Stop Playing Bone Roulette: Why “Just Walking” Isn’t A Bone Health Plan Transcript

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Introduction and Bone Health Overview

Hello. Hello. Welcome back to Mastering the Menopause Transition Summit 4.0, our fourth year. It and all new information. So this may be a familiar face to you because he's been a sponsor and a speaker for all the years.

But we have a brand new we are recording a brand new conversation with new information that you are going to want to hear. So we're very we're very grateful for your support.

For those of you that don't know who this is, this is Kevin Ellis, the bone coach. He's even got it on the station. And he is a Forbes featured integrative health coach podcaster.

And he's the founder of Bone coach.com, which is an amazing three step process. It's a world class coaching program. I have so many of my patients who are you know, it's one of the top things, right?

Menopausal women Perimenopausal women are concerned about their bones. And I have so many patients to come and they tell me they're in your program, I'm taking your program.

And I'm just like, yes, all right. Good. You're getting the information and the help you need. And today we're going to we're going to talk about bone health, but we're going to really dive deeper into the testing.

There's a lot of confusion around it. Kevin has a new company to help make sense of it all. And so we're going to make sense of it for you all here today.

So I'm super excited. Thank you Kevin for being here. This is going to be an awesome conversation. You're always one of my favorite interviewers Karen.

Thank you so much in the kind words and for having me here. And yeah, I mean bone health at any age is important, but especially around menopause, to when when that bone loss can take place.

One of the primary contributors to bone loss and osteoporosis is, you know, the decrease in estrogen in postmenopausal women, which can have, you know, astronaut has a protective effect on bone.

When those levels decrease, as they do during menopause, it's going to cause an increase in the activity level of the cells to break down bone. So we want to get ahead of it.

We want to do the proper testing to be aware of our current baseline. And then we want to make interventions monitor, the improvements along the way with certain markers.

And I'm going to talk about why the markers that most people are getting from their doctors is kind of flawed in a way, because they're only looking at the past.

And we need to look at the future, in, in all things. So yes. And it is, you know, when I have patients come in and I give them like five lines to write their chief complaints.

And majority of patients I see are perimenopausal menopausal women.

Kevin Ellisu2019s Personal Bone Health Journey

And, you know, eight, nine times out of ten osteoporosis, osteopenia. My mom had osteoporosis. I want to prevent

like it's always up there. So that's why this is such a crucial conversation.

So before we dive in, I just for those like, I just want to get the, the gorilla out of the corner. Like for those who are thinking, well, why is this young looking man concerned about osteoporosis and help?

Like, if you could just tell us how you got into this and then we will start talking about the testing. Yeah, I sure can because most, most of the time it wouldn't be a younger male talking about bone health. Right?

When you usually think of bone health or osteoporosis, you think of oftentimes it's your parent or your grandparent and how maybe that head fractures later in life and how that impacted their quality of life.

That's usually what you think about, for me, I was, my father passed away at a really young age. He had cancer. Died when I was about two months old. I was always concerned about my health as I was growing up, just thinking that that was going to be my fate to.

And when I had gotten out of the Marine Corps, I started having a lot of different health issues. I had high stress, poor sleep, chronic digestive issues.

I was told I had celiac disease, so I had been celiac disease. For those who are not familiar, autoimmune condition where when you ingest gluten, the villi, the tiny little nutrient absorption centers in your small intestine that are responsible for absorbing nutrients from the food you eat, they started becoming blunted and damaged.

So my they couldn't do their job. So I would liken them to like roots in your soil. So my roots were effectively damaged. I couldn't absorb really important bone healthy nutrients.

Calcium being one of them. Calcium is the primary mineral constituent in your bones. And every day, as our bodies are going about their daily lives, you and your daily activities, you need calcium for muscle contractions, nerve impulses, all these different things.

And if you're not taking it in and you're not absorbing it, your body's going to go to the largest reserve of minerals you have and pull from there. And that's what was happening to me.

So I was having bone loss here. I'm a tough marine like, you know, I don't think anything's happening to me. My bones are fine. Went got a bone density scan and it wasn't even all the doctors I had seen at the time.

It was actually a physician's assistant who said, hey, you have celiac disease. Have you ever done a bone density scan before? And that's when I was like, oh, my bones, I'm fine, I'm sure.

And we did it. And it showed I had osteoporosis and I was shocked at that point in time. And then I went and I got another scan that confirmed it. And so I went down this path of having to figure out how do I improve my own health, how do I improve my bones, how do I make sure that I don't, you know, lead to an early grave like my like, happened with my dad and be there for my kids.

So I had this really strong impetus. And basically I went on to, want to help other people do the same thing. And so I ended up building this community that's now about 281,000 people as of this morning.

And, you know, we've had thousands of people come through our programs and our membership and, I've built all these other companies just to focus in on bone health, because I really believe it's it's one of the most important things you could do for the long term health, of your body is preserve and strengthen the structure that's going to get you in to to an active future.

Thank you. Thank you for sharing that. And what a powerful, powerful story. So all right, so now that we understand that osteoporosis can affect young Marines and it's, you know, it's it's an important thing across the board.

But we're going to focus now on our little ladies here, our very menopausal and menopausal women who, you know, rightfully so, are concerned about their bones because of the hormones dropping them.

So we're going to talk about, right. Because like, how do you know like it's a concern. But that's why I want to really focus on the testing. And I know you're really focusing on that now because I always say and lots of people saying, you know, tests don't guess.

So how can you talk about what you were saying before, like what is being done at your primary care office and what are the, fallbacks from that and what are the limitations?

And then what are you doing to be the forward thinking? Yeah, I love what you said because like a lot of us say it test. Don't guess that that really is important.

I say kind of a different variations of that, which would be don't make assumptions and make objective decisions. And so at any age, whether you're 30, you're 40 or 50 or you're, you're post menopause, this is still important.

Why Bone Testing Matters in Menopause

If you don't have a baseline of where your bone health is right now, you should get one. Go get a bone density scan. There's another technology called Rems out there that you can get to that tells you your bone density, your bone quality in one, in one setting.

Get that baseline measurement so you can monitor future changes because and listen to this to for your kids, this is kind of important. If you got kids or grandkids that you're listening, listen to this part.

90% of your bone mass is put on by the time you turned 18. So the things that are doing in these early years to build that healthy skeleton, that's really important.

And then from 18 to 30, the remaining 10% approximately fills in. So right around 30 years old, you're reaching what's called peak bone mass, or what I would call a full bucket.

And so right around that point is a great time to get a bone density scan. If you get one, then great. If you are like, I'm past 30, that's okay. Now's your starting point.

Get your baseline now. Monitor future changes from there. Now when you go get, a bone density scan, what that's looking at is the mineral content of your bone, what it oftentimes is not going to tell you, the information you're not going to have is bone quality.

So bone density is the mineral content of the bone. Bone quality is the structural integrity of the bone, the microarchitecture, how the bone is organized.

Those two things combine to create bone strength. But there is a third pillar of bone strength and that is bone turnover. So bone turnover looks at the activity level of cells that are breaking down and building up your bone right now.

So when we look at these things called bone turnover markers, you can actually see what is the activity level. Do I have active bone loss right now. How high is that active bone loss.

Because if it's really high it could be an indicator that beyond just hormones, there are multiple other contributors to that bone loss. So the first place to start is you get your bone density and bone quality.

Understand that part of your bone health picture. Then you get your bone turnover markers and see, am I actively losing bone? What's the level of my bone formation?

So, those are a high level. I can certainly get into the specifics of those markers, too. But that's kind of the baseline

where I want people to start.

Yeah. I'd love for you to get a little more. We got smart ladies in the office in the audience. So, yeah, let's get a little more into the specifics, because I think there's confusion of these markers and what's being run and how to interpret it.

So I'd love for you to be a little more. Yeah. Down the rabbit hole. Okay. So I'm going to do that. So I'm going to say this in a couple different ways too.

So if bone density is in bone quality, that's like a snapshot of the past that's telling you what was the impact of the things you've done. Bone turnover is looking at the future.

It's telling you where are you headed if you stay on this path right now. Said another way bone density and bone quality are lagging indicators of success.

Bone turnover is a leading indicator. When you look at a lagging indicator like bone density, you're only going to see improvements in those in a year, year and a half, two years down the road.

That's like the frequency you would do that testing, because bone remodeling is a slower process. But when you look at bone turnover, you can see improvements in these markers in eight weeks to three months.

So what you do is you get a baseline of your markers. You make an intervention eight weeks to three months later, you look at the impact of that intervention.

How how many people listening. You're like, wow, number one, I've never heard a bone turnover before.

Bone Density, Quality, and Turnover Markers

But also how much better is that to look at leading indicators and know you're on the right path versus only focusing on a lagging indicator and hoping and praying that you're doing the right things and that you're going to hit the target.

So I want to explain what bone turnover is a little bit more because it's kind of important. So bone turnover is this. We also would call it bone remodeling.

This is a continuous process. It happens throughout your lives is why you get a new skeleton every 7 to 10 years. And it's this balance of bone resorption breakdown and bone formation.

And it's when we have an, an imbalance between those that we can have more bone loss and that can lead to things like osteopenia, osteoporosis. So there are different types of this bone turnover.

There is low bone turnover. And that is where bone is breaking. Bone is breaking down faster than it can rebuild okay. And in this situation it's going to lead to weaker bones and a higher fracture risk because bone loss is happening too quickly.

It is a it's a coupled process. But the bone loss still happens too quickly. So in this situation I'm going to talk about the specific bone turnover markers like what the names of them are in just a second.

But in this situation you would have a high CT, which is the most sensitive marker for bone resorption or bone breakdown. And you would have a high or normal P1, NP, which is the most sensitive marker for bone formation.

There is also low bone turnover and low bone turnover. Osteoporosis. And what's happening here is that the bone breakdown is slow because so is not so is the new bone formation.

It is a coupled process. So if you slow down the bone breakdown, you're also going to slow down that bone

formation. So a perfect example of this would be somebody who is, you know, as somebody who's taken a medication like an anti resort of medication, like fosamax, who's heard of fosamax or bisphosphonate or anything like that.

You if you've heard of those medications, their job is to slow down the activity level of cells that break down bone. Okay. And they do that. They can't do that. Their risk of side effects and all that, that come with it.

But they can do that. But what happens is the safety and efficacy is not really well known beyond five years. And as you and I and everybody else is going about our daily lives, doing daily activities, doing your intense exercise routines, you're starting to get these tiny little micro cracks and micro fractures in your bone that normal for every single person.

And then you have cells within the bone called osteocytes that sense that damage. And they send out a signal to, hey, we need to become stronger. These other cells called us to your class.

They'll come in and scoop out that damaged bone and then right behind it again, it's a coupled process. These cells called Ostia Blast come fill in stronger, healthier new bone.

But in low bone turnover, osteoporosis. And if you're taking one of these anti resort of medications for a long time, you can slow down that process too much to where you start to accumulate the old worn damaged weakened bone.

And what's going to happen in that situation is that even if a bone density scan shows as stable or even improving the quality, the structural integrity is not.

So that's what's happening. There is just bones are weak and fragile because they're not renewing properly. Okay. And then the markers, the CTCs and the p one and P, you're going to have a low or normal CTCs and AP1NP that's also low to.

So I know I'm covering some things here that might be new information for you, but this is some really important go back and watch this again I would say to if do you guys do a replay or something sharing that they can get.

Yeah. Yes. They if they've become a member and yeah. And if you if you join in, you know you get access to all. I was just thinking about this. Like if you get access to all this some it's like you can watch every talk we've done because you really build upon things.

From the first year I interviewed you to now. So it's like a whole master class. But yeah, I think that's really important because the interpretation of like, like we talk about a lot hormones, lots of things in medicine, it's Goldilocks.

And sometimes that too low is bad and too high is too bad. And these markers are really good examples of that where understanding what's going on and is it too low, like we want it low but not too low, or is it the higher, you know, is really, really important.

Yeah. So like a good arrange for a CT or a to fit to fit. And by the way, let me actually preface this by saying there's it's not perfect. It can sometimes be higher.

Sometimes, you know, there there can be fluctuations. And I'll actually talk about what are some of the things that impact bone turnover if you're getting these tests done, and when you should be getting them.

But a good range 250 to 500 somewhere in that range. And it really depends on what are the things you're doing in your plan. Are you on HRT on your Ariana medication?

Did you just go from leading a sedentary lifestyle to then jumping into a really intense exercise routine in your bones? You're like, wow. Like, what do we what are we doing here?

We need to we need to get stronger to respond to this. Right. So sometimes bone turnover can pick up. Or if you're doing osteo genic loading I sometimes people have heard of osteo strong before or some other place you go and do something like that.

Again those are things that can affect bone turnover. P1 and P, you know, high 30s, 40 to 70 somewhere in that range. But again there can be fluctuations within that depending on, the things that you're doing.

If you are, I'm gonna actually talk about a couple things that impact bone turnover medications. So I just talked about anti resort tips. Fosamax Prolia I know some people have heard about that.

These medications, they will slow down bring down that bone loss activity. What they don't do is they don't address the underlying causes of the bone loss though.

So you could have time markers for for active bone loss. But you need to address the underlying cause and contributor of that loss and the medications themselves.

They just won't do that. Sometimes it can actually make those underlying causes worse. So then you would get your lab panels, some other lab testing to uncover what are the root causes of that loss, and then make those your targets, to bring the bone loss down.

First. And anabolic medications, these are medications like for your vanity time lows. You may have heard some of these before, but what they do is they speed up the activity level of cells that build bone so they can build better quality bone faster.

But what happens is, because it's a coupled process, when you take the medication, it ramps up both of them. It ramps up the cells that break down bone and the cells that build bone.

So what do you have to do? You have to then follow it with an anti resort of medication just to not lose bone. You gained. Okay. So other things that can impact your bone turnover if you had a fracture.

Interpreting Bone Turnover and Key Influences

Now if you have like a small little fracture of a pinky or a toe, it's going to have a minimal impact, if any, on your bone turnover. Right. But if you have a bigger fracture of a forearm or a hip or something like that, there can be significant elevations in bone turnover for four months to 12 months.

Okay. Timing of day affects bone turnover when you get these markers done, CT and P one and B get them done first thing in the morning while fasting. Because as as the day goes on, as you have meals, those markers can actually, be impacted by those things.

So those are just some other things, that are related to bone turnover. And then I'd love to touch on sharing what are the things that we can do to actually pull the levers on boosting bone formation and bringing that bone loss down that don't require medication? Yes.

Yes, please. Okay. So let's let's focus on the bigger levers here. The one of the biggest levers or most important levers can be hormones. Okay. So and this is something you obviously consult with your practitioner or work with work with Doctor Sharon for this.

You know, you if you're going to do bioidentical hormone replacement therapy, if that's right for you, estrogen and progesterone, testosterone, all those could play a role in your plan.

And that it can help bring that bone loss down and boost that bone formation. You know, we have different hormone experts and things like that because of that very reason.

We know it's one of those big levers you can pull to effect that improve bone turnover. Another one is making sure

you have adequate protein and minerals.

Your bones are 50% protein by volume. They need amino acids. You can't even just to maintain the structure, you have to be getting enough protein. But if you want to build a new structure again, you got to have protein.

So incorporating essential amino acids collagen peptides with for the bone in it for the bone is the the only peptide shown in clinical research to help improve bone mineral density and bone formation markers in postmenopausal women.

Five gram dose a day. First thing as you start out the day, minimum of 12 months of use, that can be really helpful. Addition exercise is another big lever that can be pulled.

And, you know, not just exercise where I know when people get told they have osteopenia or osteoporosis, sometimes what happens is the the advice they get in the doctor's office is just do some walking or don't lift anything heavy.

And I see people that sometimes they've got a lot of fractures already. Sometimes I see people with ten, 15 or more fractures and look in those situations where we have lots of fractures, poor bone quality, we want to be cautious, right.

But for the majority of people and probably the majority of people listening to this, you're not in that category. So not lifting heavy could actually be some of the worst advice you could get.

Right. So unless you have that's why I say get your objective data first. Your bone density, your bone quality, your bone turnover. See where you're at.

And you might be in a position where you should be lifting heavier. You should be doing squats and deadlifts and overhead presses and, you know, having some impact where you're jumping to, like, all those things can help improve your bones.

And so you just when you get into the doctor's office, if you do get told you have osteopenia or osteoporosis, don't stress. I know the initial reaction can sometimes be, you know, this visceral response of like, what do I do?

And you kind of contract your world, get smaller. There are things that you can do. Okay. There's a lot of things that you can do. So that's on the building bone strength side.

Those are three of the biggest levers. Now let's go to the prevention of bone loss side. So hormones again very top of that list right. Primary osteoporosis primary bone loss happens because of that decrease in estrogen in postmenopausal women or issues related to hormones.

That's a primary contributor to bone loss. So dialing in the hormones is a really, really important piece. The other inflammation. So if there is a root cause of inflammation addressing that is really, really important.

Not just covering it up with a medication which is oftentimes proposed to address the root cause of inflammation. The other things that can be supportive with inflammation would be antioxidant and nutrient support.

So vitamin C can be helpful there. It can also be helpful for bone, because your bone is this collagen protein matrix with minerals kind of laced in there.

Vitamin C stimulates pro collagen, enhances collagen synthesis, and can actually stimulate the cells that help you build bone, which is great. The other antioxidant that I love, vitamin E, delta and gamma Toka triangles are, you, you know, we have a product called Animal bone Support that specifically has this in there because it has a randomized controlled trial showing that with three months of use of that, it can help improve those bone turnover markers that we're focused on.

So bringing down the bone resorption, boosting up that bone formation. And so that's another antioxidant you know that can be really helpful.

Lifestyle and Nutritional Strategies for Stronger Bones

And then one of the the the final ones for the prevention of loss nutrient absorption is a big issue too. I talked about that with me. If you have issues with celiac disease or ulcerative colitis or IBD or things like that, or you know, somebody, your kids, your family, just be aware, number one, they have to be getting enough of those important, those key minerals and nutrients, calcium, phosphorus, vitamin D, magnesium, all those are super, super important vitamin K2, all those are really important.

But they might have an absorption issue with those nutrients too. So be aware of that. And, get testing for celiac disease. If you haven't already done that, make sure you rule that out.

And then root cause issues and all the other ones. There's tons of different secondary causes and conditions. And you can work with really talented practitioners forgetting Doctor Sharon, you know, can help you figure out root cause issues behind, and I know you've got an amazing clinic to help me with that, too.

But to help people figure out these root cause issues that they've got because it could be behaviors, disorders, diseases, conditions, medications, all those things can contribute to that bone loss picture.

So you really want to get to the root of what that is. Yeah. And I'm so glad you brought up absorption because I see that so often with patients, like they're working so hard to do the right things, and maybe they're intaking the right things, but they're not getting them utilized.

So it's so important to check that absorption. It's I find it's, you know, such a huge root factor. So absolutely. Well, I did not lie when I said you were going to get a little masterclass in bone.

Now, I tell you, you're always so fun to, interview because you just are a very clear, very concise. And you hit all the biggies. And as I'm thinking, oh, I gotta ask him that.

Then you go, oh, let me talk about that. And I go, okay, he's already talking that, oh, are there any, last things you want to add and could you tell a little bit about I know I stumbled upon it because one of my patients told me about it, but you have a new, company website where women can get their markers tested if you can.

Cardio IQ. Is that what it's called? Osteo IQ? You osteo IQ? Yeah. So, bone coach is how it all started. This was a coaching company like six years ago.

Then about two and a half years ago, I created a supplement company called Healthy Bones Co, which is like professional grade supplements for stronger bone support.

And then part of what I wanted to do is I noticed that we had thousands of people coming through our programs, and they're trying to build stronger bones.

They were going to their doctors and having a hard time getting their bone turnover markers. The CTCs that B1, NP and I know how important these are and their plan.

I know how important they are. So much that I built an entire company around it. So now we are the largest provider of these bone turnover markers in the US, and now we're the only place I think you can go outside of your doctor in Canada.

We built the relationships in Canada to. So our Canadian listeners, you can go to SI.com and you can go outside of your practitioners to get these markers.

You can go to you know, sometimes people ask me, can I just go to my doctor, get the test ordered by insurance?

Sometimes if you go to like your general practitioner or your primary care doctor, they're not going to be they're not a specialist in bone.

So they're they're not going to order a test that they don't understand the interpretation of. So they might refer you out to then a specialist like a rheumatology or an entrepreneur ologist, and you may have to wait 3 or 6 months to get in to see them, and they may not even actually order the test for you.

And so here you are in this cycle of trying to get answers, getting pushed off. You may only get the test once a year maybe. And I wanted to just eliminate that.

So I created a second. People can go there. Get this. It's called the CO2 Active Monitoring test. Has the CT and P-1 NP in it. You get that test, you get the results, and you can get them every three months or six months and track your progress.

It's really empowering the individual to know, like, wow, my bone loss is really high right now. I have to do something about this. So then you can go to a practitioner and work on the causes of that loss.

Figure out what they are, address them, retest your markers. Did that bring the bone loss down? Yeah, most likely it did right. So that's that's that one.

And then bone coach.com is just that's where all our coaching programs are. That's the biggest community we have of a couple hundred thousand people. So I love it.

Yeah. Cardio IQ is the blood you do for the for cardiovascular markers. So I love that it's called osteo IQ. So yeah. Yeah. So yeah I mean it's just brilliant and a beautiful service to be providing.

And you know we're all about empowering right.

Osteo IQ Testing and Closing Remarks

And this is a way for women and men to empower themselves to do something and not just be sitting and waiting for the bi yearly Dexa scan that if you're not even doing, you know, the full where you're getting the quality, you're getting misled anyways.

So I totally agree. Love it, love it, love it, love it. So that was us Dicom asked you like khou.com and bone coach.com bone coach.com, so I'm sure you should go check them out, get more information, get educated social media like, you know Kevin's really big on educating.

And so if you have more questions, go check out his site, learn join his program, and, you know, support your bones because we need good, strong, healthy bones so we can live strong, healthy lives.

And, you know, there's nothing I think I see so many women who are so motivated because they watched, like their mother or their auntie or their grandmother, and they saw them and they saw the pain and the, you know, and it's it's not pretty.

So we we've got the power. And I mean, thanks to our bone coach here, he's making it very accessible to you. So. Yeah. And and what you just said there, you know, I have personally over the past six years, had over 2500 conversations with people that were coming into our programs or, you know, and I'd sit in these conversations and I'll ask very specific questions about why, like, obviously, it's important for everybody.

Why is this important to you as an individual? And I'll hear a handful of these things. I want to continue to be active and not give up the things I love.

I have other people that rely on me. You want to travel and go on all these bucket list places and adventures you work so hard to experience, or I see the opposite, or I hear the opposite, or a combination of I saw my mother or

my grandmother and the progression of that that they went through.

And if they had a fracture, what that looked like and how their quality of life was impacted. And I don't want that to be me. I don't want to end up like my mother is actually that exact statement.

I can't remember how many times I've heard those exact words, but, there's just there's so much you can do. And there's that quote by Benjamin Franklin which he said, an ounce of prevention is worth a pound of cure, which a lot of us have heard that, he when he said and he was talking about fire safety, but I think it applies so much to our bones and to our health, too.

So absolutely. And I, you know, around here, the the conversation we're having and you know, why I'm so passionate about changing the conversation around menopause and changing what it looks like to age this this is such an important piece of it, right?

We if we if we want to show the younger generation that we're still vibrant and active in our 80s and our 90s, which is totally possible. We have to address our bones and it's our structure.

And so it's key piece. So love it, love it, love it. Well, thank you again for all that you do and the amazing work and the amazing interviews. So go check him out, empower yourself and find out your markers.

See you soon. Okay,