## Introduction and Heart Health Overview

Hello, ladies. Welcome back to Mastering your Menopause Transitions Summit 3.0. Our third time around here at Doctor Talks. I'm still your host, doctor Sharon Stills.

And with me, I have someone you'll probably recognize because he too is a doctor talk host. And he is. I call him America's cardiologist. He's Doctor Joel Kohn, and he is the man you want to listen to when it comes to cardiovascular disease.

And your heart health, and to understand how important it is to really pay attention, do the right tests, get the right screening tools, look for the right signs, lifestyle tips, all of these things.

Because heart disease is a really serious issue when it comes to menopausal women. So listen up, grab a pen, grab a pad. You're going to want to take notes.

We're going to make it really practical and actionable for all of you so that when you walk away from the next 30 minutes, you have a really good handle on what you need to ask your doctor for.

So welcome, Doctor Khan, great to have you here. Thank you for that great introduction and your beautiful background. It's got me just happy. Thank you.

I did not paint it myself, but it is and it does make me happy too. I feel like I'm just in spring mode, so let's just dive in. I mean, what are what are the stats?

Because I think a lot of women don't really get what think about cardiovascular disease being a major concern when they are in their menopausal years, where we're all worried about our bones and we're worried about our brains, but what about our hearts?

And yeah, I share. We should worry about our bones and our brains, but we should spend a sizable portion of that self-care time clearly focused on the heart.

And women need to know not only the very often quoted statistic which is real, that more women and men die of heart disease and any other diagnosis. You take all the cancers together and add them up.

We still have more people die of a variety of heart diseases, but the biggest one to fear is heart attacks and clogged arteries. You know, you take dementia.

Terrible scary disease. Not even close in terms of how many more women will die of heart disease. And they are all interrelated. We know the same lifestyle, the same exercise, the same stress, the same exposure to, environmental pollutants can affect all the parts of the body.

That's kind of the natural, integrative approach to life. But let's talk the heart and we can spend a couple minutes talking how women are different. And I think that's an important topic.

But there's more the same then there is different. So, you know, and as you know, and I think your audience knows there are some young women, 20s, 30s, 40s that have heart disease.

There are some heart diseases. There. Genetic there are some heart disease that are congenital. There are some heart diseases that are pregnancy related, pregnancy related, high blood pressure.

But most of what we're talking about is clogging your arteries throughout your body, particularly your heart. And

that really takes off when, a woman's estrogen levels plummet, when a woman's progesterone levels plummet, obviously, during the time of menopause, you know, just in contrast, men tend to get this slightly lower testosterone level over time.

## Why Menopause Raises Cardiovascular Risk

But, you know, women, it's a drastic six month, 12 month, change in and never comes back unless you consider hormone replacement therapy, which is another topic.

So we know that huge change in, hormone support puts women's arteries 50, 60,000 miles of arteries now no longer being bathed in protective physiologic levels of hormones.

And then maybe you also have high blood pressure. Maybe you gained weight during menopause and your blood pressure went up. Maybe you gained weight during menopause in your inflammation went up.

Maybe you gained weight during menopause and your blood sugar went up. Maybe your sleep got, you know, really disrupted, as is so common. And maybe even you're in a situation where you don't have the social support and you're feeling a bit lonely and, all these things factor.

And so, number one, be aware that's without a doubt. But number two, there is an action plan. And I just put it out there. All your wonderful, you know, listeners, you've been to the doctor, you've been told from age 45 or 50 get a mammogram.

You've been told from age 45 or 50, have a, guy in the exam have a colon, ask AP. But when have you been told, you know, we're going to screen you for heart disease even though you feel fine?

Blame pickleball, going to your basement to work out on the treadmill or do your yoga or your bar glass. We're going to screen you for our disease. When you have no clues, no symptoms, because we know it's so common.

The same approach we do for, worrying about breast cancer when it's silent, worrying about colon cancer when it's silent, and most women don't hear that from their primary care doc or their endocrinologist or their gynecologist.

We're going to screen you for heart disease. So maybe I'll give the most accurate test first and then back up. There is in your community a test at your hospital, and you will need a prescription from some medical person called a heart calcium CT scan, also known as a coronary artery calcium scan.

Just imagine you're on a stretcher. There's a CT scanner, a two. They roll in, the machine says, hold your breath, 10s. Later, the machine says, breathe and you walk out of the building.

Probably a hospital could be a imaging center. Nobody put a needle. Nobody injected anything. Nobody gave you anything you can be allergic to or claustrophobic with.

That is a corner artery. Calcium CT scan, developed in 1990, became pretty widely available around 2000 over 20 years ago, but it was pretty expensive back in the day.

And now it can be 50 to $150. Insane that despite 6000 medical research articles saying this is the mammogram of the heart, this is the colon. Ask could be the most insurance companies won't cover it, so you will pay in my community 75 to $100 and you'll get a number.

And if your partner artery calcium score is zero, I would do it by age 50. And just like a call and ask could be repeated in 5 to 10 years. If you're a zero at that point in your life, you are resisting any easily detectable heart disease.

You should be very happy. You should obviously focus on diet and lifestyle and sleep and stress and nutrition. But you're very good shape. But if it is anything other than a zero, you have silent heart disease and it could be 80 or

100 and 80 or 380.

I have women that are seven, eight, 900. These are numbers that indicate their arteries are heavily involved with a long term atherosclerosis. This is been going on for a while.

And you know the term hardening of the arteries and calcium in bone. So it makes bone strong. But you don't want calcium in your heart arteries make your arteries stiff and inflexible and age.

And that's what hardening there is. Just so get that test done. And if you're a zero, do it again. Not every year, but do it again. And maybe five years.

Seven years, and keep that on going. And that's the most available, most important test you can do. And most of the listeners probably have never had one and really need to get that done right away.

But you will need to convince your primary care, not your nurse practitioner, your physician assistant, your naturopathy, anybody that can write you that prescription.

There are a few places it's free. If you're listening from Cleveland, go to the university hospital. They do it for free. Or at least for many years. They have.

It's widely supported by science, thousands of research studies. And you take two wonderful women playing pickleball. And one is that calcium score of 101 is a calcium score of zero.

They're very different. Heart health, future. And we need to figure out. So the next step is lab work. Before you go there, I just want to ask a few questions that I know.

Patients. Sure. Is there radiation involved? Okay. Yeah. And I'm so glad you brought that up.

## Coronary Calcium Scan Screening

When you go for a mammogram. And most people do, some people prefer not to go for a mammogram. You get exposed to radiation this hard CT scan is generally felt to be the same amount of radiation as a woman gets in a mammogram.

There's actually a measurement called millisieverts, and it's one or less than one millisieverts. And unlike a mammogram, you don't do it every year. You do it.

You know, as I said, infrequently, and it's a trade off versus this very high burden of heart disease. And I've never read a study that says this test is less valuable in women.

You know, if you're at menopausal age, you know, there are differences in heart disease in women, but the arteries of women that are getting hardened will calcify just like the arteries of men will harden and get calcified.

So don't, don't miss the boat on it. And a lot of you listening, your partner may have had this test. We still have a lot of gender bias in medicine, but if you're approaching or in menopause, it's time to get the test done and get it started.

Now, should women also go see a cardiologist when they turn 50 and have an EKG and a stress test in an exam in addition to this? No, I think not. Most.

And in my office, as a preventive natural cardiologist, I'd welcome anybody walking in and we do a thorough workup and we would define a lot of findings.

But most cardiologists offices would say, you know, we don't take care of preventive cardiology. You know, see your internist or family doc. But if you do get that scan and it unfortunately comes back quite abnormal, one way to

judge how abnormal is they do take your result and then compare it to other women your age and is called your percentile.

50th percentile is average result for your age 99th percentile is very worrisome way out of line. So if it's a very high number you might want to find a cardiologist, particularly if you can find one with a preventive natural orientation.

But that's not all that common okay. And then after you do that or it doesn't matter what order you want to get bloodwork, but you want to get a little better than average.

Because if you're going to go to your family doctor, you're going to get bloodwork. It's the same bloodwork they ordered in 1988 to disappoint you. It's your kidney and your liver, and it's your blood sugar, and it's your hemoglobin.

And it might be your vitamin D. Don't count on it being on the panel. It might be your thyroid. If you got problems. And it's a very basic cholesterol panel.

And sometimes that's very informative. Your blood sugar is high and your cholesterol is crazy. And your kidneys have an issue. But very often it's not enough.

So everybody's heard the word inflammation. And you want to ask your doctor for a couple inflammation tests like the most important one is called high sensitivity C reactive protein.

Inexpensive widely available. Your insurance will cover it. You want to get it done. You want to have a three month blood sugar. That's called hemoglobin A1.

C more valuable than just having a random blood sugar one time at the doctor's once a year, I would get a homocysteine level a m CST. Any a metabolic marker that has a number of reasons it can be elevated, but it's a amino acid in the blood that, if it's abnormally high, can cause damage to the lining of your arteries.

And the last one for sure is called light bulb protein A, and it's such a difficult word. I keep a book here. Oops, I got a blister function on and I can change that in a second.

But lipoprotein A is a kind of cholesterol. Now you can see a better light bulb protein. Little A is accounts us happens to be a book I wrote on the topic, but just get the blood test.

It's a genetic cholesterol that one out of every four women inherit from their parents, and one out of every four men do. Two. But, you can walk around from the time you're six months old and have two.

Cholesterol is in the blood. The one your family doctor checks, and then you might also be, it's that curse because there are people that have this, the capacity in their liver to make a lot of this, and they never get serious heart disease.

But you want to know when the pharmaceutical industry is coming out with many new approaches to lower that, because the approaches we have now, like the drugs, you've heard of Lipitor and Crestor, they don't do anything for light bulb protein, a little AA, and they do something for regular cholesterol.

You probably want to know if you have been carrying that around all the way through menopause. And of course, you might want to do a hormonal analysis and work with an expert like Doctor Sharon Stills on that approach.

And if you do those two things better than average blood work and, the heart calcium CT scan, you are so far, out of the ordinary and in a position to really have the power to know, is it going well for you or not?

I just one last comment, just in case. Because sometimes family doctors, internists, they're wonderful people. Gynecologists, they've never ordered this blood test.

I mean, it's a $30 blood test. It's a quest. You can order your own blood work, and there's more and more companies offering that. I don't own them. Life extension.com is offer.

Do it your own blood work for years and years, a company called Life force.com Lafayette offers. It offers panels you can spend a few hundred dollars on and get amazing blood tests.

And there's one other called function health.com. And these can get a little pricey. But you know, by the time you get labs and pay your co-pay, these extensive panels may end up being, you know, the same or even less than going through the standard quest lab.

Lab, Corp lab, hospital lab. So there's really no obstacle to getting these, you know, advanced blood tests anymore. And it all depends what the results turn out.

If your labs are good and your CT scans good, just go back and do it again in five years. And if you find out that you know your lab works concerning and your CT scans concerning, you want to read, you want to try and find credible sources.

You want to try and maybe get a consult with, a cardiologist that will listen to you and ask about your diet and your lifestyle and your stress and your sleep and your periods and your dental health and the whole natural approach, and put together a program doesn't mean it has to be prescription drugs, but you definitely want to, you know, focus on improving your heart health.

So what are some of the things you do if a patient comes back with a high lipoprotein a and is there is there a range? Do you have an optimal way you like to see it?

Unfortunately, like some things in medicine, there are two ways to measure lipoprotein. A and just like if you step on a scale in England, you might weigh 70kg and you step on a scale.

The United States, you may weigh 150 pounds. You know, it's the same, but the numbers are very different. So one way is called milligrams per deciliter.

You want to be less than 30. And the newer way is called nano moles per liter. You want to be less than 75. But the the reality is, I have a whole practice full of people with all kinds of crazy lab values.

You do the CT scan, sometimes your cholesterol is high, but that CT scan comes back perfect. Zero. Sometimes there's extra cholesterol, like the protein is high is sometimes the blood sugars high.

Sometimes the blood pressure shock. These are called risk factors. But it's not inevitable that you're going to get heart disease. So you need to do that imaging and find out where you're at.

And there are ways there is no prescription drug right now to lower this genetic cholesterol. But sometimes we use niacin and actually hormone replacement therapy in the menopausal women can lower it.

So that's always a consideration and a discussion that I have with a woman who has it. And as I say, it's not a moment of cheerfulness.

## Blood Tests for Inflammation and Risk Markers

It's a moment of knowledge and power and then figure out if it's actually impacting your health. But very hopeful, because we are ever increasing our capacity to help people and all.

So everybody needs that. Every man needs that same more than every woman needs that same workup. So if someone is seeing just, you know, their every day cardiologist, are they going to order a coronary CT calcium scan or problem or like protein A or probably not now and then 90% plus won't.

I mean if you go for an executive physical, if you do wonder in the cardiologist office and say I have a strong family history of heart disease, I'd like to be checked.

They might get creative and figure out a way to order a stress test on you through insurance. And I'm not, Anti-Stress says there is a place for it, but for a stress test to be abnormal.

Traditionally, we say arteries have to be blocked about 70% or more for a stress test to show changes. So the classic story the woman goes for a stress test and is told, you know, Jane, everything is great and you did well and everything looks good.

And six weeks later, she's in an emergency room feeling poorly because she might have had a 50 or 60% blockage and did not show up in the stress test.

So they might do that. And there's value to it. But the CT scan is like, you know, why do we rob banks? That's where the money is. Why do we do hard CT scans?

Because we actually see the heart arteries. We're not guessing. And most cardiologists and not ordering these extra labs I think, you know, I'm seeing more and more, but it's just not routine yet.

Gotcha. Okay. And what about just standard lipid panels? What is that, like a cholesterol triglyceride to HDL? They're all important. There are something called advanced lipid panels.

But for most people the standard panel. But again risk factors are not absolutely determinative. There are smokers that don't get lung cancer. Yeah we're concerned about them. And we always advise quitting.

But it's not inevitable. And there are people with cholesterol at 300 that have completely normal brain arteries lead normal heart arteries. Something's allowing them to resist.

And I actually give them room to live their normal life and focus on diet and exercise and lifestyle. And we come back and retest them and make sure they're not developing new disease.

So interesting. It doesn't mean cholesterol doesn't matter or lipoprotein doesn't matter. But there clearly are exceptions to the rule and the clear. You said the word clearly, which reminded me of the question I have for you.

The clearly scan. Okay, that's, yeah, that's a, English, conundrum. There, there is a new technology. So this CT scan I talked about has the advantage.

It's been around since the 1990s. So there's 6000 research articles. It's inexpensive, it's not claustrophobic, and there's no allergies. And, it's accurate, but it isn't perfect.

It's almost perfect. It isn't perfect. It doesn't actually show everything in the heart arteries. And it's possible to have even a calcium score of zero and some.

It's called soft plaque in the heart arteries. Young plaque, no plaque, and you'll miss it. And it's very rare, but you'll miss it so clearly. Is a company now spelled clean?

Why? It's a software company and you can move ahead. Now, I don't do this routinely, but I'll do it if you're extremely high risk or if you're hard. Calcium CT scan is quite abnormal.

You go to a CT center, they put an IV in your arm, they give you iodine so you feel hot all over like a menopausal flash. For about 20s. They put a Band-Aid and you go home.

So the test is a little more involved. And that test is called a heart CT angiogram because by injecting the dye, you must not be allergic to iodine. And you must also have helping kidneys.

You'll see the heart arteries clearly takes a new generation of artificial intelligence software, and gives us a report that tells us every millimeter of the heart arteries where it's narrowed, how much it's narrowed, what kind of blockage?

Hard bone like calcified blockage, soft blockage. And it's really a revolution. It's more accurate than the inside test I've done for most of my career called the heart catheterization.

It's also about 15 times more expensive because it's about $1,500. And if you're in an emergency room, your insurance may pay for it. But if you're electing to do this from the office, it's usually self-pay and the radiation dose is about triple.

So it's like having three of those calcium scans. Now for many, many people it's very important. I just had a wonderful 69 year old woman with a pretty high heart calcium CT scan all in one spot, and I told her I'm a little worried.

We don't know how severely blocked that one calcified spot is, and she went ahead and did the full test. Unfortunately, it was only 24% narrowed. It was less than I thought.

She can do her Pilates and her yoga and her skiing and her vacations, and we put her on the right program of diet and fitness and supplements and, yeah.

And sometimes baby aspirin is good. Yeah. There's two reasons to get the heart calcium score if you don't want to be on medicine, there's very strong data.

If you come out of zero on that CT scan, you do not need to be on Lipitor, Crestor, cholesterol medicine. A lot of people don't want to be on it, but they don't have any ammunition with their doctor to really prove they don't need it.

So it was a proposal years ago. If your calcium score zero, you don't need to be on a statin. And now it's even adopted by the American Heart Association.

It's pretty much mainstream science data.

## Advanced Imaging and Additional Diagnostics

So that and the other is aspirin. If you have a good result, then the heart CT scan strong data. You don't need a daily aspirin. But if you have a quite abnormal result, you might need to be on a daily aspirin.

So just circling back to the clearly scan it does use the iodine. You have to be injected with that. And so so it's much more invasive. So the coronary calcium scan stone you can walk in an office and walk out 20 minutes later with a band aid.

But it is a different level of a test. Gotcha. Okay. So what about just some any other diagnostics here? This has been very helpful in clarifying. I know for me, well, you know, it's not unique to, menopause, but a lot of women get racing, skipping, palpitation, fluttering.

Well do heart monitors if those are the symptoms and well very often do an echocardiogram ultrasound of the heart. And we will, you know, look for that mitral valve prolapse or other problems.

But those are often done in women pre menopause. And there's no particular uptick at menopause with those kind of situations. But we do have arteries to our brain called carotid arteries I mentioned.

And you can do a simple ultrasound to get a little insight there. Particularly if you've got a family history of strokes, heart attacks, high cholesterol.

You might want to do that. Those are kind of the state of the art panel we're using right now. There's a test out

there. I almost hesitate to bring it up.

Call em CG multi-function choreography, and it's showing up in some family doctors offices and internists and it's cash based. It's pretty expensive. It seems like you're just getting an old fashioned electric cardiogram, but the internal software is, quite different.

I'm still waiting to see a little more scientific support for it, so I don't order it in my office. I don't want people to pay for it until I see better science. And.

But there is a bit of a statement out there that, you know, women may be more prone to small vessel, little tiny artery disease, and this machine might pick it up better.

But I am waiting to see the data. And God knows I've been studying it because if it's an innovation, it's innovation. But I'm I am not convinced that, okay.

And so what about just are there any like, Must-Have supplements you love and lifestyle? Yeah. Let's just kind of round up that stuff. Sure. A couple a couple that, you know, your audience probably hasn't heard of one.

There's, you know, probably the most scientifically supported supplement for the heart is actually coenzyme Q10 called Q10. Walk in, you know, your big box store.

It's their liquid or tablets walked in any vitamin Shoppe online. Many providers to make energy in the heart to squeeze 100,000 times a day you have to have a lot of co Q10.

With age we make less and less. I don't know of any data that in menopause it goes down dramatically, but it keeps going down in your 50s, 60s, 70s and a low level of CoQ10 production in the body because there's no food that gives it to you.

You're going to have some palpitations. You're going to have trouble with your blood pressure. You might be a little breathless on the stairs. And there is some data from Sweden that certainly by the time you're in your 70s, a daily habit of taking coenzyme Q10 may actually be quite therapeutic in preventing heart problems.

And it's very safe. I mean, it's so safe. So nearly 100% of my patients in my practice take CoQ10 and 100% that take a statin like Lipitor. They all take CoQ10 because the statins block your body's ability to make CoQ10.

You don't want that to happen. If you have a high calcium score and I this is going to sound very whack a doodle, but it's science based. There is a supplement called Aged Garlic Tablets, and there's really mainly one brand, the brand.

And I don't own the company. It's called cheo. Like cheo like I like a version called formula 250 Gaelic. But UCLA has done multiple studies that if you have clogged carotid or clogged arteries, that this natural product and different than just eating garlic, it says very strong dose of age.

The garlic, but it's a white little tablet actually helps shrink the plaque in your arteries. It's very good science and is very inexpensive and is very safe.

## Supplements, Lifestyle, and Closing Advice

And then the second one, and again I don't have any conflict, is there's a vitamin called arterial protect by a big vitamin company called Life Extension from Florida.

And there's some data from Italy that this little herbal preparation does the same thing. It can actually shrink plaque. And these are well done human studies and more than one.

So I have used those routinely and they're still very oddball. I mean, most people I've never heard of. But now we

have a calcium score of zero and you're doing great.

You know, you may not need anything like that, but, I always combine as many natural approaches that my favorite food in the world is ground flaxseed.

A couple tablespoons a day. Good for your boobs, good for your breast. Out. Good for your cholesterol. Good for your blood pressure data. It lowers lipoproteins. A it's good for the brain because it boosts your omega three levels in the blood.

So if you take away one food to add to your diet, two tablespoons a day of ground flaxseed makes me happy. I love it, love it, love it. Yeah, get some organic and grind it raw.

Yeah, he's like a little coffee grinder and do it every day so it doesn't go rancid. Any I mean, this has been really helpful because you've really, you know, we all learn from the summits and you, when I have interviewed you prior, you really change the way I practice.

And I used to just say to patients like, you have to just go see a cardiologist and get a good exam. But I have learned from you that I just need to make sure they're having their lipoprotein a done, and they are getting the coronary CT calcium scan.

So yeah, this has been so. I hope everyone took notes. Every time I talk to you I take notes because I learned something new. Are there any last things you want to share that the women need to know?

I just say, for reasons I don't get it, it's not so much only in women, but we're lethargic about heart disease. My God, think of all the dollars in research.

And yet we mainly screen for cancer and we don't think about the silent killer. And you know, I tell every patient, if you've had a bypass, a stent, a heart attack, I could have found your disease ten years before.

And put it in a program. And the odds were you wouldn't have had that heart attack. That stroke did sent that bypass. So we just need, to, you know, do what was talked about decades ago, kind of a war on heart disease.

And we've kind of laid out the main strategy. Well, thank you so much. And where can the ladies find you? If how can they find your book? Are you online?

Where can they learn more? I live in suburban Detroit, and I am an active practitioner. Seeing patients from about 20 states in the United States where I have medical licenses Florida, California, Texas, New York, Philadelphia.

Yeah, all over. And Detroit, Michigan. Doctor. Joel. Contact Tom d r j o l k r n.com. I have a weekly podcast, weekly newsletters, lots of blogs and six books that are out there on Amazon.

So thank you. Yes. No. Go check him out and learn. This is you know, this is one of the most important talks we've had. I say that a lot, but it really is.

This can save your life. So I actually agree. Go find out. Go get scanned, get your blood work done, and work with someone who comes from a preventative perspective that can help you in case you need some help.

So thank you Doctor Joel. Thank you. Thank you everyone for being here. And we'll be back with another informative talk for you. So stay tuned. For.