The Sleep-Obesity Connection: What You Must Know To Live Longer Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to Sleep, Obesity, and Longevity

Hi everyone. This is Doctor Joseph Antoun, your co-host for the summit. This session is a special one because it addresses sleep, obesity and longevity, which is a big problem of today's world.

We all suffer from sleep issues. Not all, but most. Obesity is now at 73% of Americans. So listen up pretty well. Here we have one of the nation's top experts, Doctor Wells in sleep and obesity medicine.

Doctor Wells, thank you very much for your time today. It's my pleasure to be here. This is a topic that I'm certainly passionate about, so I'm really keen to talk to your audience today.

Yeah, I want to do fairness to your accolades. So can you please introduce yourself a little bit more elaborate way and then we'll hit the topic right away.

Sure. Yeah. So I'm doctor Audrey Wells, I am a triple boarded physician relevant to this discussion. I hold board certification in sleep medicine and obesity medicine.

And what I do is help people, primarily those who are diagnosed with sleep apnea and insomnia, get fully treated throughout the night and hopefully do that without pharmacologic aid.

So I'm certainly happy to dig into the way sleep influences somebody's health, not only day to day, but in the long term, and how you can harness sleep to improve your longevity.

Yeah. So I always talk about the five pillars of longevity nutrition, exercise, stress, sleep and social capital. Right. Today we're going to tackle we're going to tackle this sleep angle.

And it's interesting because sleep is important for longevity. One way to improve sleep is fasting. But one way to interfere with sleep is fasting as well.

So I'd love for you to build that puzzle for us and help us. Well, first emphasize and talk about why sleep first is so critical for longevity. And then we're going to talk about ways to improve sleep and or sleep apnea.

Yeah, definitely. You know, I have personal experience with fasting regimens. And it's one tool that I utilize for people who come to me who want to improve their weight and their health status.

But interestingly, when you undertake a fasting plan, some for some people it benefits their sleep. They have better sleep quality, easier time getting to sleep, enjoy, you know, sleeping throughout the night.

How Fasting Affects Sleep Quality

And then there's a different group who has interference with their sleep. Most commonly, what I see are people who have trouble getting to sleep. Sometimes hunger is a component of that.

With that, some people tend to sleep shorter periods of time when they're actively involved in a fast, and some people report detriments to their sleep quality as well.

So for the group that does really well with their sleep, it's like chef's kiss. You know, you you want to sort of bring that up as an enhancer of their fasting experience and then lock down those habits going forward so that they can continue to enjoy healthy and deep sleep for the long term.

I want to talk a little bit about the other group, though. The people that have interference with their sleep when

they're undertaking a fasting regimen.

So when you're fasting, I mentioned the hunger component and that certainly something that you can address, especially if you're doing a fasting mimicking diet, you can sort of load that mimic diet part closer to bedtime to reduce that hunger signal and promote sleep.

But there's an underlying mechanism that probably needs to be talked about, which is that fasting and sleep impact hormones. So I'm talking leptin, Brolin insulin, melatonin, and orexin.

Some of those your audience may be familiar with, some not. But for some people who get benefits from fasting and sleep, they tend to have higher melatonin secretion, and they take advantage of that with higher sleep quality.

The other group that doesn't experience great sleep has a higher orexin response, and orexin promotes wakefulness as well as energy balance. So if your body perceives that the energy balance is in a place of scarcity, then your brain might receive that signal that it's time to be awake, kind of with the idea that you need to forage for food.

So what can be done to manage this? I would suggest two things for this group, which tend to be maybe some optimizers for health. One is really taking advantage of the fact that fasting protocols are typically limited by time.

You know, you fast for a period of time and then you go back to a regular eating pattern. And so recognizing that you can sort of make some changes for your sleep in the short term.

One is when you're fasting, you really want to punch up that human growth hormone that you get during sleep. And to do that, you want to go to bed a little bit earlier than usual.

There's some data showing that if you go to bed several hours before midnight and get more slowly, deep sleep, which is the phase during which human growth hormone is secreted, you're going to have an amplified effect.

The problem is, it's hard to control sometimes when you fall asleep. So you want to pull your wake up time earlier as a way to promote that earlier bedtime.

And to do that, you're going to get bright light exposure in your eyes at the time you wake up in the morning. So you're going to sort of do this temporary shift in your sleep schedule to optimize the effects of the fasting.

So you're recommending this is very interesting. You're recommending that maybe we sleep a little bit earlier to maximize that. The growth hormone shoot and the parallelism between the circadian rejuvenation in the body and sleep.

You're saying for those who kind of when they fast appear to basically asleep, if you're living the fasting between diet or prolonged, try to get the last meal as close as possible to your early sleep.

Like this is going to help you get into sleep. You're ready. Slept early. You're doubling down. You're doing the fasting, mimicking. Interesting. You're sleeping while you're shooting the rejuvenation overnight.

Circadian Timing, Growth Hormone, and Front-Loaded Eating

And that's like almost an intermittent fasting, a good circadian fasting. And you wake up in the morning, you know, which we needed. And sleeping well and mitigating the impact of the fasting or pure water fasting on your body.

Right? Right. Just that simple time shift can be enough to not only manage the increased alertness that your you may experience with the fasting, but also take advantage of that slow and human growth hormone secretion.

You know, I always when I talk about fasting and intermittent fasting because, you know, 6 to 7% of Americans practice certain type of fasting, and it's a it's the number one diet in the US today.

And people are conflicted. It's like some people do intermittent fasting, they say, didn't lose the weight. I didn't reach my goals. And actually suffering, getting the fatigue and others, they feel like it's just changing their lives.

And the more we look at the science, it's like it's all actually one story. If you do. The front ended what I call front end intermittent fasting, meaning you're eating Max at 6:07 p.m.

and then you're sleeping, right? So you're doing you're fasting the early part of the night, and then you wake up in the morning and still have your breakfast.

You're mimicking the biology of the circadian rhythm. And a lot of people talk about the 2016 Nobel Prize in Medicine on fasting and autophagy. But in 2017, Nobel Prize was on the biological age of the organ and the need for August to sleep at night as well.

Right when people eat late at night. And that's the problem. This is the second group that don't benefit from fasting. They're eating late at night. They shifting everything to at knighthood anabolic.

So we're sorting this extra food that we're getting late at night. And this is most of us, we're busy, we're stressed, we're watching TV, we're getting easy delivery.

And then we load the calories right before sleeping late. We don't eat in the morning. So when the brain needs the calories, when the heart needs to pump because we're exercising, when the need is high with this on food, and then we eat in the afternoon and we eat and in the evening.

And this is where the intermittent fasting is failing most people. And you're giving another dimension which is sleep. So now you have metabolic plus sleep together when you're doing it front end intermittent fasting.

They're both happening and ideally at the same time, which hopefully will give a and if you can explain to us the the benefits on the next day, it's not like just longevity, but even the next day is impacted by how we sleep.

If you may talk a little bit about that. Yeah, definitely. Because, you know, there is this metabolic component that comes with sleep. And I like to call it an enhancer. Right.

So metabolically if you're getting great sleep it's going to enhance that metabolic health. Whereas if you are not doing so well metabolically and you're getting poor sleep, it's going to enhance the metabolic complications that you experience.

And to your point, with the intermittent fasting, you know, so far, the studies and the research don't do a great job of delineating when the fasting window is, how the calories are consumed within that window, and kind of separating out the different groups that are responders or non responders.

However, this is a plan and a program that I wholeheartedly endorse and I take part in myself. And you know, there's sort of this social component to food that sometimes underdressed, which is when we gather together to consume a meal, it's most often the last meal of the day, right?

That's when we connect over a meal. And so for people who don't respond to intermittent fasting, that might be a little bit of a challenge. If you want to flip those calories front loaded at the beginning of the fast instead of at the end of the day.

Sleep as a Driver of Next-Day Metabolism and Behavior

Now, when I counsel people on how to make this work, I like to point out that your body looks at food as energy and it looks at sleep as energy. So there's two ways your body can get energy.

And when you're deciding on your fasting program, you do want to keep the eating window solidly in the daytime hours. Eating at night is associated with insulin resistance.

Even if you're not diabetic, it's associated with poor choices. When we determine, you know, are you going to go for the carrot sticks or the Doritos?

And eating late at night is associated with consuming more food overall. So bigger portion sizes of the things that we don't really want, the things that are going to get us to the long term goals.

Part of this is just brain fatigue. You know, your brain is not the same as at 11 a.m. versus 11 p.m.. You're kind of loosening up that cognitive control of how you're going to maintain a fast or maintain whatever health behavior you're having to get to that longevity point.

And sleep is so powerful when it comes to the way we think, the decisions we make, the emotional regulation, and all of that translates into behavior.

So I like to tell people that your sleep can literally define the way you spend the last ten years of your life, and for some, you can actually roll back the clock just by optimizing your sleep and the energy that we have.

This sleep is like a mother of the other pillars, right? If you think, well, you exercise better, they have a higher energy and you move better. I like to use the word movement, not just exercise.

Yeah, you move better the next day. You eat better. Your mood is happier as positive you can have. You're functioning in the right way, and that's important for all the other pillars of longevity.

I wanted to, you know, one of my as a physician and now coming into nutrition and longevity, one of my biggest frustration and my father has sleep apnea is how much we as physicians were trained to treat anything with a machine, a device or a pill.

Whereas most of sleep disorder, I would say is still lifestyle related and how much we're undereducated or we where, you know, it is all we focus on. But we were undereducated and in managing lifestyle and supporting and melting the central fat to support sleep in.

Can you talk about it? Because that's to me the most prevalent reason why people have sleep issues, plus the stress and other. And then you go to your doctor and they're thinking about a cap, or they're thinking about a pill, melatonin and others.

Can you can you help our listeners today to think about other ways, which, by the way, would respond to most root causes and be more effective than a lot of the so I call it all the time, first line therapy.

What what should they do and think about before putting a machine or taking another pill? You know, you mentioned that sleep is kind of the foundation of all healthy lifestyle practices, and I could not agree with you more.

It literally defines who we are as people. And one of the ways to kind of conceptualize that is with the statement, the well slept version of you is the best version of you, and that's the version that you want to show up with every day.

So when you think about sleep and what it's doing for your life or, and for your health, you really kind of grounding into these habits that are not necessarily sexy.

They're not necessarily going to deliver a result like a pill or a machine can, but it's something that is worthwhile paying attention to. And, you know, when you think about the number of people who have sleep problems, there's about 30% of people who have the population has sleep apnea.

Some, we think is undiscovered and unrecognized, especially among women. At any one time, about a third of the population has insomnia, which is super frustrating and often met with a prescription for medication.

And then there's like this third group that just doesn't have the lifestyle that supports getting enough sleep, good

quality sleep and sleep in a consistent window day after day.

Lifestyle First: Sleep Apnea, Visceral Fat, and Root Causes

But the truth is, we are creatures who developed evolutionarily with the sun and with timing being a significant factor. So when I think about people who have sleep apnea, how do I address?

Well, to me there are a whole person, right? It's not just the weight. And I love to dispel the myth that your sleep apnea is always related to how much belly fat or tongue fat you're carrying.

That is simply not true. However, your body weight and the distribution of your body fat is the number one modifiable risk factor in determining how severe your sleep apnea is, or if your sleep apnea is amenable to the cure related to weight loss.

So anytime you're reducing belly fat, that visceral fat that's going to hurt you cardiovascular and metabolically, you're doing yourself a favor. Same with getting enough sleep, high quality sleep, and a regular sleep window.

You're going to improve your metabolic indexer. Well, I would love to pause here a little bit because that visceral fat and just to define it is the fat around the organs, right.

Especially a lot of fat comes around the liver or within the liver, etc.. And this is what puts pressure at night on the organs and the lungs. This is what increases insulin resistance the most.

So that's your prediabetes right there. This is the fact that triggers inflammation in the body. And this is the acceleration of aging. So visceral fat for everyone listening.

The fact that you have under the skin of course contributing some resistance but is not the worst fat you can have. The worst fat you can have is the what we call the central fat.

And it perturbations sleep by putting pressure on the lungs, also increasing insulin resistance and obesity and inflammation and all the. And I wanted to clarify that because fasting triggers specifically that visceral fat.

This is this is really important. If you want to elaborate a little bit on the fasting, the fasting indicated, etc., how we can help kind of support patients, you know, getting rid of specifically that file.

Yeah. You know, the data is really interesting because otherwise there's not much rhyme or reason to where your fat is lost. But specifically with fasting protocols, you can target more frequently that unhealthy fat that sits around your organs now where sleep is concerned.

This is a problem with breathing, as you mentioned, because belly pushes up on the base of the lungs, which are the most efficient lung tissue, to get oxygen not only to your brain, but to the organs in your body.

And also when you have that belly pushing up, you lose something called tracheal tug, which is the ability to keep the soft part of your airway open. That comes from the trachea kind of pulling down on those tissues.

So visceral fat is metabolically unhealthy and it's unhealthy for your sleep. And as I mentioned before, these two things kind of amplify each other so that if you're able to use a program that reduces visceral fat, you may see benefits out of proportion to what you'd expect, not just for your metabolic system, but also for your sleep.

So I love counseling people that that's a great way to target the unhealthy fat. Yeah. And now begin within fasting. There's water fasting. With water fasting you also lose muscle while you're losing fat.

With prolonged fasting nutrition. We have now multiple articles and patterns showing that you actually maintaining body mass, because when you sleep, you want that lean body mass to still support a little bit the structure of of sleep.

And this is why a lot of patients, when they do the prolog, they talk about that improve sleep and they do it for that visceral fat, you know, the creeds and supporting sleep at night.

Definitely. You know, the changes that I like to promote are kind of the habits that you're going to form for the long term. And unfortunately, you don't get that quick gratification with, you know, other systems, like you can't just take a pill in your blood pressure, go down, take a pill and your weight go down or your sleep improve.

And so I try to get people away from looking at body mass index so much. I like them to get a body composition analysis so they can really understand.

I've got a lot of fat around the organs in my midsection. Hopefully that's a great motivator to not only adhere to a diet that works for you, that's going to be implemented for the long term, but also it's something that they can go back and measure again to see.

How successful were you at reducing that problematic visceral fat? That's a great point. A lot of people get and a lot of people see like even a decrease.

They think it's a decrease after they do, say, a healthy, healthy diet or regiment. I love what you said about the body composition, because you want to understand which muscle you protected.

You want to send the distribution of fat, and sometimes you're just losing glycogen and you're thinking that you're losing the extra muscle, etc., but you're losing the reserve.

So it's very important to understand how to analyze the data and help the patient go through the right regiment. That's true. And I mean, we're sleep is concerned.

Just to piggyback on that idea, people who exist in sleep deprivation and I'm talking like less than seven hours of sleep per night. They will actually lose more muscle, more lean muscle tissue that's metabolically active when they're doing a diet that is calorie deficient.

So sleep deprivation makes you lose more muscle. And that all by itself is metabolically disadvantageous.

Fasting, Muscle Preservation, and GLP-1 Weight Loss

I want to be curious to ask you this question. Now that there's this GLP one craze, do you see some patients losing the weight on GLP one, but then regaining and then they lost a lot of green body mass.

So therefore the result is like I'm I wonder what's your experience with patients coming with GSP ones and how could that impact their sleep? It's so interesting because I think a lot of people have this misconception that when they lose weight, it's 100% fat. Yes.

And that's not the case when you lose weight, whether it's with an injection or diet or whatever, you lose between 20 and 30% protein or lean muscle tissue.

And when you go through cycles of weight loss and regain, what you're doing is whittling down that muscle tissue. So you end up after a yo yo diet situation with less muscle than you had started out with in the beginning.

And that's bad. So with the highly effective GLP ones, it's a little bit of a double sided coin. I mean, it's fantastic that there's something that's as effective as what we've seen with the injectable medication, and there are some orals in the pipeline that are going to help people have more access to these medications.

But I want people to understand that if you're at the point where you need to have medically assisted weight loss, this is going to be a long term choice.

And it's primarily to avoid that yo yo up and down with your weight, because you want to preserve that lean muscle

mass by not having the cycle of regain.

There's something interesting, too, I think just getting back to what I was saying about timing before, I don't think we understand exactly what's happening with these injectable medicines that have 165 hour half life.

That's why you only take it once a week. Normally, endogenous GLP one has a very short half life minutes, and it's secreted episodically after a meal.

So when you look at the way we're kind of hacking the system with something that's going to be around for 165 hours as opposed to minutes, I just have bookmarked that to see, like, how is that going to be affecting our treatment going forward?

And I think it it actually opens up some ways that we can develop other medicines and understand better. What is it that creates this body's defense of the fat mass such that we have to have this, you know, GLP one hack to the system?

I do think overall, the medications for obesity and for getting back to a normal, healthy weight are effective and should be considered. Yeah. And we actually the fast of Poland, we used exactly what you mentioned, the growth hormone as a factor to protect muscles.

So this is you incidentally, you know, hit one of our biggest secrets with the fast with problem. Right. Which is we bank on the growth hormone increasing at night.

And when you fast because it's the stress is actually overshoots. So with on the growth hormone is increasing further because this is stress hormone. Yes.

And because we're giving the muscle and the muscle is doing autophagy. It's rejuvenating after day three. But because we're fasting with nutrition there's carbs we actually create.

And many people ask us always, why have a mini spike of insulin after the soup? That nightly mini spike of insulin, plus the growth hormone increasing as a stress baseline muscle being nourished with complex carb and protein energy rating protects lean body mass.

Now we have published two articles showing a protection of lean body mass. When we went on young male adults, we said, let's go after the most flexible nurse, you know, and we went after Melody and we gave them prolonged cycles and muscle function was protected.

So it was fat preferential weight loss. That's very important. And then we went against my training diet. So you do prolonged five days for four months, five days a month versus my training diet every day, 120 days.

We were cardio on the cardiovascular measurements. We were equal. There was no difference just doing five days versus every day. But on muscle protection, there was no muscle loss.

With prolonged there was 1.2 pounds loss of muscle with the Mediterranean diet. So that we are banking on exactly what you explained with the sleep. A high growth hormone, muscle rejuvenating muscle nourish is when you fast.

The body wants to protect the muscular system, so you keep walking. I mean, this is all evolution, right? So you want to the body says, okay, I'll break down fat to feed the brain with ketones so that you don't you don't faint because you want to seek your next food, your next meal.

And let me invest into the growth hormone, protect the muscle because we need to walk to find the next three, or the next root, or the next vegetable or the next prey. Right.

So and we bank on this opponent. But it's not water fasting. We're feeding the muscle. And we create with the

growth hormone great and mini spike of insulin.

Then the muscle actually gets protected and you're losing preferentially fat things. One of the main reasons for our success with diabetes and or longevity in general, I always ask the doctors that interview because we're proud that doctors are the number one consumers of world.

I mean, it's still today. The record is a doctor, OBGYN, and she is on her 34th cycle of prolonged. Wow. Right. And I always say doctors preach a lot, prescribe a lot.

But when it comes to them they're very cautious. So have you done prolonged before and what was your experience if yes, if they if you have yes, I have done Proline and I'm one of your best customers.

I think because I understand the data that backs this plan. And it's one of those situations like if you want to know what to do, ask what the expert is doing.

Right? And I would imagine that you are a competitor for 34 cycles of like I'm 26. Love it. Yes. So, you know, I was a little bit skeptical, to be honest.

Doctor Wells' Experience with ProLon and Closing Remarks

That's kind of my nature is to kind of give everything side I until I can connect all the dots. And what I learned about proline, I'll just give you some highlights.

I thought it was going to be fake food. I thought it was going to be like additives and preservatives and and it's not. It's dehydrated food. Mentally, I think I benefited so well from the fasting.

I had such clarity from the norepinephrine that you get the spike that you get. And I found it really easy to just incorporate it into my life. Now, I'm not the kind of person that is kind of arm's length away from anything I do.

I always like to walk a mile in my patients shoes, and so this was the type of thing we're like, I'm just at least going to try it one time. And it made the fasting experience so much more tolerable than any water fast I'd ever attempted, that I ended up doing the recommendation for longevity, which is once a month for three months in a row, doing the five day sequence in order to get that boost.

And to be honest, I felt like I sailed through it. I also thought the support was great that, for example, I had some issue with getting the soups to dissolve like I wanted them to got great support for that, so it's not an issue.

I've got two boxes of proline in my cabinet right now. So yeah, I'm a big fan and I did see a little bit of weight loss. But to your point, I understand that muscle and longevity is basically the same.

So my goal is to try to preserve my muscle, not so much to lose weight, but just so I can have a better experience as I get into the next decade and the next and the next.

Yeah, well, I appreciate you very much, Doctor Wells. Thanks for your time today and the wealth of information. Obviously, sleep and obesity are like the disease of this of the century today, and it's very important for all of us to understand the underlying causes, the root causes, and treat those before we just surrender to whatever the status is and start medicating.

I'm not against medicine, but when I know that 80% of things were suffering from comes from lifestyle, lifestyle medicine should be the first line therapy.

It shouldn't be always just two, three, four, five, six drugs that we take for the rest of our lives. Thank you for indicating your career to supporting that, and to changing stress and sleep into a better life and health.

Spend a healthy longevity for most people and I'm pretty sure we'll interview you again. This is a topic I'm very

passionate about and so thank you again and hopefully we change somebody's life today.

It's been my pleasure. Thank you so much, doctor Antoun very nice to see you today. Thank you. Bye bye.