Introduction to the Sleep Summit and Dr. Lufkin

Hi, everyone. And we're continuing on with The Sleep Deep Summit. New Approaches To Treating Sleep Apnea And Insomnia. I'm your host, Dr. Audrey Wells.

And next up on my list of interviewees is Dr. Robert Lufkin And Dr. Lufkin is a full professor at both UCLA and USC School of Medicine. He has an academic focus on applied the applied science of longevity.

And in addition to being a practicing physician, he is the author of over 200 peer reviewed papers, has 14 books available in six different languages.

And the latest one is called Lies I Taught in Medical School, which is now available for preorder. Welcome, Dr. Lufkin. Yeah. Hi. Hi. Can I call you Audrey or please call me Rob if you want.

Let's do it. Let's do it. All right. So I'm so happy to be here. Audrey, this is great. Thank you for including me in your in your program. I'm excited to hear the other speakers as well.

Yeah. You know, this is just so in line with my passion for sleep medicine and really highlighting the benefits that healthy sleep can afford. Every single person who takes the time and energy to put into fixing their sleep.

And I want to tap into your expertize about longevity, because one of the things that I talk about a lot is the way that investing in your in your healthy sleep is like an insurance policy for later on in life.

Would you agree with that? Absolutely. Absolutely. And and for me, there's so much about sleep that I wasn't aware of, even as in training as a doctor and then as a practicing physician.

There's such a revolution in the knowledge about our understanding of sleep quantity and quality.

Defining Longevity and Healthspan

That's why I'm so glad to see you doing this wonderful summit, just to help us all learn more about it. And, you know, I always feel like I'm learning, too.

This is a product of my life's work. And, you know, I want to ask you first of all, about this concept of longevity. So will you define it so that people can really get a grasp on what you mean when you talk about aging well and longevity?

Yeah. Well, first of all, longevity is just it's how many years you live, right? It's a very simple concept. And if that's all we do, that's probably not enough, because you tell people, hey, you're going to live an extra ten years and they go, well, is that ten years more in the nursing home or ten years more with chronic diseases where I'm disabled and infirmed?

So any time we talk about longevity and lifespan, then we usually want to mention health span as well. So lifespan is the number of years that you live.

Health span is the number of healthy years that you live. And if we're going to increase the lifespan with longevity, we want to be sure. And it's it's implied that we want to be sure and increase the health span as well.

And today, there's been a revolution in our understanding about longevity, so that finally these things are really possible that we can do signify and things that really change, change are expected lifespan.

I agree with this concept. You know, you don't want to necessarily live longer if that quality of life is low. So when we talk about your health span, I think that really underscores the point that we want to spend the last ten years of our life enjoying life, being active, being social and, you know, really enjoying our health and vitality.

I wonder if you can talk about the way chronic disease erodes our longevity. What does that take away from us? Yeah, basically, when you when you look at longevity, it's it's how long we live.

One way you can you can you can see what determines that length is look at the diseases that that kill us all. And statistically, we go on the web. They're published every year.

And it's the same five diseases that account for 80% of our deaths. Statistically, we're most likely to die of cardiovascular disease, Alzheimer's disease, cancer and a couple others.

But the ones I mentioned are the chronic diseases that are associated with aging.

Challenging Medical School Assumptions

And so these chronic diseases literally determine our longevity because they determine when we die. But to your point, the fact that these these diseases come on most for the most part over a gradual period of time and begin to erode our health span that these these basically take away from our quality of life.

So no matter how long we live, if we don't have good quality of life, it's not a good thing. Yeah. And you know, we were talking before I hit the record button about your book, Lies I Taught in Medical School, which is a fantastic title.

And I was saying that on the first day of my medical school, which was at the University of Michigan, I remember that concept that about half of what I was going to learn would be outdated.

And we're always trying to catch up. This was 20 years ago for me. What kind of lies did you treat? Did you teach in medical school? Yeah, I love that.

I love that concept in the title. It does attract attention. It's a little bit of clickbait, but I wanted people to to pay attention to hopefully get the message there.

But there are a number of lies that that I came across through my own personal journey with chronic diseases. When I got hit with with several of them, when I had when I still had youngsters in elementary school and I was prescribed for prescription drugs for each of the four those four diseases.

And I realized that, you know, this wasn't going to end well, basically having the diseases at such a young time. And so it forced me, even as a medical school professor, to reexamine the concepts that I had and what people I had been teaching, what other people are teaching.

And I began to drill down in the literature and looked at some of the most recent articles that that are now, you know, these are peer reviewed, controlled studies.

And it showed how the thinking has changed, especially about these these four chronic diseases that I had. And I, I changed my lifestyle. I basically my, the foods I ate, you know, exercise, stress and of course, sleep.

When I changed all those, interestingly, my I went back to see my doctors and they said, wait a minute, something's wrong here. I can't believe it. You know, you've reversed your disease and you no longer need the prescription.

So basically. Long story short, I was able to reverse all four of those diseases with these lifestyle changes. And in studying this and this is nothing that I discovered or invented, it's other smarter people that I have made these discoveries, but it's just not very well known in the scientific literature.

And today even my colleagues are still teaching things that, in my opinion, are incorrect. You know, basic concepts about these chronic diseases and these chronic diseases are all linked by common mechanisms that underlie that drive longevity and aging and all these chronic diseases and that sleep is a factor.

And but at the basic level, it's metabolic problems, it's insulin resistance, it's inflammation. And these cause all of the for chronic diseases I have, they cause all the diseases that create our limit, our longevity and the importance was making making this information known to people.

And so, for example, many people still teach that a calorie is just a calorie.

Lifestyle as the Key to Reversing Chronic Disease

And if you want to lose weight and weight is a problem in our society, up of up to half of adults are overweight or obese and it's growing. And obesity can be a precursor for metabolic dysfunction, diabetes and all the diseases I mentioned.

But the simple idea that a calorie is a calorie, if you want to lose weight, you just exercise more and eat less. That's been proven to be wrong. And it but it's still being taught and it's it's not working for people to lose weight.

And there are much better ways of doing it if we understand the metabolism, other concepts related to in the book, I go through each chapter is is one of the lies and the chapters.

I'll give you the chapter titles and you can plug into lies. But it basically hits each of those diseases we do obesity, we do diabetes, we do hypertension, we do cancer, Alzheimer's disease, cardiovascular disease, and then ultimately longevity.

And there's a lie or a misconception and associated with each one of those that I that I go into. You know, I think one of the points that I really want to highlight here is the idea that a person who's interested in aging well and having a long health span has a lot of control over how that goes.

These lifestyle changes that you're talking about are something that a person can learn about and implement and literally change the course of their health.

And oftentimes, I don't think that power is really people aren't really stepping into that power enough and relying too much on medications, pills and not skills.

So I really love it that you're highlighting that getting information, getting empowered with knowledge is something that you can use as a tool to affect your own course.

Yeah, absolutely. That was that was probably the biggest takeaway of this whole experience. I mean, there there are a lot of longevity drugs out there.

You're rapamycin, you're metformin, you're a car, bus, you know, other things like stem cells and there are a lot of things you can do. But the most powerful longevity effect of all beyond all of those is related to our lifestyle, nutrition, exercise, stress and of course, sleep.

All those things play a key role in in longevity. And what what just blew me away was how big a role it was. And not only for longevity, but for even the chronic diseases.

I will argue that life's style is more important and more important factor than any of the prescription drugs you could take. In other words, you could, if you have type two diabetes and you need insulin, you could take the insulin to to control your hypoglycemia.

But in you shouldn't stop it without a doctor, without a doctor's help. But it is possible in the majority of patients with type two diabetes to reverse their type two diabetes with dietary interventions and also controlling the rest of their

lifestyle, including sleep.

But once you do that, the insulin resistance can be reversed. And then you go off those medications and and you you can control it with lifestyle. Many of the medicines that we prescribe for those chronic diseases treat the symptoms of the disease.

You know, hypoglycemia with insulin. Or if I put a stent in my heart with a with a heart attack, you know, in the in the coronary arteries to open up the blood vessels, everybody think that's think that's a cure for a heart attack.

Of course it's not. It doesn't change the overall survival. It may keep me from dying in the moment, but I will still go on to die of a heart attack eventually because it doesn't change the underlying disease.

And to do that, we need to reverse lifestyle factors and metabolic health, insulin resistance and all these things. And the beauty of it is we all control our lifestyle.

We get to choose every single day where we wake up in the morning, we get to choose what we're going to eat, what we're going to exercise, you know, how much and we can control the stress and set our sleep goals as well.

Yes. And I think really grounding ourselves in that message that we can decide how we're going to eat, how we're going to sleep and how we're going to move.

Those are fundamental to our long term health.

Muscle Loss, Obesity Drugs, and Metabolic Health

I want to circle back to something that you said before one of the lies that you taught was that a calorie is just a calorie. And a very popular topic right now are these weight loss medications, these injectable GLP one medications, and then there's trans appetite, which is also GLP one and GIP dual agonist medication.

And now I am boarded and sleep medicine and obesity medicine. So I've got kind of a double interest in this. And my concern with these medication thins is that without the foundation from healthy nutrition, physical activity and good sleep practices, the effects of the medication could be too fast and also come with muscle loss.

There's a connection with muscle loss and longevity. Can you elaborate on what that is? Yeah, I mean, muscle loss is one of the phenotypes of the appearances of aging.

We all when we see old people, we see, you know, gray hair, we see loss of hair, we see wrinkles, but we also see frailty or sarcopenia as it's sometimes called in the medical expression, where people lose weight and they just sort of waste away.

And that's one of the problems with with aging and and when people become more frail, they're they're more they lose their vitality. They can't exercise as much for a number of metabolic reasons.

Muscles contribute to to glucose metabolism. When you don't have as much muscle, that's a bad sign. You're you're able to fall down and you can fracture your hip, which is a fatal injury in many elderly patients.

Eventually, they don't survive it. So so frailty is a is a real problem in muscle wasting. That's why any of these longevity strategies, things like turning down mTOR with either rapamycin or with or with lifestyle, with, with intermittent fasting, dieting and certain sleep strategies affect mTOR as well.

This mass enters the master survival protein that that is really this the strongest candidate associated with if there ever was a longevity effect it would be on on mTOR but with MHR, the important thing is that when we turn it off to increase longevity, the concern was that we would we would trigger muscle wasting.

But the important thing is that when we turn more down, we don't get muscle wasting. We actually the muscles are

maintained. Drugs like rapamycin which turned down mTOR do not result in muscle loss and frailty.

So that keeping an eye on muscle wasting and with the obesity drugs I mean there's a lot of potential problems with those. And but muscle wasting as you pointed out, is one of the is one of the important ones.

So how can people maintain their muscle mass, maybe in the face of taking an obesity medicine drug or even in just getting older as the years go by, we tend to lose our lean muscle.

What do you recommend? Yeah, I mean, I was on my on my longevity journey with my chronic diseases. I had a dad bod. I was sort of maybe you know, maybe £10 overweight.

I wasn't I wasn't actually I hadn't crossed over into the overweight mark, but all my muscle definition was gone ahead extra extra fat there.

Intermittent Fasting and Better Sleep

And I was able to reverse that when I when I adopted the lifestyle factors, the lifestyle features that reverse by chronic diseases, they also reversed the the fat accumulation.

But the importantly, I didn't do it without with muscle loss and I kept the muscle loss. And the the approach I used was, you know, as you know, as an obesity doctor, the three main macronutrients, fat proteins and carbohydrates all affect the fat storage hormone insulin very differently. And what I did was the insulin causes our body to store fat.

And that's that's what was causing my body to accumulate fat. So my approach for my my dietary approach was just to avoid the macronutrients that drive fat storage, which were carbohydrates, which are also nonessential.

The other two, you don't really want to cut back on proteins or fats because those are essential. And so I went to a low carbohydrate diet, which also called a ketogenic diet in some form.

So I began going into ketosis a lot. And the interesting thing about ketosis is, or a low carbohydrate diet is my insulin levels went down, so my insulin resistance dropped, my inflammation dropped and my appetite actually goes away too when you're in ketosis.

So it was very easy to begin intermittent fasting, which I which I do now. And for me I love it. I have one meal a day when my kids come home from school at lunch, dinner time.

And the rest of the day I just, you know, I work out. I do my other activities of daily living. But the key thing is I'm not seeing muscle wasting. I'm just seeing the fat loss.

And it's possible with these lifestyle strategies, even reducing caloric intake to preserve muscle mass. Yeah. You know, I'm right there with you with intermittent fasting.

It's a plan that I adhere to. I've been successful with it and it fits very nicely into my lifestyle. I also have sort of a family dinner at night and I do kind of a 20 and four split, so I have a four hour eating window.

And, you know, this works for so many people and it can help keep insulin levels down, which promotes utilization of those fat stores. So, you know, people who are looking for a sustainable and long term solution, dietary, dietary wise, intermittent fasting, I think represents a really nice choice.

And what if I could one thing just to follow up with that, one thing that was interesting that I'd love your take on it when I begin intermittent fasting and this nutritional shift, I noticed my sleep dramatically changed and I was able to sleep the whole night.

I got much better sleep. I would wake up naturally in the morning without an alarm clock. And it just it it seemed to

have a balancing effect on my sleep as well, which was unexpected.

Yeah. You know, this is commonly seen and I would say there's probably a couple of points that I would bring up. One is that carbohydrates, especially late at night, are not very well metabolized.

So that can lead to some sleep disruption. Nighttime awakenings, waking up to go to the bathroom and even acid reflux. If you're having any sort of spice or garlic with the meal that can be competitive with your sleep.

The other thing is, you know, there's a certain component of circadian timing that comes with nutrient ingestion, optimizes.

Book Takeaways and Closing Thoughts

And so if you're eating earlier in the day, during the biological day, the circadian day, your dietary enzymes are primed to be efficiently taking care of that meal.

And it leaves you feeling robust. You're not sort of dragging after the meal. You're not sort of having episodes of hunger pains come up or anything. And I think a lot of people find that so reassuring and it cuts back on all the psychological chatter that can happen when people are trying to lose weight or change their dietary habits.

So just having that soothing reassurance to your brain that this is the new pattern now is goes a long way toward making these types of eating patterns sustainable.

And it makes sense. Yeah. So as we close here, I wonder if you can maybe leave us with the highlights of what people can expect when they read your book.

How how might that help them to improve their health span? Yeah, that just what my book is kind of my story, what worked for me and was a revelation for me and and hopefully it will other people will be able to benefit from it.

But again, what we mentioned before was just that it it's not about necessarily going to a doctor and getting a pill, although, you know, we're both doctors, we're both you know, there is a place for that with certain but for these chronic diseases that we all face and that are probably going to kill us in the long term and determine our longevity.

The real wake up call and the message I would like everyone to get is the power that they hold in their own hands by the choices they make in their lifestyle.

And again, as I said earlier, the beauty of it is every morning we wake up, we get to choose what lifestyle we want and we can we can start fresh every day.

I love that. And really highlighting people's empowerment as they determine what their health looks like is such an amazing message. Thank you so much, Dr. Lufkin. It's been a pleasure to speak to you today.

Thanks, Audrey. And thank you for doing this summit. I'm really looking forward to hearing the other speakers as well. Fantastic. Take good care. Likewise.