Questions We're Finally Asking Transcript

[00:00:00]

Perimenopause Hidden Symptoms

Leslee Shaw: You made a, a very important statement, is the earlier the start, the safer it is.

Anna Barbieri: Like, women had even no idea that they were experiencing perimenopause because, again, nobody talked about it. Yeah. It used to be this taboo topic. I mean, clinicians didn't know about it. So in the meantime, you spent months, sometimes years, not sleeping, having- Mm

mood change, brain fog, you know, fatigue, all of those things, and you were told, "Well, nothing hormonal is going on because you're still getting periods." And that's not really true. Right.

Why a Women's Health Center

Leslie Schlachter: Hello, and welcome back to The Vitals, Mount Sinai Health System's groundbreaking new podcast. I'm your host, Leslie Schlachter, a neurosurgery physician assistant here at the Mount Sinai Hospital. Today, we have a special edition of the show. We're gonna commemorate the opening of Mount Sinai's new Carolyn Rowan Center for Women's Health and Wellness.

To discuss the opening of the center and the [00:01:00] center's new women's health-centric podcast, Herology, we're joined by the Rowan Center's most prominent doctors. We have Dr. Joanne Stone, Dr. Anna Barbieri, and Dr. Leslie Shaw. Thank you so much for being here. Okay, so to kick us off, what is the need for a dedicated women's health center?

Where did this come from?

Joanne Stone: Well, I think that women's health has been completely under sort of resourced and, and has been sort of not so important, so there was a real need for having a center that really highlights women's health and how we can prevent diseases and how we can really treat people differently.

You know, we're not, you know, obviously men, and, you know, the biology is so different. Right. So it was so important to have a place where we can just totally focus on women's health.

Leslie Schlachter: Yeah. One of the things that we had spoken about is you said that the need is coming from a place also where you wanted to dedicate care to specific phases of women's lives, and so how do you guys do that in the center?

For sure.

Anna Barbieri: [00:02:00] You know, and that is one of the things that differentiates women's health from men's health also. There's specific transitions and phases in a woman's life, like puberty, pregnancy, postpartum, perimenopause, menopause, and that these are the transitions that influence her entire health span, potentially lifespan, so we wanted to highlight that and bring it together.

Leslie Schlachter: Yeah, women go through, like- Like pre-puberty, puberty, like all the hormones that come with, like getting your period, having babies, should we ch- ... So that's, like, a lot of hormonal changes where I guess in theory men kinda go up, stay up for a while, and then come down. Yeah, and, uh, transitions are pretty unique to women, so we just wanted to bring it all together under one roof, so to speak, and highlight that.

Okay.

Hormones vs Peptides Explained

Leslie Schlachter: One of the things I wanted to bring up today was, you know, the whole point of this show, and I know this is a crossover show, but it's a perfect crossover for you guys, is one of the hot topics out there, especially if you're on, like, Instagram or TikTok or something, is we're talking about hormones, peptides, all...

basically anything that you can put on [00:03:00] or in your body to improve things. So let's kinda talk... I wanna start off by talking about hormones, 'cause that's what everybody wants to hear, and we need to hear it from the experts. So the hot topic out there right now is peptides, and some of the pe- like, the most popular peptide are these GLPs, which actually affect your hormones.

So, like, what's the big hoopla about specifically when it... I'm not talking about, like, just diabetes-related. I'm talking about, like, optimization-related.

Anna Barbieri: Big

Leslie Schlachter: topic.

Anna Barbieri: Big topic. I think maybe what I will do, let's take a step back and talk about what hormones are and what peptides are. Okay. 'Cause I think a lot of people, and especially on Instagram, there's quite a bit of confusion- Sure.

Right ... over that. So peptides can be hormones, and hormones can be peptides, but they're slightly different terms. So basically, a peptide is, describes the structure of something. A peptide is, like, a string of amino acid, and amino acids, for the audience's sake, are building blocks of [00:04:00] proteins. And then hormones are substances that are made by a certain organ in the body, travel through our blood, and have distinct actions on multiple or distant organs, for example.

So we have peptide hormones, and we ask about GLP-1s. Perfect example. That's just one example of a peptide hormones, but there's plenty of other ones. Um, and then we have s- sex hormones, which are sex steroids, and these are the hormones a lot of people talk about when it comes to the hormonal transitions in women's lives.

Mm-hmm. So whether that is puberty, whether that is getting pregnant, whether that is postpartum, and certainly when it comes to perimenopause and menopause, and those transitions for the largest part are influenced by changes in sex hormones, so estrogen, progesterone, testosterone. Um, and then GLP-1s, you know, a subset of peptide hormones, are also Influencing those transitions.

Um, we [00:05:00] understand that to a point. Um, we all have natural GLP-1 hormones in our bodies. The medications that are on the market now that everybody wants to know about, so GLP-1 receptor agonists, uh, GIP, um, agonists, and there's another third one that's going to come out probably this year or next year. I'm gonna stop talking very soon, which is going to be

Leslie Schlachter: a triple ask.

No, this is, this is, this is what people wanna hear. You know? They need to hear it from people like you, not the influencers- Yeah ... with no medical degrees.

Anna Barbieri: So these

Leslee Shaw: are- And then I heard in Europe, though, this is just recently, just to throw this in, then you can answer- Yeah ... is there's a combo now, GLP-1 plus estrogen drug- Oh

that is being developed. Now we're talking. So just, just as a

Anna Barbieri: segue- Yeah, I mean, it's-

Leslee Shaw: As a segue

Anna Barbieri: for you ... this is, it's a really, really exciting area that's developing, and we're just starting to understand the interplay of the, of, um, these agents, agents.

Leslie Schlachter: So let's go in order for our, our listeners.

Safe Prescriptions and Red Flags

Leslie Schlachter: Anytime you put something on or in your body, [00:06:00] hopefully this is something that can be prescribed by a medical professional, not something you get off like a black market website.

So there's FDA-approved hormones, peptides, medications. Then there's things that you can get from compounding pharmacies, and then there's things that you can get from the black market. For our listeners who can get things from doctors and all of these places, how do you know if you can get something from a website or compounding that sounds safe to them?

So how do you know the difference between what's safe and what's not, and what they should be doing? Let's just focus on the hormones, I guess, and then we can get into the peptides.

Leslee Shaw: Well, I mean, uh, uh, the FDA does a rigorous process, and I think that aligning yourself with FDA-approved drugs and FDA-approved, uh, marketing and development of those drugs so that you understand the indications for those drugs and align yourselves.

Going to a compounding pharmacy is just that. They make it there. It could be large scale. It could not be [00:07:00] necessarily made in the United States, and

there are some issues with, um, uh, the safety of those drugs. Mm-hmm. And I, I guess, uh, you know, not only, um, would recommend staying to a pharmacy and things that are prescribed by my two folks on either side of me, um, but, you know, to, to stay within the FDA-approved drugs.

Right. It's-- That's not to say there aren't websites that you can get GLP-1s on that you would converse with a physician on. Right. I would also put those in kind of a good- And they're,

Leslie Schlachter: I mean, they're FDA-approved.

Leslee Shaw: Right. 100%. Right. 100%.

Joanne Stone: But some of the co- I mean, there's a wide variety of compounding pharmacies, and some are really good and make really good products, and other ones are really not as reliable.

Leslee Shaw: Mm-hmm.

Joanne Stone: Um, so I think you have to know. And, and from the physician standpoint, some physicians prescribe medications from compounding pharm- Oh, yeah ... pharmacies. So you really have to know which pharmacies you can-- are trustworthy.

Leslie Schlachter: Right.

Joanne Stone: Yeah. So like

Leslie Schlachter: estrogen, progesterone, testosterone, these are all things FDA-approved [00:08:00] you can get from any pharmacy?

And then there's like Somorin, where you have to get from like a compounding pharmacy. That should-- like, do you guys even use that kind of- Yeah ... prescription? Do people ask for that? So,

Anna Barbieri: so we-- it's not used very frequently,

Leslie Schlachter: although

Anna Barbieri: there are some prescribers that are starting to use it. So the way I think about kind of the FDA-approved versus compounded versus gray or

black market, sort of think about those, um, all these compounds in three categories.

First, there's FDA-approved drugs that you would get from, let's say, CVS. So we write a prescription. That, um, compound, that medication, that agent has gone through this rigorous FDA approval process. There is typically a randomized clinical trial that documented efficacy, safety, side effects, and so on. At

Leslee Shaw: least one, if not more.

Anna Barbieri: Correct. Right. Then there are compounded drugs that you can get from compounding pharmacy that will have an ingredient that's FDA-approved, although the creation of that particular compound is not under FDA regulation. [00:09:00] Right. So Somorin, for example, this used to be an FDA-approved drug, I think, in the nineties.

Um, and the indication was growth hormone deficiency in children.

Leslie Schlachter: Right.

Anna Barbieri: That drug is no longer produced, so it's not an FDA-approved drug, but the ingredient has gone through f- the FDA approval process. Right. And that's still different from these gray market, black market-

Leslie Schlachter: Where people are using it to, like, build muscle and cut up

Anna Barbieri: and- You know, there's-- it's a lot of pep-peptides in kind of the health span and longevity- Right

space that belong on that. Some of them have very, very limited to no human data and really are advertised for, you know, e-energy and vitality, and may have just some mice studies behind them. Right. And some will have some human data, but again, very limited. So, um, I share this story some-sometimes. I had someone email me about, um, a website that they were going to use to purchase these items on, and the question was, what did I think?

Well, there are definitely some red flags you can [00:10:00] look out for. If the website takes crypto, if there is no address, if it's just a random email, if it says you can't contact the manufacturer and you're out on your own. Right. Those are some really worrisome red flags. I would definitely not recommend that.

Leslee Shaw: No information where the production facility- Totally ... could be in China.

Anna Barbieri: Totally. Could

Leslee Shaw: be anywhere.

Anna Barbieri: So when we can, you know, I think it's obviously safer, cleaner, better to use FDA- It's just easier ... approved drugs. Um, there are compounded agents that we also use, especially in the event of cost, um, shortage, supply chain issues, things like that.

But again, I think it's really important to, to know your way around compounding pharmacies. Yeah.

Modern Menopause Hormone Therapy

Leslie Schlachter: So how has your practice changed in the last year or two with like the removal of the black box warning f-from A hormone replacement therapy, which is, I guess, no longer the acceptable phrase. What is it supposed to be now?

Anna Barbieri: It's supposed to be hormone therapy or menopause hormone therapy, but HRT is still used all over, so it's the same thing.

Leslie Schlachter: So [00:11:00] are your patients asking you guys for replacement now and trying to optimize?

Leslee Shaw: I'll let these guys talk. I mean, I'm chairing a, a national guideline right now, and it's c- uh, on primary prevention, um, and, you know, like lipid abnormalities, et cetera.

And it's caused a lot of consternation because physicians are not that well-educated.

Anna Barbieri: Mm-mm.

Leslee Shaw: Uh, you know, they've gone through twen- if it-- how, how long was the black box? 25 years or something like that? I

Anna Barbieri: think more than that. Uh, 2000- More than that ... 2002.

Leslee Shaw: Something like that. Don't

Anna Barbieri: know.

Leslee Shaw: Yeah. You know, so that's just like erased it from people's minds.

As clinicians, they're like, "What do I do? What do you mean?" People are coming in and asking me- Yeah, they're like, "We

Leslie Schlachter: can hide behind it for a long time." Yeah.

Leslee Shaw: I don't know, you know? And so- It's easier to not talk about it. Exactly. You know, just I don't wanna know, right? And so I th- I'll do that as a segue to you guys, but I think there is a, a strong need not only for people, uh, patients listening to this, but for clinicians to spend the time- Mm-hmm

and figure out. The key factor and, and one more thing [00:12:00] that I'll say is whatever we use when they, the black box warning, um, went on to these drugs were a higher dose oral, much different than what we use today. Right. That's a critical factor in terms of safety. The older drugs had some safety side effect profiles which were-- had-- you had to be very careful about.

Today's marketplace and utilization is decided more transdermal, preparations, lower dose, et cetera. And I'll, I'll let the-- you folks c- uh, comment on the rest of it. That is just, you know, where we are. People are just looking, you know, deer in the headlights, if you will. Yeah. What do we do next?

Joanne Stone: I mean, I think y-you make a really good point, and I think a lot of physicians are just not educated when it comes to sort of the hormonal treatment.

Um, it's, it's lagging in our medical students and our residency. People don't learn much about menopause or perimenopause. Um, we have internists that take care of women and don't really-- not sure how to prescribe medication, so we need to do a much better job of e- of [00:13:00] educating The physicians, you know, whether they're internal medicine, whether they, you know, they're OBGYNs, we need to do so much better.

Leslie Schlachter: What are some of the dos and don'ts for prescribing?

Anna Barbieri: Well, I think knowing how to prescribe is, is a start. And to this day, I think medical students often will look at just one hour of education on

menopause in general, let alone hormone therapy. That's so sad. Which is just- It's gonna change. It's just so sad.

It's just, it's just wild, you know? Um, I think certainly knowing, um, risks and benefits. I think when the FDA warning came on, um, the label for hormone prescriptions many years ago, 2002, was sort of a knee-jerk reaction to ... which was supposed to be the right reaction to these older higher dose oral regimens that may not have applied to all the regimens out there.

I do think the pendulum is swinging way in the opposite direction. We do see patients all the time coming in, no matter the age, no matter the medical history, no matter the need, people want [00:14:00] hormones. Mm-hmm. So now there's this push towards hormones for everybody, and I think that re- decision requires nuance.

Leslie Schlachter: Yeah. So like somewhere in the middle.

Anna Barbieri: No, everything, every intervention has risks- Right ... benefits, potential side effects, and needs to be a really thoughtful process.

Leslie Schlachter: Right. Um, so, like, some of the things that you see out there, 'cause, you know, I, like, doom scroll a little bit on Instagram, is like I'm perimenopausal, right?

So, and I started my estrogen replacement therapy probably, like, two years ago. I noticed a big change for me. That's for another episode. Um, but what I learned from my doctor was you don't wait until you're miserable. You start it ahead of time to hopefully avoid the misery. So we did the right thing. We started the estrogen.

We titrated up. I was allergic to the patches. I switched to the gel. I take my progesterone at night. So, like, what are some of those little tips and tricks, and when should women... Forget about, like, trying to do it ahead of time. When is, like, the right time to ask for it?

Joanne Stone: So, uh, yeah, I think this is so critical.

So when the, uh, in the Carol Moon Center for Women's Health and Wellness, um, the pathways that have been created, [00:15:00] and Anna and, and, uh, her team have created different pathways, and one is a pathway specifically for 40 to 6-year-olds. So you go through a guided pathway, meet with a physician first,

PAs, um, and you go through a whole process so you can figure out what are the exact needs and, and it's a time to listen to some of these- Mm-hmm

symptoms.

Leslie Schlachter: And it's not just, like, blood work. It's actually how you feel.

Joanne Stone: It's how you feel, right? Right. So you may need... You know, if you're having problems sleeping, you may be directed towards a sleep, a specialist. If you're having problems with, you know, hot flashes, it's a- ano- it's another form of treatment.

So I think really listening to the patient and, and, and going through this whole guided clinical pathway is just such a differentiator in terms of what we're gonna be providing at the center.

Anna Barbieri: I think, you know, the important thing, um, really for any woman to know is how to recognize that her hormones are changing, and that's been a major problem in the past.

Like, women had even no idea that they were experiencing perimenopause because, again, nobody talked about it. Yeah. It used to be this taboo topic. I mean, [00:16:00] clinicians didn't know about it. So in meantime, you spent months, sometimes years, not sleeping, having- Mm-hmm ... a mood change, brain fog, you know, fatigue, all of those things, and you were told, "Well, nothing hormonal is going on because you're still getting periods."

And that's not really true. Right. Right? You can go through this entire, you know, process and, and be in it for literally years without a major, major difference in your cycles. Yeah. There's usually some subtle differences, and that's why, you know, we've been talking a lot about how to design better care for women in this space.

And for us, it also means kind of being preemptive and proactive. So really by the age of 40, we believe every woman should be aware of what that change looks like because at least then you know what to anticipate- Right ... and how to kind of figure out what's happening so you can get help.

Leslie Schlachter: What it-- Like, what's your top list of what would you say, like, the biggest complaints are with women that you're like, "Oh, yeah"?[00:17:00]

Leslee Shaw: Get started Gaining weight Yeah, gaining weight. Gaining weight. So but we need to step back 'cause we're- ... wait, both of you said, I think just needs to be underscored a little bit.

Leslie Schlachter: Okay.

Leslee Shaw: Y- your estrogen levels are gonna start to decline in your late 30s.

Leslie Schlachter: Mm-hmm.

Leslee Shaw: Let's just put that out there. So you are not even remotely thinking about menopause at age 35, right?

Not even remotely.

Leslie Schlachter: Right.

Leslee Shaw: But you're gonna start to get that decline. You need to start to have those conversations. You made a, a very important statement, is the earlier the start, the safer it is. If you wait until you're in your mid to late 60s and you want to have this just because you think of this, there, there do become some risk and safety issues in older aged women.

Oh. So- Like what? Well, you... It can, it can have some clotting, uh, effects. Right. So clotting to the brain, strokes, clotting in your heart, you can have a heart attack. In people who are in, in the trial data, it was, like, 67, 70 years old and older.

Leslie Schlachter: Okay.

Leslee Shaw: So there are some issues, but the big thing is to focus in on prevention [00:18:00] early, early on within that menopausal transition when you s- and n- and have those discussions well before you start to feel vasomotor symptoms or sleep issues or frequent UTIs or what- whatever the indication is.

Hmm. And I, these are really important. I

Anna Barbieri: think, you know, for so long we thought of menopause symptoms as hot flashes- Right ... nights with vaginal dryness. Yeah. Those are symptoms that are due to low and pr- uh, and prolonged low estrogen levels. Mm-hmm. That's typically not the first symptoms of perimenopause.

Usually, when you look at those first initial few years, it's going to be a slight shift in periods towards shorter cycles. It's going to be a worsening of PMS. It's going to be breast tenderness. It's going to be water retention. It's going to be a mood change and insomnia. That's kind of the classic set for early perimenopause.

Maybe- And you start to hit your

Joanne Stone: partner. What's that? I

Leslie Schlachter: was gonna say, mood change is so kind. I wanna, [00:19:00] like, multiply that by 100.

Anna Barbieri: Impatience, you know?

Joanne Stone: No, but it's, uh, such an important point. And I did have somebody that said to me that we were, I think we were giving one of our talks and whatever, and they said, "You know-" If I'm feeling fine, I'm 42 and I don't feel any symptoms, why would I, why would I need to go, go there?

And because some of it is because, number one, you don't even recognize the symptoms- Right ... that you are having. Number two, you wanna get on that pathway of prevention and preventing all those things that you, that you, Diana, you just were mentioning. Yeah. Yeah.

Anna Barbieri: I mean, that's not to say, you know, we d- we don't need to treat every 35-year-old with hormone therapy, so I, I wanna be careful saying that too.

Well, you said your pathway,

Leslie Schlachter: like at 40, they should enter your pathway at your center.

Anna Barbieri: D- they should, uh, people should know how to interpret the signals of their bodies by 40, if not earlier, Leslie. Yeah. I agree with you. 100%, yeah. Earlier, right? That doesn't mean that every 40-year-old should be on hormone therapy.

We also don't want to medicalize healthy people that may not have started the process [00:20:00] yet. Mm-hmm. Like, this is super individual. We see patients who are entering that process at 35, maybe earlier, with people who really feel

fine and don't notice much of anything and don't have a significant hormonal change until their

Leslie Schlachter: 40s.

But why can't the process just be It's really important to get eight hours of sleep at night. It's important to eat protein- 100% ... and high carbs. It's important to weight lift. Maybe you should wear a weighted vest. We'll talk about that. But, like, sometimes the process is just like these are important things also.

Anna Barbieri: That lifestyle piece comes in always.

Leslie Schlachter: Yeah.

Leslee Shaw: But they,

Anna Barbieri: they,

Leslee Shaw: they are more poignant is when you start to see increases in visceral adiposity, i.e., your waist circumference gets larger. Mm-hmm. Um, and, you know, you go from a population that has, you know, a 20, 30% obesity to 60%. Right. You, you have an increase in insulin resistance.

Your cholesterol goes up. Your good cholesterol, your HDL cholesterol goes down. Insulin resistant. All of these factors increase very dramatically in the prevalence. So-

Leslie Schlachter: And that starts [00:21:00] in early perimenopause too.

Leslee Shaw: Yeah. And

Leslie Schlachter: so- So the pathway needs to start at 30, ladies.

Leslee Shaw: You need to be early. You need to be early to avert some of these because these medications, uh, menopausal hormone therapy or hormone therapy, will actually ameliorate, um, actually reduce visceral adiposity.

They'll improve insulin resistance. They'll maintain your cholesterol. They'll, you know, they'll, they'll have very positive cardiometabolic effects, which are so important to when you're talking about lifestyle changes.

Leslie Schlachter: Right.

Leslee Shaw: Yeah. You know, when you talk about lifestyle changes, they're most poignant to the, to the woman who's gained weight.

Not that I'm pointing and am I looking at myself in the mirror. But, you know, I think that... And so if you can avert those, isn't that the best way to do it?

Leslie Schlachter: It is, yeah.

Leslee Shaw: So I

Anna Barbieri: think- Sorry, I interrupted you ... well, I think we're, we're at a point in time when there is this massive sea change in how we think about hormone therapy.

Up to recently, hormone therapy used to be viewed, and this is what it's still actually FDA approved for, as [00:22:00] a short-term intervention for specific symptoms. Like a course of antibiotics, let's say. Mm. You've got a UTI, use antibiotics. You've got hot flashes, okay, use hormones for six months, no longer than two years.

Now we're starting to finally look at hormones as something very different. Similar to what I would say, you know, Leslie comes from the cardiology world- Blood pressure management, right, for prevention of stroke. Hormone therapy really changes physiology, metabolism, long-term outcomes. So it's really we're moving away from looking at this as this temporary fix for symptoms towards improving your long-term physiology.

Leslie Schlachter: Yeah, I think there's, like- It's well said ... that was helpful for me even, like the misinformation out there, or like just the little bit of information is, "Ask your provider about hormones. It'll make you feel better. You won't yell at your partner so much." But like now you're-- Like, there's estrogen receptors everywhere.

Anna Barbieri: Mm-hmm. They're gonna help everything. Unless that partner deserves it. I mean, that's not- [00:23:00]

Leslie Schlachter: Hormones are not always the excuse. Speak up for yourself. Yeah. Hormones are not always the excuse. Um, so let's say you have, let's say there's a patient out there who has like a very strong history br- of, like family history of breast cancer.

They're not really, like they know they're not an HRT candidate. Like is this, is your center still appropriate for them? Are there still things you can do for them?

Joanne Stone: So this, so one of the big things about the center is that, you know, we're, um, some of our leads, like Dr. Barbieri, Kalpoe, have gone through an integrative medicine fellowship, so there's other alternatives that we can use that are, that we can bring to the table.

Leslie Schlachter: Are they peptides? Yeah.

Joanne Stone: Not peptides. Um, so yeah, so there are so many other options and things that, that people don't even realize are available and that are, are effective. So- Mm-hmm ... and we go that route too. We're not just straight, you know, Eastern Western-

Anna Barbieri: Yeah ...

Joanne Stone: medicine.

Anna Barbieri: Right.

Joanne Stone: We're doing both, right? So, um, so that's really important to, to bring to the table.

Anna Barbieri: And Leslie, like, [00:24:00] that example was such a perfect example, right? Somebody with a really strong family history of breast cancer. Yeah. That's actually not a definite contraindication to hormone therapy. That's a, you know, that's a good reason to have a really well-informed discussion with that patient. Mm-hmm.

Having had breast cancer, having had, you know, hormone positive cancer, it's a different story. Right. But family history, like, really changes that. So, you know, our goal is to really have women be informed of all the options they have and make the right decision for themselves. Yeah.

Leslie Schlachter: And what about... Like, that's great.

Prevention Starts Young

Leslie Schlachter: We're talking about all the women that, like, are in their, we added 30s, but, like, 40s. But what about, like, puberty, teenage, 20s? Like, how, how are we helping these women? Because you guys said that it's has to start early. It has to be preventative. So how, how are we doing that for the younger generation?

Joanne Stone: I think, you know, providing care.

We're providing care at all different ages. I mean, we have also postpartum pathways for patients who had, um, deliveries and a pathway for that. Um, but I think bringing [00:25:00] them in and educating them so that one of the things that we're doing the center besides podcast to ed- ... to help educate. But, um, we're gonna hold educational events and bring them in early.

I mean, it's also a place that you can see what your regular GYN and get sort of that care. I mean, a lot of people don't know that, you know, they're gonna start losing bone at age 30, and they have to start exercising, you know.

Anna Barbieri: Mm-hmm.

Joanne Stone: Really. Yeah. That's part, part of their lifestyle, that weightbearing exercising.

So we wanna get to them early, so, um, educational programs, webinars, things like that, that we'll be doing to provide care for that.

Anna Barbieri: That's such a good point.

Bone Health Lifelong

Anna Barbieri: So the center is supposed to, um, be about longitudinal care of women. So let's take bone mass. So something like 80 to 90% of our bone mass becomes accumulated by age 20.

Okay, so if you think of osteoporosis, osteoporosis is really not a disease of older age. Osteoporosis, you're set up for that when you're a teenager.

Leslie Schlachter: Hmm.

Anna Barbieri: Like, we should really look at sort of these long arcs of health and start [00:26:00] introducing even lifestyle interventions and care- Should, like, all 12-year-olds

Leslie Schlachter: be wearing weighted vests wherever they go?

Anna Barbieri: They should exercise. Eat enough protein. Mm-hmm. Move, for sure.

Leslee Shaw: You know, it's interesting because all of us in the room were trained under largely a model of caring for disease. Hmm. Yes.

Obesity Crisis Prevention

Leslee Shaw: And there's this massive shift going into earlier and earlier prevention, so we avert the diagnosis. A lot of this that we're talking about, whether it be diabetes, whether it be obesity, we can change that pathway that we're seeing today.

There was a paper out last week that said that 60% of women are gonna be obese by 2050. 60%. So that means in a healthcare setting it'll be, like, 80%. Like,

Leslie Schlachter: globally or just in the United States?

Leslee Shaw: United States. Um, 25% will be diabetic. S- over 60% will be hypertensive- Mm-hmm ... high blood pressure. That trajectory has got to change, and the only way we do it is we take, uh, a-

Leslie Schlachter: How did that

Leslee Shaw: happen?

eight-year-old [00:27:00] and 10-year-old- But, but

Leslie Schlachter: how did that happen?

Leslee Shaw: Uh, well, you know, we, um, the m-

Leslie Schlachter: Sorry, I just opened up Pandora's box.

Leslee Shaw: Why? If we start the list. The podcast. The podcast. We don't have enough time. I mean, just look around you, how it's changed in your own eyes. You know? Yeah. And, and the sad thing is that we used to see it just in the United States.

Now those of, you know, we travel, you go to the UK or you go to China, you see obesity that you've never ever seen before. Our

Leslie Schlachter: food is changing. We're staring

Leslee Shaw: at our phones. Processed foods. We don't exercise. Yeah. We're not

Leslie Schlachter: moving. We're stressed.

Leslee Shaw: You know, eating all the wrong foods. Yeah, all the time. Yeah.

You know, and it's just this massive cycle. The big thing about going to a center like this is, is that these guys, and as a researcher, we're changing the paradigm. We're putting, you know, the, uh, we're putting the strength in your hands, knowledge in your hands as a patient to become empowered to change your life, even if it's a few more steps than you took the day before, even if it's eating a banana or, you know, small changes.

Mm-hmm. But really, really breaking that cycle. If we don't, I don't-- we're gonna break the [00:28:00] system- Right ... in terms of caring for 80% of the population that's obese or diabetic or d- we're just not gonna have resources to care for people, and we're gonna start to see massive changes in life expectancy, which we- which would be tragic.

Joanne Stone: And I'm really, and, uh, listen, I'm a maternal-fetal medicine specialist. I w- you know, I see these patients who are obese, diabetic, hypertensive, having, you know, having babies, right? Right. So the risk to the mother is much higher, so we ha- you know, and the r- and also risks to the baby. There's more preterm delivery.

There's more babies that are m- are either too small or too big, and that has other health implications as well. And those

Leslie Schlachter: effects are lifelong.

Joanne Stone: Lifelong. Yeah. So, so really, you know, it affects really so many different aspects of life. That's

Anna Barbieri: amazing.

Joanne Stone: Yeah

Anna Barbieri: You know, we do want to empower people to live the best way that we all can, to know that we have agency over our health.

But It, that goes to a point, and that's why we have the tools of modern medicine, whether that is hormone therapy or GLP-1s or whatever [00:29:00] you have, because there are some things that it is not enough to take enough steps during the day to help with something or prevent- Mm. -a condition. And that's why a center like this that really combines prevention with empowerment, education, agency, and the right tools chosen in the right way for the patient in front of us, that's, that's where the real power and, and so can change people's lives.

How The Center Works

Leslie Schlachter: So then how are people supposed to use you? So like I, I have a primary care doctor, right? And if there's something not quite right, she'll say, you know, "Go to an endocrinologist or a cardiologist or whatever." Um, I see my gynecologist once a year. I-- my kids are 17 and 19, so I don't need an OB. D- do you want people coming to you as an adjunct to their internal medicine doctor and primary care, or is this like, "Come to you guys, you'll coordinate everything that is needed for the woman"?

Joanne Stone: So I think there's a variety of things, right? So you can come in and maybe you're-- have uterine prolapse, you know, where the [00:30:00] uterus is sort of too low and-

Leslie Schlachter: Mm-hmm. -

Joanne Stone: and you need to see a, um, a specialist for that, right? So you can come in and just see that person a- and get that condition taken care of. Or you can have your gynecologist and say you're 42, you're starting to have symptoms, say, "You know what?

This is a really great limited pathway. It's six months. Go through this pathway, and then you'll come back to me a- at the end of it with a regime, um, of medications and, and lifestyle changes that you've already accomplished, and you're gonna continue that way." Mm-hmm. So there's different ways of doing it.

I mean, in the, in the postpartum pathway, that's for somebody that's 12 weeks postpartum, right? And we know that, you know, women who have had either vaginal delivery or even a cesarean section have certain needs. So pel- pelvic floor therapy- Right ...or treating the, um, the rectus muscles that may have separated or something like that-

Anna Barbieri: Mm-hmm ...

Joanne Stone: have these needs.

So you can have your own obstetrician come to, to the postpartum pathway and then go back to see your OBGYN. So

Leslie Schlachter: you guys are like supercharged quarterbacks for a [00:31:00] while.

Joanne Stone: Yeah, exactly.

Anna Barbieri: Yeah. Okay. So the difference is, you know, let's say you're 45 and, um, you're not sleeping and maybe your mood is changing.

You're like, "Oh, I'm too stressed. I'm working too much, you know. Uh, my partner is bothering me," whatever it may be, "but I'll bring it up to my doctor." And-

Leslie Schlachter: Right ...

Anna Barbieri: most of the time, like your primary care doctor is not going to have had much menopause-related education- Yeah ...may not know their way around hormone therapy.

Maybe you'll end up with a prescription for an antidepressant. Mm. And maybe that helps, maybe that doesn't. But that's it. And maybe you have palpitations because that is also a sign of hormonal fluctuation, and you get sent to a cardiologist. So we're trying to really change that around. So you come to the

center, and you go through the midlife pathway- You first start with a big, deep, personalized evaluation.

What are your symptoms? And who does that evaluation? What is your history? So the, our clinicians do that. Biometrics, body composition, your lab values, not looking at your hormones only, 'cause [00:32:00] hormones also change a lot- Right ... in this whole perimenopausal period. Looking at your cardiometabolic risk factors, looking at your micronutrients, putting all of that together, and then we design a program for you.

So our midlife pathway, it's a six-month of kind of design, curated care experience where you go through nutritional counseling, movement counseling. Um, you may get a prescription for hormone therapy according to your need. We cover things like sexual health, metabolic health, address whether somebody needs lipid management or blood pressure management or weight management, whether that is, you know, with nutrition and movement, or whether that is medical weight loss and- Right

medical weight management. Right. So really paying attention to all of these different tenets of health so that one can leave after six months having had a really effective, deep experience and move on for the rest of their life.

Leslee Shaw: That's great. Can I just say one more thing? It's just to ask you guys something.

You know, because I know you work a lot about workfl- work, work efficiencies or the [00:33:00] work up efficiencies and navigation. Maybe you should, 'cause I think that's an important sell. You're not gonna see a doctor every six months. I mean, you know, if you go to your cardiologist or this and, and, and that evaluation becomes five years long or whatever.

Right.

Anna Barbieri: No one talks to each

Leslee Shaw: other. Yes. Yeah. So I, I don't know- Yeah ... if you wanna c- talk about-

Joanne Stone: No, it's a great, it's- ... 'cause I think that's a really

Leslee Shaw: point ...

Joanne Stone: it's a really great point. So one of the great things in the center is that we have other specialties that people will talk to each other. Yeah. So we have endocrinology in there, we have cardiology, we have orthopedics in there.

We're hopefully we're gonna have brain health in there. Um, we have, um, uh, uh, liver disease, GI. So these people will be nav- with patient navigators, so they'll be making the appointments. They'll see the, the specialists within the center, and they'll talk to each other.

Leslie Schlachter: You, well, you guys do telehealth also?

Joanne Stone: Yeah. Mm-hmm. Telehealth is run- Yeah. Really helpful. Some of these pathways are also telehealth. So it's really, it's so hard as a patient to navigate, you know, going to the cardiologist and then going to the endocrinologist

Leslie Schlachter: and then going- Yeah, and then so and so talk to so and so. Yeah.

Joanne Stone: Right. It's all of that.

[00:34:00] And then you, like, put it on the patient to say, "Well, what did they tell you?" You know? Yeah, exactly. In this way, they're all talking to each other. We're in the same place. We're working together to take care of the p- whole person.

Leslie Schlachter: Right.

Joanne Stone: And the other thing I just wanted to mention, we've talked a lot, we've talked about young people, we've talked about- Per- me- perimenopause, menopause.

We also are not forgetting about the women who are above the age of 60. You know, people are living longer now, so we want them to live longer and healthier, h- active lifestyles. So we also have a pathway that's for 60 plus that really is looking at their health, how we can optimize their health as well.

Mm-hmm. So it's such an important age group, I think, that maybe is a little, is not, you know, so, um, in front of, you know, on Instagram and-

Leslie Schlachter: Right ...

Joanne Stone: TikTok and things like that, but it's such an important age group that we pay attention to and make their lives as, you know, wonderful and healthy as possible, so.

Leslie Schlachter: That's a good age group for, like, a lot of the educational stuff that you're doing, 'cause that's, like, the lonely age group.

Joanne Stone: Yeah.

Leslie Schlachter: Like, getting them out and doing maybe group things. Yeah.

Leslee Shaw: Yeah.

Rapid Fire Wrap Up

Leslie Schlachter: Um, [00:35:00] I know our time is coming to an end. I wanted to do rapid fire with you guys real quick. So I'm gonna say something, and, like pizza, and you're gonna...

I'm not gonna say pizza. And you're 0 out of 10, terrible, don't like it, 10 out of 10, love it, need it. You guys can all answer. All right, we're gonna start. Increase protein in diet.

Leslee Shaw: Love it and need it. No, definitely.

Leslie Schlachter: What number are we giving it? Nine. Nine. 'Cause you can always overdo things, so I'll give it a nine.

Leslee Shaw: I just don't think we can meet the new dietary guidelines. I mean, it's like, it's a- on average, 60% higher than you're w- currently eating. Right. I mean, that's the, that's the thing.

Leslie Schlachter: You have to eat cans of sardine and tuna every day. Mm-hmm.

Leslee Shaw: Yeah, and then

Leslie Schlachter: you have the mer- And you drain the oil out ...

Leslee Shaw: mercury poisoning.

Leslie Schlachter: Yeah. Yeah. And then rotate with egg

Anna Barbieri: whites.

Leslie Schlachter: Just a can salad. And rotate with chicken breast, yeah. Yes. Um, increasing carbs in your diet instead of decreasing them like many women. Hmm.

Leslee Shaw: If you have a very, very, very active lifestyle, you're gonna find the need for that, you know? I- but that is the [00:36:00]

Anna Barbieri: rare exception.

Oh, I'd say I'm gonna give it a five. Yeah. Because it all depends.

Leslee Shaw: I give it a five. It all depends. Yeah. I agree.

Leslie Schlachter: Okay. Yeah. Weighted vest.

Leslee Shaw: Hard on your joints. Hard on your joints. Just saying.

Leslie Schlachter: Okay, weighted vest if you're not obese.

Leslee Shaw: As long as it's not too heavy, I'll give it a six

Anna Barbieri: Huh. I

Leslie Schlachter: think they said, like, you're supposed to do, like, 10% of your body weight.

Anna Barbieri: Yeah. Seven.

Leslie Schlachter: Seven?

Anna Barbieri: I mean, I think the first thing is like we, we gotta get out there and move. Yeah.

Leslie Schlachter: Okay. Like humans are made to move. Next, well, next is heavy lifting or just lifting.

Joanne Stone: Yeah. Mm. I think weight-bearing is really important. Yeah. So important. Weight-bearing bones,

Leslie Schlachter: yeah. And like supposedly jumping, you're supposed to, like, tell your joints and your bones that they're needed. Okay, testosterone.

Joanne Stone: Oh, that's a interesting one.

Anna Barbieri: Seven. Seven?

Joanne Stone: Yeah.

Anna Barbieri: I, I mean, very useful for some women, has some side effects.

Okay. Doesn't work for others. Sex

Joanne Stone: Do we like it? Do we wa-

Leslie Schlachter: We're talking about-

Joanne Stone: Is it, can you

Leslie Schlachter: do it or like- We need it. Is it important for [00:37:00] your health, happiness- Yes ... and emotional wellbeing?

Joanne Stone: We think so, and this is why we have somebody that specializes

Anna Barbieri: in it. It should be brought up. That's a 10 out of 10.

Leslie Schlachter: Yeah. Yeah,

Joanne Stone: okay.

Anna Barbieri: Should be brought up. Also individual, but should be brought up, yes.

Leslie Schlachter: Getting eight hours of sleep or getting enough sleep, seven, eight hours.

Joanne Stone: 100. 12- At least ...

Leslie Schlachter: 12.

Anna Barbieri: All right.

Joanne Stone: Yeah.

Leslie Schlachter: All right, so that's a big winner so far. What about alone time or relaxation time, like de-stress time?

Anna Barbieri: 16. Same.

Joanne Stone: Yeah, I agree

Leslie Schlachter: 100%.

I-

Joanne Stone: Well, it's so hard to do, but, you know, it's so important. But, you know, it's not- It is hard ... uh, yeah, it's really hard to do. Yeah. I mean, try to meditate, and when your mind is running

Anna Barbieri: in 20- You know, there's-

Joanne Stone: Yeah,

Anna Barbieri: we're like mul- You know, we're, and the- ... obsessive multitaskers.

Joanne Stone: Exactly.

Anna Barbieri: Yeah. But what supplements?

We should do a whole podcast on that 'cause I think that's, that's usually

Joanne Stone: important. Yeah. What kind of supplements?

Anna Barbieri: Yeah.

Leslie Schlachter: I'm gonna be broad for time, but, like, it's the same concept of like, I wanna go on hormones, I wanna go on peptides, supplements. It's like,

you know, taking, like, not, I'm not talking about like the vitamin def- D deficient person, just like taking extra supplements.

Joanne Stone: Like [00:38:00] creatine, magnesium. Yeah. Yeah. Go with those. Those have been shown to be pretty, pretty good. So- Yeah ... you know, it's not essential, but those have some good data behind them.

Leslie Schlachter: I'm gonna go with five. Yeah, five.

Joanne Stone: We saved some great

Leslie Schlachter: ones- Yeah ... and some really stuff that really doesn't do anything. All right, last one, topical retinol.

Joanne Stone: Mm-hmm.

Leslie Schlachter: Eight. Eight.

Joanne Stone: I

Leslee Shaw: like. I think, yeah, I would give it a plus, plus, plus.

Leslie Schlachter: Yeah. We like it. Well, I wanna thank you guys so much for being on the show. Is there anything that we wanted to talk about I didn't ask you that you guys wanna just throw in at the end?

Joanne Stone: Well, just we're just so excited really about this, and thank you for h- Yeah

you know, for hosting us, and it's, it is so important that this has become such priority for the Mount Sinai Health System, and we're- Yeah ... just thrilled to be able to provide really outstanding healthcare to women. So-

Leslie Schlachter: And change healthcare for women. Mm-hmm. Right. Like, I think it's about time. Yep.

Joanne Stone: And get people just to check out the center.

Yeah. It'd be awesome.

Leslee Shaw: Yeah.

Leslie Schlachter: We need to get a line out the door 'cause what you guys are doing, like we need to change the way that women are [00:39:00] treated. I don't want us to be an afterthought anymore. We need to be the priority. Like, we are the priority, so let's be

Leslee Shaw: the

Leslie Schlachter: priority.

Leslee Shaw: We are. Exactly. Yeah. Yeah. Right.

Thank- Be part of the revolution. Thank you.

Leslie Schlachter: Yeah.

Leslee Shaw: Thank you. Thanks.

Leslie Schlachter: That's it for the show. I'm your host, Leslie Schlachter. Subscribe to The Vitals and Mount Sinai Health System's new roundtable women's health show, Herology, on YouTube. For audio only versions, check us out on Apple Podcasts, Spotify, or wherever you get your podcasts.

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