The #1 Killer Of Women Is Hiding in Plain Sight—And Your Normal Labs Won't Catch It Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and Heart Disease Risk in Women

Hello, ladies. Welcome back to Mastering the Menopause Transition Summit 4.0. I'm your host, doctor Sharon Stills. And I've got one of my favorite guests here with me today.

He is he's America's heart healthy doc. He is the man who knows everything about your cardiovascular system, which is such an important topic as we age to understand what we need to know, what we need to be testing, what we need to be looking for because cardiovascular disease is the number one killer of women.

We we seem to not always remember that. And so he is a wealth of knowledge. He's authored publications, books, monographs. He's been on TV. He's I it would be easier to say what he hasn't done, because then I would just sit here and say nothing.

And so, many of you probably know him already, and it's Doctor Joel Kahn, and I'm my honor to be here with you today. Thank you for coming and educating, as you always do.

Your time there was an amazing introduction. And let's talk some good stuff for everybody listening to your very life changing summit. Yeah. So let let's I think one of the most, misunderstood topics is screening and labs and cholesterol.

And so I want you to give a little mini masterclass on what the ladies actually do. Do it. Now I be to do it. Obviously the background is that, the American Heart Association announced recently that 2025, once again, heart disease is the number one killer of women.

And man, I usually say it the other way, but let me give it the right priority. We haven't seen it drop, but it hasn't dropped the number three or 5 or 9.

And it's a silent disease. It's a tricky disease, you know, years and years. It's like lying in the bushes waiting to pounce. And then one day you get chest pain, or one day you get short of breath, or one day a blackout, or one day you drop dead and drop dead.

Is 50% of heart disease presentation. So we literally and I hope I don't offend anybody. We suck at heart disease detection. We do mammograms or Thermo Grahams or MRI and we do, you know, pelvic exams.

We do call and ask for your cologuard and we do prostate exams or PSA, but there's nothing on the routine annual physical to pick up the number one killer of men and women.

So we're just dropping like flies. I've been practicing cardiology for over 35 years. Nothing has changed. We wait two years so sick that you're in the emergency room or an ambulance or a morgue, and we declare you have heart disease.

Coronary Calcium Scan Screening

It was detectable for 20 years. And I'm not being radical. I'm being totally on board. So women, please, please. And any partner or any loved one, you have any children and you have, number one, about age 45 to 50.

There is something that's referred to, sorry, an annoying little beast. There is something referred to. My dog gets upset by this topic is here's getting worked up.

I have lots of dogs. They're all rescues. That's a lot of in my heart for, canines. A little love for cats, but a lot of love for canines. But let's get back to the topic.

There is a test that's been referred to as the mammogram of the heart. A screening test, a test that's reasonably accurate in our tests. You don't want the phone call the next day and says we're concerned you need to come back like a mammogram call.

And it's called a coronary artery calcium CT scan. Let me reach to my last. I've ordered maybe 30,000 of these. I have been on my I'll give a little promo look.

They're my preprinted prescription because I write so many of them. And now if you have a family history of people having heart attack strokes bypass early.

Or if you know your cholesterol is crazy or you've been a smoker, or you carry extra weight, or your insulin resistant pre-diabetic, or your blood pressure's up, or women, if you had a pregnancy induced hypertension or pre-eclampsia, because you're learning more and more that we should pay attention as male physicians to your pregnancy history, because it matters in your more, later adult years.

And if you had early menopause, you're much greater risk for heart disease. And you should get this now, if you're like a perfectly healthy woman, with none of that, maybe age 50.

This is a five second CT scan. Lie down. Hold your breath. Go home. No needle, no injection, no iodine. About the same or less radiation than a mammogram.

You might want to search out a place that has a little newer CT scanner, because there are lower radiation. And you want this test to come back and say zero my heart calcium CT score is zero, and that's a 99% reassurance.

That's pretty good. You know, not a mammogram, not a colonoscopy. There's nothing that's 100.00% perfect, but it's 99% certain you're going to have a pretty good 5 to 10 years plus plus and do it again in 5 to 10 years if you're a zero.

But I have a whole practice full of women. I practice in Detroit and Boca Raton, Miami area. I mix it up. Oh, you know, their pickleball players and their Pilates and their yoga, and they're thin and they feel good and they eat a real.

And they've got a lot of heart disease because it's really a complex disease. So that's number one test. Not guess I wish it wasn't a CT scan, but it is.

But it's fortunately a very widely available. You do need a prescription for almost every state in America costs about $100. Maybe 150 insurance companies have refused.

This is a 35 year old test. Can you believe that? 1990, and widely available for 20 years, in every hospital in America. So you can call your local hospital and schedule and call your local CT scanner center and schedule that your doctor might have a CT scanner in their office.

And schedule it. So get that done. Okay. So ask you questions before you go in. And we have to talk about labs. But this is so important. You know you're a zero.

Not like all the other women that I let them know. You're 298 or 374. You know, these are serious heart problem. This is like being told you have a small tumor in your breast.

And we got a biopsied. You know, that's one of my questions. So you're A0I was is yes I am at age almost 66. I'm a zero. Right. And so that's great. You go 5 to 10 years.

But what if you're not a zero. What if you're 100 or like, what number do you start getting concerned at. And can

you reverse that? Or is it just something you have to keep stable and not get worse?

So I'm not being dramatic, but I literally worry if it's one I worry more of, it's ten and more of it. And these are actually cutoffs 0 to 100. I'm worried, but it's also age dependent.

If you're 51 and your scores between 1 and 100, I'm worried if you're, you know, if you're 180 and you're between 50 and 60, I'm worried there are charts that will allow you to say for my age and gender, how do I compare to, the rest of the community?

And that's not ideal. You want to really compare mainly to yourself, but, you know, if you're in that we call it the 90th or the 95th percentile, which it's just a simple matter to find out, you need real intensive care.

It's very hard to get the calcium score to go down. There's already been years of atherosclerosis, and it may be that calcium is just a very convenient marker because it shows up on the CT scan.

And this is really important. It shows up on the mammogram. Radiologists are being taught that they should report breast artery calcification, not a mass that's calcified.

That's a cancer issue. But if you have a mammogram that says the breast arteries are calcified, it's a reasonably reliable marker or two, or you go to the dentist and they do X-rays and they say your carotid arteries are calcified.

There's another clue. Or you have an abdominal CT scan because you had bloating and gas in the air. And they say your aorta is calcified. That's disease. All these things are disease.

But the heart CT really measures it. And obviously it's the most direct way to measure a heart disease. There is a whole program to try and, reverse plaque, but getting the calcium score to go from 58 to 0, it's not really a well-described scientific effort.

It's something I try and patients, but I tell them it's not going to happen. There's a second kind of call a garbage plaque that grows in arteries. That's called soft black, kind of like fatty butter that is known to be reversible.

But you can't see it on the calcium score. Maybe we'll have time to talk about how the heck to see it. But I do want to talk about labs too. Right? Okay. Yeah, that was my other question.

I wanted you to talk about the clearly because okay, so let's do that and then we'll go to labs okay. No problem. So the beauty of the coronary artery calcium CT, the screening mammogram of the heart is it's quick, painless, not claustrophobic.

And there's no I. V. it doesn't matter if you're iodine allergic or not, which isn't very common. Doesn't matter if your kidneys are healthy or not. Hopefully they're very healthy.

Advanced CT Angiogram and Plaque Detection

It doesn't matter if you're a little anxious during it. You just do it and you get a result. There is a more advanced C. T. scan, quite a bit more involved.

You have to get an IV, you get iodine, so you can't be allergic. You have to have healthy kidneys. You also need a low heart rate to better have a good mantra from your team or, you know, mindfulness based, class.

Or you take a medication called a beta blocker an hour before and in about one minute the test is done. But the iodine contrast makes you feel hot for 20s.

What? A lot of menopausal women are already experts at feeling hot, and you go home with a Band-Aid, but this is now called a coronary CT angiogram. Coronary is a fancy word for heart CT angiogram because the dye injection and you can see the arteries, but now you can see the heart and the soft plaque and usually it's right at the local

hospital or CT center by an eyeball.

That area looks about 25% narrowed and it's partially calcified. But you already brought up in 2020 a software company I'm using, but I'm not an owner or anything called clearly c l e ROI health developed an artificial intelligence software.

So we had a revolution in 2020 2021 where without going inside the body with a catheter, that's called a heart catheterization. And it can be dangerous because it can.

I'm one of those doctors that have performed thousands of them. It can be dangerous without that risk. You can see the heart arteries. You can use the AI software called clearly, you can measure how much narrowing, how much heart plaque, how much soft black.

And we are now, you know, light years beyond where we've been for the past 50 years. But for many people who choose to do it, there's no insurance coverage.

They're working on it. But this is sort of an elective thing. My family history is horrible and my class draws elevated, and I have other biomarkers, as we call them.

And I want to know I want to get the test. Elon Musk gets, well, $1,500. You can get the test Elon Musk gets, because there's no better test in the world than a clearly health coronary city engineer.

And I have many, many women. They get it and we get very scary results. I'll give you a quick, real quick video. I have a financial advisor, she read my books.

There's a book I have called Dead Exacts Don't Get bonuses. It's a very short book. Lays out a plan how to get all the tests we're talking about right now.

She read it and she called me and said, I've had a stress test. And they tell me I'm okay, but I have a terrible family history of heart disease. And I said, so get a calcium score.

She's in her 60s. It came back phenomenally high because you can pass the stress test and still have pretty extensive heart disease. And I got the proper lab panel and she has a world record level of a cholesterol particle we call lipoprotein a genetic cholesterol particle.

So that's why her father had a heart attack at a young age. That's why she's developing, you know, progressive disease, more than 95% of women her age.

And we're going to deal with it. But we know. And now the next step is to schedule the clearly health coronary CT. And this is all scary stuff. This is the callback that your mammogram was abnormal.

And you know, you don't sleep that night. Do you get the next test and maybe a good biopsy report? I scare people, I don't like to scare people, but I also don't want to read obituaries.

So that's the world of CT scanning for the heart. I didn't mention that clearly health die based CT is a little more radiation. And you just can't help it.

The pictures are more detailed. The camera is the CT scanners on a little bit longer? You want to go to a good place? A hospital with a big, fancy, brand new CT scanner, if you can help it, because the radiation is less, with a monitor and CT scans.

And so I know about CT is way. One more question. Is it possible to have a zero on CT calcium scan. But then you're clearly is bad and so you're being misled.

Or can you sleep at night going I'm a zero. Yeah. If you're a zero on this simple hundred dollar calcium score, it's

possible to have a little bit of a soft black.

But if you're generally a healthy person with reasonable labs, it's not really much of a factor. The 510 year outlook of you have a calcium score zero is so favorable that it's super rare.

If a patient really wants it and they're willing to pay, God bless them, they can do it. Or if their lab panel still concerns me or I just quickly if I get a special carotid ultrasound, your calcium score zero.

You know, Mary Ellen, but I still don't like your blood sugar, your blood pressure, your cholesterol particles, your inflammation. And I do a carotid ultrasound.

And there's disease. It's a little clue that I may not have seen the whole picture in the heart. And it's a rare deal that I'll ask them to put up those those dollars.

I don't own the CT scanner, so it's not dollars in my pocket. It's all a pure scientific endeavor and medical endeavor. But if you have a higher coronary CT, it's a good idea to get the clearly it will come back elevated.

And I propose to the patient this is available. And I have a mixed practice, a very wealthy and very schoolteacher income people. And they get it. And they say, you know, I think I probably ought to move forward and do this.

Most of the time. The option is if your calcium score is high and you don't want to go through the part b, c, d, well, usually order a stress test and at least reassure you you can go to your orange therapy class and not worry about being in the orange zone with your heart rate.

Yeah. All right, let's talk labs. Let's talk cholesterol and all the heart labs because there's so much confusion in about cholesterol, about particle sizes.

So set a straight doctor con. Yeah. So this could be ours, and we're not going to take ours. But simply for sure, if you're getting the same labs every year for 20 years, it's not cutting.

You know, the deal anymore. We've had major advances in labs covered by insurance. Or if you want to pay cash, there's several companies out there. Now, you can get these insanely, broad lab panels so broad that they make you go to Quest Lab two times because they can't draw the blood, and that's it.

They're worried you're going to pass out. You can get that stuff in paid cash, about $500 in my clinic. We do just run it through people's insurance. And I don't draw 30 tubes, but I draw 15 tubes.

And, you know, you want to know your basic cholesterol panel. It's not a great panel, but it's still valuable. But there's something called your cholesterol particles.

Your, NMR light bulb profile. It helps. And it called apolipoprotein B. It's a cholesterol lab. It's very inexpensive.

Heart Labs, Lipoprotein(a), and ApoB

If you have a doctor that understands these, it gives you insight. You absolutely have to have one called lipoprotein a I mentioned it the, woman that I'm taking care of right now has a sky high level.

This is a genetic cholesterol. It doesn't show up on any lab panel at your internist, family doctor, gynecologist ordered, unless they're really up to date.

And they're checking a special box light bulb protein. And then it's lower case A, it's called lipoprotein little or the sticky cholesterol. And for 20 bucks, you find out as mom, dad or both gave you the genetic ability in your liver to make two cholesterol.

So the one everybody talks about and the new one we discovered, but way back in 1963, there's no drug treatment

proven yet for light bulb protein. Little AA, but it can stick to your arteries and cause black and cause heart valves to get scarred and calcified.

And it causes a lot of disease in some people. And then I have other patients that have it and they don't seem to be bothered by it. There's a theory why that is.

We can share that at the very end if you want. So you need that. You need inflammation markers. And the one everybody's got to get is HSA, CRP, high sensitivity CRP.

There's more you can get. You want a vitamin D level. You want an omega three level. Are you getting omega three in your diet with salmon and sardines and flaxseed and chia and hemp and walnuts?

Do you have to take fish oil or vegan omega three, or you're doing just great because it's so important for your brain and your immune health and your blood pressure.

And then you want some, blood sugar stuff, fasting sugar, fasting insulin, hemoglobin A1, C are the minimum. You got to know your homocysteine level. Homozygous stinney.

It's a genetic inherited, biomarker of blood vessel damage. It's also involved, and it's called methylation detoxification. Autism patients. You know, everybody should know their homocysteine and maybe ultimately more there and age of our status.

And that's enough to start with. I'll order more. But if people got that routinely throw in the label protein, a throw in the insulin resistance test, throw in the, homocysteine, some vitamin levels.

We'd be much further down the road and having a picture of their risk. So is the lipoprotein a some since it's genetic, is it something that women can turn around and lower or it's just a marker that's going to tell them you need to be more concerned.

Right. Lipoprotein is frustrating. Step one I made a woman, and I get extra labs and their lipoprotein genetic class comes back quite high. It depends where you get it drawn.

But the best way to do it is under 75, and moles per liter is normal over 125. Nano moles per liter is high. And it can go to 5 or 600 plus. And the first thing I'm going to do is check their arteries.

And amazingly, I have patients in their late 70s that have a very high level of this. So they've had it all their life. They were six months old and nobody knew, but they had a high cholesterol level called lipoprotein.

But their arteries are either very clean or completely clean. Some people are just Teflon resistant to it, and I'm not going to worry that much in them because there is no FDA approved drug.

But in the others who have disease, the calcium score or the fancy CT or the carotid, or maybe they've had a heart attack. The center bypass. I'm going to try and get it down.

Even though there's no drug, there are drugs being developed. We will hopefully here in 2026 about the first drug, that's going to be FDA approved. But the study is not done.

So it's all preliminary. And, what you can do, diet doesn't matter and fitness doesn't matter. They certainly help regular cholesterol and they help regular blood pressure and they help regular blood sugar, but they don't help lipoprotein, which is frustrating. I use a lot of niacin.

Few people use niacin in the cardiology world, but those of us that know the data and have the experience know that niacin lowers cholesterol, lowers LDL cholesterol.

That's nice, but it can really lower the lipoprotein genetic cholesterol. If you use it carefully and warn people about

how hot they may get, and they have it with breakfast and have a good dinner, I take niacin myself.

Cardiologists have given up on it, you know, $0.20 a day, $0.50 a day. So cost is not the issue. A little data that niacin may be converted to Nad+ in people that are biohackers in the longevity world are spending lots of money on things that raise their Nad+, and they hope that it slows down aging.

Well, niacin does that. And there's a hint here and a hint there that nice and may prove to be one day a slowing aging anti-aging agent we can use. But that's unproven.

But it is being discussed. So that can lower it. Amla. Amla is a tea or a powder or a capsule. Amla. The Indian gooseberry lowers it a bit. Flaxseed lowers it a bit.

Not too much else. Really. Acha just so we've got niacin, amla and flaxseed for the is there's this crazy theory it needs to be proven. Some people remember the name doctor Linus Pauling, PhD, won two Nobel Prizes.

Died in the 1990s and his, I think it was 93 years old. And he spent a lot of years studying chemistry, and he won the Nobel Prize in medicine, the Nobel Prize in peace.

But he started studying, lipoproteins and cholesterol and artery disease in his later years. And he had a theory that if we take enough of three things, this relates to what if you find out you have a high protein level, a lot of vitamin C, a lot of something called proline.

It's an amino acid and a lot of something called lysine. It's an amino acid. And there actually are powders made that have all of these in one convenient powder.

You may be bulletproof in your arteries, even if you have like a protein a it doesn't matter. It's called this sticky cholesterol. So it's this is the UN sticky approach.

They're all so I use a lot of that. But I have to tell patients it's inexpensive, you throw it in your water bottle and I can't prove to you, but I know it's safe.

And what about Apo B. Like what's the difference. Can because a lot of women get confused. Like do I need to worry about the B or the lipoprotein A or both or so.

If you can clear that up I think that would be helpful. Well number one abo b is a blood test. It stands for apolipoprotein B. But we usually call it RPO capital letter B.

It's an inexpensive blood test every lab will offer. If you don't have lipoprotein A it's just an accurate way to measure the LDL cholesterol. Although you're getting him measured anyways, there's really three ways to measure the LDL cholesterol.

Like cardiologists are so focused on just the routine panel, the advanced panel, they would call the NMR panel that has, LDL particle numbers, LDL size.

That's a second one. And a probe is a third way to measure the amount of LDL. It actually measures a few other particles in the blood, but LDL makes up like 95% of the nasty, particles in the blood.

But if you inherit lipoprotein A, which is a separate lab test, Apob becomes a really nice number to track because it tracks the LDL particles and the lipoprotein particles all in one number.

And for example, you find out because you heard this discussion and you got your gynecologist to order your, lipoprotein a and you find out it's pretty high and you might want to seek out not a lot of people you can say are specialists in lipoprotein, but you go and seek out somebody who is, and you get put on a statin, you get put on Lipitor 20mg or Crestor ten milligrams, which is not against the law.

It turns out statins lower cholesterol. Everybody knows that, and some people need it and some people don't need that. But whatever. But stands raise light bulb proteins for the wrong direction.

So using the apob it's sort of helps figure out, okay, I dropped Sherry's cholesterol, but I raised for lipoprotein. Hey, what's the net effect I had on Sherry using just picking a name as an example and not Sharon.

Statins, Lifestyle, and CoQ10

And, if the APB went down, you probably ended up doing something reasonable for that person. If the AP didn't go down, then it kind of you got messed up by, the fact that statins don't work for, lipoprotein a at all.

So that was you're, like, reading my mind. But that's the next question I wanted to ask you. Like, what is your stance on statins? Because a lot of women get prescribed them.

A lot of women are afraid of them. So is there a time where you like them? Right. My approach is a 20 year old approach that was suggested by a bunch of cholesterol experts.

20 years ago, which is, you know, there are there are people, women that have had heart attack strokes, bypass stents. Not all the most of them probably should be on a statin based on most of the data.

Their risk is so high, the risk of a second event is so high, they should probably be on a statin. And if their cholesterol is barely abnormal, maybe a really tiny dose.

And if they're cholesterol super high, they may need, you know, a combination or a higher dose and all. But the usual group is you're at your gynecologist, you aren't your primary care doc, you know, and it's Debbie in your cholesterol, you know, 240 or LDL is 150.

Maybe they've discussed nutrition and gave, Debbie three months to try changing your diet. Have some oatmeal, eat some tofu, add some nuts and seeds, cut out, you know, some cheeseburgers and French fries and pepperoni pizza.

You, maybe they do that. Maybe they don't. But nobody knows if Debbie has any disease. And you're going to put a person on a prescription drug for life.

So the suggestion 20 years ago was, get the calcium CT scan, and it's widely agreed upon if you're close, close to 40, very common number. And a lot of docs would reach for that statin prescription.

But you have a calcium score of zero. The American Heart Association says you don't need a statin. You need lifestyle. Maybe we use berberine. Bergman Reddy's Rise Co, Q10 and lots of other things.

So I don't put women with clean arteries on a stat. It's just unreasonable. I put them on as much lifestyle as they'll work with me. I'm a big fan of plant based diets, as you know, lots of fiber.

Fiber. Fiber is the miracle ingredient in food, and that's obviously fruits and vegetables. And it's not in chicken or salmon or, it's definitely not in beef tallow that I love Robert Kennedy Jr but what the hell is he teaching people about beef tallow for?

I don't get it. I'm sorry. There's a little side down. I don't get the beef tallow thing. Come on. RFK Jr and some people are not on board with it and some people are, and we won't go down that.

But anyways, so that's what I, do with women. I try and if I have a woman come to me on a statin and I prove that arteries are fine, I take them off, you know, good bye.

But so what I do, if I had a patient, I. We had a patient yesterday. Her aunt died at 110 and she was being sincere with a cholesterol 350. And that does not prove an argument that cholesterol never matters.

But it's so individual. Does it matter for you? And there may be a secret there. The more vitamin C containing foods you eat, the more resistant you are to cholesterol damage.

So you know, fruits and vegetables predominantly. But if a woman has an elevated CT calcium, are you saying that a statin is indicated? You know, still might give a long trial, a lifestyle, but that's where it becomes more reasonable to talk about a very low dose standard.

And if you're going to be honest and you absolutely need to also be on coenzyme Q10, Co Q10 to protect your mitochondria, and it's good and healthy aging anyways to take CoQ10.

So do you do you're still in practice. So but yeah, I'm wondering do virtual consults with you. Yeah. I'm like, yeah, I try and do it. I don't fly under the radar.

I, my license about 24, 25 states, Michigan, Florida, New York, California, Arizona, Pennsylvania. And on that, once a while, I have to tell a person, sorry, I'm not licensed in Virginia.

That happened today. But yeah, I love new patients. It's really easy to work. I do see, like, patients in Michigan and Florida, but, it's really easy to do what I do by telehealth.

You know, you just got to check your own blood pressure. That's the only thing I can do. Right. And so for women to find out more, to get educated, to learn more about the things where we're touching on is there.

I know you're active on social media website. What where do you want them to go to learn more. And probably the best place is the central website called Doctor Joel tan.com Dr.

Telehealth, Resources, and Closing Advice

J o l k a hsn.com. It's a much younger picture of myself than it should be. I need to change, but it does link to my clinic and it links to a weekly podcast that I do 25 minutes a week on Heart Science, and I also books.

I've written six books working on a big one. Number seven will be my last big book. So when is that coming out? It's not done yet, but it probably 2026.

An attack on heart attacks. You obviously practice what you preach because you're you are healthy and prolific in your work and changing so many lives and making such a big impact.

I'm actually there's days I'm tired at the end of the day, only because I've got so many patients with bad heart disease, and it distresses me after all these years.

And I'm just scratching the surface, you know? But you listening, don't assume because you played two hours at pickleball today that you don't need these labs and these CT scans, if you've never had them, you know, beg your internist to order them from you.

And sometimes you do have to beg them. They're just there they are. Oh, yeah. Well, I think, you know, out of all the talks we're having, you know, this can save your life knowing to get a CT.

And so, you know, really important to everyone who's listening. If you haven't done it, you know, ask for it. And if they tell, you know, fire your doctor, find a different doctor who's going to do it for you.

So any other last words of wisdom that you want to share with the audience? May I just use the hashtag test? Not guess. And I'm a very holistic guy. I'd rather talk about, you know, green juice and sprouts.

Yeah. You know, cayenne pepper and, cinnamon for weight loss. And I'm a big fan of fasting programs like Doctor Longo's Pro line. But you got to use technology when it comes to heart disease.

Wonderful. Well, thank you, thank you. Always, always informative. Always a pleasure to be with you. So thank you for for saving some lives today because I know that you know someone who's listening.

There's going to have their lives saved. And so hopefully everyone takes this to heart literally. And because of you. Thank you. Thank you. And thank you, everyone, for being here, for taking the time to learn and grow and do what's best for yourself.

Because unfortunately, a lot of times you have to be your own best advocate. And that's why we do these summits to help you know what you need to go and ask for.

So kudos and love to everyone involved. So all right.