How Menopause Increases Heart Risks And What You Can Do Transcript

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Introduction to menopause and heart disease

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This is Dr. Talks. Welcome back to the Reversing Heart Disease Summit. I'm super excited to be here today with a very special guest. And I'm super excited to be doing this summit with my co-host.

I'm actually his co-host. Our main host is Dr. Joel Kahn. And today we have Dr. Tammy Meralja. And she is an amazing hormone specialist and she has an amazing hormone practice and has written books on hormones.

And she's going to talk to us today about the impact of menopause on women's heart disease risks specifically. Now, if you're a man, you know, listen in, you're still going to hear stuff that might help your wife, but also might help you because hormones shift for men as well, but it's not the same.

And it's not the impact of estrogen in the female hormones. Why do we have more risk of heart disease after menopause? So welcome, Dr. Tammy. I'm so excited to have you here.

I'm honored to be here. Thank you so much. Let's jump in. Let's just really jump in and say, why the heck do women have a higher risk of heart disease after menopause?

We don't know definitively, but we know a lot. Does that make sense? So before menopause, heart disease is not the number one killer of women, but after menopause, it equals the number one that it is for men.

It becomes the number one killer of women.

Why estrogen loss raises cardiovascular risk

And I would say, don't take this the wrong way, but I hope you get hot flashes because if without hot flashes, you might not go doctor and look at your hormones and then you won't get the protection of HRT if you're not checking.

So I always say I hope you get hot flashes. And most people do. I didn't, but I'm aware of my hormones and all and I always attributed not getting hot flashes to…

I started protecting myself from horrible menopause when I was in my 20s. eating right, taking the right nutrients, exercising, stress management, all those things that we talk about to help people with hormone balance.

But most people do. Most people have the hot flashes, the anxiety, the night sleep disturbances, brain fog, itchy ears, frozen shoulder. I mean, there's over 60 symptoms.

It's a lot of symptoms and exaggeration of things that were previously there. Lyme disease brewing or an EBV virus or mold problems or any of those things, it all seems to like get worse at menopause.

So it does. Why are we specifically related to heart disease? We believe that it has a lot to do with estrogen's anti-inflammatory effects. And estrogen's anti-inflammatory effects are particularly beneficial to the coronary arteries.

And so when estrogen leaves, that protection of the coronary arteries from inflammation and all the damages that come with inflammation start to leave.

And what we find is that if estrogen replacement therapy is started within the first 10 years of your last period, we can actually offset that risk. And so you're not going to be at the same risk as someone who went through menopause and does not take chartes.

So you're saying within that first 10 years, which gives people a lot of leeway, but what happens, I mean, is it ever happened that someone goes through menopause and everything stays just fine, that they don't have an increased risk of heart disease?

And how would we measure whether they do other than testing estrogen, obviously? So what the medical literature says is every woman who's gone through menopause is at an increased risk of heart disease.

It is now your number one risk for dying. Does that mean you're going to get it? No. Does it mean when you're younger you're going to get cancer? No. So it doesn't mean that you can't sail through menopause unharmed from heart disease.

It just means that you ought to take a look. because the protection that you had from your hormones when you were younger is not there anymore. And so there are very few physicians, I find sadly, that are doing a full panel.

Testing hormones and heart risk markers

I mean, I refer so many people to Dr. Jewell because we need to look at apolipoprotein B, we need to look at Lp little a because these go up in menopause.

I'll hear a lot of women who, like you, have really committed to their health, not just for a few months, but in many, many years. They eat well, they move their body, they stay away from bad things.

You know, they're doing a lot of things right. And then they're so frustrated. Why is my cholesterol going up? I didn't change. I'm not overweight. I didn't change how I eat.

I'm still exercising. What is going on? It's your hormones. It's your hormones. And within that 10 years, let's talk a little bit about that because you're very specific about within that 10 years.

So say I'm 28 years from my last period, like it's been a long time and I haven't done any estrogen replacement therapy. Does that mean that outside of that it becomes less effective, more dangerous, or can it still be effective for women who are beyond that 10-year window?

The research shows that beyond the 10-year window, it seems to diminish greatly for preventative protection for heart disease specifically. No, it doesn't mean it's dangerous for you to take.

In fact, there was a beautiful study that was recently presented at the Menopause Society, of which I'm a member, and it showed the safety of HRT hormone replacement therapy in women in their 70s and 80s.

But the window of helping prevent cardiovascular disease increased risk has closed or almost closed. We don't know definitively, but it seems to have significantly decreased the protection if you start after 10 years.

Okay, so when we look at that, right? So we look at women who are, how do you look at that? How do you look at the labs? I mean, there's a lot of controversy to conventionally in medicine, you're taught to just test the blood.

I like looking at things like the Dutch test because it gives me metabolites and it tells me whether, you know, I don't wanna increase somebody's risk of cancer in order to decrease their risk of heart disease.

So how do we test effectively and then intervene effectively we're mitigating risks for all of those leading causes of death. So exciting. The research is abundantly clear now that hormone replacement therapy does not cause cancer.

We can even give a woman who's had breast cancer, vaginal estrogen to help if they're having painful sex or other things. So that's the big misinformation that I want to shout from the rooftops because many years ago It was a big, big disservice and misinformation that through the Women's Health Initiative study, that estrogen caused breast cancer and it absolutely does not.

So that's one thing that we can go, whew, that doesn't mean you won't get breast cancer. But, you know, if you think about it, who has the most estrogen, the most hormones in their body?

A 16-year-old or a 60-year-old? Obviously, a 16-year-old, right? Right. And do 16-year-olds get breast cancer? Generally not, that's not a common thing.

So it's not this abundance of hormones that's the issue. There's all kinds of other things going on, but with regard to heart disease, because that's our focus today, what we want to look at, I feel like, so I have a story.

Heart disease and stroke, cardiovascular, right? Those are the two things that we're worried about is like a town and you have to get to that town on a train.

Now you have to go to the train station, you have to buy a ticket, you have to walk onto the train, you have to sit down and then the train has to go.

HRT timing, safety, and cancer misinformation

And then the train is going through tunnels like oxidation and around corners and through all kinds of hills and valleys, inflammation. So there's a lot of things that have to happen before you get to heart attack and stroke land.

We know that there's a blood test called Lp little a, I know it's weird, but it literally is a little a because there's a capital A different test, lipoprotein little a, that tells us that your increased risk of bad cholesterol, and we'll talk about that in a minute, is because of your genetics.

Your parents drove you to the train station, bought your ticket, grabbed your hand, walked you onto the train, and sat you down. Thanks, Mom. Yeah. We know that from LP little a, right?

And then cholesterol is also a really big misunderstanding. It really wasn't designed originally to be a direct risk factor. It wasn't read, wasn't supposed to be read as a direct risk factor.

But apolipoprotein B, apob, your triglycerides and especially your triglycerides relationship and the ratio of that compared to your HDL, which we want your HDL to be a double than your triglycerides.

These things, your heart-specific C-reactive protein, that's the amount of inflammation in your body that's specifically bothersome to your heart. All of these things Tell us how far along you are on the train ride.

Does it mean that you need to take a medication if you have these things? Maybe, maybe not. We need more data. In the meantime, you should be doing as much anti-inflammatory nutrition as you can, increasing your fiber.

There's a wonderful test called Omega Quant. I have no relationship to them, but it tells you your omega-3 fatty acid saturation. You wanna be between eight and 12%. That's very anti-inflammatory to the cells in our bodies.

I then tell my patients, by the way, we're blessed. We can see patients nationwide in my clinic through telehealth. We get you to go get a coronary calcium score.

And then that's telling us a picture of what's going on. Do you have flat? And if so, how much? Okay, but that's still only part of this story. it's only the hard plaque that it's showing us turns out that there's soft plaque as well and that's even more dangerous and then there's another test but you don't need all of these tests all at one time step along the way says okay this is this is abnormally high let's take a deeper look let's see how far along you are on that train line right and then It's really important to understand that medication for women for lowering cholesterol

and preventing heart disease is not the same as for men.

The research is often not available for women compared to men. Most studies are never done on women. Did you know? They don't even do animal studies on female animals.

They're all male mice. Not even there do women get represented. I also was recently at an event at the United Nations in New York City honoring female entrepreneurs, and there was somebody presenting AI.

Our medical AI, especially our insurance, is being run and getting currently up for AI to make those decisions. AI is being trained with our current information which is biased against women or heart disease.

For example, a statin does not decrease your risk of dying from a heart attack or stroke if you are a woman.

Sauna, meditation, and lifestyle protection

Well, that's interesting to know because women are being prescribed them just as regularly as men are as soon as their cholesterol and LDLs go above a certain level.

Yep. It's not, do you know what's more powerful than a statin medication? A sauna. Oh, that's good to know. The research is literally like it was a drug.

What? What temperature? How long? How often? Like literally a dose. Dr. Rhonda Patrick, she's a PhD, brilliant woman. You should get her on one of your podcasts.

She's amazing. She presents a lot of this research, which a lot of it is from Finland. Over 90% of the research is on traditional sauna. Does that mean that an infrared sauna is not beneficial?

No. But we don't know if it's the same. And what the research showed is that you work your way up to 170 degrees for 20 minutes. four times per week, decreased your risk of heart attack or stroke by up to 60%. There's very few things that you have as the CEO of your own health that you can control than a sauna and meditation.

I mean, you do those two things, you're more than halfway there. I love that. And you don't need a prescription. You don't need to have medical insurance to make it affordable.

I wish insurance would reimburse us though, because it's like a drug. It's like a drug, and it's much less expensive when you think about it overall. And what's the negative side of that?

What's the downside, you know, overheating, making your hot flashes worse? I don't know. I mean, I don't know. That really doesn't happen. A hot flash isn't an external temperature thing.

It's really from inside. It's a vasomotor. thing, a dysregulation. So no, it's very profound. This is very cool. Women, so let's go back to the estrogen thing, right?

We started out with, as we go through menopause, our estrogen levels decline. My concern with just randomly just testing a blood test and giving somebody estrogen because they're low, because I've looked at a lot of metabolic tests, a Dutch test or other tests like that, where we're looking at, is the person aromatasing?

Do they have an excess of some of the the dangerous 4-hydroxy type astrone metabolites, which we can't see on a blood test. And is it then still safe to provide that without providing the food, you know, talking about prasagas and broccoli sprouts and sulforaphane-containing foods?

So what's your take on that? So I'm with you. We have a practice where I actually call it total health. So all of our patients start their hormone therapy.

I think that hormones should be seen as a symphony. They all work together. You shouldn't just say, oh, you had a

hysterectomy, so you can have estrogen alone.

What about, you know, there's progesterone receptors in your brain. It helps you sleep. You have testosterone receptors everywhere. Helps with your energy, your fat muscle ratio, your strength, your alertness.

All of these things work together. So I definitely love looking at it holistically. I love urine tests to look at the 216 hydroxyestrone ratio. But when we're starting hormone replacement therapy, we're not replacing it back up.

Choosing the right hormone replacement approach

to, you know, quote unquote, pre-menopause ultimate level. So the danger is very, very minimal because what we're doing is we're just filling you up a wee bit.

And that's probably because we don't know. I mean, I would never maximize anybody's dose just because I don't know what's right for you. My philosophy is start low, go slow.

We can always increase the dose as we go. It's pretty uncomfortable to have too much of anything. Yeah. Yeah, yeah, yeah. I like that approach and that's my approach with supplements, with even changing food, with any kind of hormone replacement is low and slow.

Low and slow, check out how it works. And also minimum effective dose, right? And there are a lot of people out there that are proposing to women that they get back to the point where they're getting periods again.

I know. Why? There's no research to support that. And in fact, When you're doing that, you're getting the uterine lining to get built up and it really isn't supposed to be.

That requires a uterine ultrasound and maybe a DNC to get to scrape it because it increases your risk of uterine cancer. right? So with the body, I always look at it as it's a balancing act, right?

And we don't want to put something in balance that then puts something else out of balance. And I think when we use pharmaceuticals, it's like this monkey wrench that gets in there and pushes things in a direction that they're not necessarily meant to be, but if we can help people to replace.

But I want to get back to food and lifestyle, right? Because you mentioned asana, you mentioned meditation. So how can we get our hormone levels back in place using food and lifestyle, and thus increasing our protection against the menopausal effects on heart disease.

So how do we do that? And is food for some people not enough? For some people, maybe it is enough. I'd love to hear your take on that. Yeah. So I just deferred the research that says, you know, and common sense that when you move your body, you're a good weight, you eat whole food that your great, great, great, great grandmother could recognize and pronounce.

real food. Yes, exactly. Menopause with or without HRT is going to be an easier experience and you're going to be a healthier person through it. With regard to is there any supplement lifestyle or nutrition that can get your body to produce these hormones, once you're in menopause, bowl on, your ovaries had said, thank you very much.

We are exiting the fertility stage. We're no longer working. There's no way you're going to get your ovaries to reboot. Now, your adrenal glands can kick in and help, and that's super helpful, especially in perimenopause.

when your, you know, things haven't gone so low, but there's no possibility that you're going to get that higher protection for your, not just your heart against dementia, osteoporosis, your skin, all those kinds of things.

Let's just talk a moment. We're talking about lifestyle and nutrition and food and whatnot, but not all pharmaceuticals are created equal, right? So we're talking about bioidentical, and that's not my favorite term, body similar, because there is It's the shape that your body said, oh, I know exactly who you are.

You look like what I had. You smell like what I had. You fit in my receptor. Thank you very much. Come on in. And then also, so is it replacing and not an actual foreign pharmaceutical where your body is like, wait, what?

What is this? Yeah. Mayor urine, right? Is the old. Do we really respond well to pregnant mare urine as a C8 year old woman? Well, and then there's the other fact that, you know, there is an absolute increased risk of clotting when you take oral estrogen when you're in menopause.

Is it a huge increase risk? No. Why would you have any increased risk at all when there's other alternatives? Exactly. You've got creams, you've got gels, you've got rings, you've got patches, you've got pellets.

I mean, goodness gracious. There's so many options. Absolutely. And most MDs, when I see people coming in and they're on a prescription, they're usually on estradiol, estradiol alone, whether it's a patch, whether it's pellets, whether it's injections that they're getting, they're on estradiol and they're not getting the protective effect of estriol and progesterone.

So I'd love to hear your take on that. So first of all, my favorite hormone is testosterone. That's what my book, The Hormone Secret is about, testosterone for women.

Empowering patients to advocate for care

But my second favorite hormone is progesterone. I kid you not, if there was a fire in my house, I would grab my progesterone, then my children, my husband can run for himself.

Progesterone is the valium that bathes the female mind. It's our peaceful hormone. And this is why mental health is one of the very first signs and symptoms for many women entering perivenopause because our peaceful hormone leaves us first.

Progesterone leaves us first. So I think it's, also if you wake up between two and four in the morning wide awake, it's like a progesterone deficiency.

Like I bet it was a progesterone deficiency. And so it's also a natural diuretic. Even though estrogen is like the queen bee for bones, progesterone stimulates a cell in your body called the osteoblast, which builds, I know blast seems like it doesn't build, but it builds new bone.

So having that on board as well is super beneficial. So I don't think that you should ever just disregard progesterone just because you don't have a uterus and you're just taking estradiol.

Now, I do understand why practitioners prescribe estradiol, and I actually prescribe it a lot more now than I used to. And that's because bioidentical estradiol patch is available for about $20 a month.

So it makes it doable. And you can use over-the-counter Estriol to augment it. Yes. But don't forget your testosterone, and don't forget DHEA sulfates, and don't forget thyroid, and don't forget insulin, and don't forget cortisol.

Right, right. All of those hormones are critical. People think about menopause, they think about hormones, they think about estrogen, progesterone. Insulin resistance is part of this menopause.

We become more insulin resistant, which also contributes to our increased cardiovascular risk. Yeah, so we need to be looking at all of those hormones.

So if you're looking at somebody and somebody's listening to this and they don't necessarily have a practitioner like you on board and they're looking to get started, progesterone is available OTC, right over the counter.

It is. The dose is pretty small. Small, okay. But you can start with it. Yeah. The only downside about OTC progesterone is that I don't have a lot of confidence that the dose from one pump to the next is consistent.

Cause it's, you know, it's not monitored, but it's safe. Why not try? Why not give it a try? And are there ways for people to know whether what they're doing is effective?

Or do they do some cardiovascular measures beforehand and then after? Or do they look at other measures? Do they look at their sleep patterns? Do they do another hormone test?

Like, what would you say? So the person who's listening and saying, you know, I really don't have a doctor that I can trust on all this. Come see us! There you go.

because you're available in most states, which is cool. Yeah, we have a physician that has a license in every state. You do have to do things the right way, and plus you need it to get a prescription.

But one of the things that you can do is to learn all of these things. This is not my favorite thing. You should not know more than your doctor. I agree with you, but that's a sad reality.

That's not true these days. I know, but you know, you can go to your gynecologist and say, here's the way to do it. Okay. Arm yourself with the research.

Have you ever heard of Consensus.app? It's a site, oh my gosh, you're going to love this. I love this. I spend every morning for about 30 minutes reading research and Consensus.app is a site full of published research.

And so bring this research to your doctor's appointment. And if your doctor pushes back and won't give you HRT or a prescription or says you don't need it or gives you worse, an antidepressant or a sleeping pill, then say, you know, well, here's the research.

Can you explain to me why this is invalid and why you aren't going to? honor this research or do you have other you know and don't be adversarial say or do you have other research that you can share with me to help me understand why you're not while you're refusing to help me with this and it's uncomfortable and yucky to stand up for yourself but you know.

Final advice on finding the right doctor

We have to in a world where that's why these summits are so valuable for people and when you say that most people people should not know more than their doctors because of summits like this and experts like you that Dr.

Khan and all the other great experts we have on here most people that listen and watch know more than their doctors they know more about the advanced cardiovascular tests that they should be getting that most doctors aren't ordering They're learning about the impact of hormones and what kind of things they can do for themselves.

And I think that we all need to be empowered to take charge of your own health and not trust that your doctor knows. And this is a great resource. I can't wait to take a look at it.

So in summary, mentioned saunas, you mentioned meditation, you mentioned fiber, you mentioned whole foods versus processed foods, anything else you want to add to this and then adding to that appropriate use.

of bioidentical hormones. If you're at a high risk, personally, my ApoB, my ApoA is high, my ApoB is perfect. My ApoB is high because I have the genetic risk factor for it, no matter what I do.

You should have picked your parents better. I didn't pick my parents well and they're not around to talk to about this now because unfortunately, they suffered the demise and the sudden and death fatal heart attacks from not knowing this stuff.

Right? And so I'm in the position where I've outlived them by a lot of years already, and I continue to want to do that, and I want to help other people to avoid that.

So what we know now is far greater than what they knew then back in the 80s or the 90s when they passed on as a result of, I think, preventable problems, right?

Insulin resistance and apolipurgein. I know they had it because I have it. and other things like that. So we're learning a lot in this summit. You mentioned a few things.

We have a whole talk on LPA. If you haven't watched that one yet, watch it. We have a whole talk on APOB and LDL, and we have it on insulin resistance, and all the things you mentioned.

We've got that here, so learn it. And then, of course, food. We've got food and herbs and things like that that you can learn to to take charge of your own health and take charge of your own cardiovascular health.

So this has been enlightening. Do you have any last words that you want to leave people with? You know, I just think that you have to remember at the end of the day, your doctors work for you.

And if you don't have a partner in health, fire your doctor. There are so many doctors available online with telehealth now that there's just no reason why you can't get someone who will serve you.

That's our job. We're here to serve you and it has to be a good fit. Absolutely. Thank you so much. We've been talking to Dr. Tammy here. Check out her bio, check out her resources, and check out her practice if that's something that, you know, you can't get the help from your local doctor.

She's got people in every state to help you if you need bioidentical hormone replacement, or how did you call it? You had another word for it. Body-similar.

body similar hormone replacement versus something from a pregnant cow, you've got the resources available. So I appreciate you being here. I really do.

Another enlightening conversation. And thank you for joining us for the Reversing Heart Disease Naturally Summit. Thank you so much. Thank you for having me.

Thank you for tuning into Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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