Introduction and Guest Welcome

Welcome to another episode of reversing your Type 2 Diabetes Summit. 2.0. This is your co-host Dr. Will Hsu, today we have a treat. Today we're going to be meeting with one of my respected colleague and friend, Dr.

Beth Frates. She is right now at the at Mass General Hospital and also the president of the American College of Lifestyle Medicine. And so I'm going to welcome back to the to the summit.

Hello, Beth. Welcome. Thank you for coming. Thank you so much. Dr. Hsu, Should I call you Will or what? What do you want me to I think Will is fine. Yeah.

Then you should call me Beth. We'll do it like that. But it's a true delight and honour to be here with you. Thank you for inviting me. Here we have about, who knows, probably aboard 25,000 or more people listening to this podcast because they want to be empowered.

They want to take care of their own diabetes. They want to be at the forefront of knowledge and so they can provide self-care, right? So all of them go to their own doctors, they receive care, but they want more.

And so what we wanted to give them today is a little bit about about your area of research, which is going to be immensely of interest to our listeners and also the organizations that you lead.

You know, it was until not until a couple of years ago, I got to really know and participate in the ACLM American College, and Lifestyle Medicine activities.

And my goodness, it was just so refreshing. So but first of all, we got to learn a little bit about your background, who you are and who. How did you become the person and the physician leader that you are today?

Thank you so much, Will So I would say my passion for this area started when I was 18 years old. And this has become my entire focus of my career, which is lifestyle, medicine.

And how I stumbled upon this in 1986 was through a person, one man, actually a gentleman who was an overweight, overstressed, overworked New York City business man who died almost exclusively on fast food.

He had cakes, cookies, candies on top of that, but fast food, that was his staple.

Dad's Heart Attack and Lifestyle Change

And he really did follow the standard American diet, as your listeners know, as the sad diet, which incorporated a lot of, again, fast food. The man walked fast, talk fast, eat fast, sometimes eat at the same time on the corner streets of New York City while working to help people with their taxes and their finances.

His dad had started a business and he was sure to make this business run for a second generation. So all of his passion and purpose was to help his clients.

So he spent his days 6 a.m. to 11 p.m. in that office focussed on the client. You heard about his nutrition. That's one of our pillars. Another pillar is stress resiliency.

His stress was extremely high and the way that he managed his stress was to stress eat sometimes yelling, but mostly stress eating, which included a lot of simple carbs.

Another pillar is sleep. And he did not sleep. He would get home around 11:30 p.m. and the sleep was interrupted,

constantly going to the refrigerator and the cabinetry 1AM, 3 AM eating, making lists of the to dos, only to wake up by his alarm at 5 AM to catch the 6 a.m.

train in to social connections. He was married, had kids, teenagers at the time loving wife. Everyone loved him. He loved them. No pets. You just saw my dog arrive.

He did not have any animals in his life, but he was not really socially connected to those in his life. So when he was at home, he wasn't present. You know, his head was at work, so he was doing his best at his job.

Now, in terms of alcohol, he did not drink. He did not smoke. Now, let's get to our sixth pillar in lifestyle medicine that I didn't mention yet. It's been a very important one, and that's exercise.

He was an outstanding athlete in high school, baseball, basketball, soccer. But he's 52 at this time, as I'm describing him to you. And he is doing nothing for movement.

In fact, he's sitting at his office the majority of the day doing crunching numbers, very, very unhealthy. Sounds like a very typical midlife person. Rice providing for for his family. And and I suspect that some of our listeners can really identify with that best.

I think so, because I do share this story because he is my inspiration continues to be my inspiration in 2024. And I'll share that he did do some exercise back to the Exercise pillar, an important pillar.

What he would do is surprising, and it's at a surprising time. The time was consistent the day. Who knew? 11:07 p.m.. That's when this exercise would take place.

Like clockwork. 11:07 p.m.. I don't know if you can. Yes, maybe your listeners are guessing sprints mad dash from 101 Park Avenue to Grand Central Station to catch the last train home.

Well, if you didn't catch that train, he slept in the car, which he had at work. And he he didn't sometimes miss the train and have to go back and sleep in the office. And that was rather uncomfortable.

And he didn't have his snacks and his treats all night to enjoy. So this was not the preferred way. So the sprint was a serious one. And on one of these mad dashes and sprints, he had a little pressure, little pain, pain, no gain.

Forge forward, made the train. His wife, who was a teacher, school teacher, dutifully picked him up as usual, but took one look at him. He was white, sweating.

It was short of breath. It was complaining of numbness and tingling in his arm, in his hand. Yet he said he felt like a heaviness on his chest. It was really painful.

So she took him to the local emergency room where he completed his massive myocardial infarction and middle cerebral artery on the right side of his brain, treating paralysis, paresis on his whole left side of his body.

That's the day in the life of the 52 year old man. So many of you know that story or a similar story like this, because it's a very common one. Heart disease is still our number one killer.

Diabetes is, of course, a risk factor for our number one killer, which is heart disease. And I will share with you good news that this gentleman made a full recovery except for fine motor movement of his left hand, and he made a full and complete lifestyle change.

So what I describe to you was no longer part of his life, no fast food, no candies, no cookies. He went to Pritikin centres in patient. He stayed there for 12 days with his wife, learned all about cooking and healthy eating, half the plate being fruits and vegetables, then whole grains, then whole healthy protein quarter a whole grain quarter, healthy protein, half fruits and vegetables.

Suddenly there were salads on his plates, peas, green beans, asparagus, broccoli, cauliflower, eggplant, all sorts of things that he never eat before.

And he exercised one half hour, five days a week religiously. Now, yes, he was watching the news, listening to the finance reports. Sure. But he was on that bike and he changed his work schedule so that he worked part time.

He was in from ten until three. He was spending time with his family, really engaged with his social connections, his his immediate family, his extended family, his friends from high school that were like family.

His sleep improved the stress. Resiliency no longer was stress eating the management instead of just going for a walk or maybe talking with a friend. He used very different stress management techniques.

Now, you may say, you know this story really well. Best you know this so well. I mean, what's going on I have my guesses, but I'm holding my breath right now.

Who is this man? And is indeed my dear old dad, whom I adored no matter what. Yes, I understood. He was very busy and he was short and certain and rushed and busy and busy.

That all changed after the heart attack and stroke. And. And he could really walk into his love being self. His. His funny, his witty, his loving compassion exuded after he changed his lifestyle.

And he lived the best 27 years of his life. And after that, I would tell you. And that changed your career choice. So I was I love my dad and I was going to work with him.

That was the plan. I'm the youngest of the the cousins on that side.

Discovering Lifestyle Medicine

So I was destined to be the third generation president of the company. I love numbers. I love studying. I was a massive, massive geek. I still am a real nerd, but I am proud.

And that was my yes, I was at Harvard at the time and I was an economics major when this happened. And everything changed. I was fascinated with the brain, fascinated with art, fascinated with blood vessels, has everything to do with diabetes.

I'm fascinated with our change process, very important for diabetes and really decided that my mission in life was to help people prevent that health setback or a health setback similar to that.

And so I've been on this mission since 18. I wrote a book which led me to the lifestyle medicine. I wrote a book in 26 about preventing a second stroke.

So after Harvard, I went to Stanford Medical School. Then I came back to Boston, did my internship for transitional year before my physical medicine and rehab residency at Spalding to focus in on stroke.

And then after that, I wrote a book about preventing a second stroke, realising there was a knowledge gap there. Stroke survivors didn't have the information they needed on exercise, nutrition, stress, so I wrote about it in a book.

Then the title of the book. Death of Let's See Preventing Stroke A Guide to Recovering Your Health and Preventing a Second One. I'd have to look up the exact title.

It was from 2006, but I should I should know it off the top of my head. But it was recovering after stroke. A guide to preventing a second one and recovering your health.

Something like this. So you're supposed to be. Yeah, go ahead, please. Yeah. No, I was so excited. I went to all libraries. Any place it would have me.

I spoke about exercise, spoke about nutrition, all the things I didn't learn in medical school. Now I love Stanford Medical School. It was amazing. It's just at that time and even today, medical schools aren't really built to have this information in their curriculum.

We're doing better. We're doing better, for sure. But I didn't get any, so I needed to share this in lectures in the book. And then I was at one of my department meetings.

In fact, that was just that the Department of Physical Medicine and Rehab Spalding Department meeting on Saturday. It was actually our our gala on Saturday, and I was at one of these in 2006.

And Eddie Phillips, who was an attending of mine at the time when I was a resident, he was still in the department. Now I'm an attending and he said, you know, you're doing lifestyle medicine.

This is 2006. I did not know what that was. I never heard of it in my life. And he explained that it was doing everything I wrote in the book about exercise and nutrition for everyone, not just stroke survivors.

The same material applies for those with chronic conditions like diabetes, like high blood pressure, like obesity, like metabolic syndrome, like inflammatory disorders that really are are rampant now.

So that's when I really got into lifestyle medicine. Mind you, in 2004, the American College of Lifestyle Medicine was birthed by John Kelly. He started it.

And we are in our 20th year now. So I then got very into lifestyle medicine, teaching curriculum and the American College of Lifestyle Medicine. It wasn't really in 2013 I became a member and then really I was on the board.

In 2016, the board of directors voted in in 2016 to 2019, and then in 2020 I was voted in by our 10,000 members to be president of the American College of.

And this is critical. This is a critical part because you're you're supposed to be you're destined to be the president of some company. But then you decided to be the president of the ACA.

Okay. So to our listeners, this is a new concept, right? So you have like, you know, diabetes Association. You have and you can, you know, the society, the others professional groups where physicians would join and be part of a of all things that they have the same goal right.

But ACL, American college lifestyle medicine what is it and and let's come back maybe to define it very poorly for our listeners is what is lifestyle medicine per se.

Right. And since only about 10% of our listeners are physicians, 90% are actually non physicians, please help us understand a little bit about like how do they apply lifestyle medicine in their own lives, right?

Because most of most of the listeners are people with type two diabetes that they want to reverse their diabetes. And we'll come to Debby since the organisation really has written on one of the first position or statement on Type 2 diabetes remission.

But you know to talk about. So yeah, absolutely. And diabetes educators are part of our membership health coaches, part of our membership nurses, nurse practitioners, physician associates, physical therapists, therapists, as you said, MDs, Dios We have a vast array of health care professionals, educators.

In fact, health care corporations, executives, insurance agencies that are all united in our mission to transform health and health care using the six pillars of lifestyle medicine, which I already alluded to exercise, nutrition, stress, resiliency, sleep, social connection and avoidance of risky substances.

So let's define lifestyle medicine. This is from lifestyle medicine dot org. The American College of Lifestyle Medicine's website. Lifestyle Medicine is a medical speciality that uses therapeutic lifestyle interventions as a

primary modality to treat chronic conditions, including but not limited to cardiovascular disease like my dad diabetes Type 2 Like many of your listeners and obesity lifestyle medicine certified clinicians, I'll get back to that in a second.

Lifestyle medicine certified clinicians as of 2017, people can be certified in lifestyle medicine, physicians and non physicians. Lifestyle medicine certified clinicians are trained to apply evidence based person prescriptive lifestyle change to treat and when used intensively, often reverse such conditions or with diabetes like we're talking about today put into remission, which you have mentioned several times, applying the six pillars of lifestyle medicine, specifically a whole food plant, predominant eating pattern, routine, physical activity, restorative sleep stress, resiliency, avoidance of risky substances and positive social connections also provides effective prevention for these chronic conditions certified.

So in 2017, I told you, since 2006, this has been my passion educating, figuring this speciality out such that it can be practised effectively by physicians and other clinicians and then getting certification.

So it was in 2017 that I was invited to be one of four item riders for our certification examination. I told you I was a nerd, told you I was a geek. So this sort of thing really gets me excited.

What Lifestyle Medicine Is

And it is through that certification process that physicians and non physicians can get all the education and experience that they need in order to be effective at helping patients prevent, treat, manage and even put into remission diseases like diabetes.

I want to specifically call out from our Web site our dietary position statement or the treatment reversal and prevention of lifestyle related chronic disease.

The American College of Lifestyle Medicine recommends an eating plan based predominantly on a variety of minimally processed vegetables, fruits, whole grains, legumes, nuts and seeds.

Very important dietary position statement that we put out. And I want to bring to your attention that recently we actually American College of Lifestyle Medicine College published a paper which looked at 7878 clinical practice guidelines, and these were from major government associations, medical societies and health care stakeholder groups.

Why I'm bringing this up is to tell you that lifestyle medicine is evidence based. It was in our definition. But I want to share with you that position statement comes from evidence.

It continues to grow. In this paper, looking at the 75 clinical practice guidelines and looking at commonalities, what was the number one thing that all these groups recommended?

We increase 75% of these associations that have guidelines recommend increasing vegetables, 69% recommend increasing fruit, 58% recommend increasing whole grains, 62% recommend decreasing alcohol or limiting it.

Again, one of our pillars and then not not surprising, 56% recommend decreasing salt or sodium, which we know is very much connected with high blood pressure.

Another major risk factor for our number one killer heart disease. 60% of Americans have at least one chronic condition, 40% have two or more. So we are in a crisis and lifestyle medicine is here to help solve it.

So diabetes. So, you know, most of our listeners probably seek out their diabetes care from their primary care doctors. Right. Or some of them probably will seek out in chronologies who are very few to come by writing in terms of numbers.

So something really rather relevant to our listener is how do we how do our listeners find somebody, you know, assuming that they agree with with the principal you outlined here, how do they find doctors that are so-called

lifestyle medicine certified or.

Right. So this is really pragmatic for them, right? So. Yes. And we at the American College of Lifestyle Medicine want to make this easier for people.

We have lmw pros. If you go to the American College of Livestock Medicine's website and you go to L am Lifetime as an ELL and pros pro pros that will help you find one.

And it depends upon your zip code. Okay, you put your zip code in and you'll be able to find a listing. You also put in the primary speciality you're looking for.

So with diabetes, you may be are going to look for primary care. You may look for a paediatrics, you may look for family medicine, you may look for, as you stated, our subspecialty of endocrinology.

And then you could find a lifestyle medicine practitioner in these subspecialties or primary care as you like, because cardiology is another one that people are searching for.

And another relevant question that people are going to ask is, is this all covered by insurance, all these visits with these specialists? Yeah, that's a great question.

And we are working on reimbursement plans so that people can go to their primary care physician and get this speciality service of lifestyle medicine.

Currently, if you see a lifestyle medicine primary care physician, they will likely put this information into your clinic visit. Most people now that practice lifestyle, medicine are incorporating it into their daily practice so is not changing the reimbursement for the patient, for the provider insurance.

There are physicians, alarm pros, lifestyle medicine, certified physicians who are practising in direct primary care or concierge medicine. And so they have a different way of billing.

It's not necessarily going to be the fee for service that we have. Again, we have sick care. We're trying to make this health care. So we are working on value based practices and implementation of these practices, try to pilot some and then research and see if we are getting the quintuple aim and we are increasing patient satisfaction, we are increasing physician satisfaction, we bring costs down, we are increasing and improving our outcomes.

We are looking for practices, models that allow for lifestyle medicine to be the centrepiece, the staple, the whole care, whole person care has to involve lifestyle medicine.

As the foundation's six killers are evidence based exercise, nutrition, sleep, stress, resiliency, social connection, avoidance of risky substances. We have evidence research.

When I say evidence, I mean research study of patients. That was guideline. So Hippocrates said let food be thy medicine and medicine be like food. So, yes, even centuries ago it was clear and obvious to many practising healing that when people ate healthy foods, they eat better.

But what we have now in 2024 is research Diabetes prevention program helped us with this and their in their landmark study showing that in fact lifestyle changes can do better than metformin at helping those that have pre-diabetes to avoid that diagnosis of diabetes.

So we have known this for a decade. So so let's bring that issue up. Right. So because we are living in the 21st century where politics, science is really kind of reign as king.

So physician, I mean, you and I went to schools, med schools, when the you know, learning. Yes, pathophysiology, how body works, but also how to use the drugs really occupy most of our time real learning.

So where does ACL and physicians view medications?

Finding Clinicians and Insurance Questions

Do they use them? Do they do they hate to tell us about kind of the general positioning of of Islam physicians? Yes. So most ACL physicians, MDO, have been trained in traditional medicine.

So they, in fact, know very well how to use medications to treat diseases. And let's admit that medications are life saving pneumonia. My dad coming in with an acute myocardial infarction, acute heart attack procedures are life saving.

In many cases, patients need cardiac catheterisation or a heart transplant or a number of different procedures to save their lives. Tumour resections.

You can we can name many, many and ACL man MDO have been trained in traditional medicine and yes, using medication is part of the toolbox. Absolutely.

What we understand and what we recognise is that in many cases you don't need to be on these medicines for life if you are on a blood pressure medicine, for example, or a medicine to control your blood sugars and you have Type 2 diabetes, it is possible that you can get off those medications and we call that D prescribing.

Now, you don't learn this or we didn't learn this in medical school. How do we learn how to prescribe? But lifestyle and physicians can take courses at the American College of Lifestyle Medicine website online about prescribing medications for patients with diabetes.

So this needs to be done by a specially trained lifestyle medicine physician. We have lifestyle medicine certified physicians, and we also have intensivists.

So if someone has multiple medical conditions, high blood pressure, coronary artery disease, diabetes, rheumatoid arthritis, depression, multiple conditions, you need to be under the care of a physician that understand these conditions and understand the medications.

So that's the good news. The lifestyle medicine physician understands the medications, how to prescribe, but also how to be prescribed. This needs to be taken seriously because when you make lifestyle changes, so if you currently have diabetes and you're listening to this and you say, well, that physician statement on food, where I focus on fruits and vegetables and whole grains and nuts and seeds and really look at plants and unprocessed foods on packaged foods as close to the ground as possible food, I'm going to move on to that type of eating patterns.

Chances are you're going to reduce your blood sugars, which is going to require a tweaking, a changing and adjustment efficiencies that your doctor needs to do, not you or your family member or someone else that has had diabetes for a long time.

It needs to be adjusted by your physician. So it is important to take on these new or what I call these these these prescriptions for lifestyle. So for exercise, trying to reach the guidelines, start low, go slow, but get to 150 minutes of moderate intensity, physical activity and strength training twice a week.

That's the ideal. That's our goal for the diet. We already have fruits and vegetables, a quarter whole grain and a quarter healthy protein, nuts, seeds, legumes, sleep 7 to 9 hours of sleep.

Now, why is sleep important for someone who has a goal of controlling their blood sugars? Because we know in lifestyle medicine does sleep research. If you're sleep deprived, your insulin sensitivity is down so you don't control your blood sugars as well.

So sleep is a very important factor. Now let's go to stress resiliency. How is that an important factor for people who

are trying to control their blood sugars or people who have been diagnosed with diabetes, maybe taking medications, maybe they're pre-diabetes, maybe they're just worried about it.

When we feel stress, our body goes into fight and flight.

Medications, De-prescribing, and Daily Prescriptions

Our body also responds with increased cortisol. Cortisol helps us to release glucose. It helps us so that we can have the energy to work on the stressor.

But here's the problem. Oftentimes we're sitting still. We're not running from the lion where we do need that glucose. In fact, we're sitting still just like you and I are right now, and something enters our mind and you can feel your heart increasing.

You actually go into a stress response. You will increase your cortisol and this will make your blood sugars more difficult to control. So working on the guidelines up 12 to 13 minutes is what is in the data.

We say between ten and 20 minutes of stress, resiliency, work. This could be deep breathing, this could be meditation, this could be mindfulness based stress reduction, this could be yoga, this could be taiji.

Honestly, like my dad used. You didn't use any of that. He never really fully and he never really fully embraced the mind body approach that I have and that we have much more data on now.

This could be a walk of the law, a walk around the block, 5 to 10 minutes can actually change your state of anxiety and reduce stress. Yeah, so stress is important.

Like why social connections? That's another pillar. Because we do know that when we are surrounded and by people that understand us, that we feel support us, Then when we are stressed, we have someone to talk to so the stress can go down.

We also know that people who support us and know that we're working towards managing our blood sugars will help us to go for the walk to sleep, to lower our stress and to consume a diet similar to that dietary position stance.

Whole grains, whole foods. Vegetables, fruits. Nuts, seeds, legumes. And they'll help us and empower us. And then we do know reducing alcohol will also help.

So this is the prescription for lifestyle medicine. Sometimes we need to work on small goals. We call them smart roles. So if maybe people are sedentary right now, they should know.

The American Diabetes Association recommends if you're pre-diabetic or if you have diabetes, that you sit you sit only one half hour meeting, you stand every half hour and you move around every half hour, the maximum time sitting down on your rear end is one half hour.

Why is that? Because there's something called sedentary physiology. When we're sitting, our body goes into a certain physiology and it disrupts our glucose control.

It actually also allows for triglycerides to go up, maybe even HDL to go down. It disrupts the way our body performs. So that could be one of the major lessons for today is to stand every half hour.

And also it's time for our listeners to move about. And so towards the end of this conversation, Beth, I, I know that you have contributed to many different writings and, and guide guidelines and so on, so forth.

So for our listeners who wanted to find out more about just lifestyle medicine, what can you share with us? Where do they look for resources, either online or in prints?

Yes, the American College of Lifestyle Medicine. So WW dot lifestyle medicine doors as patient facing resources. And that's helpful. To be a member I believe you need to put your email in just to get access to the website but that's it.

It's free and you can become a member and then access to everything in the courses and discounts. So there are a lay membership as well. You don't have to be professional.

Yes, Yes, I believe so. Let's double check that. That's a great that's a great question. Yeah. But yes, I believe you can become a member. Anyone can become a member because then you can get access to these great courses you have to pay.

If you're a member, you have a reduced fee. But what our target, our community is clinicians to help patients. Hopefully your clinician is a member and can share a lot of the resources with you as a patient.

But we have patients who are members, patient advocates who are members, so anyone could sign up. You just have to you just have to pay the fee. Now, we also have books, so I have the Life Sciences Handbook that I co-authored.

It's in its second edition. Now. All proceeds go to the American College of Lifestyle Medicine. I don't receive any proceeds from this book. It does go over all six pillars, and it is written so that people that are not in medicine can understand it.

And if you are in medicine, it does have the research and research charts for you to go deeper. But you're right, your listeners could definitely read this.

We have live and learns so patients stories that are very engaging. Another thing from Harvard, I'm a assistant professor part time at Harvard Medical School, and I collaborate a lot with Harvard Health.

They special health reports. And I was the medical editor for this very since very, very I think you'll really like this one self care. And it goes over the six pillars of lifestyle medicine.

And it is easy to read. It is short. And you can get this online at Harvard Health. Then I just have to plug my favourite one. I've done so many of these with Harvard Health, but this is going to.

Help me get a doctor. Because you've got to get moving. The dog really does help you. And guess what? When you pet your dog, you have stress relief from the oxytocin that is released in your system and the dog.

Then I would say for patients, we have a non-profit paving wellness. So all proceeds go to paving wellness and this book is a workbook to help you with a healthy body, peaceful mind and joyful heart.

So you'll have questions and you'll be asked to write things down to answer them. You don't do. This reminds me that we have group visits, shared medical appointments has been research significantly in the area of diabetes, and a lifestyle medicine provider would be able to connect you with a group so that you would be with other patients who have also diabetes and they are working to control their blood sugars.

Resources, Books, and Social Media

And you would meet weekly for 60 to 90 minutes and talk about the different ways managing your blood sugars in a group there called Shared Medical appointments as well.

Then I do want to recommend that we start doing this as early as possible with our children and our families and this the teen lifestyle medicine handbook for teens, for teachers, for parents, for grandparents, anyone who wants to empower a teen and any teen that wants to learn more.

This is at the level of the teen. Again, it's a workbook. It's going to have a lot of diagrams, and the teens can use

this on their own or in school. There are schools that are utilizing this Teen Life Lifestyle Medicine handbook.

There is a teen micro credential for high schoolers that want to get that online. It's called a lifestyle medicine micro credential. Lastly, there's a little pocket guide that was just released that I co-authored with two fourth year Harvard Medical Students Case and Andre.

And this has all the information on the six pillars in a small, diagram centric, patient centric, where the clinician can use this and show pictures to the patient as well as see the data.

So there's the charts that reveal the evidence from research as well as share the research links. And the for example, this is sleep essentials. What happens to your body if you lack sleep and then is a QR code to find all the research proceeds go to the American College of Lifestyle Medicine.

So so Beth thank you so much for for sharing with us here your wisdom as well as all the resources do you happen to have like a personal social media page where you have all these information listed?

It is quite a lot of information there. So I have a great colleague, Dr. Sami Bég, who created a website for me, which is bethfratesmd.com I'm not sure I have everything listed out.

I'm not the best marketer, but you could likely find these on that website. I am also on social media. In 2017, our hospital asked us to get on Twitter X, so I'm on there as @BethFratesMD and then I'm on Instagram.

More recently last year I started in 2023 and I'm @bethfrates.md on Instagram. I'm also on LinkedIn. Elizabeth Pegg Frates, Beth Frates. You'd find me there as well.

fantastic. Dr. Frates, Frates And what what do you what last word do you have for our listeners as as they kind of Channel one into package? What do you share with us and synthesize something for their.

All right, so last word of encouragement there. Yes, there is hope. If we think about all the options that we have that are readily available to us and free in most cases, like going out for a walk, you're going to eat.

Final Encouragement and Closing

If you think about what that food can do for you as medicine, and then we sleep, and if you just try to prioritize your sleep, you'll always have your breath with you.

Your breath is the easiest way to change your physiology from sympathetic to parasympathetic or rest and digest, and then focusing on friends, friendship and social support that these are within reach.

What I'm sharing with you is within reach and think about what you can do thing you can do today in these six pillars that might make a difference for you and maybe it stand up for your health every half hour.

Well, thank you so much for such a refreshing look. Again, I think many of us really understand sort of the importance of lifestyle. But but my goodness, our doctors just don't spend enough time telling us about this.

And so thank you for this time, Beth and I, I hope our listeners would apply what you share with us during this episode. So. So thank you. Thank you for having me.