Introduction and Guest Background

Many times PCOS is very misdiagnosed in the medical community. Many times a provider or a PCP will say, oh, you don't have cysts on your ovaries. You don't have PCOS.

However, a lot of times a patient can have PCOS and will never present with cysts. So PCOS can present with a multitude of symptoms. Experience. Yeah.

This is Dr. Toms. you Welcome to another episode of Proactive Healthcare. I am Leif Womwell and my special guest today is Hayley Jacks, which is a cool name.

Thanks so much for being here. Well, Hayley, tell me about what you do. The role of a beta glazon can be a little complicated, always very fulfilling.

So you're a medical liaison, right? I am, yes. So what is a medical liaison? A medical liaison is pretty much an advocate for both the patient and the provider.

We are the middleman, so we advocate for patients. Whenever they're first starting their treatment plan, we work alongside the provider to provide education about what their treatment plans look like.

We provide some information about medications, things to look out for, and also serve as a point of contact for patients to reach out. If they ever have questions about their treatment plan, need to follow up and just be a listening ear for them as they continue on their health.

And what made you decide to become a medical liaison? So I've always loved working with patients and providing education. So what really drove me to become a medical liaison is just my love for helping people truly see better health.

Was there lot of schooling involved? So the schooling can be different. I have a bachelor's degree in health science and additional certification as a CCMA.

So all of that has served to help kind of give a kind of baseline knowledge of hormones and then also give me the practical clinical application of it as well.

And then how did you end up becoming part of the Excel medical team?

What a Medical Liaison Does

Yeah, so when I moved up to Charlotte, I was truly looking for a organization that wanted to make a difference in people's lives with their health. ah And I've been part of many traditional practices, many insurance based, and sometimes just with the way that the health care system is built, sometimes patients just don't get the care that they need through the insurance model.

So I was very excited when I found out about this model of care where we're able to work outside of just insurance balance, be able to provide patients with the things they need.

proactive approach like the name of our podcast, which is very cool. Awesome. So, so you listen to, I imagine hundreds of real live, patients every single day.

Is that correct? Correct. So they're speaking to you. So you're, you're essentially the frontline of communication of what otherwise is a digital machine.

Right. I love having the point of contact care where it's truly a person that gets to talk to you, gets to listen. I actually picked up the phone this morning and a patient asked me, is this just an intelligent AI?

And I was like, I assure you, no, I'm a person. And so we actually really bonded over that because he was excited to actually have a person that he was able to talk to.

And we were able to address his questions, concerns, and escalate to what he needed. And he really felt fulfilled just from that conversation. Yeah, that is pretty cool.

I love the fact that if I have to say something that is special about this organization, it's that we have real, trained, passionate people you can reach at any time, such as yourself, which you are a shining light on the phone.

have no doubt. So tell me, Hailey, when these people speak to you, men and women now across the whole spectrum of ages, what are some of the common things that they're, why are they here?

Why are they, why did they become part of the Excel Ratic? Yeah, so many of our patients just are frustrated with their health. Many of them have been looking at their just health rapidly declining over the years.

Things like seeing a decrease in their energy levels, weight management has become much harder. They're becoming snappier, feel like their mood's all over the place.

Even things like their hair thinning, skin getting less quality. And many times people attribute this to just you're getting old or just, hey, your labs are fine.

So you don't need any further intervention. And so I think one thing that we really try to focus on is being able to help patients who are experiencing those things, help them to feel truly heard.

Why Patients Seek Hormone Care

And that pretty much we can work with them, even if they feel like they're PCP or other specialists aren't able to hear them and their symptoms. primary care physician.

Yes. So that's the person that they work with just for the variety of their health. But many times, especially with labs, a lot of times they see a testosterone range between 300, 900.

They're like, you're fine. But patient could still be feeling symptoms like complete exhaustion halfway through the day, or they feel like their hair is thinning and their skin is just getting really thin, crinkly, and just not feeling listened to when they're saying, hey, something's not right because their labs are normal.

Low energy, difficulty focusing, it might not just be stress. It could be low testosterone. At MaleXcel, we specialize in personalized testosterone replacement therapy.

With daily dosing, progress monitoring, and a dedicated care team to ensure your plan stays effective. Within six months, 96 % of our patients report life-changing results.

And with our 90-day Excel Advantage Guarantee, you've got nothing to lose. Feel stronger, healthier, and more energized with MelXL. What about if, would you say there's a difference between men and women that you speak to as far as the primary thing that they're here for?

would say, usually with men- could you break them down one at a time and tell me like some of the common things that you experienced, especially when people had just started?

Definitely. So for men, a lot of times the symptoms that they really need for improvement in are things like their energy. Many of them are feeling fatigued very quickly throughout the day to invest in the people around them for longer than just halfway through the day.

Another symptom that I feel like probably actually would be applied to both bed and would be weight loss. As we age, when your testosterone and hormone levels become…

deficient or you feel like your body isn't responding as well to your management becomes much more difficult. It can build up visceral fat, particularly in your abdomen areas, and it can be hard to lose.

So they are coming to us to discuss weight loss concerns along those lines. Another thing with men, libido is a big one. As they age, they feel like they're not able to perform and they want to be able to just be able to have time with their significant other.

And so we also try to work with them to help improve this area as well. oh and what about women? Yeah, for women, many times we see mood dysregulation or things like they are feeling their periods are much more intense or completely off cycle and unpredictable.

They feel like their bleeding is very heavy and they're just not feeling good over the time. Many people do really come for fatigue. I feel like that is a very large symptom because nowadays you can ask anyone.

Everyone's excited. I'm tired and we don't have to be. Would you say that's the number one across both men and women? Fatigue is definitely up there as one of the top ones.

Energy, mood, weight regulation. And why do you think they've come to you? And why don't they just go to their regular provider, their regular doctor?

You mentioned earlier the labs. Do think that's what it is? do think in quite a bit of capacity it is. I do think many primary care physicians do want to care for their patients.

So I never want to tell people not to trust their provider because they're doing the best they can. However, we are perfectly like specifically professionalized in hormone replacement therapy and so are able to provide a lot more insight in that capacity.

and things like when patients are experiencing libido concerns, if the primary care physician sees, oh, 300 and 900 is your testosterone range, you're okay.

there's a very good chance that they're not. Because as we age and sometimes our cells lose their sensitivity to testosterone.

How Testosterone Therapy Works

And when that happens, it doesn't matter if your hormone level is 400 because your cells aren't using it effectively. So what we do is we raise patients level to what we call the optimal level, not the normal level, because that's the actual level of testosterone where the patient is going to be feeling their best at.

And it looks different from everybody as well, which is why With our treatment, we guide and listen to your symptoms. We check in very frequently, every 45 to 60 days, just to have an update on your symptoms, how you're doing.

And then we're able to send that to our specialized providers who will review and then be able to make adjustments to the treatment plan to help work towards health goals.

So if you're, if people from the time they speak to you right at the beginning and you know they've got the lab results and you're taking them through these various steps, what is a typical progression?

What do you see happen? What is the first things people notice? Yes, usually when you first start treatment, most prominent side results that I do see are improves with energy, mood, libido.

Those are the three big ones that I usually hear patients first reporting. Usually it takes a little bit longer as your testosterone levels optimize to see improvement in other areas like your body composition, muscle growth, weight loss.

And then another thing is your lipid levels as your testosterone is optimized, it also helps control your cholesterol and helps provide health. capacity as well.

And then what about blood work? that's it. Is it blood work improved? Is that levels improved, symptoms improved? And what about typical timeframes? How do you see that work?

Yeah, time frames really does vary from patient to patient. Reason being is everyone, like we said, responds differently and ever has a different level that is their optimal.

So what we do is many patients do see results in the first one to two months, but some people don't and they get a little bit frustrated by that. And so we try to work with these people to get them to a dose where they're going to be feeling their best as soon as possible.

But we also titrate at a dose that's going to be safe for the patient. does titrate mean? titrate just means increasing your dose over time. So it would be typical then for someone to have their doses increased through time.

Very common. We start at a dose that will be effective but also is making sure that the patient does not experience side effects that are common when starting.

With testosterone usually common side effects would be something like water retention, things like in your wrist, your ankles. uh Some people see it in their face or abdomen.

That's a little less common. And then acne can be a side effect when starting testosterone as well. So we want to make sure that they're not experiencing anything pronounced.

And then once we've determined you're tolerating treatment well, we're able to figure out, okay, now what are your symptoms and how can we increase your dose to get you to where you're feeling better?

Do those side effects typically pass? Do they go away? Or if I get acne, I'm stuck with it. How does that work? Right. So with water retention particularly, that resolves relatively soon.

When testosterone is injected, it turns into two active forms in your system. It turns into something called DHT and it turns into estradiol. So estradiol can trigger the body to hold onto water for a little bit longer.

And so as your body adjusts to testosterone treatment and the estradiol, the DHT levels, your body adjusts and stops holding onto that water. So usually if a patient is experiencing water retention, it goes away within the first one to two months.

Wow, that's cool. Are there typical misconceptions that people may have at the beginning of this? Yes, so one of the biggest misconceptions is this is a magic wand that will work overnight.

On one hand, yes, testosterone replacement will be very beneficial and you will see results over time, but it's not a night and day difference immediately.

A lot of people when they come to us, the reason they come is because they're experiencing pronounced deficiency symptoms and that's not something where you're going to immediately see results the next day.

So many times… What do mean by that pronounced efficiency? uh just this very noticeable like very large amounts of fatigue problems with your libido sleep dysregulation things like that.

And would you say that's a typical state that people are in or is it typically people just looking for a little edge? Most

people who come to us come to us because they are seeing many deficiency symptoms.

Some people are also looking for improvement with things like their body composition, trying to see more gains to the gym, but many times it's because they're genuinely concerned about the decline that they're seeing in the way that they're able to function the world around.

PCOS and Insulin Resistance

That makes sense. Are there any new? I noticed that we've also recently brought on the PCOS, so we're getting many, many more patients coming out of there.

Are you noticing any difference in that demographic and like who is that audience? Who are those people? Yes, the PCOS range is actually much more large in many capacities.

We start as low as the 20s. Yes, So PCOS is a actually very vague definition. I'm trying to, sorry, I'm trying to figure out the best way to describe this.

when I stand for polycystic ovarian syndrome. Yes, it's polycystic ovarian syndrome. Not bad. First time. Yeah, I even said it without spitting everywhere.

But what is so so I'm assuming what does that mean? Yeah, so that condition actually has a very big blanket term in a way. It can look different from patient to patient.

Okay. So many times PCOS is very misdiagnosed in the medical community. So with PCOS, many times a provider or a PCP will say, you don't have cysts on your ovaries.

You don't have PCOS. You're fine. However, a lot of times a patient can have PCOS and will never present with cysts. So PCOS can present with a multitude of symptoms.

can be. typical ones that people expect. Yeah, it could be things like insulin resistance meaning your body's not regulating its blood sugar to that, imagine that's super common across all of the above, isn't it?

And so does this come with, does this affect insulin resistance across? Yes, yeah. So PCOS does result in an increase in insulin resistance and that's part of our PCOS treatment actually is to help get your blood sugar under regulation which just helps your body in a multitude of ways because once your blood sugar is regulated that helps decrease inflammation in your body and just helps pretty much holistically with your health.

You're about insulin and inflammation. imagine my instinct is saying that's a huge percentage of what is wrong with a lot of people covering a whole bunch of different symptoms.

If you've got that, can present in all sorts of different. Many, yes. Inflammation in particular just can present in so many different ways in your body.

It can just cause cardiovascular issues over time. It can increase your risk of heart attack, stroke, things like that. uh It can cause marginalization of cells, which is just a really fancy term for something where it causes breakage in blood vessels and it just can wreck your body in many ways.

One of the misconceptions I've heard many times is that this is going to increase your risk of cancer. Do you ever run into that when you speak to people?

Yes, that is a common concern when first starting treatment and something we like to clarify with patients in particular with testosterone, it's actually proven that testosterone does not increase your risk of prostate cancer in particular.

The only thing that it is currently a black box warning for is an increase in blood pressure. And even then that's

somewhat of a misconception as based off of the most recent update medical studies, it only increases blood pressure.

The top value, which is your systolic value by three, as if it was 120 over 60. now maybe you're 123 over 60. However, with testosterone in particular, something that we see is over time, the testosterone helps your cardiovascular health, it helps protect your just the whole body and it decreases your blood pressure over time.

Safety, Misconceptions, and Lab Concerns

I noticed that one of the FDA Blacktalk's warnings on testosterone was just removed. It was, yes, that was the warning for the PSA elevation causing prostate cancer and they just proved that that was not the Which is, I bet you if you went into the bar, nine dues out of 10 will go up and increases your testosterone and PSA are linked, but now we now know that's not the case.

do correct. And I feel like that's something that is going to take time to be able to re-educate many of the medical operations that are going on because at the moment most PCPs and specialists have been operating under that assumption.

So it's going to take time for I think most of the medical community to adjust to that new mindset. One of the things I found fascinating, was reading about training that we do for our providers.

And I mean, you obviously know this inside out and back to front, but a typical Excel medical provider gets a hundred hours of training on HRT through their first year of working with us.

A normal, a regular doctor has had four to six in their entire career. So I mean, your level of knowledge is incredible. I'm super impressed. Thank you.

So have you heard any really just funny stuff from patients, things that you just wouldn't quite believe that they thought as far as misconceptions? So probably some of the biggest misconceptions I've seen is just when they really focus in on lab results being the end all be all.

It's interesting. Like we talked about, many people can have their levels at 400 and feel horrible, but they're told it's in a normal range. So a lot of times what we have to do is raise their levels to something called super physiologic, which just means that their level is above 1000.

So whenever many primary care physicians see that. They immediately panic because they're like, testosterone is way too high. It's going to cause blood clots.

You're going to have a heart attack, stroke. I had a patient call in just very concerned because they were like, I'm going to die. And I was like, okay, like you're probably not.

Let's talk through this. They calm down, but it was just, they were concerned and it was genuine because their primary care physician was telling them, listen, this is dangerous.

You've got to get off this. So what we just, what we really need to look at is many primary care physicians. believe that if your testosterone is elevated, it will cause an increase in your blood cells, which is true.

While you're on testosterone treatment, red blood cells do elevate. when it comes to an elevation in your red blood cells, the only time that this becomes dangerous is if you have a blood clot condition, which is like thrombophilia, or if you have a genetic condition, which is a mutation of the JAK2 gene.

Really fancy, I don't expect you to remember that. It causes an increase in your… hematocrit, your hemoglobin, as well as your platelets and white blood cell count.

And those last two are the really big factors there. Those can increase your chances of blood clots. And so if you

have that genetic condition, absolutely we'd want to roll back your red blood cell count.

So it may need to decrease your dose. If your red blood cells, hemoglobin, hematocrit alone are elevating, that's okay. That's considered physiologic erythrocytosis, which is a natural increase of your red blood cells because testosterone increases red blood I'm so in awe at your knowledge of this.

Holy cow. I almost want to get my notepad up and start writing notes. I'm I'm learning a lot right here. So tell me what you say. I'm assuming educating people then is a huge part of what you do.

Is that correct? And then what do you have any great like what, what about people who've done the opposite? They've transformed them or you've helped transform it.

Have you seen that journey? Yes, I actually have many patients who have called in many months later and we're still friends.

Patient Success Stories and Closing Advice

call me and they're like, hey, I'm doing great. Thank you so much for everything that you guys do. And we love hearing those success stories. I had one in particular who came to us, low libido, poor sleep, his body composition was just not where he wanted it to be.

And he started treatment and at first it took a little bit of time to see results and he got a little bit frustrated and I took a little bit time for his provider to be able to help him figure out, here's the doses you need to be on, here's where you're feeling your best.

And usually around the four to six month mark, after we've done a few symptom check-ins, many patients are closer to the point where they're feeling their best, because the provider's able to make the recommended dose adjustments to get them where they need to be.

So around that six month mark is when a patient called me again and said, hey, I'm feeling. really good on these doses. Like I am losing so much weight right now.

I feel like my libido is back where I wanted it to be. I had a patient who used to love riding bikes with his friends and just became so short of breath, winded, couldn't do it anymore.

And so he actually called me yesterday and told me, Haley, I can ride bikes with my friends again. So went on a 15 mile bike ride just for fun. And it was just loving life.

And I was so. of life real quality of life improvements. love it. So if someone was on the fence, they listen to this, like, that sounds kind of interesting.

Would you have a message or something you would say? What would you what would you say to them if they're looking at them? Right? One of these cameras?

don't know which one it is. em I would tell them it's always worth looking into it. When it comes to our consultations, our providers are so knowledgeable, so kind and genuinely want the best.

Thank you. you. But like truly it's always worth just scheduling that initial consultation saying, hey, here's what I'm experiencing. Am I a candidate for this?

And our providers will are trained to be able to talk through your symptoms, what you're going through. And they'll be able to help determine, Hey, I think this is the right path for you.

And even if you aren't able to start on treatment, they can give recommendations for lifestyle changes, supplement recommendations to still get you on a path for your health.

And that's one thing I really love about our company is everyone truly cares about the patient. It's not just trying to get the patient through the door, see them, get them out.

We want you to feel your best. And so I want everyone to have the capacity to be able to have that experience. So if someone's ever on the fence about starting HRT, I just would encourage them to do so because you're going to be encountered by so many people who care about you and your health and will try their best to get you to where you're feeling your best.

Well, Haley, you've been an amazing advocate for HRT and for Excel Medical. It has been a delight to talk to you today. Thanks so much for joining us.

Yes, absolutely. Thank you for tuning into Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your wellbeing.

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