# How Menopause Increases Heart Risks And What You Can Do Transcript

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## Introduction to Menopause and Heart Disease

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 to be doing this summit with Mike Hope co-host.

I actually his co-host, our main host is Doctor Joel Kahn, and today we have Doctor Tammy Morales here. And she is an amazing, hormone specialist. And she has 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, listening, you're still going to hear stuff that might help your wife, but also might help you because hormones shift from 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? Why do we have more risk of heart disease after menopause?

So welcome, doctor. Tammy, I'm so excited to have you here. I'm honored to be here. Thank you so much. Yeah. So let's jump in. Let's just 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. And I would say. You know, 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, you know, I mean, I'm aware of my hormones in all, and I always attributed not getting hot flashes to I started protecting myself from horrible menopause when I was in my 20s.

You know, 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. Sleep disturbances. Services. Brain fog, itchy ears, frozen shoulder. Great. I mean, there's over 60 symptoms.

It's a lot of symptoms and exaggeration of things that were previously there, like a Lyme disease brewing or an EBV virus or or mold problems or any of those things.

It all seems to like get worse at menopause.

## Why Estrogen Loss Raises Cardiovascular Risk

So it does. Why? Why are we specifically related to heart disease? We believe that it has a lot to do with estrogens, anti-inflammatory effects and estrogens.

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 ten 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 HRT.

Okay. So, you're saying within that first ten 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 men 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.

Heart disease. It is now your number one risk for dying. Does that mean you're going to get it? No. Does it mean you're 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. I mean, I refer so many people to Doctor Joel, because we need to look at apolipoprotein B, we need to look at LP little AA because these go up.

Yeah. In menopause. And I'll hear a lot of women who like who 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? Yeah, it's your hormones. It's your hormones. And within that ten years, let's talk a little bit about that, because you're very specific about within that ten 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. Is that mean that outside of that it becomes less effective, more dangerous?

Or can it still be effective for women who are beyond that ten year window? The research shows that beyond the ten 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.

Okay. But the window of helping prevent cardiovascular disease increased risk as closed or almost closed, we don't know definitively, but it seems to have significantly decreased the protection if you start after ten 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 too.

Conventionally in medicine, you're taught to just test the, blood.

## Testing Lipids, Inflammation, and Genetic Risk

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

So how do we how do we test effectively and then intervene effectively. So we're we're mitigating risks for all of those leading causes of death. Well so exciting.

The research is abundantly clear now that hormone replacement therapy does not cause cancer. We can even give a woman who has had breast cancer vaginal estrogen to help.

If they're having painful sex or other things. So that's the the big missed information that I want to show 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 to. You don't 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 does the 16 year olds get breast cancer? Generally not. That's not a common thing. So it's not this abundance, the 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 of 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 on to the train, you sit down and then the train has to go.

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

We know that there's a blood test called LP little and also weird, but it literally is a little AA because there's a capital A different test. Lipoprotein, little AA that tells us that your increased risk of bad cholesterol.

We'll talk about that in a minute, is because of your genetics. So your parents drove you to the train station, bought your ticket, grabbed your hand, watched you onto the train and sat you down.

Thanks, mom. Yeah. So we know that from LP. A little. 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 red. It wasn't supposed to be red as a direct risk factor. But apolipoprotein 18 be able be 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.

And 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 task called Omega Quant.

I have no relationship to them, but it tells you your omega three fatty acid saturation. You want to be between 8 and 12%. That's very anti-inflammatory to the the cells and our bodies.

I then tell our 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 black 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 black as well. And that's even more dangerous. And then there's another test. But you don't need all of these at all at one time.

Each step along the way said, okay, this is this is abnormally high. Let's take a deeper look. Let's see how far along you are on that train ride. Right?

## Hormone Therapy Timing and Safety

And then it's really important to understand that medication for women, for prevent, 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 their does. 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 a I r medical. I especially r 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.

For heart disease. For example, a statin does not decrease your risk of dying from a heart attack or stroke. If you are a woman. Well, that's interesting to know because women are being prescribed them just as regularly as men are as soon as their cholesterol and LDL is 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. Really? What?

What temperature? How long, how often? Like you just literally a dose. Doctor. Rhonda. Patrick, she's a PhD, a 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. And the nine 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%. Oh, 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, I love that end. You don't need a prescription. You don't need to have medical insurance to make it affordable. I wish insurance would rebate reimburse us now because it's like a drug.

It's like a drug, but. And it's much less expensive when you think about it over a law, like when and. What's a negative side effect. What's the downside.

You, 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 visual motor stem, a dysregulation. So, you know, it's very profound. And this is very cool. And in women. So let's go back to the estrogen thing. Right. We talked. Yeah.

We started out with as as we go through menopause, our estrogen levels decline. My concern with just randomly, you know, just testing a blood test and giving somebody estrogen because they're low, because I've looked at a lot of metabolic tests, you know, a Dutch test or other tests like that where we're looking at is the person aromatase saying, do they have an excess of some of the, the, the dangerous four hydroxy type estrogen, 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 brassicas and broccoli sprouts and sulforaphane containing foods. So what's your take on that.

So I'm with you. You know, we have a practice where I actually call it total health. So all of our patients start their hormone therapy. I think that hormone should be seen as a symphony.

They all work together. I 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 hydroxy estrogen ratio. But when we're starting hormone replacement therapy, we're not replacing it back up to, you know, quote unquote pre menopause ultimate levels.

So the the danger is, 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.

We can. It's pretty uncomfortable to have too much of anything, right?

## Lifestyle Strategies for Hormone and Heart Health

Yeah yeah, yeah, yeah I like that approach. And that's my approach with supplements, with even changing food, with, you know, 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 that uterine lining to get built up. And and it really isn't supposed to be, you know, that that requires a, a uterine ultrasound and maybe, you know, a DNC to get to scrape it because it increases your risk of uterine cancer.

Cancer. Right. So it's, you know, with the body I always look at it is it's a it's a balancing act. Right. We're looking at weight 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, you know, 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 the sauna, you mentioned meditation. So how can we get our hormone levels back in place using food and lifestyle and thus increasing our protection? For, you know, the menopause against the menopausal effects of on heart disease.

So how do we do that in 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 defer to the the research that says, you know, and common sense that when you move your body or a good weight, you eat whole food that your great great great great grandmother could recognize and pronounce.

You know, eat it 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, you know, get your body to produce these, hormones once you're in menopause, you know, full on your ovaries?

It said, thank you very much. We are excited. Retired fertility stage. We're no longer right, you know, 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 you're, 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.

And 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's 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's like, wait, what?

What is this like. Yeah. Mayor. Urine. Right? Is the old. Do we really respond well to pregnant Mayor urine as a 38 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, no, I 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 there are on estradiol and they're not getting the protective effect of ezreal 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.

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 perimenopause because our peaceful hormone leaves us first, progesterone leaves us first. So I, I think it's also, if you wake up between 2 and 4 in the morning, wide awake, it's likely a progesterone deficiency like I.

I bet it was a progesterone deficiency. And so it's also a natural diuretic. Even though estrogen is like the queen B for bones, progesterone stimulates a cell in your body called the osteoblasts, which it builds and blasts.

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 estuary estradiol.

## Progesterone, Testosterone, and Personalized Care

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 is Stradale.

Patch is available for about $20 a month. So it makes it doable. And you can use over the counter estradiol to augment it. Yes. But don't forget your testosterone and don't forget DHEA sulfate.

And don't forget thyroid and don't forget insulin. And and don't forget cortisol. Right, right. All of those hormones are critical. It's not when people think about menopause they think about hormones.

They think about estrogen. You suggest. And it's not. Yeah. Insulin resistance is part of this menopause. We become more insulin resistant, which also contributes to our cardio increased cardiovascular risk.

Yeah. So we need to be looking at all of those hormones. So if you're looking at somebody and somebody is 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. Is that you can start. Yeah. 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 because it's, you know, it's not monitored, but it's safe, right?

It's valid. Right. Why not give it a try and other ways for people to know whether what they're doing is effective or do they do some cardio vascular 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 the person who's listening and saying, you know, I really don't have a doctor that I can trust on all this?

I'm serious. There you go. Right. Because you're available in most states, which is. Yeah, yeah. We have a physician that has a license in every state.

Don't don't you know, 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 this.

There, there's I don't I don't this is not my favorite thing. You should not know more than your doctor, but. I agree with you. But that's not the sad. That's the sad. Thing.

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 says 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.

That 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, let's 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, with this. And it's uncomfortable and yucky to stand up for yourself.

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

Yeah. And Doctor Khan and all the other great experts we have on here, most people that listen and watch no more than their doctors, they know more about the advanced cardiovascular tests that they should be getting that most doctors are and 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, you mentioned soreness. 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, maybe my exposure is high. Maybe it's perfect. My Applebee's high because I have the genetic risk factor for it no matter what.

I 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 and fatal heart attacks from not knowing this stuff.

Yeah, right.

## Advocating for Better Menopause and Heart Care

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 and or the 90s, when when they passed on, as a result of, I think, preventable, preventable problems.

Right. Insulin resistance and able apolipoprotein A, I know they had it because I have it, you know, 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. 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 Hell's Fire, you're a 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 Doctor Tammy here. Check out her bio, check out her resources, and, you know, 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? Yet another word for bodies. Bodies, similar. Bodies, similar hormone replacement versus, you know, something from a pregnant cow.

You know, you've got, 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. Thank you for having me.