Episode 160 Transcript

00:00:00:02 - 00:00:10:12
Dr. Margaret Beeson
At 45 or 50 years old, you're not thinking about what it's going to be like at 75 or 80. But that period of time is when you get the most aggressive loss of bone.

00:00:10:13 - 00:00:35:23
Dr. Jaclyn Smeaton
Welcome to the DUTCH podcast, where we dive deep into the science of hormones, wellness and personalized health care. I'm Doctor Jaclyn Smeaton and chief medical officer at DUTCH. Join us every Tuesday as we bring you expert insights, cutting edge research, and practical tips to help you take control of your health from the inside out. Whether you're a health care professional or simply looking to optimize your own well-being, we've got you covered.

00:00:36:01 - 00:01:02:18
Dr. Jaclyn Smeaton
The contents of this podcast are for educational and informational purposes only. This information is not to be interpreted or mistaken for medical advice. Consult your health care provider for medical advice, diagnosis and treatment. Hello and welcome to this week's episode of the DUTCH Podcast. I'm really excited to have you here today, because we're going to talk about what we would consider a silent disease and something that we oftentimes pay no attention to until really it's too late and someone sustains a fracture.

00:01:02:18 - 00:01:25:00
Dr. Jaclyn Smeaton
And that's bone health, really. When we look at bone health in women, it is one of the most impactful elements of longevity and of declining longevity, because it's one of the most common reasons to be admitted into an assisted living facility for women. And it oftentimes is a, injury that people don't recover from when they fall and break a hip or they have a fracture in their spine.

00:01:25:00 - 00:01:55:13
Dr. Jaclyn Smeaton
It's hugely impactful to life. Yet when we're talking to women in their 20s and in their 30s and in their 40s and their reproductive years, and even in perimenopause and menopause, it's hard to get engagement around this topic. It's hard to get them

excited about protecting bone. This is a really important conversation for you to be listening to, because we're going to talk about some of the other options around how and when women should be screened, what risk factors might clue you in early to someone needing more support for their bone for the long term?

00:01:55:18 - 00:02:24:10
Dr. Jaclyn Smeaton
And then, of course, we talk about detecting and treating osteoporosis and osteopenia. Our guest today is Doctor Margaret Beeson. Doctor Margaret Beeson, the founder of Yellowstone Naturopathic Clinic in Billings, Montana, and a nationally recognized leader in integrative medicine with more than 40 years of clinical experience. Her background spans nursing, midwifery, physician's assistant work and natural primary care, giving her a uniquely comprehensive lens on women's health across all life stages.

00:02:24:15 - 00:02:52:02
Dr. Jaclyn Smeaton
For many of her patients, she's treated them through all of their life stages for literally decades. She holds a midwifery certificate from last year university, and she's a licensed primary care naturopathic physician with a childbirth specialty, and the co-founder and the president of the Naturopathic Education and Research Consortium, which is a nonprofit dedicated to advancing postgraduate training and opening up opportunities for naturopathic doctors and residencies nationwide.

00:02:52:04 - 00:03:12:00
Dr. Jaclyn Smeaton
Let's go ahead and dive in. Well, Doctor Beeson, I'm so glad to have you back on the podcast today and to talk about a topic that is really important in its own right, but probably growing to be even more important. It's something that's been on my mind a lot lately with the increasing use of GLP ones. And we know this is a potential risk and that's bone health.

00:03:12:00 - 00:03:18:00
Dr. Jaclyn Smeaton
So, I mean, really, why does this feel like an important topic to you for us to be talking about today?

00:03:18:02 - 00:03:53:01
Dr. Margaret Beeson

Well, I've been, looking at Dexa scan since I started practicing. I came to Billings in 1992. The there was a, a rheumatologist who had a Dexa scan machine. And so, you know, I've seen since that time major changes in identifying, where they're concerned, where their concern is, and also, the treatment modalities, you lots of fear around using medications for it.

00:03:53:03 - 00:04:09:21
Dr. Margaret Beeson
Brand new medications. And so it requires a lot of, personal education, about how to address this. And I encourage patients to address it before they start to have issues.

00:04:09:23 - 00:04:13:14
Dr. Jaclyn Smeaton
Is there something that you've really seen a factor? A lot of women in your practice?

00:04:13:19 - 00:04:37:02
Dr. Margaret Beeson
Yeah. You know, I think what's challenging about it is that it we don't it's it's a disease of the future. It's kind of like high blood pressure in that way, in the sense that people don't really want to treat it because they don't feel anything. Many, most people, some people have headaches or whatever. They don't feel anything. And so they don't think that it's something they need to address.

00:04:37:04 - 00:05:01:09
Dr. Margaret Beeson
Right. But I've learned so much by being a doctor for so long that when you see a person have a cathartic fracture, you know, at 78 or 80, you just never want that to happen again, you know? And so it requires a lot more investigation and awareness and, you know, being, very, current was like, what's out there?

00:05:01:11 - 00:05:20:13
Dr. Margaret Beeson
And, you know, of course, as naturopaths, people come to us, they don't want to do drugs a lot of the time, and they don't want to do hormones a lot of the time. And so really trying to find ways to help people understand the risks that are at 45 or 50 years old, you're not thinking about what it's going to be like at 75 or 80, you know?

00:05:20:15 - 00:05:23:07
Dr. Margaret Beeson

So that's such a important point.

00:05:23:09 - 00:05:42:05
Dr. Jaclyn Smeaton
Yeah. It's hard to get motivated about something that doesn't feel real to you. You know, as a doctor, when we talk to patients, if it doesn't feel real or acute or bothers them, like if they had a skin rash, they would do anything because it's affecting their day to day life. But when you think about risk mitigation in the long term, it doesn't feel real.

00:05:42:05 - 00:06:01:08
Dr. Jaclyn Smeaton
And I think a lot of us probably have had situations like my grandmother fell and broke a hip when she was in her probably early 80s, but she never, which is passed on. But she's never really fully recovered from that. She had surgery and then went to a rehab hospital and then wasn't motivated to do physical therapy. And that became kind of like the beginning of the end.

00:06:01:08 - 00:06:22:02
Dr. Jaclyn Smeaton
And I think that's a very common story or experience, right, for women, at end of life. I mean, it's one of the biggest reasons why women end up in assisted living. And so how do you get that point across, like you said to a woman, right, 30, 40, 50, because this doesn't feel real unless they're experiencing it.

00:06:22:04 - 00:06:45:16
Dr. Margaret Beeson
Well, and and the whole hormonal I was been thinking a lot about this last couple of days is I've been looking more into the estrogenic impact, you know, is that, I was thinking about the history of, you know, estrogen being, you know, for men forever in the 50s, you know, with Roberts. And then suddenly, in 2001, it was like, no way is to come off.

00:06:45:16 - 00:07:13:04
Dr. Margaret Beeson
Nobody needs to take it at all. Now, this complete sort of fragmentation of who and how I'm too. I really appreciate, what DUTCH is doing in particularly, in terms of identifying the paper that I read. I think it was in 2000, 23. We're looking at estrogen levels and seeing, you know, what mode of, delivery results in estrogen.

00:07:13:04 - 00:07:40:23
Dr. Margaret Beeson
That was really important stuff. And looking at, well, what are the recommendations for treating people for osteoporosis, preventing osteoporosis. And what estrogen levels do we need to have. And really there's a lot of talk about what that would look like in the blood or what are the most optimal estrogen levels for preventing that. But there really are no recommendations at this point except for what people should take.

00:07:41:02 - 00:08:32:02
Dr. Margaret Beeson
Right. And what you should take is this. And women, a lot of women don't want to take some of the recommendations of estrogens or feel uncomfortable, or I don't feel good on a patch with the proper amount that theoretically is going to protect you now. So there's that. And, you know, for a naturopaths that went through that 2001 and we were using the combination bioidentical right there, is that sort of like, okay, now what you know, how can we justify or prove that the doses that we are doing are really going to address that estrogen remodeling that takes place at perimenopause, which is, you know, got specifically concerning when you think that decline in estrogen

00:08:32:02 - 00:08:57:03
Dr. Margaret Beeson
causes, the, changing in the, the absorb re absorption, reabsorption of bones, and you start to get a change in the quality of bone, you know, in and that period of time, of right before menopause itself, theoretically 3 to 5 years and then 3 to 5 years after is when you get the most aggressive loss of bone.

00:08:57:03 - 00:09:07:15
Dr. Margaret Beeson
So how important that is to identify who that might be a risk for and how to treat and, you know, manage that is is a challenge.

00:09:07:17 - 00:09:23:20
Dr. Jaclyn Smeaton
Yeah. It's so interesting. And I love that you're diving right into like estrogen in the hormone picture, because it's something that I think about a lot are especially around dosing and timing. And like when do we initiate hormone therapy. That's a big

question that's discussed right now. Of course, not every woman needs to do hormone therapy. Let's put that out there.

00:09:23:20 - 00:09:52:11
Dr. Jaclyn Smeaton
But you know, it's very interesting to look at the data around when to start. A woman on, estrogen and progesterone combination therapy and typically. Well, I and I went to school, I, I graduated in 2007. So 2003, 2007. So my training was low dose hormone, shortest possible duration. Get the woman off because of risks. And I also that was a time with all those like this fascinate drugs growing in the marketplace.

00:09:52:11 - 00:10:16:02
Dr. Jaclyn Smeaton
They were being heavily pushed and there were concerns with that as well. And so but when we talk about the dosing and when to initiate your you've nailed it. We know that most bone loss happens right after hormone change drops off. So even waiting 12 months from your last period, you might have missed this window where you could have really had a proactive strategy to preserve bone.

00:10:16:06 - 00:10:21:19
Dr. Jaclyn Smeaton
It's really an interesting to think about, and I'm glad that you're bringing it up, and I'm glad that providers are talking about that.

00:10:21:21 - 00:11:11:07
Dr. Margaret Beeson
Yeah, yeah, it is definitely a challenge. I think one of the, the concepts is if a person isn't having that experience of hormonal changes and I think we're becoming more aware, it's amazing to me how many women come in. And I just, you know, I feel it just odd, like, I mean, just having a little bit more anxiety, you know, and it's like menopause, perimenopause, you know, because it's just we're so sensitive to our hormones, you know, and yet the individual, impact of hormonal changes throughout one's life is so, you know, challenging to identify on individual basis what is going on, you know, with the PMO or, you know, what what all

00:11:11:07 - 00:11:31:18
Dr. Margaret Beeson
of the different aspects that occur, you know, for women, endometriosis, you know, really for women in medicine is allowing us to do so much great research. I mean, it's

just exponentially one of the, things that I've been getting is this Osteoporosis International. It's backward on the screen, probably.

00:11:31:20 - 00:11:33:23
Dr. Jaclyn Smeaton
But yeah, it's, you know, it's it's great.

00:11:33:23 - 00:12:10:14
Dr. Margaret Beeson
Yeah. And it's like, this is something I get monthly from the, Bone Health and Osteoporosis Foundation. And the research in here is just over the top. You can't even believe it. You know, there's research in here talking about, prebiotic probiotic and symbiotic supplementation of gut microbiome and how that affects bone density. I mean, is just amazing how much people are motivated to understand, you know, what's happening with hormones and how to prevent this bone for, you know, hip fractures and so fractures as people age.

00:12:10:16 - 00:12:32:00
Dr. Jaclyn Smeaton
So I want to just kind of step it back a little bit because I think if people are newer, I'm thinking about the listeners. If you're joining us, we're so glad you're here today. Maybe you are a patient who has a mother or a grandmother who had osteopenia or osteoporosis, or you're a clinician who is conventionally oriented. You've learned the model that you've learned, and you're wanting to get a different understanding.

00:12:32:00 - 00:12:53:19
Dr. Jaclyn Smeaton
That's why you're here today. Can you talk, Doctor Reason like I want to start with just talking about what we know about osteoporosis. And I know just to frame it up like this is a disease that affects about 200 million individuals worldwide, predominantly women, where you get reduced bone density and just a change in the microarchitecture and the deterioration of bone tissue over time.

00:12:53:21 - 00:13:13:05
Dr. Jaclyn Smeaton
And we know that there is a lot of different influence, as you've already started to talk about hormonal, this has really been underrepresented. It's exciting to hear about all this research. And I want you to share that a little bit. Can you talk a little bit about where we've come from with our understandings? I think the most basic as women

are like, oh, my bone health is declining, I need calcium.

00:13:13:09 - 00:13:25:12
Dr. Jaclyn Smeaton
We've come a long way from just that calcium story. What do we know now about some of the contributing factors around osteopenia and osteoporosis, particularly through the lens of naturopathic medicine?

00:13:25:14 - 00:13:51:22
Dr. Margaret Beeson
Well, I think, you know, in terms of the most predominant impact is, of course, estrogen. You know, in the in the remodeling of the bone and the impact on the bone of, of the decline in estrogen and how that, influences the osteo class and the osteoblasts. So you get, you know, osteo classic activity was reduced. It was it was increased reabsorption.

00:13:51:22 - 00:14:12:08
Dr. Margaret Beeson
Reabsorption. That's a confusing term for a lot of people, meaning that your body, starts to lose some of the bone matrix in calcium, and then you also have an impact on, osteoblasts, which means that, you know, build the bone up as well in the same way. So you start to get, a risk for more fragility.

00:14:12:08 - 00:15:00:21
Dr. Margaret Beeson
And again, the architecture of the bone begins to change. And that, that apparently that is very much associated with estrogen. And that's going to be individualized depending on really I believe genetics are the biggest factor from looking at bone density over the last, you know, 30 more years and seeing that and looking at all of the things that I have done as a nature path to help people preserve their bone density or address it, with the, the calcium and the exercise and, you know, good nutrition, all in all, and seeing that no matter what, I have recommended, there is a certain subset of individuals whose there is a genetic risk.

00:15:00:23 - 00:15:26:06
Dr. Margaret Beeson
And we are not I'm not seeing we will talk a little bit more about later, but to me that is the most important way that we can identify what are the issues for that set of women that are completely vulnerable? Is are what are the genes? Because early on I

was doing that osteo genomic panel where we were looking at, you know, calcitonin receptors and vitamin D receptors and parathyroid receptors.

00:15:26:06 - 00:15:44:01
Dr. Margaret Beeson
Right. And that just nothing panned out with that, you know. So really the challenge is trying to identify how do we early on identify who are the people that are most at risk. And for me I'm looking at family history.

00:15:44:03 - 00:15:52:09
Dr. Jaclyn Smeaton
Oh I was going to ask that is there a target or are you looking predominantly at like what's happened to your is it mostly along the maternal line?

00:15:52:11 - 00:16:18:23
Dr. Margaret Beeson
I mean, yes, but you have to look at both sides. But I am definitely and as soon as I mean, we ask that family history, we're very careful about that, you know, and looking at it. So when I have a person go coming in at perimenopause, that is one of the biggest questions I'm going to ask you, your mother, your sisters, your grandmother and I have people go back and query that, you know, ask their mother.

00:16:18:23 - 00:16:41:16
Dr. Margaret Beeson
A lot of people don't know. I don't really know. And if you know, if a person's 42 years old or 38 and they're starting to have signs of perimenopause, their mother might only be in her early 60s. So you're not going to see a fracture at that point, you know? So that has to be I do. They have a Dexa scan and they don't have a Dexa scan.

00:16:41:20 - 00:16:54:11
Dr. Margaret Beeson
Ask them to have a Dexa scan. Right. Because every woman should have a Dexa scan at 65 max. I mean, men shoot. That needs to happen at 45. Right?

00:16:54:12 - 00:17:13:17
Dr. Jaclyn Smeaton
Okay. Let's talk about this. Can you start with what is like our standard guidelines, practice guidelines. And then I, I do want to talk about what you would recommend or do differently because I think standard practice guidelines, it's population based

medicine. Right. It's like how do you get the most bang for your buck on the spend for the diagnostic?

00:17:13:17 - 00:17:33:06
Dr. Jaclyn Smeaton
And then the disease you prevent? It's a different calculation than like a patient who is sitting in front of you who's life is going to be affected by an illness. And I think that's a piece where we come in with functional medicine and naturopathic medicine, because oftentimes we work with patients who have resources to spend that they want to invest in their health to live a healthier trajectory than the population.

00:17:33:06 - 00:17:41:19
Dr. Jaclyn Smeaton
So I start with just the standard guidelines, and then I'd love to hear what you might do, or when you might consider doing something different.

00:17:41:21 - 00:18:08:19
Dr. Margaret Beeson
Well, the standard guidelines are if there are obvious risk factors. So family history or, you know, medications, even numerous pregnancies are breastfeeding. There can be an impact of that. There's some positive about it. But there is also that impact all of the other certain disease processes. Those would you could then have a diagnosis code hypothyroidism. Right.

00:18:08:19 - 00:18:33:03
Dr. Margaret Beeson
Not untreated. So you can have a diagnosis code then to order a Dexa scan early if you have one of those codes, if you don't have one of those in 65 years old. So, you know, you gotta make up a code of family history of osteoporosis, otherwise. 65 and I think there's a lot of emphasis right now on, well, I would say not not much.

00:18:33:05 - 00:19:13:19
Dr. Margaret Beeson
There's not enough emphasis on changing that to an earlier age, you know, for years and years and years. I said it should be minimum 55. But now really understanding the impact of that perimenopausal decline, you know, really baseline, you know, 45 is would be really great. And then you can see how aggressive you want to be, because one of the most important concepts that I have learned over the years is that once you lose a sufficient amount of bone density, the quality, it will be challenging to get

the quality back.

00:19:13:21 - 00:19:41:01
Dr. Margaret Beeson
Some of the newer medications are geared towards that, a higher quality, but those are not. Those are very short term medications. And so maintaining that quality is going to be very challenging off of those medications. What you're supposed to be a short term. So yeah quality of bone. So crucial. And we need to understand and evaluate that way sooner than we are.

00:19:41:03 - 00:20:02:18
Dr. Jaclyn Smeaton
I love that you look at the baseline. I think, it's really critical to look at it really in closer to an optimal time frame so that you can estimate change. I mean, we really what we care about is are you losing bone? Right. So if you are only looking at 55 or 65, even if you are, you know, you don't have a terrible teeth score.

00:20:02:21 - 00:20:30:12
Dr. Jaclyn Smeaton
You don't know how that's changed in ten, 15, 20 years or the acceleration of loss. I think it's one of the things that's exciting is that there are all these direct to consumer Dexa scan companies, like most major cities, have them. I did one in Boston last year, and it cost me $150 out of pocket, but they did a Dexa scan, which not only gives you the bone density, it gives you your body fat, your lean muscle mass weight, your visceral fat, which is a separate marker for disease.

00:20:30:12 - 00:20:49:21
Dr. Jaclyn Smeaton
And then they did a VO2 max measurement, which looks at your breathing over a period of time. And they can measure essentially your metabolic rate through the most accurate method. And all of that. It took about 30 to 45 minutes of my time. I paid out of pocket $150. I got this big report right on the spot, and I did that at 45.

00:20:49:21 - 00:21:11:07
Dr. Jaclyn Smeaton
So I'm so excited to have that baseline. But when I think about the cost of the equipment, like for a provider to offer that, it can't be that high for that cost to be so reasonable, in my opinion, to get that information. It just seems like we should be able to get that in the health care system, in a primary care setting, you know, but that

easy referral just to have it as a marker.

00:21:11:11 - 00:21:30:02
Dr. Margaret Beeson
I mean, I think that's great. I, you know, the city like Boston, they're probably going to be able to afford to do that because you have volume. Yeah. Yeah. I haven't even heard of that in Billings and most rural areas or most of America. That's not going to be necessarily accessible. You. But but the Dexa scans are available.

00:21:30:04 - 00:21:49:02
Dr. Margaret Beeson
I don't know here what the direct the direct to patient cost would be on that. Because they're we have to most of the time in a setting like this, you're going to have it in just the larger hospital settings, which is right. Or out of how, you know. So I'm a little bit harder to access for people.

00:21:49:06 - 00:22:17:11
Dr. Jaclyn Smeaton
Well, I think that's a challenge is how can we democratize access and make it so that it is easier? My point is that if if a clinician can open a clinic to be doing these in a direct to consumer model and have the price be that much, a system with far more resources, probably lower cost for equipment, should be able to offer it at a low enough cost in every region, really through the hospital network, because it would be nice to see that change, you know.

00:22:17:12 - 00:22:41:11
Dr. Margaret Beeson
Well, that's another question as well that I have been thinking about in regards to this is really that and we don't need to go into extensively, but the fact that, you know, corporate medicine is what's really changing things so radically. It's changing everything everywhere here in town, you know, the takeover of the hospitals by the, you know, larger, corporations.

00:22:41:11 - 00:23:03:05
Dr. Margaret Beeson
It's completely different, you know, and it's very challenging for people to have a relationship with the health care provider that's going to look at their bone density and help them make decisions about what to do, because we don't have that continuity. And I'm constantly advocating, you know, talk to your health care provider,

ask them to order this Dexa scan, find out.

00:23:03:05 - 00:23:20:22
Dr. Margaret Beeson
But it's just, an environment where people are having difficulty accessing what they need in terms of health care, more than I have ever experienced in the amount of time I've been in business. And it's really exponentially challenging right now.

00:23:21:00 - 00:23:44:02
Dr. Jaclyn Smeaton
Yeah, that's that's not what we need, that's for sure. Now I want to talk about the the cost, like the broader systemic cost to our health care system and to patients if we catch bone loss too late. You've already said this and I'm going to just rephrase it. You can tell me if you disagree, but it's a lot easier to maintain your bone than it is to try to get it back once it's gone.

00:23:44:04 - 00:24:01:14
Dr. Jaclyn Smeaton
And you mentioned that's the quality. Like once you lose the quality, the medications are just not rebuilding bone the same as when you had it before. And I think there is this we know there's kind of different layers of bone. I always told my patients, you know, you have this spongy bone in the middle cortical bone on the outside.

00:24:01:18 - 00:24:17:12
Dr. Jaclyn Smeaton
I always thought about cortical bone, where all the fibers are kind of running in the same direction. It's a little bit more like a plate of glass. So a lot of medications lay more glass on the outside, which does increase bone density, but it's not as strong as the spongy bone, which I think of as more of like steel scaffolding.

00:24:17:12 - 00:24:27:18
Dr. Jaclyn Smeaton
It runs in every direction it can. It can withstand forces from many different directions. So when you talk about quality, is that what you're talking about, like that, the type of bone or that kind of architecture.

00:24:27:18 - 00:24:58:19
Dr. Margaret Beeson
Of the bone? Absolutely. Yes. The quality of that, deeper bone. But but I think what's

interesting is be aware that when you're looking at, a person with osteoporosis or declining bone mass, and I don't like to use the word osteopenia, because when people hear that osteopenia, it's like, oh, I've got this. As opposed to recognizing that depending on your age, it's important to look at those those scores, the T scores or the Z scores.

00:24:58:19 - 00:25:37:22
Dr. Margaret Beeson
If you're before 55 and look at that based on where you are. So if you're in a range, that's where we're very far down into the negative. But still in an osteopenia range. And you are, you know, 55 that's more of an issue than if you're 75. Right. So it's very important to look at that individually. But the other thing is, you know, when you look at Dexa scans, you're going to have some people that are going to have the hip with a lesser bone density, but the spine where other people have, and that is more of the genetic component, the spine.

00:25:38:03 - 00:26:19:02
Dr. Margaret Beeson
And again, to me that is more of an issue or a a more serious issue in some ways than the hip, even though you're right about that late, you know, in the 80s or late 70s, early 80s, a fracture and then it's hard for people to recuperate from the incision from the debility of that. But the spine, when you see a person that it has a, compression fracture of the vertebrae, that is you they have to have the, you know, the chi fold, plasti and then the pain that comes from that and the changes that come to lifestyle from that other patient the other day who came in.

00:26:19:04 - 00:26:43:14
Dr. Margaret Beeson
These are patients I've had, you know, 25, 30 years who I often have begged to get a Dexa scan or to do something. Now, this woman is wearing a brace in order for her to stand up, right, and restore the capability of her vertebrae to function, just to wear a brace so that that that trabecular bone very, very vulnerable to the changes of estrogen.

00:26:43:14 - 00:26:54:11
Dr. Margaret Beeson
Apparently, maybe even more vulnerable to changes in estrogen early on than the, than the, hip.

00:26:54:13 - 00:27:23:03
DUTCH Podcast
We'll be right back with more. The introduction to menopausal HRT course, created by the DUTCH Test, is designed to empower registered DUTCH providers with the essential knowledge and skills needed to effectively support women navigating menopause. This course, presented by Doctor Jaclyn Smeaton and Doctor Carrie Jones, addresses lingering misconceptions around MHRA and enhances provider confidence and competence in managing menopausal hormone changes.

00:27:23:09 - 00:27:43:09
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00:27:43:11 - 00:28:01:22
Dr. Jaclyn Smeaton
So the genetics, when you talk about the genetics around osteoporosis, are the genetic risk factors tied more to genes around bone like osteoblasts and osteoblasts production, or around ovarian health and preservation of cycles? I mean, this everything.

00:28:02:00 - 00:28:24:07
Dr. Margaret Beeson
This is what's interesting about it, Jaclyn, is that, I don't we have not looked into it. I have been just looking everywhere, you know, I was, you know, I wanted to go to this bone conference in summers. I want, like, who's talking about this? Everything I read, everything I look into is like. It is so clear to me again.

00:28:24:07 - 00:28:55:23
Dr. Margaret Beeson
I told you early on I was looking at these genetic for age and for nothing showed up there, you know, for snips for those. But it's like, why are we not identifying? And maybe somewhere that research is being done, you know, to take a look at what, what are the factors that contribute towards those that subset of people, as we know, on smaller bone type, you know, that early on our start to be super vulnerable to that bone loss.

00:28:55:23 - 00:29:41:14
Dr. Margaret Beeson
And then if you don't address it early on, you have that very, significant low. I mean, I'm seeing scores of minus four one, you know, scores of, you know, minus three seven. And so going back to that question, there's the genetic. But the question of quality of bone. Right. So right now if you look at the treatment for osteoporosis right, we now have the chromosome AB a monoclonal antibody, that is considered to be the most effective for spine in particular, that can only be used, for one year or that is only at this point recommended to be to be used for one year.

00:29:41:14 - 00:30:08:07
Dr. Margaret Beeson
Right. The the claim to fame of that is that you get a reduction in reabsorption, but you also get the you get an increase in the blood osteoblasts activity. Right? So you're getting a quality of bone that when you lose your bone density, all those other medications have not been able to bring back your proper bone density or a healthy bone.

00:30:08:07 - 00:30:35:12
Dr. Margaret Beeson
Right. But but what's happening even with the Ramos lab is that, the, the, generic name is event or, brand name is a vanity. And it's fairly new and there are some concerns about it that I have been looking at and have, you know, in terms of cardiovascular risk. But even when you finish that year of that, which is an injection monthly for a year, you need to be on something else.

00:30:35:13 - 00:30:56:23
Dr. Margaret Beeson
Same thing with the Prolia. You know, you do that 18 months or two years of that. You need to be on something else, and then you need to keep monitoring a person's bone density because we don't know how what are what are all the things that we can do to build that bone density? Keeps the quality into the 80s and 90s.

00:30:56:23 - 00:31:10:13
Dr. Margaret Beeson
You know, sometimes I'll ask a person, you know, they're like, well, you know, it's like, I'm not all that concerned about my bone density. And they're like 60. And I'm like, how long do you want to live? Right?

00:31:10:17 - 00:31:16:21
Dr. Jaclyn Smeaton
If that's five years left of your life, you know, you're only two there. That is through. You got to really be thinking about it.

00:31:16:23 - 00:31:30:21
Dr. Margaret Beeson
Exactly. And some women are surprised, but they go, yeah, I want to live in a 5 or 90. I'm like, well, do you want to maintain your bone density till then? We want to think about it at least now, if not sooner.

00:31:30:23 - 00:31:53:08
Dr. Jaclyn Smeaton
You got a long way to go. Well, I want to circle back to hormonal health and just a case for kind of earlier evaluation around this, because you've mentioned the estrogen decline during perimenopause is a key driver of bone density loss. And you talked about evaluating that women under 55 might be valuable. And it's oftentimes overlooked as a part of the clinical picture.

00:31:53:12 - 00:32:14:20
Dr. Jaclyn Smeaton
We're not looking until much, much later or we're not initiating hormone therapy even until women are 50, 51, 52 or, you know, 12 months after cessation of the menstrual cycle. But it seems like when you think about the application of menopausal hormone therapy for women, we might be missing the window if we're waiting 12 months after the last period.

00:32:14:20 - 00:32:35:12
Dr. Jaclyn Smeaton
And and then you're missing the opportunity for these bone health conversations before a significant loss has happened. So it seems like that bone density loss is starting sooner than menopause. Official menopause 12 months after the period. Can you talk about what's happening hormonally during perimenopause, that whole transition that is affecting bone?

00:32:35:16 - 00:33:00:01
Dr. Margaret Beeson
Well, as you know, you got, major changes in, obviously Asian, in as you start to get estrogen decline, you know, theoretically, way before even people are even aware of

it, around 43, you know, start to get that for most women. And then some women may not many women may not even notice that they're having symptoms until a number of years later.

00:33:00:01 - 00:33:36:08
Dr. Margaret Beeson
Some women don't even have hot flashes at all, as you're aware of. So the variations in symptoms associated with, you know, perimenopause and menopause are so vast, just like women's menstrual cycles are oftentimes outside your person's like your menstrual cycle, very different from one person to the next. That's the decline in menopause. So so I think it does make a case for all of us for taking a look at estrogen levels much earlier, you know, because and progesterone as well, even though the impact of progesterone on bone is much less there is an impact there.

00:33:36:14 - 00:34:06:15
Dr. Margaret Beeson
And that hasn't been as well studied. So we maybe don't know as much about it. Although, you know, does have an impact on the osteo, clastic activity. So it can prevent summary absorption. And while I was saying that I had written what it actually does. Right. Yeah, it does promote osteoblasts mediate bone formation, via the progesterone receptors, but apparently it's modest compared to estrogen.

00:34:06:15 - 00:34:52:19
Dr. Margaret Beeson
So there again, there hasn't been enough research to really know what the impact of that is. But as women's ovulate less or as their progesterone levels decline, that has also an impact, you know, so testing early on I think does make sense. And I think quite a bit more research needs to be done to identify what are the levels of, estrogen that create, a negative impact, because I don't think there's clarity when all the research I've been doing, there are serum levels that are saying at a certain level below, if you're if you're like, I think it's like serum level of like.

00:34:52:19 - 00:34:53:13
Dr. Jaclyn Smeaton
60.

00:34:53:13 - 00:34:56:06
Dr. Margaret Beeson
To 89.5, no low to say.

00:34:56:08 - 00:34:57:07
Dr. Jaclyn Smeaton
Oh, lower for a.

00:34:57:09 - 00:35:22:10
Dr. Margaret Beeson
5 to 9 or anything lower than that. Can, you know, have it impact optimal as like serum levels of 22 or above or more optimal to prevent bone density loss as people age, you know. But so but I like the paper that you all looked at, which is again, form of estrogen, because that's another thing that we really need to look at.

00:35:22:12 - 00:35:43:01
Dr. Margaret Beeson
Again, not everybody wants to do a patch, and that's where the most the recommendations are or oral. And there's risk factors that come to that. So the forms that we may be more I, I have been using Cherokee for years and years and years and and looking at what is the connection between sublingual as opposed to the patch.

00:35:43:01 - 00:36:08:16
Dr. Margaret Beeson
And apparently there's some, some very specific understandings of what that might look like. But being able to say, okay, what is the form of estrogen a woman's taking, how much estrogen are they taking in? What are their personal risk factors because of family history or other personal risk factors? And so how aggressive do we want to help them understand that they need to be?

00:36:08:16 - 00:36:31:00
Dr. Margaret Beeson
Again, there's so much out there about because there's some of that taking estrogen, you know, about so many different aspects. And so how do we help people really educate them and, and help do the testing and figure out which testing is appropriate and which hormones is good for that individual? That's that's a big challenge that we're just beginning to learn more about.

00:36:31:01 - 00:36:52:07
Dr. Jaclyn Smeaton
I totally, and this is an area where I think there's a lot of controversy, if we're being honest about the dialog around all of this. The target ranges for bone, some providers

say you don't really need it at all. If you're using a dose that's been approved by the FDA, that's enough to preserve bone. But a lot of providers are not talking about preserving only preserving bone.

00:36:52:12 - 00:37:14:02
Dr. Jaclyn Smeaton
They want to get women on estrogen doses that would actually help to rebuild bone, which you talked about earlier, that estrogen can affect the remodeling. This is an area I've been like diving into a lot. So I'm not even sure that I've sent you all the studies that I've seen on this. But, it's interesting because you talked about our research, and we do try to show what we see in urine, and we can we have correlation studies of what that looks like in serum.

00:37:14:02 - 00:37:33:01
Dr. Jaclyn Smeaton
But really I think a sensible target range in serum is about 60 to 160 picograms per mil. So like I would say, 60 is like the the target that we generally the lowest target we agreed to when it comes to bone building. And again, this is controversial. People will push back and say no, you only need 6 or 10 or whatever.

00:37:33:04 - 00:37:37:10
Dr. Jaclyn Smeaton
And I think that's the difference between maintaining bone and building bone.

00:37:37:12 - 00:37:37:17
Dr. Margaret Beeson
For.

00:37:37:17 - 00:37:59:23
Dr. Jaclyn Smeaton
Sure. But what was really interesting is that I really got thinking about this because we don't the conventionally, the standard guidelines don't recommend testing serum levels of DL when women are on therapy, but there was a paper in menopause last year by Doctor Sarah. Glenn and I had the chance to have dinner with her. Actually recently, and I was in London because I reached out to her and just really thought her research was so interesting.

00:38:00:05 - 00:38:27:00
Dr. Jaclyn Smeaton

She looked at, a pretty large cohort of women in the hundreds and found, I think it's about 1500 women that were on NHS approved dosages of hormone therapy, predominantly patch, but also gel, and found that over 25% of the women who were taking even the highest dose available had A levels that were below the target range. And that's amazing.

00:38:27:00 - 00:38:50:17
Dr. Jaclyn Smeaton
And that's an issue of absorption. So you talk about that like I think when we look at should we test or should we not as if women are high risk for osteoporosis. They have the family history. From my point of view, we should be testing to make sure they're in that range because you just never know. And there was this other tiny little paper back in 2001 that looked at only a smaller group of women.

00:38:50:17 - 00:39:10:22
Dr. Jaclyn Smeaton
It was about 25 women that put them on a patch and then looked at the pharmacokinetics and then put them on a gel and went to the pharmacokinetics. And it was similar as about 25% of women who had abnormal pharmacokinetics. Usually it was poor absorption, but they might do fine on a patch but not absorb a gel. And another woman did find the gel but didn't absorb a patch.

00:39:10:22 - 00:39:25:11
Dr. Jaclyn Smeaton
It was so unpredictable. And that's why I was so excited about Doctor Glenn's work, because it was finally a larger paper where I seen this tiny little paper saying, we should really be worrying about this. Do you test women when you're getting them on hormone therapy if there's an osteoporosis risk?

00:39:25:13 - 00:39:27:14
Dr. Margaret Beeson
No, I haven't really done that. Yeah, yeah.

00:39:27:14 - 00:39:29:04
Dr. Jaclyn Smeaton
I don't think it's common practice.

00:39:29:06 - 00:39:43:16
Dr. Margaret Beeson

Yeah. No, no. But I'm excited about you know I'm more excited about looking at it. But I think the issue is that you're right about the absorption. You know, when you're talking about a gel, you're talking about oral. Right.

00:39:43:18 - 00:39:46:18
Dr. Jaclyn Smeaton
Because I know a topical like an estrogen topical.

00:39:46:18 - 00:39:51:06
Dr. Margaret Beeson
Oh yeah. But then the topical I mean I haven't used those for years and years. Okay.

00:39:51:06 - 00:39:53:01
Dr. Jaclyn Smeaton
You're using patches mostly.

00:39:53:03 - 00:39:55:15
Dr. Margaret Beeson
No, I do this, I do the Cherokee.

00:39:55:17 - 00:39:56:18
Dr. Jaclyn Smeaton
Oh. Jackie's okay.

00:39:56:18 - 00:40:35:19
Dr. Margaret Beeson
Yeah. And, I mean, I think your paper did support the fact that absorption from a gel was really. And again, there was your paper talking about the pharmaceutical change depending on where the pharmacy, where it was, the binders you know, how it was produced is going to have an impact on it. But I, I just have found in the past when I used, topical, I just didn't have the topical gels or whatever the creams, I just did not see consistency and absorption for so many reasons that I have gone to the Cherokee for years and years.

00:40:35:21 - 00:40:57:12
Dr. Margaret Beeson
And I find that that actually was, you know, but still, again, there's the question, and that is the question about testing. And I think one of the challenges there's two things. One is if you're trying to drive a woman to a higher dose of estrogen, and you know

how sensitive women are to hormones, they may not necessarily want to be on that higher dose, right, because it doesn't feel that good.

00:40:57:12 - 00:41:24:18
Dr. Margaret Beeson
So some women are very sensitive and they have headaches or whatever, you know. So so so that's a challenge is trying to push a particular dose. But the information's important. The other thing is how often are you going to test. So I think that's one of the things I can challenge with, you know, is oh well we'll DUTCH want to do a one estradiol urine that we could do on a person once a month.

00:41:24:20 - 00:41:47:01
Dr. Margaret Beeson
As we prescribe for them. Right. Because if you're trying to increase a dose based on an optimal, you know, level of hormone, and we want to we I want to identify what that is. Then how do we really clarify that a person is on that dose. And for how how often do we need to check that to make sure that dose stays the same?

00:41:47:01 - 00:42:08:08
Dr. Margaret Beeson
Because as you know, I mean, I have and show the person this chart looking at all the different ways that your hormones can be metabolized right. And so are you going to go more through the estrogen. Are you going to go more towards down towards the Austria's. Are you going to how is it you know, and how does your progesterone figure in that whole picture.

00:42:08:08 - 00:42:28:05
Dr. Margaret Beeson
Right. Does it go more towards cortisol. Does it go more towards the androstenedione. You know, those are all factors that make it very challenging to identify. Like what is that bottom line level of estrogen in a given individual that is going to have the actual impact on their their osteoblasts and osteoclasts?

00:42:28:07 - 00:42:46:20
Dr. Jaclyn Smeaton
Yeah, it's a it's a tough question to answer. And I think that's a reason why. Another reason why it's not done right. One I think fundamentally hormone menopausal hormone therapy. Most of our guidelines are based around hot flash management. And you don't need to test. You can ask a woman, do you still have hot flashes? Yes.

Increase the dose or no okay.

00:42:46:20 - 00:43:04:15
Dr. Jaclyn Smeaton
You're on a good dose you don't need, do you? No need to know what level they're at. You just need to know that it's working. I think that now that we're layering on other non patient reportable benefits that we're trying to achieve with hormone therapy, we should reopen the conversation as more data comes out, as we start to say is there a target.

00:43:04:19 - 00:43:22:12
Dr. Jaclyn Smeaton
And then if you say yes we should. Then you get to that question that you just asked, well, how should we test how often to retest? And I think just generally the conclusion I've come to, just briefly for people that are listening is that if a patient is on a patch, you're going to reach a pretty steady state in their blood over the course of four days or a week or whatever.

00:43:22:12 - 00:43:45:07
Dr. Jaclyn Smeaton
The length of the patch is that you can test midway on the patch and serum and get a pretty good idea if they're on a transdermal gel, which is FDA approved, or a cream, which is a compounded product by a compounding pharmacy, the absorption goes up and down so rapidly that measuring in serum is not helpful because it's so timing dependent and it's so individualized.

00:43:45:13 - 00:44:05:09
Dr. Jaclyn Smeaton
That's where I think touch testing is helpful because it's four points in one day and you're looking at urine metabolites. So you're looking at as it leaves the body. That's the other thing. You're catching the area under the curve rather than just a single snapshot time point. So you know I think there's a lot of options. But we're just from a conventional everybody does it perspective.

00:44:05:09 - 00:44:18:03
Dr. Jaclyn Smeaton
We're not quite there yet. But I think in in a lot of the practices that of course we work with the DUTCH, they're adding that and generally testing once a patient patient's on a dose and then they check it like once a year or once every six months after that.

00:44:18:09 - 00:44:34:15
Dr. Margaret Beeson
Okay. So but to get them to that dose, do you think it would be necessary to check like once a month for three months or once every other month or something along those lines to make sure that we are getting a steady state to begin with?

00:44:34:17 - 00:44:49:16
Dr. Jaclyn Smeaton
Yeah, I think once you are, if you're adjusting the doses, then you'd want to measure after an adjustment to say, is this an adequate amount? Hopefully you don't have too many adjustments, so you're not doing it too many times. But we do have a sex hormone only panel, which is a smaller panel. You don't have to run the whole test.

00:44:49:22 - 00:44:54:15
Dr. Jaclyn Smeaton
And we usually recommend that for people who are doing that dose adjustment because it's less cost to the patient.

00:44:54:15 - 00:44:55:03
Dr. Margaret Beeson
Right.

00:44:55:05 - 00:45:19:01
Dr. Jaclyn Smeaton
When we look at osteoporosis, like I know the data shows, it's like very underdiagnosed. It's very undertreated for women. Despite these time screening tools, despite therapies available. And I was really surprised there was a really nice review in 2023, in Current Medical Research and Opinion, which talked about the fact that this is something that could be very well managed by primary care providers.

00:45:19:06 - 00:45:47:07
Dr. Jaclyn Smeaton
They are really well positioned to fill the treatment gap, but we need a more proactive approach. We need to be more systematically screening women. We need to do more individualized management. So I know you work in a natural setting, but you do a lot of primary care medicine in your practice. You have for decades. And I know you also work with a lot of patients who are working with conventional providers in your clinical experience, where do you see that women fall through the cracks here, or

where does this get missed or deprioritized?

00:45:47:07 - 00:45:51:09
Dr. Jaclyn Smeaton
Is it just that we're so busy with everything in a conventional workup in this age range?

00:45:51:10 - 00:46:12:09
Dr. Margaret Beeson
Yeah, I think that's a lot of it. I think that, you know, people don't necessarily, I guess, relationship with their doctor, you know, that kind of family doctor relationship. I do have once a year, a lot of my patients come for their annual. And that is very useful at that point. People save everything up. Yeah. I'm kind of in a rural practice.

00:46:12:10 - 00:46:33:10
Dr. Margaret Beeson
They come from a distance and, you know, so I, I look at all the things. And when was your last colon screening, when was your last blood test, you know, when when did you have, have you had your Dexa. You know, what, your family really reviewing all that. But I think that the family doctor that people used to have that is not so much there anymore.

00:46:33:10 - 00:46:51:15
Dr. Margaret Beeson
So people don't have those relationships. It's like they go in to same day care for an illness or go in and see their primary, especially if they're in Medicare, you know, once a year and maybe a 15 minute visit. I mean, I'm hearing from patients all the time. They don't even get physical exams anymore. You know, people don't get them.

00:46:51:15 - 00:47:26:17
Dr. Margaret Beeson
And, I do, they're they love to come for our physical exam because I'm, you know, heart and lungs and, you know, neuralgia, everything. You know, you can do that. 50 minutes a very good clear physical exam feeling thyroid being lymph nodes, you know, all of that. And people aren't getting that anymore. So that whole picture that a primary care doctor that we do I do as a primary care and that needs to happen in the conventional realm is not as the relationships are not there to support that.

00:47:26:19 - 00:47:44:18

Dr. Margaret Beeson
What what's going on with you at a particular aging time? And what are the preventative, measures that we want to take a look at to make sure that you have a quality of health as you age, and which bone density is more crucial than people are recognizing.

00:47:44:18 - 00:48:02:00
Dr. Jaclyn Smeaton
So it's funny that you talk about not even going for a screening exams. I think that's totally true. And even as a patient, like I go to a community clinic, they like serve the VA, they serve like the community because I these doctors see everything. They're just really good. And I've had the same PCP for years. He's wonderful.

00:48:02:04 - 00:48:26:14
Dr. Jaclyn Smeaton
But it is every year that I come in for my annual physical, he looks a little surprised to see me. You know, it's just like you're a healthy person. You don't have any complaints. You know, you go in and I think it is unusual that people are going now if there's not a concern and you see more people back out of the health care system and then just do touch points, an urgent care or an emergency room on an as needed basis.

00:48:26:15 - 00:48:34:17
Dr. Jaclyn Smeaton
It's a very interesting dynamic that you're talking about, that you don't have that relationship. For someone really tracking or asking you the questions to be proactive.

00:48:34:17 - 00:48:54:12
Dr. Margaret Beeson
Yeah, and they don't. People don't know a really they don't know. They don't recognize when they people up and down, they're surprised when they come in. And I do that, you know. What about this? What about that. Let's do your physical is right. All right. That's what this is about. Wow. Oh nobody does that anymore. So I really forgot about it, you know?

00:48:54:12 - 00:49:23:09
Dr. Margaret Beeson
So it. Yeah, it's really important tracking. And I love that part in my, practice, you know, that I am going to be with my patients once a year and I am going to sit down with

them and ask them about all those different aspects and encourage them to take care of the things that maybe they didn't do the year before or the year before that, or if they missed the visit because it was Covid or whatever, you know, then suddenly it's like, no, we did talk about your Dexa scan and that wasn't done.

00:49:23:09 - 00:49:47:11
Dr. Margaret Beeson
And it's really important to have it done, you know? So yeah, really important maintenance for people to be able to look at all these aspects of their health so that there are health that they feel like someone cares enough about them to make sure that as we age that that we're helping to, you know, preserve the quality of their health in their lives.

00:49:47:13 - 00:50:06:18
Dr. Jaclyn Smeaton
I think, I mean, I think that's a big reason why people are going to more wellness oriented providers really looking for that guidance around not just how to treat disease that you I, I'm sure you feel that too. You go in I mean, I go into my primary care into the clinic and I'm relatively healthy. I'm not the clinic's top concern.

00:50:06:18 - 00:50:22:13
Dr. Jaclyn Smeaton
I'm like the easy patient that just come in and get me and get me out. You know, and I think it's that's a problem. It's a challenge because it's, you know, do you really pay close enough attention? Do you? And I really do believe that those screenings matter, but they have to matter to the patient. You have to ask the questions.

00:50:22:13 - 00:50:35:22
Dr. Jaclyn Smeaton
You have to ask for the care. And nowadays versus expecting your doctor to be the one to own that process and manage it, which I think is really challenging, is challenging for me. And I'm a I'm medically trained.

00:50:36:00 - 00:50:38:11
Dr. Margaret Beeson
Yeah, yeah for sure I agree.

00:50:38:11 - 00:50:52:19
Dr. Jaclyn Smeaton

So thinking about osteoporosis and just kind of bringing it back there, like how do you see the clinical conversation around bone health changing in the next ten years and what's going to help drive that shift, and how can we help drive that shift?

00:50:52:22 - 00:51:25:09
Dr. Margaret Beeson
Well, I think, definitely recognizing that hormones are to looking at them sooner than later, looking at family history and encouraging patients. And that's part of the point of the podcast, is for people to be, educated about, informed about what sort of risk factors that maybe they aren't hearing about, so that they can, ask about, the, diet early diagnosis or so there's that.

00:51:25:09 - 00:51:54:09
Dr. Margaret Beeson
I think, you know, more women in medicine is is really crucial because all of this amazing research is happening. I mean, but the brain health book that I just got, you know, where she's actually a neuroscientist looking at, you know, MRI of the brain before, during and after menopause. You know, this this type of work being done by women because there's more motivation and that's changing medicine radically in the last 20 years that I've seen, you know, more and more women doing the research.

00:51:54:13 - 00:52:19:18
Dr. Margaret Beeson
Also, as I mentioned before, I think, you know, that we have a lot more interest when you when you talk about drugs, you know, for both cancer or any kind of treatment is looking at, you know, different types of receptor function activities. So looking at the genetic component, really trying to understand what is that that puts a person at risk.

00:52:19:18 - 00:53:01:17
Dr. Margaret Beeson
So we can start to address that. Munch munch you know earlier if possible with maybe more selective medications. I don't know exactly why, but we do need to understand that because again, as I mentioned, it is to me, probably one of the most significant factors in bone loss is looking at family history and seeing that pattern and having those people that have that family history addressing it early on, because I just cannot stress enough, the earlier you address it with the proper treatments, you will end up with more quality bone less fragile, bone less issues as a person ages.

00:53:01:17 - 00:53:12:10

Dr. Margaret Beeson
And the longer one waits, the harder it's going to be to restore the kind of bone that is going to prevent a person from having, fractures, both for Thibeault and here.

00:53:12:14 - 00:53:40:14
Dr. Jaclyn Smeaton
That's great. And I think my last question for you today, which this is really flown by. So thank you. It's been so interesting. My last question is around like something that you might say to providers who are maybe not thinking about bone health as much, particularly when they are working with perimenopausal and postmenopausal women. What's the most important shift that these providers need to make, or need to be thinking about, and how they're approaching bone health for their female patients?

00:53:40:16 - 00:53:44:07
Dr. Margaret Beeson
Well, that's a very, difficult question in a sense.

00:53:44:07 - 00:53:48:03
Dr. Jaclyn Smeaton
You must tell your residents all the time.

00:53:48:05 - 00:54:39:01
Dr. Margaret Beeson
Well, I mean, I'm telling them all the time. Yes. About, you know, early diagnosis and, you know, looking at, and I think, I think the concept, what you talked about with the doctor you visited in London, in the work you've done before, before is really understanding that early, menopause or perimenopausal shift in terms of estrogen and evaluating that early on and understanding the effect of that, on bone density so that we know down the road have to treat it aggressively with a medication if we've actually use something more physiologic, which is estrogen, to prevent the loss that's happening, you know, the quality bone loss.

00:54:39:05 - 00:54:49:15
Dr. Jaclyn Smeaton
Wonderful. That's great advice. Well, Doctor Beeson, thank you so much for joining me today. If people want to hear more from you or learn more from you, where's the best place for them to connect?

00:54:49:18 - 00:55:14:18
Dr. Margaret Beeson
Well, we do have a website. It's YMC, naturally.com, so you can always send us questions there. We have on our website we have newsletters. And so all kinds of articles written recently, article about, why did I write health in a bottle was my most recent one. Right. And there's article there about, you know, metabolic, impact on fatty liver.

00:55:14:18 - 00:55:24:20
Dr. Margaret Beeson
So and my residents write articles. So we're always writing we write in our local newspapers too. So there's all all those articles on our website.

00:55:24:22 - 00:55:43:01
Dr. Jaclyn Smeaton
Wonderful. So thank you so much. And listeners, we're really glad you're here. Thank you so much for joining us for this really important conversation today about a silent disease that we need to be more proactively managing. Hopefully you got out as much as I did of our conversation. If you like conversations like this, we do release a new podcast every Tuesday.

00:55:43:01 - 00:56:00:13
Dr. Jaclyn Smeaton
So I encourage you to join me every single week as I talk to guests. Just as expert as Doctor Beeson about the things that really matter most in the world of hormones and health. And you can subscribe to our podcast anywhere you're streaming, and make sure you also follow us at Drudge Test on all the socials. We'll see you next week.

00:56:00:15 - 00:56:13:15
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