Dr. Steve Sinatra: Hey, everyone, welcome to the podcast. Today on the show is my daughter-in-law and naturopathic physician, Dr. Briana Sinatra. We're going to talk about menopausal issues — right, Briana? We're going to get right into it, we're going to talk about the transition years for women. What she can do, whether it's diet, supplements, mind, body. I mean, hey…maybe even bioidentical hormones. I mean, I think it's wide open. So, welcome to the show, Briana — it's great to see you.

Dr. Briana Sinatra: Thanks, Steve. Thanks for having me.

Narrator: Welcome to **Be HEALTHistic**, the podcast that's more than just health and wellness information — it's here to help you explore your options across traditional and natural medicine, so that you can make informed decisions for you and your family. This podcast illuminates the whole story about holistic health by providing access to the expertise of Drs. Steve and Drew Sinatra, who together had decades of integrative health experience. **Be HEALTHistic** is powered by our friends at Healthy Directions. Now, let's join our hosts.

Dr. Drew Sinatra: Hi folks…if you like what you hear today, and you want to listen to future conversations on all things integrative and holistic health, subscribe to our podcast at **BeHealthisticPodcast.com**. Also, check out and subscribe to the Healthy Directions YouTube channel, which features video versions of our episodes, plus extra videos you won't want to miss. Finally, we have more with me, Dr. Drew Sinatra, my dad, Dr. Steve Sinatra, and other health experts at HealthyDirections.com.

Dr. Steve Sinatra: Anyway, I think with Briana being a woman and being a naturopath, I think today's show would be a knockout punch talking about women's health issues. What do you think, Briana?

Dr. Briana Sinatra: Yes, absolutely. Let's do it.

Dr. Steve Sinatra: I mean, what do you think one of the biggest health issues affecting women are? I mean, from my point of view, I can tell you this, as a heart specialist, I mean…if a woman is hypertensive, she has high blood pressure, I worry a lot about that in women because more women than men are developing high blood pressure today. I don't know if you see that in your practice, but in my practice of cardiology, not only did I see more women with high blood pressure, but I see women with what we call diastolic dysfunction. In other words, these are women who have high blood pressure, Briana. They're in their 40s and 50s, and they come in and they say, "Doc, for some reason, I'm having more fatigue. I'm doing the laundry and I'm short of breath. I climb up the stairs and I can't

catch my breath. Something is different." I take their blood pressure and I have a look — and they have high blood pressure.

Dr. Steve Sinatra: I'll go into the history. I'll do an echocardiogram, and what they have is echocardiographic findings of diastolic dysfunction, which means, in other words, when the heart is filling with blood during the resting phase, diastole, it struggles a little bit. And that's due to the high blood pressure in women, and that's why a lot of women today are developing these symptoms. And I'll tell you, the Women's Health Initiative…I wrote about it in my book, and I got this new chapter in cardiology coming out on women and heart disease. And even the Women's Health Initiative is privy to this information, because women in their middle age of life, when they're going through menopause…and you know more about menopause than I do. So women going through the menopause, they tend to get more hypertensive. What do you have to say about that?

Dr. Briana Sinatra: No, I think your point is so important, Steve, because I think still on women's radar is breast cancer, right? They think that's the number one thing to be preventative of.

Dr. Steve Sinatra: Yes, they don't think they're going to get heart disease, you're absolutely right.

Dr. Briana Sinatra: Yes! And the risk for men is greater prior to the menopausal transition, but after the menopausal transition, the risk for women increases. So I think that's a super important thing to have on a woman's radar as she's going through her menopausal transition. Because hormones fluctuate, but as they eventually decline, that loss of estrogen has many unfortunate changes in some biomarkers for a woman's body that can leave her more susceptible to heart disease. So as those things are changing, it's important to watch those biomarkers, as you said, right? Blood pressure is an important thing to be monitoring and optimizing. We see changes in fat and weight distribution, and so being on top of that and being proactive in optimizing those things for a woman will help her not be as vulnerable.

Dr. Steve Sinatra: Oh yeah, especially insulin resistance. I mean, that's another really serious risk factor in women. In fact, if a woman has insulin resistance and has hypertension at the same time, I worry about women. Especially these women who become diabetic and are hypertensive, they get really alarmingly high triglycerides. I saw this so many times, Briana, in my practice where a woman would be borderline diabetic, have a high hemoglobin A1C, just borderline — and all of a sudden, triglycerides of 250/300. And when the HDLs go down and the triglycerides go up, that's a serious risk factor for coronary artery disease, as well. But I want to get back to what you said about breast cancer. You're absolutely right…you know, women fear breast cancer. They don't think they're going to get heart

disease. But heart disease…one in two and a half to three women come down with heart disease in their lives, as opposed to one in eight women with breast cancer. So I'm really glad you mentioned that, that is really, really important.

Dr. Briana Sinatra: Yeah, absolutely. And so I think during this time in a woman's life is such a great time to be proactive, to look at those different biomarkers, and as they start creeping up, or we see slight changes that maybe weren't there before menopause, that's the time to intervene, right? Before symptoms start, because as we've talked about before, some of the symptoms that come along with heart disease for women aren't as overt as they are for men. They're more silent, and so a woman could be going longer with some symptoms of heart disease that are leaving her more vulnerable, and we didn't know to intervene sooner.

Dr. Steve Sinatra: Exactly. And again, that's diastolic dysfunction in these women who just have a little shortness of breath. I mean, that's amazing, Briana. I saw so many women with DD, this diastolic dysfunction, they're hypertensive. It's amazing. There's sort of a trifecta that I saw here. I saw women on nonsteroidals, Advil-like drugs, you know?

Dr. Briana Sinatra: Yeah.

Dr. Steve Sinatra: Ibuprofen, those types of drugs. And women going through the menopause years, and hypertensive. I said…and this is like an unholy Trinity. A lot of women don't realize, but when you take these nonsteroidals, it can have a serious impact on the kidney. And a lot of women can become hypertensive just from taking a lot of nonsteroidals. And again, hypertension or high blood pressure is the leading cause of diastolic dysfunction, where the heart struggles as it's filling with blood. Because women take a lot more pain medications than men do, because of all the issues of menstruation, etc., etc. — you know more about that than I do. But I think we need to at least show women that if they are taking these nonsteroidals, and they're hypertensive, and they're diabetic…I mean, this is like a snowball rolling downhill, especially when HDLs go down, the triglycerides go up, and blood sugar goes up, and inflammation goes up. And now we set the stage for acute coronary artery disease or plaque rupture.

Dr. Briana Sinatra: Yeah, so it sounds like you're saying super great time to be looking at blood pressure, your lipid levels, inflammation levels — all of those things, so that we can really be proactive during this time so that risk factor is minimized.

Dr. Steve Sinatra: Yeah, when a woman reaches the age of around 50, plus or minus a couple of years, when she's going through that perimenopausal, menopausal situation, she needs to wake up. She needs to understand that, "Okay, for years I've had

the fountain of youth hormone." Like right now, you have the fountain of youth hormone, you have estrogen. Estrogen is the hormone that prevents coronary artery disease, there's no doubt about it. But once the woman goes through perimenopause or menopause and the estrogen levels go down, now she's at risk. A woman is behind a man about 10 years because of estrogen, in other words, in developing coronary artery disease. But once she hits those menopausal years, she creeps up to men, and then she actually can surpass men in cardiovascular risk factors.

Dr. Steve Sinatra: So, I guess for the women listening to this show, if you're around 50 years old and your period is starting to wax and wane, this is the time to eat healthy. If you smoke, you got to stop smoking because that's the worst risk factor in women. Check your blood pressure. If you're short of breath, ask your doctor to check you for diastolic dysfunction, because it goes unnoticed — even on echocardiographic analysis, unless the doctor is looking for it. So it's important for women to really assume more responsibility for themselves when they reach those middle age.

Dr. Briana Sinatra: Yes, and we talked about how as estrogen and progesterone fluctuate and decline, it leaves women more vulnerable to heart disease. But there's also some other things that become more of a risk for women as their estrogen and progesterone decline in the post-menopausal years. Which again, having that be on their radar, they can be more proactive about, right?

Dr. Steve Sinatra: Yeah, absolutely, absolutely. I mean, women…they may need to exercise more, they may need to take a healthier diet, take targeted nutritional supplements. And by the way, when I met Leon Schurgers and Cees Vermeer, these were two Dutchmen. And I talked about this with your husband, Drew, on previous shows. But at Yale University, about 15 years ago, I met these two Dutchmen, and they did the research on menaquinone-7, it's vitamin K2. And this is so important for women because women, they fear osteoporosis, brittle bones, and things like that. Some women take hormone replacement therapy, others don't. I think it's an individual component of every woman.

Dr. Steve Sinatra: But one of the things that I worry about in women are brittle bones, where they don't have the structure of the bone. And this is what MK-7 does; menaquinone-7 takes calcium out of blood vessels where it doesn't belong, and it puts it back in the bones where it does belong. So even somebody like myself, because I'm an aging male, and osteoporosis and hip fracture is very dangerous in the male. I mean, men who get this hip fracture do worse than women, believe it or not, because of post-op complications. So basically, I've been taking MK-7 for years. And for any woman on this show, who's approaching those elder years, over the age of 50, I would seriously consider menaquinone-7.

Because again, it does everything right in a woman's body. It's really important for preventing brittle bones, while getting calcium out of blood vessels where it doesn't belong in the first place.

Dr. Briana Sinatra: Absolutely. And we talk a lot about vitamin D, right? People are a lot more aware about vitamin D now, and are taking maybe higher levels. And so, that is important, but the vitamin D also affects our calcium, right? Again, when we're affecting our calcium, we want to make sure that calcium, to your point, is going into our bones where we want it to be — and not lining our arterial vessels, which could then also leave us more vulnerable to heart disease.

Dr. Steve Sinatra: Yeah. And I'm so glad you mentioned vitamin D and calcium, because when I was writing my books years ago, and I'm talking 20 years ago, 10 years ago, even, the dogma was giving women high calcium; post-menopausal women used to get 1500 milligrams.

Dr. Briana Sinatra: Even when we were in school, Steve, and I still see it printed, right?

Dr. Steve Sinatra: I'll tell you, if women are taking high calcium and good doses of vitamin D at the same time, they can get calcinosis or calcium deposition in the coronary arteries. That's why when any woman takes a multivitamin, she needs to read the labels. In fact, it's amazing, just before this show, a well-known, and I mean, I'm not going to mention the name, but a very well-known television programmer, he's on TV all the time, put together a protein shake. And in the protein shake there was 500 milligrams of calcium, and I said, "Wait a minute, there's no way I could even endorse this or recommend this, because this is too much calcium to take in supplemental form every single day." Especially with people taking higher vitamin D because of the pandemic.

Dr. Steve Sinatra: So if you take high D and you're taking in 500 calcium or more in a supplement, or if you're taking in a lot of calcium-containing foods at the same time, we don't want to get this scenario where we get the combination of too much vitamin D. Which I don't think you're going to get too much, unless you're taking 10,000 units a day, but 2 to 5,000 units a day is good. But if you're taking a lot of excess vitamin D, and you're taking a lot of calcium at the same time, you can certainly get calcification of blood vessels, which we don't want.

Dr. Briana Sinatra: Yeah, and like with everything, right? It's ideal for someone to test their levels and know what their level is, so they know if they're supplementing, if they're getting enough, if they're getting too much. Absolutely. I like recommending that people get calcium in through their diet as much as possible, too. And if they are taking any supplemental calcium, not too high, and definitely making sure there's a good dose of magnesium on board to help support that.

Dr. Steve Sinatra: Correct. Balance the calcium. Well said Briana. So Briana, one of the things that bothered me as a heart specialist is when I saw a family history of a young heart attack in either a man or a woman. And I mean, a heart attack in their 30s or 40s. The youngest woman I've ever had with a heart attack was 18 years old. She was on the birth control pills of yesteryear, you know, there were very, very high amounts of estrogens and stuff like that. But I saw a heart attack in an 18-year-old girl, I'll never forget it. I had just finished my fellowship in cardiology, I was on the gun for the emergency room, and an 18-year-old girl shows up with chest pain and high EKG changes. And I'll never forget it, I admitted her to the coronary care unit, and in the middle of the night, my partner who was on call that night had to put an emergency pacemaker in her because she developed complete heart block from a massive heart attack that, you know…

Dr. Briana Sinatra: Oh my Gosh.

Dr. Steve Sinatra: …thank God I admitted her. But again, I mean, that's the youngest woman I've ever had with heart disease, but I've had a lot of women in their 30s and 40s. Family history is important here, because there're certain families that they can develop hypercholesterolemia, where they can have cholesterol levels of three, four or 500. Lp(a) is inherited in families, and Lp(a) is a serious risk factor right now. This is one risk factor that all physicians need to check, because with the BioGenome Project actually bringing to light a lot of the genetics — Lp(a) is carried genetically.

Dr. Steve Sinatra: Now, there's a lot of spontaneous mutations where you can develop problems with Lp(a), but this is one risk factor that both men and women need to be cognizant of. Because the shame is if you have a high Lp(a), it will cause coronary disease, this is the worst risk factor of all. The beauty of it is, it's easily rectified. In other words, you can take care of it with nattokinase, lumbrokinase, even fast-acting niacin. There're so many ways you can compensate if you do have Lp(a), as well.

Dr. Briana Sinatra: Yes, I love that. And I found the same thing, too. When women come in and specifically, their moms…we look at family history, but why is your mom's family history, especially with respect to cardiovascular disease, why is that an important piece to be looking at?

Dr. Steve Sinatra: Well, the interesting thing is remember, all the mitochondrial DNA, unlike nuclear DNA, it's carried on the mother's side. That's very, very important because mitochondrial DNA, I mean, it's involved in the aging process. And again, it's all inherited through the mother. I mean, so the good news is if you have longevity on your mother's side, at least you have good mitochondrial

genetics. If you have early death in the 30s, 40s or 50s on the mother's side, that's a wake-up call to do something about your genetics. In other words, you can invigorate mitochondrial DNA. I mean, certainly, there's things you can do — like CoQ10, for example. CoQ10 is awesome for putting mitochondrial DNA, or driving ATP in a preferential direction. The carnitines work, D-ribose works, magnesium — you mentioned it before. It's like the glue that ties everything together. So again, if a woman has a family history of heart disease on the mother's side and it's young, I tend to be very, very aggressive.

Dr. Briana Sinatra: Yeah. And again, don't worry, your future isn't set in stone — but again, around this time is an important time, and especially even more so if you do have that family history, to really look specifically at your biomarkers, like what you were saying with Lp(a). Is that a factor for you? And what are the things that you can do to help decrease your risk going forward.

Dr. Steve Sinatra: I'm glad you mentioned that, because when people in my practice were dealt a bad set of genetics, they used to come in depressed and say, "Oh, I'm doomed, doctor." Whether it was an APOE4 allele, or APOE2 allele, or with Alzheimer's disease, or...these women would come in, or men would come in. And I would say, "Wait, wait, look, this is genetics — but what trumps genetics? Environmental factors." You said it.

Dr. Briana Sinatra: Absolutely.

Dr. Steve Sinatra: Environmental factors, and that there're so many things you can do to change your environment — your diet, your exercise program, taking targeted nutraceuticals. You're an expert on detoxification, you know how to detoxify people. I remember going and visiting you, when you were going into the health food stores, and you were buying these detoxification formulas. There're so many things people can do if they are dealt some bad genetics. And basically they can reverse that because, I, like you, believe that the environment trumps bad genetics.

Dr. Briana Sinatra: Absolutely, so let's talk a little bit more about that. What are some things that women can do, knowing that they're vulnerable going into menopause, knowing that they may be vulnerable having that family history? We're all about empowering women, and yes, keeping them in a positive state, especially during this time in their life where they can then take charge, be proactive. So, some different things they can do, as you mentioned, diet and lifestyle, right? Reducing sugar, reducing high-fructose corn syrup, reducing hydrogenated oils, right? Choosing the healthier fruit sugars, choosing healthier oils, like olive oil. I know you're a big proponent of that. Making sure they're getting lots of fresh

fruits and vegetables for that good fiber that's super protective and helpful for not only their cardiovascular system, but their GI system, everything else, right?

Dr. Steve Sinatra: Yeah.

Dr. Briana Sinatra: So many things that someone can do helps not only for cardiovascular risks, not only for helping them ease through the menopausal transition — but supports them, their bone health, supports so many different things because our body functions as a whole, right? So if we are optimizing our diet, optimizing our exercise and lifestyle, that has such a multifactor approach on improving our wellbeing in so many areas, and in going forward.

Dr. Steve Sinatra: Yeah, and some women also need to take hormonal replacement therapy. I mean, there's no doubt about it. I mean, look, I'm a man, so I mean you know so much more about this than I do. But I remember seeing women on the opposite side of the aisle in my office, and they would say, "Doc, I can't live in my body. I can't sleep, I have these hot flashes that are driving me crazy, I'm getting palpitations, I'm getting arrhythmia." And I'll tell you, a lot of women in my practice were rescued with bioidentical type of hormones. We've done a podcast on this with Suzanne Somers and others. But I'm sure as a naturopath, women come to see you all the time and they ask you, "Am I a candidate for hormonal replacement therapy?" And what do you say?

Dr. Briana Sinatra: Yeah, absolutely. I mean, I think like with anything that I'm doing, there's a therapeutic order and there's a hierarchy. It depends how bad someone's symptoms are, how much it's impacting their life. And because when women are going through menopause, if they're having hot flashes, like you said, they're uncomfortable in their own skin. They're uncomfortable in their own skin at night, if they're having night sweats, it's affecting their sleep, that affects their energy, it affects their stress, it affects their mood. It affects so many aspects of their well-being. So if they're having a really hard time with it, of course, we look at diet and lifestyle, we look at individual nutraceuticals that are indicated for them. And I have seen certain herbs and that sort of thing be game-changers for people. But sometimes, you do need the bioidentical hormones, and when you find that right dose in that right form for that right individual, it is amazing how many things improve for that person.

Dr. Steve Sinatra: What type of bioidentical hormones do you use? Do you use topicals or, I mean, what's your favorite go-to?

Dr. Briana Sinatra: You know what? I feel like with anything, right, even if you're using…this is what I always say to my patients. It's a conversation between you and I on what makes sense for you, and what you're going to take, right? Because you could

recommend creams for someone, but they don't like taking the creams — they're all over, they worry about getting it on their partner, they forget them, you know? So in that case, a patch can be easier for them. Some people don't like the patch, some people like the ritual of putting the creams on. And so, I think it's individual.

Dr. Briana Sinatra: Usually, especially during the menopausal years, if someone's sleep is being affected, I do choose to give progesterone in an oral capsule at night, because it's when it's metabolized orally it has an effect on the GABA system in their body, which can be relaxing and which can help with sleep. So that's kind of an extra bonus by taking the progesterone orally. And then I do like to do estrogen topically, but it depends on the individual if we're going to do patch or cream, and what that's going to look like for them.

Dr. Steve Sinatra: No, I'm glad you mentioned that. I remember a case in my practice, I'll never forget this, Briana. This woman in her mid-50s and she was menopausal and she was taking medroxyprogesterone, a synthetic derivative, but she was also on Premarin. She was on this program, and she developed high blood pressure while she was on the medroxyprogesterone. She had a little leakage of the mitral valve. And this is amazing, with a skyrocketing blood pressure, probably due to the medroxy, she developed wide open mitral regurgitation. In other words, the higher the blood pressure, the more the valve leaked. Then she was so short of breath and she had an unsatisfactorily quality of life. So she went to see a cardiovascular surgeon, and he was going to replace the valve. Then she came to see me, because the surgeon sent her to see me to get cardiac clearance.

Dr. Steve Sinatra: While I was taking her history, she told me about the hormonal replacement therapy, the Premarin, and medroxyprogesterone — and all of a sudden, because I was writing my book, *Heart Sense for Women,* back then, I'm saying, "Oh my God, here's a woman going to get a mitral valve replacement when she needs to get off the medroxyprogesterone, and the blood pressure will come down. If the blood pressure comes down, the mitral valve will leak less, and then she won't need surgery." But she was ready to have open heart surgery when the whole thing corrected just going off the medroxyprogesterone, you know? So, I mean, that's a case I'll never forget. And I'm sure there's women out there now who have issues like this. So it's really important that we bring these little case studies up to speed because we learn from them. If one case study can help a lot of other people, I mean, that's what it's all about.

Dr. Steve Sinatra: So I'm glad you're using the bioidenticals, and you're using the patches, and stuff like that. I think they're much better tolerated in a woman's body than the stuff that I was confronted with decades ago.

Dr. Briana Sinatra: Yeah, and it's always a conversation with that individual, right? Looking at their family history and the risk/benefit ratio, which is always something that's an individual conversation between you and your healthcare practitioner to find out really what's right for you.

Dr. Steve Sinatra: So before we wrap up the show today, as always, we're going to share some **Wellness Wisdom** with our listeners. Briana, let's leave everybody with a "pearl" of wisdom about what women can begin to do right now to keep their hearts healthy as they age.

Dr. Briana Sinatra: I am big on empowering women around the menopausal transition, because there's so much change in their body. And we've talked about a lot of things that we can look at diet and lifestyle-wise, but I would say one thing that is so important that I would encourage for a woman is listening to her heart. And if there is any sort of incongruency within her heart when she closes her eyes at night, if anything is pressing heavy on her heart, or on her mind, or on her spirit, I would really encourage her to listen to that. Whether that is working out a mishap with a colleague, or asking for more support for the demands that are on her…whatever that may be, I think that it is so important to honor and respect that. And during this time when we're making a lot of diet and lifestyle changes, truly try your best to listen to your heart and be in a place of congruency with that. Because I think that is another piece of heart disease that, as you've written about even in your books, is so important, right?

Dr. Steve Sinatra: Yeah.

Dr. Briana Sinatra: So through menopausal symptoms, through heart disease, through just being in this world — ask for what you need, and listen to your heart, and try and be in a space of centerness and peace around that as much as possible.

Dr. Steve Sinatra: Very, very, very well said. In fact, when a woman does not listen to her heart, or if the woman has a disconnect between what's going on here and what's going on here, she can invite heart disease into her life. My plea to women today is what you said, follow the voice of your heart. The other thing too is, intuition comes like a thief in the night. I mean, if people get an insight, I mean, it happens so quickly. They need to act on it, and if they act on it, 99% of the time it's going to be the truth. But if they're in battle with your intuition, or if they're in a struggle with their intuitive thoughts…that to me is betrayal of the heart, because intuition is always the truth. So you don't want to betray your heart. Now I know I'm speaking more like a psychotherapist, but basically, I'm so glad you brought it up because you said it all — if a woman listens to the voice of her

heart, she's not going to get into trouble. I really like that. So I think we can end on that note.

Dr. Briana Sinatra: Yeah, I think so.

Dr. Steve Sinatra: I like a happy note, I like that note. So I think we'll end on it, and this was a great conversation, Briana. This was awesome, I really enjoyed it.

Dr. Briana Sinatra: Yeah. Thank you so much, Steve, I did too.

Dr. Drew Sinatra: That's our show for today, folks. If you have a question or an idea for a show topic, please send us an email or share a post with us on Facebook. And remember, if you liked what you heard today and you want to be an active member of the **Be HEALTHistic** community, subscribe to our podcast at **BeHealthisticPodcast.com**, or on Apple Podcasts, or wherever you download your favorites. You can also find more great content and information from us and the Healthy Directions team at HealthyDirections.com.

Dr. Briana Sinatra: I'm Dr. Briana Sinatra.

Dr. Steve Sinatra: And I'm Dr. Steve Sinatra.

Dr. Briana Sinatra: And this is **Be HEALTHistic**.

Narrator: Thanks for listening to **Be HEALTHistic**, powered by our friends at Healthy Directions, with Drs. Drew and Steve Sinatra. See you next time.