Learn How To Treat Your Insulin Resistance Transcript

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Introduction and Speaker Background

Hi, everyone. I'm Dr. Beverly Yates. You're host here for the Reversing Type 2 Diabetes Summit. Thank you so much for your time and attendance. We're delighted to have you.

Here is our audience for this session of this episode. It's my honor and privilege to interview Dr. Vinita Tandon. She's a wonderful colleague and an expert at providing this kind of information.

So I can't wait to hear what she's going to share with us. She's a board certified endocrinologist. That's right. A specialist in hormones. She's also a national medical director and scientific researcher.

She graduated magna cum laude from Boston University, where she also earned her doctorate and focused research on the effects of hormones on organ health, diabetes and sexual function.

That's a great intersection off of expertise to have, for sure. Dr. Tandon earned her endocrinology fellowship at Harbor-UCLA Medical Center here in California.

while pursuing post-grad trainingand research at the University of Southern California Medical Center at Boston Medical Center and Harvard Medical School.

Dr. Tandon, welcome to the summit. Thank you. Thank you for having me. We're really glad that you're here. And I'm looking forward here in this episode to learn more from you about what it is to really understand what insulin resistance is about, why it matters and how to treat it.

So let's start with the top notes on this one. What is insulin resistance and why is it important? Yeah, so insulin resistance is extremely important and I think that just in the past 10 to 15 years, we've really started to learn more and more about the significance of having insulin resistance.

I think it's important, especially for our non-clinical audience, to first describe what should happen in a normal scenario, and then we can go from there and what happens an insulin resistance situation.

Understanding Insulin Resistance

So normally, if I once I start to think about food, smell food, so certain changes start to happen in my body to prepare itself to receive this food intake.

And then as I start to eat and I digest that food, it turns into glucose, otherwise known as sugar. And the sugar levels or glucose levels in the bloodstream start to go up.

And then as they rise, that triggers your pancreas to make something called insulin. And I like to, when I describe this, think of insulin almost like a car.

It takes the glucose to where it's supposed to go. So your brain, your liver, your muscles. So this car carries the glucose and then unloads the passenger, which is the sugar, and then the bloodstream glucose levels come down appropriately.

And what happens in insulin resistance, however, is that the car, the insulin never gets to unload the passenger or the glucose and the liver, the brain, the muscles don't get to take that up.

Typically, they want to take glucose for energy at the time or to store it for later use. So what ends up happening is that the sugar stays high in the bloodstream and it triggers another response to the pancreas.

Make more insulin because I'm still hanging out here in the bloodstream. So the poor pancreas starts to get overworked and it keeps on trying to secrete insulin to overcome this what's called insulin resistance.

And as long as the pancreas can keep up, it's okay. But after some time the pancreas does burn out because it's been overworked for too long and it is unable to produce enough insulin to maintain normal blood sugars.

And that's when blood sugar starts to creep up. And then you're at risk for type 2 diabetes. You're at risk for heart disease, for obesity, all of those kind of inflammatory things.

And and then you're you're down this path. So far along that you're probably going to need pharmaceutical therapy by that point and possibly insulin therapy.

So so it's really important to diagnose insulin resistance as soon as possible so that you have the chance to reverse it so that it can never progress to things more serious conditions like type 2 diabetes and heart disease that can impact your health span and your longevity.

Okay. So how would a person go about recognizing that they have insulin resistance? You know, what are the signs and symptoms of insulin resistance? Now, it's a great question and unfortunately, oftentimes it's asymptomatic.

Initially, people may not notice that they feel any differently. It can be quite subtle, but some of the common signs are feeling tired. That's unexplained.

You're just kind of pooped out and you don't have the endurance or stamina to do the things you used to have the stamina to do. Sometimes you can feel foggy headed, easily distracted, difficulty focusing or concentrating.

As the insulin resistance gets worse, you may notice things like you're craving sweets, you're thirsty all the time, you're urinating too often you may notice your immunity go down.

So you are really at risk for recurrent infections, colds, flus, UTI eyes. You may also notice that you have prolonged or delayed wound healing. So typically, if you have a little minor cut, you should heal within a few hours to a few days.

If you have insulin resistance or high blood sugars, then your the whole mechanism of healing gets impaired. And so it may take much longer for you to have cuts, heal or resolve any kind of minor abrasions or trauma like that.

In terms of physical signs, often the skin is a good indicator. So you may notice some darkening, especially behind the neck as well as the underarms.

You can develop what are called skin tags, which are little outgrowths on the skin. Those are kind of the more common physical signs of insulin resistance as as it progresses, then you can develop other things.

But those are often kind of the first clues that something's going on. Some people might notice headaches, mood changes, those are also kind of some subtle signs and symptoms that things are not quite right.

Okay, Thank you for that list. I know sometimes people also ask whether or not people might be more vulnerable, let's say, to chronic yeast infections.

Might that be part of what they should look out for? Yeah, no, that's a great call out for sure. Especially for women. They may get recurrent yeast infections and that is also a sign of impaired immunity, a change in their maybe their flora, their bacterial flora.

That is all due to insulin resistance as well. Yeah. Okay. All right. So let's say a person knows or suspects that they have insulin resistance, what can they do to prevent progression to type 2 diabetes?

Great question. And this is where being proactive is so important and getting early and routine testing done.

Signs and Symptoms to Watch For

So the first thing is diagnose whether you have insulin resistance. Unfortunately, there's not one gold standard test that diagnoses insulin resistance.

We have multiple ways of diagnosing. So typically starting with a routine lab set or bloodwork is a first step. And there are things like fasting, glucose, hemoglobin, A1C, which is a marker of your three month average glucose levels.

There's insulin levels. You can do an oral glucose tolerance test, which gets a little more complicated and a little bit more pricey and harder to administer.

But most people, if you start out with your primary care doctor, getting a few of the early screening tests, that's a great way to first check. I will also note here that different ethnicities have different thresholds.

Unfortunately, sometimes we look at a lab reference range and we call something normal, but it may not be normal for that ethnic group or for that person.

So it's really important that whenever you are getting screened or you're talking to your provider, that they know your family history, they know your ethnic background, your medical history, so that they can really put the picture together.

And they're not just looking at the number and comparing it to the normal reference range. You really have to look at this holistically. Once if you are diagnosed with insulin resistance, then there are a combination of therapies that you can do to delay the progression or completely stop the progression to type 2 diabetes.

One is most important is lifestyle changes. So diet is probably the number one cornerstone therapy for insulin resistance. And I, I sometimes feel people feel overwhelmed when they hear that they might have to overhaul their whole diet or go on some crash diet.

And I say that's not the case. I think little changes go a long way and you just keep building on small changes like that, small improvements in your diet.

It has to become something that is healthy eating the rest of your life. So I don't like to think of it as a diet per se, but really it's just a change in your overall eating habits that you would maintain lifelong.

So it is important to to have a good partner on this journey. Sometimes it can feel a little daunting to do this yourself, especially when there is so much information online and in the Internet, and it's hard to know what's reliable, what you should follow.

There's a thousand opinions. So you really want a trusted expert doing this side by side with you, But really maintaining a healthy, balanced nutritional plan is key.

So first thing is maybe to take log a stock of what you're currently eating and along with your provider or your health coach or nutritionist, whoever you're working with, start to make those small changes and swaps where needed.

I am an advocate for really balancing each meal and snack so that you have a little bit of high fiber, complex carbs along with healthy fats and moderate protein.

So that really eliminates your blood sugar spikes and you maintain more consistent, stable level blood sugar levels. All right. That's really great to know.

We can circle back for just a moment to your comment about lab tests and reference ranges for lab tests. Can you

give us a specific example where the standard lab reference range for particular lab tests might be different based on someone's ethnicity?

Yeah. So for example, currently you are prediabetic, considered pre-diabetic. If your hemoglobin A1C is above 5.7% up until 6.4%.

Testing, Risk Factors, and Ethnic Differences

But we know that in certain ethnicities, Native American, African-American, Latino, some of these subpopulations where even at 5.5, they could be pre-diabetic.

And so it's important to take that hemoglobin A1C along with the fasting glucose, along with their family history, things like their waist to help circumference.

So the waist circumference is, you know, the measurement around your waist. That's a really great indicator of whether you might be carrying too much weight around your organs, also known as visceral adiposity or visceral fat.

And so you take all those biometrics and biomarkers and then you can really tell if somebody has is at risk for insulin resistance and diabetes and metabolic syndrome.

And so somebody, let's say, whose age in their waist circumference threshold is much different than a Caucasians waist circumference threshold. So that's those nuances are very important so that you can appropriately and reliably and proactively start to address these things before they become a real problem.

And, you know, relative markers make sense. But it's so interesting because people all around the world really and wherever they may be living, just have different risks for things.

I would say there's no such thing as one size fits all for nutrition. And we have to be smart about how we apply the standards of medicine. So thanks for pointing out some of those distinctions.

We've had a few other of our speakers talk about some of these details. Okay. Next question for you. What's the best way to be proactive in managing this?

So I think the number one is to be committed to start to be proactive about making some changes. And again, this doesn't mean an overhaul of your diet.

It doesn't mean an overhaul of your fitness plan or things like that. But first thing is to acknowledge that you have insulin resistance and then to really work with a good, trusted expert in terms of managing it.

I also have a big proponent of having a health coach on your team. I think that they are so well versed in not keeping not so much and keeping you accountable, which is great too, but also helping you to overcome life's obstacles.

You're going on a cruise, you're going on vacation. How do you navigate those things? How do you create a grocery list? How do you cook for yourself and your family?

You know, they're so good at helping you navigate just real life and still be able to make these changes, these healthy lifestyle changes. So I'm a big advocate for working with a coach, at least initially.

I know there's a lot of DIY ers out there and that's great to. But I do think for the when you first get that diagnosis, it can feel very overwhelming and very daunting to do this on your own.

And then again, frequent regular monitoring is key. So that is one of the things we are big advocates for it like for us as at every quarter, we're checking bloodwork so that we can see trends right away and be proactive in real

time.

It's also it's so motivating when you see your numbers improve, you want to stay in it and you want to stick to those changes. So we love to just keep tracking those biomarkers.

Also, we know as we age, things are changing, our hormones are changing, our life is changing. We have new stressors. Sleep may become an issue later which impacts our blood sugar as stress impacts our blood sugars.

Prevention and Lifestyle Management

So you really don't want to ignore it where years pass and then you check it again and before you know it, it's progressed to type 2 diabetes and then you have you have no option but to start more significant therapeutics.

So I think it's a great I think it's number one is important to diagnose early and then frequent monitoring and then having a good clinical care team that you're working with.

That makes sense, right? You want to check all those boxes so you get the support that you so richly deserve. And sometimes from what I've seen clinically, there's a piece or to making more missing.

People don't really get that robust support. It makes all the difference in being able to close any gaps and identify them. And if you're doing well, keep it that way.

Yeah, exactly. Exactly. Okay. So please share with us how does LifeForce deal with insulin resistance? What does LifeForce offer that makes the difference for people who have inflow resistance?

Yeah. So actually since we launched, we've realized that insulin resistance is one of our top diagnosed conditions. So most of our members are, you know, in their thirties and beyond when things really start to change internally.

And these are the this is the time in life when these things start to pop up insulin resistance, pre-diabetes, changes in cholesterol. So one of the the main advantages of working with LifeForce for us is at the lab panel we do is very comprehensive.

We check over 40 biomarkers. So it's is amazing how many times a we will tell someone, look, we found insulin resistance and they said, Well, I just had my blood work done a year ago with my primary care doctor and they never told me I had insulin resistance or any issues.

And it's probably because what they had a year ago was a very superficial screening test that missed it. And because we check so many biomarkers is we're able to put a better picture together for our members.

So that's one huge advantage. The second is that all of our clinicians are board certified and they all have expertise and knowledge in insulin resistance and metabolic dysfunction.

So you're already way ahead of the game when you talk to any LifeForce clinician because this is one of the top things on their radar that they want to work on.

Our visits are much lengthier. So usually with your primary care doctor, maybe you'll get 7 to 8 minutes per visit. We are that 30 minutes minimum in each of our telehealth appointments.

So it gives us the opportunity to do a much deeper dive with people to really get into their diet, get into their stress, their sleep, their hormone balance, their family history, their cardiovascular health, so that we can make these curated recommendations that are individualized and appropriate per person.

And then each of our members, this is where the magic happens, is that they are assigned a health coach. So like we talked about before, the health coach is really the one who works with them.

You know, a few times a month they're checking in with you, figuring out how things are going, taking your food, tracking your food, helping you navigate those life obstacles, those challenges, helping you with your grocery lists, helping you with recipes, pulling things so that you don't have to be the one going to Google and trying to figure all this out on your own between your clinician and your health coach.

We've done all that work for you so that you can trust us to give you the right information that's evidence based and proven to reduce your risk of diabetes and hopefully reverse your insulin resistance.

All right. That's an important array of services to have put together in a format that's really user friendly. Are there anything in particular that you want to call out?

Yeah, I think that, you know, one of the other advantages is that our health coaches all are all have training and motivational interviewing. And why that's important is that they can really get to the bottom of what your priorities are, what your goals are, what your motivators are.

How LifeForce Supports Patients

And once you are able to figure that out, it really helps you stick with these lifestyle changes. I think long gone are the days where you just do what your doctor tells you to do, you know?

Now it's really a team approach where you have to be proactive and have to be committed to it and be ready to work with us. But at the same time we want to be there and we love partnering with people on this journey.

It is so rewarding to see within just 3 to 6 months how people can completely normalize their metabolic profile and their insulin resistance normalizes or glucose levels go back to normal, and that's a huge win for all of us.

So so yeah, I think that that those are kind of the advantages of working with LifeForce in particular. All right, that's great. That's wonderful to know.

I'm curious for the people who come to LifeForce and who work with your company, is there any are there any signs or indications that they're ready to get this done?

They're ready to go to work on it? Yeah. Yeah. I think that most of the people I would say who come to LifeForce are ready. Whatever that eye opener was, whether it was a milestone birthday or some life event or they have they just have children and they want to live long and healthy lives for them, whatever it is they are, they come to us pretty primed and ready to be proactive, prioritize their health.

They want to optimize things. They're also at the point probably where they tried the traditional route, tried traditional health care, and it just quite didn't work for them.

They weren't getting the answers they needed or the interventions they needed. I think this is probably not the forum for this to talk about our traditional health care system.

But generally, I think we sometimes as doctors fall into this this situation of inertia. And so that can be very frustrating when we only deal with things once they're broken.

So at life for us it's a very different philosophy where we don't even want them to break. We don't we don't want to have any diagnostic conditions. We want to be able to proactively circumvent and treat things before they get down to that level. So that certainly makes sense.

That's a powerful way to work. Yes. Yeah. And so most of our members already are already in that mindset where they want to be proactive about their health.

They want to do whatever it takes to live longer, healthier lives. And and we we love partnering with them on that journey. And even if their people are on the fence, they are they're not quite sure.

It's it's very rewarding from the feedback we've gotten that just to have these conversations with our clinicians and our health coaches that in and of itself can really turn on some light bulbs and say, Oh, I didn't know that.

And knowledge is huge. Knowledge is your own weapon against these things. So I think that people are very grateful for this service. And it's wonderful to know about, you know, I think about the just incredible expansion, at least to me clinically, of the number of people who are diagnosed with type 2 diabetes, with pre-diabetes, and those who are walking around completely unaware.

And the explosion of the incidence, it's kind of shocking. And it's just so clear to me. It's part of what motivates doing the work behind the summit because it's a lot of work, but it's so rewarding to know that people are here and attending and learning and making a conscious choice to live a healthier, more energetic life and looking for some freedom from the consequences of these things.

Because my gosh, talk about something that can be so debilitating. It's just amazing.

Audience Takeaways and Closing Remarks

So thank you to your company LifeForce for being a sponsor here for the summit and helping us put this production on because, you know, we can all link arms together to increase awareness and people have a place to go to say, Yes, I want help.

Yeah, no. Yeah, exactly. No, it's our pleasure. And I think I was reading some statistic the other day. Cleveland Clinic put out that one in three adult Americans are diagnosed with pre-diabetes.

And yeah, and you're exactly right. They're walking around completely unaware of the diagnosis and they don't even get any help or intervention until oftentimes it's just too late.

And things have already progressed over those past ten years or however long that they went undiagnosed. So. Yeah, definitely. Oh, boy. I tell you. All right.

Well, friends, you know, thank you so much Dr. Vinita Tandon in here for being interviewed and sharing with us what LifeForce offers everyone. And also to you and the audience who are watching, whether you are a member of the general public or your fellow colleague and health professional, you're here.

You're here for a reason. So I ask, would you please help us share this goodness, kindly share these episodes with people that you know that you love, that you care about or, you know, care about their health, or may have a family history, because certainly diabetes can have a very strong genetic component along with an environmental influence overlay and, you know, just spread the good word while we're here.

I really am sincere in my desire to impact positively the lives of 3 million plus people with this work. And this is one way to do it. So thank you to everyone.

We're all partners together for a healthier future for all of us.