Episode 169 Transcript

00:00:00:00 - 00:00:05:01
Dr. Tara Scott
Oh my gosh, how many women have I been dismissive of unknowingly? Because I don't know what I don't know.

00:00:05:03 - 00:00:30:13
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 healthcare professional or simply looking to optimize your own well-being, we've got you covered.

00:00:30:15 - 00:00:45:16
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. Hi and welcome to this week's episode of the DUTCH Podcast.

00:00:45:18 - 00:00:53:16
Dr. Jaclyn Smeaton
I have two of my favorite guests with me today to really dive in and talk about a lot of the nuances that I know you guys wonder about.

00:00:53:19 - 00:01:20:00
Dr. Jaclyn Smeaton
We talk about hormone myths and misconceptions. We talk about everything about why we are just under testing when it comes to hormones and everything from what's the cause of that? To what should we be doing right? We most of the podcast, we talked a lot about how serum testing and DUTCH testing are different and when serum can be helpful and what you should be doing and what a comprehensive workup looks like, and then what DUTCH testing adds.

00:01:20:00 - 00:01:40:10
Dr. Jaclyn Smeaton

And if you don't do that, what you might be missing in the workup. Now there was another super interesting part that I just want to give you a little hint of something. You're gonna love it, which is the application of AI when it comes to interpretation of labs. So you're going to get our perspective on that. And you might be surprised about what we say when it comes to how well AI is interpreting the DUTCH tests.

00:01:40:10 - 00:01:59:18
Dr. Jaclyn Smeaton
So make sure you listen for that piece there. I want to introduce our guest today. We have Mark Newman, founder of the DUTCH Test, and then our special guest today, Doctor Tara Scott. I want to tell you a little about Doctor Scott because she has such a unique background. So, Doctor Tara Scott's own hormone journey started long before she became known as the Hormone Guru.

00:01:59:22 - 00:02:25:13
Dr. Jaclyn Smeaton
She'd experienced endometriosis, infertility, and irregular cycles herself, but then was really impacted because she lost her brother at a really young age. Despite him having normal conventional lab findings, this really pushed her to pursue a model of care that focused on prevention, really deep investigation, and of course, focused on long term vitality. That journey led her to find revitalize medical Group and later the Hormone Guru Academy.

00:02:25:19 - 00:02:56:07
Dr. Jaclyn Smeaton
And now she's blended more than two decades of clinical experience, and her triple board certification in ob gyn, functional medicine and integrative medicine into the root cause whole person approach that she uses today. Doctor Tara serves patients through Forum Health Akron. She teaches medical professionals. She's one of my favorite people to learn from. And she speaks internationally on evidence based hormone therapy and integrative care, all grounded in the belief that no woman should be told to simply suffer through symptoms when we could find that underlying cause.

00:02:56:09 - 00:03:01:08
Dr. Jaclyn Smeaton
Let's go ahead and get started on our episode. Well, Doctor Scott, Mark, thank you guys

00:03:01:08 - 00:03:05:21
Dr. Jaclyn Smeaton
so much for joining me today. It's always great to be together here on the podcast. Yeah.

00:03:05:21 - 00:03:06:18
Dr. Tara Scott
Thanks for having me.

00:03:06:18 - 00:03:07:21
Mark Newman
Yeah. Good to see you both.

00:03:07:23 - 00:03:32:16
Dr. Jaclyn Smeaton
So today we're going to talk about like all kinds of things, hormones and really starting where I want to start is with just how much misinformation is out there when it comes to hormone therapy. And we all know, like perimenopause and menopause are having their big moment. So it seems like everybody's an expert now. I don't know if you noticed that as well, but anyone who's gone through perimenopause or menopause, or know someone who has is out there telling everybody how to do it right.

00:03:32:18 - 00:03:42:10
Dr. Jaclyn Smeaton
I would love to know, Doctor Scott. Like, what's the most common thing that patients come in to see you that they've tried on their own, like based on something that they saw online before they come to get to you?

00:03:42:12 - 00:04:04:17
Dr. Tara Scott
Well, there's there's several things, right? Because there's a lot of supplements that people can try on their own for their symptoms. And for a younger patient who still has ovarian, hormone production, it might help. But for someone who's, you know, 58 and 3 or 4 years outside of their period, probably not going to do much. So supplements is a big thing that people try.

00:04:04:19 - 00:04:29:03
Dr. Tara Scott

You know, we were just talking about this before this call. Now seems like patients can get testing specifically like function labs. And so everyone's getting their hormone tests and and putting them in ChatGPT and interpreting them no matter when they're drawn, if they're drawn at the right time and cycle the wrong time of the cycle. And so other patients are going to their primary care is or their, general ju ob gyn, which is great.

00:04:29:03 - 00:04:36:07
Dr. Tara Scott
And they're getting hormone prescriptions, but they're getting no testing. So we got all kinds of things happening in the space now.

00:04:36:12 - 00:04:58:14
Dr. Jaclyn Smeaton
It's so interesting that you talk about that whole like self-serve labs and then AI assisted interpretation, because I've seen that too. And I think that, like the democratization of our lab data is a fundamentally a really good thing. Like it's good people are interested. It's good. There's low cost options available. Have you seen any instances where well, really both sides of the spectrum.

00:04:58:14 - 00:05:19:00
Dr. Jaclyn Smeaton
I mean, I've seen ones where people patients bring it in and as I'm talking to them about something, they're like, oh yeah, like that's what Cha Cha recently told me. And I'm like, wow. It was like surprisingly accurate. I had a friend of mine that did a DUTCH test for, and she's like a stay at home mom of three, and she was on every hormone replacement, like everything IUD, estrogen and progesterone.

00:05:19:00 - 00:05:37:04
Dr. Jaclyn Smeaton
Testosterone. And she's only 35. I'm like, why don't you stop those things? I'm upstairs test on you and so we were talking it through. And, you know, in the end I was like, wow. Like ChatGPT really nail it that your cortisol is the biggest problem for you right now. And you know some things. I'm impressed. But I'm sure you've also seen the other end of the spectrum where there's been these big gaps missed.

00:05:37:04 - 00:05:43:21
Dr. Jaclyn Smeaton

And that's, of course, the problem with using an AI tool. As a doctor. What are some of the things that you've seen come in your practice?

00:05:43:23 - 00:06:03:03
Dr. Tara Scott
Well, and I think even with specialty testing, like like the DUTCH test, you know, that I think it's it's very nuanced. And you guys do a great job of education. But I also think it's it's hard for the generalist person who has no integrated and functional background to come in and look at it and make heads of sense out of it.

00:06:03:03 - 00:06:22:13
Dr. Tara Scott
You know, there are definitely people who are running their labs to check, but more often it's the Serum Labs, you know, because they haven't necessarily gotten to somebody who can order the DUTCH test. Right. But there's still lots of people are able to order DUTCH tests. Non prescribers are able to order it and that's fine. You know I think there's definitely a utility for all of that.

00:06:22:13 - 00:06:48:21
Dr. Tara Scott
And you know one of the places where I feel like the DUTCH test is super helpful is like on all those younger patients that are still getting dismissed, you know, that definitely have issues. And one of the places it shines is the patient who we've done serum testing on. And I didn't pick something up. But then when you do the DUTCH test, it really picks up something, whether it's cortisol or estrogen detoxification, things that aren't easily identified in serum testing.

00:06:48:23 - 00:07:04:03
Dr. Tara Scott
So I think, you know, for that subset, it's great for people to have that, available. Those are patients that I see coming in that are still kind of you know, you said everyone's talking about perimenopause and menopause, but those patients I feel are still getting neglected.

00:07:04:04 - 00:07:25:16
Dr. Jaclyn Smeaton
Yeah. Yeah, I can definitely see that. It's interesting because we see so many reports come through, like on our clinical team at DUTCH. And there's certain groups of or there's certain patterns that I would say we see a lot come through like, missed PMS

is a great example because serum androgens look fine, DHEA and testosterone looks fine.

00:07:25:18 - 00:07:46:15
Dr. Jaclyn Smeaton
And then when we run the DUTCH test, guess what? DHEA and testosterone look fine, but all of the downstream metabolites are screaming high due to their metabolic preferences and those types of cases. I mean, that's just one we could mark. We could probably tell several more that we see so frequently after ten dominant types of symptoms, like all these other things that I completely agree.

00:07:46:15 - 00:08:01:22
Dr. Jaclyn Smeaton
It's like with hormones, there's just, there can be a complexity to understanding it. And I think it's just it's even just understanding the physiology of like what compounds bind to the receptor in stimulate activity. People think of it as limited just to parent hormones, but it's so much broader than that.

00:08:02:00 - 00:08:25:17
Dr. Tara Scott
Well, I think where that comes from. And again, I'm not it's just an observation. So there are aren't enough providers for the however millions of postmenopausal women that are needing to get help. And as a traditionally trained provider, we're trained. You have the symptom. You get this prescription, you have the symptom, you have this prescription. We're not really trained like you are, you know, to have a holistic approach.

00:08:25:17 - 00:08:50:21
Dr. Tara Scott
We're not trained like Mark is to look at the lab data. We're trained, you know, really to navigate, you know, the the protocol for traditional therapy is still don't test. Right. And so we're seeing a lot of people that are getting prescribed hormones either maybe too high, you know, or they're not like I just like my dentist today was like, I've been on HRT for a couple years and I'll just in the last six months, I have this terrible, terrible breast tenderness.

00:08:50:21 - 00:09:12:11
Dr. Tara Scott

And I'm thinking, you know, you have this delayed side effect, right? What do you guys think it's going to be? Estrogen accumulation. I said, sounds like your detox project. Oh, and I have Chevron blah, blah, blah. And I'm like, it sounds like your detox pathways are a problem. And I and I'm wondering about your dose and I didn't I try not to offer my opinion, you know, when I'm not really asked.

00:09:12:13 - 00:09:30:17
Dr. Tara Scott
And I got the impression the pain. Right, right, right. Exactly. But but there's been no monitoring of hormones because that's still what standard of care is, right? That's still what the Endocrine Society and the Menopause Society is telling patients is telling providers don't test, just prescribe.

00:09:30:21 - 00:09:59:10
Dr. Jaclyn Smeaton
Mark, I'm so curious because, you know, you've been in this position of recommending testing for hormones and not just even standard serum testing, but this expanded panel for a decade. Well, for more than a decade, but with touch for more, you know, 12 years at this point, has the response softened or changed, like how when you had recommended this expanded hormone panel, when DUTCH first started, what was their receptivity like?

00:09:59:10 - 00:10:05:02
Dr. Jaclyn Smeaton
And is it different now, or do you find. No, we're really still getting the same level of pushback.

00:10:05:04 - 00:10:26:21
Mark Newman
Yeah, that's a good question. I think like anything good comes in like different camps of people of like, Tara is talking about people who are missing details. And for those people, there's this whole education process that you have to go through because you're missing something that you don't know about. And then and then there are people who, like, understand that, but really needed the testing.

00:10:26:21 - 00:10:45:20
Mark Newman
And we were able to fill that spot. And then now the pendulum is, I don't know, and probably just I have recency bias. But in terms of focusing on one of those things,

just because you know about it and then applying it to everything is also like a big problem. And which is why the educator provider is such a key part of that.

00:10:45:20 - 00:11:08:17
Mark Newman
I have a family member that has Hashimoto's, and another family member was like, hey, this is something I found on social media. And they were just basically saying, this supplement helps Hashimoto's, but what when you listen to it with like Tara, Jacqueline, with your like perspective, you're saying, oh, what they're actually saying is cortisol blocks the conversion of T4 to T3 and this supplements lowers cortisol.

00:11:08:21 - 00:11:37:22
Mark Newman
But you didn't talk at all about whether that particular patient has high cortisol. So if you apply that to everybody, the 1,520% who have high cortisol might have an amazing response. And the people have low cortisol are now really in trouble, and all the normal people are just wasting their time and money on like hope that's misdirected. And so like we found when we first got into the markets, everyone's like, what in the world is this stuff in terms of these extra markers that we're looking at or whatever?

00:11:38:00 - 00:11:58:23
Mark Newman
And, and so the challenge was getting familiar with it. And then now we're more in this space of like people are vaguely familiar with it and they see the value of it. But then the big gap is is getting educated enough to where you're extracting the thing that matters and ignoring the things that maybe are even out of range but are just noise for that particular patient.

00:11:58:23 - 00:12:16:17
Mark Newman
And that's where, you know, you all are such an important part of the mix of I you know, I tell people all the time, I own a lab, but the most critical thing is having a provider who knows what they're doing. And then the labs become tools and that discernment of like, yeah, this is low, but it's because of reasons that aren't that relevant.

00:12:16:17 - 00:12:50:18
Mark Newman

And then this thing that maybe is only slightly out of range is like the critical thing that if we can move the meter on that, and I it's really encouraging to see people get more educated on that. But in that transition from 12 years ago to now, the amount of just bombardment of other things that you can focus on that's too focused or too broad or whatever, is really a challenge, but it's a it's a fun and fascinating space to be in where, you know, there's a role to be had for just trying to bring clarity to that with either some labs and data or just education.

00:12:50:18 - 00:13:00:00
Mark Newman
And when you mix the two, that's that's when I think you can really help people with the right solutions instead of just, you know, playing whack a mole with either concepts or even with labs.

00:13:00:05 - 00:13:17:19
Dr. Jaclyn Smeaton
Yeah. It's really interesting because I think about sometimes, like philosophically, how did we get here? Because reproductive hormones, we really don't test especially estrogen, progesterone in women where in every other area of medicine, like if you're going to give a hormone, we test the hormone, we test them, you know, the state without the hormone. Calculate a dose, give a dose.

00:13:17:21 - 00:13:36:19
Dr. Jaclyn Smeaton
But one of the things I've thought about is like, why is it different for estrogen and progesterone? And one of the things that I've kind of come upon is as a provider, I always ask myself before I run labs, will the outcome of this lab change my treatment plan? Because if it doesn't, it's not worth running. It's a waste of time and money.

00:13:36:19 - 00:13:59:11
Dr. Jaclyn Smeaton
And so with reproductive hormones, like in a traditional ob gyn practice, you can speak to this better. The majority of the tools that are available is like oral contraceptives. Like if you have any kind of imbalance, irregularity, amenorrhea, PMS like for the most part, PMS maybe isn't the best example, but for most other things you would be prescribed an oral contraceptive.

00:13:59:11 - 00:14:23:17

Dr. Jaclyn Smeaton
It's like the formularies, not that large. And if you have slight differences, they don't really you don't modify the treatment plan based upon that. So I can, from that point of view, if I put that hat on, and maybe I'd love to know Tavi, agree or disagree with me, it seems like that would be one of the reasons why maybe there's never a focus on testing, because they don't have the toolset to do the fine tuning and optimization that we look at.

00:14:23:18 - 00:14:33:12
Dr. Jaclyn Smeaton
Like when I look at what would we have for a formulary is a natural part of the doctor or a functional medicine doctor where you have herbs and lifestyle change and all these other things that we implement. Now. What do you think about that?

00:14:33:14 - 00:14:58:15
Dr. Tara Scott
I mean, you're trained a totally different approach. We're trained, you know, make the patient, make sure the patient's not dying, make sure they don't have cancer. And then in absence of this, let's give them this. There's always an algorithm. You have to have a diagnosis code. And then you have a treatment plan. Right. And so when you're talking about the patient the the female patient with any hormone complaint, whether she is 15 or whether she's 45, right.

00:14:58:17 - 00:15:18:07
Dr. Tara Scott
It's always birth control pills. Right. And so I was just kind of preparing for my lecture next month at the Women's Health Summit saying what's been published about treatment algorithms for perimenopause, like what has actually been looked at. And if you look at like what the European Medical Journal is put out as their recommendation for a European menopause society, I mean, it's still birth control pills, right?

00:15:18:07 - 00:15:48:14
Dr. Tara Scott
And then a very small plot point. You know, they're saying, well, there's a definite reduction in ovarian cancer. Yes, there's a definite reduction in, uterine cancer. Yes. But there is an increase in breast cancer. Right. And they kind of skated right over that. They didn't even put the percentage. They put the percentage of reduction. And just how that's a part of the treatment algorithm for a midlife woman who's

maybe had a tubal ligation, or her partner has had a vasectomy and why are we promoting to give them something they don't need, you know?

00:15:48:14 - 00:16:10:20
Dr. Tara Scott
And then if you look at and it's because, like you said, there's not a data, there's not data defending a lifestyle change, an herb, you know, and maybe even something like micro progesterone outside of the original safety data, there haven't really been studies that some of the studies that I was able to find on PMS was using like 403 times a day.

00:16:10:22 - 00:16:34:03
Dr. Tara Scott
And guess what? 1200 milligrams of micro progesterone didn't help PMS. Well, whoever prescribes that level of micro progesterone, of course, that didn't help, you know. Right. And so it's an improper dose that's given or the study was only done in 12 weeks. And guess what? They didn't have memory improvement in 12 weeks. You know. So it it you know, if you really are going to be a purist and look at what studied.

00:16:34:03 - 00:16:54:04
Dr. Tara Scott
And then there's a whole issue with the progestin progesterone. So I think going back to your original question, you know, we're not trained that way. I mean, I guess since I did it so early in my career, I mean, it was within, you know, the first seven years that I was already going down this pathway, I was still moldable and bendable, that I could be like, hey, why is this approach not right?

00:16:54:04 - 00:16:57:11
Dr. Tara Scott
I wasn't really set in like, the patient has this give this.

00:16:57:11 - 00:17:04:15
Dr. Jaclyn Smeaton
What led you to really kind of bend and move in that direction? Was there something that stood out to you or that felt like it was lacking?

00:17:04:17 - 00:17:28:18
Dr. Tara Scott

There is basically two things. I mean, my own personal journey of infertility. I mean, I never was able to conceive without medication, fertility drugs. So I had all those things. And along the way I got diagnosed with Hashimoto's and and Dimitrios in, you know, an ovulation. It was termed unexplained infertility after a while. And so once you're done and thank God for modern medicine, I did get the kids that I have.

00:17:28:18 - 00:17:53:17
Dr. Tara Scott
But then once you're done here I am at 33, not needing to prevent pregnancy, but not having an issue for what to do, and that just the timing was such that it was after the why. So I had a year that I didn't do obstetrics because my own kids were little, and childcare issues that I had time to listen to the Gyn patients that were really floundering because their hormones had been taken away.

00:17:53:18 - 00:18:12:13
Dr. Tara Scott
Right. So that's when I was invited in 2003 to go to a conference by a pharmacist and started learning about like, root cause approach, which completely blew my mind. I was like, oh my gosh, how many women have I been dismissive of unknowingly? Because I don't know what I don't know, right? I didn't know there was another way to do things.

00:18:12:13 - 00:18:17:11
Dr. Tara Scott
So that kind of led me to approach, hormones differently.

00:18:17:11 - 00:18:37:17
Dr. Jaclyn Smeaton
Yeah, I love that. It's really interesting because I think there has been certainly a shift. We're seeing more conventional providers, certainly as customers at Dodge, that are like wanting to learn, wanting to dive in a little bit deeper. Margie, do you have any observations from talking with people like that? Is that a similar personal experience that tends to drive people to look more functionally?

00:18:37:21 - 00:18:58:19
Mark Newman
I'm I'm always amazed at how many people you admire, like Doctor Scott that's on a stage. And then you expect to hear this story about when I was six, I got passionate about functional medicine, and I've been studying ever since. It's almost always like

my mom, this I, this, my daughter this. And then it's like the thing I know doesn't work.

00:18:58:21 - 00:19:16:01
Mark Newman
And then and I think it's it's awesome. But it also like there should be some education in that. And like, how do we fix the whole system. And I think like to your point about like birth control, it's like, man, I had a really kind of complex problem with my wrist once, and it'd be really simple to just amputate at the elbow and then you like this?

00:19:16:01 - 00:19:34:20
Mark Newman
Not there's not a lot to that. You know exactly what's going on. You know exactly what you're doing. But obviously that would be silly. But it's kind of that way with like a birth control solution is like, you don't need labs, right? You know exactly what you're doing. I'm shutting down the ovarian production. I'm giving you these two synthetic hormones, which you can't test for anyways.

00:19:34:22 - 00:20:01:04
Mark Newman
And then it's like, I, I have a justifiably simple solution, and I think there's value in that because that's part of the problem. Problem? Part of the challenge of the space. We sit in is instead of zero variables. After that I've got like 19 that you're trying to triangulate and figure out all this, all these things. And that is it's a journey, you know, to try to get more and more comprehensively, you know, competent at these things.

00:20:01:04 - 00:20:20:06
Mark Newman
And when providers do, it's beautiful and brilliant the things that they do. But it's, you know, it's a labor of love to go from, you know, Doctor Scott's like challenge personally to that point of different competence that she like acquired. You know, it's not like you didn't have a family and a job and, and and all those things.

00:20:20:06 - 00:20:39:04
Mark Newman
So it's you know, but it that's also, I don't know, kind of the beauty of the space we live in is it's an invitation. And people that want to take it end up on these interesting

journeys. And then when you help a single individual at the end of that journey, like it's really awesome to see the help they get relative to, you know, what you might get going down a different path.

00:20:39:04 - 00:20:57:12
Mark Newman
But yeah, I've always been fascinated by how personal anecdote tends to drive change in professionals because you expect it in the patient, like, oh, my stomach hurts, so I whatever. But it's the same type of story for most amazing functional medicine providers that I know, which is I think is just fascinating.

00:20:57:14 - 00:21:18:20
Dr. Tara Scott
I almost spent more on my functional medicine training than I did on my medical school. So just to tell you like that's dollars wise, so you have to be very motivated to have a personal to your point, a personal experience or be. I feel like I'm I was always a curious person that was wanting to listen and be empathic and compassionate to people and want to solve problems.

00:21:18:22 - 00:21:38:03
Dr. Tara Scott
And so to just say, you're getting older. Like, that didn't sit well with me, which if you're not a curious person, that's fine. There's no problem. There's there's parts of medicine that it's fine to do, that you're not dying. You're okay. You're aging. Right? Which is what a lot of women are told. And there's there's not there's not a wrong thing about that necessarily.

00:21:38:03 - 00:21:44:12
Dr. Tara Scott
Right. And but for the patient, they might not sit well with that. They want to they want to know what the issue is.

00:21:44:13 - 00:22:12:02
Dr. Jaclyn Smeaton
Well, because Mark loves controversy, I'll push back on you and say, like I think most doctors should be, even if you're an anesthesiologist, you should be curious. That's probably the only one I can think of where it's like, you do the math, you do the thing. But like most doctors should just fundamentally be curious people. And that was my experience, who I actually was quite young, I was 16 and I had primary

amenorrhea and saw a fabulous, caring, like gynecological nurse practitioner who wanted to put me on the pill.

00:22:12:02 - 00:22:28:06
Dr. Jaclyn Smeaton
And I said, well, isn't this like I'm 17, the surgeon this have kicked in? Is there anything we can do to figure out why it hasn't? And, my progesterone withdrawal was fine. So she's like, well, you know, it just hasn't yet like do this. And I'm like, well, I want to have children later in life. And she's like, well, then we'll stop it and we'll just give you different medications to help me get pregnant.

00:22:28:12 - 00:22:52:06
Dr. Jaclyn Smeaton
And that it was actually the way you say that it's curiosity. It was the utter lack of curiosity and utter lack of, options because she gave me all my options and there weren't very many that led me down a completely different educational path. And I'm glad because I love that curiosity. I remember that show doctor House. I remember like the episode where he, like, went to the patient's house to look under the sink to see what they might have been exposed to.

00:22:52:09 - 00:22:55:20
Dr. Jaclyn Smeaton
Like, fundamentally, we should all have that level of curiosity to solve the puzzle.

00:22:55:20 - 00:23:05:16
Dr. Tara Scott
I mean, yes, but the reality is probably in any other profession, like we had a lawyer, electrician or something, they might just do their job and go, all right, of course.

00:23:05:16 - 00:23:29:14
Dr. Jaclyn Smeaton
And I think the other challenges to be fair is that they're in the system that doesn't support curiosity, oftentimes because you can't bill for extra testing, you have a short time with patients. So I'm, I'm saying that like kind of tongue in cheek. But, most physicians, one, they really want to help their patients and to they're already maxed out trying to do the best they can in the parameters that they're working in.

00:23:29:14 - 00:23:48:19
Dr. Jaclyn Smeaton

So, you know, I say that a little bit cheekily, I think most of physicians are pretty curious people. So I want to also, I want to get back to this idea of patients that are like self testing and really self treating, because I think we're seeing that shift globally, and especially now with social media and AI tools and access to information.

00:23:49:00 - 00:24:00:00
Dr. Jaclyn Smeaton
Where do you think the appeal of that is coming from? Like why are more women doing that research themselves, ordering their own labs, trying to solve the puzzle versus leaving it to a provider?

00:24:00:06 - 00:24:18:12
Dr. Tara Scott
I think one of the main reasons that this is not in this order is they want validation that they're not crazy, and their symptom is because of a reason. So that's the first reason that I hear from patients, because sometimes I take a step back, you know, the cost of testing, the frequency, the visit. I'm like, are you how do you feel about all this?

00:24:18:12 - 00:24:35:08
Dr. Tara Scott
Is this helping you? Or is this not because especially if it's someone that you're working with in perimenopause, it keeps changing right? One patient said to me, no, because then I can see like my symptoms are due to this. So that's the first thing. The third, the second thing is that they want to be involved in their care.

00:24:35:08 - 00:25:04:04
Dr. Tara Scott
And there there might be a tiny bit of concern. Is this a is this am I okay? Is this a problem? Is there something bigger wrong. So it might be that like the health anxiety versus the I don't feel optimal. I want to feel better. So it gives them agency in their health care. And so I think there's definitely pros and cons and patients being able to order their own testing or be able to acquire it without a prescriber.

00:25:04:05 - 00:25:32:19
Dr. Tara Scott
It gives them some information. And so in some ways, I just did a podcast earlier with Brigid Tietmeyer. And so she's like a dietician, so she can get a lot of

information from the DUTCH test. Right? That's actionable, that she can work with the patient without prescribing a single thing. I think that's really helpful because especially with estrogen detoxification, there's a lot of stuff you can do if you know the pathways and how someone is and the to your point mark the cortisol issue.

00:25:33:01 - 00:25:38:20
Dr. Tara Scott
So there's a lot of actionable things that you can find out without prescribing a single prescription.

00:25:39:01 - 00:25:47:22
Dr. Jaclyn Smeaton
Mark, are there things that you feel like they come up all the time on the DUTCH test that people would just have never known, or you could never suspect or guess without that testing?

00:25:48:00 - 00:26:10:06
Mark Newman
Well, I think that the challenge is just the overlap between symptoms is that if you are tired and you just do a search, you could hit testosterone, cortisol, B12, like any number of these things. And you don't always know. And I think I mean, I'm kind of a cynical person, but I just think we're always guessing, you know, a person by themselves with ChatGPT who's guessing.

00:26:10:06 - 00:26:30:13
Mark Newman
And then when you go to talk to your doctor, they're a better guesser because they have more information and more. But then sometimes you're still wrong. It's not that different than a car. It's like, I, I'm an idiot when it comes to cars, but with ChatGPT, I can be like, you moron, like, I like I was driving a boat this last week and I didn't know there was a kill switch on it, so I'm like, it doesn't start like this because my daughter pulled the key out and there's this little.

00:26:30:17 - 00:26:48:01
Mark Newman
And so after I'm an idiot of myself with the guy who owns a boat, I'm like, oh, and I fix it, right? So like with health, it's like sometimes it is obvious. And if you guess right and there's no negative consequence to the gas of like, hey, take a little B12 or get a little more sunshine or whatever, then like that's reasonable.

00:26:48:05 - 00:27:16:16
Mark Newman
But but then in a lot of cases, like you don't know until you uncover new information and guessing wrong in some cases can be really counterproductive. And so, so many people aren't going to get on the right path to wellness without a better guesser. And and the best guesser I think, is the most competent doctor with the most comprehensive testing and the best comprehensive information that comes from the patient in terms of their life history and how they're feeling and all of that.

00:27:16:18 - 00:27:40:12
Mark Newman
And you always only get a certain fraction of that. But it can be really like counterproductive when you only have the patient and the internet investigating and then you're just chasing down all these things and that expertise that you all have that's, you know, trained for years and more data points and all of that. I think, you know, it's just you're more likely to get better.

00:27:40:12 - 00:28:03:11
Mark Newman
And then in a fraction of those cases, there's a consequence to doing nothing. And in a fraction of those cases, there's a consequence of doing the wrong thing. And the providers like you all and many that we work with, do such a good job of getting so many people on a better path. But you all know even with that, a fraction of them, there's another variable that you don't uncover until they respond to the first this, that, whatever.

00:28:03:13 - 00:28:21:14
Mark Newman
So yeah, for me, it's I just I'm such a like, math guy. It's like odds. I'm like, well, I'm, I'm 40% chance of getting this right. And it's free. Consequences of being wrong aren't that high. Like, I'm all for that. But that's not going to get that many people, you know, very far without help from a provider and from data.

00:28:21:16 - 00:28:38:16
Dr. Jaclyn Smeaton
Mark, I want to just ask you one follow up on that, like going back to AI interpretation, because, I mean, we even are hearing from some of our top customers, they're using ChatGPT to like, support interpretation of the DUTCH

chess. You've played around with this a lot now without building a custom model, which we're also we've played with two.

00:28:38:16 - 00:28:42:21
Dr. Jaclyn Smeaton
What are the odds you're going to get a good answer out of that if you upload a DUTCH test?

00:28:43:01 - 00:29:03:17
Mark Newman
I think it's remarkable how well it does at the 80%. Like it's really cool technology. And then for edge cases and for variables that it doesn't have, that might mean like right on the front of your provider's mind, but just isn't in. I mean, I'll give you an example. I was like, where does this stupid washer fluid go in my Yukon?

00:29:03:17 - 00:29:17:18
Mark Newman
Because the the thing where it went was right outside the frame. And so I'm looking in the frame. I'm like, am I an idiot? Where is this thing? I'm like, I'll screw it. I'll just ask. So I took a picture and it just told me, put it right there. I'm like, I'm dumb, but that's where the oil goes.

00:29:17:23 - 00:29:43:01
Mark Newman
You know, you could just get such like, craziness. And if you aren't an expert, if my daughter, who just started driving tomorrow, she turned 16, like, like, there you go. Now you've got some massive problem, with your health, you know, in that situation. But for the most part, because there's so much good information that's in the ether, much of which we've put out there that it can tap into 80% is pretty good.

00:29:43:03 - 00:30:03:20
Mark Newman
You don't know which 20%. That's the that's the hard thing. And then the edge cases, they're not trained on edge cases. And that's been a challenge for us is that we were are working on currently is how to build a repository of information and to build. I think the best model is not for us to give that to you, it's to give it to the world.

00:30:03:20 - 00:30:30:10

Mark Newman
And so that the world as something that's searching, can dig around in that treasure box and know, what it doesn't know without that. And then, you know, hopefully your 80% becomes more, but you don't have to look very far to find so many situations that are super dangerous because there's like a really big variable that's outside the scope of kind of the topic that you're asking about that's playing a role, that a health care provider is like right on top of.

00:30:30:10 - 00:30:43:10
Mark Newman
And so, yeah, it's a complex thing. But the, the first 80% you read, I'm always like super impressed. I'm like, that sounds like somebody from us did that. And then the part that you're missing and not knowing which part you're missing is kind of I think is the big challenge of that.

00:30:43:12 - 00:30:57:12
Dr. Jaclyn Smeaton
I love that I've said that at the start of a presentation. It was like emerging research, and I basically was like 80% of what I tell you is probably right, and the other 20% is wrong or will be proven wrong in five years time. But I don't know what 20% that is. So good luck, good luck.

00:30:57:12 - 00:31:23:18
Dr. Tara Scott
I'm surprised that it's that high for such a specialty nuance test. I'm actually surprised to hear that because I mean, obviously I'm like a tertiary stop for people. They might have gone several places and it comes a lot of people come with DUTCH tests that another type of provider has done. And for what we're looking at, I see like, oh, this is very obvious about the hormones, but maybe someone focused on this and they may be missed.

00:31:23:18 - 00:31:30:00
Dr. Tara Scott
Something that was pretty obvious. I'm surprised that you you think it's that ChatGPT.

00:31:30:02 - 00:31:49:07
Mark Newman

Well, the other piece of it that's not included in that is defining what you see is one thing, but then the solution you should choose in light of that is kind of a different topic. And I think those are kind of two separate issues to just say, hey, describe what this says, and it'll rattle off a pretty good thing that like as a layperson, you're like, okay, that describes me.

00:31:49:12 - 00:32:16:22
Mark Newman
And now I'm going to X. And I think that's a different topic that I think, especially in the world of traditional functional medicine. And then there's some fraction of just crazy stuff that people do describing the issue I feel like does a pretty good job. Edge cases, not so much. But then which solution makes sense for a given patient is where I think you can end up really in vastly different places, even with the same interpretation of what's going on under the hood.

00:32:16:22 - 00:32:30:15
Mark Newman
So 80% I think un like description, but I think the solution is where you can also end up like really missing something good or doing something that's either ineffective or, you know, in a lot of cases, you know, counterproductive, potentially.

00:32:30:15 - 00:32:53:01
Dr. Jaclyn Smeaton
There there's two other nuances that I see come up a lot with that, that I think you like, just can't get through. I at least for right now, the first is that it'll show you all of the aberrations. But just like in Serum Labs, when you have all of a patient's information in front of you and what their chief concerns are, some of those things that are just outside the normal range that might get flagged as abnormal.

00:32:53:01 - 00:33:13:07
Dr. Jaclyn Smeaton
You know, they're like not as relevant for that patient. It could just be that patient's normal. And I think everything gets flagged when you're looking at an AI tool. The other element of everything getting flagging is that there's no prioritization to their plan. I think you just you need a provider, like for example, on a DUTCH test, if you had afternoon and progesterone out of balance just is out of balance.

00:33:13:07 - 00:33:35:02
Dr. Jaclyn Smeaton

Cortisol out of balance. Where do you start? Do you do everything everywhere? All at once? No probably not. You'd probably maybe start with cortisol retest, see how things have shifted up the hierarchy. There is a level of experience and knowledge to know how to sequence a treatment plan to get the biggest impact that I just what I tend to see is it's like it's like drinking out of a firehose.

00:33:35:02 - 00:33:46:22
Dr. Jaclyn Smeaton
It's like you should be doing all of these things. Well, no patient can do all those things. So how are you going to sequence it? And I think you just you need professional expertise and clinical experience to make that decision.

00:33:47:00 - 00:33:50:11
Dr. Jaclyn Smeaton
We'll be right back with more results.

00:33:50:11 - 00:33:51:08
DUTCH Podcast
Start with easy.

00:33:51:08 - 00:33:52:05
DUTCH Podcast
Collection.

00:33:52:07 - 00:34:04:21
DUTCH Podcast
The DUTCH test can help you identify the root cause of complex patient concerns, and you can ship DUTCH test kits directly to your patients for easy at home collection that fits into your workflow. Scan the code to learn.

00:34:04:21 - 00:34:05:06
DUTCH Podcast
More.

00:34:05:12 - 00:34:13:10
DUTCH Podcast
Or find the link in the show notes to place your order today. Welcome back to the DUTCH podcast Tara.

00:34:13:12 - 00:34:25:08
Dr. Jaclyn Smeaton
Are there other elements like when your patients are coming in and even if they're bringing conventional hormone testing labs, are there pieces to that workup that you see just really frequently missed?

00:34:25:13 - 00:34:55:10
Dr. Tara Scott
So for the most part, if they have brought prior labs, it's an incomplete thyroid panel, not a complete look at hormones. I think more people are checking for age. Astra dial. Maybe they're checking progesterone. They may not be checking all the testosterone indices like free total RBG, all signs are not checking those adrenal DHEA, and we check DHEA and conjugated as well because I think the two can tell you a different story.

00:34:55:12 - 00:35:09:02
Dr. Tara Scott
And so I don't see many patients coming in with that level of detail in their Serum Labs. Even the patients who get function labs don't have all those labs on there.

00:35:09:05 - 00:35:27:21
Mark Newman
Yeah, I was gonna say, I think the the natural whole in without getting too esoteric in serum is always cortisol. So I think even when you're doing serum sort of right, it just doesn't tell that story very well. So I think that's I see an often missing piece of just, you know, to say, well, I want cortisol. Okay.

00:35:27:23 - 00:35:46:00
Mark Newman
Then you get a morning serum cortisol, which is just such a small piece of the puzzle, there's nothing wrong with it. But not having the binding proteins, not having the up and down pattern, not having the metabolites, like you're just really only looking at like, you know, a, a grade two picture and you need this, like, you know, graduate level.

00:35:46:00 - 00:35:58:03
Mark Newman

Look at that in a lot of patients. So there's nothing wrong with that per se. It's just you can't bark up that tree and really get an answer. So that's one piece that I see just missing, even if the rest of it is super valuable, you know, and relevant.

00:35:58:05 - 00:36:30:05
Dr. Jaclyn Smeaton
I think it's actually worth spending a little bit more time on that because I'm sure we have a lot of listeners who are leaning on Serum Labs because that's that's available, readily available. Can you talk a little bit more about an either of you? Really? I'd love to hear both your points of view on this. What's the value and the purpose of, serum Am cortisol and what else can you test in serum and how is that different as far as what it tells you compared to a 4.1, a four point cortisol, but that I think getting out of serum and moving into urine or moving into saliva, how is that different?

00:36:30:05 - 00:36:32:08
Dr. Jaclyn Smeaton
Or what value does that add to the picture?

00:36:32:11 - 00:36:52:16
Dr. Tara Scott
So when we talk about what's available for serum, we have an 8 a.m. value where the lab will tell you have to be there between 8 and 9 a.m.. Now, if you chat, you tell me we have to check cortisol within one hour or at one hour, whichever you prefer. 8 a.m. doesn't always fall into that window, right?

00:36:52:16 - 00:37:12:11
Dr. Tara Scott
People are getting up at six. They're going they're doing all this and they're getting ready. And and so that's not really a one hour number one. Number two, the patient I saw, I ordered it. She went at 949. Right. And her Am cortisol was 7.4. The normal range is 4 to 22. So it is within that normal range.

00:37:12:11 - 00:37:35:18
Dr. Tara Scott
Right. But we've always been taught optimal is like 10 to 14. So we kind of have like a tighter optimal range for 8 a.m.. But then we don't have a noon value. We have a 4 p.m. normal value from the lab, but we don't have a midnight value or even a 10 p.m.. So we've got two standardized normal ranges from Questar Lab core.

00:37:35:18 - 00:38:06:00
Dr. Tara Scott
Right. That's it. So if you hit it at 8 a.m. and 4 p.m., you can do a little bit, right. But other outside of that you're not doing good. The other thing you guys have on your testing is the CR, which I would say that, you know, a lot of us are trending towards putting a little bit more merit on that, because if you look at the four point cortisol, while I still tend to do that, the complete because then the patient is collecting, you know, 5 p.m., 10 p.m. and then two hours waking in two hours.

00:38:06:00 - 00:38:43:06
Dr. Tara Scott
And I feel like you're getting a good urinary cortisol and cortisone. Look, I think that's good sound of some people would say no salivary is best and you guys have that option. But the CR I think is really telling because the, cortisol adrenal rhythm is, you know, it should increase by 50% that second value. Right. And so, so many variables can go into your day of why other points are maybe, you know, so if you have someone who's testing over that 24 hour period and they get a stressful call, they're late to work or whatever the this or that, so many other things can assess it.

00:38:43:12 - 00:39:04:14
Dr. Tara Scott
So if you're testing, okay, you have to have this morning within that window, 30 minutes, 60 minutes. You know, chances are there's less variables. You can tell them not to exercise during that window, not to have caffeine. Those kind of things. So I think both of those are much more meaningful than just the one serum, maybe between 8 and 9.

00:39:04:19 - 00:39:21:17
Mark Newman
You know, the other thing with that is and when you just I don't just think but studies but, you know, the one study where they looked at binding proteins and birth control, you know, if I have two women and one of them stressed, she's going to have twice as much cortisol in her blood, but you can make the same change just by putting someone on birth control.

00:39:21:18 - 00:39:40:09
Mark Newman
Because you get more binding proteins. The binding protein goes up, the cortisol goes up to match it, and then you go look in urine or saliva. And they've done that

and it hasn't changed. It's like there's no meaningful change to the stress response. But serum shows a change that's not meaningful because it's just the total hormone, you know, give credit where credit is due.

00:39:40:09 - 00:40:03:16
Mark Newman
Like you could make that argument for things like progesterone, testosterone. But those serum measurements are really solid. They're really like they perform well relative to clinical outcomes in the literature. Good. Like then lean on those numbers. But like the cortisol, just like there's the timing issue. But there's also the total versus free because hardly anybody's offering cortisol binding globulin to get a window into how much is free.

00:40:03:18 - 00:40:24:23
Mark Newman
And then you just go to a urine or saliva test and you get a nice window into that so that that two x increase is from a response. It's not necessarily some artificial thing that's just created by binding proteins go going up. Or maybe they're going down for some other reason and you don't know it. So I think the you know, again there's there's nothing wrong with serum.

00:40:24:23 - 00:40:46:14
Mark Newman
There's nothing wrong with the serum hormone testing industry. It's just the cortisol story that it tells, has so many pieces that are missing. You want the up and down pattern, but even just starting with total versus free, it really does make a big difference in terms of adding uncertainty into whether that number really matters, you know, or not.

00:40:46:14 - 00:41:10:03
Mark Newman
So, I mean, your points are perfectly valid. And even just the starting point is got so much uncertainty that it's better to have a serum cortisol than to have nothing. But when you're really looking for a dysfunction that's not disease state, it's just not a very good tool compared to the other serum measurements of thyroid, testosterone, progesterone, estradiol, you know, all of those things.

00:41:10:05 - 00:41:12:17
Mark Newman

So yeah, it just doesn't tell a very good cortisol story.

00:41:12:20 - 00:41:31:21
Dr. Jaclyn Smeaton
I want to like, slow down and tease apart because again, I think this is a really interesting aspect to, that's testing into something that is like very different compared to, like you said, progesterone, estrogen, testosterone. Those can really for the most part, you can get a good look at least pair and hormone levels in serum. So with cortisol you've mentioned free versus total.

00:41:32:02 - 00:41:41:05
Dr. Jaclyn Smeaton
The serum looks at total. And you have maybe 5% of that that floats around free. Talk about what urine and saliva those are measuring free hormone.

00:41:41:09 - 00:42:07:18
Mark Newman
Right. So the free hormone that that is bioactive and getting into your brain your elbow, your wherever that needs the cortisol, that's what you're seeing. And the distinction between the two is spelled out pretty well in the literature that the distinction is really important, that the total, means you've got some cortisol. But as to whether it is actually low or actually normal or actually high, it just doesn't tell that story very well.

00:42:07:22 - 00:42:31:05
Mark Newman
And, and that's just getting to like chapter one of the book, like we haven't even talked about what happens when you're deactivating to cortisol. What happens when you're really rapidly making metabolites out of it? I've got a relative that has graves disease. And so you get this really low cortisol. But you get really high metabolites because that process is, is exaggerated and it's meaningful.

00:42:31:05 - 00:42:46:19
Mark Newman
And that's like, you know, the sixth chapter of the story and it's relevant in a high, a high percentage of people. So when you only get the total and you don't get the free and the free over time, and the metabolites and the inactive quarters aren't like they're just it's a I always say it's a three dimensional story.

00:42:46:19 - 00:43:13:16
Mark Newman
And so we we moved from the two dimensional 4.3 cortisol to the three dimensional. We said, hey, there's more value in that. But when you move back to cortisol in serum, it honestly isn't even a one dimensional story because the one dimension is free cortisol. So it's zero isn't really a word, but like it doesn't even have it just doesn't get you really off the starting block in terms of knowing much of anything besides whether you have a disease state.

00:43:13:16 - 00:43:28:21
Mark Newman
And to be honest, if you get 100 Cushing's people disease and 100 healthy people, their serum cortisol will overlap like so. Even disease states, it's not really awesome at that. And so again, just not the best tool for that story.

00:43:28:21 - 00:43:44:22
Dr. Tara Scott
That conversion from cortisol to cortisone to me as a clinician is really important. Right. And so that's that layer that the DUTCH test does add. Knowing that 11 bit HST activity in your supplement recommendations, you know, and and your treatment recommendations.

00:43:44:22 - 00:43:49:14
Dr. Jaclyn Smeaton
So what does that tell you. Like when you look at that marker like tell us why that's important.

00:43:49:16 - 00:44:08:22
Dr. Tara Scott
Well, you know, back in my early days before the DUTCH test existed, you know, we mostly used saliva for cortisol, right? And, you know, there was another lab that was doing a 24 hour collection that you were doing. You're still just getting one point in time. You weren't getting over a point in time. You were just getting one reading.

00:44:09:03 - 00:44:31:22
Dr. Tara Scott
So it didn't mark that either. And so sometimes I would see people that had high cortisol symptoms, but low cortisol on the reading or vice versa. And it never made sense to me. So we always kind of when we're teaching providers, there's usually a

lot of different supplement companies that have this is my blend for high cortisol. This is my blend for kind of in the middle.

00:44:31:22 - 00:44:53:23
Dr. Tara Scott
And this is my blend for low cortisol. So it makes it easier for learning is like this is what you get. So a little bit of an algorithm. So if you're giving glandular or something to upregulate you know give you more cortisol. But someone actually has high but they're deactivating it quickly. That's not your right supplement. Right. So that is one part about the DUTCH that I have appreciated as a practitioner.

00:44:54:01 - 00:45:17:20
Dr. Jaclyn Smeaton
Like I've made that mistake when I was in practice probably for years, like when I really learned the DUTCH test. And even the difference between looking at just the diurnal pattern and then adding in, looking at metabolites like for a long time I only did saliva, so I only saw the diurnal pattern. And there is I mean, I don't know that we've ever tracked it, but like there's a high percentage of patients where cortisol looks high on the free.

00:45:18:00 - 00:45:35:21
Dr. Jaclyn Smeaton
But it's low on the metabolize or like not metabolizing it or vice versa. It looks low on free cortisol, but they're making a ton of cortisol. And like you said, you pick the product that matches the patient's pattern. Like I was making mistakes. And that's I mean, I would say it's probably 20 to 30% of people based on the DUTCH test.

00:45:35:21 - 00:45:46:16
Dr. Jaclyn Smeaton
I see where we see a variation that would be an interesting paper to publish, Mark, because I think that it's like we you need to look more broadly. And then when you add the cortisol in conversion as well. Yeah, we need the full picture.

00:45:46:17 - 00:46:05:22
Mark Newman
That was actually sort of the origin story is I can distinctly remember sitting in a doctor's office who said I did the saliva. And then I took my 24 hour urine and they said, you know, what we could really use is an organic acid test. And it was like, oh, yeah. Like, I wonder if we could tell all those stories in one.

00:46:05:22 - 00:46:35:01
Mark Newman
Like the cortisol piece of it was, was, was the origination story of people who have these low free cortisol and high metabolites. And then you start just looking at one piece of the picture and ramping up their cortisol production when they're already making a lot. And then, you know, the story gets more complex than that. But, and just like, how can we get the right answer if we're actually the opposite of right in terms of what a patient is, you know, experiencing biochemically then.

00:46:35:01 - 00:47:04:23
Mark Newman
And so that was like, I can remember distinctly sitting in a doctor's office because for me, it was also like the dollars, I'm like, oh, holy cow, that's 253 5350 like, you know, approaching a thousand bucks to get those three tests. So you have to choose. And that was that was part of the motivation behind what we did is like, gee whiz, could we bring all of that into one platform so that, you know, your first look allows you to rule out some things and to, you know, find, you know, what's going on with the patient.

00:47:05:01 - 00:47:24:12
Dr. Jaclyn Smeaton
So, Tara, I want to talk a little bit about, like, your work at Farm Health and when you're working with patients, I mean, we see so many women, especially perimenopause and menopause, who come in with symptoms, like you mentioned this before, are they going to have such a broad array of drivers? Right. So I want to go through a few of those drivers that are so common for women.

00:47:24:15 - 00:47:44:12
Dr. Jaclyn Smeaton
And we can talk about like what does everyone jump to. And then when you do DUTCH testing you do more comprehensive testing. What are some of the other things that end up showing up for you? So I want to start with fatigue because I think fatigue is such a classic symptom. So many women come in not feeling optimized from their energy perspective.

00:47:44:18 - 00:48:01:20
Dr. Jaclyn Smeaton

And of course the first thing that gets run is thyroid. And then oftentimes providers are like, your thyroid is fine. You're it's just aging. See you later. You're you're working too hard. Good. Take a vacation or whatever. What are the things with fatigue that you also need to be looking at. And you know, what do you end up picking up?

00:48:01:22 - 00:48:25:06
Dr. Tara Scott
Yeah, fatigue is a tricky one because it could be anemia, low ferritin, low B vitamins, micronutrients, good blood sugar, just regulation. It could be low estrogen. It could be low progesterone. It could be low testosterone. It could be cortisol. So there's so many options for fatigue that the traditional blood testing are going to is going to rule out thyroid.

00:48:25:08 - 00:48:50:09
Dr. Tara Scott
It could probably rule out a blood sugar dysregulation. And a nutrient deficiency. Right. Right there. But the blood testing and what I've been seeing is estradiol levels that are kind of in the middle right now. If you're looking at the ultra sensitive assay, it's 44 to 400. So it's like a huge range right. So what do you do with an estradiol of 69 or 125?

00:48:50:09 - 00:49:10:00
Dr. Tara Scott
I mean what is that as a high or low even we check estrogen in our in our serum as well. But outside of it being high, what does it tell us? It doesn't tell us, you know, that 17 bad HD is estrogen is astral favoring our strong conversion. So we like to look at that dial doesn't tell us anything about estrogen metabolism.

00:49:10:00 - 00:49:33:07
Dr. Tara Scott
So it kind of it doesn't put a clear point in the fatigue workup. So we like to pair the Serum Labs to rule out the metabolic issues and micronutrients and the thyroid. And then with the comprehensive DUTCH testing because then you get knocked off the estrogen progesterone, testosterone levels and then also the cortisol.

00:49:33:07 - 00:49:49:13
Dr. Jaclyn Smeaton

Fabulous. Next I want to talk about weight gain. I think there's like so many women. And the way I hear it is not always I've gained weight or not to do. It's like I am doing all the same things. I am doing all the right things. I either haven't changed what I eat and how I workout, or I've made them better.

00:49:49:13 - 00:49:56:16
Dr. Jaclyn Smeaton
I'm eating cleaner and yet I'm still putting on weight. So what do people jump to there? And what else do we need to be looking at?

00:49:56:18 - 00:50:23:15
Dr. Tara Scott
Weight is another one of those things that it can be high or low estrogen, right? Low progesterone, low testosterone, low DHEA, high or low cortisol. Right. Suboptimal. Hypo clinical thyroid thyroiditis. You know what I mean? Or so there's so many things that weight can be a blood sugar dysregulation that's not obviously diabetes yet. So there's so many things that can be so like our approach is similar to that.

00:50:23:17 - 00:50:50:23
Dr. Tara Scott
But there's also this phenomenon that I've been seeing in my perimenopausal and postmenopausal people where there that we have data that your basal metabolic rate does change in menopause just sitting there. And if you increase your movement and decrease your caloric intake, that didn't do anything. This fat deposition was usually in the abdomen, sometimes visceral, sometimes not visceral, but usually in the central area.

00:50:51:03 - 00:51:09:05
Dr. Tara Scott
My my way of thinking it and I could be wrong. Is that like, your body's needing estrogen? So instead you're getting Astron, which is causing proliferation of the adipose tissues because I'll see women with higher estrogen and lower diet. And then once I start estradiol and menopause, I'll see this shift of the astronaut coming up in the astronaut coming down.

00:51:09:07 - 00:51:29:22
Dr. Tara Scott
But even correcting their hormones does not always solve the weight issue. I am a fan of the GLP ones. I mean, I think it's added another layer to our patients, you

know, that have been doing it. To your point, Jacqueline is trying doing everything and you know they're doing anything, but they have this underlying kind of predisposition to diabetes.

00:51:29:22 - 00:51:48:02
Dr. Tara Scott
They don't have diabetes yet. I mean, I know in my family my agency is run high. My I don't have a good sugar metabolism. So we're picking those those things up too. But having a comprehensive look at like all the hormones and you know, I've also seen, you know, we didn't talk. We haven't talked about the cycle mapping, which you know, I'm a.

00:51:48:04 - 00:51:49:10
Dr. Jaclyn Smeaton
Huge topic about that.

00:51:49:12 - 00:52:15:07
Dr. Tara Scott
Because I, I am shocked at how much I am missing by one day. Again, one data point. Right. And so I had a couple patients who brought in their prior dry drug test. And I was like, well, would you be willing to do the dry the 11, you know, day one. And then they'll either have a huge late luteal Aster dial swing is very symptomatic with nausea, migraines, anxiety.

00:52:15:09 - 00:52:39:21
Dr. Tara Scott
And then this piddly piddly luteal estradiol curve, right. Versus, you know, not having the right progesterone or maybe progesterone is good on one day on one point. And that's it. And you guys, you know, you highlight the day that you're doing the one day which if everybody could do that I would love that. You know test. So we're I'm starting to do that more because I have these really interesting cases.

00:52:39:23 - 00:53:05:03
Dr. Tara Scott
One patient had some glottal stenosis so much that she had strider and outpour output and told her it might be hormonal, which I was shocked. I'd never heard that in all the years. So I'm like, okay, well, she's one of the ones who had the DUTCH chest in the past, didn't really show anything. So we did the we did the cycle map on

her and she had that huge late luteal asteroidal, no progesterone and then no estrogen barely at all in the luteal phase.

00:53:05:03 - 00:53:22:05
Dr. Tara Scott
So fascinating. So I think there's so much more that we can learn in perimenopause from the cycle map, because maybe even your doing the DUTCH complete on one day and the progesterone is good on that one day, but it's not the rest of the time.

00:53:22:05 - 00:53:43:22
Dr. Jaclyn Smeaton
We have one of our doctors on our team has done a cycle map like every year through perimenopause. There's like 8 or 9 years of data we've got to publish, because it's so interesting to see, particularly that perimenopausal shift, how the pattern tends to change over a period of time. I love the cycle map for perimenopausal women also, because I think that's the time where a snapshot can be the most deceiving.

00:53:44:03 - 00:53:45:07
Dr. Tara Scott
Yes, totally.

00:53:45:07 - 00:53:48:17
Dr. Jaclyn Smeaton
And certainly getting the whole picture is.

00:53:48:19 - 00:54:09:18
Dr. Tara Scott
Oh, and I've been tried in some of those people to get serum, cycle day three labs and 21 to try to put together the still is an incomplete picture cycle. Day three cycle day ten Serum Labs. You still don't get the same picture. So I am a fan of that. Yeah. And I'm using I'm using that more and more in our practice.

00:54:09:18 - 00:54:38:17
Mark Newman
Also, could I ask a follow up question on the the if you're done with the cycle? Why? I wanted to ask a follow up on that. You mentioned the GPU ones. I was just curious. People using GLP ones, even working out and still losing muscle while they're doing that. I was just curious how much you're looking at androgens and testosterone as,

just along with that, in terms of just the idea of preventing muscle loss while you're losing fat.

00:54:38:19 - 00:55:04:08
Dr. Tara Scott
So for our patients that are using it, just to be clear, we're doing them usually a microdose, personalized protocol for that. There's a mandatory in body at the beginning that we're looking at visceral fat measurement and, body composition, muscle mass. And then they have another one that after they're losing their weight. So we are monitoring that physically with the in body, which is looking at the visceral fat and also the percentage of muscle distribution.

00:55:04:10 - 00:55:28:10
Dr. Tara Scott
We are, very, very much using androgen replacement in our patients, even though the clinical guidelines say post-menopausal low libido. We are using an off label for premenopausal people with low testosterone. And we are seeing a lot bit better improvement because to your point, we're seeing them. I'm I'm trying I'm going to the gym. I'm doing this.

00:55:28:10 - 00:55:47:23
Dr. Tara Scott
I'm just not seeing the gains. So we have been I don't want to say liberal, but I mean people need testosterone in their advisor, the risk, benefits and alternatives. And then then we're using it a lot in our practice. And then that seems to be another focus that maybe your mainstream clinicians are really scared about. Still is looking into the androgen piece.

00:55:48:01 - 00:56:09:23
Dr. Jaclyn Smeaton
I love that combination, and I love that you're doing the embody before and after. And that's the biggest drawback to GLP ones is the concern that you're getting this kind of short term benefit at the cost of long term health. So you know, that muscle wasting. And, when you think about metabolic health and metabolic longevity with GLP one use, if you're under eating, your metabolic rate can then go down.

00:56:09:23 - 00:56:22:17
Dr. Jaclyn Smeaton

And if you're losing muscle mass, then your main engine for metabolic activity is going away. There's just so many risks. So I love that you're layering those things in to really mitigate that. Really both aspects of that.

00:56:22:22 - 00:56:32:02
Dr. Tara Scott
Yeah. We have a mandatory, health coach where they're, where they're going over their food diary to, to make sure that they're getting their protein macros and their caloric macros also.

00:56:32:06 - 00:56:52:22
Dr. Jaclyn Smeaton
That's great. The last topic that I want to talk about from a symptom perspective that, again, I feel like affects so many women, there's so many drivers. And this is one where really oftentimes no testing is done is anxiety, particularly in perimenopausal women, postmenopausal women. Typically what I've seen with patients that have come in with this is that they're not tested really for anything.

00:56:52:22 - 00:57:01:15
Dr. Jaclyn Smeaton
They're just put on some kind of anti-anxiety medication. Can you talk a little bit about what use is that what you see also and what type of testing should be considered.

00:57:01:17 - 00:57:20:13
Dr. Tara Scott
Yeah. And so I personally I don't have anything against those medications. I just personally don't prescribe them. And probably because I haven't had a lot of experience prescribing it, that leads me not to want to manage like side effects or anything. But I have noticed for a long time that hormones, like I always explain it, that each hormone has a best friend as a neurotransmitter.

00:57:20:16 - 00:57:51:04
Dr. Tara Scott
So, although if you talk to even an integrative psychiatrist, they would say the biggest predictor of depression is the Ace score, which I do agree, but I have seen people with good childhoods, married parents, faith based home good, you know, everything. And then they go through puberty and they start having anxiety. So I know there is an ongoing organic component for some people, whether it's the

metabolism of the neurotransmitters or whether it's the fact that, you know, estrogen and serotonin travel together.

00:57:51:04 - 00:58:14:19
Dr. Tara Scott
Progesterone and Gaba, dopamine and testosterone, cortisol, norepinephrine, that's one of the things I do like about your organic acid profile. I wish you still had the five, but I understand the nuances with that. But I do look at that. I comment on that with patients. There are dopamine metabolites. They're, norepinephrine metabolites and they're I can't remember the, the neuroinflammation marker.

00:58:14:21 - 00:58:50:17
Dr. Tara Scott
So that's yeah. Yeah. So that's really important information for me that we do address on every patient as well. And so I do see that that subtle change in hormones for some people can manifest as a mood change as an anxiety nuance that panic attacks new. And said anxiety, depression either at midlife when they actually go through, you know, menopause and they have the fall in the hormones or in perimenopause when they're having the crazy increases in estrogen arsenal and decrease in progesterone.

00:58:50:22 - 00:59:12:19
Dr. Tara Scott
You know, we know postpartum, you know, that you can have these issues. Puberty, postpartum menopause is well documented. And there is data that shows that Hester dial therapy, while it shouldn't be considered first line for depression, can alleviate some of the symptoms of depression and anxiety. They won't. They won't tell you to prescribe it as an indication for that.

00:59:12:21 - 00:59:27:07
Dr. Tara Scott
So absolutely mental health is so important. And that's why the DUTCH chest is great, because not only are you getting the evaluation of the sex hormones, the cortisol, because that's going to be directly related to mental health, and then that organic acid piece as well.

00:59:27:09 - 00:59:45:05
Dr. Jaclyn Smeaton

The other thing that I wanted to ask you about was the overlay of cortisol, because I think another thing that I think about is like, oh, PMS get so much worse for women in perimenopause. And you if you test their hormones, oftentimes their hormones are still normal, but they're the ability to tolerate the normal fluctuation in hormones goes down.

00:59:45:05 - 01:00:02:08
Dr. Jaclyn Smeaton
Right. And so I always think about that layering and of well high cortisol can give you anxiety like symptoms anyway. But even just like the way that it impacts our resilience to handle the fluctuations in hormones that we should be going through a cycle to cycle. Is that another piece that you see complicate the picture?

01:00:02:10 - 01:00:10:23
Dr. Tara Scott
Yeah, absolutely. And so everybody's adrenal underlying adrenal function is going to directly impact how they experience perimenopause and menopause. Right.

01:00:11:05 - 01:00:34:05
Dr. Jaclyn Smeaton
Well I want to kind of wrap, with having a talk a little bit about like, the model that you practice in because you practice in a virtual practice, a lot of people aren't accustomed to that or they think they can't get that same type of care. Right. But you have the same process where they go into a lab to draw their blood, like, walk me through what it looks like for your patients to actually, like, do their testing from home.

01:00:34:06 - 01:00:38:22
Dr. Jaclyn Smeaton
What does that happen? What does that first kind of conversation to review results look like with you?

01:00:39:00 - 01:00:55:17
Dr. Tara Scott
Right. So we have two options. I do have a brick and mortar that I work at that I have two NPS and two, but that we only see patients in Ohio. So that only got us so far. And up until just recently, they'd have to come to Ohio, at least for the first face, to face based on the restrictions of our medical license.

01:00:55:17 - 01:01:14:01
Dr. Tara Scott
And then after that, they could do that. And what we noticed is that a lot of people were coming, you know, as far as from Washington state, you know, Florida, everywhere. They'd come see us and then, you know, then we'd have to do telemedicine. So recently at Form Health, we have launched the virtual care clinic, which were licensed up to 45 states.

01:01:14:03 - 01:01:38:16
Dr. Tara Scott
And what that lets us do is, you know, there's only like 4100 certified menopause practitioners in the country. And so and as an aside, I've been I've been one of those for 20 years. And so we're it we're way behind on on knowledgeable providers. And then there's also the patient that I saw yesterday that lives in Pennsylvania that had to drive five hours to see me, and then two hours to get her labs just to get the labs withdrawn.

01:01:38:16 - 01:02:01:15
Dr. Tara Scott
There's no lab within two hours. So having at home testing like this is, and like the other testing, like, some of them can go to get their blood testing for the metabolic markers that we like. But now having virtual care in, can in, you know, if you're a busy mom and you can't get childcare for your kids or you're busy executive and you can't leave work, but you can turn on your computer at lunch.

01:02:01:17 - 01:02:26:03
Dr. Tara Scott
Now, having that virtual care available. And some of the women like to get their labs drawn before the visit. And then the first visit is to go over it. But you can also come in not having had labs drawn or having labs drawn by another provider coming in, will will do it all. But you know, you would think that some of it gets missed and I and if you asked me I actually much prefer the live visits.

01:02:26:05 - 01:02:48:10
Dr. Tara Scott
But the virtual visits have opened up such a possibility to reach so many more people who are. Maybe you're in North Dakota and there's nobody, right? So there's just so many more options of people that you can reach through a virtual platform.

A lot of what we're doing is intake. You know, review systems, looking at labs, we're not really doing a physical exam.

01:02:48:10 - 01:02:56:18
Dr. Tara Scott
We're not general practitioner. You know, we're not a PCP. So the PCP is doing that. Are their gynecologists doing that? So it really lends towards a virtual.

01:02:56:18 - 01:03:10:22
Dr. Jaclyn Smeaton
Model I found the same. It's I think I think people are actually pleasantly surprised because I think it's going to feel impersonal or not as connected. But most people, after they go through that experience, it they it felt just like every other visit to them.

01:03:11:02 - 01:03:28:14
Dr. Tara Scott
I think sometimes it's better than when they go in. They say the doctor's typing on the computer like this, and not even looking at them, right? I mean, I've heard those complaints this way. We're looking at the zoom and we're, you know, hopefully trying to connect. I try to connect with patients on a personal level as well, like find a little bit about them personally before you just diving into what that whatever it is.

01:03:28:16 - 01:03:47:04
Dr. Tara Scott
But it's really exciting because for a long time, you know, people would reach out on social media and they'd be like, well, how can I see you? How can I see? Or how can I see somebody? And maybe I couldn't find anybody in their state. I look on our directories of anyone, not just our practice. So having this virtual care model, I think has been really helpful to people.

01:03:47:04 - 01:04:02:09
Dr. Tara Scott
And then that being able to mail them the DUTCH test or email them, whatever, they're doing a gift. Can you get to a lab for a blood draw and then near you? And we're still working on maybe even sending them an at home blood draw device to for some of that testing as well.

01:04:02:14 - 01:04:20:06
Mark Newman

One, just as a plug for providers who have been with us a long time, but maybe missed the transition during Covid. So it's been a while. But we actually dropship at no extra charge to patients. So for providers like you that have your North Dakota patient, the DUTCH test can get shipped at their order from us right to the patient.

01:04:20:06 - 01:04:35:11
Mark Newman
And that kind of saves you one step and maybe allows you to to look at the results on your first instead of having to necessarily, do, you know, multiple visits just to get the kit and then do the kit. So for those that aren't aware, we do we do that now at no charge for providers.

01:04:35:11 - 01:04:54:06
Dr. Jaclyn Smeaton
So thanks Mark. Well, to wrap, I want each of us to share one piece of hormone advice or myths that are going around right now that we wish we could put a stop to. And I'm happy to go first because I've had time to think about it, and then I'll give you guys at least a second to think about it.

01:04:54:07 - 01:05:14:08
Dr. Jaclyn Smeaton
So I think mine because I, you know, we've talked a lot about perimenopause and menopause. My whole bread and butter of my practice has been fertility. I think the one that I would share is just the concept of unexplained infertility, which you spoke to a little bit before. But if you have elevated fasting insulin, that's not unexplained infertility.

01:05:14:08 - 01:05:35:07
Dr. Jaclyn Smeaton
If you have any kind of abnormality or in the low third of CMA analysis, that's not unexplained infertility if you haven't had that full testing workup. But I think it's beyond what we look at, the narrow scope of what we look at for egg quality. And, you know, is your cycle normal or your tubes patent, then you get pushed to unexplained infertility.

01:05:35:07 - 01:05:49:23
Dr. Jaclyn Smeaton
But if you've not looked at your reproductive microbiome, it's not unexplained. So that's my myth that I want to bust is unexplained. Infertility is just an undiscovered

root cause, in my opinion. So that would be the myth I would bust. Who wants to go next? Mark, why don't you go next?

01:05:50:03 - 01:06:14:03
Mark Newman
But yeah. All right. I'll, I'll go with my recency bias again because it really hits what people have said a million times. And that is, having a single lab that's in range doesn't necessarily always mean that much. Someone very close to me, Hashimoto's diagnosis. But the first thyroid lab, particularly the TSH, was in range. And then the repeat test was a little high.

01:06:14:03 - 01:06:31:22
Mark Newman
And then, interestingly, with thyroid medication, the TSH was even higher. And then the dose went up. But when I go all the way back here, guess what I have is a DUTCH test with low cortisol metabolites. And so right away I'm like, hold on, this isn't diagnostic of this. But we got we had to dig into this a little bit.

01:06:32:03 - 01:07:01:19
Mark Newman
And if you remove that and all you did is take one lab test, we could have run in a different direction in terms of the thyroid status and with for further inquiry. There wasn't just a problem. There's a significant problem. And it's still in the works of solving that problem. But, having a normal one, normal lab test that is the typical one that a provider looks at was just so insufficient in terms of number of tests, types of tests, and even types of body fluids that we can we can use to inquire about those things.

01:07:01:19 - 01:07:14:06
Mark Newman
So for me that, that's been a story our clients have told me a million times. But just like two weeks ago, it just, like, hit our family. I'm like, oh, now there it is. Don't stop asking questions. Do you figure out what's going on?

01:07:14:08 - 01:07:16:23
Dr. Jaclyn Smeaton
It's a great one, doctor Scott, bring it home.

01:07:17:01 - 01:07:38:12

Dr. Tara Scott
Yeah, I guess mine would be like, I still hear a lot of people saying, oh, you can't do anything about your hormones. So it's been 12 months without a period, no prescription, no testing or anything. And so I would, you know, so many people are suffering through perimenopause and not getting treatment or testing. So I would think that would be the thing that that that is inaccurate.

01:07:38:13 - 01:07:47:04
Dr. Jaclyn Smeaton
Fabulous. Well, thank you both for joining me today. Doctor Scott, if people want to learn more about you or your practice, what's their best place to connect with you?

01:07:47:06 - 01:08:03:15
Dr. Tara Scott
Yeah. So on social media, I'm Hormone Guru MD on Instagram, Hormone Guru on TikTok. And so lots of free information on YouTube as far as free downloads on the website and everything. And in the link in my bio, you can see where you can learn more about our virtual care clinic, which I think we give. We'll give you the link for that.

01:08:03:15 - 01:08:22:09
Dr. Jaclyn Smeaton
Fabulous. We will put all the links in the show notes and thank you guys all for listening today. This was a really fabulous conversation. If you want to hear more conversations like this about hormones and about the DUTCH test, be sure to click subscribe where you're listening. Today we put out a new podcast every Tuesday. We've had amazing guests and fabulous conversations just like this one.

01:08:22:11 - 01:08:31:12
Dr. Jaclyn Smeaton
Also, don't forget to follow us on social as well at DUTCH Test everywhere you could possibly find us. Thank you so much! We'll see you next week.

01:08:31:14 - 01:08:33:22
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01:08:34:00 - 01:08:34:17
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