Introduction to Ashley Koff and Weight Health

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So that is interesting. And when we started to learn about those hormones, for me, it was when I had a bariatric patient, my first one who had weight loss surgery.

I saw that immediately, like immediately after surgery, their desire for food totally shifted. It was really interesting to see within days. Within days, diabetes was gone.

Welcome to this episode of the Think Well, Age Well podcast. I'm your host, Dr. Heather Sandison, and I am delighted to introduce you today to Ashley Koff.

She is the founder of The Better Nutrition Program and the nutrition director for UC Irvine's Susan Cimelli Integrative and Functional Medicine Fellowship.

she's also the author of upcoming book, Your Best Shot, the personalized system for optimal weight health. And it will be out January 6th of 2026, right around the corner.

I met Ashley up at the PLMI conference about a year ago and I was really struck by how well she articulates, engages, and explains complex science around weight health, particularly the use of these shots that we've all been hearing about, the GLP-1s like ozempic and zep-bound.

Maybe you've heard it as Wigovie or semi-glutide. There's a lot of names for these. And I'd love to share with our audience, kind of get out of this idea, the box of, this being for weight loss, and really think like Ashley is, transforming this paradigm to thinking about weight health, particularly as we age.

She has been a practitioner for over 25 years, so has decades of experience to shared with us. and she's really leading this transformative movement. and personalized nutrition.

So it's a precision-based personalized approach to making sure that the nutrients we're getting are working for us, turning better, not perfect choices into practical day-to-day strategies that help us with our outcomes.

And these ideas will sound familiar to you. You can see why I've invited her here today, because there's so much alignment about how we approach health outcomes, So, we're going to get into some stories and also some of the science around how to achieve this.

So Ashley, thank you so much for taking the time to join us today. Welcome. Thank you, so, much. It's so fun. You know, the Personalized Lifestyle Medicine Conference is one of my favorites of year because it really is this opportunity for us as clinicians to come together and look at it in this holistic way.

I loved that and meeting you there and just so excited we can have this follow-up conversation. So will you just describe for everyone who maybe has heard about Ozempic, knows someone who's on Ozmpic but doesn't really understand what's going on, can you describe what these GLP1s are?

Sure. I think the best place to start is what GLp1 actually is. And so GL p1 is one of, so glucagon-like peptide 1, and there's also GL P2. But these are GIP, PYY, CCK, a whole alphabet soup.

They are what I term our weight health hormones, and they exist in the lining of our digestive tract as well as

throughout our digest system. That's where they're made secreted and then they are deployed to receptor sites throughout your body.

We'll talk about throughout out brain, in our arteries, on our heart muscle, our pancreas. So these are important, important hormones. They're peptide hormones which means they made from proteins.

What GLP-1 Hormones Are and How They Work

And these hormones regulate fat, muscle, bone, blood sugar, and as a result have an impact on inflammation and cognitive health, liver function, like everything.

So why I call them our weight health hormones is because they are helping us understand that our body, actually our weights, How much muscle we have, how much bone we, have how, much fat we where all of it's allocated is a part of our overall health.

They're not two separate things, right? So that's really important to know. The key thing about our own hormones is that they last for about two to five minutes.

Their designed kind of like a motion detector. So they switch on real quickly. I call them the switch and then they're destroyed because their sole job is to get where they are supposed to go to trigger other actions to occur.

So that is interesting. And when we started to learn about those hormones, for me, it was when I had a bariatric patient, my first one who had weight loss surgery, and I saw that immediately, like immediately after surgery their desire for food totally shifted.

It was really interesting to see within days and within day is like diabetes was gone. I mean, that sounds like crazy to be like, I'm selling you something.

No, It learned while we have these hormones And if we can help them work better, look at what can happen, right? So while I was learning about that in our own hormones and like figuring out how to repair them and optimize them in own bodies, scientists were like, huh, I think we're onto something.

What if could actually find a way to make a medication that works like these hormones? Because it's very clear that, in so many people, these aren't working.

So it led them to a Gila monster. A Gila monster is a prehistoric animal that is solving our modern day weight health crisis. It's like totally weird.

You know, it's a dinosaur, literally. And I jokingly say it is like every perimenopausal woman because it wants to spend like 90% of its time in a cold, dark place away from everyone.

Under penalty of death, do I go out to find food? So it is actually designed, it has a hormone in its own body. It's actually in it's venom that allows it to eat fat from its tush for about 30 days.

And then at a certain point, this venom, and this is why it goes out. This is what signals it, to be like, oh gosh, like I need to actually go risk everything and go find food.

So, really doesn't think about going and getting food for 30 about days, right? So we didn't want that in humans, but what the scientists were able to do was to look at that and they were like, you know what, it's very similar to our own peptide chain.

So a peptid hormone is a series of amino acids. And what they we're able do in a lab was take a serious of a amino acid and manipulate it so that it could go into our body and our bodies would receive it as the hormone that is knows and it would be able get to all of these receptor sites but something very different would happen.

it would stay on. At first, it was stay-on for one day. And so that was liraglutide, and that is the injection. Then they were able to figure out with semi-glutite and terzepatide how to get it to stay for like 24 hours, for five, seven days, depending on sort of what is going on in the individual.

That's how we had this shot now heard around the world. So we have something that actually mimics our own hormones. Just like we insulin that we can take externally, we have thyroid hormone, testosterone, estrogen.

Those hormones tend to mimic ours exactly. This one has a very big difference in that difference and timing amount, but it allows people to actually get the experience of having all these receptor sites in their body satisfied with this hormone.

As you and I'll talk about, Heather, it also does other things, so we want to understand that because that's where side effects and challenges can come up that we want to make sure, you know, that were considering.

But that's the difference of how they work. So it's important for us to know that a GLP-1 is not a shot. A GLp- 1 is our own hormone, but now there is a version of it that comes by way of a medication.

And you made a really important point when I saw you speak at the conference. And that was that, okay, we can give these shots that stay on these receptors for longer than our regular hormones do.

Although they're like our own hormones, so they are similar. They're not bioidentical, but bio-similar. our bodies know what to do with them. And yet, if we take them away, so say someone's been on this shot, has been taking semiglutide or taking terzepatide for a year or so, and they've gotten to maybe their inflammation goals are achieved, their weight goals achieved.

But we'd take that away. The underlying GLP-1 imbalance or other imbalances, they might still be there. And so if we haven't addressed that, then we're kind of back in the same spot where we started after sometimes weeks, sometimes months.

So how do you think through creating balance in that hormone signaling pathway, in a whole conversation that the body is having? How do we create that balance if were using these medications as sort of a crutch to get there?

Yeah, and I think of them, crutch is a great term. I Think of him as training wheels, or they may be ongoing support, you know, because somebody may need it for the rest of their life.

And that's a win if it helps them. Like I have patients, excuse me, who are using that, we're off all of other medications, like that a total win to me.

You know in that regard and their weight healthy, so that is the win. So the reason that my book talks about being a personalized system for optimizing weight health, GLP, one shot or not, is that anyone, everyone, because we make this in our own body, we need to optimize.

So weight, health optimization, weight-health hormone optimization is a foundational, essential part of our nutrition and our lifestyle, and we to be doing that.

We need assess our function and optimizing it as indicated. If you are on the medication, then you have told me we have evidence then that your own hormones were not working.

So we absolutely know that there is something suboptimal in that system. And if we don't repair that and we just come in and give something to override it, if you will, on that part, as you said, you're always going to need that tool.

We have examples like that across all of medicine. So, you know, if you go on a statin and you just expect the statins to lower your cholesterol, You actually are not heart healthy.

We need to optimize heart health because that has to do with blood flow. That has do do endothelial glycocalyx. I mean, it has so many things right in there.

If you just use a statin to lower cholesterol, you can oftentimes miss what you actually need to be optimizing. We see that with medications to address depression.

If your on an SSRI, when we're working on our serotonin, we are using a reuptake there. If you use that medication and you don't do the therapy and don t optimize digestion and support your vagus nerve and do these other things, you are always going to need that antidepressant and, by the way, may always need antidespressants because it may be the liaison to optimizing your mental health, but you're going set yourself up for other physiologic health issues because of how that medicine works in the body.

I could go on and on with examples. So the key thing for us to understand here is that I think there's a foundational piece that if you are using one of these, if and when you use one these medications, you also want to recognize that it is going to allow your body, those receptor sites to be satisfied across the board.

So let's say you have a hundred receptor sites and now like maybe suddenly for the first time in your life, like 95, I never believe in perfect, but like, 95 of a 100, you know, are getting satisfied.

Whereas before maybe seven were actually getting. You feel amazing. Like there's all of this differentiation that's in there. If you go off the medication, you just go of it, your body goes back to seven, right?

And it might, and this is interesting, we're getting more and more information about this and evidence. When you're on the medications and it's satisfying those 95, what happens in your own body?

Your own doesn't get the signals to produce and secrete GLP-1. because the receptor sites are satisfied. Well, what's interesting is then you also aren't getting the signals to deploy PYY, CCK, GIP in the same way, right?

So when you're agonisting, when your using the medication, your own body suppression of these and the whole system approach is likely going to be impacted and that is where we also see other issues when somebody tries to just come off of them.

So, where my work is, is it works across the board. If you do not need, do, not want, you not have access to, if conditions are set up and it's like this is not better for you, then we don't use that tool in our toolkit.

That's all that the medication is.

Why GLP-1 Medications Change Appetite and Metabolism

It's not a solution. We just don t use the tool. while you're on it. And then when we're achieving goals, what we want to look at is a plan for moving forward.

Are we going to wean you to a maintenance? And that might be a different dose or it may be different frequency. So I have somebody who's on at once a quarter.

I've somebody else who uses it once month. Somebody else was at a very high dose who is now at lower dose and is using that dose ongoing on that part.

There's opportunities for us and then we also have people who have come off of them. And this is important psychologically, they felt like a success even more so because they were able to not just achieve their weight health goals, but also come off the medication.

Well, what happened is life through a curveball. That curve ball could be in this case, it was a divorce and a custody battle and just like kind of in a financial issue, like all things were upended.

Other curveballs that I've seen are disease or injury where somebody needed to have treatments and they couldn't be on the medication. And what happened then is the circumstances occurred where we decided to, we actually needed, to restart the medications.

I had to do a lot of work with the therapist and with my patient and all of us collaboratively to realize that you're not a success or failure ever based on your weight, based on even your weight health, and certainly based upon what tools that you're using.

Anybody who judges you for that has their own stuff to deal with. And if you are judging yourself for it, we want to work on your mindset, which is really your beliefs about yourself, as opposed to the facts.

The facts are that I needed this resource. I say that as somebody who if only this tool had been available when I was maybe 15, 16, 17 to help me, it would have helped me avoid, you know, eating disorders and, well, I never diagnosed with an actual eating disorder.

I tried eating and I felt like a failure because I couldn't succeed with that. And a variety of different things that moved me further away from weight health before I ultimately was able to get the help that I need.

You know, I look at this and say, this is very personal and it's personal for each of my patients and each you. And every life stage I think is the important thing for us to think about there too.

I want to talk about the benefits of this. So why someone would use this? I had a patient just this week and it was really fun. We were looking at her labs.

I've seen her for probably the last eight years. And she's always had this persistently high HSCRP, the indicator that there's generalized inflammation.

It was never as high that we would think she had cancer, but it around the twos, threes. She also had sense of, she felt overweight certainly, a little bit of pain and achiness and like she never just felt good.

And this year, after about nine months of semi-glutide, her inflammation levels, all of them are in the normal range. So her HSCRP is now at 0.3 instead of up over one.

And another patient of mine, she described after being on trisipatide for a couple of weeks even, almost instantly she said, the food noise, I didn't realize that as I was eating a meal, i was thinking about my next meal.

I always kind of obsessed with where I'm going to get my meal from. The ice cream I have after dinner. While I am eating, thinking what I will eat next.

And she said it was like this freedom that she didn't think about it constantly, and so it opened up bandwidth for other things in her life. And those aren't the only potential benefits.

So would you just run us through, of course, weight loss is one of them, inflammation is, one them the food noise is. But you mentioned bone and brain.

What are some of the benefits that people can get from using this tool? Yeah, so the second chapter or third chapter, I forget of my book, fourth chapter whatever, but I use a curse word.

It's S-H-Asterix-T, and the asterisk is not an O in that part. But to unlearn, we have a lot we need to learn. And the weight that so many of us are weighed down by and that makes us feel badly and interferes with our ability to fulfill our life's purpose and to enjoy our lives, And that honestly sometimes is like so, like I know at 50 when I don't feel good about my body, I'm so much more mad at myself than I even was at 20 because at fifty I am like, girl, you're an adult.

You are a grown woman. Stop judging your appearance or stop, that kind of thing. And so it's like makes me even

more bad, right? And I feel like every decade we have that.

So there is so weight. The weight of information that doesn't help us, things like your total weight, being a marker of anything. Like it literally isn't a mark.

It's like not helpful. Someday, I hope there are scales that just don't even give us that total number. I don' care about it. I care abou your muscle, your bone and your fat.

Where they are in your body, how much of them you're carrying and are they able to do what they're supposed to, you know, to d for your bod, because that's going to give me indication about your health.

Your total cholesterol, not a helpful number. We need to know your particles. And we need stop saying LDL is bad cholesterol and HDL as good cholesterol.

Like we to look at how all of them are functioning. Understand your triglycerides. All of these different things. This is so important on that piece. You need understand that your bowel function, how your gut is functioning is what actually gives your body, like that's where you get credit for the kale or the wild salmon.

If you just eat it and it doesn't get to where it's supposed to go in your, because your digestion is altered. And by the way, every one of us who is aging, which means every, one who's alive has altered or has changes in our digestion throughout our lives and certainly the process of aging brings those forward.

So it's really important, you know, when we talk about this, like offloading that weight. So I'm thinking really about your second person, but I bet it is even with your first person because when you are able to worry less about things like lab markers that don't look good, that you're like, I am trying.

Like total blood sugar, even Heboglobin A1c is another example. I have people that are trying so hard to lower their A 1c. And I was like you guys, it was a 90-day average.

Don't try to low your A-1C. Let's actually try to optimize your blood sugar. And we see that with continuous glucose monitoring. We can look at fasting insulin and we can assess other things on that part.

So I think that there is a key piece here that what these medications can do, remember when we have receptor sites throughout the body, that tells us that it needs something.

And so when those needs are being met, the ecosystem starts to work better. So it's like a garden that maybe before the approach was to keep watering the plant, but the plan really needed sunlight, or the soil needed to have more nutrients in there so that the plants could grow because it just is nutrient deprived, etc.

This is an ecosystem situation. Why do I say that? For your first patient, where CRP, which is when we're looking at C-reactive protein, and that's produced when the body is experiencing unresolved inflammation, one of the things that we are seeing is that some of receptor sites where these hormones are going to is actually helping the bodies with its inflammatory response.

That's not all that happens. So, you can't do that and not get in what your body needs to both prevent and resolve inflammation. It doesn't mean you take semi-glutide and you don't get pro-resolving mediators or you eat fatty fish or if you do not eat fatty fish you look to things like hemp seeds or walnuts or supplements to complement it.

We need to do all of that work, but why is that important? It's important because this helps nourish our brain. So, the things that cause cognitive decline are overwhelming our brains or bringing toxins into our brainstorm or impairing our braines ability to run better.

And so, what this medication does is twofold. Number one, it's going in at satisfying receptor sites so that like we kind of join there's this trend on TikTok called the We Do Not Care Club.

And it's like, this woman started it, and she was like at this stage, like we do not care. She's so funny and it exploded. But what a lot of my patients say is like semi-glutite is the ultimate we-do-not-care.

Now that can have downsides. I have some people who literally don't care about eating at all. That's important for us to note because under-eating is very problematic, especially as we age because we need to resource our body.

But the second thing is, what if for the first time in your life you're present at a family meal because you are not thinking about what you shouldn't eat and what should eat?

Or what about for first in life, you actually are enjoying the taste of what your eating because your not judging yourself for eating it, right? So that impacts your stress response and that helps lower inflammation.

And that actually helps our brains work better. So what you're seeing, and Heather, I love that you are picking up on it because I know it's being called food noise, but it really is just about noise.

Using GLP-1s as a Tool, Not a Cure

Quite honestly, like I think it is a little more severe for women. I'm going to say this, this is little bit of a stereotype, stick with me for a second guys.

It is so much worse for you today because you are being dropped in and bombarded into the diet industry like today, like the last 10 years have just been horrific.

And I see it in my male clients of every age, you know, on that part. But as women, we have been like so like just bombarded and overwhelmed with from the diet industry since like really the 60s, 70s on that part.

And so we carry in our brains like this ridiculous amount of diet information and that diet, information directs. It doesn't just direct our choices, but unfortunately it hampers our vagus nerve.

What's really interesting about our Vegas nerve is our vegas nerve, is what sends signals to tell these hormones to go to work. but it's also what transports those hormones to our brain.

So if we put it all together, if were challenging our vagus nerve, which just wants to be safe and happy, like it literally just want to like knit and hang out and be cozy, and when we bring in these messages of self-hate, of doubting ourselves, doing things to harm our body in the name of a number on a scale, you know, wearing too tight clothing or things to tighten us up in there.

So our digestion is like all of these different things. We actually hamper our own weight health hormones. And that leads to not just unhappiness in terms of our body size, but it challenges our bodies ability to our cognitive decline, our heart health, or blood sugar, all of that.

And yes, these hormones also regulate our bone health. So that's really interesting for us to understand that in repairing and building bone and maintaining bone these hormones are a part of that picture.

That's why I call them, you know, weight health on that piece. So I love that you had two concrete examples there. My book is filled with many more, in terms of how that plays out.

But I think that what we all want to think about is not the message here is don't rush out and get on this medication for those things. The message is to assess your weight-health hormones and understand weight And then if there are signals and there things that you cannot accomplish with your nutrition, with you lifestyle, we need to then look at what I call in the book, toppings, like the toppings on pizza, which are medications and supplements and choices that may help us to really activate or even replace our own hormones for a period of time so you can get those results.

So you made this great point about the messages that both men and women are sent about what the ideal body

type looks like. And there's been these pendulum shifts, I think, of accepting everybody in every shape.

But then somebody will fight back and say, no, but that's not healthy. What we want is healthy, and that starts to look like very, very thin. It's different for everyone.

context I want to put this conversation in is that inner conflict that I, I mean, experience this personally. What's available, inexpensive, and convenient in our busy lives is not healthy.

And then, you know, when I went to naturopathic school, your registered dietitian, like you, we know what is good for us, but it's often inconvenient or expensive.

And then also, there's so much dietary advice out there that might be good that maybe it's not good for me right now. Yes, I love that. It changes our lives, right?

A hormonal teenager who's very involved in athletics is going to have a very different nutrient need than somebody going through menopause. So I think keeping all that in mind because I really appreciate you putting this conversation in the context of the messages that were sent.

I have so many questions. And I love this conversion. Thank you. Because I know that so people have questions, and there's so much nuance to it. Also, I think a lot of people are finding that, okay, can just go online and I can order this.

Yes. Oh my gosh. The guidance that I need. And there are, there is the mental emotional piece. There is, the weight piece, of course, but there's this in for me, and there so much to it.

And so I just so grateful for the opportunity to dive in. I want to ask one simple, hopefully, question. Is there a supplement, is there something we can take either orally, a medication oraly, or a supplements that I can that would help support GLP-1 signaling in my body?

So not a shot, another alternative. Yeah. But we have to come back to health at every size. So I've got to start there and I'm going to answer your question.

The question is, I love my colleagues who have focused on as a rebellion against the diet industry, the conversation of, but we can be healthy at ever size, so we CAN be.

So I want to be really clear, I spent 15 years working in Hollywood. I still see quote unquote celebrity clients and their celebrities because they're professional athletes, they are entertainers or doing other things where they in the public eye and they size matters, right?

But they at their size, like any one of them that came into me, The question was, what isn't working? So why are we here from a health standpoint? And that's what we have to unpack for you.

So if you are a woman, let's say in your, I just was working with somebody the other day. If you're a women in you 70s and you at what one might externally see as a desirable weight, i'm gonna wanna know, okay, but tell me your muscle and your bone.

I gotta look at that. And how's your cognitive function? And it's definitely going to bring me back to your digestion. And that's going be really important.

Why do I start there? Because supplements are similar and different from medications. Medications come in and they either override or they encourage something to happen.

We usually use them because either something is happening wrong and we want to try to correct for it. or something is happening and it's not happening at a pace that we need it.

And so we want to amplify it, right? But they come in and they do that for your body. That is what a medication does. So when we think about that, if they are doing one thing in your buddy, then of course they're going to have other disturbances in ecosystem because, and again, as we talked about the start of this conversation, we got to go in, We have to understand what wasn't functioning and fix that.

But we may use those for a period of time or ongoing. Supplements are different. So supplements are nutrient compounds. They come maybe they're from plants, maybe there from animals, may be they are made in a lab so they could be something synthetic, all of those pieces.

And they come in and the goal there is to hopefully for them to come and complement your body. The way that I think about supplements is three different ways.

First way is for you to, if you've identified that you have a gap in your nutrition, I don't eat fish and I'm allergic to nuts and as a result, i'm not going to get in my omega-3s where, and by the way we should be thinking omega 3s, omega 6s omega 9s there's a lot of omegas in fish, but if I am not getting that in, where can I then get those nutrients in from?

Then there's another role, which is not that I have an issue that i can't get something in, but i have preferences or i've choices and i'm worried or I'm concerned or am just living life and I don't eat the same thing every day.

Like as an example, broccoli, my favorite food, probably my curly hair and like what I know about glucoraphanin now, But I dont eat broccoli every My dog gets broccoli almost every day, so I don't supplement my dog with glucoraphanin.

I take glucroraphnin because I wanna make sure that my body is able to turn it into sulforaphane because, I want my brain and I what my bodies detoxification systems to work effectively, So that I know that the toxins that am exposed to, cause I love to hike and run outside, that those toxins and everything else that's not in my control, the body has, is working its best to be able detoxify and eliminate those.

So, that's the second rule. The third rule for supplements is that they can come in and they could be a therapeutic adjunct to a medication. So if I am taking a statin, a cholesterol-lowering medication, it is going to impact my body's amount of coenzyme Q10.

Coenzym Q 10 is then a supplement that I'm going recommend to somebody who is on a Statin. I have them take them at separate times. And likewise, I'm also going to assess somebody's testosterone levels and make sure that if they're on a statin that we're not seeing lower testosterone in men or women.

And then I might need to look at what would I need do to correct for that. I mentioned an SSRI before and if it impairs the body's ability to absorb B vitamins, then i'm gonna come in and say, maybe I more B Vitamins every single day that I am taking this medication to make and I not gonna necessarily get that from food.

Benefits Beyond Weight Loss: Inflammation, Brain, and Bone

So when we look at supplements that way and we ask the question about what about our own weight health hormones, what I and I talk about this in the book, there are three different, we have a whole spectrum.

So on one end of the spectrum is weight, health hormone replacement, and those are your medications. They come in, they replace them. They function for a lot longer than our own and they do a lotta great things and we have to understand what they and optimize for that.

Then on the other side, the whole other of the spectrum is what I call GLP-1 or switch or weight health hormone optimizers. Some of those are direct optimizes, things like an acromansia, which is a type of a probiotic.

In the lining of your digestive tract, it chews up mucin. It's called acromancia muccinephilia. When it chews up that mucin, it's part of helping the body to both produce and then also to maintain deployment of our weight health

hormones.

So there's advantage in there. It eats polyphenols. We need to make sure that we're getting the poly phenols in so that there is on that part. Those polyphenols and other things we want to create short chain fatty acids.

Those are going to come from the fibers that we're consuming. So we can start to look at in the ones when you ask me if there's a supplement, I always ask the question back on that part which says, What are you able to get from food, and then what are not getting from the food?

And that's how I personalize your supplement recommendations. So, glutamine, creatine, omegas, pro-resolving mediators, glucoraphan, I mean, the list goes on, right?

These are all weight health hormone optimizers in that part. And then there's this middle category and that is called GLP-1 or weight health hormone activation.

I like for it to be called weight-health hormone and not just GLp-one because it turns out that the one compound where there is actually good human evidence on right now, and I assume by even the time this airs, there might be others that have come out, but the that I've looked at and worked with with my patients, it actually is secreting at a higher level, helping the body to produce and secrete at higher levels, PYY, and GLP-1, and likely GLp-2, maybe some GIP in there.

So it's really working on the whole ecosystem in that. And that is from a New Zealand hops, the name of it is Amerisate. Then the the ingredient that we recommend to our patients is called Callocurb.

There's Callocurb and there's callocurb clinical. But that only works at about 600 percent. Above 400 is what you really need to make sure that you're getting some of the appetite and that your getting the food noise and cravings.

But what I haven't seen on that part alone, that one there, is that it has the same benefits on things like inflammation and some other stuff. What's interesting to me is there are all these different pathways and receptor sites for the particular hormones.

And so it may be that we need a combination of different things to activate and get all of those benefits. So we bring it back when we think about a supplement and everybody who's listening, if you are taking one supplement or if your taking 85 supplements.

you have to be able to justify, you need to tell me, I know this supplement is working because. And if you can't answer that, and it may be hard to say, like, this is supplement working to prevent Alzheimer's, because until I, at which time I have lived my entire life and either do or don't have Alzheimer, s I'm not going to know, but what I can say about something is, that I like have evidence in some capacity that this ingredient or in collaboration with other ingredients, it is helping me reduce brain fog or feel more focused or lower levels of inflammation as seen on my labs or poop better in the morning or have better afternoon energy or still have a sex life at 70, like whatever it on that part.

Because I think too many people are taking supplements just because they've been told or to your point, whether a lab test is telling them to go buy it or you know, a practitioner or someone they like or, you want to look like, or whatever it is, is telling them that that's what they use.

And that is a problem because it's not actually helping. We don't know what it s doing in your body. The wrong supplements or the wrong amounts of supplements, the long form of supplement can overwhelm or alter your ecosystem in a non favorable way.

It's also just an issue for your budget. Why spend your money on that? Save for retirement or if you're in retirement, enjoy a little bit more money. Yeah, we always say supplements are supplemental.

This isn't the foundation, they're tools, just like potentially a GLP-1 injection is. These are just tools that we want to

use to create balance in the body.

I want talk about the side effects. We've heard, I've certainly seen people who've lost their hair after using GLPs. There, or have concerns about frailty for people that are aging.

So in the context of, say, patients over 65, what are some of the considerations and side effects or risks that we can potentially mitigate or we want to be mindful about?

Yeah, I love talking about pros and considerations. I usually don't think there are actual cons unless somebody is selling you something and not working with a practitioner or that kind of thing.

But I think this is really important. Can we just double-click on that? You just said there really aren't a lot of cons when it comes to the LP-1s. I mean, when I think about all the medications and all of the supplements and everything out there, there are so many flashing warning signs.

And what you're saying is that there's really not a lotta downside here. Look, I'm more unhappy about like NSAIDs, like Tylenol and Advil. And by the way, move that away from any of the political conversations about any those.

But when we use something in that space and we don't understand what it's doing potentially to our gut lining, et cetera, So, there are cons, which is somebody's selling you it and it's not the actual ingredient, or there're cons where somebody is just selling it as a solution.

Come here, we'll assess you, and we will send you off this medication. That's a con in my book because they're not personalizing it to you. What you do, what we do at the Better Nutrition Program, come in and help to personalize protocols for people because of what I'm about to say on that part.

Number one, you have to understand how the medication works. There are things that people are being like, oh my gosh, this is a side effect. And you're like that's not a site effect, that is directly how they medication work.

So the meditation comes in and it slows gastric emptying. Why is that an issue? So does aging. why is it also an issues? so do other things, right? If we are less mobile, if we have less muscle, like there are a variety of things can be slowing gastro empting.

What's another issue? Many people, and especially as we age, are either appropriately or inappropriately, one of my con medications that are out there, our proton pump inhibitors.

We're suppressing acid in individuals. When we suppress acid individuals, we challenge the ability to use calcium, the challenge to absorb and make B12 into a usable form.

to take in protein and turn it into what is used. And as a result, we actually have more digestive issues because we have undigested or partially digested protein going into the lower half of the body.

Yeah, and oftentimes we have our proton pump inhibitors given to people or people are over the counter taking acid suppressing medications and they actually have low acid.

They have no acid, not high acid so we're lowering that. And then what are they told? They're put on one of these medications, they're told to consume more protein.

So you already weren't digesting your own protein and now you're being told take in more proteins and you wonder why all of this things are happening.

Supplements and Nutrients That Support Weight Health

Number one, why are we losing hair? Very often, I would see this in bariatrics all the time, so this is not new, we are losing hair because over the course of three months, you are malnourished.

You have not met your protein needs. And remember, it's not about the protein that you were taking in. It's about your body's ability to digest and absorb the proteins and have the proteine get where it needs to go so that your bodies does not prioritize your hair.

Do you want to know when your bodys gets to your your hairs? It gets to your hair. It's like how, for parents, like after all the things are done with the kids, all of the thing are for our partners, the rest of our family, our pets, neighbors, because we like to build community.

Oh, and then we come and we focus on ourselves, right? That's what happens in the body with protein. Muscles get the first attention, hormones get next, enzymes get attention.

Our skin gets attention before our hair gets, I mean like all these things. So we lose hair and panic. or we blame a medication. We shouldn't blame the medication, we should blame inappropriate use of the medications.

we have to be optimizing from the get-go and making sure that people are able to absorb. So sometimes for me that's digestive enzymes versus even increasing protein.

Almost all the time that is starting off with glutamine which is called a conditionally essential amino acid but as I talk about in my book, is actually completely essential.

Even if we get it in, even if our body is making it, we don't have enough glutamine to do the repair work for our digestive system and our muscles, typically without a bit of supplementation.

So I often will use that in that space. And so when we think about that, that's really important because we're talking about the nutrients, vitamin K.

We're talkin' about nutrients that the bone needs. to make sure that it is able to rebuild. And there's really interesting information. There's even a product now, a food product, that has come out that is working in the gut to help build bone, and it works on par with some of the bone building medications, like they've done research.

You know, when you look at how an osteoclast and an osteoblast work, it's all digestive-focused, right? So, what is it called? So if we're altering, and I won't name that, we can maybe put in show notes, you know, I mean, like I'm happy on that part.

I think it's Bonvia, Boniva, i'd have to just make sure I have the right spelling for everybody. And I am new to using it with patients, right? Like, cause I've been doing all the repair work, through everything else, but I like the research that they have, being able to show that is really exciting, in that way, just like being to resolve inflammation.

So when we look at that and we say, like, what should we be thinking about? We need to understand that it works that way. The other important part of understanding, so it's slowing digestion.

There are three parts. It's suppressing our own production, which can negatively impact hydration, and it can negative impact other things that our hormones are doing, you know, in our body.

So we want to make sure that we're, yes, we are getting to receptor sites, but we circumventing the pathways. We want nourish those pathways, And then let's talk about the brain.

So if it is calming down, if going to those receptor sites, it may be something where your appetite is actually, you're not experiencing appetite and you may also not be experiencing hunger.

If that happens, I have people where they're eating all day and then they are having one big meal at night. They're like, oh gosh I'm supposed to get in 100 grams of protein and they have it at one time.

And so, that overwhelms digestion, it impairs sleep, and it leaves us undernourished throughout the day. Our body is designed like a race car. We want a pit stop for nourishment regularly throughout day, I think that's really

important because that nourishments is water, electrolytes, food, also by way of supplements, nourishing is moving, time away from our computer, there's a lot of that.

But we want to understand that what the medication is doing is, when we're on it for those seven days, and especially at the start, it's getting us very metabolically activated because it is hitting all those receptor sites.

And so one of the things that people say is they're like, I'm on. Like they're like, I'm zooming. I had somebody where we had to like literally remove caffeine and that actually had a negative impact on an already slowing digestive system, right?

So we to really work on motility. And so it was interesting, like kind of all the things that we have to impact, but she's like I just on this medication, and I said, you're also wired at night and not going to sleep.

So what we're seeing is we are seeing heart rate variability Blood oxygen score, body oxygen scores, we need to make sure that we're not keeping you, like we are not all yang and no yin on that piece.

So a lot of times I'm having to work on, for people who are on the medication, work adjusting sleep very significantly. that may be supplements, that maybe what time you go to sleep, all the things that we know that were meant to be doing, but we may actually need to do that more intensely so that while you're on the medication, especially the first couple of days of the meditation or as you are at a higher dose of medication.

We don't have you actually like your body is like speeding down the highway a bit under nourished and then we hit a wall of burnout on that part. Side effects are really important to understand.

Those are all the ones that will occur because of how the body works. So I just want to be really clear. I wish there was a different name, because I don't see those as side effects.

Like, I see them as the effects of the medications. They're just the effect. That's going to happen. Then there's this other world of side-effects where Unfortunately, we don't have really good data about like in the studies about is this a medication is as causal as this correlation.

But there are some things that like, as I've been investigating, I find really, you know, really interesting. So there was, of course, what some people have said is like a really poor study on mice and looking at thyroid and then looking thyroid cancer.

Look, and also in individuals, if you are at risk for cancer in any capacity, what every medication and every supplement, every choice should be a part of a conversation with your practitioner.

If you've been through cancer treatment and we're reducing preventing recurrence, that's an important conversation. Nourishing your thyroid is really important and oftentimes when we are under resourced, we under-resourcing our thyroid, so looking at thyroid health would be very important.

The one about making us go blind or looking at the stroke from an ocular nerve standpoint, I talked to a functional medicine practitioner who's a neuro-ophthalmologist, and her take was that the optic nerve in the individuals who developed optic stroke was actually smaller.

So I don't understand all of this. I'm just borrowing from what she explained to me. So is it a good idea if you're on this medication when you go to get your eye exam?

Like, you know, just number one, get eye exams. But when get you get an eye examination, is my optic nerve a normal size? If it's a smaller one? That's good conversation for you to have with whoever is prescribing your semi-glutide and have the conversation about how do we protect the nerve and is this a risk factor for to be able to informed and ask that question.

And then when we look at other factors, you know, where people have said, I mean, the one that kills me is like, oh,

well, this medication causes you to lose muscle.

And you're like no, all of our choices either contribute to us making muscle or causing us to loose muscle, if we are not absorbing protein. or if we don't have the right amino acids in the quantity.

If we're not optimally resourced, then we may not make muscle despite even getting in protein and that piece. But protein is not the only thing that builds muscle.

You have to turn off inflammation, you have optimize recovery, and you absolutely have optimal digestion, like all these other pieces. And I mean, and the type of exercise, right?

So you're like sitting there and it's like, so what becomes this perfect storm is if you go on the medication and you feel like wow, I'm losing weight for the first time in my life and I don't have to exercise.

Okay, give yourself like three weeks and just enjoy that and then come back and be like I actually do. Or see your skin get real flabby real fast on that part in places you don' want it to be.

Not that we really want flabi skin anywhere, but so you wanna look at that. And then design a safe exercise program for optimizing muscle for making, and that's your fast twitch and your slow twitch muscles.

So as an example, if I'm somebody and I work with trainers for this, cause that not my skill set, but if i'm working with somebody, this particular woman comes to mind and she's had two or three bone breaks and we've worked a lot on bone health.

And so that was a big. part of it, and I was like, all right, so one of the things that I want you to do is I don't want to wearing the weighted vest.

Like, the weight vest was not a better choice for her, might be a choice, you know, for somebody else on that part.

Side Effects, Risks, and How to Mitigate Them

But we do have her. She's carrying weights around or she's carry heavier things around in a safe way when she has her shoes on, in her house, on a pathway that she knows isn't obstructed.

You know and we go through and give ideas for what are the thing that we can be doing, um, that you can help her to build muscle. Now, I think, you know, when we look at these pieces of what's called effects and what are called side effects, and you, know what, are things that are concerning, um, i think really important.

The final thing that, uh, You know I want to leave your listeners with this is to understand that we're just about, with the introduction of a triple agonist, we are just About to get out of the space where we re just replacing our own weight health hormones, And we' re into the place with medications coming out that Are doing other things, or that may not be a mimic or as we said biosimilar to what's in our own body.

That's really important because that says to me that that is going to require us to understand the effects of those medications through a different lens than than we've been able to with semiglutide interzepatide.

So as retrotrude tried, I can never pronounce it correctly as the R1 comes out. And as all these others come out, it's really, really important to talk to someone who understands how it works and then who also understands your body works, and that's how we create that winning protocol.

So with these effects, the effects the side effects whatever you want to call them, with the GLP ones they've been around a long time. I think a lot of people think oh these are just on the market they're brand new they have only been a few years.

But they been used for diabetes for a very long so we have a good sense of the long term risk profile. Can you

break a little bit of that down for us?

So, I agree and I disagree. So here's where I think, like, we can hit the middle ground. The first version, Lyriclutide, has been around, yes, as you said, it was an earlier medication, but it a once-a-day shot.

so the difference now is when we're taking something and it's driving us over the course of seven days at this higher amount, you know, its not degrading for that longer period of time.

I think that is doing different things than we have. So I look then at semi-glutide and terzepatide. And I also think, that's why liraglutides started to have some weight health benefits, but it didn't really blow up in the way that semi glutide, you know, which became this unignorable, thank goodness, like it has all these impacts.

So I think that some of those direct effects of how, like, when we're laying gastric emptying for seven days, that's problematic. That's why, they have you before a colonoscopy, two weeks before, you know, we want you off the medication or talk to your practitioner.

in that regard so that anesthesia can work appropriately. That's why if you're on one of these, I think in case of emergency information, that should be everywhere so if were rushed in somewhere and had to have surgery, they would understand that this is what's going on in your body and other pieces.

So I really think it's smart for us to not try to make people feel, and this isn't you, this more of what I'm deeming where people do it in a non nuanced conversation.

I think this idea that, yes, the system for replacing these hormones and having them work has existed for a long time, but we're doing it much more intensely now.

And I that is something why we are seeing some of these pieces. Then there's this whole other part, which is when you bring in weight, you're bringing in the psychological piece.

which I think is so, bariatrics to me was such an eye-opening experience on a variety of different ways. It really forced me, here's somebody who like grew up with a belly, like I was cute and then I the fat kid and that I like had like trauma throughout my whole life of having this belly and what it meant to be overweight and be told I totally healthy, I just needed, you know, was the problem.

Like I needed to eat differently and do things differently. And so there's trauma. There's a lot of trauma that builds in there. You may have made choices in your life in a different way, you know, and all of those things.

So with bariatrics, it was really interesting because we built a whole system around an individual. When done better, I want to acknowledge, You build a system, around and individual that helps them navigate.

groups getting together. We had conversations with coaches, we had conversation with social workers. Sometimes there was like really important like family and partner counseling because you know the whole relationship was predicated on how someone eats or somebody seeing you as a fat person or as an obese person and now you weren't and what did that mean in your relationship etc.

And currently we're seeing that with the GLP-1's as well. The dynamics change profoundly. Profoundly, profoundly, yes. And food, so many of us carry acute trauma and also carry chronic trauma.

The scars of those are in our vagus nerve, right? What will often end up happening is if we don't acknowledge that, it can be very confrontational to us.

And I think that piece, when you don't have the support for that, that's also an issue. And so why do I bring that up? Because that wasn't a factor with liraglutide.

Like anyone who has ever battled diabetes, like I'm talking really about type 2 diabetes here, acknowledging just a

different etiology and issues with type 1 diabetes.

But with type two diabetes, I do not want to say that there's no trauma or there is not, you know, et cetera. But in a type 2 diabetic who wasn't somebody who was ever dealing with their weight, what they perceived as their wait issues versus a Type 2 Diabetic and or someone who is just dealing dealing what their way issues, we have to really acknowledge that the But in many instances, it might take a year or two for you to even feel comfortable.

It might Take 15 for You to feel Comfortable with your body. You know, I have a patient who has lost a considerable amount of weight and she is getting attention publicly.

Somebody stopped her the other day and was speaking to her and like, you're such a beautiful woman and this. She was abused as a child. This was when she was a young teenager and I get tears in my eye, a huge part of all of this, she is so uncomfortable in that situation.

My go-to used to be to run into the coffee shop and just eat to make myself calm. She sat in her car and cried for an hour. And thank God has an amazing support system that, you know, we've worked, uh, We've all collaborated to put in place.

Um, but that was like, and that poor man didn't realize like he was, like hitting on her. Like he like this is, You know and she wants a relationship so desperate, And so she's like I'm so broken.

This is never. and I was Like, Hey, I Was like baby steps. like This Is just, this Is a situation. So like how do we want to handle, in the future, what, these sorts of things.

And so I think that that's where, like to me, those are like, unfortunately, the side effects and the effects that actually aren't getting enough of the attention that I really think really need that attention.

Yeah, I've talked to countless patients where that weight is like an extra layer of protection against the world, right? Yeah. Totally. They're extremely entitled to a trauma.

I want you to describe the ideal patient over 65. This is really about aging well. So a patient who is over65 considering this, who's the idea patient?

Yeah. If you're considering it, I think you are an ideal patient. Here's the thing. That means I want you to have the conversation. Because rooted in the conversations helps you and your practitioner understand something that is a goal for you.

What is bothering you? How do you not feel aligned in your own body? Look, at 65, we're here to fulfill our life's purpose. We're on the clock. I don't know if we have five years, I dunno if have 35 years.

Don't have we another 65 years but anytime in that regard. But I think the important thing for anyone if they are considering this is to really look at it, all of the considerations.

So we talked about your whole medical history is going to be important because we want to optimize for that.

Who Is a Good Candidate and How to Personalize Care

We also need to have a financial conversation. These are not easy financial times and they're getting worse, like in terms of what's both, not just the cost of the medication, which is an ongoing cost, potentially the costs of your practitioner if some of you're coverage or things like that is going away.

And what we don't wanna do is you don' wanna start off and say, I'm real gung-ho and I can pay for this for three months. I wanna know what your plan for the next two years to pay what you need for weight health optimization in that space.

And sometimes, and I've had this very real conversation with clients, sometimes it means we are only going to use a low dose of this. Even though you probably need and could benefit from going up higher, I want to spread it out for as long as I have it available in that regard.

So I think that it's less about if you feel, if are interested, And by the way, that's what we do. Like, come have a conversation with us. We don't charge for it.

You're, you know, welcome to come over. I think any good practitioner is going to have conversation about what, are we a good fit? Is this a, good, fit from that conversation standpoint?

And I that way it will be really helpful for you to determine what is like, it's less about are you an ideal candidate for this tool, but more about like okay, if these are your goals, then what's the ideal or what the personalized plan for use.

So I'm pivoting your conversation a little bit intentionally on that one. And in that conversation, hopefully you're assessing what your weight health hormones look like, or in the assessment and then that workup.

And what does that look? Is there a list of things we might ask a provider to test? Yes. So yes and no. It's a five part. I've created the first ever weight health hormone assessment because it didn't exist.

It is a tool, and it's a clinical tool. So it is going to ask you questions about your lived experience with food, as we've talked about. It's going ask about labs.

If you don't have some of the labs, we're going need to get those. Weight, composition, breathing, digestion, hydration. That might feel super overwhelming, especially when I send you a couple PDFs and I tell you here's how you do it and you're at home and want you to lay down and breathe and do this part.

Okay. right from the get-go, work with your practitioner to do that. That's why I've made it free to practitioners, I made free it to individuals. I want us to be able to this though because we need to know, not just are we optimal or suboptimal, but within sub-optimals, what type are?

And then when we actually do this assessment ourselves, we get to see where the sub optimization is occurring. that allows us be much more efficient in honing in on where we needed to focus.

but also make sure that we want to protect what's already working better. So that, we don't come in and we blow everything up and are like, oh, you really needed to work on your digestion, but in working on our digestion we actually messed up something about X, Y or Z over here.

Again, clinical tool, something you can do on you own, and something that you could do with a practitioner. Ashley, this has been such an eye-opening conversation, such and exciting conversation.

I just want to also mention, you know, I harp on sleep apnea. And ZetBound, one of the tris-apetide medications, is on label for sleep Apnea, and that is, i mean, what are the direct connections to our weight and our hormones in our brain.

and this prevention and even the reversal of Alzheimer's as we age, getting oxygen to our brain at night. So there are so many potentials for the use of this.

I think, as you mentioned, this is a phenomenal tool to have in our tool belt to really evaluate, is this one appropriate for me? But it opens up this world of possibility for people who are overweight, who have sleep apnea, have elevated blood sugar, blood pressure, inflammation, of course, and this has been a phenomenal conversation about that.

And I know that there are going to be people who want to learn more. I can't wait to get a copy of your book, The Best Shot. Congratulations. Thank you.

Where can people between now and when your books comes out? It's available for pre-order now, right now wherever books are But I had to do this. My team wasn't so happy.

So everybody can connect with me at the Better Nutrition Program. That's my company, and we've got your best shot on there. But, I was like, you guys, can't have somebody pre-order a weight health book today because I've gotten them excited, they've heard about this, etc., and then be like I'm just going to wait until January.

Even if it's December 27th, i don't want you waiting. We created something called the jump start, not the Jump Shot. The jump start and that includes the book and then it has about four or five live sessions to help you get started.

You can attend those live depending on where we are in the year, or you can get the recordings of those and so then your book will arrive and If you choose to join live or if you chose to do it at your own pace, we also have a 30-day program so that instead of doing some drama diet that makes your weight health worse later on in the year, you actually have program that goes through the book and it deep dives, double clicks on things, it has great experts in collaboration and so we've got that information in there.

Your purchase expands into a world of possibilities and included in book for anyone who does pre-order, is also access to our health coaches. The reason that we did that is, I want you when you are doing this and have a question about what is better for you, to be able to ask that.

Health coaches are not clinicians. They're not going to turn around and say, you should do X amount of this or do this part. They are going to help you, though, use the resources that are available or direct you to a clinician, you know, in the event that your question really should be answered by a technician, to, help, optimize weight health.

But, at the Better Nutrition Program, we exist for a sole purpose and we are the best nutritionists for weight, health, this is what our focus is on. And I want to make sure that anyone who is looking for that feels like they have that.

to then collaborate with their naturopath, to collaborate their surgeon, collaborate what their trainer, you know, whatever in that space. If you already have access to an amazing one, great, then use the resources and you're off to the races there too.

Phenomenal. Ashley, this has been such a wonderful conversation. I feel so privileged. And I know that you are so busy as you approach book launch. Thank you for choosing to spend some time with us and really enlighten our audience around how to use these tools as we age.

Thanks for having me. Thank you so much for listening to the Think Well, Age Well podcast. If you enjoyed today's conversation, please take a moment to subscribe, leave a review and share this episode with someone you care about.

It's one of the best ways to help others discover tools and inspiration for aging well. To stay connected, get bonus resources and never miss an episode, head over to drheathersanderson.com and join my email list.

Until next time, keep thinking well and aging on purpose.