

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

[00:00:00] Jane Rogers: Welcome to the *Cutting Edge Health: Preventing Cognitive Decline Podcast*. I'm Jane Rogers. I had the pleasure of interviewing Dr. Sandeep Kapoor. He has Kapoor Medical. It's in Los Angeles. He's a geriatrician. He specializes in internal medicine. He's a functional medicine doc too, and he really is passionate about preventing cognitive decline. One of the ways he does that is with genomics. He's an expert at analyzing the genome and deciding what can we do so that you don't get Alzheimer's, even if you're homozygous for the Alzheimer's gene. I hope you get as much out of this interview as I did. Dr. Kapoor, thank you very much for being with us today.

[00:00:45] Dr. Sandeep Kapoor: It's a pleasure to be here. I'm really excited about it.

[00:00:47] Jane: Yes, I'm excited, too. We interviewed someone who I was so impressed with, Sharon Hausman-Cohen with IntellxxDNA. She said you are her all-star doc when it comes to genomics and how to interpret those so that we don't get dementia and so we live a healthy lifespan from other age-related diseases. You have a big patient population. Tell me how you do this, and what your thought process is.

[00:01:14] Dr. Kapoor: I enjoy cutting-edge information. I met Sharon at a conference about four years ago and was really captivated by her lectures about genomics and genetics, previously been scared of genetics. That was a geneticist's role. When I found out the application of genomics to real-life medicine and how it could actually change people's lives, then I became an immediate student. I got involved during the pandemic with Sharon and her group and went to several remote lectures and did many different things to get educated.

Now I am proudly part of the faculty teaching other doctors how to interpret, how to basically change the way we look at cognitive impairment, cardiac disease, diabetes, in hopes of understanding that there is something we can do about these chronic illnesses that plague our whole society. Previously, as an internist and a geriatrician, I had medications that I could prescribe and I was very adept at doing that. I didn't always have the great outcomes, and results that were creating other factors of lifestyle and nutrition play into the role of how you shape and prevent illness. That's how I got interested in it. It's been ongoing research and ongoing learning.

[00:02:44] Jane: Excellent. You were telling me earlier, you don't only see people who are in their 60s, 70s or 80s, who you would think would be the cognitive decline population. You're seeing people as young as 35 saying, "Whoa, wait a minute. I can do things now if I know my genetics that can help, so I am not getting that."

[00:03:02] Dr. Kapoor: Yes, I think the understanding, too, is cognitive decline and issues, whether it's Alzheimer's or dementia or people's fears, the real process and the understanding is that things really start to go wrong 15, 20 years, sometimes even more before the onset of any memory issues. Also, there has been more you can do about it. Therefore, that's the knowledge we need to impart on people so we get more people interested in their brain health when they are younger because you live a certain lifestyle. If you live a certain way and take care of yourself and do all the things for your cardiac health and your preventative health, then you ward off the chances and the way of being able to express disease.

I think knowledge is power. I think it's a big thing to impart on people that the more knowledge we have, then we get less afraid of it. The tools that we have give you actionable resources, actionable things, and ideas to do for you that are personalized. That's the key, too, is that each person has a different trajectory towards any kind of illness, including brain health and cognition. Sometimes it's based in family history and sometimes people are afraid because they have, well, everybody in my family ended up having Alzheimer's or dementia, and they want to know what their risks are and how they can avoid them.

[00:04:28] Jane: What do you tell them? What's the first thing your toolkit will provide?

[00:04:32] Dr. Kapoor: The first thing I tell them is to not be afraid. The first gene, and everyone knows about, it's called the APOE gene that has been famously called the Alzheimer's gene. I even myself used to be afraid of checking it like 20 years ago because it's been around because I didn't really know what to do with it. Now I really think people should know what that status is.

The first thing I tell people is that what I do is figure out what the risk is. Then I tell you, here's the roadmap to steer around it or involve yourself in prevention. What do you specifically need to watch out for? That's what I say. Getting rid of the fear, I think, is the first step, and approaching it from the standpoint that this is going to arm you with the tools to be able to avoid it.

[00:05:22] Jane: I was just like you 20 years ago. I wanted to know, but I was scared because was there anything really we could do if we had the Alzheimer's gene? Now there's so much that can be done.

[00:05:32] Dr. Kapoor: Yes.

[00:05:32] Jane: Yes. Before we get on to what can be done, tell me about the genetic testing. Can I just do 23andMe? Do I need to do something as extensive as IntellxxDNA? What will that provide me if I make that investment?

[00:05:44] Dr. Kapoor: 23andMe is like the scraping of the surface and the X-ray, if you will, of the genetic world. Something like IntellxxDNA is...that's the MRI. That's the super imaging that you get because it tells you every detail and it's very accurate and it very highly uses next-generation sequencing. There's much more depth and involvement to understanding the genetics in relationships.

When I look at someone with cognition, the genetics I start with, there's an APOE, but that affects over 1,700 other genes, either turning off or turning on genetics and cognitions influenced by 200 or 300 directly, which are established in there. When it comes to how your body manages sugar and how your brain manages glucose and sugar and metabolism and cardiovascular and blood vessels. I look at all of it. I initially went to do the genomics and the genetics with an IntellxxDNA sort of thing. I just want to do the brain health and the cognition panel. I came away from that going, well, I need to also look at other things that happen in the body, like detoxification. How does that happen?

Also, other environmental factors. Does inflammation play a role? Everybody understands what inflammation is. Problem exists is when you have chronic inflammation, you're not really just getting a blood test and letting you know that that's there. What are you at risk for when it comes to inflammation? Those are why the IntellxxDNA has been so profoundly deepening in my understanding of how the body works, how the different systems all work together to serve the brain or to serve your blood vessel system.

I can't do it without all of those different panels. The key is looking at patterns that are unique to certain individuals. We teach that person, this is your unique book. This is what you have and this is how to steer around it. I had a 32-year-old woman, and she wanted to know everything. It turns out she had two copies of the APOE4. That means that she was what we call homozygous or she had two copies and that makes her have a lifetime risk that's very high. She was about to get married and have a child.

Because we had the entire what we call the powerhouse or the entire look at everything from mental health to diabetes, to cardiovascular risk and her estrogen patterns and all of that, I was able to really have her come away with some profound reassurance that she will never have to express that APOE4/4, that double copy. She asked me if I'd be around 30, 40 years. I said, sure, well, let's do this as a case study so we can follow you through her life. I said I absolutely would love to do that. That's the idea of longevity. I have to be around to help these people.

She came away with an empowered sense, not something that goes, "Oh, my gosh, I should probably not get married because when I have kids, I'm going to pass on some bad genes to them." That's the beauty and the power. She ended up becoming a patient of mine, too, as a regular part of my practice, because I guess I know her really intimately. I helped her. She's now pregnant, helping her with nutrition and pregnancy, because the

key is that other doctors have time. They're not necessarily, they're just making sure the baby's okay. It becomes a relationship sometimes with these patients.

That's an example I use because I had no idea that she would have two copies. I also take care of one of her parents who has only one of the genes. You start to look at both generations and you can figure out a roadmap. Her mother is 75, and she's 35, she has some mixed genes and things like that. It's very different for somebody who is 75, what we would do in someone who's 35, right? We just pivot between the two.

[00:09:53] Jane: Should we go into what you might do if someone is homozygous for APOE4 at the different age spectrums? What would you do? What would you recommend right out of the gate?

[00:10:01] Dr. Kapoor: If someone's APOE4, has two copies of that, I would really start to look at all of the areas that go along with it. If they're older, like an older woman, I'd probably approach estrogen and I would approach hormones and hormone support, trophic support, start looking at other mitigating factors too that are discovered in the genetics, and we would just start to harness one by one, make sure that they're methylating correctly.

What are the other things that are going along with that APOE4? For example, there's a gene called tumor necrosis factor. That sounds really bad, but it has to do with inflammation, and if that's in combination with the APOE4, that can wreak havoc and increase the risk of expressing that. What I would say is then I would start interventions on really beating down tumor necrosis factor with things like lion's mane mushroom and ashwagandha, the different natural substances that exist.

I also would look at lipids and cholesterol and try to figure out vascular risks, and I would probably put that person on some kind of a nutritional plan that met the needs of the right glucose metabolism or sugar metabolism for their brain and likely put somebody on a mild ketogenic diet, intermittent fasting. There's a lot of nutritional aspects that I would do, and obviously, it depends on who, if they're expressing any of the cognition issues.

If they are older and they have that and they are expressing some issues or they have inflammation, they have this, we'd need to do more testing. We would do more testing and there's more testing available like looking at blood tests for the degree of amyloid production in the brain. Now there's new blood testing for that. What does that mean? Amyloid is a substance that we understand to be part of one of the causes of brain entanglement. Too much of that protein building up in the brain can lead to cognitive impairment.

Previously we only had ways to take cerebral spinal fluid or do a spinal tap to really try to see how much amyloid do you have or what's going on in the brain. Now we've developed

these really quite amazing blood tests that people can get to look at if they have the amyloid burden. There's another protein called Tau, T-A-U, that is also responsible for cognitive decline. That's now a new test that's available too. The approach would be age-specific or currently meeting them where they're at.

I have another woman who is in her mid-50s and she's an APOE 4-4. She's an attorney. She is not expressing any cognitive decline. She's a mother of young twins, but she has a weight issue. She has metabolic syndrome. She has a lot of inflammation. The focus for her is to get the weight off, to be able to get her metabolism, get her hormones sorted out because she's postmenopausal, get her on a hormone regimen and have her engage in a real lifestyle change because her father, who is also my patient, is also a 4/4. Very interesting.

He's in his mid-70s, is expressing a significant mild to moderate decline. I can sort of see the writing on the wall, but I don't have to because he also is improving in a lifestyle program. He's immersed in that in a residential community.

[00:13:42] Jane: Do you find that if people make the investment, and it's an investment to come to someone like you in private practice and insurance doesn't pay for it, if they make the investment, are they motivated to make the changes that really have to happen?

[00:13:55] Dr. Kapoor: Yes, this is an out-of-pocket expense, but it's also the expertise of trying to figure out that it's one tool. That they really have to meet me and be motivated because I can give them the passion, I can show them the way, but I'm not going home with them and cooking their meals. I do think that each person can find the strength. Not everyone can hire a chef or think, wow, this is really difficult to do.

We have a coach. I actually work with a coach and nutritionist within the practice because I realized that it's not only one person that can implement this. Part of it is absolutely right. The motivation needs to be there and they need to have a champion too. It doesn't have to be a spouse. It could be a child. It could be a friend. It could be someone that is on board with believing because it's so devastating to tell people that there isn't a whole lot you can do.

In neurology and in my own community, that is what most people are told. I'm in Los Angeles and we have great health care. When it comes to the area of cognition and Alzheimer's and these words that are buzzed around, it is basically, "Well, here's some medication, perhaps might help you, but essentially, you need to start planning for decline." That's really where my expertise and actually teaching others, other primary care doctors, other neurologists and people who see geriatrics or geriatricians, people who see a more preponderance of older patients who are much more vulnerable to this in their 50s, 60s, and 70s.

[00:15:31] Jane: Why aren't there more geriatricians in this country?

[00:15:34] Dr. Kapoor: Yes, I'm only one of, I think, 7,000 board-certified geriatricians. It's really scary how they're not turning them out. I think it's just unpopular because of reimbursement, Medicare and the time it takes, really, because it does take a lot more effort and time sometimes to deal with the woes of aging. I have been doing this 25 years, and it has been a journey in how we take care of our older people.

I don't really have a good answer for that because we're just not incentivized. Primary care physicians become geriatricians by default because their patients age with them. What happens is, are they really looking at the research? Are they really looking at what it takes to be a geriatrician? Which means dealing with all of it, not only about medication, and that becomes too many medications can do a lot of harm and decline. We have a big undertaking in this country.

[00:16:32] Jane: I can tell, though, you get a lot out of this specialization, a lot out of it, and you're loved by your patients. It gives back as much as you give.

[00:16:41] Dr. Kapoor: As a healer, as I've evolved from being a physician only, and that's partly because of my interest in functional or integrative medicine, has evolved me as a healer. Yes, part of what the healer gets is you get back. You get back the joy, and it's not financial. It is a deeper heart healing that keeps me passion-fueled because it's still very much a broken system.

People say, well, why do you want to work with older people? That's depressing and boring. I'm also a hospice doctor, so I'm very skilled at understanding end-of-life care, which makes sense if you're a geriatrician. Why wouldn't you also deal with death and dying, which I do? I give people hope. I give people faith. I say to them that it's about the human condition and suffering and not suffering. That's what I bring to the table. It gives back so much to me as a healer, so that's that positive feedback.

The gratitude, when you see somebody improve or you see somebody who has brain fog and they come to life with certain changes that you've made or they're happy, they're laughing, they're interacting again with their family and their spouses, in a way those gifts you can't measure. It is just wonderful. That's what fuels me to keep going.

[00:17:58] Jane: We talked about some of the tools that you use to help people. You use the genomics, you use a lot of lifestyle things, and the testing and the diet, and I'm sure exercise is in there too. What else might we be missing as a component that you say, "Oh, this is really important if you do this."

[00:18:16] Dr. Kapoor: Every time I have a visit with a patient who has cognitive decline or any part of it, we look at their nutrition. We say, how are you doing there? We look at

exercise. We also look at mind stimulation and ask them if they are doing something, even if they're working, and say, well, that's where I'm getting my mind stimulation. That's not always the case. What are you doing that is creative?

Let's say you have a non-creative job. What are you doing for your mind? Are you doing puzzles? Are you doing certain brain games or, things that people consider like, well, I don't need to do that because I'm like an executive or something like that. I said, well, you got to do something different. You got to find a passion or hobby. Brain stimulation is one big key.

We also ask a lot about stress and mental health. Stress plays a huge role in what we understand and do and beyond the life stresses that are out there and in the world that definitely impact us day to day. It's also just understanding fear, anxiety, and worry about aging or about what's going to happen and the what-ifs. We deal with that. There's also other life stresses. There's family stress. There's financial stress. These impact our physical being and our mind so intimately.

Sometimes I look at people's genomics and their inflammation markers that are caused by stress. You could actually raise a level of this certain inflammation molecule in your body simply by having stress, not by having an infection or by having other things that we see. There are key elements that we find out that are unique to each person. I think mental health plays a bigger and bigger role in our cognition, in our cognitive decline. I think that's very important to pay attention to when we are looking at preventing what cognitive decline is.

[00:20:10] Jane: There's a researcher at UCLA who I had the pleasure of watching speak at an increasing healthspan summit, a longevity summit, just recently. I think his name is Matt Lieberman. I think he's a neuropsychologist. He was saying it's so fascinating. What will lead you to a longer health span? Well, smoking isn't going to be helpful. You know that that has high mortality rates. Even worse, he says his research is finding, worse than smoking, is loneliness.

[00:20:38] Dr. Kapoor: Yes.

[00:20:39] Jane: I was amazed. Social isolation and loneliness. That plays so much into Alzheimer's.

[00:20:46] Dr. Kapoor: Absolutely, what happened during the pandemic. There's a reason why we have a real rise in our diagnoses in the last couple of years. I'm super busy on that part. Because the stress, the isolation, loneliness, what did we do during the pandemic? We were all saying, well, oh gosh, we can't go over there today. I can't go see my parents because I might kill them. I might give them COVID. We did that because we wanted to save them or isolate them for purposes of infectious disease. What ended up

happening is that we created that social isolation, even though we weren't intending to do it. It really wreaked havoc and caused a lot of the cognitive decline to accelerate.

Some of the treatments that I did actually for some of my own patients who didn't have any pre-existing cognitive decline, when I saw their isolation happen, nice big family, but they were like, well, mom has to be isolated. She ended up seeing things on the wall and thinking that bugs were invading the house and all sorts of stuff. Her real impetus was being socially isolated from her children or grandchildren. I actually organized a whole thing where she went down to her son's house in Orange County and spent some time safely outdoors with her children and her grandchildren. Lo and behold, it started to abate. She didn't see bugs anymore.

Even that one organization of that family reunion, if you will, brought her back. Then we decided to keep that going in terms of like isolation. That's one quick example of how you're absolutely walking down the right path. Isolation, social isolation, big risk factor for cognitive decline.

[00:22:31] Jane: I think it is. It's just epidemic right now in this country. If somebody wants to become your patient, because there are only 7,000 of you in the country, and you are very good at what you do, honestly, what do they need to do? What kind of financial investment is to be expected?

[00:22:48] Dr. Kapoor: Well, patients that are local, I do take them on a case-by-case basis. Sometimes they come on board as a regular patient. It varies from memberships, depending on age, from more from \$5,000 a year as a membership. It's part of the membership upwards, because I have a very small practice. I have under 300 patients because I spend a lot of time with each patient, at least generally an hour. There also is a way to do consultations with me that are not part of the membership. That's great too, which involve the genomics, including all the kit and all that somewhere from \$2,500 or \$2,000, something like that. The numbers there are on my website, or if you contact us, we can give you more specifics or what you might be needing.

What I try to do for each and everybody, I give a little visit or a complimentary 15-minute thing where we talk about whether or not I'm a good fit for you, because I also can do things remotely for people depending on what their situation is and what they need. Each person is individualized. I do my best to meet everybody where they're at or identify somebody actually in their local community. I point them in the direction. I'm happy to do that too, because what I do is very niche and I pour a lot into it. I'm also a primary care doctor. I deal with cancer and heart disease and diabetes and weight loss and weight gain. I wear a lot of hats.

[00:24:12] Jane: If you were to wave a magic wand and change the medical community, Western medicine is sometimes struggling. You're different in that you use a whole lot of

modalities, you use the lion's mane mushroom, you use a lot of different things. It's not just medicine. How would you retrain American docs? They're busy. They've been through a lot of training. What's the future?

[00:24:31] Dr. Kapoor: The future is, again, spreading the word and realizing that whoever's on the front lines, whether it's pediatricians, primary care, obstetrics, and gynecology, they just have to be motivated for a change. A lot of them are burned out. What you were talking about earlier about the feeling of healing, or what does it give to the practitioner to be able to help these people? That's what I want other doctors and practitioners and nurses and health coaches and people who are in the medical world and nutritionists, all of those people, they're in pockets around everywhere. We just need to be able to join together and say, hey, there's another way for you to feel better or feel like you're actually doing something, or making some changes versus running in and out of rooms every 10 to 15 minutes. It gives you back so much more for your own life.

Also, I think learning about practitioners' own self, I did my own genes too. It's really self-understanding that as healers, we're human beings, and we're part of that mentality. Understand that that's how we change Western medicine. We become part of the solution, which is to engage in ourselves and self-care and looking at what I can do to walk the talk, right?

I can say a lot of things about eating and nutrition, and working out and exercise, and I'm a very busy person, but I got to get on the rowing machine every morning because it's not only for aesthetics, it's really for my brain. I realize that I need to have a jolt of high-intensity intermittent exercise and it's only 10 to 15 minutes, but if I do it every day, I'm going to get that brain boost.

It's really about learning what you can do as a practitioner for yourself. It's not selfish, it's really about self-care. Then you're ready to say, hey, look, I'm really busy. I have two kids, and I have a life and I have my parents I'm taking care of and all this, but I still have to take care of number one before I take care of you or anyone else. That's really where I think the future is.

[00:26:35] Jane: Like when you're on the airline, they say put your mask on first and then help your child. You have to take care of yourself.

[00:26:39] Dr. Kapoor: Exactly. It's a hard thing to learn for people that are gung-ho in the medical community. We're type A, and we're going, going, going, and we're sacrificing and saying, well, residency and all of these things make you a driven person that you realize that you lose the way at some point, and you start aging yourself and losing it. I think that pointing it back in a direction. That's how I got inspired by going in and sitting in a conference with Dale Bredesen speaking eight years ago.

First, I thought he was brilliant. I'm like, wow, I can't do all that, but I was intrigued. That whole conference was focused on the brain. That it was all areas. It was OB guidance, talking about estrogen, it was a lot of different practitioners. That was what inspired me. I encourage practitioners to start to look; there's seminars everywhere, there's online stuff to get involved.

[00:27:29] Jane: Part of the responsibility, I think, falls on the patient. Your practitioner gives and gives and gives, I think it's very important as a patient to ask them how they're doing and thank them for their time. Really, how can we support you? Because it's a two-way street, you can't give all the time and patients need to step up and give back.

[00:27:48] Dr. Kapoor: I think once you open up the world of being a person and a human, that the patients respond so well to that. They know that you care. Once they feel that, they give back. How are you doing? How are your kids? Even if it takes two minutes, but they are stepping up to play. That's part of their own motivation. When they see you're motivated, I think it sort of mirrors that, and then they realize that, oh, well, if he's doing it, like maybe I can. Empowering patients to do that, it's sort of a psychological thing, you try to engage in that way, so I think that's a good thing.

[00:28:21] Jane: You're able to practice in other states, consult?

[00:28:24] Dr. Kapoor: Currently, I am not licensed. How we work that is we provide consultations with that and then we do it with their primary care doctors generally locally to be able to implement that.

[00:28:36] Jane: Dr. Sandeep Kapoor, how do people get ahold of you if they're saying, I want to learn more?

[00:28:41] Dr. Kapoor: The best way is email -, info@KapoorMED.com. Info@K-A-P-O-O-R-M-E-D.com. That's the best way to get ahold of us. I have a great coordinator who will return that email and we'll really be able to provide the information that they need to see if we're a good fit.

[00:29:05] Jane: Excellent. Dr. Kapoor, thank you for your time. This has been such a pleasure.

[00:29:10] Dr. Kapoor: Thank you. I know it's been long in the coming. It's been so busy, but I'm really happy we did this. I look forward to more and more information that we can share with everybody because we really need to get the word out that there is something we can do about preventing cognitive decline and reversing it and treating it in early stages. We're excited to join with people like you who are championing the way through this whole process. I really appreciate it. I'm honored to be on your podcast with you.



[00:29:41] Jane: Thank you. Thank you very much. You have a great day.

[00:29:44] Dr. Kapoor: All right. Thank you. Take care.

[theme music]

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[00:30:25] [END OF AUDIO]

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