Mindset, Habits, And A Comprehensive Approach To Weight Loss Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and guest background

For this DrTalks, I have a fabulous guest. This is Dr. Michelle Gordon. She's a former general surgeon who now focuses on lifestyle medicine, menopause and obesity medicine.

She's going to talk today about what comprehensive obesity care looks like, as well as kind of her own personal experience with identity change, going from being a surgeon to this lifestyle medicine physician and what that looks like and how that's important on your weight loss journey as well.

Dr. Gordon, thank you so much for joining us. Thanks for having me. I really appreciate it. So will you tell us about your journey to go from being a surgeon to lifestyle and obesity medicine?

Oh, my. Well, so I, I've always been kind of fundamentally unemployable. And so I opened a practice right out of residency. And as I was successful, I grew the surgeon.

I grew the practice to five surgeons, including myself. And, I, it was I mean, it was doing really well financially. It was multimillion dollars and everything was okay, but I found that I was really unhappy in my life, and it turned out that I was burned out, and it took me about two years away from the whole medical practice to realize that it was burnout.

And so when Covid came, I'm in New York and we had when we hit, we did the first wave. And so people our whole hospital was filled with Covid patients.

And I don't know if you remember, but at the very beginning, we didn't know how to treat Covid and people were dying of multisystem organ failure from it.

Burnout and career reinvention

And so we didn't we weren't able to really do surgery, but we were able to do things like help in the critical care side of things in terms of putting in central lines and hemodialysis catheters and things like that.

And so I was pretty much a line service for a while. But when it just it just felt like walking into a prison every time I walked into the hospital because of all of the regulations, in terms of making sure you didn't have a fever or, you know, walking through a, metal detector and wearing all the PPE.

So I said, I can't do this anymore. And so I stopped. I mean, I would come home, I brought my my son is immunocompromised, and I brought him home from his assisted living facility for the because I didn't know what was happening.

And I'd come home and I'd strip in the garage, run to the shower and, you know, make sure that my clothes got washed right away. So it was a real scary time.

And in that time, I had gone kind of through perimenopause and menopause, gained a whole bunch of weight, was just moody and felt like an alien. And I thought, you know, there's got to be a way to fix this.

And so I just I must have read 100 books on menopause, and I came up with some lifestyle modifications that really worked for me. And this I didn't know anything about lifestyle medicine at the time, but I changed the way I was eating.

I changed the way I was moving, and most importantly, I changed the way I was thinking. And this allowed all of my behaviors, to kind of correspond with what I wanted.

And I lost about 60 pounds without any medication. Good for you. Yeah, yeah. When you talk about changing your thinking, it's such a powerful tool. But I don't know if it makes sense because it's complicated, right?

Like, what does that mean to to change your thinking? What does that mean for you? And how do you use that for your patients? Yeah. So what's really interesting about behavior is that behavior comes from beliefs.

And when we believe that we can't do something, we can't do it. We believe we can do something. Most of the times we can do it. But the beliefs that we have come from our childhood mostly, and from the age of zero to about seven, maybe eight.

Our brain is in a state called the Alpha state, which is absorptive, and that's when all of our core beliefs are created. And I've got a great example of this.

When I was five years old, my mom made this comment, those guys are doctors. They're so rich. And I did not remember this until 2019. All right, so I had always wanted to be a doctor.

I wasn't sure why, and I tried to do other things. I, I studied music, I have a minor in music. I studied, a lot of other types of physical sciences. I almost went to a Ph. D.

program in physics and bio like, yeah, physical chemistry kind of thing. And, I ended up in medical school and, and in 2019, when I had this core memory come up, it was like, those guys are rich.

Changing beliefs and identity

They're doctors. I need to make my mom happy. I want to I need to get rich for my mom. And the only way I can do that is to be a doctor. And so that belief fueled me all the way through.

I mean, I entered medical school at age 31. Okay? So my my, me, my whole life is a series of reinventions. But what's really interesting is that when I was able to kind of identify that belief and then say, well, is this true?

Is this real? Then I was able to kind of make some changes. So I think that the first step that comes that that happens when we need to make a change in our lives, we have to examine our beliefs about ourselves and our beliefs about the world.

And when you are able to objectively look at that and say, well, you know, is this belief true? And then actually change who you are, you have to change who you are.

Because when it comes to behavior change, specifically what you want and what you believe, okay, belief will always trump desire. And you may have a belief that you don't even know is there.

And that's the power of tools like meditation and reflective journaling and things like that. Yeah, that's really powerful. I actually hadn't thought a lot about the core, thoughts that we have from childhood and how much that impacts things.

But you're you're already making me, me think about, you know, maybe some of the reasons I do things I do. So that's that's powerful stuff. Right. And, is there anyone that you like do you help patients explore that, or are there places that you guide patients to to kind of help explore those?

Because those are big tasks sometimes for people to do on their own. Yeah, I do, I mean, in my private practice, I do a lot of coaching and I my, my goal is to help people change their behavior to the point that they don't have to stay on medication if they don't want to.

Now, we understand that obesity is a, you know, from from our medical understanding of it. It's a chronic disease like diabetes or, hypertension, heart disease, those sorts of things.

But we also know that food is our first medicine. Right. And so if we can get people to modify their behavior enough that they understand how to eat for the for their body, then then there is a possibility of not having to stay on medication forever.

That doesn't mean that those people are right. Like we've all know that people who have lost weight, significant weight like you have and have kept it off without a medication, but you're probably going to need some support and help, right?

It's not just going to happen with a small change. You're going to have to possibly make some pretty big fundamental life changes to be able to do that.

Well, it's it's it's a it's a massive change. But you have to change your who you see yourself. As. You know, I like to there's a everyone who wins the lottery.

Most people, 90% of the people who win the lottery lose the money. Right. They lose it because they don't change their identity. They don't decide that they're not poor anymore.

Okay, now, that's not everyone, but that's most people. And this also, you see this happen with professional athletes too, who come from because of it comes back to the beliefs right.

The sort of I don't deserve it beliefs. Sometimes it's it's I don't deserve it sometimes. Yeah, it could it can be. I don't deserve it. It can be. Money is evil.

I mean, when it comes to money, those are those are some of the thoughts. But when it comes to weight loss, it's about who you are, who you see in the mirror more than anything else.

It's who you see in the mirror. And so when you lose a lot of weight and this these GLP ones, they, they do such a great job of, you know, decreasing hunger because of slower gastric emptying.

Right. And, and all the other things. And I think, I think there is something we haven't really figured out yet, but I think, I think it's repairing our brain gut connection, which has been broken by our food supply.

And, and so, I mean, I don't know how how you feel about that, but I think that that's a big part of it. Absolutely. I mean, people will describe I've had people say they feel like they had a brain transplant on these injectable medications.

I've had more people use that time that that phrase. And we do know that the gut in the brain is connected, and we know the hormones that act on the gut also are acting on the brain.

Coaching, medication, and identity change

So, absolutely. And people who like they never enjoyed a salad before now, like, are able to enjoy that or even crave that, right with this medication, which not everyone has that, but I definitely have people who describe that.

So, yes, the medications are working in more powerful ways than I think we have them approved for. Right? Like basically the approval for the medications is they help you eat less.

But that doesn't tell us why. Right. And so, it is it's probably more complicated than really any of us are aware of. Oh yeah, I, I think so. I mean, it's not just drinking.

I mean, it's not just eating. It's drinking to people. People who are, chronic drinkers will say, I don't, don't want to drink anymore. And so it's it's really helping us a lot.

And I think the reason why insurance doesn't want to cover it now is because it's making people healthy. And when in America, we have a sick care program, we don't have a health care program, right?

So the whole system is based on let's keep people sick so pharmaceutical companies can make money. And I am not a conspiracy theorist, but after being around, medicine for as long as I have been, it's, it's pretty obvious that if we have a drug that's going to solve a problem that that is created by industry, right.

And then and then that's like, oh, no, no, no, we can't, we can't do that. And so it's it's really sad, but going back to what we were talking about is that when you look in the mirror and after you've lost all this weight, you don't recognize yourself.

And so it's very important as, as you're doing this, to look in the mirror and, and really pay attention and say, this is me now. And what happens is people start adopting more healthy habits.

They'll start walking more. Remember, our bodies are meant to move. They're not meant to sit on the couch and watch Netflix. All day. And so when when you start to lose weight, you start to see some some some, you know, success, right?

Success motivation comes from success. And so it just builds and builds and builds and builds and then and then it's a matter of staying in that, like, this is who I am now.

And it's not saying you can't have a treat now and then. It's just learning how to be flexible. Yeah, I think that we identify redefining that new identity is really powerful.

Right. Like this is who I am now. Like, no, I am the person who you know, asks for the side of vegetables. I am the person who will change my plans to get my workout in.

Like, these are who I am now and maybe almost a little bit of mantras or self-talk there, right, of like, you know, like, no, like I have to do my own pep talk for this.

Like I'm this new person. Yeah, I think so. I mean, I think we have a very complicated relationship with food and complicated relationship with exercise because of the diet industry.

And exercise does not have to be punishment. Exercise is a form. It's like taking a bath and if we can, or brushing your teeth. And so if you can start to see exercise is just another form of self-care that's, you know, you you're not going to go a week without brushing your teeth.

And you know, you know, and most people brush your teeth twice a day at least. Right. And so you're not going to go a week without without bathing, unless you're, you know, hiking the Camino de Reale or something.

So it's really important to start to change how you view exercise in particular as a form of self-care. It's just something that you do. You've already said so many things that are like the same things I say to my patient, but the brushing your teeth one is the example I use all the time for exercise or sometimes for medication, right?

Like it's just something we do, right? There are people who love exercise. They find a hobby. They like hiking or biking or swimming, CrossFit, whatever.

They find something and it's fun for them. And I hope that you find something that's fun. But if if you don't already have something you love to do movement wise, I think Doctor Gordon's advice of like, it's like brushing your teeth.

Our body needs it. So if you don't already have something that's super fun and rewarding to you in terms of movement, sometimes it's just starting that habit of of any sort of movement every day where whether that's walking or weightlifting or, an exercise video, whatever it is, getting in that habit.

Because just like brushing our teeth, it's just something our bodies need. And like, we can overcomplicate it and get really specific about what type of exercise or make it competitive.

But at the end of the day, we just need to move. I agree with you. And remember, you know, we we've all heard

about the Law of attraction, right?

GLP-1s, food addiction, and habit change

You can you can think your way into getting that car you want or whatever. But in life you don't get your thoughts, you get your actions and you get your habits.

And so if, if, if you want a certain outcome, it's important to kind of reverse engineer it. Like what kind of actions get that outcome. And if you're not doing those actions, you can't expect it, no matter how much you think about it.

That's I mean, right put you have to put in the work. Right. So you talked some about exercise and just making it a habit. Tell me your nutritional approach with your patients.

How do you navigate that. You've mentioned a few times that food is really, you know, one of the big things that has to be addressed for weight. So how do you navigate that with with your patients.

So it's really I, I, I protein forward primarily. I, I try to get people eating at least 100g of protein a day. And I, the American College of Lifestyle Medicine is really about all about plants.

And I'm sorry, but I'm just not a vegetarian, and I never will be. I was a vegetarian for a long time. I, from age 18 until about 30, I was a vegetarian, and I was okay, but, it's it comes.

I just it's so much easier to get protein if you're eating lean meats. I agree, I agree, and I fought against plant based diets. We've had a lot of plant based, experts on this series and what things most of them have emphasized is just eating more plants is good for us, right?

And for some people that might be cutting out animal products. But even if we are using more plants to push other things off of our plate, that can be a great strategy.

But I have found the same thing to you clinically. I also recommend about 100g of protein as a baseline for most of my patients, and it is really, really hard to get there plant based.

Now, that is not to say it's not possible. It absolutely is, especially if you're willing to use, you know, meal replacements that are plant based. But for a lot of people, if they have no specific reason, they can't or won't eat animal products, then it's true.

A heck of a lot easier to to get that protein in by eating out. Yeah, I mean, it's it's single ingredient foods. You know, a fill your fill your plate with plants, learn how to cook.

It's really I mean it's it it really is. We've lost our ability to cook. And we have fast food chains that are creating food that's meant to be addictive.

It's they they have whole labs that are just set. Like how much salt, how much acid, how much fat do we need to put into this so that somebody will want it again in an hour?

Absolutely. And I think we need to acknowledge that, right? That if we feel that we do not have willpower to avoid a certain food, there may be a reason for that, right?

It may not be just that we don't have willpower. It may be that someone prayed to what our brain like and specifically, designed that food to light up our brain so that we want to eat more of it when we're eating it.

Right? And that we want to eat it again. You know, they had some of which potato chip was it was it was like once you pop, you can't see like, oh that's.

That's. Pringles. Is it like you cannot know what you can eat. Just one. Nobody can use one. Same principle with

both those chips. Right. These products are designed so that you want to eat more than a reasonable portion size.

So it's not necessarily your fault if you are doing that because, you know, someone has invested millions of dollars to make that food have that effect on you, whereas nobody has invested that money in, say, broccoli.

Right. And so, you know, broccoli doesn't get the flashy ads and it doesn't get the cute packaging, but it's hard to over eat broccoli. It is, it is. But, you know, broccoli isn't even, you know, broccoli is a genetic modification.

There was no broccoli before they mixed like in kale to, before they mixed a couple of brassicas together. I can't remember, like, call it cauliflower and something else. So, you know, I don't think GMO is all bad.

I think Roundup Ready stuff is bad, right? I don't want to be eating anything that has roundup in it, but, you said, what did you say? You said something about, about the addiction of food.

And I think it's. I think it's so important because quitting cigarets is hard. I, I'm an ex smoker, and changing any behavior change is very hard. And so what I tell my patients is let's just focus on one habit.

One habit at a time. Because until you master that habit, you're not going to you're not, you know, you're not going to have the results you want.

Protein, processed foods, and incremental progress

And so if your goal is to say, walk 10,000 steps, but right now you walk 2000, you're not going to go from 2000 to 10,000, right. But you can go from 2000 to 20, 200.

And so it's if you're not exercising. Now, what I like to tell people is just walk for ten minutes and then try and do 1% improvements. I mean, really, that's six seconds.

Yeah, 1% improvement. Incremental changes. Right? Yeah. One of my patients who, has been one of my biggest successes when I first saw her, she actually couldn't walk for more than about two minutes at a time.

She'd get really short of breath. And we had her start with one minute of exercise, one minute of walking. And over the course of, I think, about six months, she got up to doing 60 minutes every day and transformed her health, lost a ton of weight.

All the habits came together, and it was just that power of adding one minute every couple of days. Right? And you don't have to start off walking 60 minutes.

You may not have time in your schedule to do that because you're not used to it. And your body may not tolerate it, but the incremental change adds up.

Oh, it does it. They make a huge, huge difference. And if you want to understand more about incremental change, study John Wooden John Wooden was the he was the coach of the UCLA Bruins, and they were a dynasty for years and years and years.

And he, just went after a 1% improvement, 1% improvements. And that's why his that's why his athletes were such winners. But, you know, I know I had a friend, I have a friend who was over 400 pounds.

And she started just by swinging. Moving a little. More. Yeah. Yeah. Just swaying. So it's the other thing is, is I think we really underestimate the value of walking like I did not understand until I got into this whole obesity medicine.

Like really into it because bariatric medicine for a surgeon is surgery. Right. Surgeons like to operate. And so once they have the operation, you know, great, they're going to lose some weight.

But the problem is, is that the hormone control only lasts for about a year. And that's why we see so many people get regaining their weight. And they're not changing their idea of themselves inside their head.

So it works. But then until it doesn't. Right. But the power of walking just, just really, in order to lose weight, you need about 500 calorie deficit, per day.

Right? That's that's one of the I mean, you're not going to lose weight if you're not in a calorie deficit. That's just thermodynamics. But if you if you can walk for 30 minutes twice a day, or even if you start with once a day, that is going to help you get into your calorie deficit and then just kind of pay attention.

I like to tell people that what gets measured gets managed. I mean, I still measure every everything I eat. I measure things on, on a scale. I'm still really careful because I tend to put on weight easy.

Yeah. I think the measurement is, I want to comment on both those things. I think the measurement is is huge. People who have success with measuring often need to keep measuring.

And that's what I say for most things, if something works for you, you probably have to keep doing it, and so you maybe don't have to do it every day forever.

But you know you want to get back to that logging, weighing yourself on a regular basis. Every couple years, the battery in my scale dies, and I don't replace it for a little while.

And then when I finally get back on the scale, the number is always a little higher than I'm expecting, right? Because I don't have that feedback to be like, no, you actually have gained some weight.

You need to go back to, you know, your healthy habits. And so whatever those tools are, whether it's tracking your steps, tracking your exercise, tracking calories, weighing yourself, not obsessing about the scale, but just knowing, having that information, is it's helpful, right?

Like, if you don't know, you don't know. Well, that's true. And the thing about the scale is that the scale can be your friend or it can be your foe, and that that's your choice.

It's how you choose to think about it. So it's a data point. And depending on what you eat, like you're going to hold water more if you have a really I made I made this really delicious soup.

Okay. But I use nine tablespoons of liquid aminos instead of nine teaspoons, which is what I was supposed to do the next day. I was 5 pounds heavier. Wow. All right.

Because it's salt. It's like, you know, like like that's, nine that's that's three quarters of a cup of soy sauce. Okay. That's that's a lot of salt. So your body has to flesh that.

I think I also drank like extra, like two extra 32 glass ounce glasses of water that day because I was just so thirsty from all the salt that's been consumed.

So what happens is, you know, your intestines can carry a lot of water, you can carry a lot of stool. And one when the scale goes up, it doesn't mean anything.

You're losing. The way you lose fat is you breathe it out, right. That's how you lose fat. It's not what's you're not pooping it out. You know, you're breathing it out.

You're turning carbon dioxide. You're turning coal into carbon dioxide, right? Carbohydrate fat, fat goes to you know what I mean? Right? You know the chemical reaction.

But we turn the fat, the fat, the fatty oxidation goes to carbohydrates that we then breathe out as carbon dioxide.

Walking, tracking, and sustainable weight loss

So it's not it's it's the scale is just one thing. You know, we got to look at like how you feel. What's your energy like. How's your sleep. We never talk about we really do not spend enough time as physicians in primary care talking about sleep quality, because sleep is the thing that allows you to have energy if you're not, if you're having crappy sleep, really work on your sleep.

It's I mean, that is like the number one thing in terms of recovery and weight loss and all the things. And that's another theme that is definitely come up with multiple of our, interviews.

Here is, is the importance of sleep in different ways. I also want to emphasize what you said about walking, because that is something I agree is also completely underutilized.

I always like the quote, the data from the National Weight Control Registry. I don't know if you're familiar with it, but it's a database of people who have lost at least 30 pounds and kept it off, and it looked at what were their lifestyle habits that let them do that.

And one of the most consistent ones is exercise. And most of them, 94% of them increased movement and 90% of them were moving an hour a day, and most of them were walking.

And so, you know, when you said, that's what you advise often for your patients, like the data really supports that, that that is what often works for people.

So you don't have to do any sort of crazy intense exercise. Walking is how many, many people maintain their weight loss. I agree with you. It's so funny because when you follow bodybuilders on YouTube, for example, they say if you want to lose fat, it's really, you know, you have to do it in phases.

You lose fat first by going into a calorie deficit and walking, and that's all you have to do. And then if you want to shape your body, you go into a calorie surplus and you lift weights. Yeah.

And then you go back. You then you go back into a calorie deficit and walking and it's just it's now this is not for everybody. And this is not for people with genetic issues that have that that cause obesity.

But for the majority of Americans, there's over 300, 300 million people in America. So a little over half of that is women. And most women want to lose weight, right.

And women in menopause, there's over 70 million women in America that it have been a pause. But if you can just find the time to get yourself some steps that that's the key.

It doesn't have to be her. And I always had and this was such a big revelation for me because this is an a great example of belief. I believe that in order to lose weight, I had to do really hard exercise, and I did triathlon training for 4 or 5, six years and I was not able to lose weight.

And I was so, so frustrated because I was paying a coach and I wasn't losing weight and I didn't, and it because I wasn't doing enough. But, you know, Peter Attia calls his own to cardio.

Yeah. So it's. That intensity. Size is not a guarantee for weight loss. And sometimes it's actually more of a stressor to your body. It just makes you really hungry. And yeah.

Yeah, no, it's really funny because when you look at the, the calorie burn from, you know, going, doing walking versus doing running, say or jogging, you're going to get a 10%, maybe 5% bump when it comes to calorie burn.

And it's just it's not worth it to feel like that. I mean, if you like it. Right, like right now, of course. But but if I doing it just specifically. For weight.

Loss run. Right now, you know, especially like I love to run, but my body's so mad at me that I can't do it right now. I just can't. So I'm just walking.

Now. You mentioned menopause just now. I know that's another one of your focuses. Tell us a little bit about, menopause, maybe the relationship with weight, how you approach menopause. Yeah.

Menopause, hormones, and weight gain

So the relationship between menopause and weight really has to do with the loss of estrogen, primarily as we as we we're so lucky because I'm telling you, if men went through menopause like a real menopause like we do, there would be some solutions for it, but they don't.

So, as the ovaries shut down, we lose three, primarily three hormones estrogen, progesterone, and testosterone. And these three hormones all together do a lot of good for us.

They give us well-being. They keep our waist trim, and they help us with our muscle mass. And and then, of course, our bone density. And the main one really is estrogen.

As we lose estrogen, we get fat cells that kind of migrate to our belly. Now why why do we do that take of it? Because we get there's an estrogen effect of our of the fat cells in the, in the abdomen.

So I like to tell women, I mean, I have a whole, a complete course you can buy just on lifestyle modifications for menopause. And that's on my website is can I mention that.

Absolutely. Yeah. So it's drMichellegordon.com/menopause. That's the that's where you can go and get that course. But it basically goes into you know what your hormones are doing and then how to eat specifically specifically to support your menopause body.

And then and then how to move research based and then thinking. And then I've got a bonus there on sexuality. But we as we lose estrogen, our brains get a little funky.

They don't like it, our brains don't like it. And that's why we get a little crazy and angry. And some some women do need in order to in order to get through menopause.

Some women do need some hormone replacement because the their brain just it just causes them to be really moody. And then that that does help. And I do prescribe some, some types of hormones in my practice.

Well, Dr. Gordon, thank you so much for joining me. I think we could probably talk forever. But any final thoughts or anything? We didn't cover that you think is important for the listeners to hear about?

You know, I think the main thing is that you have a choice in health care, and you don't have to let the insurance company tell you everything. Okay? You have a choice in health care and the way things are going in America, it's looking more and more like we're going to move to more of a kind of a private, individualized, approach where you pay a little bit and you get and you get really good care.

And I'm, I'm man, I really hope I live to see the days when the insurance companies just go. Oh, I hear you. I hear yeah, yeah. Because, I mean, I really think that's important is just that you have a choice.

And if you don't like your doctor, you can change, okay? You don't like your doctor, you don't like what your doctor saying to you. You can change. And that's not to say that doctors don't know what they're doing or that to dismiss.

You know what we've done because we go through 15 years of school to understand what we're doing.

Patient choice and closing remarks

But the way that medicine has been taken over by private equity, we need to kind of take it back. So make sure. Amen, I love it. Thank you. And oh, with your wallet.

And what I, what I tell people is when they come to me and maybe they saw a doctor before that they were less than pleased with, they didn't feel like they got enough attention or time or personalized care.

I'll say, you know what? I bet that doctor's great. Because I went to school with a lot of doctors. They're all great. They're just in a bad system, right?

They haven't left the system yet. And the system is what is making that care. Not very good. It's not the doctor, it's the system. So I try to defend my colleagues because I think, you know, 15 years of training, our colleagues are all, smart, knowledgeable.

They all want to help people, but they're trapped in a bad system a lot of times. Yeah, the system is broken. And, you know, it's the system that's keeping.

Keeping people from getting the medication that'll help them get healthy. Well, Dr. Gordon, if people want to connect with you, can you tell us again where they can find you?

drMichellegordon.com Is where you can get me. Or you can you can email me support@drMichellegordon.com that's support@drMichellegordon.com I have a phone number.

Do you want that. Sure. It's (914) 420-8420. Awesome. Well thank you so much Dr. Gordon.