The Vitals Transcript—Peptides: Health or Hype

[00:00:00]

Peptides Are a Fad

Eugenia Hamshaw: It's a fad right now. Yeah. Like, we can safely call it that. Or like a craze or whatever word you want to assign to it. I think it will, a lot of people try it if they're not having the results they want and it's not, like, giving them the effects they want, especially 'cause they're spending money on it.

Leslie Schlachter: Yeah.

Eugenia Hamshaw: It'll taper off.

Leslie Schlachter: I think- Also, like injecting yourself, I don't mind injections. It didn't bother me for the six weeks, but like-

Eugenia Hamshaw: It bothers some people ... didn't love it. Gonna bother someone.

Peptides 101 Explained

Leslie Schlachter: Hi, and welcome back to The Vitals, the Mount Sinai Health System's video show that explores the latest developments in health, medicine, and wellness. I'm your host, Leslie Schlachter, a physician associate here at the Mount Sinai Hospital in the Department of Neurosurgery.

You may have heard a lot about peptides lately, from social media influencers and wellness clinics, to conversations about weight loss, recovery, and healthy aging.

But what exactly are peptides? Are they the future of personalized medicine, or are some of the claims just getting way ahead of science? So to help us [00:01:00] separate fact from fiction, we're joined by registered dietician Jenna Hamshaw.

Eugenia Hamshaw: Let's start with just the basics, 'cause this

Leslie Schlachter: is, I'm very excited about this topic.

And we're gonna get into why I'm excited about it. Okay.

Eugenia Hamshaw: But let's

Leslie Schlachter: just start with the basics. What exactly are peptides?

Eugenia Hamshaw: They are short chains of amino acids. So I think it's usually, like, anywhere from 2 to 100 amino acids. Amino acids we think of as the building blocks that make protein. Mm-hmm. Um, but usually we think of proteins as being longer than peptides.

Peptides are, like, shorter chains of amino acids. It's a longer chain of amino acids that would be- Break it down

Leslie Schlachter: even more ...

Eugenia Hamshaw: I think it's, I think-

Leslie Schlachter: Like, what, what does that mean to the layperson listening that doesn't understand amino acids and proteins?

Eugenia Hamshaw: Amino acids and proteins. Well, so amino acids are like building blocks.

If we, like, we all think about protein, we all think about how different things in our bodies are regulated by proteins, or proteins can act as signals or, um, act as, like, structural components of different things in our bodies. Proteins are made up of [00:02:00] amino acids, so amino acids are like building blocks, and I would think of peptides as being almost sort of like an intermediate in there.

If it's like, if it's like an amino acid is like one brick and a protein is a house, maybe a peptide is like a wall. Okay. Yeah. If that's like a helpful way of thinking about it. I

Leslie Schlachter: love that. That is helpful.

Eugenia Hamshaw: Yeah.

Why Peptides Went Viral

Leslie Schlachter: Why do you think... 'Cause I'm on social media, you're on social media, different vibes, but, like, wellness-esque.

Eugenia Hamshaw: Mm-hmm.

Leslie Schlachter: Why are peptides now so popular and kind of taking over the social media influencing wellness world?

Eugenia Hamshaw: All of the incredible advances that have happened when GLP-1s were sort of started to be prescribed for weight loss has really contributed to this because GLP-1, GLPs or, like, glucagon like peptide one, right?

Mm-hmm. So those are peptides, those medications, and they have like-

Leslie Schlachter: So for, maybe for purposes of this discussion- Yeah ... we should break it down for us- Yeah ... for our audience. There's, like, FDA-approved peptides-

Eugenia Hamshaw: Mm-hmm ...

Leslie Schlachter: and then [00:03:00] there's non-FDA approved peptides. Mm-hmm. So, like, the obvious FDA-approved peptides are your GLPs that you're talking about now.

Yep.

Eugenia Hamshaw: Totally. Okay. But I think those have, like, brought attention to the entire category as, like, being something that people are curious about. I also started seeing collagen peptides being marketed more, um, in the sort of, like, nutritional supplement space, I wanna say, like, starting five years ago, or at least- Like

Leslie Schlachter: in what form?

Eugenia Hamshaw: Like, like collagen peptides you can add to a smoothie or something like that. Yeah. Like a powdered form. So I wanna say that was around, like, five years ago that's when I started seeing it. I want your opinion on

Leslie Schlachter: that so bad.

Eugenia Hamshaw: I- My opinion, and honestly, like, this is- A not very well-researched response, but like my opinion is like probably not a bad thing to put in a smoothie, like a little packet of them, but like- But should

Leslie Schlachter: they be thinking of it like, "Oh, this collagen I'm going to eat that will then get processed through my stomach" Is going to make my

Eugenia Hamshaw: body make

Leslie Schlachter: more collagen.

It's n- no, it's not gonna do that, but it's a protein source. Right. It's a good protein source.

Eugenia Hamshaw: Exactly. That's what I was doing, gonna say. Like I, do I think it's doing anything bad? No. Are you [00:04:00] getting a little bit of extra protein? Yes.

Leslie Schlachter: But that's really it. It's

Eugenia Hamshaw: a protein source. Would I go out and like run and spend money on it?

No.

Leslie Schlachter: Yeah.

Eugenia Hamshaw: No. Yeah. Personally. All that to say, I started noticing that when it comes to the world of like nutritional supplements somewhere around five years ago. So I think there are two things sort of colliding right now. I think there was probably some interest in peptides anyway, and that was kind of expressing itself with these like protein supplements, um, and powders.

And then I think also on the more sort of like people thinking about things like longevity or, um, metabolic health, I think the fact that GLP-1s have sort of revolutionized so many things, that has really stoked people's interest in all of this.

GLP-1 Nutrition Basics

Leslie Schlachter: So let's first, because I think, I think the listeners and viewers wanna hear both sides from you, so let's talk first about the GLPs, GLP-1s, the also like Retta that's coming out, retatrutide, even though we don't have all the information on that yet.

Eugenia Hamshaw: You have to educate me about that. I don't know.

Leslie Schlachter: Okay. [00:05:00] So in, in the weight loss world, the most c- most popular peptide right now, FDA-approved peptides, are peptides for weight loss. Mm-hmm. Okay? And they have dramatically ch- I mean, my patients' worlds, they've dramatically changed so many people with weight loss, but also muscle loss.

One of the biggest side effects of the GLPs are is it cuts down your hunger, so you don't wanna eat as much. Now, I know there's a lot of people that see dieticians that you guys take care of people who need to lose weight, right? But there's a smart way of losing weight and the not smart way of losing weight.

So can you talk a little bit about the importance of the right calories, the right amount of calories, where those calories should be coming from nutritionally with the goal of maintaining muscle, because people are losing fat and muscle.

Eugenia Hamshaw: For sure. I mean, not a secret, like prioritizing protein intake, of course.

Protein first eating is really helpful. If your overall appetite has gone down and you're eating less than you were before, and to some extent the goal was some amount of calorie reduction- Mm-hmm ... you do [00:06:00] need to prioritize those protein foods, of course.

Leslie Schlachter: So you said something and you said it way too quick.

Eugenia Hamshaw: Oh,

Leslie Schlachter: yeah. I want you to say it again. Protein first eating.

Eugenia Hamshaw: Protein first

Leslie Schlachter: eating. Can... I need you... That's... People don't know that. Yeah. So talk about it. The things that you know-

Eugenia Hamshaw: I

Leslie Schlachter: know ... people don't know. Take for- So don't gloss over

Eugenia Hamshaw: things. Yeah.

Leslie Schlachter: Yeah,

Eugenia Hamshaw: yeah, yeah. P- take it... You take it for granted. Yeah, so prioritizing protein on your plate.

If you only have so much of an appetite, make sure your protein source or, like, think about eating your protein first so that you're sure to get that in your meal. It's a little more complicated than that in the sense of, I think all of the things on your plate are probably beneficial. Like, you also need to be eating vegetables with fiber in them, and we also want some complex carbohydrates.

N- like, you know, I think all of the nutrients are important. But if we're to be spotlighting specifically the goal of not losing muscle mass, it's very important that the protein find its way into your body. And if your appetite is reduced and you're not really used to thinking about nutritional priorities, I would say focusing on protein and making that the thing that you [00:07:00] prioritize when you sit down to a meal is a good idea, like that's important for maintaining the muscle mass.

Leslie Schlachter: So I have tried GLPs-

Eugenia Hamshaw: Mm-hmm ...

Leslie Schlachter: for lots of different reasons. I mean, there's been times where I was chubby, fi- but mostly I'm just sort of like curious. I, I am one of those people, and I hate to admit it because I'm a healthcare worker and I've been in medicine for a long time, I don't need research. Like, I'm like, if that makes sense, I'll give it a go.

Okay. I'll be my own research.

Eugenia Hamshaw: Yeah.

Leslie Schlachter: So I've tried it and I will tell you that if I sit down, like with a big salad at dinner, I'm not finishing that. Right. Like, my, my stomach after

six bites of a f- big salad, I just like, there better have been protein in there or I'll... 'Cause I'm not eating anything for- Right

hours after that.

Eugenia Hamshaw: Right.

Leslie Schlachter: So it's almost like nutrient dense food.

Eugenia Hamshaw: For sure. Would that help you? Is best. Like, if there were, let's say there were a protein in that salad, there's like, you know, a salmon or chicken or-

Leslie Schlachter: Mm ...

Eugenia Hamshaw: some tofu or whatever, it- would it be a helpful strategy for you? 'Cause I mean, it's [00:08:00] helpful for me to know too, like are the things we talk to our patients about actually helpful?

If someone was like, "Try to eat the protein in that salad with a little bit of the greens first and then eat as w- with whatever appetite you have left." Eat as much of the rest of the greens as you can

Leslie Schlachter: manage. I

Eugenia Hamshaw: have- Would that be like a helpful thing to hear?

Leslie Schlachter: I have learned, I think that people who are on these medications, and this is again anecdotal evidence, not research based, I have learned that like four ounces of chicken or steak or something, I'm gonna start maxing out.

For sure. So I'm gonna eat like an ounce or two, and then like some tomatoes and carrots.

Eugenia Hamshaw: Okay. All right.

Leslie Schlachter: That's helpful. Um, and then yeah. So like I think- Yeah ... like really looking at your limits, 'cause you hit them really quickly on these medications. Mm-hmm. I know.

Eugenia Hamshaw: Yeah.

Leslie Schlachter: And if you don't make smart deci- if you like grab a bag of pretzels, like you just might have messed up the next six hours.

Eugenia Hamshaw: Totally. Totally.

Leslie Schlachter: So protein first.

Eugenia Hamshaw: Protein first and/or I think to just like reframe it based on what we just talked about, like just thinking about priorities and being intentional. You know? I think there's not a lot of space for kind of just like filling up quickly [00:09:00] without really thinking about it. Um, and/or grazing or, you know, other sort of habits that aren't super mindful probably don't work if your goal is like, "I want this medication to help me with weight loss, but I also wanna make sure that I maintain great nutritional status," you're going to have to become a lot more intentional.

Leslie Schlachter: What nutritional de- um, deficiencies have you or your colleagues seen since people are using these medications?

Eugenia Hamshaw: I'm trying to think if I've seen any actual like, like deficiencies per lab work- Right ... or anything like that. I'm sure there are... I'm sure there's a chance of iron, B12, potentially vitamin D. I mean, I can think of a lot of things.

That would make sense. I can think of a lot of things that would be a risk. I don't know that I've seen it documented. It would also like- It's possible that I saw it, but I didn't associate it with, you know, it, I didn't know that it was due to, um, a GLP-1 prescription and associated weight loss. I've certainly seen weight loss that was very rapid and- Yeah

loss of muscle [00:10:00] mass, weight loss that's very rapid, um, and feeling like GI distress. I've seen fatigue. Like, basically just, like-

Leslie Schlachter: Mm-hmm ...

Eugenia Hamshaw: symptoms that someone's nutritional status is suffering. Yeah That, like, someone-

Leslie Schlachter: Actually, like, starving in some situations. Yeah. Like, people are starving themselves.

Eugenia Hamshaw: Absolutely. And I think one thing that we, I think as a society, struggle to accept on some level is just this idea of like, we have basic nutritional needs and it is sometimes the case that a person might want their weight to be lower than the weight that it is, but if that means that you're essentially sac- like, not getting your nutritional needs met-

Leslie Schlachter: Mm-hmm

Eugenia Hamshaw: it has to become a question of like, "What do I do with this, with these sort of like conflicting desires here?" Yeah. And I don't know that any of us have really, like, found our way to a great answer through all of that. Um, I think sometimes it's an easier set of assumptions to think that if someone is dissatisfied with their weight, it must always be that they are in a state of nutritional excess, [00:11:00] therefore the solution is to just- Right

eat less, reduce your intake, and that solves all your problems 'cause you're gonna lose weight and it won't pose any risk to you. Yeah,

Leslie Schlachter: not true.

Eugenia Hamshaw: But that's not true. Not true. There are people, you know, there are people sometimes who are actually eating very little who still have a weight loss goal and-

Leslie Schlachter: I'm gonna give an awesome example because I work with a dietician, a Sinai dietician actually.

Um, so I am 6'4". Mm-hmm. I am 220 pounds. I lift weights. I exercise. And I don't... I actually have it written down and it's on my app, but I, my macros for, like, maintaining my weight are something like 2,400 calories or 2,500 calories a day and I know what my requirements are. So for me to be at weight loss, um, I'm at, like, 2,100 or 1,900 calories.

When I was taking the GLP, I fought to get in 1,600 calories a

Eugenia Hamshaw: [00:12:00] day. I was just

Leslie Schlachter: gonna say, I bet it was hard

Eugenia Hamshaw: to get 16. Fighting,

Leslie Schlachter: fighting. Yeah. And I would literally go to... I'd come home at the end of the day, I'd have to eat, like, a scoop of peanut butter or, like, eat a half of an avocado to get there. I was fighting to get my calories in.

Yeah. And all I wanted to was throw up. When I was fighting to get my calories in, the scale wasn't moving.

Eugenia Hamshaw: Mm-hmm.

Leslie Schlachter: When I was actually hitting my weight loss macros, like getting to that 2,100, I was losing.

Eugenia Hamshaw: Yeah. So this has been something I've wondered about my entire career as a dietician. Like, I have always seen it to be true that when people are successfully losing weight, it is always because they are eating.

Leslie Schlachter: Yeah.

Eugenia Hamshaw: And I have seen that my entire career. I s- I, I saw that in my career- It's like a cortisol

Leslie Schlachter: thing.

Eugenia Hamshaw: It's like a cortisol thing ... I saw that in my career before GLP-1s- Yeah ... were, like, approved for weight loss. Yes, I mean, like, one of the theories behind that is, like, that cortisol works against you at a certain point- Yeah

when you're restricting intake. I've seen things about sort of like starvation mode, i.e., like slowing- Yeah ... the metabolic rate to accommodate the lower calorie intake. I've also seen things disagreeing with that, being like, "That's not really a thing." [00:13:00] I can't necessarily tell you why this happens, but I have always seen it to be the case that people who are losing weight successfully are eating and they're actually in a state of, like, calorie adequacy.

It might be less calories- Yeah ... than they got at some previous point in the past, but they're eating. I have also seen it to be true almost every time that when people truly get to the point where they're barely eating, they really plateau, and it does not take long to get there if they're really not eating enough.

And I've seen that both on and off GLP-1s.

Leslie Schlachter: Yeah.

Eugenia Hamshaw: I wish I could tell you exactly why that happens, and I always say, you know- In a patient-facing position, I'll always say, "I don't 100% know why this is how it works, but this is how it works. You have to eat to lose. You just do."

Leslie Schlachter: Yeah. Yeah, and that's, that's what worries me a little bit about the GLPs is like it's so hard to eat.

Eugenia Hamshaw: Yeah.

Leslie Schlachter: It really is. So like focusing on the appropriate calories, but protein first.

Eugenia Hamshaw: And, and again, like thinking about your nutrients intentionally. I know it's hard. I think one of the things that's hard [00:14:00] about everyone's relationship with food is like on some level we all have this fantasy that like it shouldn't have to be this hard.

We should just be able to like eat and like our bodies figure it out and everything's okay. Mm. But I think the truth is whether you're on a GLP-1 or not, and I think kind of especially if you're taking a GLP-1 and your appetite is so reduced, you have to think very carefully about what it is you do eat- Right

because you need it to work hard for you.

Leslie Schlachter: How can people utilize food to combat the known side effects of GLPs, right? So like people complain of nausea, diarrhea, but also constipation. There's people that get diarrhea, there's people that get constipation, so like what are your go-to foods that can maybe help with that?

Eugenia Hamshaw: Yeah, I think it would depend on the symptoms. Like if it's diarrhea, I would probably be talking to them about getting more soluble fiber, um, as opposed to insoluble fiber. Soluble fiber's a little more regulating for people, so that can- Like chickpeas? ... that can be helpful. Um, I think chickpeas- But which foods have fiber?

have some soluble fiber. Let's see. With soluble fiber foods, we often think of flaxseeds, oatmeal, um, barley. Those are some foods that have a lot of it. I know Brussels sprouts do too, although those can [00:15:00] cause bloating, which might not be welcome- Mm-hmm ... if you're having diarrhea. But I, I,

those would be some of the foods that like came to mind, and just like explaining that there are two types of fiber and that soluble fiber tends to be, again, like a little more regulating.

Um, it adds bulk, but also helps to sort of like regulate transit, not to get too graphic here. So I would- Let's get graphic ... I would, I would wanna talk about that. Um, I think if the symptom was constipation, maybe making sure they're getting enough fiber at all. You know? Like again, suppose someone has told you to prioritize protein, so you're sitting down and the first thing you eat is protein, and as a result you're not getting to your vegetables.

Big giant chicken breast.

Leslie Schlachter: Right.

Eugenia Hamshaw: Yeah, you're not getting to your veggies at all. Okay, well, that's actually backfiring at that point because it's really slowing down transit time, um, digestively. What do

Leslie Schlachter: you-

Eugenia Hamshaw: So I would talk about that ...

Leslie Schlachter: if, if it's hard to get it in, what are your thoughts on supplementing?

'Cause that's like I feel like the stool industry was behind the resurgence of GLPs. Um, how do you feel about people like purposely using like MiraLAX or Colace or things like that because it's just so hard for them to have [00:16:00] BMs on GLPs?

Eugenia Hamshaw: I think if you've gotten to the point where you're that uncomfortable and like you're really having problems, you should do whatever you need to do to like resolve that in the moment.

I think once you're feeling better, you should continue working with a dietician or on your own, like whatever, you know, whatever makes sense for you to actually start thinking about like, "Okay, now that I am feeling a little bit better and I'm like back to some kind of baseline, do I need to adjust the way I'm approaching my diet on this medication, and do I need to think about ways where I can, you know, continue to get some-" enough fiber on each plate, enough protein, like enough of the foods I need.

Do soluble fiber supplements work? Y- yes, but like food is always going to give you more nutrition and like more synergistic nutrition, and you're gonna get a wider array of like good nutrients when you sit down to eat, so it's important.

Leslie Schlachter: It sounds like people who are on these medications really need to be working with a dietician.

It can be very overwhelming.

Eugenia Hamshaw: Yeah, I think so. I, and I know that sometimes, you know, y- you start getting closer to a goal [00:17:00] you've had for a long time, you know, if you've been trying to lose weight for a long time and you, you feel good, um, and that makes you feel like, "I certainly don't need to pay to see some, some person walk me through this."

But I do think there are a lot of risks associated, you know, with taking these medications. I think they have revolutionized so many things and, um, I'm all for people taking them safely. But I also think that figuring out the food piece can be tricky, and I think requires some support for sure. And I think some like- Yeah, especially long term

hands-on guidance. Yeah.

Leslie Schlachter: Yeah. Yeah. Um, so as far as like the peptide conversat- like the FDA-approved peptide conversation, I thought probably the most important thing for people to hear is like how to approach it nutritionally appropriate. Do, is there anything else that I missed regarding GLPs that we should talk about?

Eugenia Hamshaw: I think I was just thinking about some other ones that I know are FDA approved. Um, I sort of like looked at them before coming here. So I saw that like there's, there's a medication for osteoporosis that's a peptide. Mm-hmm. I saw that [00:18:00] Lynzes is actually a peptide. Mm-hmm. I did not know that. That was like news

Leslie Schlachter: to me.

Growth hormone's a

Eugenia Hamshaw: peptide. Growth hormone's a peptide. Yep, I saw that. So that was like cool and interesting. I didn't realize like the full array of like

different kinds of FDA-approved ones. I don't think you missed anything though.

Off Market Peptides Risks

Leslie Schlachter: Also, I mean, there are peptides... So like I think the, the social media wellness biohacking healthspan industry, when they talk about pe- peptides, I think are generally talking about these injectables that they're getting off of websites.

Right. I think the general rule of thumb is like if you can go to a doctor, NP, or PA and get a peptide prescribed to you-

Eugenia Hamshaw: Yeah ...

Leslie Schlachter: that's an FDA-approved peptide for an indication.

Eugenia Hamshaw: Yes.

Leslie Schlachter: If you have to go to a website or- some black market who knows where and mix it yourself and come up with all the regulations yourself, that's typically a non-FDA approved.

Right, right, right. That's a different... Yeah.

Eugenia Hamshaw: Yeah.

Leslie Schlachter: So there... Let's talk about that. H- what have you noticed in [00:19:00] your industry, your patients or what have you? What kind of... Let's just go to non-FDA approved peptides. Yeah. What have you heard so far?

Eugenia Hamshaw: I have not had yet a single patient who's taking an off-label, like, peptide, not yet.

I know it's out there. Yeah. I know it abounds.

Leslie Schlachter: Yeah.

Eugenia Hamshaw: No one I see is taking it, so I have, like, zero firsthand anecdotal anything to tell you about. I also am, like, pretty unfamiliar with that

world, you know? I know that it's probably, like, really big in the biohacking space and the sort of like, um, in the longevity space, but very little knowledge.

So I know it's out there, I know people are interested in it, and I know it's a big thing, but I haven't seen it yet.

Leslie Schlachter: So there's generally f- there's four very different categories of peptides. Yeah. There's the weight loss category which have, like, the GLP-1, the GIP, and, um, the GLP-3.

Eugenia Hamshaw: Mm-hmm.

Leslie Schlachter: So, um, there is a new GLP called retatrutide.

Okay. And people call it Retta for short, and it's big in the gym community. Like, [00:20:00] they call them Retta rats, people who take this. Yeah. And it's got, it's basically got the three different type pathways. Um, so it's essentially a GLP, right? Yeah. But it's supposedly, like, less, less harsh on the system as some of the newer ones are.

And, um, people who have plateaued on other ones could maybe go up to a GLP-3 like Retta. Mm-hmm. Um, and I believe, I can double-check, I haven't looked recently, but it's being made by a legitimate pharmaceutical company, and it's gonna be coming down the pike soon. So we'll, I'm sure we'll see that. But right now that can be purchased, uh, not, quote, you know, not for human use, which people of course are, um, and using it.

I'm gonna loop in the second category to that. So then there's the growth hormone secretagogues and, um, those, there are some of those that are actually are FDA approved. Mm-hmm. You can get them at compounding pharmacies. And those are intended to be used also for weight loss, but muscle building.

Eugenia Hamshaw: Okay.

Leslie Schlachter: So here's kind of like what I've heard in the community, because I am a little [00:21:00] bit in like that biohacking healthspan community.

Yeah. 'Cause a lot of people that are using these and talking about them online are actually using steroids. Like they're us- they're, they're saying they're using these things, but the muscle mass and the bodies that these people inhabit, you know, are coming from anabolic steroids.

Eugenia Hamshaw: Intentionally. Uh, yeah, people are just- So like they know they're t- They know they're taking steroids

in other words, they haven't been like, they, right, like I was gonna say, they haven't been like- But

Leslie Schlachter: they're going online saying- Okay ... "I'm taking these, these peptides from this company," and like- Right ... you know, people who know them or have seen that world are like- Right ... "Okay." That's not how that happens.

"Let's a- let's see what else you're taking. You may be taking those peptides-" Right ... "but what else is behind the scene?" Right. So there is that like weight loss, it's not really like the weight loss community. It's more of like the gym muscle building community that's like focusing on like these growth hormone secretagogues.

And then there's the healing peptides. Mm-hmm. The healing peptides are also really big in the gym community because to a gym rat, there's nothing [00:22:00] worse than a rest day.

Eugenia Hamshaw: Right. Rest days are terrible. Right, so let's just bypass recovery.

Leslie Schlachter: Let's bypass recovery. Yeah. Why should we take a rest day? Why should I have to get sleep and do recovery if I can just take BPC 157?

Eugenia Hamshaw: Mm-hmm.

Leslie Schlachter: So there are the healing peptides that supposedly, um, improve, you know, cell turnover and decrease inflammation that can help you through recovery.

Eugenia Hamshaw: Okay.

Leslie Schlachter: Um, so those are the healing peptides. And then the last are the longevity metabolic peptides, and those are like Motši and things like that.

They're ones that can actually, um, supposedly, you know- Right ... help you with, with sleep and, and recovery also, but they are labeled as metabolic

peptides. So it might be more of like the longevity biohacking world, but people are taking these. They're buying in large, large quantities, buying them online.

Mm-hmm. So I'll tell you what I fell victim to.

Eugenia Hamshaw: Okay.

Leslie Schlachter: So I saw a post from someone that I like and follow [00:23:00] for like the Wolverine stack, like the glow peptide and then the clo peptide, um, which has GHKCUBPC157TB500 and KPV.

Eugenia Hamshaw: Okay.

Leslie Schlachter: It comes in, it's a bright purple powder, comes in a little vial. You mix it with bacteriostatic water, and you inject it once a day.

Eugenia Hamshaw: Okay.

Leslie Schlachter: With what research? I don't know, but supposedly it's supposed to make you glow in your skin and recovery. It's got all the recovery and glow stuff, so I did it for six weeks. I have no idea. Like I f- I m- I, I don't know. I think I'm a generally happy person. I l- I l- I look okay. Did I see any major change in myself?

Absolutely not.

Eugenia Hamshaw: Okay.

Leslie Schlachter: Did the injection site hurt and cause discomfort? Yep.

Eugenia Hamshaw: Okay.

Leslie Schlachter: It caused, like, an erythematous welt, and by the time it went away the next day, it was time for the next one, so I just rotated them around my belly. I wouldn't say, do I want my money back? No, nothing bad happened. My lab tests are fine.

But, like, I did it because it seemed really cool and [00:24:00] a good idea, but I have... Like, m- I did not notice a change- Yeah ... at all.

Eugenia Hamshaw: Yeah.

Leslie Schlachter: And so I'm a really, really smart person, and I did that, so imagine all the people out there without healthcare experience.

Eugenia Hamshaw: Right, and, and also, like, you would've known what to look for if something- Yes

had gone wrong.

Leslie Schlachter: I also knew to

Eugenia Hamshaw: check my labs. You would've known exactly what to do. Yeah, exactly. Yeah. Like, you would've known exactly what to do, and you would've been reasonable about it. But, like, if you had needed to get something checked out- Yeah ... you would have. The concern is sort of-

Leslie Schlachter: Yeah. I

Eugenia Hamshaw: didn't notice- What if someone doesn't know what to look for?

What if someone sees a symptom, assumes it's normal, doesn't do anything about it, there's an injection site infection, or, like, something worse? Like, who knows? You know, I mean...

Leslie Schlachter: I think one of the reasons I was excited to have you is, like, here's... So we talked about the GLPs, like the weight loss peptides.

There's all these categories of peptides, but, like, they just kinda feel like cheat code for doing the work. Like, the work is eating well, sleeping well, drinking water, [00:25:00] exercising, socializing- Yeah ... like, just taking care of yourself. Like, w- I don't think we need to just inject things in our body for things that we can do on our own.

Eugenia Hamshaw: Yeah. Although interestingly, though, I mean, agree, agree that those fundamentals, like, nothing's going to allow us to hack those fundamentals, right? Like I s- I don't think we're going to find a hack for things like- Good nutrition

Leslie Schlachter: Like propofol for sleep?

Eugenia Hamshaw: Like, right. Like getting some sleep, having human connection in your life, finding some joy, managing your stress, like all of that, and staying hydrated.

All that, like moving your body, all that stuff, I don't think we're gonna find a hack for all that stuff. I think that stuff is what it is, and it's like the fundamentals, right? Interestingly, though, when you were saying that, I was thinking like, yes, and also a lot of the folks who are particularly interested in these peptides, I would imagine, are actually very health conscious and already- Yeah

doing a lot of those things. I think it's this promise of there is some secret sauce that [00:26:00] like we are just waiting to find that is gonna revolutionize everything. And do I think we have, in the course of human history, had like those scientific aha moments where we stumble on something that actually does change the course of everything?

Yes. Do I think it's gonna be peptides? I don't know. So far it seems- You don't think,

Leslie Schlachter: you don't think the GLP-

Eugenia Hamshaw: The GLP-1s, yes ... plus and that, that's all it's gonna- But like, all, all the other sort of like peptides, I'm not sure, like some of the ones that are being sold off market. I do think that like the GLP1 agonists have been revolutionary.

Um, you know.

Leslie Schlachter: So if you wanted to be supportive of this whole peptide movement, who do you think the ideal candidate would be to go buy this like non-FDA approved stuff? I,

Eugenia Hamshaw: I wouldn't recommend that

Leslie Schlachter: But let's say you had to pick your perfect candidate. What would that look like?

Eugenia Hamshaw: I honestly don't have... I really can't answer that question.

Yeah. I would not tell anyone to do that. I just wouldn't. Um, I would not... There is no scenario in which I would tell either a patient or a friend to go take something that hadn't been studied and [00:27:00] like approved.

Leslie Schlachter: What I say is, 'cause you know, when we take someone to surgery, I need to know everything you're putting in your body.

Eugenia Hamshaw: Of course.

Leslie Schlachter: And there are people that do hard drugs out there. They don't want people to know, but then like it comes to surgery- Right ... they have to say, like- Right ... "Hey, by the way." Um, and I've had patients who are like, "I'm doing this, this, this, and this," and I'm like If I have an overweight, poorly controlled diabetic patient who comes into my office beati- eating potato chips, but he's telling me he's taking the clo stack, I'm like, "All right, let's talk about sleep, exercise- Yeah, for sure

and your diet before we talk about a peptide."

Eugenia Hamshaw: For sure.

Leslie Schlachter: Right. So I think, yeah, I think the people, if there are people out there taking it, they should really have all of their bases already covered before wasting your money trying to see if something may or may not work. Right.

Eugenia Hamshaw: I think that is a great question.

Essentially, like, if you're at the point where you're ready to spend a bunch of money and take a risk, like take a personal risk [00:28:00] on one of these stacks or whatever, have you tried other things? Have you worked with a professional who could see things differently, like with new eyes, partner with you in trying to find solutions?

Have you exhausted other resources- Mm-hmm ... before you do something that could potentially be, like quite unknown and risky for you?

Leslie Schlachter: Yeah. When you did your research- Yeah ... what did you come up with that you were like, "This is, this is interesting. I wanna talk about this today"?

Eugenia Hamshaw: I was sort of interested in like the possibility for, like maintaining muscle mass.

I mean, going back to kind of our original conversation, like about the GLP-1s and sort of like the risk of losing, of sarcopenia and losing muscle mass. I was sort of interested in that. Saw like some studies showing that there might be promise of some of the, the other peptides to help with that.

Leslie Schlachter: You just, you just glossed over muscle mass again.

Muscle- Big, big one. I mean, a bone, bone density.

Eugenia Hamshaw: Oh, bone

Leslie Schlachter: density too. Yeah. That's a big deal.

Eugenia Hamshaw: Yeah. Bone density is a really big deal. People don't know that. Yeah, of course. And you asked, you had actually, like in the questions you sent over, you had asked about aging. I'm like, I can see a world where we, like [00:29:00] peptides are potentially, you know, if they're already being used in one osteoporosis drug, like- Right

can they help us with things like maintaining healthy musculoskeletal system as we get older? That would be a great-

Leslie Schlachter: So which one was that? The one that you brought up before.

Eugenia Hamshaw: I think I talked about muscle mass and also like-

Leslie Schlachter: No, no, no. You, the, there was a pe- a, a peptide for osteoporosis.

Eugenia Hamshaw: There is a peptide medication.

Yeah. I wrote the name down and then I left it on another sheet, but I can look it up on my phone.

Leslie Schlachter: Yeah, 'cause if there, if there are medications that are already FDA approved for something and then maybe find other uses, then at least- Right A lot of times bringing something to market isn't proving how efficacious it is.

Of course. It's proving that it's not gonna hurt someone.

Eugenia Hamshaw: Yeah.

Leslie Schlachter: So that can be helpful.

Eugenia Hamshaw: Yeah, and it can also just show us, like, a potential avenue for innovation, right? So, like, maybe the first generation of medication is, like, non-harmful, but doesn't actually have the huge impact- Best effects, yeah ... that we want it to have, but maybe it shows us, like, there's potential here.

So it's called Forteo. Yes.

Leslie Schlachter: Yes, yes,

Eugenia Hamshaw: yes. Um, [00:30:00] yeah. What's its generic name? Mm-hmm. Teriparatide. It's a synthetic form of PTH. Yeah. It stimulates the osteoblasts. Interesting.

Leslie Schlachter: Parathyroid hormone.

Eugenia Hamshaw: Yeah. Yeah. 'Cause I- I'm- I'm a renal dietician, so of course when I saw PTH I was interested in it anyway.

Leslie Schlachter: Yeah. Um-

Eugenia Hamshaw: So that means that, like- And it looks like their, like calcitonin is also a polypeptide.

I didn't know that. Mm-hmm. Um, but that's being used in Fortical. So that's interesting. And

Leslie Schlachter: I- So these are just like the synthetic version of what your body already makes.

Eugenia Hamshaw: Right.

Leslie Schlachter: So you can just boost it.

Eugenia Hamshaw: Right. Which reminds me of GLP-1 agonists too. Yeah. Like, basically sort of taking, like, modeled after something that's already happening biologically.

I think that is interesting to me. Yeah. I think that's exciting to me. I think if there is a way to help protect people's bones and muscles as we get older, and allow people to have, you know, just sort of better quality of life, stay more active. Reduce the risk of fractures, stay out of the hospital. I love that for us.

Yeah. Like, love that for us. Yeah. I think that's great.

Leslie Schlachter: It's actually much riskier for [00:31:00] people that are in the hospital for long periods of time for whatever reason or come in for surgery, it's actually much more dangerous to be underweight with no muscle- Absolutely ... than it is to be overweight.

Eugenia Hamshaw: 100%.

Leslie Schlachter: When you're underweight, you- your body starts atrophying, you lose muscle, you- and your body needs that in order, those calories from that fat to recover.

Um, and you can actually get much sicker much quicker the thinner you are.

Eugenia Hamshaw: 100%. I mean, there's also, there's some protection in having a higher BMI as you age period. Like, forget critical illness and everything.

Leslie Schlachter: Yeah.

Eugenia Hamshaw: But also any healthcare practitioner will tell you, like, for so many conditions, not just like post, you know, post-op, but also, um, if you're on dialysis, like if you're going into cancer treatment, there are many different situations where having a higher BMI is advantageous.

Um, and the risks of underweight are more than the risks of at least moderate overweight, you know? Mm-hmm. And I think that's why dieticians ... I think it's not [00:32:00] necessarily the perception that people have, um, of the work that we do, but a lot of the work that we do is trying to make sure people don't lose weight

Leslie Schlachter: Yeah

Eugenia Hamshaw: when they're already critically ill, at least. But in a lot of different scenarios, yeah.

Peptides Fad Curve

Leslie Schlachter: Have you ever seen a similar movement of... 'Cause like this is, this is my guess. I'm gonna draw a curve. I, I think what happens with really great medications and probably with the GLPs is there's like a continuous, I mean, there may be like one steady lift up, but there's like a continuous incline of use, especially if by healthcare providers.

Mm-hmm. But my guess is with the peptide world, I'll call it, keep calling it the black market peptide world-

Eugenia Hamshaw: Yeah. Yep ...

Leslie Schlachter: um, is that it's gonna go up 'cause everybody wants to try it, and then people are gonna be like, "I don't know. I don't, I don't really think I saw a difference." And then it's gonna decline if it doesn't get picked up in healthcare.

Yep. I think it's just gonna fizzle out pretty quick. I

Eugenia Hamshaw: agree. I think that's what'll happen. I think that's wh- I think it'll be like it's a fad right now. Yeah. Like we can safely call it that or like a craze or whatever word you want to assign to it. [00:33:00] I think it will, a lot of people try it if they're not having the results they want and it's not like giving them the effects they want, especially 'cause they're spending money on it.

Leslie Schlachter: Yeah.

Eugenia Hamshaw: It'll taper off. I think- Also, like injecting yourself,

Leslie Schlachter: I don't mind injections. It didn't bother me for the six weeks, but like-

Eugenia Hamshaw: It bothers some people ... didn't

Leslie Schlachter: love it ...

Eugenia Hamshaw: it's gonna bother someone. Yeah.

Real Medical Breakthroughs

Eugenia Hamshaw: And also, let's see, like do I think in that curve you just drew that's gonna sort of like go up and then drop off, do I think that there might be one innovation that, as you say, some of the pharmaceutical companies and like- Are

Leslie Schlachter: like, "Wait, this works."

Eugenia Hamshaw: Right. Yeah. And then there's research, research goes into it, it gets FDA approval, and then it turns out to like sort of have potential and like, um, yeah, I think that's possible. Mm-hmm. But I think that there will also be like a lot of other uses that fall away because it's- They're not actually changing people's lives.

Leslie Schlachter: Yeah. I think what you brought up about the osteoporosis-

Eugenia Hamshaw: That could be

Leslie Schlachter: really cool ... that's like-

Eugenia Hamshaw: That'd be

Leslie Schlachter: great. Yeah, that's really cool.

Eugenia Hamshaw: How great would that be?

Leslie Schlachter: So great.

Eugenia Hamshaw: So great. If you have a petite frame and it's in your family, like the chances that a hip fracture at some point in the future [00:34:00] could prove to like really, really impact the course of your life are high.

So everybody should know about that. That would actually be a really good

Leslie Schlachter: Instagram post for me, that I'm built in a body that is not

Eugenia Hamshaw: prone to hip fractures.

Leslie Schlachter: Yeah. I'm like osteoporosis approved.

Eugenia Hamshaw: Yeah. But I, I think all of that is really, really exciting. And who knows? And again, like the, the whole sort of like muscle mass thing, we're talking about it because a lot of people are losing weight on GLP-1s, but also there's more interest right now in sarcopenia because again, we do have a greater population of people who are getting older and want to stay active.

And so this whole idea- Sarcopenia means

Leslie Schlachter: muscle loss for

Eugenia Hamshaw: those who don't know. Yes, muscle loss. Sorry. Um, and like there's a lot of interest in like how do I make sure that doesn't happen? How do I stay on my feet? So if, uh, if a peptide is able to help with that, great. Yeah. Awesome.

Probiotics Hype Reality

Leslie Schlachter: What other big movements or even like, I guess, baby movements have you seen in your career that are ex- exciting as this one for the GLPs?

Eugenia Hamshaw: Hmm. I can talk about one that I think still might be exciting, but so far has like I feel like there was a lot of excitement and then [00:35:00] it kind of is now, I think we're sort of like in a zone where I'm not really sure what the potential is, but probiotics. Mm-hmm. When I first became interested in nutrition, or like when I was sort of starting my nutrition career, it's when everyone was talking about the microbiome and like everyone was obsessed with the microbiome.

And so there was like a lot of excitement about probiotics and prebiotics and synbiotics. I can think of some case studies where that has had a great effect. Like there is a probiotic called VSL 3, which has like truly been proven to have good-

Leslie Schlachter: Is that a specific probiotic

Eugenia Hamshaw: or like a company? It's a specific strain.

Okay. It's a specific strain. Um, and- What does it stand for? I don't know. VSL. VSL.

Leslie Schlachter: Probably something lactobacillussy.

Eugenia Hamshaw: It's probably the name of the bacteria. Yeah. Yeah. Um, I believe an Italian scientist was the person who pioneered it, but has been actually shown to be helpful for the IBD population, so for colitis I think in particular.

So like there are specific case uses. I think Florastor- Mm-hmm ... which might actually be yeast, is really helpful for [00:36:00] potentially like preventing antibiotic associated diarrhea, right? But like overall, I can't say that in the last like 10 or 15 years probiotics like went out and changed the world. Do you know what I mean?

Like I- Well, I feel like

Leslie Schlachter: my research is a bit outdated, but anytime I looked up research on probiotics or spoke to gastroenterologists, for like the normal healthy person, there's... it sounds like there's no real benefit. Right. It's for the people who are like either immunocompromised, on antibiotics, medications, or have some sort of GI

Eugenia Hamshaw: distress.

Right. Something specific, yeah.

Leslie Schlachter: Yeah. But like the normal person just taking it to take it, it's almost like- Nothing's ever shown that that is helpful for

Eugenia Hamshaw: anything. In fact, it just gives some people really bad gas. I mean, some people actually like feel more bloated and uncomfortable when they take them.

Mm-hmm. Um, and yeah, I think that's where we've landed. You're

Leslie Schlachter: paying money for gas. That's

Eugenia Hamshaw: terrible. Yeah, you're paying money to be more bloated. Like you have IBS and suddenly you're like spending a bunch of money to like be gassier. Great. I wouldn't have known that like 12 years ago- Mm-hmm ... when everyone was really [00:37:00] excited about like, "Oh my gosh, it's just a matter of time before some company figures out just the right combination of strains."

And with something that's like as nascent as that, there's endless potential to get super st- psyched because it's like there's so much we don't know, therefore like it's the Wild West. Like it's just a matter of time before people figure the right things out. And I, I sort of see some parallels with peptides right now.

It's like there's a lot we don't know. There's like a lot of burgeoning interest, like everything's wide open. But with like probiotics, I think like, you know, more than a decade later, I'm not really sure where we've landed except to say that like you probably don't need one.

Leslie Schlachter: Yeah, unless it's-

Eugenia Hamshaw: Chances are...

Right. There might be like a reason you need one, in which case your GI doctor or like someone's gonna talk to you about that. But like you probably don't need it. I don't know. I mean, so that... Another example of something that I think like shows promise, I think it's still possible that there will be like great innovations in that space, but like thus far, I don't think we've [00:38:00] seen-

Leslie Schlachter: Mm-hmm

Eugenia Hamshaw: what we were like hoping to see.

Leslie Schlachter: Mm-hmm.

Back To Nutrition Basics

Eugenia Hamshaw: In the nutrition world, I will say like in response to your question, and I know this is like a bummer of an answer, but I think we always... I think there is like such a desire we all have t- that there's gonna be some like nutrition thing we figure out that changes everything for everyone.

Whereas in fact, I think like- I'm reasonably sure that the fundamentals will always be, like, the most transformative thing. Yeah

Leslie Schlachter: Like- Like, almost just go back in time. We did too much with all this packaged preservative-filled food.

Eugenia Hamshaw: Yeah, to some extent, and I also always say... I, like, I say this to patients all the time.

It's... I think it's very easy to focus on what you eat. I, I think it's not just about what you eat, it's about how you eat. It's like, are you eating three meals a day? Are you snacking mindfully? Are you eating mindfully? Are you making sure you eat enough for your needs? Mm-hmm. Are you aware of what your needs are?

Like-

Leslie Schlachter: Is it true that there's, like, inherent differences [00:39:00] between men and women and what's okay for their body? Like, for example, my husband and son, like, just don't eat breakfast- Mm-hmm ... or sometimes even lunch.

Eugenia Hamshaw: Yeah.

Leslie Schlachter: They, like, by default intermittently fast 'cause they're not hungry, yet my daughter and I, within 30 minutes of waking up, we're, like, hangry out of our mind.

Are there just, like, gender differences?

Eugenia Hamshaw: I've always wondered that because I have had the same experience with, like, ex-boyfriends. It's like they can go all day and then just, like, eat a big dinner and they're fine. I'm like, "I would make it till-" Yes ... you know-

Leslie Schlachter: I'd be on the

Eugenia Hamshaw: ground ... 8:00 in the morning and be complaining.

Right. Like, if I have my annual and I have to, like, fast to get my blood work taken, I'm like the grumpiest person a day in advance in preparation. Like, I'm just annoyed on principle that I might have to go two hours in the morning without food. Like- Yeah ... I'm, like, already grumpy. So I don't know. I, I've seen some people-

Leslie Schlachter: Also, also, I feel like, again, my little world-

Eugenia Hamshaw: Yeah

Leslie Schlachter: women when we give up carbs are just angry, angry humans. But men give up carbs and they're like, they're fine, they [00:40:00] get thin

Eugenia Hamshaw: Probably. I've never given up a carb- I don't know ... so I wouldn't- Yeah ... I wouldn't know, but, like, I can't imagine. That's why I've never done it. Like, life sounds so terrible doing that.

Yeah. So I have no idea. Um, I've seen some people try to make a case, an evidence-based case of some kind that, like, women, there are, like, biological reasons why we're not well-suited to fasting and, like, intermittent fasting, and men are. I have to admit, like, I don't do a lot of promoting... Like, I...

Intermittent fasting isn't, like, a practice I usually- Right ... like, recommend to patients, so I haven't really looked into that. But if we're just talking anecdotally, it seems as though men seem to do better with going long periods of time without food than women. But I'm still... Like, as an RD, I have to say it's, like, very old-fashioned of me, but I still think there's a lot to be said for three meals a day for everyone, and part of why I say that is, again, because I'm sort of a believer that we all have nutritional needs, and it's really hard to meet them in one meal.

Like, if there are certain things we need over the course of the day, if we need a certain amount of [00:41:00] iron and calcium and protein- And

Leslie Schlachter: protein, that's so much

Eugenia Hamshaw: protein. Like, right.

Leslie Schlachter: Unless you drink egg whites.

Eugenia Hamshaw: Exactly, and it's like... And other nutrients, too. Like, how are you getting them all in one meal? That has always, like, stumped me with that sort of one meal a day pattern.

I don't doubt that there are people who do it, and it works for them, and they're thriving, and that is great, but it's not something I'm going to suggest if I know, like, just thinking through my head, like, "This person needs X, Y, and Z." Like, how are you gonna get that all in one meal? Yeah. So I think that's, like, one of the hows that I think is really important.

And again, I think sometimes simple stuff like that, just like how are you eating, what is your pattern, are you... Do you have a pattern, so much more impactful than things like- Yeah ... "Are you taking collagen peptides or, like, a probiotic or whatever?" It's a boring answer, but-

Leslie Schlachter: No, no, no, I think it's, it's like getting back to the basics.

It's like the answer.

Eugenia Hamshaw: Yeah.

Leslie Schlachter: Um, it's... I think it's good that, like, we came in today talking about what we think of the world of peptides, including the non FDA approved, and we're getting back to, like, let's just eat three meals a day.

Eugenia Hamshaw: Yeah.

Leslie Schlachter: That's healthy and [00:42:00] nutrient focused.

Eugenia Hamshaw: Protein. Eat some protein. Yeah.

Eat some vegetables. Eat some carbohydrates, too. They'll give you joy and energy. Yes, joy. Like, it's all good. You know, they'll give you some fiber. Yeah, it's all good. Um, I don't discount that we'll see more from peptides. I think we will, and I think we'll see it probably in both, like, both of these worlds, right?

Like, the FDA approved world- Yeah ... and the black market world. It'd be nice to see it from, like- And there might be some crossover,

Leslie Schlachter: but- It'd be nice to see, like, there's a medical problem that we can fix, not, like, let's optimize- When we're not even optimized already.

Eugenia Hamshaw: Right. You

Leslie Schlachter: know?

Eugenia Hamshaw: Right. Yeah. And like sometimes you have to wonder too, like where does that obsessive drive over health optimization end?

Like, what's the endpoint there too? Like, I am all for people wanting to feel their very best and like, again, thrive. Like that's, it's such a, it's such a human thing to want to have good quality of life for a very long time and to feel great while you're on this world, and I want that for everyone. But [00:43:00] on some level, you know, bodies are bodies.

They have wear- Mm-hmm ... and tear and they break, and we don't feel great all the time. And like, I think sometimes there has to be some humility in accepting that too, and with the whole world of sort of biohacking and health optimization and like, you know, the quantified self There's a point at which it's like, when, when do we stop?

Yeah. Like, you know, when do we just sort of be at peace, take the best care of ourselves that we can, and just, like, be okay with that?

Leslie Schlachter: Yeah. Yeah, I just... I tell, I tell my patients, like, you wanna focus on the core things for your health first. Like, I'll, I'll talk to you about all this other stuff, but, like, let's just focus on the core things first, and that's blood pressure.

Eugenia Hamshaw: Yeah.

Leslie Schlachter: Safe blood pressure. Yeah.

Eugenia Hamshaw: Totally.

Leslie Schlachter: Um, like, looking at, like, a DEXA scan where you have, like... You know, you, you wanna have the right amounts of... You don't want too much fat or too much plaque or, you know, looking at the basic blood work in DEXA scan. Um, hearing test.

Eugenia Hamshaw: Yeah.

Leslie Schlachter: Hearing test is one of the most important.

For people who have- 100% ... [00:44:00] decreased hearing, um, it changes a lot about how your body in- like, works in the world around it, and that actually can be... It can drastically age people.

Eugenia Hamshaw: 100%. 100%.

Leslie Schlachter: Um, so, like, if those things aren't optimized, like, let's, let's optimize them. Let's do that

Eugenia Hamshaw: first.

Leslie Schlachter: Totally. I'm participating in these games called the SuperAge Games in November, and I was really interested in it because I do like to read a lot about the longevity and biohacking world.

And what's cool about it is, like, if you, if you look at all of the world of, like, the sports things that you can participate in, there's, like, CrossFit, there's HYROX, people are marathoners, people are weightlifters. Um, but the SuperAge Games actually tests eight different parts of your functional ability-

Eugenia Hamshaw: Wow

Leslie Schlachter: that directly relate to how well you're doing in your health span. So it's, like, strength, VO2 max, grip strength, balance- Balance. That's just so fun ... agility, cognition.

Eugenia Hamshaw: Yeah, of

Leslie Schlachter: course. Yeah. I'm participating in it, but not with the [00:45:00] mindset of like, "Oh, I'm gonna be great at this." I know I'm gonna be terrible- Yes

at this, but, like, I'd love to see my baseline. Like, what do I really need- For sure ... to work on, right? For sure. So I have the worst balance. I can't stand on one foot just normally. I'm heavy. Grip strength is hard for me. Um, I'm doing it to be like, "How can I change?"

Eugenia Hamshaw: Yeah. "

Leslie Schlachter: How can I improve?"

Eugenia Hamshaw: It... We do hand grip strength, um, tests in the clinic where I work.

Leslie Schlachter: You do?

Eugenia Hamshaw: And we do. Wait,

Leslie Schlachter: why?

Eugenia Hamshaw: We do. Because there's a lot of research. I mean, I know it's a

Leslie Schlachter: marker. Yeah.

Eugenia Hamshaw: It's a marker that corresponds to nutrition status, and the rates of, uh, protein energy wasting and malnutrition in the dialysis population are really high. Yeah. So we like to keep tabs on it. Our, you know, we'll get more information 'cause this protocol hasn't been in place forever.

But, like, our question is sort of like, is it an early predictor? Like, usually we're responding to malnutrition by the time it's already there. Yeah. And, like, the symptoms are already clear, and people have muscle wasting and, like, subcutaneous fat loss. So, like- Would the hand grip strength test actually [00:46:00] give us a clue that something- Yeah

is changing in their baseline before it actually happens? But it's also great just to, like, know. Yeah. And, and the patients like doing it. Yeah. They like it. And what I always say to them, to go back to your point about the games, is like, I'm always like, "This is- we're measuring you against you." Yeah.

There's no, like, magic number. I don't have some, you know, like, sure we have, like, normative data, right? Like, we have charts showing what's normal or, like, how we're measuring people, but, like, I'm not interested in that as a clinician either. I'm just sort of like, what is their trend? Right. What's going on?

And that's how we're looking at it. So

Leslie Schlachter: you look, you t- uh, so grip strength is like, we- everyone knows that grip strength is a true test of-

Eugenia Hamshaw: Yeah ...

Leslie Schlachter: like, longevity. Yeah. Um, another one is can you stand on one foot unaided with your eyes shut? Very hard. Like, really hard. I mean, I feel like that would be

Eugenia Hamshaw: hard for me now.

Like-

Leslie Schlachter: I mean, it's s- kids could do it no problem, but as you age, each decade it gets worse. What I use in my clinic, and I know that other, you know, it's, it's used as well, is the strength of your quads. Oh. The strength of your quads is [00:47:00] another big test. So I have a chair in my office when I see my patients I have them, you know, get up and down on.

And what I'll say to them is, "Can you- when you sit down, don't use your hands. When you get up, don't use your hands." So I have, if I have a patient who cannot lift themselves out of that chair, and if we don't need to operate on them quickly, I'm gonna delay surgery and be like- So that they can work on that

"Can we work on your strength?" Yeah. "'Cause you can't even stand up on your own." Yeah. "How are we gonna get you through recovery?"

Eugenia Hamshaw: Yeah.

Leslie Schlachter: Yeah, so anyway, I thought, I- Also

Eugenia Hamshaw: low-key, that's, like, kind of hard, too. St- I mean.

Leslie Schlachter: Well, for me,

Eugenia Hamshaw: I'm, like I said, I'm 6'4", so I'm-

Leslie Schlachter: Yeah ... going f- like, I'm sitting in a chair right now where I'm below 90 degrees so that I- Right

don't look drastically taller

Eugenia Hamshaw: than

Leslie Schlachter: you. I work really hard in physical therapy to be able to get up off my butt. I know I can do it 'cause I work hard at it, but that's like, like the whole point. I'm gonna go to these games and find out that I can't do something so simple, so then I'm gonna work. I'm gonna really work at it.

Eugenia Hamshaw: Yep.

Leslie Schlachter: You know?

Eugenia Hamshaw: Totally.

Fasting Berries Vegan Alcohol

Leslie Schlachter: As a registered dietician, is intermittent fasting ever advisable?

Eugenia Hamshaw: I can't really think of any situation where I do advise [00:48:00] it, I have to be honest. Like, I... It's not something that I tend to recommend. Um, unless someone's like- Is it

Leslie Schlachter: just because it's hard to get

Eugenia Hamshaw: the- Unless someone's, like, fasting for a procedure.

I mean, obviously there are times where people need to fast, um- What

Leslie Schlachter: about when you hear when people go on, like, not, not just intermittent fasting, what about, like, two-day-long, three-day-long fasts?

Eugenia Hamshaw: Absolutely not.

Leslie Schlachter: Absolutely not. You heard

Eugenia Hamshaw: it here, folks. I have never, I've never recommended it, no. Let me put it this way.

If someone were to come to me and say, like, "I wanna do intermittent fasting," my first question would be why. You know, like, we always have to remember- Because my friends

Leslie Schlachter: have done it and they swear by it ...

Eugenia Hamshaw: but why were they interested in doing it, and why do you wanna do it too? Mm. Is it 'cause you wanna lose weight?

'Cause then let's talk about ways we can help you lose weight sustainably and realistic that aren't- Right ... gonna backfire. You know, intermittent fasting does set a lot of people up for the sort of, um, binge restrict cycle or something

that mimics that, right? Like, um, eating in excess after long periods of deprivation.

So not everyone might have that experience with intermittent fasting, but, like, it's a risk, and if [00:49:00] all you want is weight loss, let's maybe talk about some more practical ways that'll, like, impact your social life a little bit less and make life, you know, a little bit easier for you and still get you to the goal that you want.

Let's talk about that and like- Yeah ... see if, see if we can get there. If they tell me, "I heard it was good for healing or longevity," then I'll sort of like talk to them about the science of that. Like, there is a basis for that in some research, but a lot of that is research that's been done on, like, mice and rats about sort of like the possibility of fasting helping with longevity.

And if you look at sort of like the potential for human adoption, like the benefits seem pretty marginal -

Leslie Schlachter: Yeah ...

Eugenia Hamshaw: based on what we know so far. If you're interested in longevity and healthy aging, I think there are also more immediate things we can talk about too, without requiring you to, like, not eat for 16 hours a day, potentially, like, have a hard time making dinner plans with your friends.

Like- Yeah ... all sorts of things. Basically, like, I'm curious about why are you interested in doing this, and is there, like, a, a more practical, [00:50:00] more sustainable, possibly healthier way for you to get to that goal? And a lot of the reason for sort of suggesting or offering alternatives would be I do think there's, like, a lot of potential for backfiring with intermittent fasting.

Yeah. I think it sets you up for a really uneven pattern. And again, my question also becomes if intermittent fasting for you ends up being I eat one meal every day, how are you meeting- How are you getting your calories in there? ... all of your nutrition needs? Yeah. Like, I'm confused. Like, how are you... Not just...

I mean, calories and protein most importantly, but, like, what about all your micronutrients? And then are you just doing that all through supplementation so it's like that-

Leslie Schlachter: Garbage, yeah.

Eugenia Hamshaw: So let's specifically ask about berries. Are

Leslie Schlachter: blueberries and other berries really as awesome as people say they are?

Eugenia Hamshaw: They're pretty great. I mean, do I think that if you eat blueberries every day nothing bad will ever happen to your brain? I can't make that promise. But there is like good associations between blueberries and potential like sort of associations with cognitive benefits, which a lot of people are thinking about.

Leslie Schlachter: Like the antioxidant benefits of

Eugenia Hamshaw: it? Yeah, the antioxidants. [00:51:00] Um, they're anti-inflammatory. We do know that. The anthocyanins, which is like the pigment in them that makes them purple and red and blue, there are like well-studied associations between

Leslie Schlachter: them and- What

Eugenia Hamshaw: are your favorite berries? Raspberries.

Leslie Schlachter: Raspberries are your favorite? Yeah. Like by taste or by nutrient?

Eugenia Hamshaw: By taste. What are your favorite by nutrient? Blueberries are probably the best for me. I would guess blueberries are the best nutritionally. I'm not sure. Mm-hmm. But like I think they probably... I, I feel like they have the most studied benefits for like brain health and- Mm-hmm

anti-inflammatory. But I just do not enjoy them as much as I enjoy strawberries and raspberries, so I'm going to eat strawberries and raspberries.

Leslie Schlachter: Do you take supplements?

Eugenia Hamshaw: I do take supplements, but I take them targeted, so I only take the ones that I really need. I'm vegan- Mm-hmm ... and have been for a very long time, so I take B12 and I take vegan D3.

Um, and I take a vegan DHA supplement.

Leslie Schlachter: Okay.

Eugenia Hamshaw: So I take those regularly and have for a very long time. I, um-

Leslie Schlachter: Your, your DHEA supplement, [00:52:00] is that related to being vegan?

Eugenia Hamshaw: It is. So vegans can get omega-3- Yeah ... fatty acids from things like flax and walnut and all sorts of, um, th- or not all sorts of, but like chia seeds.

There are plenty of sources of omega-3s that are plant-based. But DHA in particular is a tough fatty acid for us. Oh, DHA. DHA. Okay. Yep, exactly. So the amount of conversion that our bodies do of omega-3 acids to DHA without any kind of supplementation or eating fish- Mm-hmm ... or, you know, supplementa- the vegan supplements are algae-based.

The amount of conversion we do of omega-3 fatty acids to DHA is not super high, so there is a potential of not enough DHA net if you are vegan. So I've supplemented it.

Leslie Schlachter: Why... How long have you been a vegan?

Eugenia Hamshaw: 16 years.

Leslie Schlachter: What was your decision-making for that?

Eugenia Hamshaw: I stopped eating red meat [00:53:00] when I was a kid. Um, I saw Bambi- Mm-hmm

and had like a strong reaction to it. I was also a kid, so I wasn't thinking through any of this very consistently, but I just like announced that I was no longer going to eat red meat. And then I started just reducing, um... I would say like I, I really didn't eat red meat- Through high school or college, like I pretty much stopped eating at them, but I still ate poultry.

And I never really loved fish, but I still ate fish. And then in college I started leaning more vegetarian, um, which was like pretty natural for me. Then in my early 20s, um, early mid-20s more, I was having a bunch of digestive problems. Looking back, I think I was stressed out and I- But you gave up

Leslie Schlachter: dairy instead.

Eugenia Hamshaw: Right. I saw a GI, I saw a GI who was like, "Eh, I don't think you have lactose intolerance, but if you wanna try cutting out dairy, see what happens, go for it." So I did, and nothing happened. I still had GI [00:54:00] problems. Um, but what I realized was that it was like not that hard for me to not eat dairy, and I wasn't a big egg person, so I was like practically vegan.

And I had like... I was curious enough about it, having been veg-leaning for a very long time, that I was like, "Let's see, let's see how this goes." I sort of didn't announce myself yet or wear the label. Um, and it was a lot easier and like more fun and rewarding than I thought it was gonna be. And then, um Maybe a year, maybe a year and a half into that, I had a friend who was vegan, and she was more of an ethically motivated vegan.

And she asked me to volunteer with her at a farm animal sanctuary for a weekend, which I did. And I had grown up in New York City so, like, obviously had not spent a lot of time around farm animals. Um, but it was just very impactful to be there. Yeah. And that, I think, was the weekend where I was like, "Mm, just gonna stay vegan," and

Leslie Schlachter: did.

Yeah. What would you say are your top three to four vegan staples?

Eugenia Hamshaw: Hmm. [00:55:00] Chickpeas. So boring. My ans- broccoli. My answers are so boring and-

Leslie Schlachter: I thought you were gonna be like nutritional yeast ...

Eugenia Hamshaw: tofu and nutritional yeast, yeah.

Leslie Schlachter: Yeah. Oh, re- it is nutritional yeast.

Eugenia Hamshaw: Yeah. Yeah. It's up there. It's gotta be one of them.

Yeah, it's up there.

Leslie Schlachter: Yeah, yeah. We love nutritional yeast in our household.

Eugenia Hamshaw: Absolutely.

Leslie Schlachter: Yeah.

Eugenia Hamshaw: Big staple.

Leslie Schlachter: There are people that don't know about that.

Eugenia Hamshaw: Oh,

Leslie Schlachter: it's good. People, there are people that don't know that nutritional yeast is a thing.

Eugenia Hamshaw: 100%. It's so good. So sad. Yeah. It's so good. Yeah. I hate to think about life without nutritional yeast.

It would be so sad. I've even gotten, like, my many non-vegan friends curious about nutritional yeast. Like-

Leslie Schlachter: Yeah ...

Eugenia Hamshaw: yeah.

Leslie Schlachter: We, um, the Trader Joe's cauliflower gnocchi.

Eugenia Hamshaw: Mm-hmm.

Leslie Schlachter: In our house, we kinda like steam that a little bit, add a little olive oil, salt, pepper, and a lot of nutritional yeast, and it's a go-to on our house.

Oh,

Eugenia Hamshaw: yeah.

Leslie Schlachter: Sounds- Like 10 bags a week ... totally. Love it.

Eugenia Hamshaw: Totally.

Leslie Schlachter: Yeah.

Eugenia Hamshaw: Makes anything better. Yeah. And full of B vitamins and all sorts of things. All good things. Yeah. Yeah. Has B12 there too.

Leslie Schlachter: So we can't finish today's talk without talking about alcohol. So even though the surgeon general told us last year that [00:56:00] alcohol is a carcinogen and that we should not be consuming it at all, with that said, do you ever recommend alcohol, like red wine or anything, to any of your patients?

Eugenia Hamshaw: Recommend, no. Um, but if it is a part of my patient's joy and means of connection in life, I'm ... I will, I will sort of probably present The surgeon general's recommendation or whatever the latest evidence is, and then like not tell them not to do it, you know? Do you have

Leslie Schlachter: an alcohol of choice?

Eugenia Hamshaw: Oh, wine. I'm, I'm a huge wine person.

Wine. Huge. It's a big part of my life. It's a big part of my social life. It is probably my favorite hobby, and I have made like great connections in my life through it. Like wine, I am a big wine lover.

Leslie Schlachter: Are there more benefits to red than white?

Eugenia Hamshaw: I've seen some evidence that there are more an- like, there's higher antioxidant concentration, but a lot of white wine, there's also antioxidant concentration- Mm-hmm

because like depending on how much skin contact there is and how the wine was made. So I think you're probably getting some of [00:57:00] those antioxidants in the wine no matter what. Look, do I, do I think it may well be true that none is better than any in a, in like a purely scientific way? Probably, maybe. But joy also counts.

But I, again, yeah, I think happiness matters a lot, too, and I think connection matters, and I think- I think connection matters, too ... joy really makes people live longer and better lives, too. And I think we have to not get so sort of myopic in the way we think about health that we don't think about that.

It's not all about like the antioxidant concentration of everything you eat, and like hitting exactly the right grams of protein every day, and like avoiding everything everyone says is bad for you. It's also about like loving your life and

enjoying- Mm-hmm ... your food and enjoying the things that give you pleasure- Right

whatever they are. So, you know, um- Obviously there's a case for moderation with everything, and I think when I talk to patients I will always present them with whatever the most up-to-date [00:58:00] responsible recommendation is. But again, if a patient comes to me and they tell me that having a glass of red wine with a meal and their friends or their family is like a part of their traditions and cultures- Yeah

and gives them joy- Keep doing it. I'm... Yeah, totally.

Leslie Schlachter: Yeah. What would you say would be one of the most common food staples that we eat as Americans that is surprisingly either really, really good for you or just really bad for you?

Eugenia Hamshaw: I am in the anti coconut oil train, so I think that is in like a... I mean, and this is not, this is not news, but coconut oil, like it's in a lot of sort of health washed, health marketed products, and it is pretty much 100% saturated fat, so that's not so great for us.

And I think-

Leslie Schlachter: People are like swishing it in their mouth.

Eugenia Hamshaw: Absolutely. And I think a lot of otherwise very health conscious people are, I think, buying it and using it as like a primary cooking oil, and I wouldn't recommend that. Okay. I think that's not so great. And surprisingly good for you, wheat. I [00:59:00] think wheat is great.

Leslie Schlachter: Yeah.

Eugenia Hamshaw: Um, surprisingly high in protein. I always have, uh, I always have patients, um, and sometimes friends asking me like, "Should I get the chickpea pasta? Should I get the this or the that?" And if you wanna get the chickpea pasta because you're trying to eat more beans, rock on. Yeah. I think that's amazing.

But also like a serving of like the De Cecco just like basic... I probably just mispronounced that. But like any basic dry pasta. I thought it was De

Leslie Schlachter: Cecco, so we'll go with whichever.

Eugenia Hamshaw: Probably that. Yeah. I don't know. It's one or the other. I, I just butchered the Italian. But just like plain, old, regular like durum wheat pasta, usually around eight grams of protein per- That's pretty solid

per serving. And most of us we know eat a little bit more pasta than the serving per the box. Right. Yes, we do. So it's probably like 10 or 11 pro- grams. That's like as much as a serving of beans. That's decent. Um, and also, you know, other foods with wheat, especially whole grain wheat, so like, you know, if you're eating farro or you're eating [01:00:00] wheat berries and stuff like that, also a lot of micronutrients in addition to the protein.

So even though I know a lot of people avoid it, I think it is one of those very sort of, um-

Leslie Schlachter: So unless you're gluten free or celiac- Of course ... like don't avoid the pastas.

Eugenia Hamshaw: Yeah. The wheat. Totally. I think, I think we need to, I think we need... People need to know that like wheat is actually one of the more nutrient dense grains out there, and is, uh, pretty great.

Leslie Schlachter: Yeah.

Eugenia Hamshaw: Okay. And in a lot of people's pantries anyway.

Leslie Schlachter: Yeah. So that's all for this episode of The Vitals. I'm your host, Leslie Schlachter. Subscribe to The Vitals and the Mount Sinai Health Systems other programming on YouTube, Apple Podcasts, Spotify or wherever you get your programming. To learn more about Mount Sinai's nutritional expertise, or to book an appointment with a Mount Sinai dietitian or nutritionist, scan the QR code on your screen or click the link in the description below.

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