of what we consider like non-traditional we consider like non-traditional treatments as well.

treatments as well. >> Okay. And non-traditional treatments >> Okay. And non-traditional treatments would be like what? would be like what? >> Like the inflammation component, uh >> Like the inflammation component, uh fertility, like we've had folks become fertility, like we've had folks become pregnant after losing weight because, pregnant after losing weight because, you know, being overweight is not the you know, being overweight is not the the doesn't put your body in the the doesn't put your body in the healthiest state to have children.

healthiest state to have children. >> Uh-huh. >> Uh-huh. >> Uh-huh. >> Mhm. >> Mhm. >> Mhm. Yeah, I and there is a recent New York Yeah, I and there is a recent New York Times article about someone using it for Times article about someone using it for a head injury, which is a new to me. I a head injury, which is a new to me. I hadn't heard of that, but she had a hadn't heard of that, but she had a severe concussion and actually found severe concussion and actually found getting on a GLP-1 medication helped getting on a GLP-1 medication helped their concussion symptoms. So, it's in their concussion symptoms. So, it's in the news right now. There's just a the news right now. There's just a little bit of everything that you're little bit of everything that you're hearing about that how GLP-1s can help hearing about that how GLP-1s can help and maybe not all of that is 100% and maybe not all of that is 100% accurate is going to be backed up by accurate is going to be backed up by study data, but we are seeing a lot of study data, but we are seeing a lot of benefit for things that we didn't even benefit for things that we didn't even know about.

know about. >> Okay. And the patients that come to see >> Okay. And the patients that come to see you here, in general, what are in what you here, in general, what are in what category do they fall in? Like the category do they fall in?

Consultation process and screening

Like the non-traditional or more just weight non-traditional or more just weight loss, looking for longevity loss, looking for longevity benefits? What What do you benefits? What What do you >> It's really a mix of both. I would say >> It's really a mix of both. I would say on average an older population for the on average an older population for the most part. We're mostly seeing people most part. We're mostly seeing people 40s, 50s, and even a handful of 60s, 40s, 50s, and even a handful of 60s, 70s.

70s. 70s. The middle-aged folks are really what I The middle-aged folks are really what I hear over and over again is I was doing hear over and over again is I was doing fine. I'm eating right. I'm exercising, fine. I'm eating right. I'm exercising, you know, they I live in Bend. I get you know, they I live in Bend. I get out. That sort of thing. But I I just out. That sort of thing. But I I just the pounds just keep on getting adding the pounds just keep on getting adding on. And that's so true. I mean, it's on. And that's so true. I mean, it's statistically shown you know, people in statistically shown you know, people in middle age people gain on average, you middle age people gain on average, you know, roughly a pound a year. What no know, roughly a pound a year. What no matter how hard you're trying is your matter how hard you're trying is your body's just slowing down. And you know, body's just slowing down. And you know, eventually it gets that affects people eventually it gets that affects people either their exercise tolerance goes either their exercise tolerance goes down. They have a health concern. Maybe down. They have a health concern. Maybe you know, that health scare of some sort you know, that health scare of some sort and they want to get healthier. And so, and they want to get healthier. And so, what we're seeing is folks that, you what we're seeing is folks that, you know, are are hitting that point where know, are are hitting that point where like I've heard of this treatment. I I like I've heard of this treatment. I I know I'm getting worse. I've done know I'm getting worse. I've done everything I can to get better. Like everything I can to get better. Like would this work for me?

would this work for me? >> Sure. Are there any red flags that you >> Sure. Are there any red flags that you look for where you think that the drug look for where you think that the drug is not is not compatible for that person?

compatible for that person? >> I mean, that the biggest thing we'd >> I mean, that the biggest thing we'd screen for is something called body screen for is something called body dysmorphic disorder, which is you know, dysmorphic

disorder, which is you know, people who are already very thin who people who are already very thin who want to become more thin.

want to become more thin. >> Sure. >> Sure. >> Sure. >> And and that's pretty obvious when they >> And and that's pretty obvious when they walk in the door and that they don't walk in the door and that they don't >> Or what you know, their BMI is.

>> Or what you know, their BMI is. >> And surprisingly, that's very uncommon. >> And surprisingly, that's very uncommon. Like I I can count on one hand how many Like I I can count on one hand how many people I've seen personally that I you people I've seen personally that I you know I'm just like this isn't a healthy know I'm just like this isn't a healthy situation for you.

situation for you. >> Yeah. >> Yeah. >> Yeah. >> And we do have to be careful with folks >> And we do have to be careful with folks looking at like the inflammation looking at like the inflammation benefits that they don't lose too much benefits that they don't lose too much weight cuz if we're treating something weight cuz if we're treating something else, but the main effect is weight loss else, but the main effect is weight loss and we don't want them to get unhealthy.

and we don't want them to get unhealthy. And that's something we actually track And that's something we actually track with the body composition scans so we with the body composition scans so we can look at their muscle mass, their fat can look at their muscle mass, their fat mass. You know, a big buzzword right now mass. You know, a big buzzword right now in health is visceral fat, the fat in health is visceral fat, the fat that's around your organs cuz that's um that's around your organs cuz that's um considered more dangerous for heart considered more dangerous for heart disease and so we can track that and see disease and so we can track that and see if it's getting better. And so people if it's getting better. And so people are looking at that, well how do I are looking at that, well how do I improve my visceral fat? Whether that's improve my visceral fat? Whether that's with GLP-1 or something else.

with GLP-1 or something else.

Risks, side effects, and dosing

>> Okay. So tell me a little bit of the >> Okay. So tell me a little bit of the process. A patient comes to you and you process. A patient comes to you and you filter them, you ask the necessary filter them, you ask the necessary questions, you understand that you know questions, you understand that you know they're they're they're eligible I guess for the medication.

eligible I guess for the medication. What does it process look like? Like What does it process look like? Like >> Yeah, so first they meet with the >> Yeah, so first they meet with the provider. If it's an in-person visit we provider. If it's an in-person visit we do a body composition scan. And when we do a body composition scan. And when we meet with them you know we're going to meet with them you know we're going to talk about like you know what their what talk about like you know what their what their journey has been. Like everyone their journey has been. Like everyone has a you know like when did has a you know like when did it comes out pretty naturally like when it comes out pretty naturally like when did you feel like at a healthy weight?

did you feel like at a healthy weight? When did that change and what do you When did that change and what do you think changed and how's your diet? How's think changed and how's your diet? How's your exercise?

your exercise? And and usually there's sometimes And and usually there's sometimes there's a trigger like you know someone there's a trigger like you know someone I talked with today had an injury and I talked with today had an injury and they were gaining weight because they they were gaining weight because they couldn't exercise again and they're couldn't exercise again and they're waiting surgery.

waiting surgery. >> Uh-huh. >> Uh-huh. >> Uh-huh. >> You know, other folks it's just that >> You know, other folks it's just that middle age factor. And then you know middle age factor. And then you know then we spend a lot of

time but most of then we spend a lot of time but most of the conversation is really about you the conversation is really about you know the risks and benefits of the know the risks and benefits of the medication cuz there are important medication cuz there are important things to know.

things to know. >> For example, can you tell us a little >> For example, can you tell us a little bit about the risks and bit about the risks and >> Yeah, the the biggest thing is these >> Yeah, the the biggest thing is these medicines do have side effects and so medicines do have side effects and so the most common being nausea.

the most common being nausea. And so we want to warn people about And so we want to warn people about that. that. that. And so you know not eating too much at And so you know not eating too much at once and then you know being taking your once and then you know being taking your time starting the medication, you know, time starting the medication, you know, we we also want people to lose weight in we we also want people to lose weight in a healthy way. You know, we don't want a healthy way. You know, we don't want them just shedding pounds by the week them just shedding pounds by the week because that puts you in a starvation because that puts you in a starvation state and you start losing muscle.

state and you start losing muscle. >> Yeah. >> Yeah. >> Yeah. >> Also, you know, the way the medication >> Also, you know, the way the medication works is it really just slows down your works is it really just slows down your whole GI system and so constipation is whole GI system and so constipation is very common. So, we want to talk with very common. So, we want to talk with people about that.

people about that. >> Okay. >> Okay. >> Okay. >> Sometimes people paradoxically also get >> Sometimes people paradoxically also get diarrhea. So, it basically just affects diarrhea. So, it basically just affects your guts. Um and there are more rare your guts. Um and there are more rare side effects, mainly more attributed to side effects, mainly more attributed to weight loss, but for instance, you know, weight loss, but for instance, you know, if you lose weight, that can increase if you lose weight, that can increase your risk of gallstones, which can lead your risk of gallstones, which can lead to a gallbladder infection, which can to a gallbladder infection, which can lead to surgery.

lead to surgery. >> Uh-huh. >> Uh-huh. >> Uh-huh. >> And we've had had some patients need to >> And we've had had some patients need to get their gallbladders taken out. But, get their gallbladders taken out. But, you know, the gallstones are composed of you know, the gallstones are composed of what's in fat cells. So, as you those what's in fat cells. So, as you those fat cells start breaking down and into fat cells start breaking down and into the bloodstream, they can lodge in the the bloodstream, they can lodge in the gallbladder.

gallbladder. gallbladder. And there are more serious uh side And there are more serious uh side effects, which we've really hardly seen effects, which we've really hardly seen any of, but like pancreatitis, like any any of, but like pancreatitis, like any medication can cause inflammation of the medication can cause inflammation of the pancreas, which can be life-threatening.

pancreas, which can be life-threatening. >> Oh, wow. >> Oh, wow. >> There's a theoretical risk of a a very >> There's a theoretical risk of a a very rare type of thyroid cancer that that rare type of thyroid cancer that that was seen in rat studies. It hasn't been was seen in rat studies. It hasn't been demonstrated in humans, but there is a demonstrated in humans, but there is a warning on the drug label, so we do talk warning on the drug label, so we do talk with people about that.

with people about that. >> Sure. >> Sure. >> Sure. >> And those are those are the main things >> And those are those are the main things in terms of like what we what we warn in terms of like what we what we warn people about. Then of course, we just people about. Then of course, we just talk about, you know, dosing and like, talk about, you know, dosing and like, you know, what what a healthy weight you know, what what a healthy weight loss target is.

loss target is. Um and you know, then [clears throat] we Um and you know, then [clears throat] we we follow our patients pretty closely. we follow our patients pretty closely.

We want to see how they're doing and We want to see how they're doing and adjust their dose as needed. adjust their dose as needed. >> Yeah, that's what I was curious about.

>> Yeah, that's what I was curious about. Like the following, the continue, you Like the following, the continue, you know, how the how the care is provided know, how the how the care is provided for a while they're taking the drug.

for a while they're taking the drug. Like with what frequency will you see Like with what frequency will you see the patients? the patients? What is an appropriate weight loss per What is an appropriate weight loss per week? I mean, does that really depend on week? I mean, does that really depend on what the their initial weight is?

what the their initial weight is? >> It does. I mean, on average, we're you >> It does.

Long-term use, maintenance, and food noise

I mean, on average, we're you know, 1 to 3 lb is considered a healthy know, 1 to 3 lb is considered a healthy weight. On on tirzepatide, the stronger weight. On on tirzepatide, the stronger medicine, we do have some people who say medicine, we do have some people who say have like 50 plus pounds to lose and have like 50 plus pounds to lose and they'll drop like 10 or 20 lb the first they'll drop like 10 or 20 lb the first month just really fast. We don't want month just really fast. We don't want that to be sustained.

that to be sustained. >> Yeah. >> Yeah. >> Yeah. >> But that can happen. >> But that can happen. But yeah, so we just don't want to up But yeah, so we just don't want to up people's dose too fast. But most people people's dose too fast. But most people don't want that cuz if if you're you're don't want that cuz if if you're you're going to feel pretty miserable.

going to feel pretty miserable. >> Sure. >> Sure. >> Sure. >> Like if if you're not able to eat at >> Like if if you're not able to eat at all, you're you're just not going to all, you're you're just not going to feel good. So, you know, we we tend to feel good. So, you know, we we tend to it's it's just standard in medicine you it's it's just standard in medicine you start low and go slow and I just warn start low and go slow and I just warn people that this is a process. It is a people that this is a process. It is a journey. You know, you're not going to journey. You know, you're not going to get to your goal weight in a month. And get to your goal weight in a month. And then it's a long-term commitment to then it's a long-term commitment to this. And you know, whether it's you this. And you know, whether it's you know, if you reach your weight in 3 know, if you reach your weight in 3 months or 9 months or a year, you know, months or 9 months or a year, you know, this the where this drug was studied was this the where this drug was studied was actually 17 months of study periods.

actually 17 months of study periods. They they were planning on over a year They they were planning on over a year to look at this. to look at this. >> Uh-huh.

>> Uh-huh. >> Uh-huh. >> And and then also to the big thing too >> And and then also to the big thing too is to talk about what happens when you is to talk about what happens when you get to your goal. What do you want to do get to your goal. What do you want to do next? Cuz if people stop these next? Cuz if people stop these medications, statistically they are medications, statistically they are going to regain weight.

going to regain weight. >> Yeah, I read that normally half >> Yeah, I read that normally half the patient will regain the weight back. the patient will regain the weight back.

>> Yeah, it happens very slowly. And a lot >> Yeah, it happens very slowly. And a lot of times people will still wind up under of times people will still wind up under where they were before.

where they were before. >> Uh-huh. >> Uh-huh. >> Uh-huh. >> And so we want to warn people that, you >> And so we want to warn people that, you know, it's not just like anything else, know, it's not just like anything else, there's no permanent fix, there's no there's no permanent fix, there's no magic bullet.

magic bullet. >> Yes. >> Yes. >> Yes. >> We I would say it it breaks down. We do >> We I would say it it breaks

down. We do have some people that get to their goal have some people that get to their goal weight and then get back to their weight and then get back to their healthy habits and stay there. I mean, healthy habits and stay there. I mean, that's probably the biggest minority. We that's probably the biggest minority. We do have some people that get to their do have some people that get to their goal weight, they do well for a period goal weight, they do well for a period of time and then something comes up in of time and then something comes up in their life, whether it's an illness or a their life, whether it's an illness or a family stressor or life stressor, and family stressor or life stressor, and they'll they'll call us back and be they'll they'll call us back and be like, "Hey, you know, I was I was doing like, "Hey, you know, I was I was doing great for 3 months, but can I get back great for 3 months, but can I get back on for a month or two?" on for a month or two?" >> Uh-huh.

>> Uh-huh. >> Uh-huh. >> And so they cycle a little bit, which is >> And so they cycle a little bit, which is fine. And then other people just really fine. And then other people just really feel so much better on the medication feel so much better on the medication that they just want to stay on it and that they just want to stay on it and then we just work them to a a then we just work them to a a maintenance dose, like a lower dose, maintenance dose, like a lower dose, maybe a more affordable medication.

maybe a more affordable medication. And what what people really find that And what what people really find that the benefit is, that's hard to explain the benefit is, that's hard to explain it to you if you've experienced it, is it to you if you've experienced it, is the the lack of food noise or cravings.

the the lack of food noise or cravings. >> Yeah. >> Yeah. >> Yeah. >> Cuz when you're living that life all the >> Cuz when you're living that life all the time, you don't think about it, but time, you don't think about it, but people get very food stressed. I know people get very food stressed. I know that was an issue for me when I was that was an issue for me when I was working night shifts in the ER. I working night shifts in the ER. I thought I'd always feel hungry cuz I was thought I'd always feel hungry cuz I was you know, using calories to get some you know, using calories to get some energy.

energy. energy. >> Sure. >> Sure. >> Sure. >> And and when I started I personally take >> And and when I started I personally take the medication and when I started I did the medication and when I started I did that that noise just went away and I was that that noise just went away and I was like, "Wow, that was really like a big like, "Wow, that was really like a big part of the background thinking in my part of the background thinking in my life." And now it's gone and it's really life." And now it's gone and it's really nice.

nice. nice. >> Yeah. >> Yeah. >> Yeah. >> And so and that helps with other things >> And so and that helps with other things beyond food, too. People have used it to beyond food, too. People have used it to cut back on alcohol use. That's being cut back on alcohol use. That's being studied.

studied. studied. >> That's fascinating. >> That's fascinating. >> Yeah, and so I don't I don't think >> Yeah, and so I don't I don't think there'll ever be a true like just take there'll ever be a true like just take this pill or shot to get get off booze, this pill or shot to get get off booze, but we do have people that cut way back but we do have people that cut way back on their alcohol use and part of it is on their alcohol use and part of it is the mental craving and part of it is the the mental craving and part of it is the physical amount that you just can't physical amount that you just can't drink a bottle of wine on a GLP-1 cuz drink a bottle of wine on a GLP-1 cuz your stomach's going to you're going to your stomach's going to you're going to feel terrible.

feel terrible. >> Wow. >> Wow. >> Wow.

Lifestyle support and follow-up care

Now that you're talking about, you know, Now that you're talking about, you know, all these, you know, the psychological all these, you know, the psychological benefits of not feeling that noise that benefits of not feeling that noise that food that food noise and the fact that food that food noise and the fact that it can help with people who have it can help with people who have addiction to alcohol, can you tell us a addiction to alcohol, can you tell us a little bit about how they work? I think little bit about how they work? I think I find it fascinating.

I find it fascinating. What's going on metabolically in our in What's going on metabolically in our in our body when we take these drugs? our body when we take these drugs?

What's going on? What's going on? >> Yeah, so the GLP stands for >> Yeah, so the GLP stands for glucagon-like peptide and it's mimicking glucagon-like peptide and it's mimicking a natural hormone or peptide, I'm sorry, a natural hormone or peptide, I'm sorry, that your body produces. So every time that your body produces. So every time you eat in your small intestine you you eat in your small intestine you release GLP-1. And that's basically release GLP-1. And that's basically telling your body that you're full. So telling your body that you're full. So it it signals to your stomach, "Hey, it it signals to your stomach, "Hey, slow down. We're good." Signals to your slow down. We're good." Signals to your brain, "We don't need any more food." brain, "We don't need any more food." Unfortunately, that that peptide, the Unfortunately, that that peptide, the naturally occurring one, only lasts for naturally occurring one, only lasts for a few minutes. So what's there's kind of a few minutes. So what's there's kind of some fun trivia about the GLP-1s that it some fun trivia about the GLP-1s that it was actually derived from Gila monster was actually derived from Gila monster um um um GLP-1. And so Gila monsters are these GLP-1. And so Gila monsters are these like lizard creatures that live in this like lizard creatures that live in this American Southwest.

American Southwest. >> Uh-huh. >> Uh-huh. >> Uh-huh. >> And they only eat, you know, once or >> And they only eat, you know, once or twice a month. So they have a GLP-1 that twice a month. So they have a GLP-1 that lasts a lot longer.

lasts a lot longer. And so it the And so it the the the molecule that was isolated is the the molecule that was isolated is called exenatide exenatide. I may be called exenatide exenatide. I may be saying it wrong. And that turned into saying it wrong. And that turned into exenatide, which was the first GLP-1 exenatide, which was the first GLP-1 that was released in 2005. So, it's a that was released in 2005. So, it's a derivative of this Gila monster GLP-1.

derivative of this Gila monster GLP-1. And so, that they found a way to make it And so, that they found a way to make it last longer. last longer. >> Oh, interesting.

>> Oh, interesting. >> And so, what when you do this, it's not >> And so, what when you do this, it's not a natural thing that you're taking. a natural thing that you're taking.

Like, tirzepatide is not something your Like, tirzepatide is not something your body naturally makes. It's it's a body naturally makes. It's it's a synthetic version of your natural GLP-1 synthetic version of your natural GLP-1 that's designed to last longer in your that's designed to last longer in your body. So, it resists getting broken down body. So, it resists getting broken down by other proteins.

by other proteins. And so, that's why that feeling of full And so, that's why that feeling of full fullness like lasts longer than a few fullness like lasts longer than a few minutes. Like, it minutes. Like, it >> I see.

>> I see. And how long can that last then? I guess And how long can that last then? I guess it depends on the doses, but it depends on the doses, but >> Yeah, I mean, well, for these weekly >> Yeah, I mean, well, for these weekly medications, you know, the half-life is medications, you know, the half-life is between 5 and 7 days. So, you take the between 5 and 7 days. So, you take the medication, you have a kind of lower medication, you have a kind of lower level of GLP-1 that's circulating. So, I level of GLP-1 that's circulating. So, I I think that's where people also don't I think that's where people also don't get those food noises cuz their brain's get those food noises cuz their brain's being told, "Hey, it's okay. It's okay." being told, "Hey, it's okay. It's okay." And one of the big misconceptions with And one of the big misconceptions with GLP-1s is you you can still eat and GLP-1s is you you can still eat and enjoy food. It doesn't affect taste or, enjoy food. It doesn't affect taste or, you know, going out with friends or you know, going out with friends or having a glass of wine. Like, those having a glass of wine. Like, those things are all things are all totally back to normal. You're just not totally back to normal. You're just not going to have as much. Like, what I going to have as much. Like, what I often tell patients is you're going to often tell patients is you're going to start bringing take-home bags from a start bringing take-home bags from a restaurant or maybe you just split an restaurant or maybe you just split an entree with your spouse. You just don't entree with your spouse. You just don't need as much to feel full.

need as much to feel full. And that's the biggest change. And and And that's the biggest change. And and and it's it's just really simple. I and it's it's just really simple. I mean, if you're taking in half as much mean, if you're taking in half as much calories, you know, to use a rough calories, you know, to use a rough number, then you're going to on average number, then you're going to on average lose weight.

lose weight. >> Sure, of course. >> Sure, of course. Now, when someone begins these the this Now, when someone begins these the this medication, what are some lifestyle medication, what are some lifestyle interventions that should be maintained?

interventions that should be maintained? I mean, for example, exercise, I mean, for example, exercise, proper hydration, you know, managing proper hydration, you know, managing stress, sleep. Like, where I mean, as a stress, sleep. Like, where I mean, as a health and wellness coach, you know, I health and wellness coach, you know, I cannot not wonder about, you know, what cannot not wonder about, you know, what are these other how these other are these other how these other interventions come into play just to interventions come into play just to make sure that, you know, health and make sure that, you know, health and wellness is maintained and we're just wellness is maintained and we're just not relying on a you know, as you say, a not relying on a you know, as you say, a magic pill pill, a miracle drug to kind magic pill pill, a miracle drug to kind of do all the work for us. Like what's of do all the work for us. Like what's the work that the patient still should the work that the patient still should do?

do? do? >> Yeah, absolutely. I mean those are >> Yeah, absolutely. I mean those are really important things for, you know, really important things for, you know, body weight and as well as long-term body weight and as well as long-term health. We we do offer nutritionists health. We we do offer nutritionists people want to work on their nutrition people want to work on their nutrition cuz you know, for some people that might cuz you know, for some people that might be their weakness is just I just don't be their weakness is just I just don't eat healthy. I need some planning on eat healthy. I need some planning on that. The biggest thing that we worry that. The biggest thing that we worry about with the medication is that as about with the medication is that as you're losing weight you can lose muscle you're losing weight you can lose muscle because your body is if it needs because your body is if it needs calories it's going to scrounge wherever calories it's going to scrounge wherever it can get. And so, you know, obviously it can get. And so, you know, obviously it'll start with body fat but it's also it'll start with body fat but it's also going to pull going to pull >> lean muscle mass >> lean muscle mass >> Yes. And so, that's something we can >> Yes. And so, that's something we can track and then we also really encourage track and then we also really encourage our patients to start, you know, our patients to start, you know, exercising if they aren't already. The exercising if they aren't already. The nice thing is naturally as people start nice thing is naturally as people start to feel better they start moving more to feel better they start moving more which is a great benefit of the which is a great benefit of the medication. It's like, you know, if say medication. It's like, you know, if say someone who's, you know, very large like someone who's, you know, very large like they just every time they get off the they just every time they get off the couch it hurts. Like it's physically couch it hurts. Like it's physically painful for them and that pain's going painful for them and that pain's going to go down, you know, as as they lose to go down, you know, as as they lose weight. In fact, the medication's being weight. In fact, the medication's being studied for like osteoarthritis, that studied for like osteoarthritis, that sort of thing to help with that benefit.

sort of thing to help with that benefit. And so, people do want to do that but we And so, people do want to do that but we obviously encourage them and and we have obviously encourage them and and we have an education program we use at our an education program we use at our clinic but, you know, it's like here's clinic but, you know, it's like here's straight some strength exercises and straight some strength exercises and here's what you need for your long-term here's what you need for your long-term health. Sleep is obviously is important.

health. Sleep is obviously is important. I mean that's like the most underrated I mean that's like the most underrated thing for anything I think in longevity thing for anything I think in longevity is just getting sleep and it's so hard is just getting sleep and it's so hard right now with social media and, you right now with social media and, you know, the world and doom scrolling and know, the world and doom scrolling and stress and something I struggle with a stress and something I struggle with a lot.

lot. lot. >> Yeah, it's something I most coach on is >> Yeah, it's something I most coach on is a Yeah, it's very common just to suffer a Yeah, it's very common just to suffer from lack of sleep. Yeah. So, there's a from lack of

sleep. Yeah. So, there's a lot of things that you're recommending lot of things that you're recommending your patients to do.

your patients to do. >> Yeah, and we check in with them monthly. >> Yeah, and we check in with them monthly. I mean I mean >> monthly >> monthly >> monthly >> We're at slightly different model, you >> We're at slightly different model, you know, where it's a concierge level so know, where it's a concierge level so it's we want to hear from our people. Um it's we want to hear from our people. Um you know, every place does a little bit you know, every place does a little bit differently but differently but you know, it's it's you know, it's it's it's a journey so it's going to take it's a journey so it's going to take time. It's going to take adjustments.

time. It's going to take adjustments. What I I say in the in this community What I I say in the in this community that people tend to know what they need that people tend to know what they need to do. You know, it's they know where to do. You know, it's they know where they slipped up and and so it's it's they slipped up and and so it's it's less of an issue that thought, but it's less of an issue that thought, but it's always good to remind folks, you know, always good to remind folks, you know, it it takes sometimes it takes a little it it takes sometimes it takes a little like push to hey, just all right, how like push to hey, just all right, how are you doing with this or looks like are you doing with this or looks like you lost some muscle mass. How can we you lost some muscle mass. How can we work on that? You know, we want to keep work on that?

Stopping treatment and weight regain

You know, we want to keep you healthy. You know, the last thing you healthy. You know, the last thing you want to do is you want to do is feel great and be back to your, you feel great and be back to your, you know, regular clothes that fit, but be know, regular clothes that fit, but be an unhealthy person. We don't want that.

an unhealthy person. We don't want that. >> Sure. Is there any kind of counseling that Is there any kind of counseling that goes on with these patients? Just like I goes on with these patients? Just like I don't know, psychological counseling don't know, psychological counseling about body image, about body weight.

about body image, about body weight. Does that tend to accompany this process Does that tend to accompany this process at all? For those who have suffered for at all? For those who have suffered for being overweight or obese?

being overweight or obese? >> Well, you hear a lot about how it >> Well, you hear a lot about how it affects marriages. affects marriages. As one person gets healthy, it really As one person gets healthy, it really changes the dynamic. In fact, we have a changes the dynamic. In fact, we have a lot of people that come in that will lot of people that come in that will start with us and then bring their start with us and then bring their spouse in like 3 to 6 months later.

spouse in like 3 to 6 months later. >> Oh, interesting. >> Oh, interesting. >> Cuz I mean, you know, if for folks that >> Cuz I mean, you know, if for folks that really struggle with obesity, I mean, it really struggle with obesity, I mean, it really affects every aspect of their really affects every aspect of their life and when when those things get life and when when those things get changed, like they're obviously going to changed, like they're obviously going to feel a lot better and want to change feel a lot better and want to change other things in their in their life.

other things in their in their life. >> Uh-huh. >> Uh-huh. >> Uh-huh. Can you think of any, you know, Can you think of any, you know, obviously without any names, but like obviously without any names, but like any stories that have really inspired any stories that have really inspired you or that have really shown like the you or that have really shown like the power of these drip this medication of power of these drip this medication of how it can really transform a life?

how it can really transform a life? >> There's been a couple. I mean, one that >> There's been a couple. I mean, one that comes up repeatedly is for like one of comes up repeatedly is for like one of my first patients had a hip injury and my first patients had a hip injury and it gained a fair bit of weight. She was it gained a fair bit of weight. She was younger younger younger and and she couldn't get her surgery cuz and and she couldn't get her surgery cuz she was too overweight and she's like, she was too overweight and she's like, I'm in this catch-22 where I want

to I'm in this catch-22 where I want to exercise, but it's painful. I can't. And exercise, but it's painful. I can't. And I can't get this fixed that I need cuz I can't get this fixed that I need cuz I'm too heavy now. And so she she was I'm too heavy now. And so she she was successful getting back to the weight successful getting back to the weight that she needed to do to get her surgery that she needed to do to get her surgery and and then was fine afterwards and and and then was fine afterwards and now, you know, she's not on the now, you know, she's not on the medication anymore.

medication anymore. >> She's not on it. >> She's not on it. >> And I had a consult today with the same >> And I had a consult today with the same story, an older patient who's in the story, an older patient who's in the same situation. I've just, you know, same situation. I've just, you know, injury, can't, you know, if you think injury, can't, you know, if you think about it, if you hurt your knee or hip, about it, if you hurt your knee or hip, it's usually the hips that I hear a lot it's usually the hips that I hear a lot about. You can't, you know, aside from about. You can't, you know, aside from swimming, you're pretty limited on what swimming, you're pretty limited on what you can do for cardiovascular activity, you can do for cardiovascular activity, and and getting back down is is a goal and and getting back down is is a goal for them.

for them. >> And um so, once they get down to that >> And um so, once they get down to that weight that they need in order to get weight that they need in order to get that surgery in order to, you know, that surgery in order to, you know, enhance that mobility again, do they enhance that mobility again, do they stay off the drug? What usually happens stay off the drug? What usually happens afterwards?

afterwards? afterwards? >> It's it's really individualized when >> It's it's really individualized when people get to their goal. Yeah, that's people get to their goal. Yeah, that's like like like we want to talk want to talk with people we want to talk want to talk with people about like what they're what how they're about like what they're what how they're feeling, what they want to try. I mean, feeling, what they want to try. I mean, I always encourage people if they're up I always encourage people if they're up for it to try for it to try weaning off the medication and see how weaning off the medication and see how they feel.

they feel. >> Uh-huh. >> Uh-huh. >> Uh-huh. >> Um cuz if you don't need it, then you >> Um cuz if you don't need it, then you don't need it. don't need it. >> Yeah.

>> Yeah. >> Yeah. >> And it but I I mean, it's hard to know >> And it but I I mean, it's hard to know exactly, but I I I've sort of split it exactly, but I I I've sort of split it up into thirds. Like when I tell people up into thirds. Like when I tell people this, like a third of people will stop this, like a third of people will stop and stay off of it, a third of people and stay off of it, a third of people will cycle, a third of people will stay will cycle, a third of people will stay on it. I think that's probably a little on it. I think that's probably a little bit higher that than a third that people bit higher that than a third that people will want to stay on it just as will want to stay on it just as >> maintenance.

>> maintenance. >> maintenance. >> Sure. >> Sure. >> Sure. >> Just cuz they're feeling better, you >> Just cuz they're feeling better, you know, they they've gotten to where they know, they they've gotten to where they want to be. Maybe they tried stopping it want to be. Maybe they tried stopping it for a month and those food cravings came for a month and those food cravings came back and they started gaining weight back and they started gaining weight again.

again. again. >> Yeah. >> Yeah. >> Yeah. And for those who are able to who who And for those who are able to who who are in that third that are able to stop are in that third that are able to stop the taking the drug altogether, like the taking the drug altogether, like what are they doing in their time in what are they doing in their time in terms of their lifestyle in order to terms of their lifestyle in order to keep that weight off and not need the keep that weight off and not need the drug anymore?

drug anymore? >> Um that's a good question. You know, I I >> Um that's a good question. You know, I I I don't hear from them that often cuz I don't hear from them that often cuz cuz you have to miss it.

cuz you have to miss it. >> Yes. >> Yes. >> Yes.

Metabolic health, inflammation, and future outlook

>> But I think I mean, what I think they're >> But I think I mean, what I think they're doing is just getting back to where they doing is just getting back to where they were like in terms of activity level. I were like in terms of activity level. I mean, I hear from a lot of patients, I mean, I hear from a lot of patients, I just need a boost. I need a kick-start just need a boost. I need a kick-start to get where I want to be. And that's to get where I want to be. And that's part of your body's, you know, how it part of your body's, you know, how it functions at homeostasis where it wants functions at homeostasis where it wants to stay the same. And that's been looked to stay the same. And that's been looked at like in the the biggest loser TV at like in the the biggest loser TV show, they did a big trial or big study show, they did a big trial or big study and they looked at those folks that lost and they looked at those folks that lost like tremendous amount of weight, but like tremendous amount of weight, but their body's metabolism really slowed their body's metabolism really slowed down and it wasn't reversible. And so, down and it wasn't reversible. And so, it becomes really hard, especially as it becomes really hard, especially as you're cycling between overweight and you're cycling between overweight and regular weight, your your metabolism is regular weight, your your metabolism is always keeping score of that. And so it always keeping score of that. And so it does take some time to reset that if does take some time to reset that if that's even possible.

that's even possible. And so, you know, it takes a lot of And so, you know, it takes a lot of discipline. I tell people it's easy to discipline. I tell people it's easy to lose weight on this medication, it's lose weight on this medication, it's hard to stop and keep it off, but you hard to stop and keep it off, but you should know that going in cuz, you know, should know that going in cuz, you know, we'll be having this conversation in, we'll be having this conversation in, you know, 3 months, 6 months, a year.

you know, 3 months, 6 months, a year. This is that, you know, what do you want This is that, you know, what do you want to do now, but knowing that the if you to do now, but knowing that the if you want to stop and get off of it, all all want to stop and get off of it, all all those benefits of the mental and and the those benefits of the mental and and the gut systems slowing down are going to gut systems slowing down are going to are going to go away.

are going to go away. But I think with a lot of I mean, there But I think with a lot of I mean, there are are are a subset of people that are super a subset of people that are super disciplined and they get that kickstart disciplined and they get that kickstart that they need and then they can move that they need and then they can move forward with it.

forward with it. >> Yeah. >> Yeah. >> Yeah. What do you see the future of these What do you see the future of these drugs? Do you think they're going to drugs? Do you think they're going to become more mainstream? Do you think become more mainstream? Do you think they're going to be held back? How do they're going to be held back? How do you see them evolving to?

you see them evolving to? >> Yeah, for a while I was worried that >> Yeah, for a while I was worried that there was some like unknown side effect there was some like unknown side effect that was going to come out, you know, that was going to come out, you know, cuz there's been diet drugs in the past cuz there's been diet drugs in the past that have later turned out to be that have later turned out to be dangerous like fen-phen.

dangerous like fen-phen. But now that we've had, you know, over But now that we've had, you know, over two decades of this type of medication two decades of this type of medication being out and available and plus just, being out and available and plus just, you know, tens of millions of people you know, tens of millions of people taking the medication, I really don't taking the medication, I really don't think there's going to be one overall think there's going to be one overall bad thing that's going to happen. There bad thing that's going to happen. There could be more future side effects that could be more future side effects that we don't know about. It's always hard to we don't know about. It's always hard to tell with any any treatment.

tell with any any treatment. >> Yeah. >> Yeah. >> Yeah. >> I do think that I mean, the biggest >> I do think that I mean, the biggest issue for right now for a lot of people issue for right now for a lot of people is price because insurance typically is price because insurance typically doesn't cover this medication until doesn't cover this medication until you're a diabetic, which is frustrating you're a diabetic, which is frustrating cuz you have to wait to

get the illness cuz you have to wait to get the illness that is caused by being overweight for that is caused by being overweight for to get treated for it. And to get treated for it. And unfortunately, that's just, you know, unfortunately, that's just, you know, how American insurance work. It's more how American insurance work. It's more for sick care rather than health care.

for sick care rather than health care. >> Yeah. >> Yeah. >> Yeah. >> And so, you know, these medicines are >> And so, you know, these medicines are are expensive out of pocket. The cost are expensive out of pocket. The cost has gone down tremendously. Like when I has gone down tremendously. Like when I first started doing this 3 years ago, it first started doing this 3 years ago, it was over $1,000 a month. And now either was over $1,000 a month. And now either with compounded medication or brand new with compounded medication or brand new medication, you can get the medication medication, you can get the medication for, you know, $300 to $500 a month.

for, you know, $300 to $500 a month. >> Okay. >> Okay. >> Okay. >> So, quite a bit less, but still for >> So, quite a bit less, but still for that's still a lot of money.

that's still a lot of money. >> Sure. >> Sure. >> Sure. >> I I do think the cost will keep going >> I I do think the cost will keep going down as there's more medications out down as there's more medications out there. I mean, I think every drug there. I mean, I think every drug company right now is seeing this as company right now is seeing this as something that they want to get into.

something that they want to get into. >> I've heard a lot of farmers into this >> I've heard a lot of farmers into this now. Yeah. now. Yeah. >> Yeah, I mean, just to have a fix for >> Yeah, I mean, just to have a fix for really the most common medical problem really the most common medical problem in the United States, I mean, it's, you in the United States, I mean, it's, you know, over 60 70% of American adults are know, over 60 70% of American adults are obese, so being able to have an obese, so being able to have an effective treatment for that is really effective treatment for that is really revolutionary, and I think it's going to revolutionary, and I think it's going to as a whole help our whole country, you as a whole help our whole country, you know, live healthier, live longer. It's know, live healthier, live longer. It's because there's so many consequences of because there's so many consequences of having excess weight.

having excess weight. >> Yeah. >> Yeah. >> Yeah. What are those biggest consequences? What are those biggest consequences? Because, I mean, we're getting into the Because, I mean, we're getting into the issue of like metabolic health, which is issue of like metabolic health, which is definitely a big driver definitely a big driver of a, you know, a lot of disease that we of a, you know, a lot of disease that we see here in the United States.

see here in the United States. >> Yeah, I mean, I mean, I mean, it affects >> Yeah, I mean, I mean, I mean, it affects all levels. I mean, the number one, you all levels. I mean, the number one, you know, disease that kills people is know, disease that kills people is cardiovascular disease, and certainly cardiovascular disease, and certainly being overweight is a contributor to being overweight is a contributor to that. You know, it's going to Yeah, that. You know, it's going to Yeah, associate with high associate with high high cholesterol, lead to high blood high cholesterol, lead to high blood pressure, all those risk factors for pressure, all those risk factors for stroke and heart disease. A big one that stroke and heart disease. A big one that I I feel like is becoming more common is I I feel like is becoming more common is just the cancer element, you know, like just the cancer element, you know, like obesity is linked to, believe it's over obesity is linked to, believe it's over 20 different types of cancers, 20 different types of cancers, particularly breast cancer.

particularly breast cancer. >> Wow. >> Wow. >> Wow. >> And so, all, you know, with those >> And so, all, you know, with those adiposes fat cells being so adiposes fat cells being so pro-inflammatory, it's just kind of pro-inflammatory, it's just kind of wrecking havoc in your body. We're wrecking havoc in your body. We're seeing a lot more young people with seeing a lot more young people with cancer nowadays. I'm sure there's more cancer nowadays. I'm sure there's more to it than just body weight, but that to it than just body weight, but that undoubtedly is a component.

undoubtedly is a component. >> Wow. Can Can you explain to me why, you >> Wow. Can Can you explain to me

why, you know, you mentioned inflammation a lot, know, you mentioned inflammation a lot, and and and you know, inflammation is definitely a you know, inflammation is definitely a more common word, you know, as that more common word, you know, as that silent killer behind so many of these silent killer behind so many of these chronic diseases.

chronic diseases. How does the GLP-1s work in being an How does the GLP-1s work in being an anti-inflammatory? anti-inflammatory? anti-inflammatory? >> I don't think the full extent of it >> I don't think the full extent of it isn't honestly known, but I I I, you isn't honestly known, but I I I, you know, as you decrease fat cells, that know, as you decrease fat cells, that that those are the ones that are that those are the ones that are producing a lot of inflammatory signals producing a lot of inflammatory signals in the body. Obviously, it's more in the body. Obviously, it's more complicated than that. But, that was a complicated than that. But, that was a benefit like a lot of people didn't even benefit like a lot of people didn't even realize that you know, especially like realize that you know, especially like inflammatory conditions can be hard to inflammatory conditions can be hard to treat cuz there's not like an easy fix.

treat cuz there's not like an easy fix. And and we were seeing people with like And and we were seeing people with like like, you know, endometriosis, irritable like, you know, endometriosis, irritable bowel disease, polycystic ovarian bowel disease, polycystic ovarian disease, like things that just didn't disease, like things that just didn't have good treatments that were have good treatments that were really affecting people's lives in in a really affecting people's lives in in a non-specific like very ill way, and non-specific like very ill way, and they're getting better. And I mean, I I they're getting better. And I mean, I I think it's mostly through weight. There think it's mostly through weight. There might be other mechanisms too. There the might be other mechanisms too. There the GLP-1 receptors are all over the body, GLP-1 receptors are all over the body, and so there's probably things that are and so there's probably things that are still yet to be discovered for that.

still yet to be discovered for that. >> Wow. >> Wow. >> Wow. It's interesting to see how It's interesting to see how much this, you know, this is growing, much this, you know, this is growing, and at the same time the the industry and at the same time the the industry and the, you know, is still discovering and the, you know, is still discovering all its benefits and possible outcomes all its benefits and possible outcomes at the same time. It's like, you know, at the same time. It's like, you know, there's a lot known still, but a lot of there's a lot known still, but a lot of interesting things that are coming out interesting things that are coming out as people are more and more taking these as people are more and more taking these drugs.

drugs. drugs. >> Yeah, and I I think I think they'll be, >> Yeah, and I I think I think they'll be, you know, as we get more targeted with, you know, as we get more targeted with, you know, AI and all these things like you know, AI and all these things like the medical therapies just going to keep the medical therapies just going to keep on getting better in that regard. I on getting better in that regard. I mean, there'll always be an issue of mean, there'll always be an issue of affordability and access.

affordability and access. >> Sure. >> Sure. >> Sure. >> But, this is I think the tip of the >> But, this is I think the tip of the iceberg of what what's possible down the iceberg of what what's possible down the road.

road. road. >> Yeah. >> Yeah. >> Yeah. So, in terms of wellness, how have you So, in terms of wellness, how have you seen that these drugs have helped your seen that these drugs have helped your patients in general? Like, besides the patients in general? Like, besides the weight loss, what else is happening for weight loss, what else is happening for them?

them? them? >> You know, I I always think of it like >> You know, I I always think of it like they feel like yourself again. You know, they feel like yourself again. You know, everyone has that memory of when we were everyone has that memory of when we were young and healthy, and we want to aspire young and healthy, and we want to aspire to get back to that point, which is to get back to that point, which is always a hard thing to do, but it help always a hard thing to do, but it help it helps put you on that path.

it helps put you on that path. You know, just you know, if you can wake You know, just you know, if you can wake up and be, you know, pain-free, moving up and be, you know, pain-free, moving throughout your day, or doing

activities throughout your day, or doing activities that you like, that you like, >> Yeah.

>> Yeah. >> Yeah. >> I'm you know, fitting into clothes that >> I'm you know, fitting into clothes that make you feel comfortable again, those make you feel comfortable again, those sort of things. I think it's really a sort of things. I think it's really a big self-confidence booster.

big self-confidence booster. >> For sure. >> For sure. And changes a little bit dynamics in And changes a little bit dynamics in relationships as you mentioned.

relationships as you mentioned. >> Yeah, absolutely. >> Yeah, absolutely. >> Yeah. For you personally, you mentioned >> Yeah. For you personally, you mentioned that it has helped you kind of eliminate that it has helped you kind of eliminate that food noise that you were hearing that food noise that you were hearing before. What other benefits have you before. What other benefits have you experienced?

experienced? experienced? >> Well, I think I think for me one of the >> Well, I think I think for me one of the most striking things is how well my most striking things is how well my athletic performance got better cuz I athletic performance got better cuz I like to ski a lot, but I was, you know, like to ski a lot, but I was, you know, always the slow guy.

always the slow guy. >> Yeah. >> Yeah. >> Yeah. >> And I was like, well, maybe I just, you >> And I was like, well, maybe I just, you know, this is just me, but as I lost know, this is just me, but as I lost weight, I was like, "Oh, wow, like I'm weight, I was like, "Oh, wow, like I'm actually I feel much more athletic. I'm actually I feel much more athletic. I'm moving better." moving better." >> Uh-huh.

>> Uh-huh. >> Uh-huh. >> Um and that was a nice side effect that >> Um and that was a nice side effect that I didn't really anticipate. Um you know, I didn't really anticipate. Um you know, I think I think by not having that food I think I think by not having that food noise, you can also eat healthier cuz noise, you can also eat healthier cuz you're just not eating whatever's right you're just not eating whatever's right in front of you, so you can be more in front of you, so you can be more intentional.

intentional. intentional. >> That's a good point. >> That's a good point. >> And so, you know, I used that as a >> And so, you know, I used that as a springboard for that element. You know, springboard for that element. You know, I think it I think it I think it's it just makes you feel more I think it's it just makes you feel more confident, I would say. Like that's been confident, I would say. Like that's been