

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

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[00:00:00] Jane Rogers: Welcome to the *Cutting Edge Health: Preventing Cognitive Decline* podcast. I'm Jane Rogers. I'd like to welcome you to this conversation I shared with Dr. Dan LaPerriere. He is the founder of [Colorado Concierge Functional Medicine](#). Dr. Dan, as he likes to be called, is licensed in 24 states, and his practice is 90% devoted to helping people with memory issues regain their cognition. He shares a lot of his go-to strategies in this conversation. Enjoy. Dr. Dan, thank you so much for joining us for this conversation this morning.

[00:00:33] Dan LaPerriere: Yes. Thanks, Jane. Happy to be here.

[00:00:35] Jane: You practice in, is it Louisville, Colorado?

[00:00:38] Dan: You pronounce it Louisville.

[00:00:39] Jane: Louisville. Your practice is almost entirely devoted now to treating people, hopefully, with early signs of cognitive decline. Start me out. How did you get into this? You could have gone a million different directions, and this is where you found your purpose.

[00:00:54] Dan: I sort of naturally was called or led here over time, but I began my career--I'm a family medicine doctor--so I began my career from my first 12, 14 years of practice. I worked a lot in rural Colorado doing full-spectrum practice. Maybe one of my earliest inklings was I was medical director of a couple of rural nursing homes. At that point in time, I wasn't personally affected in terms of my family with having anyone with dementia, but was really struck by all of these amazing people who I heard amazing stories of from their families, but who really were no longer that person anymore and just saw the devastating part of this disease process and also was really struck with the fact that, gosh, I don't have anything to really help people with this.

It's just sort of what we used to tell people, that there's nothing we can do. We have a couple of medicines that don't work so well, we're going to put you on those, and then it's going to progress and eventually you're not going to be able to live at home anymore. I then found functional medicine, so I was working in a regular medical clinic having to see four or five people an hour and was getting really discouraged in just the general medical field and also was bothered by a lot of people that just weren't getting better with what I was doing.

I had them on a bunch of medications, and they still had progressive heart disease and had a heart attack, or I had these challenging clients who had these unexplained symptoms and chronic fatigue and GI problems and were told by specialists it was all in their head and these things. I said, there has to be more, we're missing something. These are people who have something really going on. I came across one of the Institute for Functional Medicine's conferences, and I was like, this sounds really interesting, I'm going to go, and it just opened my eyes up to a whole new way of seeing things.

I slowly transitioned my practice and wound up leaving some of the practice I was doing in rural Colorado, although I continued for many years to do emergency room coverage, but where I started doing some more functional medicine, concierge medicine. During that time, I actually wound up having an uncle who had Lewy Body Dementia, and then seeing my grandmother--she was never officially diagnosed with Alzheimer's--but definitely saw her cognitively decline and seeing the signs of that for sure, but I live far away from her, but this amazing woman who had 10 kids and just seeing her cognition go away.

Around that time, I actually came across Dale Bredesen's paper from 2014, it was 2015, I think, at that time, and I was like, "Whoa, this is cool, this is like a functional medicine approach to dementia, this is right up my alley." I had a couple of clients who were seeing me who had dementia at that time, and I started trying to utilize some of these tools but didn't really have a great construct but started employing some of those, seeing a little bit of benefit maybe. But as Dr. Bredesen's research has improved and now there is Apollo Health, which he's the medical director of, of course, this is still a personalized approach, but it made it really more accessible to the general public and, of course, his books that came out.

I have more clients finding me because of this work I did, and I became even more involved with Apollo Health and have gotten more and more referrals from them, and just naturally over the past three years, it's just become really the specialty that I do where 90% of my clients really are people who are having some degree of dementia, like you said, hopefully more early cognitive decline. It's more of that subjective cognitive impairment; they're realizing, "Hey, something's going on, and maybe I have some genetic predispositions to dementia and I want to act on this now." It's great, I love it, yes.

[00:04:55] Jane: Yes. If we can get one thing out in this 40 minutes that we spend together, it is to act early, right?

[00:05:04] Dan: It really is, yes. Doing this for many years now and talking to many other providers who do the same work, if we can get on this early in the course, we really have an excellent chance at stopping the process in reversing cognitive problems that people are having. If things progress further along, it's much more difficult for many different reasons.

One is you're dealing with a lot more loss of just brain tissue as a whole, so the disease process just itself has gone longer. What I tell clients to realize is even if you're just beginning to notice some cognitive problems, and especially say you have a genetic predisposition, that probably means that 5 to 10 years before, there have been some mild changes going on in your brain already.

We can catch those before it really gets bad and stop that and reverse it but add another 10 years to that where you're having more significant structural changes that happen to your brain, you have a lot more things that you need to reverse. The other side of that is as you progress more, there's a lot of moving parts to working on protocol, like Dale Bredesen's protocol, a lot of lifestyle things and medications and supplements and potentially detoxification and all of these areas that get really complicated and it's a lot harder to get all those in line if you're having more cognitive issues.

[00:06:37] Jane: I know that you have in your practice a patient advocate who helps work with your patients, your clients, to make sure that they understand the protocol, they're doing the right things, they're doing the due diligence to get better, because it's hard to do that all by yourself.

[00:06:52] Dan: It is, yes. Having an advocate or health coach, someone whose job it really is to be there and support the individual and the family, especially when you're dealing with people who are further along with mild cognitive impairment or early dementia, there's a lot of support that needs to be done, right? It's a challenging role for that individual to try and make all of these things happen.

Yes, having a health coach is a really important part of the practice and the health coach that we have, she's gone through all the training and it's really great to help support people on the diet. A lot of it is encouragement and staying on these things too, because human nature being what it is, we tend to stick with things for a period of time, but then things can slowly fall off. Someone even over time to call and check in, and so for our ongoing clients, we even have it whether or not there's something specifically needed, but every other month we do a short check in just to remind people to be staying on the lifestyle changes, seeing if there are issues we can support them with.

[00:07:58] Jane: Because if you don't, you find your cognition just going like this again-

[00:08:01] Dan: You do.

[00:08:01] Jane: -right?

[00:08:02] Dan: Yes.

[00:08:02] Jane: Right away, you really do. Where do we continue this? There are so many different directions that we can go. Now, Dr. Bredesen has set up Apollo Health and Apollo Health helps really to guide someone on the right path. They do a lot of the testing. Tell us more about Apollo Health and how you work with them to get a person better.

[00:08:21] Dan: Yes. Apollo Health, it's interesting and really great because, again, it's a way where people can really access a lot of information that's out there and also access providers and health coaches to help them. If you're a patient and wondering about this and visited the [Apollo Health site](#), you can see ReCODE, which is for people who are noticing some cognitive changes. Even if it's mild, you would really want to fall in a ReCODE area.

Then there's PreCODE, which is what I tell people is really in my mind for an individual who's younger and really healthy and doesn't have any noticeable cognitive problems at this time but knows that there's a family history or maybe knows that, "Hey, I'm 35 years old and I have an APOE4 gene. I want to start doing some things now. I don't want to go crazy, but I want to do some things now so that way I set myself up so maybe I don't need to do a full ReCODE program later on in my life."

You can look at both of those areas and then an annual or monthly fee that you pay and that gives you access to a search database where you can find practitioners and health coaches throughout the country. You can look for people local or there are a lot of us who do telehealth. I myself have medical licenses in, I think, 24 states now.

[00:09:44] Jane: That's impressive. That's a lot of paperwork. [chuckles]

[00:09:47] Dan: It's a lot to stay up on, a lot of paperwork on that end. I think it's worth it because I really get to reach out and help people throughout the country. There are some areas where there's really not providers who are local. This work does lend itself so you can really do it virtually, which is nice.

On to Apollo Health...there's tons of guides and tons of information. It's oftentimes overwhelming for clients. There's so much information that you can search for and go through. There are monthly webinars that are done by Dale Bredesen, as well as a colleague oftentimes where they answer questions that people send in and talk about new topics. You can order some labs through them; many providers like me, we can also order extra labs if you become our clients.

Then we take historical information and lab information, and it gets plugged into this algorithm. Really, this is an algorithm that's developing, and we're continuing to learn over time. It helps to classify different subtypes of Alzheimer's. For people who aren't familiar with it, there's type 1 that's inflammatory and type 1.5 that deals with elevated blood sugar,

and type 2, which has atrophic, which is decreased hormones and vitamins and nutrient levels. Then there's type 3, which deals a lot with toxicities, type 4 with blood flow and oxygen and vasculature issues to the brain, and type 5, which is history of trauma.

Using your labs and historical information that we get, we can get a sense of which of those are maybe the highest priority for a given individual. We want to address all the areas as we're going along, but it gives an area and saying, "Hey, this is the top area for us to target and focus on. Let's spend a lot of our effort here, but let's not ignore some of these other areas too."

Then, over time, we get updated labs based on things that we've done, and maybe some things historically change because we've improved an area, and we update that. You can see how you progress if areas are worsening or improving over time. It gives a really nice structure and flow and a way to see if we're pushing things in the correct way, at least on a biochemical level. Of course, what we really want is for a person to say, and their loved ones to say, "Hey, I'm thinking better and more clearly, and I'm functioning better." Families saying, "Wow, they're more interactive and more like themselves." That's what we really want to hear.

[00:12:22] Jane: This must be very gratifying work. I'm sure you can tell me story after story after story of people who come into your office, and you've really given them their lives back.

[00:12:32] Dan: Yes. Yes, one is the ability to give some hope because this has been something where there's not been much hope. Still, a lot of people come in to see me after they've been told by multiple providers that there's nothing they can do, and then they came across this work and said, "How can this be that specialists or other providers don't know about this, or don't believe in it, or don't even want to think that something like this could work?"

Yes, it's extremely satisfying that I've been able to work with so many people. Lots of times I'm working with families, I'll have video visits. What's nice when we're doing those is, although it's really great to see people face-to-face, is sometimes I'm on calls with five family members all at the same time, and there's different inputs of people trying to learn, "Hey, what can I do to help Mom and Dad and the spouse there? What can I do to help best support my husband or wife?" It really becomes a family affair at those times, and it's really gratifying to have those interactions and try and help everyone figure out what they can do and what their role can be in helping out their loved ones.

[00:13:46] Jane: Are you finding, sometimes I find this, and I'm really into the Bredesen Protocol, that's what really was my initial way to heal from the memory problems that I was having. Are you finding that even if you proselytize this, there's reticence? It's work, there is some expense to it for sure. Are you finding that you just want to drag people to

this and say, "I can help you. This protocol can help you." Not everyone signs up. Not everyone says, "I want to go through this," and I often say, "Why? It works."

[00:14:17] Dan: Yes. Yes, Jane, that is really a challenging thing, and another challenging aspect is people who do sign up and feel that they want to do this, but focus a lot on...there are a lot of supplements to take. If you read Dale Bredesen's book, there's lots of things you can take to help support your brain. The further along you are in the process, the more of those you need, because we got to really get a lot of things going.

A lot of people focus on the supplements almost like a medication or a panacea where they're there to be supplemental and to help, but really lose sight that these lifestyle things are the key important things. Those are the parts that really require work. It can be a pain to take 20 supplements. You might not want to, but it's easy to do. The hard things to do are to maybe change the way that you eat and to monitor your body's metabolism closely and to be doing good amounts of exercise and monitoring what type of exercise and the quality that you're doing and being sure you're dealing with stress well and sleeping well and trying to challenge your brain in different areas.

These are really the key things. When I have clients who come to me who are struggling or maybe aren't progressing the way that we would anticipate or want them to, oftentimes those are the underlying issues, those key lifestyle things aren't really being done and aren't in the forefront. We try and really make sure we're restressing those, but those are challenging.

[00:15:53] Jane: They are. Someone walks into your office and they're saying, "I walk into a room, and I can't remember what I came in to get." It's mild, but they notice the memory issues. Their family notices it. Where do you start? What do you do with them?

[00:16:09] Dan: Yes. One is, sometimes I'm like, people tell me and they're like, and I don't know, I don't know if it's something I should worry about. It's just like getting older, right? It's just part of aging that I just sort of space on things more and I'm like, "No, it's not. You're not supposed to lose things as you get older. You're not supposed to lose your cognition." If that's happening, that's some neurodegeneration that's going on there. Of course, it can fluctuate, depending on if you're really stressed or get a really bad night's sleep or you get sick or something, like those are going to affect you in the moments.

If you're seeing a pattern going on, one thing I say is I'm glad you're here because this means there is something going on and we can do something about it and I'm glad you're here early. We start by having a discussion about just their life, what's their education been like, what things do they enjoy doing, learning about them as a person, because that's a really important part of knowing their mental framework and coming into this sort of a program, what support that they have.

Then we'll often do a cognitive assessment just to sort of see where they are. There is a MoCA test, which is a Montreal Cognitive Assessment, which is one of the more typical cognitive assessments that we'll use. It's very good at picking up people who are further along with cognitive problems. If you have mild cognitive impairment and for people who aren't sure exactly what that term means, that's where you're having cognitive difficulties and they've gotten to a point where you're going to score abnormally on a test like this.

Typically, other family members or people close to you have maybe noticed some things too. Whereas, before that, sometimes it's just like, "I'm just noticing I'm forgetting my keys more, losing my phone all the time, forget why I walked into a room," like you said. I'll do that to get a sense of really where people are and to make sure, hopefully, you're scoring higher on that assessment, which again would give more likelihood of having a really great successful experience with this program.

I do that early on with my clients. Then I use for, again, people who are scoring normally on that, I do use some other computer-based assessments that I send out quarterly that look a lot more in-depth into these areas. If you're an Apollo Health client, you also monthly can do a CNS Vital Signs online test, which is another computer-based assessment that scores you in different areas. It's a lot more specific in terms of picking up some more subtle abnormalities and scoring you so you can track yourself over time.

[00:18:43] Jane: I think CNS is hard.

[00:18:45] Dan: Yes, it is hard.

[00:18:46] Jane: I do it annually. Oh, I hate it. It's just, I get scared. [chuckles]

[00:18:50] Dan: I know. Yes. I know. Sometimes I've done those tests and been like, "Oh, my gosh, I just failed." Realize that I actually scored quite well on it.

[00:18:58] Jane: It's challenging.

[00:18:59] Dan: It's meant to be challenging. When you are doing it, it's a challenging test because we want to really pick up where you are-

[00:19:06] Jane: It's good.

[00:19:07] Dan: -and for people who are really with it, we want to see where they are too.

[00:19:11] Jane: You're doing the testing. You find out where they are, and then you launch into Dr. Bredesen's book, [*The End of Alzheimer's*](#), his first book that was so wonderful.

[00:19:22] Dan: Yes, wonderful book.

[00:19:23] Jane: The paradigm shift and how we've been treating this disease. At that point, he had 36 different indicators, 36 different holes in the roof, that he called them, that could be impacting your cognitive health. Now there are many more. Where do you go? After you've done the testing, you've done the MoCA, you've done the CNS, then what's your next step? There are so many different factors to look at.

[00:19:45] Dan: Yes. My next step...so typically then I'm getting a lot of labs on somebody. I'm getting a really comprehensive lab panel to really get a sense of some of the different areas that may be affecting someone. In that, if somebody has not had the testing already, I'll also do genetic testing for the ApoE4 gene, which is really important.

In terms of where that plugs in the framework, of course, we know that if you have an ApoE4 gene, or two of them, then you have a much-increased likelihood of developing Alzheimer's disease during your lifetime. The reason it does that is because that gene turns on a lot of background inflammatory mechanisms in the body. It really...if we're looking at subtype influence, that type 1 inflammatory subtype, is one that's really strongly influenced by having an ApoE4 gene. If you have an individual who has that, we really want to focus on being sure that we're healing leaky gut. If there's leaky gut, we're taking care of subtle chronic infections.

If they're there, if someone's suffering with chronic sinus disease or something, that you're addressing inflammatory things that may be going on and providing background anti-inflammatory support with some good natural anti-inflammatory. That's a key genetic test that we do. I will sometimes, and I really love to, although it depends, it can be more of an expense, but especially for clients who are coming to me earlier on, I really find that some more in-depth genetic testing, like I'll use IntellxxDNA or New Amsterdam Genomics are two companies that I'll utilize that can give some really good insight into other genes that can impact your health but also impact your cognition in that way too.

Do you have troubles with mitochondrial function which can affect your energy production? Do you have problems with detoxification? Do you have other genetic changes that predispose you to make more inflammation? You can look at all of these things, and again, start seeing what particular issues a person may have genetically. We do know that genes aren't your destiny, which is a whole part of this program, right? That even if you have two ApoE4s, it doesn't mean you're destined to have Alzheimer's disease. That's the whole purpose of this, is we can stop it.

Your genes aren't your destiny, but knowing your genes can give you the ability to take more directed action to prevent things. That's the important part of knowing that. I love getting genetics if that's something we can afford and be able to get. Then looking at a bunch of hormones and inflammatory markers and vitamins and nutrients and toxicity type markers. Again, what we're going to do with that is start putting into this construct

and figure out for a given person, where are we best going to target things? Where are we best going to start? That's sort of to give that construct.

The other area that we start with everybody--really, it's a rare person who's--I do have some clients who've come to me who are already instituting a more vegetable forward ketogenic diet like talked about in *The End of Alzheimer's*, but a lot of clients aren't, or they're still struggling with that or aren't monitoring ketones. The area that we generally begin our work with from the lifestyle area is focusing on nutrition, looking at what does someone's diet look like? What is their body composition like?

If people are local, I have a body composition scale that I like to use where you can see amounts of body fat and muscle mass, that's nice to have, but you don't need it. Seeing if somebody's overweight, underweight, sort of at a good weight, what is their diet like? Do they have any specific dietary restrictions? Are you vegan or vegetarian? We get all of our clients' ketone monitored. All of our clients, we make sure they have--

[00:23:42] Jane: You do?

[00:23:42] Dan: Yes. We make sure everyone has a breath ketone meter and a blood ketone meter and that you know how to use both of them because being able to get into that mild to moderate ketosis and at least knowing what your diet needs to look like to do that is really important. You don't know if you can't measure it.

[00:24:05] Jane: Right. That's hard to get into ketosis when your cholesterol is telling you, you really shouldn't continue to have that much saturated fat. I've played around with ketosis for years. Do you have a way to relatively easily get someone into ketosis if they also have some cholesterol issues?

[00:24:25] Dan: Yes, that's a more challenging aspect, Jane, especially when you have people who have two APOE4 genes, which a lot of my clients who I'm seeing do. One of the things genetically that predisposes is the potential to increase cholesterol levels and shift the way your cholesterol is packaged to even more of a potentially atherogenic or plaque forming sort of a bad cholesterol profile if you're eating more saturated fats.

One of the easier ways to get into ketosis, of course, one thing you need to do is to increase the amount of fats you're eating and utilizing more saturated fats. Oftentimes you can use things like MCT oil and more coconut oil and those things, but those are higher in saturated fats. It could be a process. One of the key things is making sure that we're minimizing insulin resistance, because if you have a lot of insulin resistance, you're not going to be able to get into ketosis anyway. That is a really important part to resolve.

Insulin resistance basically means that our blood sugar levels are running higher throughout the day or sometimes after you eat certain meals. That's because insulin,

which is a hormone our pancreas makes that helps push glucose into our cells so our cells can use them for energy, the body's become resistant to that. The insulin doesn't work as well. You need more insulin to be able to get more sugar into your cells.

What happens then is your blood sugar levels increase and higher blood sugar levels wind up being inflammatory and causing damage to different tissues, including the brain. Also your cells can't use sugar for energy as well because they have a harder time getting them in. Energetically, it becomes both an inflammatory problem for the brain and an energy deficit for the brain. We want to correct that first.

Typically, we begin by just seeing where somebody's diet is and really trying to get rid of simple carbohydrates and grains and breads and rices, those things that are really going to have higher glycemic indexes and raise blood sugars up. All of our clients in the beginning, we actually use a continuous glucose monitor with them for 10 days just so they can see how their body is responding at baseline when they sleep, when they eat, what their sugar levels do in response to food.

It can be eye-opening to sort of see, gosh, I actually ate that piece of bread and my blood sugar raised 70 points. That shouldn't do that. Or I actually am somebody who handles some grains fairly well and I don't have insulin resistance. We get a sense of where someone is on that spectrum. We want to start shifting things where you're getting more of your carbohydrates from lots of vegetables. Trying to slowly increase the number of vegetables you're eating.

Can you incorporate a vegetable with each meal? Then can you incorporate two vegetables with each meal? Really, you want your plate to be three quarters vegetables and then maybe some healthy protein and meat and fat inside there. Pushing vegetable forward. For persons who were concerned about cholesterol more, using olive oil is a great oil, which has less of an effect on cholesterol and can have cardioprotective abilities as well, that's important.

Stressing low mercury fish as an important part of a good way to get some good fats and proteins. Maybe not accessible to everyone and can be expensive, but salmon, sardines, mackerel, great fish to get good omega fatty acids for the brain. Also to get some good fats from...nuts are really good.

What I also do is look really closely and monitor cholesterol levels in my clients who have the ApoE4 genes when we're doing this diet. I have clients who have two ApoE4 genes who don't really seem to have their cholesterol levels affected much by having more saturated fats.

[00:28:28] Jane: They're lucky.

[00:28:29] Dan: That's definitely the minority of my ApoE4 clients. Yes, they're lucky. The others we see sometimes cholesterol levels are good and we can look at cholesterol particles and APOB and other ways to look at cholesterol, but those look good. They're struggling to get into ketosis, and I say, let's do an experiment for one month and have you use a tablespoon of MCT oil or start with a teaspoon, but building up to that like maybe in your coffee each morning. Does that help you get into a little more ketosis? Also, maybe increasing your fasting can do that.

One way we help getting into ketosis is the diet that's low in carbs, fasting, and exercise. Those are key things to be doing, but still it can be hard to get into ketosis for some people. If we need to try and use some extra things like MCT oil, we say, okay, let's see what it does and then we repeat cholesterol in a month. A month of doing that's not going to have a long-term detriment on your arteries and we sort of see and say, well, actually it helped you get into ketosis, but we probably shouldn't be doing this for you, and we need to find something else or, hey, you seem to be doing okay with this. Let's have you continue and let's recheck in another couple of months just to be sure.

Also, for those individuals getting a sense of, is there some background vascular disease we need to be more concerned about? Getting a coronary artery calcium score-

[00:29:54] Jane: Smart.

[00:29:55] Dan: -is something I'll often do in most of my clients just to get a baseline. Basically, for the majority of people, if you're starting to develop plaque in your heart arteries, some of that gets to be calcified, and we can pick that up in a heart scan. The higher your calcium score is, the more likely you are to have some significant heart disease. If I have someone who has a calcium score of zero, and sometimes then if they have really high cholesterol, I'll check like a carotid artery ultrasound or even a more advanced test like a coronary CT angiogram, but I'm trying to get a sense of, is this an individual at least early on vascularly that I'm not really worried about, or, whoa, this person's already got some advanced heart disease and I don't really want to play around with saturated fat as much?

Then oftentimes we'll use exogenous ketones as another way to try and get into some ketosis, and those are using some ketone salts or ketone esters that you take one, two, or three times a day to give some ketone bodies to boost the ketone levels.

[00:30:56] Jane: You're also advising fasting 14, 16 hours.

[00:31:00] Dan: Yes. For my clients who have ApoE4 gene, 14 to 16 hours of fasting. Between the last meal of the day and the first meal of the next day, Dr. Bredesen calls his the KetoFLEX 12/3, which the 12 would be 12 hours of fasting. Again, if you have sort of a more of an ApoE4 gene, we want to even make that longer, more like a 14 or 16. The

3 stands for not eating for 3 hours between the last meal of the day and bedtime. That can really help with keeping blood sugar levels more stable throughout the night, which is important.

[00:31:35] Jane: It's important for someone who's experiencing some early type of memory issues to go to somebody like you because you know what you're doing. If you go to a doc who doesn't specialize in this, then I've found you're leading the process. I really need this lab and I need this lab. Instead of you saying, "You know what, I'm going to get your lab in a month because I want to see where you are. We've tried this change." It's important to go to a functional medicine doc who knows what he or she's doing, isn't it?

[00:32:01] Dan: It is. Yes. I think really going to a provider who's trained well and focused on cognition as a main thing that they do is really important because you're going to be seeing someone who really is invested. What I want more than anything is to see you succeed, right? We're going to support you as much as we can in any way that we can. If you're having any troubles, reach out. We're here for you. Our health coach is here for you.

We really want to stay on top of things. That's evolved as my practice has grown and I've been doing this more. I didn't do that as well when I started. What I've really realized more and more is that, again, having more touch points, even if people feel like maybe they don't need them, but again, in my ongoing care programs now, I make sure that I'm seeing somebody three to four times a year. A couple of those we may be checking some labs. Other ones it may be just us troubleshooting and checking in and that they're seeing our health coach every other month at least to really keep people on track and keep the focus there.

You asked, it's important for someone to work with a functional medicine provider or someone-

[00:33:15] Jane: It is.

[00:33:15] Dan: -who's really skilled in this area, which is where the Apollo Health site, I think, is really a great resource for people. Because, again, you can find practitioners who have done extra training and really focused on this. Apollo Health actually just updated training called ReCODE 2.0 for their providers and health coaches. If you're looking at that, if you're finding a provider who's done that extra level of training to really stay on top of things, that at least gives some sense to say, "Hey, this person really values this enough that they've done the extra training and that's probably a good individual to maybe reach out to and see." You feel like you're going to click with the person you're working with because that's a really important thing. Hopefully, you'll be doing that work with the person for quite some time. You want somebody who you'll resonate with.

[00:34:06] Jane: If someone wants to find you, where do they turn?

[00:34:10] Dan: Yes. They can go to my website, which is C-O-C-F-M, that's F as in Frank, M as in Mary, so coloradoconciiergefunctionalmedicine.com. They also can find me through the Apollo Health site if you're searching for a provider and you search in Colorado. The way Apollo Health does it is for each state I have a license in, so people know that I'm there, they actually put me in a city in that state as if I have an office location there. That way people can find me, but that's another way you can search in Colorado though if I'm not easy to find in your state and search for Dr. Dan LaPerriere or Colorado Concierge Functional Medicine. You should be able to find me through there as well. Yes. Those are the best ways.

[00:34:54] Jane: Excellent. I hate to end talking about money, but this is something that is an investment in your health.

[00:35:00] Dan: It is.

[00:35:01] Jane: This is not something that sadly insurance is going to just readily step up and reimburse for. Sadly.

[00:35:08] Dan: Yes. It is. That's a part I struggle with too as a business owner and practitioner, and I spend a lot of time with my people in both-

[00:35:18] Jane: You have to.

[00:35:18] Dan: -in trying to follow up things and preparing. One thing I want to make sure I do is really have good notes that my clients can look back on and understand and follow up with after the visit because if I'm talking with you for an hour, it's hard to keep all of that in your mind and what are the important things. I spend a lot of time doing that, and so that does cost some money for both the time with the provider and support people. Labs can get expensive for sure, and sometimes labs can be covered by insurance, but lots of these labs oftentimes are not, and it's hard to know, especially when you start dealing with Medicare.

Lots of times, for most of our clients, we don't run a lot of our ReCODE labs through insurance, but instead I've had negotiated really discounted prices because I do a lot of these labs on people so we can save a lot of money on the self-pay labs. Then there's the supplements too, which cost a lot. I tell people that it's going to be a good investment of money, especially over the first year, but that I think they're going to find that it's worth it for sure.

What you're able to do if we really are able to get things improved, stabilized, then back off on certain things and see where you really need to stand, but what I try and give people

the framework is if you're not investing in this now and you're looking at where you may wind up in a skilled nursing facility or a nursing home, not to mention that that's going to be a horrible situation just because that means you've progressed so far, but it's also very expensive there.

Oftentimes, even if you have good long-term care insurance, it's still a lot of money per year there. In the long run, hopefully you're saving yourself money by investing in yourself. That is a part that's hard and I want this to be available to everyone. Western medicine and insurance take a long time to change. Hopefully, 10, 15 years from now, they'll see, "My gosh, we can actually save a lot of money by actually investing in people earlier on and doing more prevention, not only for dementia, but for other processes too," right? Unfortunately, our system leans to treating things when they've already progressed too far and then it winds up getting a lot more expensive. I'm doing more for prevention and wellness. Yes. Fingers crossed.

[00:37:46] Jane: Fingers crossed. Dr. Dan LaPerriere, thank you for being with us, for sharing your time and your expertise and for what you're doing.

[00:37:53] Dan: Thanks, Jane. My pleasure. Thanks for what you do.

[00:37:56] Jane: I'm loving it. Just loving it.

[00:37:57] Dan: Great.

[00:37:57] Jane: Have a great day.

[00:37:58] Dan: You too. Bye-bye.

[music]

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[00:38:38] [END OF AUDIO]

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