Podcast Introduction and Guest Overview

Welcome to Hotness, the podcast that brings you practical tools to balance your hormones and rekindle connection, confidence, and desire in midlife and beyond.

I'm your host, Dr. Liz Lister. Hotiness is a safe space for honest conversations about menopause, sex, identity, love, loss, reinvention, and desire, because you can embrace your hotness at every age.

Welcome to Hotness, the podcast where your hormones, confidence, and desire come back online. My conversation today with Dr. Mark Jankowski is very informative and full of useful information and tips and his amazing story.

He is a physician practicing in Park City, Utah. He founded a practice called Enduro Medicine, specializing in active men ages 45 and up. So he's really a counterpart to my women's health practice.

So I really have enjoyed getting to know him. He has so many board certifications that I'm going to look at my notes to tell you he is board certified in internal medicine, pediatrics, obesity medicine and longevity medicine.

One of the things we talk about is erectile dysfunction as a health warning for men. So that's towards the end. Listen up for that one. But we also get to hear his story of how he lost and has kept off 100 pounds after his college days.

That's at the beginning. Please enjoy my conversation with Dr. Mark Jankowski. Hi, Dr Mark. Welcome to Hotness. Hi, thank you so much for having me, Dr.

Liz. This is very exciting and we're going to hear more about your practice because really you are a counterpart to what I do in women's health, you do and men's Health.

Dr. Jankowskiu2019s Weight Loss and Health Identity

So we'll definitely talk about that, but I would like to. Hear more. About your own story, cause it's a pretty wild story and how that connected to you starting the incarnation of the practice that you have now.

But take us back to when you were in college. Yes. Yes. So, thank you. When I was in college, I focused on achievement. I focus on having fun. And I played football in my college and that was a meaningful part of my identity as being an athlete and also achieving and I wanted to go to medical school.

And after finishing sports, I continued to have some of the typical college habits and too much of bad things. And I kept adding more calories but not as much exercise because I had stopped that.

I actually gained all the way up to 325 pounds. People can't tell you're tall but still. I'm about 230 pounds, six foot one. So I have a large frame. But at that time, so that happened and I wasn't expecting it.

And so, but I also still want to go to medical school. As I was coming in the door to school, it occurred to me that how could I be somebody who could inspire others with a healthful life and take these health recommendations and help them, help guide them and be so out of a helpful state myself.

So it became a mission and I was able to lose 100 pounds in that first year. And I've been able keep it off for the past more than 20 years now. But, you know, I have always had that tendency to gain weight.

So I had to learn what to do to manage that. What are some of your maintenance? tips, tools? Well, the biggest one is anchoring to an identity, and there's a reason why I want to maintain health and vitality for all the things that I

enjoy in my life.

And also, I have a lot of influence on the people around me and my family, my patients, focus health goals that we have. I think anchoring to purpose is really the big unlock that lets us sort of have sustained improvement and progress in that way.

But specifically though, you know, maintaining enough protein, lots of fiber and resistance training and lots exercise. And the exercise should be fun.

So cardiovascular activity in the form of skiing, hiking, tennis, mountain biking, cycling. I've been through all different phases of different kinds of recreational pursuits, but doing something active with people is something that really keeps you vital and it becomes like an afterthought, the exercise part.

It's really what you're doing for fun. Yeah, that's beautiful. That's great. At the time, I thought it was a great idea, and it WAS a good idea. I'm really glad I did it, but we'll have to talk about that another time.

If that even piques your interest, you should definitely go do it. Because it's really like a very long hike. It's done over several days. My mother was very afraid.

She was picturing crampons on my ice scaling and ropes and things. And it is not like that at all. I think most of the ice is gone now, isn't it? Well, that too.

That's at the very top. But really, most to the rest of way, it's an inactive volcano. It has other interesting features, but it is really beautiful and definitely worth doing.

I love that. Thank you for giving us those tips. Also, the way you started, which was the identity, who we identify as, I That's a big missing piece when people struggle with their weight and it's just going up and you know they lose weight regain and lose and regain it and they haven't swapped in a new identity like I am a healthy fit person.

That right yeah that's awesome.

From Hospital Medicine to Preventive Menu2019s Health

A recent book that i read that is really helpful and sort of putting a fine point on on that thinking and applying that your life is by doctor benjamin hardy it's called be your future self now i think it is a wonderful job highlighting exactly how to.

how we can anchor to a future state identity that we care about, that were meaningfully connected to. And then once we do that, we fill in the pieces of how to get there.

But there's a reason why we're pursuing that. Not for vanity, not just for aesthetic, but for all of the wonderful ways that are going to impact the world around us.

That's what we have to anchor too. Well, you started out talking about fun and I want everybody to come to my 100th birthday party. So that's part of my goal.

Now you went into internal medicine and hospital medicine, and you did that for a while. And so just tell us a little, I mean, were seeing people with problems that were decades in the making.

Yeah. That's right. What prompted you to move on from that? Well, after caring for hospitalized and ICU level patients for the past 15 years, and then more in residency and training, I just kept seeing all these things that catch up with people, women and men both, things like heart disease, diabetes, obesity, all of these are things we carry for a long time.

And eventually they lead us to have things, like, heart attacks and strokes, where you can become incapacitated

with any number of neurological decline conditions like Alzheimer's or Parkinson's.

And a lot of people don't fully realize that their metabolic health and these other health factors that we're discussing have a direct impact on how their brain is aging.

And the decline that is common with our cognitive abilities is something that's related to that and is preventable. We can defer that farther into the future.

But I kept caring for all these folks who were acutely ill with things, and we would help them. And we have a great health care system for helping somebody who's acuetly ill.

but we don't have great system in place for effectively intervening and helping people at a much earlier stage upstream so that these things could be prevented.

We talk a lot about it, but the system doesn't have all the ways to support that. And so in my role as a hospitalist doctor, I wasn't really having any ability to impact that process.

So I decided that for the rest of my medical career I want to help people upstream of these problems and hopefully either not get them at all or defer them for decades down the road.

Yeah, you know, I just realized we're using the word hospitalist. I know what that means. But just give us a quick explanation. A lot of people may not have heard that term.

Right. So there are there a doctors who just practice in a hospital setting, and they don't have an office. And they care for the patients who are admitted to the hospital.

ER doctor decides they need to stay, and that's when a hospitalist like myself and my colleagues would then admit them and care for them, usually for one, two or three days, sometimes longer if they're really sick.

And then we would care them only in that hospital setting, discharge them with a plan with maybe some recommendations, say, go see your primary care doctor and talk about these things and take these antibiotics or these new medicines that we, but there's no ongoing care.

So it's just that acute episode of care Yeah. It's really a great service to patients and doctors because the old model prior to hospitalists was that the doctor had to leave their office, go do rounds, and then they're in their offices seeing patients.

And if the hospitalized patient needed something, it was an interruption for everyone. So it's just really huge benefit for people who are in the hospital and also for their primary doctor, as you said.

Yeah, it's, and there's also laborists. So I'm an OBGYN and now they have, this is something since this was not in place when I first did my residency training over 30 years ago, where now there are laborers who stay at the hospital.

There's always a doctor there. That's really a good service as well for women in that setting. Speaking of comparing men and women. I get this all the time.

Women come to see me and they've been told their labs are normal. And I always think air quotes when I hear that word. I actually also kind of cringe a little bit.

So what's happening with men who are getting told that their levels are not normal? I mean, good Lord, the range for testosterone is so huge and ugh. They're being told they're labs or normal, they still feel terrible.

What are doctors missing and what should men be asking for? Thank you. You're right. The same thing is happening to men. And one of the other problems upstream of that is that first, we got to get the man to go to the

doctor.

Women are so much better at going to doctor to speak in general terms. But that's been my experience with talking to a lot of men, okay, so the men is there.

He's taken the steps and he's gotten some blood work. but that bloodwork may not always be complete. And it may be just checking something like a total testosterone or what's called a basic lipid panel or a basically thyroid panel.

And these are some common things that should be checked, but if we're going to check them, we should do it properly and just add a few more tests on to each one of those types of tests.

So we can give a more comprehensive understanding and treatment guide for the client. We're being told that Things are normal. Oh, your total testosterone is fine.

You don't need that. It might be bad for you. Let's not take any risks. So let's just not do it. That's what's happening in traditional care. I have so many examples.

Hormone Testing, Testosterone, and Lifestyle Factors

Of course, it's mostly the vast majority of my patients are women, but a lot of the men have come to me because they are the husbands or the partners of one of So that's to your point earlier.

And then another that is coming to my mind right now is a friend of mine. He's in his 50s, he's tired all the time, his blood sugar is off. A lot of things are happening with him and they just won't check his testosterone level.

I can't really understand it. It's just one test. That's true. it's true you know unfortunately we're in a situation right now where we have a generation of physicians who have had excellent training in general but they have not been trained on how to approach and prescribe hormones and there's different causes for both that with the men and the women i'm sure you've talked a lot about the reasons for that for the woman's hormones similar to men there there has been a in the past a concern that if we give too much testosterone, we're going to cause prostate cancer or possibly even contribute to the development of heart disease.

And fortunately, with more recent data, those concerns are not well founded. In fact, having adequate testosterone can help maintain heart health and there is not an association with prostate cancers for people who are Otherwise, healthy people who don't have prostate cancer who are then given testosterone to an adequate level, a normal physiologic level that does not cause prostate.

And so these are some of the fears that doctors have had. Unfortunately, there's more and more physicians are getting more advanced training now so that we can help people.

have sort of their life back because as I'm sure you support with the women clients you have, you know, for the men, this decline in testosterone really impacts their identity, their energy, and it could be so multifactorial.

And there are so many things that can contribute to it as well, sometimes reversible. Sometimes we can address this naturally. We don't always have to go right to hormone therapy, but we have at least be considering it and doing the right tests.

Yeah, that's awesome. What are some other things that men can do? What do you recommend in addition? I mean, I love hormone therapy. I always say that upfront as my bias. I love replenishing hormones, not to the level of a 20-year-old.

but replenishing back to before we didn't feel good, right? Like men lose testosterone every year and it's gradual, like women go through more noticeable, obvious fluctuations of their hormones, at least it gets their attention, but for men it is more gradual.

So how do you invite men, yeah, two things. I'm asking you about men advocating for themselves, but also what else could they do to keep testosterone levels in a good place?

Well, maintaining overall health in general helps support testosterone, being active, resistance training. That doesn't mean killing it in the gym with free weights.

that can be something as little as at least one, preferably at two days a week, some sort of resistance train. There's a lot of different ways, that stimulates the muscle and helps you make testosterone.

Maintaining a healthy body weight is helpful for that. If we have too much adipose tissue, that can lead to hormone dysfunction and then not getting enough sleep.

That's probably one of the biggest levers that has so much impact on our health overall, but certainly in our hormonal health. If we're chronically sleep-deprived, getting less than six and a half hours of quality sleep a night, ideally seven to eight, but it can be hard.

But I say the minimum six-and-a-half, seven is really where you should be targeting. If you're chronic getting that, that's going to tank your hormones as well.

Another thing that can happen is as we're gaining weight or as our metabolism is slowing down, hormones like our estradiol or our sex hormone binding globulin, these things can start to become abnormal in ways that impact our testosterone and how we experience testosterone.

We might have an okay total level, but a lot of times the testosterone is bound up. in one of these other proteins. And so that impacts how we feel. So maintaining healthy weight, healthy metabolism, sleeping well, and getting the right kinds of exercise, all these things support healthy hormone balance.

Another one my quotes that you're welcome to use is, I cannot out-hormone your lifestyle. That's right. That is great. Thank you. SHBG on the test is, one of my colleagues made this up.

She refers to it as the Uber that drives the hormones around the body. And if there's too much, then there isn't enough of the hormone being dropped off.

It's all just being bound and carried around. So that's the binding globulin. I've been paying a lot more attention to that with my patients as well lately.

I like what you said about the Uber example. I'll use that. You know, one of the things that we also see is people who are aware that they may have a hormone issue.

And if they aren't able to get their answers from their doctor, they go online. Dr. Google. That's right. And there are a lot of services online that are ready to provide that testosterone.

One of the challenges that I've observed with clients who are working in that fashion is that they may get testosterone and then they kind of stay on the same dose.

They aren't checking enough follow up tests to see is this the right dose. And then, you know, in some cases, there could be sort of a rush to treat the person feels like that's what they need.

But there's a lot of lifestyle things first. So I think really working with a trained provider that knows this, that likes to manage this in a way that's not incentivized to give as much hormone as possible, but rather is incentivize to make the right connections and help somebody achieve health over time.

It's more of a relationship ongoing. That's their incentive. I think that sort of the way to engage around this topic. Yeah, you mean that should be monitored?

Wow, what a concept. Yes. You know, I had a brief stint with one of the online health provider companies and it was good. I'm glad I did it. And I didn't do it for very long because it's so protocol driven.

It could not add one additional test. Didn't matter what I thought they needed. I was completely constrained with the panel that they order. That's it.

Also the ways of prescribing different hormones, that type of thing. It was their options and that was it, so it was really a little bit constrained.

Erectile Dysfunction as a Cardiovascular Warning Sign

So I think the problem is doctors who dismiss their patients. You know, people don't feel good. They want to feel better. Oh, frustrates me that people have to go out looking for help because their doctors just aren't helping them.

And they're paying for their health insurance, going to their doctor's that take their insurance and oftentimes not getting the help that they need. Well, we have we haven't such a We've incentivized such reactivity in our health system So that you know doctors are trained to find it a disease a diagnosis make that diagnosis and then provide the right treatment for that Diagnosis.

Yeah, and and we've received excellent training to do just that and in the construct of a 15 to 20 minute office visit you Know the doctor is Trying to quickly identify, okay, what's needed to be treated here?

What are the things? Okay, if it's something lifestyle, a quick passing comment to go and take care of that on your own or find some help, but what can I treat today?

And if they aren't thinking that one of these hormones is the right thing to being treating with for a condition that they've formally diagnosed, then it is not included.

Yeah. Very frustrating. So speaking of releasing ourselves from frustration, someone comes to see you. You specialize in men. I'm using the word in midlife.

How do you phrase it for your practice? Men over a certain age, or we would say that, we say women of a certainly age. Right. But I think men are more like straightforward about their age Well, it's usually around mid 40s and up that men can start to experiencing some decline.

And I typically work with men who've considered themselves to be high performers in their life, but things are starting to not work the way they used to.

and they've started to lose their edge. And that can be multifactorial. It could be any number of physiologic problems that we can address, lifestyle problems, psychological problems.

Our mental health and our mindset is a huge part of how we feel. We work closely together to do a comprehensive baseline evaluation to see what's going on, look at all the domains of health with enough labs and enough time talking about and understanding what the issues are.

Then from there, we choose to work together. Yeah, that's fantastic. If someone wants to inquire about working with you, what would that look like? What should that person do?

Well, first, I would invite them to go to EnduroMedicine.com. You can see the website there. From there, you can link to schedule a call with me and I can tell you about the services I provide and what that would look Awesome.

That's really great. And we'll make sure that your website is linked in the show notes. So that is fantastic. Anything else you want to tell us related to the practice?

What is, I'd love to hear just a little bit more, like what inspired you? You're in The Hospitalist. I mean, you're seeing

people, the comparison I shared with you, they're like at the bottom of the cliff, but you would like to be up higher with a guardrail so they don't fall down the cliffs.

How did you learn how did u come to learn about this more expanded holistic view of health and want to pursue it. Well, it was a progression over time of just seeing sort of the same things.

And then about six years ago, my family and I moved here to this wonderful place that is Park City, Utah. It's an outdoor paradise, as I like to describe it, with all the things, and yeah, I enjoy doing all these activities as well.

But what I was seeing in my hospitalized patients was that there may be men who were here in their 60s, women as Well who are so glad that they're here, but, and they enjoy doing all these things, but their bodies are starting to fail them.

And they aren't doing them as avidly. They don't have quite as much energy to do all of these wonderful things. This could be true at any part of the country.

What are all things? We're finally getting close to retirement. We finally have the kids off to college. we have all this time and freedom of purpose and time, perhaps money as well.

But if our bodies were failing us, and we aren't able to go out and do these things in a sustained way, these that we used to love to do, then that can be really a way on folks.

And so I kept seeing this happen with my hospitalized patients. I see the trajectory of my life. You know, I'm 47 and I want to keep doing all these wonderful things for many decades to come.

So I just want align all of professional interests and all the things that I care about with what I believe is important for my clients too. And I want to work together with them to help them achieve that outcome of health and vitality in their surroundings.

Yeah, beautiful. I love that. And that conveys, you know, when I listen to you speak and got to meet you recently, that really comes across. So that's, I loved that, super cool.

Now we are on the hotness podcast and so I talk a lot about vitality as we get older, sexual function and dysfunction and since I have you here, let's talk for a moment about the health implications of erectile dysfunction in particular.

Obviously, there's a lot of different things we could talk about, but let's just talk quite an impact. It sure does. Well, there are many causes of erectile dysfunction, but one of the important ones that I want to highlight for you and for your listeners is that erectiles dysfunction in a man at any age can be the harbinger of cardiovascular disease.

Sauna, Connection, and Closing Remarks

So if there are diseased arteries in the body that can affect how they allow blood to flow and how the constrict and that could impact the ability of a men to have an erection and so Oftentimes that's sort of the first sign and there's a lot of things that we need to do really for all men and women over 40 and that is to Do a proper cardiovascular evaluation to see where they are But if they're having that problem then that certainly means we needed to take a look The other common things I just want to mention are that you know as somebody's mental health or how they feel about themselves is trying to impact them if their testosterone is going down, if they're not feeling as comfortable in their bodies because it by their body is different when they are 55 or 60 than it was when there are 25 or 30. That can also be impacting their ability to maintain interaction or even to be ready for intimacy and to be open to knowing and relating to their wife or their partner because, you know, things are different for them and they may not have the words or the previous experience to relate that in a way because things were changing for the men too.

And the thing is with men to remember is that it's a very gradual change. So there's not this cliff where the

hormones changed. It's gradual and it is not clear to them if this is something they did.

Right. So these are all important things for the woman to know to encourage the man in her life to seek a treatment and engagement with the doctor and just maybe ask the question, you know, what can we do to take a look at things and make sure everything's working right?

Not just with their erectile function, but the rest of their health because the two go together. Yeah, fantastic. Talk about a band-aid medication. I talk about that a lot with the women for sleep disruption and mood issues and whatnot, and they get given antidepressants and sleeping pills, whereas really the cause underneath is hormonal imbalance.

So it's even possible for testosterone to be a Band-Aid when the man really needs, or the medicines for the ED, rather than Yeah, the medicines for the ED would be more the band-aid.

The testosterone could possibly be like the underlying root cause and really help him feel better and like to your point the whole ecology of the relationship, right?

We want the intimacy, we want to not just become roommates. It's important not to presume that this is a natural thing that happens with aging. With maintaining excellent health throughout your life, we can still have wonderful erectile function.

It may start to naturally change at some point, but we don't want to assume that without having looked elsewhere to make sure that there's not something else going on too.

That's beautiful, that's fantastic. Now I know you're in beautiful Park City with your wife and kids and so I want to wrap us up with another personal question that I ask each of my guests.

What is one thing that you do to connect yourself with you own hotness? Well, I love to take a sauna and recently added one to our house. And so that's something that I like to spend time with.

It helps me relax and gets me rid of the stress that it might be carrying into the evening hours. I found that really helps be unwind to be open to connecting with my wife.

That is fabulous. Thank you so, so much. I look forward to further conversations. And I will definitely make sure people have the website link to be able to reach out to you and really appreciate this conversation with you today.

Well, thank you for the invitation and for your time. Thanks for listening to Hotness. Help more women find these practical tools by liking, sharing and following the show as well as leaving a review.

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