Opening on loneliness and healthspan

So our lifestyle, basically, we follow our education, we follow the money, where's the jobs, and we end up in little nuclear silos, our little families, and I don't believe that we were intended to live that way.

And in fact, the people who express loneliness as a physical, emotional, social experience and social isolation, the more of a definition, you know, no, you didn't see anybody, you didn't spend time, have a meal with anybody.

Those folks have higher mortality rate. It turns out it's about the same risk as being a smoker. Hi, and welcome to The Balancing Point. I'm Dr. John Needers, and I'm here to make traditional Chinese medicine functional medicine, and integrative health simple, practical, and fun, so you can restore balance, boost vitality, and enjoy a healthier life every single day.

Good morning. Good morning. Thank you for joining me here on The Balancing Point and Doctor Talks. And I'm very excited today. Our guest is a very wonderful human being.

Her name is Dr. Pat McShane, spent almost 40 years doing reproductive medicine, retired a couple years ago, and is really, really doing a lot of great work.

Introducing Dr. Pat McShane and her menopause work

I think I counted 24 videos that Dr. McShane has up to really support women through everything, but particularly through menopause and those life changes.

So I want to thank you very much, Dr. McShane, for joining us this morning. Tell us a little bit, just quickly, what are you up to now? What do you spend your life doing?

Although you're in Breckenridge, there's a lot of snow, I guess, huh? Well, no, I'm down in Denver and this has been not a very good snow year, but what I'm doing is kind of supplementing an experience that I had as a, not so much as a physician, but as just a regular person.

When I came into my own menopausal health issues, I started looking around and there was great health information online, some of which is very accurate and useful and some of which is not, which is a whole other subject.

But I didn't find very much for women my age who had gone through menopause. There was more and more information and more kinds of stuff on social media about the symptoms of menopause and some of the options that women had, but not much about, okay, now we got through that.

Thank God for that. What now? What's different? And I knew that things were different for women. As a physician, I recognized that women's risk of, let's say, heart disease was behind that of men until they hit menopause and then it rapidly caught up, and that heart disease for both men and women is the major cause of death in Western and developed countries.

So I knew that there were some differences. Dementia is much more common in women, and it's unclear exactly why that is. So I thought, hmm, you know, I bet there's more out there.

And as I started delving into the sources of some of the clinical information, I found, well, yeah, there is research being done. We're sort of catching up in senior women, older women's work, but it hasn't gotten out there so much into the public.

So that's when I decided that there was room for women's health span, and that is my Dr. Talks podcast as well as my YouTube podcast. I just have been following my nose down the interesting results that are out there in the clinical research and trying to get the information out for people.

That's awesome. And by the way, I was really delighted with the name of your podcast, HealthSpan, rather than Lifespan, right? In my work, Katherine and I have just published a couple books, one basically on chemistry panel and one on CBC, where we reviewed hundreds of studies looking at where the sweet spot was.

So in that mortality curve, what really what level is the healthiest right it's like for white blood cells as you know the most labs are reporting anything up to about 10.5 and obviously varies as being normal well once you hit six six, the mortality risk goes up pretty sharply.

That's the inflection point. And so that's kind of, that's why I was so taken by the title of your broadcast. It's about health, right? Yes, yes. Well, our lifespan has been increasing.

It took a little downward blip there with COVID pandemic. has now come back up a little bit, and this all has happened in the last, I don't know, 50 to 100 years maybe, but the last 10 or 12 years of most people's lives are spent with poor health, essentially, being unable to do the things that really are important, whether that's picking up your grandchildren or being able to buy your own groceries and get them up the stairs to your apartment or whatever it may be.

Healthspan vs. lifespan and avoiding frailty

And so we have learned how to treat a lot of chronic health conditions but not to the extent that people really have a vital, a vitality to them. And I'm sure that you see that a lot in your practice as well.

Yeah, I love that. Yeah, we have patients, say, in their early 70s, late 60s, that are essentially, I'm going to say, falling apart, you know, the osteoporosis, heart problems, diabetes, kidney problems.

And we've got a couple patients well up, and one was 99, well up into their nineties that are vibrant, vibrant people. One was a PE instructor and she looks at 95 like she could still go out and do it.

So you do see these differences, right? Yeah, and one thing we have been learning from some of these clinical studies is that much of the difference between that very healthy person and the more frail person with all the medications and doctor appointments and limitations on what they can do, that much of that is quite avoidable.

And again, that's my mission is to help people to know what are the best paths to follow. And again, the media and the social media tend to go off on a tangent when one small study says everyone should be eating blueberries or doing this one kind of exercise.

You all know what I'm talking about here. And they may or may not be backed up by good information. But in fact, there is good information out there about many of these things.

And that's what I'm trying to bring to the party here. Much of it is about exercise and diet. Those are critical. Sleep, stress reduction, social behaviors, you know, they're all important pieces of that puzzle for us to have healthy longevity.

Well, one of the things, so when I'm interviewing a patient the first time, and I'll go through their list of illnesses, I'll say, and I'll say, I'll tell you the good news.

The good news is they all require pretty much the same plan of action. And it's just the things that you mentioned, right? And they're looking for some miraculous thing to occur.

I'm going to give them the magic herb or the magic acupuncture treatment. And not that those don't help, but really it's about lifestyle. That's the biggest contribution at least that I can make.

And if we could get people to start 10 or 20 years earlier, all the better. Yeah. Yeah. You look at cardiovascular disease and plaque and it takes 20 years usually for that buildup to occur to the point that people are going to have a heart attack.

So like you said, let's catch them 20 years earlier. Can you outline what you see as the particular risks for senior women, some of them? Well, certainly frailty.

If you can avoid heart disease, and there are some tests, obviously, that are done routinely in doctor's offices, and if you can kind of dodge that bullet, Cancer, you know, you can't do a whole lot about that except, again, back to the list of things that we should all be doing, eating healthy food, exercising on a, or moving really, I like to say more than exercising.

etc. If you can dodge those two bullets, the other thing that happens is, as you mentioned, frailty. You just can't do what you would like to be doing.

And again, much of that is about our activity and about protein intake. So those are just kind of two things that if everything else is in pretty good shape, those are the two that might need a little more attention for most people.

Gotcha. Thank you. And in terms of things like say osteoporosis and bone loss, any specific recommendations that you have to do and to not do? Be born into the right family.

Several of my professors over med school used to say, well, the way to do this is be born into the right family. So certainly, some of it is genetics, and there isn't a whole lot we can do about that.

And calcium intake, weight-bearing exercise, there's, you know, avoidance of smoking, which, of course, that message has come from so many different directions for people.

You almost hate to say it, but it's quite clear that smoking is a big risk factor for osteoporosis, as well as for Some of the other things we've been talking about, cardiovascular disease and cancer, of course.

and not being too lean. The thin white smoker is the classic person with osteoporosis, and female women, again, are way more likely to have osteoporosis than men are.

And then I'm not sure where you stand on the hormone replacement side of things, but Certainly, estrogen is what keeps our bones nourished during our reproductive life, and it also seems to be important as we go through a menopause.

Many people who, let's say, go into their perimenopause or early menopausal changes If they have severe bone loss already, they certainly may be strongly considered for hormone replacement and not just the vaginal hormone replacement, which is typically not absorbed very much, but even something topical on their skin with a patch or different kinds of lozenges or various forms of hormone replacement.

So those are just some considerations. If you know that you're at risk by either your family history, if you've been taking thyroid medication for many, many years, those folks may be more at risk for osteopenia, low bone density, or osteoporosis also.

Great. I get to shock quite a few women that come in for perimenopause and menopause, and they'll say, so what do you think about hormone replacement?

I said, when used correctly, I love it, right? And fortunately, more and more, I see it used in what I consider done correctly. But I also, probably the number one thing I refer women out to gynecologists for, though, is vaginal estrogen cream.

because I had several patients in one year come in with what's called wandering urethra, right? And they ended up having surgery before I saw them. And so I tell them, you know, go ahead and do that.

And then let's look at the other issues. You know, I have, of all my patients who are using estrogen patches, estradiol patches, I haven't had anyone have any problem yet.

other than maybe an allergy to the adhesive. That's really the only thing I've really seen. So I am a believer. I didn't sort it out that way. I think that the data on vaginal estrogen is very clear.

What we call the genital symptoms of menopause just get worse and worse as we get older The hot flashes, the sleep disturbances, some of the mood changes and brain fog may get better after you fully go through the menopausal transition, but the genital symptoms, the frequent urine infections, painful sex, just itching, dryness, that vaginal symptoms, Those tend to get worse over time, not better.

And many, many women should be on low dose vaginal estrogen, either rings or creams, or there's a number of different products that are out there. even if they are not needing the systemic kinds of supplementation that are very helpful for the symptoms, the other symptoms of menopause, the more systemic symptoms and then the bone loss also.

Yeah. The smoking and bone loss is what got my mom. She was a two to three pack a day smoker since she was like 13. Yeah. Fell and broke her hip, but they did a, had a do not resuscitate because her ribs were just like tissue paper.

Wow. And from, from that smoking. Yeah. Cause otherwise she lived a good clean life, but that got her. Yeah. Yeah, it's hard to quit smoking. Yeah, very, very difficult, but very important.

Yeah, exactly. Does acupuncture help with smoking cessation? It does. There are several different protocols.

Bone health, hormones, and vaginal estrogen

One is the NADA protocol, which originated in heroin. clinics in New York. There's one fellow that really pioneered that. And at one time, there was a huge heroin epidemic in New York.

And most of the medical doctors would refer their patients to this clinic. And his thought was that it reduces craving by 20% to 30%. I mean, if you don't want to quit, you're not going to quit.

But if you are committed, it's enough to do that. And we find that with most other things, including smoking, that, you know, if you really want to quit, we can get, you get the cravings down so they're tolerable.

And often with that, I might see someone every two weeks, but we give them a free pass to drop by on their way home from work and for free, free visits, just to keep that craving down.

Right. It's a very quick. protocol doesn't take us a huge amount of time, and we find if they get it regularly, five, six, seven days a week, they can usually kick the habit.

Well, that's good to know. Yeah. Never heard that before. Yeah, that clinic, I know someone that used to work in it and she said it was the most remarkable thing.

Absolutely astounding to see the results that they got. Was acupuncture the primary thing that they used? I believe that's all they use. The rapper that was killed a few years ago, Tupac Shakur, his dad.

ran that clinic. He was an acupuncturist in New York and he was actually one of the first acupuncturists licensed in California. I think he's still currently doing time for armed robbery though.

So tell me, I mean, you seem really motivated. What really is your driving force? What's your why that you do this? I've always had kind of a public health view of medical care.

I recall sitting in the office with patients who came in with, let's say, menstrual problems and infertility. And my brain

would be going to, what is, how did she get here to be sitting here with me with these problems?

What could have been changed or done differently? What knowledge might have changed the path that she was on? And then some of the public health issues that are beyond our individual choice as well.

I think that ultra-processed foods comes immediately to mind when you think that, you know, I forget what percentage of our calories are currently ultra-processed food.

And as we learn more and more about how bad that is for us, you know, I'm not a politician. I don't know what the right thing to do is, but I do know that the, you know, epidemic of obesity and with that blood pressure issues, heart disease issues, and, you know, on down the line, a couple types of cancer are related to probably our intake of these very, very palatable, I would call them addictive foods that we all consume and that they're safe and available and inexpensive and tasty and you know on the package it says that there's protein and vitamins and so on but in fact are they really food or are they just something that like a drug that we're taking in so so i've always kind of had that public health view of why is this person here today what could we have done differently what could she have done what could we as a society have done differently And I think that's just kind of driven me into where I am now, where I feel I add a little bit of value.

That's awesome. Yeah, I feel I should go to a meeting and stand up and say, hello, I'm John and I'm a potato chip addict, right? Although I lost 40 pounds pretty much just by not snacking at night.

I mean, really I didn't, you know, I go to the gym a little more often, but it was really, you know, kicking those late night snacks, particularly salty, crunchy things.

I just saw a study with, it was 80% female and they were folks who were obese and they were midlife to later life. And the people who stopped eating three hours before bedtime had better glucose, better cortisol, better blood pressure, but you know, over a few weeks time.

Very, very, your experience is confirmed by that small study. I just read that this morning, actually. Oh, cool. Yeah. You sound a lot like me. Four to five is my research time in the morning.

Yep. I read the Google news health feed and I click through on the primary issues. Look at what AI is telling me and followed down the path of the studies.

And is this real, you know, that kind of inquiry? Yeah. I have a love-hate relationship with chat GPT. My patients drive me a little bit crazy, you know, because they'll look things up and find something that happens one in a million cases and get kind of freaked out by it.

I actually had a patient the other day who sent me his AI done report and reading that report, he would have had probably five or six months to live. I mean, he had to have lymphoma or Hodgkin something from the way the report came back.

I said, fortunately, I didn't respond to that. I said, can you send me the actual information. He had a zero coronary calcium score. Everything was where it was supposed to be.

No problems at all. So I don't even know what he put in to AI to get the result that he got out. But yeah, I read a study that people that use one AI device for work and for research in their field, it's awesome.

But people that do it for other social things, like to look up their own medical conditions or whatever other reasons, actually have much higher rates of depression from doing that.

I can understand that, yes. And so you're out there talking to women or podcasting to women. Why do you think they're not getting the proper info without you?

You know, near-term answer is that the excuse has been, oh, we can't study women because they have hormonal

fluctuations and, oh, they might be pregnant.

You know, that's the kind of public excuse of why it hasn't been studied in younger women. I think the broader issue is a combination of sexism and ageism.

And again, I'm not a politician or a sociologist, but I think women's health in general has been neglected in this culture for centuries. our role has been constrained.

And that's just another big part of it. And then put the extra piece of older women on there and you've got a toxic brew. Ageism affects men obviously tremendously as well.

But it's doubly impacting women, I believe.

Smoking cessation and acupuncture support

Well, I think, I think you're correct. And I see it, you know, I have a lot of men that can't, are incredibly well qualified, but once they hit 60, they can't get a job.

Right. But for women, one of the things I find is I'll have a woman come in and I'll have all of her labs and talk to her and she'll say, You've actually spent more time explaining things in five minutes than my doctor has ever done for me.

And I think there's very dismissive, you know, it's like, well, you're 65 here, take this pill, get out of here. I mean, obviously not that rude, but it's really, they're not taught, they're not spoken with in a really helpful manner.

And our system, our healthcare system, allots people 10 minutes for a follow-up. And again, somebody comes in on five different medications with eight or 10 diagnoses and five minutes is not enough.

And then they're like, well, go see a neurologist for that. Go see a cardiologist for that. You know, your primary care just doesn't have the time to take.

to speak to you. So that's an additional piece. And that, of course, is for both men and women. But I think our culture thinks men are more important and relevant.

So women, again, probably get a little bit less than, maybe they get nine and a half minutes, you know, I'm not sure. And I think also, in my experience, men blow things off a lot.

You know, you ask a question of a man and it's like, yeah, I'm fine. Okay. Right. And I think women will ask more questions often and the doctor feels rushed.

And that's kind of been my experience is the men just, you know, yeah, do whatever you say, doc. ignore it until it gets to be crushing, sub-sternal chest pain, you know, oh, here's your heart attack.

Yeah. All right. Yeah. Yeah. And so you do quite a few podcasts, I noticed, and why are, do you get a lot of interest from women? I have about a hundred subscribers on my YouTube channel.

I joined a doctor talks in order to basically broaden my scope and take away the piece that I didn't do that well or didn't enjoy, which is the editing and all the details of getting the thing out there.

onto the public. So, and I just started a Substack account as well, which is an app that's email driven where you can basically do a shorter topic because a lot of things come up all the time that don't really warrant an entire podcast.

but I think are important for people to hear. And so I did that as well for the little quick topics. Like last week, I did one on grandparenting. It turns out that women especially who have active grandparenting roles have better

cognitive function.

Over time, this was from, I believe, the UK Biobank, which is an enormous resource for us. And, you know, that didn't warrant an entire podcast, but I thought, you know, some days it's like, do I really want to have the girls over this afternoon?

Yes, I do. And besides, it's going to help my cognition, you know, so. That's a great point. I love it. And so are there any clinically relevant issues that you'd like to talk about while I've got you on the podcast here?

I think frailty avoidance is, again, what I talked about at the beginning. You don't think about it, but again, your mom with her fall and the consequences of that, we don't think about it until our 80 plus year old mother or grandmother has that experience.

And now that I'm pushing towards that number myself, It's so important to avoid frailty and even just a little bit of activity is way better than none if you're very sedentary, which some of our audience may be.

And if you're pretty active, again, I just saw a couple of reports last week that different kinds of activity may be more beneficial for your overall health and mortality rate.

And then eating protein, again, not over the top. We're not talking muscle building here for most of us in any case, but doing, you know, at least some protein at every meal.

Lifestyle, diet, and the impact of ultra-processed foods

I try to go for 30 grams, which is kind of like a cup of cottage cheese, a nice little chunk of chicken or fish or meat. etc. And then a little bit of weight-bearing activity, which can be, you don't need to go to the gym, it can be done in your own living room with body weight or very easily obtainable materials, you know, to help you out.

So that's kind of what I would tell people, try to avoid frailty, get out there Be with people if you can, be with nature if you can. Those are also things that are good for you.

Yeah. My favorite at-home suggestion is to hold onto the kitchen counter and do some fairly shallow squats. It doesn't take long to get exhausted from doing that.

And I love having strong thighs in my pavement, right? It's so critical. It is getting in and out of your automobile or, you know, out of a chair, putting on your clothing, you need to be balancing and not fall down and break something.

So yeah, I think that's great advice. Yeah, it's like, you know, a lot of people, even when they're retired, will plead, I don't have time. Right? It's like, do you drink coffee or tea?

Yeah, I do. Great. While you're waiting for your coffee or tea to brew, grab onto the counter and do some yellow squats. It doesn't take a lot of time.

Or a wall sit for 30 seconds. And then next month, it might be a minute, not 30 seconds. You know, it'll take you a while to work up to it maybe, but yeah.

Any thoughts on vibrating plates? I'm not an expert on that at all. I do go to a bone density studio called Osteostrong, and I hope to do a podcast on that process pretty soon.

And they include a vibration plate as part of the exercise regimen. You do the vibration plate before and after the targeted for your bones and they and their materials say that it you know kind of wakes up your tissues and improves your bone density per se, even if you didn't do the other bone density exercises, but I don't know much about it.

It does seem to kind of loosen up your body. It's kind of like free stretching is sort of how I see it. Do you have more

to offer on that? I got interested several decades ago.

I was reading an article and it just kind of casually mentioned that when the Russian cosmonauts came back from space, of course they've been weightless.

So they'd lost bone mass, they'd lost muscle mass from being weightless for so long. They would put them on these vibrating plates, which of course at that time cost a fortune.

And they recovered from their space trips much faster than the American astronauts who didn't use them. So that got me interested. But there wasn't a lot of research.

Recently, I recommended it to actually a 70-year-old man. which I'm usually recommending them to females, about a 70-year-old man. And he's a researcher.

He said, can you show me some research? And so I took a quick dive. It wasn't even deep. I found a meta-analysis of 34 studies where they looked by gender, by age, by amplitude, and by speed of the vibration.

And they broke it out for every category I was interested in, muscles, muscular strength, circulation, bone mass enhancement, it actually showed up as being very positive.

So I'm now even more sold on them than ever. And they're inexpensive now. I have one in my office and it's a little cheapy. It's like $99, I think, but I think it's going to do what we need it to do.

How often do you think people need to do it once a week or every day? Every day is ideal. At the beginning, I'll just have them sit in front of it and put their feet on it so they get used to the vibration.

And still, it's going to be good for their circulation. And I always have them get one with a handle, right, so that they don't fall off of it. And then we'll have them start with like three minutes or so and work out.

Most of the machines have 10 minute timers. And I find 10 minutes in most of the studies proved to be helpful. Some people may be 20, but yeah, people love it.

Cause it's just, you know, putting stress on the muscles and on the bones because your body can't react quickly enough. It's moving much quicker than you do.

And so it tricks the body into thinking you need more calcium deposition. So interesting. Yeah. I think the muscle bone connection is something that we haven't really explored very much and that most people aren't aren't aware of, but.

You tend to think of osteoporosis as just the risky situation for older women in particular, but a lot of what happens when you sustain a fracture actually has to do with your balance and your muscle mass, not just the bones per se.

all in the first instance, and then if you did have a provocation, could you pull back and not fall? And if you did fall, what was the muscle around that structure that bone or joint that might have protected you from getting a fracture.

So that bone and muscle relationship, I think, needs to be explored more. And people think of muscle as just kind of, you know, moving from point A to point B.

That's what it does. Well, muscle is an endocrine organ, basically, for our whole body. It speaks to our brain. Our gut and our muscle and our brain are all connected.

The endocrine system, it's just enormous. And we've basically created a lifestyle for ourselves where our muscle is sort of an afterthought. We don't need it anymore to get by.

you know, for most of what we try to do.

Exercise, vibration plates, and muscle-bone health

And that's at our expense, I believe. And we will be learning more and more about what our muscle does for us. And of course, people, you know, 300 years ago didn't live to be 80 or 90 that much.

And now we do, but again, much of it with this, what we call morbidity of not being mobile, not, you know, not having good balance, not being energetic, going to the doctor every week, et cetera.

Cool. And talk again that you've already spoken about this some, but what relevant disease, as I'm going to call them, conditions, do you think could be most avoided in older women with lifestyle changes or clinical changes?

Yeah. Well, I think that obviously smoking cessation has been happening over many, many years, and the incidence of lung cancer has diminished. in both men and women.

So that's kind of, again, the obvious example. Our rate of cardiovascular disease has been actually declining again with probably a combination of smoking cessation, increased activity in many people, and dietary changes.

Obesity is a tough nut to crack. The GLP-1 drugs are a revolution with that. But again, they're so new, we don't really know the long-term effects of it, I would say.

You know, that's not an obvious wonderful thing for everybody to do. I don't recommend it, but if you are struggling with obesity and haven't had good luck with the conventional, fairly simple dietary approaches like what you did, stop your potato chips after dinner, then that's a consideration.

And again, just adding any small amount of activity to your life, I think, would make a big difference for many, many people. So, did that answer your question?

Yeah, it did. And I just like to follow up on the activity. One of the things that I'm seeing as a revelation in my area is pickleball. I remember the first time someone came in and said they were playing pickleball and it's like, what's that?

And now they've taken over all the tennis courts and we actually are starting to see some pickleball injuries. My wife does sports medicine and orthopedics, but.

She treats a lot of pickleball injuries, but at least people are out there moving, right? And getting their joints and circulation going. So anything else that you think could be relevant for our target audience, which is older women?

Well, I also did recently a podcast on loneliness. And we, again, as physicians and in your case, a Chinese medicine practitioner, we tend to think of kind of more bodily centered recommendations for people.

But again, I think our culture and our lifestyle have kind of driven us into a way of living that is unhealthy for us, which is that we are very isolated.

Yes. Many of us, most of us, maybe. And that we are not genetically programmed to be isolated. We're genetically programmed, I believe, to be tribal. to live in extended families with other groups of families.

And our genetics, you know, maybe in another 10,000 years will evolve into a more urban, you know, solitary based form. But right now, we're not intended to be by ourselves living alone.

isolated from and you know I went to college and far away from home and you know then medical school farther still and that's where I met my husband you know so our lifestyle basically we follow we follow our education we follow the money where's the jobs and we end up in little nuclear silos are little families, and I don't believe that we were intended to live that way.

And in fact, the people who express loneliness as a physical, emotional, social experience and social isolation, the

more of a definition, you know, no, you didn't see anybody, you didn't spend time, have a meal.

with anybody, those folks have higher mortality rate. It turns out it's about the same risk as being a smoker. And older people are more likely to express either loneliness or social isolation.

That would be the one thing that people don't think about so much, but pick up the phone, go out.

Loneliness, social connection, and Blue Zones

If you're trying to get a little more activity, maybe join that yoga class or go for a walk at the mall and meet up with the other people who are mall walking at seven in the morning or, you know, whatever it may look like for you.

Yeah, the father of one of my associates just went into assisted living and he had been taking care of his wife who was very sick, passed away recently.

And he was really fighting against going into assisted living. I think it's going to give him an extra 10 years of life because he's a talker. He loves to engage with people and he'd been socially isolated for years.

And now he's surrounded by people that just want to talk with them. They haven't heard the stories yet. That's right. And now they're older and you can probably tell the story two or three times and they won't remember it.

That's right. Yeah. So Malcolm Gladwell, I think it was, did a book called Outliers quite a few years ago. And he was pointing to some studies done on a culture.

I think in Sardinia, but I'm not sure, somewhere in the Mediterranean. And these people lived extremely long, healthy lives. And everybody just kind of said, well, it's their diet.

But their diet was really the same as everybody around them. But this one group lived longer. And so they went over and studied them. And they said, yeah.

diets the same. They do get more exercise because they walk everywhere that they go to their fields and et cetera. But the main thing is they know everybody in town and on their way to work, they stop and talk to every single person.

And on their way back, they stop and talk to every single person they run into. And so they, I don't know how well controlled it was, but they came to the conclusion that it was probably the socialness.

Yeah. Yeah. The Blue Zones by Dan Buettner, same general principle that these are small communities, typically again, very interdependent as far as in a lot of aspects of their lives, and again, a lot of exercise and healthy food, but the social piece is definitely an important part of it.

So Dr. McShane, for people to listen to your videos, is it better to go to the HealthSpan or to Doctor Talk? Does it matter? Either one. Women's HealthSpan, On YouTube or doctor talks, women's health span voices and the sub stack is women's health span as well.

So. Okay. Pretty easy to find me. I'm not obscure. No, nothing cutesy. Just pretty straightforward there. Well, I got to tell you, it's been delightful having you on.

Well, thank you so much. Really delightful. I mean, you've got a wonderful perspective. I mean, starting with HealthSpan versus Lifespan, that really caught my attention because that's, again, what I'm interested in with my patients.

I'm sure you're helping your patients have a good health span if they're paying attention and show up. Yeah, exactly. Well, the nice thing about what we do is we tend to see patients more often.

And, you know, I was a member of the American Diabetes Association, etc. And when you look at the magazines, typically Every few months, there'll be a study showing that the more often the patient has contact with their health care provider, the better their diabetes care, right?

Because you get that reminder. So, that's one advantage that we have is that we see people a little more often. Yep. Yep. No, it's been great to bounce some ideas together.

Yep. We'll have to do this again sometime. Okey-doke. Yeah, love to. All right. Thank you. Thanks so much. Thank you for joining me on real clarity and balance can begin.

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