Women's Healthspans vs Lifespan with Dr. Pat McShane Transcript

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Opening on Womenu2019s Health and Ageism

Why do you think that women are not getting the proper information and why we're not being told these things sooner in life? Why do you think women aren't getting the proper info?

Well, as a feminist, that's what drove me into gynecology in the first instance. I think it's feminism. that women's contributions aren't as valued. And there's tremendous amount of ageism for both men and women once.

And I don't understand that because older women especially own much of the wealth of this country. And you would think that we would count more. We have internal ageism as well.

It's not just what the culture is reflecting back to us. It's what we ourselves believe about our lifespan and health span. Do you feel like your hormones have turned against you?

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Join us for real talk, expert tips, and even a few laughs. Hello and welcome back to Hormone Heroines. Today I am with Dr. Pat McShane and she has worked in IVF and fertility for several years and she, for over 40 in fact, in reproductive medicine and fertility specialist in IVF practices in Massachusetts, in Colorado, At the time of her retirement, she noted there was basically little to no information, credible information in social media for women having gone through menopause.

And so she began a video series and Pat's goal is really to provide accessible, timely and accurate information to these individuals. So Pat, I'm going to bring it back over to you because I'd love to know what kind of brought you here, what your own personal experiences were and why you were so passionate about this.

Why Postmenopausal Women Need Better Information

Well, like many of us, I was seeing a lot of material on social media about what we should eat, what exercises we should do, how to get back to better sleep patterns, et cetera, et cetera.

And a lot of the information is contradictory. Much of it is kind of click baity. You know, they get you to, to look at their story and there's really nothing in there, certainly nothing new.

And much of the advice was based on limited or no research kind of editorializing about things. So I thought there's got to be more out there for us. And some of the more credible social media platforms basically were aimed at 40 to 50 year old men, which is who the hosts are.

And that makes perfect sense. But wait a minute, what about us ladies, you know, who are through menopause? There is more and more information out there about the menopause transition, perimenopause and into the full menopause, but then not so much after that.

We're kind of, I felt sort of abandoned. And in fact, my gynecologist said, okay, you know, your last PEP smear, you're done now. You don't need me anymore.

And I'm like, wait a minute, wait a minute, you know. Go to your internist. Uh, so, you know, not only were we abandoned by social media, but by our gynecologist.

Cause again, we weren't reproductively active any longer. We didn't have to worry about birth control or baby making. So, uh, yeah, so that, that was kind of the impetus.

And luckily I found that in fact, there is a fair amount of credible information that pertains to postmenopausal women. And much of it is from the UK biobank.

So anybody who's really wants to dig deep into this, it's a very quite amazing project. Actually, they looked at about half a million people and have been following them over, over years, starting in their middle adulthood, I guess you would say, and into their older, older ages.

And more than half of them are women. Good. It's in the United Kingdom where there's linkages to hospitalizations, pharmacies and so on. So they can get accurate information, which of course is really what you want rather than just what someone recalls.

And they've done specific things where they've actually done grain MRIs and had people wear actimeter, you know, things to monitor their sleep, their light exposure, their activities and so on.

And so a lot of good information has fallen out of that biobank. There's the NHANES data here in the US, the Women's Health Initiative data. You know, so there is some data out there.

Much of it is in the medical literature. You can't just find it on New York Times or the Wall Street Journal. Some of it makes it over to those media platforms or social media.

So that's kind of how I got my start and we've covered a fair amount of topics and there's many, many more topics to cover because our lives are complicated and there's a lot to think about.

And I know you really like to focus on health span and we do too. We are longevity medicine. So I really love that you focus on health span, not just lifespan, because we want to be healthy and happy.

And like you said before, young, but still living a good long life. So one thing that really I feel is not talked about enough is what particular risks are there that you see for senior women who are postmenopausal?

Well, the specific things are heart disease.

Healthspan vs. Lifespan

As we go through menopause, there's a bunch of metabolic transitions that occur as we lose our primary hormones of estrogen and progesterone from our cycles, from our ovaries.

Along with that goes testosterone as well, and that has to do with not just our sexual life, our desire and satisfaction and so on, but other parts of our body as well.

There's receptors for these hormones in most of the cells of our body. So it's kind of a major thing that's going on when we go through menopause. And as a consequence of that, our risk for most metabolic diseases like diabetes, high blood pressure goes way, way up.

Arteries are affected directly by the lack of the hormones and our cholesterol levels are rising. So we catch up with men basically in cardiovascular disease incidents, the number of people who have it, and mortality.

Having been protected before our menopause, we gain weight typically, and that is not just about calories and exercise, it's about our hormonal transitions and the other major causes of mortality.

Stroke is related to the cardiovascular things. Dementia is again age-related and most people, the majority of cases of dementia are found in women. not just because there's more women than men at a certain age, but even it seems we're more susceptible.

So whatever we can do to try to reduce cancer is another big one. And a lot of there's more and more data about how to avoid risk of cancer by lifestyle considerations.

So all of this is what drove me to think this is worth talking about. Yeah. And you're still seeing patients, correct? No, I'm not. I'm retired. I'm 76 years old.

So I figured it was time. Thank you. So what are your biggest things that you would want to tell women who are postmenopausal? Is it too late for them to start?

Never. It is never too late. And one of the main studies that I like to quote took people in their eighties and they were in kind of assisted, low level assisted living, not full on nursing home kind of, but, and they were, they weren't yet frail.

And there's actually a frailty index that ranks people by their abilities and endurance and so on. They weren't yet frail, but they were not exercising at all, or they weren't being very active.

And they took these people, and this was a control study. Some of them got to do supervised activity. Some of them had dietary interventions, so they were eating adequate amount of protein and other nutrients, and all the different combinations thereof.

And what they found is that people who were inactive and they were, I think they were close to normal weight. They weren't massively obese or anything like that, but that they could build muscle and improve their ability to do things.

And this is not trivial. We tend to not think about this too much, but you know, we need to be able to get in and out of our automobiles.

Key Risks After Menopause

We need to be able to drive our automobiles. Up and down a flight of stairs. We'd love to be able to pick up our grandbabies if possible, carry our own groceries into the house, laundry.

You know, the list goes on and on. And if we lose that independence, basically, again, our quality of life goes down really quickly and we may end up in some kind of assisted living or dependent on other people.

And I'm here to say a lot of that is preventable and predictable. A, if you're not doing the right things and preventable, B, it's not too late to start out doing these things.

Okay, good. That's, I mean, that's good to know because I feel like we're going to have a lot of people who are listening who are like, well, I'm, you know, in my seventies or eighties and I've never done anything.

So it's too late to start now. But really what you're saying is, and the science proves it, right? So science is actually saying we can start, we can fix our bodies.

We can do these things at any time. And I think it's very huge because lack of independence. I don't think people understand how that really plays on a person's emotional wellbeing.

And that kind of takes me to my next question for you, because I know you love healthspan. And so I kind of want you to kind of dig into that and explain what healthspan means rather than lifespan, because I don't think a lot of people understand it.

And I think it's really, really important. for people to know that you can have a happy, healthy life with a health span rather than just a long lifespan.

Absolutely. I'm going to be quoting data just from the United States because that's the best data that we have. But the average woman in the US lives into her early eighties, but she starts to have the issues that I was talking about earlier in her late sixties.

So there's about a 10 plus year gap between being able to be fully independent and do the activities that you want.

without, as I mentioned, a long list of medications and doctor visits three times a week and being unable to walk up a flight of stairs or carry a load of groceries out of your automobile into your house.

So that gap is what we're trying to limit. And again, as I just mentioned, the much of that ability to do things and so on is controlled by our activity level and our muscle mass.

Our diet is a big piece of it. Then, you know, it goes on from there. Sleep, sleep is critical. Social activities, mental activities, you know, we don't want to be physically fit and unable to think properly or so depressed, as you mentioned, so depressed or anxious that we're unable to function in normal lives.

So that's the difference between health span and lifespan. Women, human, Females live about a third of their life after their menopause. So this is not trivial.

This is, this is huge. And it's been basically neglected by the medical establishment for, you know, you can speculate about the reasons, but I'm here to say we're trying to undo that neglect and put proper focus on it.

Yeah. And that exactly why we're doing what we're doing right now. Having a podcast, we can actually get the word out more. Yes. So with HealthSpan, what are the most clinically relevant issues that you want to discuss that can kind of give our listeners like a base starting point?

Well, again, avoidance of cardiovascular disease, that's as much as possible. That's the number one killer of women in the developed world. And even morbidity, the lack of a good, healthy life.

If you have such a weak heart that you can't walk down the block in your neighborhood or do minimum things for yourself. That doesn't constitute health span either.

So a lot of people don't think of cardiovascular disease as a limitation in what you can do, but it surely can be that way. My mother had congestive heart failure and atrial fibrillation, you know, for many years and very, very life-limiting.

She couldn't travel anymore, you know, things like that. So, avoidance of cardiovascular disease, dementia, we just talked about that a little bit, keeping our brains going.

Itu2019s Never Too Late to Start

And again, the more and more we're learning that about, it seems like somewhere 70, 80% of dementia is preventable or delayable. So, you know, you might be at risk, but if you get it when you're 95, it's different than when you get it when you're 65. So that's another big one, cancer.

Again, many cancers are preventable with certain dietary issues, avoidance of alcohol, certainly smoking, that one we know about. Yeah, yeah. So those are kind of the big ones.

There's many, many other things that seem to be in our control. Medications, you know, in the conventional medical system, many, many people are on more than five medications.

they start to have side effects, including fall risk. And if you're on five medications or more, odds are one or another of them may make you a little bit dizzy or a little bit weak or not sleeping properly.

And then your fall risk goes up. So it's not fun if you fracture your hip either. So there's many, many pieces to all of this. Yeah. Well, so it's very frustrating coming from, you know, I'm sure it's frustrating for you too.

I feel like people are not getting the right information. Why do you think that women are not getting the proper information and why we're not being told these things sooner in life so that we can prevent a lot of, you know, bone loss, muscle loss, all those things before we get to this point?

You know, yes, you said we can start at zero at any age, but it would be nice if we knew these things before so we didn't have to start from ground zero.

Why do you think women aren't getting the proper info? Well, as a feminist, that's what drove me into gynecology in the first instance, back in the day when, you know, most physicians in the US anyway were male and almost no female, almost no women gynecologists.

That changed rapidly during my training. I think it's feminism that women's contributions aren't as valued. And there's tremendous amount of ageism for both men and women.

Once, I don't understand that because older women especially own much of the wealth of this country, control much of the wealth of this country. And you would think that we would count more, but doesn't, doesn't seem that way.

Yeah, it does, right. And we have internal ageism as well. It's not just what the culture is reflecting back to us. It's what we ourselves believe about our lifespan and health span.

And I'm probably not going to remember her name, but this Information about what you believe yourself about age becoming more old, older, does matter in how well you do.

So if you believe that you can be healthy and active in your older years, you're way more likely to be able to pull that off medically. Yeah, yeah, definitely.

I just, I know how frustrating it is on my end and I'm sure on your end too, I just We're the most of the population. There's more women than men. Why?

One more thing that I, the medical system, because until 1993, it was basically expected that medical studies would not be performed on women.

Movement, Strength, and Mobility

And the reasons that people quoted for that was, well, they might be pregnant and we don't want to expose them to a new drug or something if they're pregnant.

Different times of their medical cycle might impact on the outcomes, you know, whereas men are supposed to be in a steady state, but women are cycling, reproductive age women are cycling.

So that was kind of an accepted truism in medical research. And in 1993, I believe it was, there was an act that was promulgated that said, you know, you're going to get grant money.

You better be including women unless there's some really profound reason not to do so. And we have been catching up, but we're still not at parity with men in reproduction in medical clinical studies.

So, so that, you know, again, I'll give them a little bit of a grace for that, but yeah. Yeah, I definitely struggle with that, especially with like lab values and stuff.

And it's like, these were based off of older men. My body works very differently. So mine is not really in the normal ranges for me. I read a study recently showing that women's heart attacks are different than men's, the physiology rather than calcium.

a buildup around the artery, narrowing the artery, and then maybe something getting stuck there. Women tend to have softer plaque that's not as easily seen in the studies that might be done in advance to predict risk of heart attack.

And that's just one example. But, you know, there are many others and probably many that we don't even know

about that women react differently to certain medications.

that our diseases don't play out exactly the same way. Yeah, so there's a lot to learn. Well, even the feeling of a heart attack is completely different for a woman than a man.

Yep, symptoms. Yeah, the symptoms of it. You know, a lot of times we'll have back pain and, you know, that nobody thinks to check the heart. Luckily, it's getting more known now and in the medical system but still you know women were dismissed a lot who were having a heart attack and they had gone and they're like I've got this back pain and the shoulder pain and I don't know what's going on and the dizziness you know but it's not the clutching your chest and my left arm went numb that they show on movies and TVs that is how men usually experience it.

Yep. Yep. A good example. Yeah. Yeah. So with all of these things that can, you know, that we want to avoid to have a healthy lifespan or a health span, what are some lifestyle changes that you recommend most or that you think are the most important for especially post-menopausal women?

Well, I call movement and activity kind of the secret sauce that is, let's say for depression, being active physically is as effective with no side effects compared to the medications that we have.

That's just an obvious example, but it just goes on through most disorders that you can imagine. active people are less likely to suffer from that disorder or do better.

I just read something yesterday about prehabilitation for surgery. If you're in good shape, your risk on the table and in the recovery over the next weeks and months is much better that you're going to do well if you're in good shape.

So that's just, again, if I had one thing that I could say, just Get up and walk around after lunch or dinner and or dinner, you know, for five or 10 minutes if you're not active.

If you are pretty good on the aerobic stuff, add resistance training. And we have a different podcast where we talked about that at some length on my podcast series that you just told us about.

So I invite people to flip over and watch Dr. Heidi's contribution just makes such a difference in certainly your mortality and morbidity, the side effects of things, but just in how you feel, mood and view of life.

Nature is wonderful if you can possibly work that in also, and there have been studies about nature. And if you love yoga, do yoga. you know, do what you like to do and what's sustainable for you.

Do it with a friend if you can, because there's a lot of information about our social support and how relevant that is to our health and well-being, especially in older age, but at any age, truly.

So that's what I call the secret sauce. And, you know, I think changing your diet is tough for most people. you know, adding on that five-minute walk after lunch or dinner or doing a few sit-ups, push-ups, squats, whatever you can do is a good place to start if you're not active already.

Yeah, and you touched on one thing, yoga. I think not enough people really think about how important mobility exercises are. The older we get, especially when we're not having hormones, our joints get kind of crickety, is what I call them.

Nutrition for Healthy Aging

They're like rusty, sort of, and you have to knock the rust off. There is a lot of mobility exercises that you can do. I mean, you can even just Google it and find, you know, a bunch of stuff on YouTube of mobility exercises.

But do you have much experience with mobility and how that improves health span as well? I haven't seen as much information about that. I'm hoping that that's coming sometime, because just the aerobic piece and the resistance piece have taken a pretty good role.

But balance and flexibility are the other pieces of physical fitness, and those tend to get mentioned. a little farther down the list, but balance is obviously critical for fall prevention.

And again, fall prevention is a huge goal as we get older. I'm sure most of our listeners are familiar with someone in their life who had a hip fracture and some of the very unpleasant downstream consequences from that.

Even if you survive and do well, it takes a while. So balance is critical as well and flexibility, as you just mentioned, is another thing that will help prevent falls if you do encounter an obstacle or miss a step or something like that.

Right. And I feel like it's just not given enough of its worth. I feel like that's one of the biggest things because, again, in postmenopausal women, they have either osteopenia or osteoporosis most of the time because you don't have that estrogen supporting your healthy bone mass.

And so you need your flexibility. You need the strength training. You need the skeletal muscle to help hold you together so that you can go out and do those things because you are a lot, not necessarily frail, but you're at more of a risk for having those things.

If you're not keeping up on your muscle mass and the movement and your balance and everything. And the more you move, the more you will get balanced, even if you're not doing like balance thing like yoga or Pilates or something where it's strictly for balance.

When you're moving, your body is balancing and your core is working. So just moving alone, like you said, get up and walk five minutes after your lunch.

Get up and walk five minutes after your dinner. That's good for lots of reasons, right? So that's good for helping your insulin and your glucose. That's good for helping your muscles.

That's good for making you feel better. It's good for making you get up and not having that extra dessert because you're already up and walking. Take the stairs.

Park far away from the entrance to the store. Carry the groceries rather than use the cart if it's not too heavy. Lots of little tricks like that that you can do to improve your fitness, basically.

Yeah, for sure. If there was one thing you could tell postmenopausal women about for their diet, and I hate the word diet. Actually, Serena and I use, what was it?

Food, food lifestyle. Cause you know, I grew up in the eighties and nineties and everything would diet this, diet that, you know? So I hate the word diet.

What food lifestyle tip could you give to postmenopausal women that you think would benefit them the most to help with this health span? Eat food, not too much, mostly plants.

That's, you may know the author of that, but, and I just heard Marion Nestle speaking on that. She just wrote what to eat now. Basically, you know, add some more plant food into your diet.

If you're already eating a lot of red meat, especially, maybe back off a little bit of that in favor of the fruits and vegetables. I mean, for most Americans, I think Mediterranean diet is the one that's the closest to what's optimal for us.

Avoidance of ultra-processed foods as much as possible. It's so easy to grab something in a package. They're highly palatable. They spend millions of dollars addicting us to this stuff.

But you know, if you could eat carrot sticks instead or edamame or hummus or something instead of that bar or candy or a cookie, you'd be better off. you know, it's hard to make a full transition.

A vegetarian diet is great for a lot of people. It's hard for most Americans, especially if you're feeding a family. It's pretty tricky and they're not going to be following your pathway necessarily.

So that's what I would say, you know.

Where to Find the Show and Final Takeaways

Yeah, and I think people don't realize that every little tiny step that you take is a step towards a better health span, and it is a step towards making more changes.

So each little step, generally speaking, will lead to another better step. And you feel better. If you make that first one, you're going to feel better, like you said, and then you're going to make another step to feel even better.

Yes. We tend to not think about how we feel that much. I don't know about you, but during a busy work life, it's like you don't have time to think about how you feel.

You just have to get the groceries, pick up the kids at the soccer game, you know, buy that card for your husband's birthday. You know, you're so busy, but, but you do feel better as well when you're doing these things.

And that sounds kind of silly, but you know, that's how the changes that we can make that will really stick are the ones that make us feel better. And so it's worth thinking about how do I feel right now?

What's going on? Yeah. Okay. Well, why don't you tell our listeners where they can find you and if you have any last tips or tricks or anything that you'd like to share with them, I'd love to hear it.

Well, my podcast on the various podcast platforms is Women's Health Span. You can start with that. Voices is the other word in there. That's a good place to start.

There's a number of videos already on YouTube and then some of the podcasts on Doctor Talks as well. So that's a great place to find both of us, I think, right?

Yes. Yeah. And otherwise, I just wish all my listeners, our listeners, a healthy and happy lifespan with as much joy and being able to do the things that you like to do for as long as possible.

That's my wish for everyone. Thank you. Well, thank you for getting all of the information out there because we obviously need to get more people educated on it so that more people can have a healthy lifespan and health span and live longer, but healthy and happy.

Indeed. Great to be with you. Thank you so much for joining me today. It was great having you and thank you everyone out there listening. It was great to have you here and listen to our next episode and we'll see you later.

Have a great week. Thanks for watching Hormone Heroines. If this episode spoke to you, follow the show and share it with someone who also needs to hear it.

And write a review. That helps more people find their way back to balance. See you next week.