Introduction to the Functional Edge

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So we catch up in that regard and that's the thing that I focus on in a lot of my reading is what can we do to prevent cardiovascular disease in women?

Welcome to the Functional Edge. I'm Dr. Julia Ward, and this is where science meets real-world strategies for living healthier, sharper and stronger. From uncovering hidden environmental toxins to unlocking peak performance and mental clarity, we cover it all.

Ready to take control of your health and thrive? Let's dive in. Well, hello and welcome to the Functional Edge podcast. I'm your host, Dr. Julia Ward, medical director and founder of Balanced Body Functional Medicine.

Today, we're honored to welcome Dr. Pat McShane to the show. Dr. McShane is a physician, educator and host of Women's HealthSpan Voices.

Why Postmenopausal Women's Health Needs Its Own Focus

where she's dedicated to helping women understand how to live not just longer, but healthier, more vibrant lives, especially in the post-menopausal years.

In this episode, Dr. McShane will be sharing insights on women's health span, menopause, and the clinical and lifestyle strategies that can help women age with strength, clarity, and resilience.

She offers a thoughtful, empowering perspective on the unique challenges women face as they age and what we can do to proactively change that narrative.

So stay tuned for an engaging and inspiring conversation that will help you rethink aging and take meaningful steps towards lifelong wellness. Welcome, Dr.

Pat. How are you? I'm great. Great to be with you, Dr. Julia. Thank you. Why do you think it's important to have podcasts specifically focused on postmenopausal women rather than just lumping them into general women's health conventions or conversations?

Well, general women's health conversations are informed basically by a bunch of research often that was done with males and often not with people over age 60 or 65. Many of the studies and procedures and medications that we currently use for people in their, you know, 50, 60, 70s were tested on men who were younger than age, whatever, 60 or 65. And they just have these procedures and agents have worked their way into practice with older people and with women.

And we now know more and more that women's physiology is different, especially after menopause. And we catch up with men in some ways as far as risk of like cardiovascular disease is the best example.

We exceed men's risk in some ways, apparently Alzheimer's, dementia. We have a higher rate than men do, but these differences haven't really been studied well.

So what I found when I started, you know, on my own postmenopausal years was, wait a minute, where's the information for me?

Cardiovascular Risk After Menopause

And there are marvelous podcasts and there's more and more for women in our age range, but I found at that time, let's say 10 years ago, not so much for women.

It was mostly for men, guys. And, you know, if you're a 50-year-old guy doing a podcast, that's where you're going to put your focus is your friends and relatives similar to you.

So I just saw that there was a need and there's information out there. There's not a paucity of good medical studies necessarily, but they're not the catchy things necessarily that get reported.

And as I'm sure most of our audience knows, things that are kind of catchy get people's attention, but they may not be the most important information.

I thought, well, let's go back to those studies and pull out the part that really pertains to women in their postmenopausal years. And that's a long-winded answer to how I got to be doing this from my previous background as a fertility specialist.

So I am a gynecologist, but haven't really practiced medicine with postmenopausal women so much since my training. Awesome. Awesome. Well, from your perspective, what are the most significant health risks facing women as they age, particularly in the post-menopausal years?

Well, as I just mentioned, women catch up with men's risk for cardiovascular disease, and that includes things like coronary artery disease, heart attack, and so on, as well as stroke.

So prior to menopause are estrogen and maybe other factors. seems to protect us to a certain extent anyway, so that a 45-year-old woman or a 50-year-old woman has a much lower rate of having a heart attack, let's say, than a 50-year-old man.

But we catch up, and cardiovascular disease is still the leading cause of mortality in women, and also what we call morbidity, which is people's being unable to do things because they get chest pain or their endurance and their energy level isn't very good because their heart isn't pumping effectively.

So we catch up in that regard and that's the thing that I focus on in a lot of my reading is what can we do to prevent cardiovascular disease in women.

Yeah, that's really important. I think because so many of the studies are focused on men and male patients in these cardiovascular studies. So it's different.

And even the symptoms, let's say, of a heart attack in women can be very, very different. And now we know even that on a cellular level, on the level of our heart arteries, that women's heart attacks look different than men's heart attacks.

So even some of the diagnostic studies looking for calcium around the arteries may not be as predictive for women as they are for men.

Research Gaps and Women's Health Advocacy

But the treatment part, we haven't caught up with that yet. We're just kind of catching up with the idea that inflammation can drive heart disease at least as much or even more than cholesterol per se.

you know, slowly shifting our focus in the main killer of men and women around the world. Yeah, yeah, absolutely. And wasn't there a study in the New England Journal of Medicine a number of years ago stating that there wasn't a lot of correlation between high cholesterol in women and heart disease?

I'm not sure about that study, but I just saw something from, I think it was the American Heart Association, looking at the marker of inflammation, C-reactive protein, CRP.

That's a better predictor of heart disease risk over time than cholesterol levels, particularly in women. So if that New England Journal article is in fact a good recall of yours.

It has been confirmed in the current era quite recently. So I think we should be asking our docs when we're in, you know, our annual screenings for a CRP level if we haven't had it before to help us know what our risk level is and maybe what to do about it.

Yeah. Yeah, absolutely. So what originally motivated you to focus your work and advocacy on women's health span, especially later in life? Well, I just feel like, you know, women have been neglected in a lot of different ways in our culture.

And I guess I started my OB-GYN training with a very, very feminist bent back when few of the docs sitting on either side of me at meetings were female.

And I just thought that a female perspective was good for patients and for the field as a whole. So then I just kind of slowly migrated that concern. I mean, that's certainly true for young women as well.

But now that I'm in the post-menopausal firmly and the post-menopausal years, I find that we are, you know, ageism is still around. So even older men are, you know, not regarded as well as they should be.

And certainly older women have a double whammy. So that's kind of a political answer, but I'll stick with it. Yeah. Absolutely. So why do you think so many women are still not getting clear, accurate, or actionable information about their health during and after menopause?

What Women Need to Know About Menopause and Aging

Yeah. Again, I think the foundation of our training as physicians, and I don't know so much about naturopathic doctors or nurse practitioners or PAs, but as physicians, we're still going by the code, you know, the age old studies that say, oh, cholesterol is the most important thing to be looking at, you know, it's going to take time to undo some of this misinformation.

And I think that it will happen. And as I think, as more physicians and other practitioners are female that we're going to pull everybody else with us kicking and screaming maybe, but hopefully start to rectify and Still, I believe about 70% of research dollars are spent for studies involving men, so that's kind of a big deal.

I don't know how you rectify that, but yeah. The data are pretty clear that women are still second-class citizens with regard to medical research and therapies.

And people now, the docs are so busy. They have such a small amount of time. And I think in a holistic practice such as yours, it might be different, but in the typical practice with your annual, with your primary care doc, you may get, I don't know, 20 minutes, maybe half hour if you're lucky.

And by the time we're 65 or 70, Many of us have three or four conditions that, you know, high cholesterol, high blood pressure, marginal diabetes. And, you know, that's a lot to go through in a small amount of time.

So I just think it's a tall order to try to be more mindful for women's particular issues, shall we say. Yeah, absolutely. Yeah. So some people might assume that women lose interest in health education as they age.

What has been your experience with women's engagement and curiosity in this stage of life? I certainly think there's an enormous interest in the menopausal transition.

And luckily, I think that piece of the journey is being better addressed now than it was 10 years ago. The

menopause transition per se, the huge variety of symptoms that many women, not all women, but many women will go through and the kind of what people call gaslighting.

You know, they told me everything was fine. My labs were fine. it's just all in my head, I'll get over it or you have to live through it. That time frame is for most, for our audience, some of our audience may still be in that transition.

But I think for women who are paying attention a little bit, the message is starting to get out there that huge percentages of cardiovascular disease, dementia, and to probably a lesser extent, even cancer, are related to lifestyle things that people can change.

And hopefully that message is going to stick with people as they've had, you know, friends and family members fall and break their hip and, you know, or get, you know, heart disease and a stroke because their blood pressure wasn't or they're still smoking or obesity obviously is huge.

So It's complicated, but I think a lot of women are on board with doing the best they can.

Health Span vs. Lifespan

They realize the disparity between health span and life span. We live longer, but so many of us are in a wheelchair, or some of us are even in nursing homes.

What can we do to avoid that? And I think there's a lot of people out there. My experience with this series has been that a lot of people are very interested in knowing what they can do, which is not easy necessarily, but at least you can start somewhere.

Yeah. Yeah. That's been my experience too, that most women as they're getting into the menopausal, perimenopausal, menopausal age, now the kids are grown and they're a little more independent and now you can finally focus some time on yourself.

And, you know, fortunately they've removed the black box warning for some of these, you know, bioidentical hormones, which is good. And so hopefully more conversations are starting to take place about the safety and efficacy of these treatments.

Yes, yes. And more research, hopefully, about what happens to people who do take these for certain lengths of time and so on. Because right now, we don't really know much about people who take it over age 65, you know, not the bioidenticals.

We know a little bit about the people who are taking the older formulations. Right, the synthetic estrogen. Almost nobody takes those any longer, I suspect.

Right, right. Not here in the U. S. anyway, so. Yes. So when you think about conversations that most need to be happening, what do you see as the most clinically relevant topics for post-menopausal women today?

Well, I think there's always a little bit of a disparity between things that people are most afraid of and the ones that are actually most likely to occur.

Again, as I've mentioned, cardiovascular disease is the main killer of women and also tremendous amount of morbidity and restriction in lifestyle. Breast cancer gets more hearts pounding and dementia, I think, is a very scary topic for a lot of people.

Dementia is huge. Women make up the bulk of the patients with dementia. For one thing, we live longer than men do. So that alone would skew the population of people with dementia towards women, but we're also more likely to get it.

And I don't think anybody knows why that is.

Preventing Chronic Disease with Lifestyle Changes

So those are the topics that I think are kind of get people's interest the most is, you know, breast cancer and dementia kind of, and cancer too. Those are all kind of hot button issues.

But I would add cardiovascular disease in there as a, you know, don't forget about your risks for cardiovascular disease. Yeah, absolutely. You emphasize health span rather than just lifespan.

Can you explain why that distinction matters so much for women? Well, I'll start with saying it's about 10 years on average in the developed countries.

And what I mean by that is our life expectancy is about 80-something, most women in the developed world, in the US in particular. But we start losing our full functionality in our late 60s on average.

And again, that might be loss of mobility, loss of strength, inability to walk up a flight of stairs or carry your own groceries or needing, as I mentioned, to be in a nursing home, falling and having severe limited mobility, being in a wheelchair, those kinds of things.

To me, I don't really want to be around at 82 years old unable to walk and, you know, not thinking clearly. And I think most people would agree with that.

The average citizen of the U. S., male or female, over age 65 is taking five prescription medications. As an example and you know that just tells you what we're dealing with you know blood pressure cholesterol diabetes the list goes on and on arthritis eye problem you know so this isn't the ideal way to live a life so.

I'm trying to help women know what they can do or what they can ask for diagnostically or even therapeutically to have that be a much narrower gap between when they're capable and have a fully functional life and when they actually pass on.

So that's my view of it. Yeah, absolutely. That's so important. What are some of the most common chronic conditions you believe could be prevented or significantly delayed in post-menopausal women with the right lifestyle or clinical interventions?

Yeah, yeah, pretty long list. That's the perfect question. I mean, we've been talking a lot about heart disease, and certainly I've read estimates as much as 80% of heart disease and cardiovascular, and that includes stroke, are preventable by lifestyle.

and that includes obviously diet, exercise, sleep, smoking cessation. The list goes, there's I think eight things on the American Heart Association. Essential eight is what they call it if you want to look it up.

But these are getting more and more press. But again, a lot of what's out there is click bait. Kiwi is the magical fruit for constipation or whatever.

And that's okay. If it gets people started, I'm okay with it. But I'm more keen on people seeing stuff that's based on long-term studies. And we have several of those based on the nurse's population in the US, the NHANES study, and the UK Biobank.

Again, long-term studies in people who were older adults and then have passed into the elderly category in many cases. Whatever elderly is, is always 10 years older than I am, you know, so, right?

That makes sense. So those studies are telling us exercise, you know, and I don't like to use the word exercise. I like to use the word movement. My sister keeps telling me motion is lotion.

you know keeping active and all these things are related you know of course if you're not too overweight it's a lot easier to move and so on and a good diet is the foundation for many of these things avoidance of a lot of alcohol

there's I'd say more and more data that no alcohol is safe completely and then you have trade-offs of why would you drink a little bit if it's, you know, slightly at risk for you.

So those are kind of the main things that I think are lifestyle issues that we can start to employ and often just a little tiny something.

Movement, Resistance Training, and Balance

You know, walk for five minutes after lunch. You know, that does wonders for your blood pressure. Maybe if you walk with a colleague, you know, or a friend or, you know, your dog.

It's stress reduction besides. So yeah, there's little, little things. Substitute, you know, sparkling water for one of the sodas. or put one thing of sugar in your coffee instead of two, et cetera.

Small steps add up and make a difference, and you can pat yourself on the back, oh, I did a good thing, and move along. To try to do radical restructuring of your lifestyle, I think, is pretty much doomed to failure.

But small steps most of us can take. Yeah. So that just kind of leads me into my last question, which is if you had to highlight one lifestyle change that has the biggest impact on long-term health for post-menopausal women, what would that be and why?

It would be activity, movement. You know, it's so foundational to so many other things and it makes such a big impact on our mood. There's a lot of material now that is showing that activity is very therapeutic for depression.

This has not been put into older individuals or women per se, but I think it's probably true for all ages. That's just one example. Of course, it's not a magic bullet for losing weight, which people wish that it were.

But it's very helpful for glucose management if you have some muscle to keep the glucose moving into your muscles instead of circulating to your other tissues.

It's good for so many other things, fall prevention, if you do a little balance work or work on a little bit of uneven terrain. And falls are such a major risk factor for older people and the consequences of falls.

You know, many people don't survive a fall or they don't come out of it in good shape. So motion is lotion and that one may be one of the easier ones to just start doing something.

I wore a glucose monitor a couple of times just for curiosity. I don't have diabetes. But it's amazing how even folding the laundry or doing the dishes or just walking around the house when I'm talking on the phone makes a huge difference in your circulating glucose level.

That just shows you what your muscles can do for you basically. Yeah, absolutely. Yeah, I wore a glucose monitor for a few weeks and was surprised at what made my glucose go up versus stay steady high.

And I did find that even without eating a lot, stress can bump it up and keep that high. So that was really surprising to me how impactful that can be.

Yeah, I recommend people who are curious. It's worth it. It's great information. You quickly will see the benefits of movement of any type. But I think yes, resistance training.

Closing Remarks and Where to Find Dr. McShane

If you're already somebody who's doing your 7,000 steps a day and so on and so forth, but haven't made the jump to resistance training, body weight is good, bands are good, gym, of course, is great, weight, hand weights are wonderful.

So that's kind of another thing, balance. And again, it only takes a couple of minutes to do a little bit of balance work to reduce your risk of falls or injury if you do fall.

Yeah, absolutely. That's great advice. That's really wonderful. Well, thank you very much for joining me today. And thanks, everyone, for joining us on the Functional Edge.

I hope today's episode gave you fresh insights and practical tools to level up your life. If you found value in what you heard, don't forget to hit the subscribe button and share the podcast with someone who needs it.

And leave a review. It's the best way to support our mission of bringing powerful health solutions to more people. So for more resources, updates, and behind-the-scenes content, visit drjuliaward.com.

And Dr. Pat, please tell us how people can get in touch with you. Women's Health Span Voices is my podcast, and womenshealthspan.org is my website. So those are a couple of places that they could get more information.

Right. We'll put that in the show notes, definitely. Excellent. Thanks so much for having me. It's been very much fun. Great, thank you. And until next time, stay strong, stay healthy, and keep living on the functional edge.

Thank you for joining me on the functional edge. I hope today's episode gave you fresh insights and practical tools to level up your life. If you found value in what you heard, don't forget to hit subscribe, share the podcast with someone who needs it, and leave a review.

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