How Menopause Secretly Changes Your Cholesterol and Triglycerides | Drs. Valorie & Maki Explain Transcript

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Menopause, insulin, and cravings

And I know it seems so unfair because And I know it seems so unfair because when you go into menopause, your when you go into menopause, your estrogen drops. So, your insulin goes estrogen drops. So, your insulin goes up. And when your insulin's a little up. And when your insulin's a little higher, it actually brings on more food higher, it actually brings on more food cravings. People that have higher cravings.

Introducing the triglycerides question

People that have higher Did your cholesterol or triglycerides Did your cholesterol or triglycerides increase after menopause or having a increase after menopause or having a complete hysterectomy? Well, you're not complete hysterectomy? Well, you're not imagining it. I'm Dr. Valerie Davidson imagining it. I'm Dr. Valerie Davidson from the Progressive Health Podcast.

from the Progressive Health Podcast. >> And I'm Dr. Mackey from the Progressive >> And I'm Dr. Mackey from the Progressive Health Podcast. Uh so, this one uh came Health Podcast. Uh so, this one uh came in from our website, uh the little tab in from our website, uh the little tab we have up there for ask the doctor.

we have up there for ask the doctor. Uh we did a episode, it was quite a Uh we did a episode, it was quite a while ago now, on, you know, how to while ago now, on, you know, how to lower triglycerides.

lower triglycerides. Which you can find the link up here in Which you can find the link up here in >> somewhere. >> somewhere. >> somewhere. >> I I don't know. That one was a long time >> I I don't know. That one was a long time ago, so it was probably like, you know, ago, so it was probably like, you know, episode 100 or something.

episode 100 or something.

Why triglycerides matter for metabolic risk

Um Um Um So, triglycerides is something that I So, triglycerides is something that I pay attention to a lot because of what pay attention to a lot because of what triglycerides mean.

triglycerides mean. I was just listening to someone talk I was just listening to someone talk about relative risk, and they were about relative risk, and they were talking about triglycerides actually talking about triglycerides actually have a really good risk profile as far have a really good risk profile as far as what, you know, what the number means as what, you know, what the number means if the number goes up. I don't remember if the number goes up. I don't remember exactly um the video that I saw, but I I exactly um the video that I saw, but I I was like, "Oh, that's interesting." was like, "Oh, that's interesting." Well, triglycerides and insulin are sort Well, triglycerides and insulin are sort of connected, right? So, if your of connected, right? So, if your triglycerides are higher, and uh and triglycerides are higher, and uh and honestly, my cutoff, the reference range honestly, my cutoff, the reference range goes up to 150. I think for most of us, goes up to 150. I think for most of us, it should be, you know, under 100. Uh it should be, you know, under 100. Uh because that means that you're more because that means that you're more insulin sensitive. If those insulin sensitive. If those triglycerides keep rising, um that means triglycerides keep rising, um that means that your insulin's rising.

that your insulin's rising. >> So, you become So, as your triglycerides >> So, you become So, as your triglycerides go up, you become less insulin resist or go up, you become less insulin resist or less insulin sensitive, which makes you less insulin sensitive, which makes you more insulin resistant. So, basically, more insulin resistant. So, basically, if your triglycerides are elevated, if your triglycerides are elevated, >> Mhm. that diabetes, heart disease,

>> Mhm. that diabetes, heart disease, Alzheimer's, and cancer, the things that Alzheimer's, and cancer, the things that we sort of talk about all the time. And we sort of talk about all the time. And uh, you know, pretty much everyone that uh, you know, pretty much everyone that gets their blood work done on a physical gets their blood work done on a physical level every year is going to have a level every year is going to have a lipid panel. So, you're always going to lipid panel. So, you're always going to be able to see the trending data of be able to see the trending data of their triglycerides. Everyone pays their triglycerides. Everyone pays attention to HDLs and LDLs and all those attention to HDLs and LDLs and all those things, even total. Not enough people things, even total.

Menopause, insulin resistance, and lipid changes

Not enough people are paying attention to the are paying attention to the triglycerides. I think that those triglycerides. I think that those actually provide the most information.

actually provide the most information. Yeah, right. So, I mean, this is part of Yeah, right. So, I mean, this is part of the what happens in menopause, right? A the what happens in menopause, right? A woman goes into menopause and woman goes into menopause and automatically she becomes insulin automatically she becomes insulin resistant almost like overnight. I mean, resistant almost like overnight. I mean, how many times have we seen over the how many times have we seen over the years where a woman makes that years where a woman makes that transition inevitably and all of a transition inevitably and all of a sudden her triglyceride or her sudden her triglyceride or her cholesterol profile goes a little crazy.

cholesterol profile goes a little crazy. >> That is something that I noticed back >> That is something that I noticed back when I first started practice in 2004.

when I first started practice in 2004. Over those first few years, I would Over those first few years, I would notice this trend cuz I did make you notice this trend cuz I did make you know, I kind of got pushed into doing know, I kind of got pushed into doing HRT and you know, and it was great. And HRT and you know, and it was great. And now Now, yeah, and 20 plus years later, now Now, yeah, and 20 plus years later, but I remember seeing these women, they but I remember seeing these women, they were going into menopause, were going to were going into menopause, were going to do the HRT, but I would notice that do the HRT, but I would notice that their total cholesterol would go up, their total cholesterol would go up, their triglycerides would go up, and their triglycerides would go up, and their LDL cholesterol would go up.

their LDL cholesterol would go up. Their HDL seemed to stay exactly the Their HDL seemed to stay exactly the same. same. same. >> Right. >> Right. >> Right. >> And >> And >> And >> Uh, obviously most of those cases they >> Uh, obviously most of those cases they usually goes down a little bit, the HDL.

usually goes down a little bit, the HDL. Well, essentially going into menopause, Well, essentially going into menopause, you become more insulin resistant almost you become more insulin resistant almost like automatically. Um, that's part of like automatically. Um, that's part of the issue why it's why looking at that the issue why it's why looking at that little, you know, triglyceride HDL ratio little, you know, triglyceride HDL ratio can be helpful because I don't think can be helpful because I don't think even the standard reference range, if even the standard reference range, if your number is 150, that's the reference your number is 150, that's the reference range, 149 or below, I still think for range, 149 or below, I still think for most people that that's just too high of most people that that's just too high of a triglyceride level. I want for my a triglyceride level. I want for my patients, I want their their patients, I want their their triglyceride level to be usually less triglyceride level to be usually less than 75. Or in some ways, the lower the than 75. Or in some ways, the lower the number the better because uh, you're number the better because uh, you're really trying to determine that really trying to determine that triglyceride to HDL ratio triglyceride to HDL ratio if it's greater than 1.5, if it's greater than 1.

Triglyceride-to-HDL ratio and atherosclerosis risk

5, um that means that your LDL particle um that means that your LDL particle size is sort of um small and dense, size is sort of um small and dense, making you more um potentially uh more making you more um potentially uh more risk for those other other problems, the risk for those other other problems, the diabetes, the heart disease,

the diabetes, the heart disease, the Alzheimer's, the cancer. If your Alzheimer's, the cancer. If your triglycerides um are uh if your triglycerides um are uh if your triglyceride to HDL ratio is less than triglyceride to HDL ratio is less than 1.5, uh now you know that your uh HDL 1.5, uh now you know that your uh HDL part or uh LDL particles are part or uh LDL particles are >> [laughter] >> [laughter] >> [laughter] >> Getting confused.

>> Getting confused. >> Would I keep going back and forth? >> Would I keep going back and forth? >> Yeah, no, sorry. Sorry, I I love this >> Yeah, no, sorry. Sorry, I I love this stuff. I love the science of it, but now stuff. I love the science of it, but now I'm kind of getting confused. So, you're I'm kind of getting confused. So, you're talking about being small and dense or talking about being small and dense or large and puffy. So, like maybe um dummy large and puffy. So, like maybe um dummy that down a little bit for me. The LDL that down a little bit for me. The LDL particles, even though you're doing the particles, even though you're doing the equation with triglycerides and HDLs, equation with triglycerides and HDLs, but it's still but it's still references towards the LDL.

references towards the LDL. >> Yeah, and you don't want them to be >> Yeah, and you don't want them to be small and dense because that makes them small and dense because that makes them more atherogenic.

more atherogenic. >> So, the greater that number, that that >> So, the greater that number, that that ratio, if it's greater than 1.5, the ratio, if it's greater than 1.5, the higher that number is, that means you're higher that number is, that means you're more prone for atherosclerosis.

more prone for atherosclerosis. >> The more insulin resistant you are >> The more insulin resistant you are >> So, heart disease. >> So, heart disease.

>> Heart disease, diabetes, Alzheimer's, >> Heart disease, diabetes, Alzheimer's, and cancer. and cancer. >> it. >> it. >> it. >> Right, so we want that number to be nice >> Right, so we want that number to be nice and low. How do we manipulate that and low.

How menopause and diet drive triglycerides higher

How do we manipulate that number? So, triglycerides, let's say 75, number? So, triglycerides, let's say 75, uh and now the HDL is, you know, 40. Uh uh and now the HDL is, you know, 40. Uh now you know, you still have a little now you know, you still have a little bit of room to work there to get bit of room to work there to get >> said, in Candace's case, then that's >> said, in Candace's case, then that's going to make her insulin automatically going to make her insulin automatically go up cuz there is a connection between go up cuz there is a connection between estrogen keeping the tissues very estrogen keeping the tissues very insulin sensitive. So, when that insulin sensitive. So, when that estrogen drops, the insulin goes up, estrogen drops, the insulin goes up, which then is going to do what to the which then is going to do what to the triglycerides? Yep, so they go up, too.

triglycerides? Yep, so they go up, too. >> Yep. >> Yep. >> Yep. >> So, >> So, >> So, >> Because cuz the insulin and the >> Because cuz the insulin and the triglycerides are directly correlated triglycerides are directly correlated with each other. So, if your insulin with each other. So, if your insulin goes up, a lot of don't even test your goes up, a lot of don't even test your insulin level. If you notice your insulin level. If you notice your triglycerides are rising, triglycerides are rising, um now you know that your insulin has um now you know that your insulin has gone up as well.

gone up as well. >> On HRT, you know, cuz you know, HRT is >> On HRT, you know, cuz you know, HRT is great, but it's not nature. But so, that great, but it's not nature. But so, that would be a great thing to have your would be a great thing to have your doctor test would be a fasting insulin.

doctor test would be a fasting insulin. Heart disease, atherosclerosis, Heart disease, atherosclerosis, yeah, brain health. So, the magic yeah, brain health. So, the magic question, so I'm asking you like about question, so I'm asking you like about the triglycerides, what food so we know the triglycerides, what food so we know maybe even, you know, referencing to maybe even, you know, referencing to people like Candace, what foods raise up people like Candace, what foods raise up your triglycerides that you would be your triglycerides that you would be more sensitive to postmenopausal as more sensitive to postmenopausal as opposed to being premenopausal?

opposed to being premenopausal? >> Right. Uh so, this is the paradox, >> Right. Uh so, this is the paradox, right? Because uh triglycerides are were right? Because uh triglycerides are were considered to be a blood fat. Okay, it's considered to be a blood fat. Okay, it's just how your body transports fat in just how your body transports fat in your blood. So, you would think that your blood. So, you would think that it's going to be, you know, red meat, it's going to be, you know, red meat, um fatty foods, different things like um fatty foods, different things like that. But in reality, it is that. But in reality, it is carbohydrates most of the time that is carbohydrates most of the time that is going to raise your fasting insulin, going to raise your fasting insulin, which then raises your fasting which then raises your fasting triglyceride your your triglyceride triglyceride your your triglyceride level. Um so, it's not really about level. Um so, it's not really about restricting red meat or even eggs for restricting red meat or even eggs for that matter.

that matter. Um a lot of Um a lot of uh cholesterol in the egg yolk, so uh cholesterol in the egg yolk, so people think they should eat less eggs people think they should eat less eggs and less red meat. Uh and then they end and less red meat.

Lowering triglycerides with diet and omega-3s

Uh and then they end up without realizing it, they end up up without realizing it, they end up doing more refined carbohydrates, and doing more refined carbohydrates, and that is what makes that triglyceride that is what makes that triglyceride level go up over time. So, for a woman, level go up over time. So, for a woman, it's sort of almost like a a double it's sort of almost like a a double whammy. She's going into menopause, whammy. She's going into menopause, which is already sort of a um a risk which is already sort of a um a risk factor in and of itself, just the factor in and of itself, just the transition, and then not to mention if transition, and then not to mention if their diet is a little bit more refined their diet is a little bit more refined carbohydrates, carbohydrates, carbohydrates, breads, cakes, cookies, crackers, pasta, breads, cakes, cookies, crackers, pasta, all the yummy foods that we all like to all the yummy foods that we all like to eat. Well, that's going to make those eat. Well, that's going to make those triglycerides go up even more. And I triglycerides go up even more. And I know it seems so unfair because know it seems so unfair because when you go into menopause, your when you go into menopause, your estrogen drops, so your insulin goes up, estrogen drops, so your insulin goes up, and when your insulin's a little higher, and when your insulin's a little higher, it actually brings on more food it actually brings on more food cravings. People that have higher cravings. People that have higher insulin level, they want to eat the insulin level, they want to eat the cookies, the biscuits, the you know, the cookies, the biscuits, the you know, the cakes, the cereals, the you know, the cakes, the cereals, the you know, the yummy yummy carbohydrate refined foods yummy yummy carbohydrate refined foods than somebody that has a lower insulin.

than somebody that has a lower insulin. So, like I said, it's not fair. You go So, like I said, it's not fair. You go into menopause, your your estrogen into menopause, your your estrogen drops, your insulin goes up, then next drops, your insulin goes up, then next thing you want to do is you want to eat thing you want to do is you want to eat those foods that raise up your those foods that raise up your triglycerides.

triglycerides. triglycerides. >> And then it just becomes a little bit of >> And then it just becomes a little bit of a vicious cycle that just continues. All a vicious cycle that just continues. All right. So, um uh heart disease, right. So, um uh heart disease, diabetes, Alzheimer's, and cancer. Those diabetes, Alzheimer's, and cancer. Those are the four things that are attributed are the four things that are attributed to having those higher insulin. That's to having those higher insulin. That's why we feel that, you know, a fasting why we feel that, you know, a fasting insulin is really, really important cuz insulin is really, really important cuz you can tell a lot by that one number.

you can tell a lot by that one number. Even if you don't even have I think it Even if you don't even have I think it should be less for most everyone should should be less for most everyone should be less than 75, but if you do that be less than 75, but if you do that great.

great. great. >> For the insulin, I meant. >> For the insulin, I meant. >> Oh, for the insulin. >> Oh, for the insulin. >> Fasting insulin, what's a good number if >> Fasting insulin, what's a good number if you're going to do a blood test for a you're going to do a blood test for a fasting insulin?

fasting insulin? >> Yeah, certainly, you know, certainly >> Yeah, certainly, you know, certainly greater than 10 or in

the double digits, greater than 10 or in the double digits, um you have some kind of a problem going um you have some kind of a problem going on. Um you know, so I just talked to a on. Um you know, so I just talked to a gentleman the other day. His uh his gentleman the other day. His uh his triglycerides were high normal, his triglycerides were high normal, his insulin was 9.8.

insulin was 9.8. Okay, so right on the cusp of being uh Okay, so right on the cusp of being uh normal, but his ratio, his triglyceride normal, but his ratio, his triglyceride to HDL ratio was well, I don't know to HDL ratio was well, I don't know remember what it was right now off the remember what it was right now off the top of my head, um but it was um it was top of my head, um but it was um it was like, you know, three and a half or like, you know, three and a half or four.

four. four. >> Well, let let me pause you for a second >> Well, let let me pause you for a second and back up to something that you said. and back up to something that you said.

You said that his insulin was normal. You said that his insulin was normal. Now, this is the thing is if you ask Now, this is the thing is if you ask your doctor to do a fasting blood your doctor to do a fasting blood insulin level, the normal ranges on most insulin level, the normal ranges on most labs go up to like 24 and a half or 24.

labs go up to like 24 and a half or 24. So, that's where you might be at like I So, that's where you might be at like I have a patient at 19 and she has a have a patient at 19 and she has a you know, we're looking at, you know, you know, we're looking at, you know, this insulin resistance, definitely her this insulin resistance, definitely her glucose is starting to go up, her glucose is starting to go up, her triglycerides are really high.

triglycerides are really high. >> Yeah, the reference range for insulin is >> Yeah, the reference range for insulin is sort of insane. It's like two to 24 sort of insane. It's like two to 24 depending on lab. Some labs I think go depending on lab. Some labs I think go down to 22. Um some go up to 24.

down to 22. Um some go up to 24. something and that's considered normal. something and that's considered normal. Um now I don't know really why the Um now I don't know really why the reference range for insulin is so big reference range for insulin is so big like that. Um like that. Um as any functional medicine doctor, um as any functional medicine doctor, um you know, in the United States would you know, in the United States would say, they'd like it less than seven and say, they'd like it less than seven and like like you said you I said less than like like you said you I said less than five.

five. five. >> I even go with nine. If somebody can get >> I even go with nine.

Fasting insulin targets and lab interpretation

If somebody can get their insulin to nine, I will do the their insulin to nine, I will do the happy dance. Like I think that's just happy dance. Like I think that's just fine.

fine. fine. >> single digit. Yeah, right. >> single digit. Yeah, right. >> Well, that's the magic question now. So >> Well, that's the magic question now. So coming back to what Candace is asking.

coming back to what Candace is asking. Now of course this is all for what is Now of course this is all for what is it? Uh educational purposes. This is not it? Uh educational purposes. This is not medical advice. Blah blah.

medical advice. Blah blah. >> Is what can we do as menopausal women, >> Is what can we do as menopausal women, you know, or we can also talk about men you know, or we can also talk about men at some point too. But as women with the at some point too. But as women with the estrogen drops, what can we do to bring estrogen drops, what can we do to bring down those triglycerides?

down those triglycerides? >> Uh well, one of the best ways honestly >> Uh well, one of the best ways honestly is omega-3 fatty acids. Um that's one of is omega-3 fatty acids. Um that's one of the best ways and that's why from a from the best ways and that's why from a from an insulin resistant perspective, of an insulin resistant perspective,

of course you got to limit some of those course you got to limit some of those refined carbohydrates. I mean, you know, refined carbohydrates. I mean, you know, breads, cakes, cookies, crackers, pasta, breads, cakes, cookies, crackers, pasta, the fancy coffees, all those things have the fancy coffees, all those things have to be sort of modified cuz otherwise to be sort of modified cuz otherwise those triglycerides will just keep going those triglycerides will just keep going up or your fasting insulin will just up or your fasting insulin will just keep getting worse. Uh keep getting worse. Uh so so so could we think that it's a blood fat? So could we think that it's a blood fat? So then the triglycerides and cholesterol then the triglycerides and cholesterol are being manipulated in the diet by you are being manipulated in the diet by you know, too much red meat or too many eggs know, too much red meat or too many eggs or and those things actually are more or and those things actually are more beneficial.

beneficial. beneficial. >> So you would suggest probably raising up >> So you would suggest probably raising up their protein quite a bit to kind of their protein quite a bit to kind of help offset some of those carb cravings help offset some of those carb cravings and be able to reduce down the the and be able to reduce down the the refined carbohydrates which would then refined carbohydrates which would then reduce down the insulin and the reduce down the insulin and the triglycerides. Omega-3s is like the top triglycerides. Omega-3s is like the top like the panacea if you're going to take like the panacea if you're going to take a supplement.

a supplement. >> Well, I think it's a we've talked about >> Well, I think it's a we've talked about it a few different times. I think that it a few different times. I think that it you know, there's a good case. Now I it you know, there's a good case. Now I prefer the actual you know, omega-3 prefer the actual you know, omega-3 fatty acid oil or fish oil of some sort.

fatty acid oil or fish oil of some sort. Nobody likes it. Nobody likes it. >> I like the capsules. >> I like the capsules. >> Yeah, like the soft gels are fine.

>> Yeah, like the soft gels are fine. You know, 2 to 4 g, give or take. Uh you You know, 2 to 4 g, give or take. Uh you know, so know, so >> the dose?

>> the dose?

Advanced markers: LP(a) and apoB

>> So, 2,000 to 4,000 mg of an omega-3 >> So, 2,000 to 4,000 mg of an omega-3 fatty acid. Um you know, fatty acid. Um you know, that will help to lower. There's even a that will help to lower. There's even a couple of prescription medications, couple of prescription medications, which I'm not a huge fan of those. Um which I'm not a huge fan of those. Um but there's that's actually a treatment but there's that's actually a treatment for high triglycerides is using um some for high triglycerides is using um some of the medications that are on the of the medications that are on the market. Uh yeah, so uh now bergamot market. Uh yeah, so uh now bergamot might have an impact on total might have an impact on total cholesterol, might have an impact on LDL cholesterol, might have an impact on LDL cholesterol. They're not going to have a cholesterol. They're not going to have a direct impact on triglycerides.

direct impact on triglycerides. >> Mhm. >> Mhm. >> Mhm. >> Um even berberine and some of those >> Um even berberine and some of those other things, they're going to do more other things, they're going to do more on the lipid profile.

on the lipid profile. Um the non-triglyceride numbers are not Um the non-triglyceride numbers are not um not exactly the triglycerides. um not exactly the triglycerides.

>> Berberine and some of those things can >> Berberine and some of those things can help reduce down insulin, right? Or help reduce down insulin, right? Or glucose, and then maybe help with the glucose, and then maybe help with the cravings, and then when you start to not cravings, and then when you start to not eat as much refined carbohydrates, and eat as much refined carbohydrates, and you boost up your protein, then you can you boost up your protein, then you can see the triglycerides come down. And see the triglycerides come down. And I'm, you know, I'm the HRT doc, so I I'm, you know, I'm the HRT doc, so I feel like if you're a candidate for feel like if you're

a candidate for taking HRT is by replacing the progest- taking HRT is by replacing the progest- you know, progesterone and estrogen, cuz you know, progesterone and estrogen, cuz progesterone also has an effect on progesterone also has an effect on insulin resistance, just not as much as insulin resistance, just not as much as the estradiol does. Is doing the HRT can the estradiol does. Is doing the HRT can also, I've seen just doing straight-up also, I've seen just doing straight-up HRT can reduce down all those HRT can reduce down all those cholesterol numbers.

cholesterol numbers. >> Yeah, I mean, that's why it becomes such >> Yeah, I mean, that's why it becomes such an issue in menopause is because women an issue in menopause is because women lose their insulin sensitivity as lose their insulin sensitivity as they're going into menopause. Partially, they're going into menopause. Partially, like like you said, the the estrogen and like like you said, the the estrogen and progesterone itself um are like progesterone itself um are like offsetting or reducing some of that, you offsetting or reducing some of that, you know, insulin resistant potential. Now know, insulin resistant potential. Now they're in menopause, they lose some of they're in menopause, they lose some of that extra protective benefit. Uh that's that extra protective benefit. Uh that's why women's risk, I think, for heart why women's risk, I think, for heart disease in general is a lot lower in men disease in general is a lot lower in men until they get to menopause.

until they get to menopause. >> Exactly. >> Exactly. >> Exactly. >> Uh right. Men, you know, men pretty much >> Uh right. Men, you know, men pretty much any any any any men in America um regardless of race any men in America um regardless of race Caucasian African-American Hispanic it Caucasian African-American Hispanic it doesn't matter doesn't matter they're going to have an issue pretty they're going to have an issue pretty much at any age where women they don't much at any age where women they don't get much of a their risk doesn't really get much of a their risk doesn't really increase too much until they hit increase too much until they hit menopause.

menopause. menopause. >> Plenty of podcast talking about rhythmic >> Plenty of podcast talking about rhythmic dosing that's the current HRT that I'm dosing that's the current HRT that I'm taking right now.

taking right now. >> Yeah. >> Yeah. >> Yeah. >> So at some point I'll do my my >> So at some point I'll do my my cholesterol is pretty good but at some cholesterol is pretty good but at some point maybe we'll put up some different point maybe we'll put up some different cholesterol before and after numbers cholesterol before and after numbers future podcast.

future podcast. So just to sort of make it more clear so So just to sort of make it more clear so what what's that test called? what what's that test called?

>> LP little A >> LP little A >> So LP little A if it's elevated you've >> So LP little A if it's elevated you've inherited a genetic risk factor for inherited a genetic risk factor for atherosclerosis.

atherosclerosis. atherosclerosis. >> Potentially yes. >> Potentially yes. >> Which could contribute to heart disease >> Which could contribute to heart disease down the road.

down the road. >> Yeah absolutely. Yeah yeah yeah right >> Yeah absolutely. Yeah yeah yeah right and then you the new and then you the new >> Break it down I like I like >> Break it down I like I like >> Of course.

>> Of course. >> And then simple. >> And then simple. >> And the new one is >> And the new one is apoB okay that's the apoB okay that's the >> Lipoprotein B.

>> Lipoprotein B.

Statins, risk reduction, and the big picture

>> Yeah and that is sort of like >> Yeah and that is sort of like a little bit of a deeper dive looking at a little bit of a deeper dive looking at someone's LDL level because you just someone's LDL level because you just look at their LDL you can't really tell look at their LDL you can't really tell a lot by that number if it's elevated a lot by that number if it's elevated sclerosis is another you know another sclerosis is another you know another term for a stroke or a

heart attack and term for a stroke or a heart attack and that's what we're trying to prevent is that's what we're trying to prevent is we're trying to prevent strokes and we're trying to prevent strokes and heart attacks by looking at those heart attacks by looking at those numbers or to just or at least to numbers or to just or at least to determine where someone's risk profile determine where someone's risk profile is low risk moderate risk high risk is low risk moderate risk high risk really high risk. And we use those really high risk. And we use those numbers to sort of figure out where numbers to sort of figure out where somebody is.

somebody is. Now granted the world of you know Now granted the world of you know lipoproteins like that is changing you lipoproteins like that is changing you know quite often.

know quite often. But this is also trying to figure out But this is also trying to figure out too is statin therapy the right you know too is statin therapy the right you know determination for people I'm not a huge determination for people I'm not a huge fan of statin drugs because they've been fan of statin drugs because they've been prescribed for years and years and years prescribed for years and years and years and people are still having lots of and people are still having lots of heart attacks heart attacks so it's not like it's reducing the so it's not like it's reducing the relative risk at all relative risk at all so what else would we be taking it for so what else would we be taking it for Just to change some numbers on a piece Just to change some numbers on a piece of paper isn't enough unless the risk of of paper isn't enough unless the risk of actually having a heart attack or stroke actually having a heart attack or stroke goes down substantially. And some say goes down substantially. And some say that some people say that it does and that some people say that it does and others they you look at the research and others they you look at the research and the numbers and then some say that it the numbers and then some say that it doesn't.

doesn't. doesn't. >> So that's where it's like >> So that's where it's like you don't want to compartmentalize you don't want to compartmentalize medicine. It really does come down to, medicine. It really does come down to, you know, how am I feeling? How's my you know, how am I feeling? How's my energy? Am I doing HRT? Am I exercising?

energy? Am I doing HRT? Am I exercising? Am I getting in enough protein? You Am I getting in enough protein? You know, am I You know, am I sleeping well?

know, am I You know, am I sleeping well? So it's all pulling it all together when So it's all pulling it all together when then one magic pill fix it all. I think then one magic pill fix it all. I think yours was lower than mine. I think mine yours was lower than mine. I think mine was like 68 or something.

was like 68 or something. >> Uh, one of us was 65 and one was 62. >> Uh, one of us was 65 and one was 62. >> Okay, I was 65 year 62 cuz I think yours >> Okay, I was 65 year 62 cuz I think yours was a little better than mine.

was a little better than mine. >> And what's your what's >> And what's your what's I I thought I thought it was the I I thought I thought it was the opposite. I mean, I think that's a opposite. I mean, I think that's a really good number. It's really really good number. It's really difficult to get them that low. But the difficult to get them that low. But the reference range goes up to 150 reference range goes up to 150 and I think for most people even over and I think for most people even over 100 is too much. Then you do that little 100 is too much. Then you do that little calculation uh, triglycerides divided by calculation uh, triglycerides divided by HDL. Everyone's got a lipid profile. So HDL. Everyone's got a lipid profile. So your number should be less than 1.5.

your number should be less than 1.5. That's the take home message for this That's the take home message for this podcast. podcast. podcast. >> Great. So I don't know if we I think we >> Great. So I don't know if we I think we answered Candace's question pretty good answered Candace's question pretty good and we probably got off on a few little and we probably got off on a few little tangents, but it was really interesting.

tangents, but it was really interesting. So I'm glad we were able to break this So I'm glad we were able to break this down. down. down. >> Yeah, well I think it's a really really >> Yeah, well I think it's a really really important number that you can certainly important number that you can certainly tell a lot by that you know, by that one tell a lot by that you know, by that one calculation.

calculation. calculation. Knowing just what your triglyceride Knowing just what your triglyceride level is level is and that little you know, calculation as and that little you know, calculation as well too. So if you have any questions well too. So if you have any questions you can write it down below in the you can write it down below in the comments. Otherwise um, comments. Otherwise um, >> Yep. No, it was great. If anybody wants >> Yep. No, it was great. If anybody wants to put their little ratios below, that's to put their little ratios below, that's cool, too.

cool, too. >> Then do the math. >> Then do the math.