

Welcome to the Cutting Edge Health Podcast with Jane Rogers, where we discuss science to help prevent cognitive decline.

Jane Rogers: Welcome back to the *Cutting Edge Health: Preventing Cognitive Decline Podcast*. In this episode, we take a deep dive into the latest research to maintain our memories. From drinking pomegranate juice, to using a hyperbaric chamber. This is all research that comes out of the UCLA Longevity Center at the Semel Institute for Neuroscience and Human Behavior. Its director is Dr. Gary Small and he's our guest. Dr. Small, thank you for joining us.

Dr. Gary Small: Pleasure, Jane. Glad to be here.

Jane: Thank you. I'm reading the *Memory Bible*, the book that you wrote 20 years ago, but then you have a second edition that just came out. You have learned so much as a researcher, as a scientist in the last 20 years. What have you learned about Alzheimer's and prevention?

Dr. Gary: It's really the same story we had 20 years ago, but it's refined, because we now have two decades of research supporting what we were saying back in the day. That for the average person, genetics, sure, that determines your brain health as you age, but non-genetic factors are even more important. Those little decisions we make each day, should I have a side of broccoli, or should I get the French fries? Should I take a brisk walk this morning, or should I sit down and watch television? Those have an impact on how long and how well we live. There's no question about it.

Jane: I agree. I think a lot of us are changing our habits because of that. We're also watching our blood sugar a lot better. We're checking in our heart health, our nocturnal oxygenation, all of those kinds of things to make sure, are we healthy to start with, so we won't get this.

Dr. Gary: It's not only those strategies you mentioned about taking care [00:02:00] of your physical health, but I often talk about the big four that we've got to keep in mind. Exercise your body, exercise your mind, try to deal with stress as best as you can. Let's see, what's the other one? Oh, yes, your brain is what you eat. Your decisions on what you ingest, do have an impact on your brain health, there's no question.

Jane: I've read some of your research too. What I found especially interesting this week, I tried something new. I tried a hyperbaric chamber. I've never done a hyperbaric chamber. In the *Memory Bible*, you say that may have some efficacy. Why?

Dr. Gary: Ultimately, we don't know why these things work. In fact, I used to have a quote of Einstein's in my office, "If we knew what we were doing, we wouldn't call it

research, would we?" We have theories as to why it works. Hyperbaric oxygen, of course, the idea is, get more oxygen in your brain. Your brain needs oxygen and nutrients to function well.

The earlier studies on hyperbaric oxygen didn't pan out, but some more recent research suggests there may be a there there. We're not entirely sure why, but I'm an agnostic when it comes to research. I don't know, let's do the studies, and see where it takes us.

Jane: One of the studies you did too was on pomegranate juice. I saw in 2020, you published that. Tell us about pomegranate juice, and how that might help us.

Dr. Gary: Pomegranates have antioxidants. One thing we know, as our brains age, they undergo what's called oxidative stress. These causes wear and tear on our brain cells. These pesky little so-called free radicals, these ionized elements in our bodies will destroy DNA, they'll destroy the cell walls. By ingesting pomegranates, blueberries, **[00:04:00]** any colorful fruit, that helps to counteract that oxidative stress. We found a positive result in that study. It wasn't overwhelming, but still it seemed to help to some degree.

Jane: Are you drinking it every day? That's what I do.

Dr. Gary: I'm not. You know what I do use every day?

Jane: What do you do?

Dr. Gary: I use curcumin. We did another study where we looked at curcumin, which is a spice, a 5% of turmeric is curcumin. People uses in their cooking and so forth. We got interested in it because there had been studies showing that in India, there are lower rates of Alzheimer's disease in older adults. In the laboratory, the chemical properties of curcumin ticked all the boxes that were important for keeping your brains healthy.

I mentioned antioxidation also, it's anti-inflammatory, it seems to also have an effect on dampening down the abnormal proteins that collect in the brain in Alzheimer's, amyloid plaques and tau tangles. We raised some money from a couple of foundations, and found a company in Asia that produced a form of curcumin that was bioavailable that actually got into your body. Did the study and had a very positive effect.

Now, the downside of the study was that, we had a relatively small sample size. What we're doing, we've negotiated with the company in Asia, and we're replicating the study back at UCLA, and also where I am in New Jersey. In the meantime, I'm convinced that there may be a there there, so I'm taking curcumin every day.

Jane: You mentioned that that certain brand had more bioavailability.

Dr. Gary: That's right.

Jane: There are other brands that I know about--

Dr. Gary: It's possible, but I don't know. That's the one I studied. If your viewers are interested, they can do a brain exercise. Go online and search these **[00:06:00]** keywords, "UCLA memory curcumin." That would bring you to the press release that UCLA put out. It also links to the actual study, and it gives you the brand name called Theracurmin.

Jane: Oh, that's what I'm taking.

Dr. Gary: Oh, you are? Okay, very good.

Jane: Yes. [laughs]

Dr. Gary: Yes.

Jane: I'm taking a lot of it every day. How much are you taking?

Dr. Gary: I should probably take what we recommended, but I only take one a day. It contains 90 milligrams a day just for convenience. In the replication study, we're going to give it to people, actually, a more bioavailable form. They've upgraded the ingredient, and we'll give it once a day. I think it's hard for people, especially, if your memory is slipping, to take things twice a day, you forget.

Jane: It is. It becomes expensive too. The more pills you're taking, there's a cost to it.

Dr. Gary: Yes, there is a cost, but I think that one of the most precious assets we have is our memory. People will pay a lot to keep their memories intact.

Jane: What are you doing now in the lab? What's exciting you and your team members?

Dr. Gary: Right now, I am not doing as much as I'd like to do in the lab, because I've taken on a big challenge. Actually, I followed some of my advice, and that is to try to challenge your brain. I was at UCLA for many decades, built a large program there. A headhunter drew me out to New Jersey to run psychiatry for the largest health system in New Jersey, so I'm busy dealing with that.

In the meantime, I'm setting up studies. We have an addition to the curcumin study. We've just set up a study, where we're looking at a device that people wear. It provides electrical impulses to the brain. We're going to be studying people with mild to moderate

Alzheimer's disease to see if it has an effect. There's a lot of other things going on that I think are promising.

Offline, we were talking about cannabis. When I was back at [00:08:00] UCLA, we had established a cannabis research initiative that was looking at all different approaches to how cannabis might help brain health. I got interested in it because many of my older patients were using cannabis recreationally. I could not advise them because there was such little research.

I think there might be something interesting in cannabis. There's some studies showing that certain ingredients may actually have a brain-protective effect. Again, getting at those mechanisms that I think are important, the anti-inflammatory, antioxidant mechanisms. My concern about the research on Alzheimer's is, it's been hyperfocused on one mechanism.

If you look at brain scans of an Alzheimer's patient, or if you look at a brain autopsy, you see the brain is riddled with this abnormal protein deposit amyloid. That's where most of the research is focused. You might have followed some of the research and there's been a lot of hiccups along the way, that you can clear the amyloid out of the brain, but it may not affect the disease.

I think that another theory is that the amyloid that's accumulating, may be a byproduct of some other mechanism. This gets us back to inflammation, which I think is a very important mechanism. Now, I mentioned the curcumin, and it had several properties, but my hunch is it's the anti-inflammatory property. Before we did the curcumin study, we did an NIH-supported study, where we looked at an anti-inflammatory drug.

It was actually Celebrex, which is one of these non-steroidal anti-inflammatory drugs. We gave it to people who had, not Alzheimer's disease, but mild memory loss associated with aging. Can't find your keys, can't remember someone's name. We found that it had a significant effect. Now, the problem with it was that, other studies have found, if you give an anti-inflammatory drug to people who already have dementia more severe cognitive decline, it actually could worsen things.

A big issue in this area is timing. You want to find that sweet spot, where you're going to dampen inflammation, so that it doesn't contribute to brain deterioration, but we don't have a biomarker to tell us when that is. Also, the problem with using anti-inflammatory drugs, is that they have lots of side effects. Unless we have compelling evidence that this is the way to go, we don't want to put a lot of people on those drugs, unless they need them for joint pain or other issues.

Jane: I've started taking for inflammation, which my markers are a little bit higher than I want. I've started taking molecular hydrogen.

Dr. Gary: I don't know about that. Tell me what's the evidence behind that?

Jane: Well, there's research that shows, and I'm not a scientist, I'm just a lay person, but it acts as an antioxidant. If you're flying, for example, and you get exposed to the radiation, pilots and things like that, it's one of the ways to help detox from the oxidative properties of the radiation, and it lowers inflammatory load in your body. I haven't retested. I just started doing, but I just wondered if you've heard of it.

Dr. Gary: I haven't heard of it, and it's very challenging, this whole space because even for scientists, it's hard to sort through all the research. You hear testimonials and stuff looks good on paper or in the ads, but there may not be proof. I think we also get hung up with some of the biomarkers with the brain scan results or the blood tests, at the end of the day, the good news is, your brain looks better. The bad news is, you're going to forget this conversation. I think we've got to be cautious.

When I look at the studies, now, let's just take the curcumin study, to begin with, or how I got down the path of inflammation. It was back in the 1990s when there was an epidemiological study. It was a big study called the Baltimore Longitudinal Study.

[00:12:00] What they mean by epidemiological studies is that, they take a whole bunch of people out in the community, and often representative samples. They figure out by pencil and paper tests who has dementia, or cognitive impairment, and who doesn't.

Then, they look at their histories, or they follow them over time, and they find out, "Well, what kind of medicines did you take? Did you exercise, and did you watch television. or did you read, or did you go to college?" That showed, that can demonstrate an association. In that study, the Baltimore Longitudinal Study, they found that people who took anti-inflammatory drugs for two or more years, had a lower risk for getting Alzheimer's disease.

Jane: That's good.

Dr. Gary: That sounds pretty good. That got me in that area and then looked at the biology of it. Now, what happened with the science there? That's an association, but there may be something associated with taking anti-inflammatory drugs. Maybe you're more educated, and you're more likely to get to a doctor and take it for something else. It may be a spurious association.

To actually prove the cause and effect, you've got to do what we call a double blind placebo controlled study in humans. What that means is that, you take a bunch of people, and in this case, it would be people who have the disease, or are at risk for the disease. You put them on the ingredient. Half of them get the ingredient. Half of them get a placebo because placebo works, but it's only temporary. In fact, if you and I took placebos this morning, we'd probably feel better right now.

Jane: We would. We'd be remembering things better. [chuckles]

Dr. Gary: That's right. You've got to sort that piece out and they don't tell, it's double blinded, because they don't tell the investigators or the research subjects who's taking what until the study is done, that's the way to sort it out to prove that something really works. Another complication is, and this was an error I think that was made after that [00:14:00] epidemiological study.

The next study the scientist did, was to take anti-inflammatory drugs, and give them the people who already had dementia, who were more advanced, and it didn't work. Again, it was the timing, and that, it didn't make sense to me because really that Longitudinal Epidemiological Study, they were looking at people who were at risk for more severe disease, not people who already have the disease.

Jane: You've been in this business during, I think, a frustrating time, haven't you? Where everything was focused on amyloid for so long. Now, we're finally starting to see things changing with lifestyle factors, anti-inflammatories instead of just one drug to beat this thing.

Dr. Gary: It's been up and down, I'll tell you. It's interesting. I did a book, oh, over a decade ago called *The Alzheimer's Prevention Program*, just after there was a panel that said you can't prevent Alzheimer's disease, [chuckles] and then a year later people say, "Well, maybe you can," in the sense, if you say prevention equals cure, I don't think anybody would buy into that.

If you think of prevention as delaying disease onset, I think people have come around to the fact that the evidence is very compelling. This is very personal for so many people, because so many of us have close relatives who have suffered. Every time you misplace your keys, you think, "Oh, my God, it's happening to me." Many of us are quite motivated to do the right thing, to take care of ourselves.

Jane: Which is why I'm sitting here. Both my parents have Alzheimer's, and I started to show early signs too. I'm motivated to learn.

Dr. Gary: Are you showing early signs, or are you just experiencing normal age?

Jane: I was showing early signs at the same age as my dad, 54, seven years ago. It was noticeable to my family and those around me, I was not doing well.

Dr. Gary: Did you have some impact on changing your lifestyle?

Jane: Totally, changed.

Dr. Gary: What do you think worked for you?

Jane: Oh, many things. I had a high level of toxins [00:16:00] in my body that I wasn't excreting. I had too much glyphosate. My inflammatory markers were really high. I wasn't taking bioidentical hormones to keep my hormone levels up, which is also neuroprotective to some extent. I wasn't doing brain games, like we're going to talk about in a minute, things to improve your memory. I wasn't sleeping well, so all those things.

Dr. Gary: Very good. Well, good for you. Well, so there are a lot of things that you actually took care of, and it's making you feel better. That's fantastic.

Jane: Now, what you say in your book is that we really-- I started really focusing heavily on this at 54, but you're saying, no, you can tell when someone's 25, if they're struggling, and might possibly be heading toward.

Dr. Gary: Well, yes, there's some evidence for that. To some extent. There are studies showing that you can, actually, the famous study about this was the nun study that was done a number of years ago, where they looked at diaries of nuns, who were in their 20s, and they followed them up 50 years later, and they found that the complexity of language and the vocabulary in those diaries predicted who would have a problem 50 years later.

There can be subtle evidence very early on, but most of us don't have diaries from that long ago. It's hard to use that as a predictive tool. The other problem with some of the predictive tools, and I've been doing-- I've done a lot of research on brain scanning, and trying to predict what's going to happen from looking inside people's brains, is that, you may see something, but what can you do about it?

I mean, is it going to make a difference? If you show an abnormality on a brain scan, maybe 10, 20 years before someone becomes symptomatic. Now, it's possible.

[00:18:00] It could motivate that person to live a healthy lifestyle as you've done.

There's other studies showing that, you tell people they've got Alzheimer's in their brain, and they get anxious and depressed. That's not good.

It can go either way. My own feeling, unless you have a test that really guides you on what to do. Medically, may not be a good idea to take that test. It's not just in brain health, you see it, in lots of things, back pain. If you give someone an MRI of their lumber spine, chances are there's going to be abnormalities and half those people won't even have symptoms. I think it's a tricky area.

Jane: Would you recommend genetic testing to see if you carry the Alzheimer's gene?

Dr. Gary: Only in certain situations, the average person probably has some genetic risk, but it's not great enough to actually use it as a predictive test. About less than a percent

of cases, there are families that have, what we call an autosomal dominant inheritance pattern, which means that, half of family members get the disease. You inherit that, all you need is one copy of the disease to give you that risk.

Usually, it's early in life. You've probably heard of the families in Columbia, South America, and they've been doing these studies to look at them. If you get that test, you have the disease, but that doesn't really fit for most people. Most people will tell you, "Well, I had a grandparent who had it, and she got it in her 80s." Or, "I had a cousin who got it in their late 70s."

Now, if you look at prior probabilities, and the risk for dementia, by age 85, some studies show up to 40%, 50% of people are at risk. If I give you, let's say I give you a genetic test. The one that we studied the most is a APOE, and it's positive. You have a APOE4. **[00:20:00]** Well, yes, that does increase your risk that you're going to get the disease, but it depends on how long you live, and it depends on what your lifestyle is. We've done studies of people who carry the APOE4 genetic risk. If they exercise more, they live a healthier lifestyle, they have less Alzheimer's in their brains.

Jane: Which is what I'm hoping.

Dr. Gary: There have been studies as well as the brain scans looking, informing people of their genetic test results. It can have a negative effect, not just on mood, but even on their memory. It's almost a self-fulfilling prophecy when they find out they have this.

Jane: Especially, if they don't know what to do to really work with it. We need more education. I mentioned the future. You updated your book now. Looking back at the 20 years and what you've learned, but tell me what you think is coming. Do you think you're going to live long enough to see not a cure, but less people getting this as we age?

Dr. Gary: I think, to some extent that may be happening. There have been some large studies looking at these lifestyle strategies, and it really seems to work. There's a big study that's been done in Northern Europe. It was an expensive intervention, where they had people meet with nutritionists, they had them exercise and do all kinds of things. They developed dementia or cognitive decline at a lower rate.

Even looking at the predictions from 10, 20 years ago of what the rates of dementia would be, they seem to be getting lower in developed nations, where people are more educated, and they're living healthier lifestyles. I think that is good, but the problem is, and I suppose this is why I became a psychiatrist, is how do you help people to change. It's one thing to say, "Eat right and exercise," but I get, "Well that's fine and dandy, doctor, but do you have a pill?"

I think the question is, how do you motivate people to live healthier? I think that's one reason [00:22:00] that my wife and I have written all these books about it. One reason I've developed programs on it is, that there are things you can do to convince people, and we're doing that right now. The first is to educate people, so if you know that if you take a 20-minute risk walk this morning, instead of just sitting around and doing nothing, that's going to help your brain.

You're going to be more motivated to do that. The other thing is you have to develop programs that are not overwhelming, and that are fun and engaging. You do a little bit each day, you get used to it, and you get better. It reinforces itself. The other thing you have to build in feedback. If you go on a diet, and you lose a couple pounds in a week, you're going to be motivated to keep doing that. In the *Memory Bible*, for example, we have little tests that we give people to show them how they're improving. If they start using the methods.

Jane: That's the psychiatrist coming in.

Dr. Gary: There you go. [laughs]

Jane: Tell me about the memory-- I don't want to call them tricks, but the things that you use, because you're memory's strong, you're a memory expert, and you think it's important that we exercise our memories all the time.

Dr. Gary: Yes. Well, I think there's really two aspects to exercising your mind. One is stimulating yourself, is to have conversations with friends, to read books, to play games, to do puzzles and so forth. There's some evidence that that kind of active mental activity will exercise your neural circuits or keep them strong, and possibly stave off disease, but the other is a more specific mental exercise, it teaches techniques or tricks, if you want to call it, that will help people to compensate for their fading memories.

In fact, these techniques [00:24:00] have been around for a long time. I remember when I was in medical school, there was somebody promoting a memory book, and I was about to take gross anatomy, which is a very difficult topic. I read the book and I did very well in gross anatomy, but the trouble with the book, it was not fun. It was really complicated and I didn't like that.

Fortunately, I teamed up with my wife, who's a great writer, and we were able to simplify some of these methods. In the *Memory Bible*, we introduced look, snap, connect as the three basic methods that all these techniques build on. Look is a reminder to focus your attention. The biggest reason we don't remember is, we're simply distracted, not paying attention. Snap is a reminder to take a mental snapshot of what you want to recall later, that leverages your brain's natural ability to recall things visually, and connect is a way of linking up those mental snapshot, so they have meaning.

If you can make something meaningful, it will become memorable. If you meet a guy and his name is Harry, and he happens to have a lot of hair, already, you're going to remember his name, and you can do that for names and faces, which is the biggest complaint people have, or one another big one is what we call the tip of the tongue phenomenon, where there's a movie or a book that's on the tip of your tongue, but you just can't-

Jane: Can't come up with it, yes.

Dr. Gary: -get it. Doesn't roll off, and then you're driving along, and then it comes to you. I think that's because our memories live in neighborhoods, and you have certain associations that help you with the memory. I'll give you an example, how look, snap, connect can help you with the tip of the tongue. Actually, my wife and I were watching a movie many years ago. It starred Jeremy Irons playing two psychotic twin obstetricians in Canada. It was a real creepy movie.

It was very-- What was compelling about it [00:26:00] was Jeremy Irons' performance playing both of these twins, but whenever we'd see something about Jeremy Irons, we'd, "Oh, remember that movie he was in, what was that called? Was it, he played a twin. He played twins. Was it *Twin Peaks*?" "No, that was that TV series." For the life of us, we couldn't remember it.

What we did was, we used look, snap, connect. Whenever I want to remember the name of that movie, I visualize Jeremy Irons playing dead with rings on his fingers, and the name of the movie is *Dead Ringers*.

Jane: Oh, that's good. That's good.

Dr. Gary: What it does, it uses what it was compelling. It's an emotional memory. The theatrical performance riveted in my brain, but it didn't quite link up exactly what the title of the movie. What I recommend to people, if they have that tip of the tongue experience, you can't remember the name of that book that you love, you want to tell somebody about it. When things calm down, look it up.

Fortunately, we have these external memory devices, our smartphones, look it up and then use, look, snap, connect to come up with a visual mnemonic. That'll fix it in your brain.

Jane: Do you think our memories are struggling because of all those devices, we rely on them so much?

Dr. Gary: Oh, yes. Again, we're not paying attention. That's half the battle and we're distracted by these devices, but we can use them. We use them all the time for our

memories. How many times are you at dinner and somebody can't remember something, you look it up, and our brains do that naturally. Our brains are economical. If you don't remember where that restaurant is in town, and your spouse does, you don't have to look it up. You just say, "Hey, Gigi, where's that restaurant again?"

[laughter]

Dr. Gary: Even before we have the smartphones, we would do that, because to remember everything is exhausting, and we tend to remember things that are meaningful. Now, you as a podcaster, I'm saying a lot of things right now, and probably, half the stuff I'm saying, [00:28:00] it's just going out into sensory memory, which means you're not really going to pay attention to it, but there are some things that work into your mental template that makes it important, that you'll ask a follow up question on, because it has meaning to you.

Jane: One of the follow up questions is you're taking curcumin, but what else are you doing? Because you've been in this field a long time, you probably have a whole regimen you do that I would love to learn about.

Dr. Gary: It's not that complicated. Basically, I like to practice what I preach, and if your head's in this space, it's very difficult for it not to affect you. I would say, I'm proud that I'm healthier now than I was 20 years ago. [chuckles]

Jane: Isn't that amazing?

Dr. Gary: Because I try to integrate, and the stuff we write about, whether it's Pilates or meditation, you got to get into it, you got to understand it, and try it yourself. What I do is not that miraculous. I already talked about the curcumin. Physical exercise is really important. I get in aerobic and strength training. I think you got to do both. The studies show that it's positive, and also gives you more confidence, I think at any age.

Then, there's the ugly stress that rears its head every day, which is impossible to erase, but it can be managed. I might do some meditation or talk about what's bothering me with a friend, or with my wife, and not let it get to me. I can use that also. Sleep is so important. When you get older, you tend to have a lighter sleep. I try to use good sleep hygiene, go to bed the same time, but if I wake up in the middle of the night, I'm not going to fret about that.

I'm going to just-- A trick I learned many years ago, I used to read when I couldn't sleep at night, and then I'd get sleepy, and I'd turn off the light and get back into bed, and I'd be awake again, because all that physical movement was stimuli. [00:30:00] One thing I'll do is, I would use a Kindle Backlit. You can just read it-

Jane: In the dark.

Dr. Gary: -and drop it off, but even better is Audible Books. You can put it on-

Jane: To a really boring book. [laughs]

Dr. Gary: Well, or it has to be the right book. [chuckles] I started with another book and it was just too stimulating, and it didn't do the trick, but it's just, you just drift off. It's an old technique, if you think about it. Your kids, you read them a good night story or you count sheep. It's a way to get your mind off of worrying about sleeping. Another part of that, that I found it can be helpful, it's a form of meditation.

Is just to get yourself in a very comfortable position and don't move, or even you can do a guided meditation, where you notice different parts of your body systematically, and just try to relax it. All these techniques are tremendously helpful and empowering. It's just a combination of things. Diet, very important. I'll eat every meal. I try to have a healthy protein and healthy carb.

Protein sustains your satiety, so you don't snack on junk food, and the carb gives you energy, and try not to overeat. Try to balance the diet. Get enough omega-3 fats, which reduce inflammation, enough fruits, and vegetables, and just live an overall healthy life.

Jane: You mentioned kids, and I don't know how old your children are. Can you convince them at all that they should be working on brain health, and making sure that they're doing all these things you mentioned? Are they not interested, "Dad, come on, we don't want to hear about it."

Dr. Gary: Well, I would say, "Yes" and "No". I think that it's never-- I always say it's never too early or too late to start taking care of your brain. In fact, I would go to my kids' schools every year, and do a little mini-lecture for the kids. [00:32:00] It helped them learn the capitals of the US. My kids thought that you eat broccoli for your brain. It's going to make your brain red, because they saw the brain scans. [laughs]

I think part of that is that, it's easier to learn a good habit than to break a bad one. To some extent, you can do that. There's the invincibility of youth, unless something's bothering you, you're not going to bother with changing your habits. There's a lot of peer pressure to do things differently, but you can have a conversation. I think the best thing is to have adult conversations with them.

One of the books we wrote was called *iBrain*, and it was about how technology can help or hinder your brain health. We did a lot of talks at schools. At some of the schools, the principal would have a contest. They'd say, "Let's see if you can go before Dr. Small comes and we have this lecture. Let's see if you can go without technology for 24 hours,

and we'll see what happens." It was really interesting. I think it really engaged them in the conversation to see the ups and downs of it.

Jane: Before we close, is there anything else you'd like to talk about from your research, or your hopes for the future?

Dr. Gary: Well, this is what we call in psychiatry, the doorknob comment.

[laughter]

Jane: One hand on the doorknob. By the way--

Dr. Gary: The patient is just about to leave and, "Oh, by the way, I'm going to kill myself." [laughs] Oh, oops. Is there anything? I think that it's-- I would just say that you got to find something that works for you, that fits in with your lifestyle. It's not that difficult. You say, "Well, I haven't got time to go to the gym." You don't need to go to the gym. Park your car a little bit further from work, take a brisk walk.

Decide to take a few stairs today, instead of taking the elevator. Pace yourself, don't do it overnight. Try to build up gradually. It's just like a physical exercise program. If you go too fast, you're going to injure yourself. Find that sweet spot, where it's fun and it's engaging, [00:34:00] and do it every day.

Jane: Great advice. Dr. Small, thank you so much for your time.

Dr. Gary: My pleasure, Jane.

Jane: I really appreciate it. You have a great day.

Dr. Gary: Thank you. You too.

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