How To Manage Hormones For Optimal Health Transcript

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Welcome to the Menopause Summit

Hello. Hello. Welcome back to Mastering the Menopause Transition 3.0, our third year. And still your host, Dr. Sharon Stills, bringing you all new live interviews and new information to help you on your hormonal journey.

I am humbled and honored and grateful to be here with all of you. And today we're going to have a great interview with Dr. Vinita Tandon. she is here representing life for who is one of the sponsors of our summit.

So we are always very grateful to our sponsors because without our sponsors, it would be hard to put on a summit. So we are excited to hear what they are up to at Lifeforce and how it can help you all on your journey.

Dr. Vinita is the medical director over at Lifeforce. She's a board certified endocrinologist. She's a researcher. She graduated magna cum laude from Boston B.u.

Boston University, and she earned did her research on the effects of hormones on Oregon Health, diabetes and sexual function. Fantastic. So welcome, Dr. Vinita, it's great to have you here with us today.

Introducing Lifeforce and Dr. Vinita Tandon

it's a pleasure being here. Thank you. Looking forward. Yeah. It's going to be great. I'm excited to meet you. And so, why don't we just jump right in and, maybe just explain lifeforce?

If I'm correct, this is Tony Robbins brainchild. Yes. Robbins is, yes. He partnered with, physician Dr. Peter Diamandis, and they both really felt like there was a gap in traditional health care and wanted to fill that gap.

And so this is the brainchild of them coming together and really kind of figuring out what is it that people need as they start to enter midlife and their 30s, their 40s and onwards, when clearly things start to change in all of our bodies?

And, what are the things that we should be monitoring? What are the things that we should be optimizing so that we can continue to live as long as possible and, you know, optimal health?

Really? so specifically because we are here at the Menopause Summit. So we'll, we'll zoom in for the, for the ladies. It love it, you know. So how how does it change like being in perimenopause menopause.

Do you create different treatment plans or how does that work over at Lifeforce? Yeah, definitely. It's a difference if a woman is still in what we call perimenopausal, period.

that's usually defined as the 8 to 10 years preceding menopause versus if they're truly menopausal or postmenopausal. Those two terms are interchangeable.

Our treatment, regimen will be slightly different for those women. So, yes, definitely a different approach. Is there.

Perimenopause vs. Menopause

And so can you talk a little bit about like signs symptoms and you know, what levels are you looking at. And are you looking at the same levels throughout the spectrum or does it change.

Yeah. so sometimes it's straightforward. A woman is in her 50s. She hasn't had a period for over a year. So we can pretty safely say she's menopausal.

But there's definitely this gray area where women might be in their 40s and periods are getting more irregular. They're starting to experience symptoms.

maybe they haven't had a period in like 7 or 8 months. So unclear whether they're transitioning into menopause or are they still perimenopausal. And so that's where labs really play an important role in making that distinction.

We check pituitary hormones, which are typically FSH and LH. and though your pituitary is kind of your control center, and it triggers your ovaries to produce hormones.

And so we check your pituitary levels and then we also check the ovarian hormone levels, which are estrogen and progesterone. Testosterone. Yeah. It's when the when it's always confusing I find for patients because when the pituitary hormones go high often patients can get confused and think oh that's a good sign.

I have high levels but it really means the pituitary is screaming loudly because it can't recognize any hormones in circulation. So it's the opposite of what we would expect.

And so, how do you deal with, you know, because when someone's perimenopausal, it's I call it like, you know, it's the dam's the roller coaster at the dam.

So how do how do you guys look at monitoring someone or diagnosing someone? Are you working more off of symptoms than actual levels? Yeah, kind of both.

Really clinical picture for sure. So how how have they changed? What symptoms are they experiencing. And then combining that with what we see in the labs.

So just yeah exactly. To your point we will see estrogen go all over the map. In perimenopause we've seen as high as five hundreds. And then a few weeks later we'll see a bottom out to 20.

and women can do that for years where they're just kind of yo yoing between these two extremes, which explains a lot of their symptoms. and so we will look at their levels and kind of look at the trends.

we also can get an idea with the pituitary hormones.

Hormone Testing and Symptom Tracking

Are they starting to creep up and reflect that in general? They're starting to become you know, estrogen and progesterone are declining. and then we look at testosterone too, which is sometimes one of the first things to really you see that decline as women enter perimenopause is their testosterone levels drop.

And it's interesting, I find that women, either their testosterone goes first or and then there's like this whole other camp of women that their testosterone goes last.

It's like they're producing some testosterone, even though their estrogen and progesterone have left the house. So it's and, you know, it really speaks to the importance of testing and not guessing, even though we do look like you're saying, you know, we look at clinical pictures, especially in the, you know, that reflective perimenopausal state when we are, you know, we often think as humans, right, that we're in control.

But really we have to learn to dance in the mystery of life. And I think perimenopause is such a perfect explanation of what dancing in the mystery of life is, because like you said, you know, you got these highs, you have all these high estrogen symptoms and then all of a sudden your estrogens bond out and the symptom picture is totally different.

And it can be quite uncomfortable and quite confusing as, and so how I want to talk about hormones, but I want to talk first just about Lifeforce in general and how you're different in your approach and how you look at things.

Yeah, definitely. I think I mean, we're different in many ways from other maybe you could call hormone centers or clinics like that. And I think probably in four really important ways we are different.

One is our training. So we intentionally hire clinicians who are very versed in hormone therapy, especially for women's hormone therapy. It is such a nuanced thing that we really want our providers to be comfortable with prescribing, have hopefully years of expertise doing it.

and then we on top of that do weeks of our own training. So that's I think the first differentiator is that we spend a lot of intentional time on the topic of menopause and treatment.

the other thing that we, I think differentiates us is that we do not treat women in a siloed approach. We are able to look at the entire health picture.

We are checking biomarkers and 50 plus biomarkers every quarter. We are meeting with our members every quarter. And even in between visits, we have a clinical team that's available every day so that we can make dosing adjustments in real time.

based on labs, based on clinical picture, what's working, what's not working. Like I said, every woman is so individual. We just don't, you know, put kind of template dosing on people.

It's really a personalized approach. and then lastly is that we also have a team of health coaches. So even though hormone therapy alleviates a lot of symptoms, it gets women to feeling better again.

Their bodies feel better. There are still new strategies that they often have to learn. when it comes to things like stress management or sleep hygiene, diet, you know what worked for you in your 20s and 30s may not work for you in your 40s and 50s.

And so we have coaches to help support and make you know, help women make some of those changes and adjustments. So I think really it's just our training, our clinical team and the expertise, the fact that we check labs.

How Lifeforce Differs from Traditional Care

So often, not only for therapeutic dosing. We want to make sure that the dosing we're giving is at the right level. We check safety labs, but then we're also being we have the ability to check the whole health picture that way and make sure we're not missing anything.

and then our regular check ins with our members, plus the health coaches. So the how many, how many tubes of blood and I think. It's just a few. Nobody very few will, you know, are, affected by the the blood that we have to draw.

But it's, we were very, kind of intentional about which labs we want to check. These are the ones that we know change the most this time of life. And also, when you address those things, it moves the dial the most.

So you, you know, you definitely get that clinical response when you optimize hormones. We're able to see from an early standpoint whether you're at risk for heart disease or metabolic syndrome or diabetes, all of these old age problems and, the, the ability for us to kind of get these flags sooner than later really separates us from traditional health care, which is more of that sick care approach.

Let's just fix things once they're broken. Our approach is let's prevent the breakage, in the first place. And so I think we are doing a good job at being thorough, but also like very holistic in our approach.

Yeah. I had a patient the other day who wanted a CGM from her, other doctor and the the doctor wouldn't give it to her because she wasn't diabetic yet.

Yet. Let's wait until you have diabetes. I know, it's like that's, you know, such overthinking. And of course, you

know, that's not how we think an alternative, holistic, perfect medicine.

Right? But it's so infuriating to think that people that a lot of physicians still are in that very limited of box of, you know, will wait till it's broken and then we'll start fixing it rather than let's prevent it from ever getting broken in the first place.

So maybe you could share some of those biomarkers. Ladies, get your your pens. Just you know, what should women be asking for? What are the what are your favorite levels to run on?

People. Yeah. So our hormone panel for women is pretty robust. It's the pituitary hormones. We mentioned LH and FSH. We also check the ovarian hormones estradiol progesterone.

And then we also check a total and free testosterone, which comes along with an essay to BG, which is kind of like a click down, but helps us interpret the testosterone levels better.

and then we also check and adrenal hormone called DHEA sulfate, which is also an important hormone for libido, muscle strength, energy, kind of overall well-being.

and then we do a side roid panel, too, because that's another hormone that declines with age. And you can start to experience symptoms, with just minimal to, you know, decline in that level.

So the sooner we can catch it, the sooner we can treat the better people feel. so that's our pretty extensive hormone panel. And then we have another robust cardiovascular panel.

So we not only do the traditional cholesterol panel which gives you total bad cholesterol, good cholesterol, but we also check some of the other markers.

Sometimes what we've found and research has supported that. You can have a normal cholesterol panel but still be at risk for heart disease. And it's because the traditional cholesterol panel is so limited.

so we supplement that. We check something called a lipoprotein little a, this is a genetic lipoprotein that if you inherit it puts you at increased risk for heart disease.

We also check something called apob, which many cardiologists, endocrinologists, longevity experts really feel is, more superior biomarker for heart disease, for predicting the risk of heart disease than even a cholesterol panel is, check a homocysteine level.

We check CRP. The.

Key Biomarkers and Preventive Health

This is a pretty extensive cardiovascular panel because no matter what heart disease is still the leading cause of death in the for Americans. And so, we really put a lot of emphasis on it, which is also why we are such believers in menopausal hormone therapy, because data definitely supports that.

The sooner women start after menopause, the greater protection they get from developing heart disease and strokes, and cardiac events. but those are some of the labs that we check.

But like I said, this 50 plus. So, yeah. And everything's on our website too, which people are, can go on and see the whole panel. Yeah, I think it's so important my patients, when they go get their blood drawn because I'm running all these labs, you know, the phlebotomist, they're always like, oh my God, they say such weird things to them.

Sometimes they're like, oh my God, you're a cancer patient. And it's like, no. And they're like, oh, why are you having all this blood drawn? And it's like, again, you know, it's like that whole different school of thinking or like sometimes, you know, if a patient is been covered for bloodwork with me and we're trying to get I just have this the

other day, she's trying to get like her primary to run it.

And they're arguing, you know, why do I have to do this? You know why it and it's like again, like knowledge, you know, data is knowledge and knowledge.

And just like you said, you know, you you go get your traditional check up and, you know, what do you get a CBC and Olympic panel. And maybe if you're if your doctor's progressive, you get a CRP or a vitamin D and you know, and it gives you this false sense of security.

Yeah. You know, and like, just like you said, you know, the lipid panel is, is like, you know, this teeny little tiny piece that you. So it's super important, you know, for everyone listening, if you are with a doctor who's not running robust panels on you, that you rethink how you're getting your health care provided for you, because it can provide so much information.

And so, so I'm happy to hear, of course, that you guys are big fans of, blood work and hormone therapy, too. My favorite things. And so, what would you like to share as far as you know, for the listeners, like what they need to know about hormone therapy?

Yeah, I think that there are definitely still many providers who are resistant to prescribing. They still kind of have that old school thought that hormones are dangerous or that carries a lot of risk.

And they themselves are not very educated in hormone therapy. So what I definitely would want to emphasize to women listening is sometimes you have to be your own advocate and be the squeaky wheel and find a different provider who is well versed in hormone therapy, because that old bias of hormones being, you know, dangerous is going out the window.

this was based on a flawed study published in two decades ago. Now, I can't believe it. Over two decades ago. And we're still not, you know, we're still slowly turning the tide. But, yeah, that study, unfortunately, the media blew it out of proportion.

The results were interpreted in a flawed manner. There's so many things wrong with that study and the results, but still, because of that and their reports that the hormones carried more risk than benefit, especially with breast cancer.

physicians are still very cautious. And, and it's important that unfortunately, two physicians don't get the training that they need for menopause. Menopause is inevitable.

Death and taxes and menopause for women. Right. So yeah. And like, why aren't we trained in it? Nobody trains you in med school. Nobody trains you in residency.

Even OB gyns that I've talked to, you get they said a couple hours of education in menopause therapy. So it is a little homework for people to find a provider who is versed and does it in a safe way.

so we definitely are big proponents of hormone therapy, but not everyone is going to be a candidate. And so we check, you know, health history, we check family history, medical history.

Are women up to date on their mammograms and their paps and pelvic? we definitely want to prescribe in a very safe way.

Hormone Therapy Myths and the WHI Study

but once a woman does look like she's a good candidate, then we want to make sure that we offer it. And as the sooner the better. so that she affords her the protection and mitigates a lot of those old age problems.

I, I laugh because I always say that, too. It's like death, taxes and menopause and I always, I always get

aggravated, like ICD ten coding for menopause because, you know, I do it, but I'm like, this is not a disease.

This is a natural transition. Oh, sure that's true. Yeah. It is inevitable. And, you know, you bring up the Women's Health Initiative study, which is like mind blowing because I've been practicing since 2001, which is like right when it was.

Now coming. Out. And, you know, at the same time, Suzanne Somers was coming out with bioidentical hormone therapy, and I certainly jumped on that train early on.

And it's amazing, like what media can do to install fear and misinformation. And, you know, when you really break it down, it always blows my mind because it wasn't even bioidentical hormones.

They were using. But the estrogen arm only part of the study, like they had reduced breast cancer, actually that was using synthetic garbage. So it's like, yes, oh my God.

It's just and it is, you know, everything I do surrounding women's health and menopause and hormones is like I went and learned after school or I it I trained myself, I went and found people who were doing it.

I studied, I went to conferences and. Yeah. And you know, you want to find a doctor like you want to find someone who's gone the extra mile, who you know, cares enough to keep studying and keep educating and helping.

And it is I know when someone was saying the other day I was listening, like the amount of, like, research dollars that goes to women's health is minuscule to begin with.

But then like the part of that that's for menopause is like, you know, a 10th of a 10th. It's like ridiculous. And so and I think like by 2030, there's gonna be like a billion women in menopause or, you know, it's like we are this huge section and we deserve to be taken care of.

And, you know, like Doctor Tandon is saying, you know, you you hormones are lovely and they're wonderful and they do make you feel really good, but you want to be looking at the whole, you know, I always say you have to put hormones into a happy terrain, right?

You can't just throw them in there. You got to do the work. You got to work to do the like you're saying with the health coaches, you know, for your sleep, for your movement, for your diet, for your emotions.

You know, this is all really important. and so looking at it, you know, full spectrum like you're talking about is so important. And we deserve that. I mean, I'm sure you see it too.

It breaks my heart like I see women. You know this you're probably watching and you've been suffering for ten years or 15 years, and this is the first time you're hearing this information.

And it's like, you know, it's never too late. Like it's better to start earlier, but it's never too late. And, you know, to watch women who have been suffering for so long, and then they get the right hormones and the right treatment and they get their lives back is so amazing.

So there's always hope and there is always an answer. And even if you've been on hormones and they didn't work for you, maybe you weren't on the right hormones or the right dose or the right application, and they weren't monitored properly.

So like, please, please, please don't give up. It's so sad when I get women who are put on antidepressants and sleep medications and told to use lube for, you know, intercourse and just putting Band-Aids on all of these symptoms and never treating the root cause, which is the hormone deficiency.

And these women are gaining weight from the antidepressant. The lube doesn't work. And, you know, we know the downsides of that. And sleep medications too.

It's not the best thing to use long term. And these women are not getting the appropriate treatment that they so rightfully deserve. And, yeah, definitely, we need to change that.

So as we wrap up, we have a few minutes left. Any other pearls of wisdom or things you want to share with the audience? you know one thing, I've been doing this for so long, and I.

I still am surprised when women don't really realize that some of the symptoms they're experiencing are directly related to menopause. And I'm sure you've heard this, too, where they will just kind of casually mention that they've developed anxiety and they feel panicked when they, you know, have to be in a social situation or give a talk or even drive on the freeway, which never used to bother them at all.

And now all of a sudden, they've developed this anxiety and, and they think it's a panic disorder that they've suddenly developed. And it's no, that's not it.

Why Women Need Better Menopause Care

It's because you've lost progesterone and estrogen and that's why your mood has changed so much. similarly with libido, I think, you know, women are just so dismissed when it comes to them, their sexual health and when they might try to, you know, approach their physician about their low libido or that they don't enjoy it.

I think, they're often told, just deal with it. Just do it for your partner, you know, those kinds of things. And, there is definitely treatment for that.

again, it's the hormone deficiency that's leading to a lot of those symptoms. And when we restore hormones back to where they used to be that people feel, I mean, back to their usual self, they've got their mojo back.

They're initiating, you know, intimacy again. It's amazing. so I definitely, I, I think that, women have been dismissed for way too long. And you should listen to yourselves, listen to your bodies.

You know, when things have changed and, you just might have to be a little bit of a squeaky wheel and do a little research to find the right partner to partner with you on this.

Yeah I'm chuckling. Is that a patient the other day. She's 67 and she's like you know like after two weeks she's like I feel like a 40 year old know with my husband.

And you know she's just so happy. And I'm like, yes, you know, we are like very rare as far as, you know, a species that yes, we have intercourse to reproduce, but we have intercourse just for pleasure.

And there's no reason that that can continue when you're 60, 70, 80 beyond. And so yes, that's such a great point. You bring up like, don't be dismissed and you know yourself and yeah, you know, whether it's anxiety or I mean I was just thinking like there's so many symptoms.

Like we could just sit here and ping pong. Like urinary tract infections to migraines done, hair loss to skin issues, to digestive issues, to autoimmune issues.

I mean, it's just like the weight gain. Weight gain. We, you know, hot flashes we think of like menopause as hot flashes. But that's just one symptom, you know, joint pain.

There's so memory loss I mean, it just goes on and on and on and on. And so we have to like, open up our, our realm of thinking to hormones are so much more than just having a cycle or getting pregnant or having libido, but they really affect every symptom in every system in our body.

And so if you are having unexplained symptoms and you are in your 40s or beyond, you have to put you know, you want to be with a doctor who at least is putting menopause in their differential diagnosis, not putting hormone dysfunction, not menopause in their DD so that, you know, you are hopefully getting to the root cause.

So often it is. The hormones are. And I think with the level of toxicity and stress, we are up against, and the deficiencies and mineral deficiencies in the food and the soil, like, you know, we're just it's we're swimming uphill in a lot of ways.

And so it's not I see I'm I'm sure you see it too. But I see girls, young girls having so many problems, low progesterone, not cycling and even young boys.

Now I'm seeing like testosterone around dropping in like 21 year olds. And it's just so sad. And it has to do with this environment we live in. So we always have to have hormones as you know is that is low hormones are cause and can we, you know, readdress that.

So wonderful. So where can the listeners learn more about life force. They can go to our website. It's, www.mylifeforce.com And they can see, just kind of an overview of what we offer, the products that we offer.

It's right now, I think we're the only organization out there that is doing it the right way. where we are doing hormone therapy, but within the context of the entire health picture and, doing it safely.

We're monitoring labs where it checking in with our members regularly. So really proud of offering this to women. so I hope that, you know, whoever's listening will take a look and see if it's a good fit for them.

so. Well, thank you so much for being here and for being a part of the summit and for all that you do and helping to make a difference in this realm, which is so, so needed.

So thank you, everyone, for being here. I hope you took some notes. We will be back with another topic. So stay tuned. Thanks, Sharon.