

From the HEART

A newsletter from Saint Luke's Cardiovascular Consultants

Winter 2025

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This Changes Everything Tirzepatide and Semaglutide Can Help Conquer Obesity and Addiction

James H O'Keefe, MD

"We can do what we want, but we cannot choose what we want or crave. In this sense, we are not free."

Arthur Schopenhauer presented this idea in 1818 in his book *The World As Will*. Two centuries later, a new pharmacologic tool is emerging that might free us from self-destructive cravings. GLP-1 receptor agonists, specifically tirzepatide and semaglutide, appear to quiet some of our hard-wired biological yearnings for junk food, alcohol, nicotine, and recreational drugs that are so pervasive and addictive in our modern world.

The most notable GLP-1 agonist effect is the unprecedented ability to induce significant weight loss—as touted by celebrities and influencers on social media. GLP-1s reduce food cravings, particularly for addictive high-fat and high-sugar ultra-processed foods. This is thought to be due to their effects on reward pathways in the brain, which diminish the hedonic appeal of these foods.

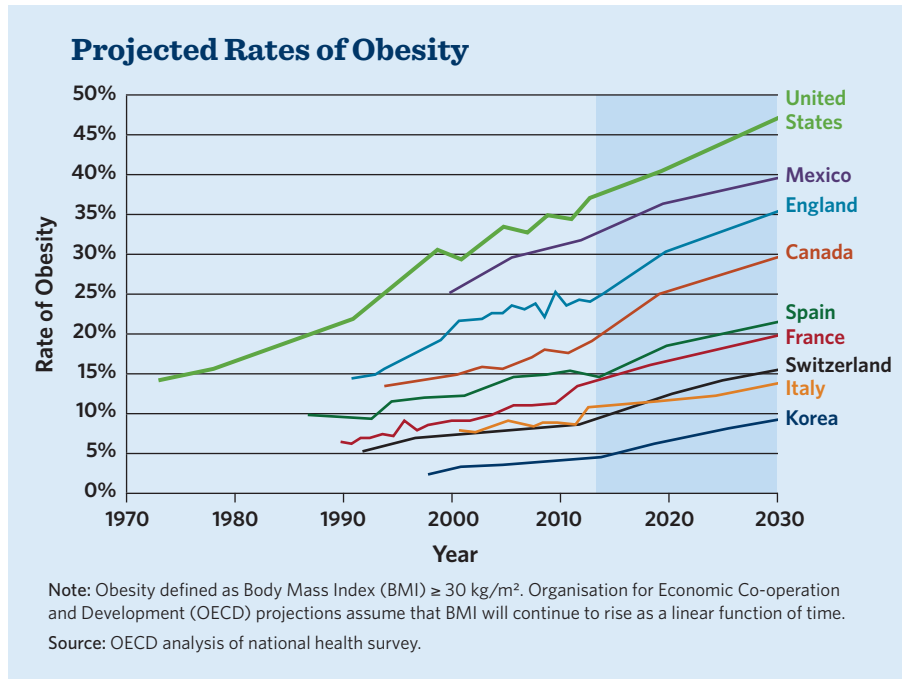
Critically, GLP-1s influence the dopamine neurons in subtle and nuanced ways, causing profound changes to the brain's reward system. This, in turn, alters how we react to pleasurable stimuli. Thus, tirzepatide and semaglutide may be helpful not only for weight loss, but also for treating substance abuse issues. Recent data suggest that GLP-1s may be the first effective anti-consumption agents with potential applications in reducing food cravings, alcohol consumption, nicotine addiction, recreational drug use, compulsive gambling, and even uncontrollable shopping behaviors.

How GLP-1 Agonists Work

Much of your day-to-day behavior is determined by your hormones. GLP-1s indirectly alter key hormones, including insulin, ghrelin, leptin, and dopamine, thereby blunting appetite and silencing cravings, which can help make you leaner, less prone to addictions, healthier, and ultimately happier.

GLP-1 agonists mimic the action of natural incretin hormones GLP-1 and GIP, which are secreted by the intestines in response to nutrient intake. These drugs exert their effects in several tissues, including the pancreas, GI tract, and central nervous system.

In the brain, particularly in the hypothalamus and brainstem, GLP-1 receptor activation reduces appetite and enhances satiety. Tirzepatide and semaglutide also reduce intense cravings for food and allow the person to be less emotional, more rational, and under control when making dietary choices. These effects on our brain are complemented by peripheral actions, such as delayed stomach emptying, which further contribute to reduced calorie consumption.



Today's Obesity Crisis—What's the Cause?

During the last five decades, the obesity rate has more than tripled. Now, approximately 73% of United States adults are classified as overweight or obese. This alarming statistic underscores the struggles that many people face in managing their weight using diet and exercise alone.

Our weight problem cannot be blamed on genes that predispose to obesity, a lack of willpower, or any other personal failing; genetically we are virtually unchanged from the US population a century ago. Instead, the obesity epidemic is deeply rooted in powerful cultural, environmental, and corporate marketing forces that shape daily life in contemporary America.

About 50 years ago, big food corporations in America conspired with the Department of Agriculture to create the Food Pyramid, which promoted a low-fat diet high in processed foods while demonizing dietary fats. Manufacturers replaced healthy natural foods such as nuts, meats, fruits, and vegetables with

unhealthy, highly processed foods made with cheap, shelf-stable, and addictive ingredients like sugar, salt, trans fats, and starch to maintain flavor. Tragically, this misguided dietary guidance from "experts," who were paid to endorse these recommendations, coupled with aggressive marketing by food companies, shifted our collective diet to sweet, salty, and addictive, calorie-dense, nutrient-poor foods. Enter the obesity epidemic in America.

Consumption of these foods is even more common in low-income communities where food deserts make fresh food nearly impossible to access. A food desert is a geographic area where residents have limited access to affordable and nutritious food, particularly fresh fruits, vegetables, and other whole foods necessary for a healthy diet. This is often due to the absence of nearby grocery stores, farmers' markets, or healthy food providers. Food deserts are typically found in low-income urban and rural areas, where the distance to the nearest supermarket may be too far for people



to reach easily, especially if they rely on public transportation or have limited mobility. As a result, residents may rely on convenience stores or fast-food outlets, placing these communities at an even higher risk for obesity.

And make no mistake, carrying substantial excess weight places a massive burden on one's health and well-being. During the 20th century, life expectancy almost doubled—from 47 years to 80 years—due to antibiotics and drugs for treating and preventing heart disease. But the obesity epidemic that began 40 years ago erased these gains, and starting about 2014, life expectancy started falling in the U.S., a trend that was exacerbated by the COVID-19 pandemic. It is no coincidence that over the last four decades, the average lifespan in the US has fallen compared to nations such as Switzerland, Norway, Italy, Japan, and Australia, who are quite similar to us—except for their much lower obesity rates.

A Remedy for Americans' Addictive Behaviors?

Obesity is not the only epidemic causing a decline in life expectancy in the US. Recreational drug overdoses (opioids especially), alcohol-related deaths, and suicide have risen significantly since 2014. Princeton economists Angus Deaton and Anne Case refer to these as "deaths of despair." Shockingly, the US leads the world in drug-related deaths. Per capita, twice as many Americans die from drug and alcohol causes compared to the next highest country.

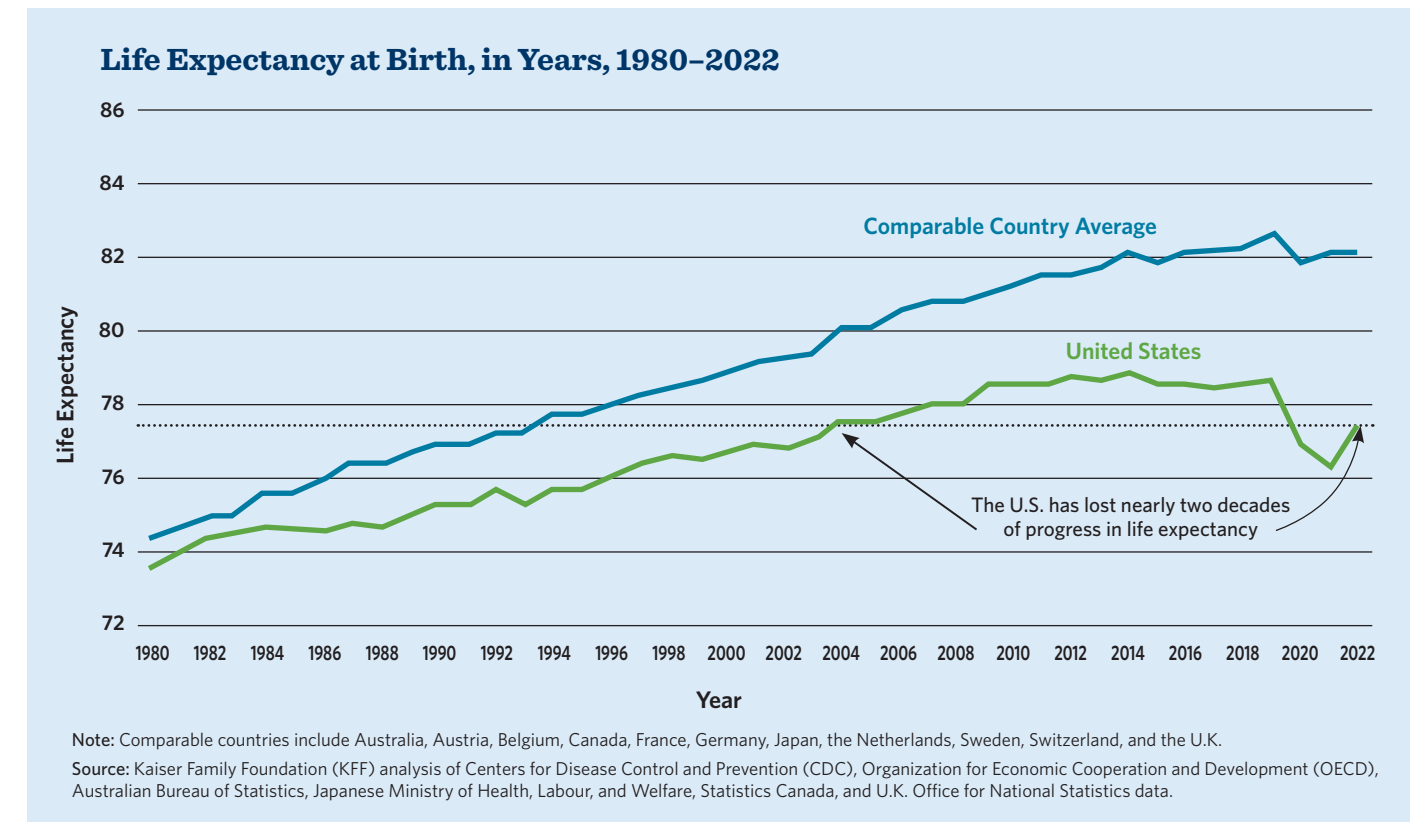
Evidence that GLP-1 agonists strongly reduce cravings for alcohol and recreational drugs in people with substance use issues is beginning to build. From our perspective, tirzepatide and semaglutide are the most promising pharmaceutical treatments ever for reducing substance use and drug/alcohol addiction. GLP-1 agonists act on the central nervous system, particularly in areas like the mesolimbic

pathway, which is associated with reward and addiction. By modulating dopamine signaling, these medications reduce cravings, potentially leading to decreased urges to overconsume food and other addictive substances.

As a physician with a lifelong personal and professional passion for keeping people healthy and fit, I've been frustrated by not being able to reliably solve weight problems and substance use issues for our patients. Thankfully, this growing class of GLP-1 agonists is turning out to be an extraordinary therapy destined to revolutionize the future health of the American people.

Tirzepatide and semaglutide—and a host of similar drugs in development—markedly reduce excess body fat. But unlike prior weight-loss drugs, they are safe and well-tolerated medications. Remarkably, GLP-1 drugs virtually eliminate all the negative consequences of being overweight or obese.

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My Favorite Thing: Discontinuing Medications

Tamar R. Ibanez, RN, AGACNP



I am a nurse practitioner in the CardioWellness Clinic at Saint Luke's Hospital of Kansas City. Over the past

three years, I have been using more and more of the GLP-1 (glucagon-like peptides) medications, such as semaglutide (Ozempic® for diabetes or Wegovy® for weight loss) and tirzepatide (Mounjaro® for diabetes or Zepbound® for weight loss), for treating my patients. Weight loss is an emotionally fraught topic. I cannot tell you how many times I have had patients in my clinic in tears, telling me how their parents sent them to grade school and told them they could not have desserts due to their weight, or they had to start on Weight Watchers® at age 12. These patients have tried every diet and exercise program under the sun, but continue to struggle. Treating obesity is not as simple as telling someone to “eat less.” There is so much nuance and complexity, and we need to reframe how we think about this and the recommendations we give to our patients.

One of the best parts of my job is to see a patient who has been struggling

with lifelong obesity finally get the treatment they have needed. One patient was able to lose 100 pounds on tirzepatide (Mounjaro). He had previously tried multiple diet and exercise programs, but these always ultimately failed him. After starting Mounjaro, the food noise in his head and emotional eating were finally quieted, and he was able to start making healthy food choices. After some of the weight came off, he noticed his shortness of breath started to improve. Soon he was able to start exercising on a regular basis without having to stop every few feet just to catch his breath. Over the course of the next six months, his weight continued to downtrend nicely, to the point where I was able to stop all his blood pressure medicines and reduce his statin for cholesterol. After about a year on tirzepatide, his weight was down 100 pounds. He and his wife were able to take a trip to Spain, where he walked miles every day, something that his weight and joint pain would have never allowed him to do before.

I have many similar stories like this from my patients, and being able to make these outcomes a reality gives me so much hope for how we will be able to take care of patients in the future. My very favorite thing is to follow these patients over the

course of several years and watch their progress. So many of them come to me on multiple blood pressure medications, cholesterol medications, treatment for sleep apnea, and diabetic medications. As I follow their progress and lab work and see their exercise and nutrition improve, I am able to discontinue many of these medications. Their sleep apnea improves, and many are able to stop using their CPAP. Additionally, I have watched their fatty liver disease regress as their liver imaging shows improvement and liver labs normalize.

We are thinking about obesity the wrong way—it should not be defined by a lack of will power, or not trying hard enough. Obesity is a complex, multifactorial, chronic disease and should be treated as such. No one chooses to have obesity, but they can choose to do something about it. That is why the advent of GLP-1 medications are so important.

Clinicians finally have safe, effective tools to help patients who are struggling with obesity. We finally have a sustainable medication to treat an insidious, chronic disease. Along with any new therapy, there are a host of unqualified opinions on the interwebs to go along with it. Most of it is straight up fat-shaming from people who often understand

little to nothing about the complexity of obesity. We do not shame people for taking medications for high blood pressure, cholesterol, or diabetes, so why is there so much shame and stigma around using a tool to treat this chronic disease?

GLP-1 Medications: Separating Myth from Fact

1. Using a GLP-1 for weight loss is taking the easy way out.

The stigma surrounding using GLP-1s to treat overweight/obesity is entirely misplaced. These drugs should be viewed as breakthrough technology, a powerful adjunct to help along the weight loss journey, but are a certainly not a “magic shot.” Nothing replaces a heart-healthy lifestyle and diet/exercise routine. There are potential side effects that need to be carefully navigated, and patients need to be counseled on dietary improvements, along with exercise and strength training to maximize their results. Those who have not struggled with lifelong obesity will never understand the food noise, emotional eating, and loss of control that often creates and sustains the excess fat tissue. GLP-1 medications quiet the food noise. They take away the urge to binge eat and make hunger signals much more manageable.

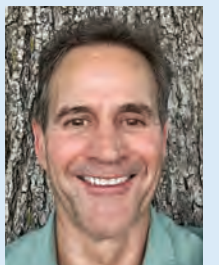
2. **Thyroid cancer.** At present, there has not been evidence of thyroid cancer in humans due to GLP-1 medications. However, this is a popular claim on the internet that is important to clarify. There were issues seen in animal trials, but the rodents used in these studies have a completely different thyroid metabolism than what humans have. These studies are why there is a black box warning against using these medications if you have a history of medullary thyroid

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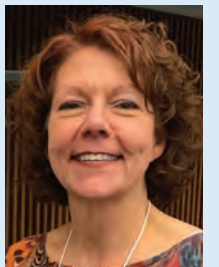
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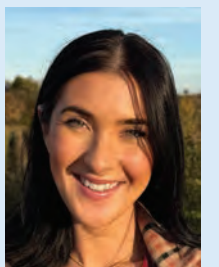


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Mary Kate Fernandez

cancer. Still, in clinical practice, there have not been any signals that GLP-1 drugs cause thyroid cancer in humans.

3. Muscle wasting. It is important to remember that any substantial weight loss—regardless of how it's achieved, whether through bariatric surgery, Weight Watchers, caloric restriction, or keto diet—will cause some muscle loss. It is not the medication that mediates this, but rather the weight loss itself. Any time a patient loses a significant amount of weight, muscle loss will go along with it. This is not inherently a bad thing—if someone loses 100 pounds, they are not going to need as much muscle to move their body as they did when they were carrying a heavier load. But it is extremely important to work with a nutritionist and make sure you are eating enough protein and to do regular exercise, particularly strength training. This will ensure that you are not losing too much muscle and setting yourself up for loss of bone density as well. Weight bearing exercise like getting 8,000 steps per day, in addition to strength training two to three times weekly with weights, yoga, or Pilates will ensure you are building a strong, healthy body.



4. Stomach paralysis. This has a grain of truth to it. This class of drugs will cause delayed stomach emptying. This is part of how the medication works. GLP-1s activate receptors in the GI tract that cause some GI slowing. This is actually helpful for weight loss. If food is moving more slowly through the GI tract, then one will feel full for longer and will eat less. This delayed gastric emptying effect also helps with blood sugar regulation.

This is an expected side effect of these medications and should not cause GI slowing to the point where one is unduly constipated. To keep the GI tract moving daily while on a GLP-1, it is important to increase fiber intake, which, by the way, is also great for lowering cholesterol. Some patients will need fiber supplements such as Metamucil, but increasing non-starchy colorful vegetables, avocados, nuts, seeds, berries, and flax meal to your daily nutrition can usually solve this problem. If you are still having issues, please talk to your health care provider, as you may need dose adjustment of your GLP-1. Finally, if one has underlying gastroparesis, which is typically caused by uncontrolled diabetes for years, where your stomach muscles do not work properly and you do not have normal stomach emptying, this class of drugs is not appropriate for you. However, if you have a naturally working GI tract, the side effect of GI slowing should be quite

manageable with the above dietary adjustments.

5. Drug dependency. If someone has suffered with lifelong, chronic obesity, then yes, they will likely need this medication long term. But this is a wonderful tool that helps combat all the health problems that often are caused by obesity, such as high blood pressure, elevated cholesterol, pre-diabetes/type 2 diabetes, sleep apnea, debilitating arthritis, fatty liver, and certain types of cancers. Some of my patients are able to lose weight and then successfully wean off their GLP-1 medication without regaining the excess pounds. Generally, these are people who have not struggled with lifelong obesity, but merely had some weight gain in the last few years and needed a little extra help. The most important question to ask is, "Are you able to change the environment that caused you to gain weight in the first place?" The answer to this is often no, because so many things are out of our control: stress, genetics, lack of sleep, family issues, work, etc. The list of stressors seems never ending. And these medications are simply a tool to take a bit of that stress away, to help you make better choices, and to not let the stress of life manifest in your body as excess adiposity.

6. Increased heart rate. While GLP-1s have been proven to reduce major cardiovascular events, such as heart attack, stroke, and heart-related death, they may cause transient increases in resting heart rate by about five beats per minute. This does not appear to be associated with increased risk of future heart problems.

7. Weight gain after stopping the GLP-1. Studies show that when a person stops taking a GLP-1, they tend to put back on most or all the weight—unless they are very mindful about how they eat. One of my patients is a physician who lost 40 pounds while on tirzepatide for seven months. He paid close attention to how this medication changed his cravings for food, wine, and Scotch whiskey. He has been able to maintain his weight loss for a year since stopping the GLP-1 by consciously making healthier dietary choices, eating smaller portions, and cutting back on alcohol intake. He says, "On tirzepatide, I was never hungry. I ate small portions of healthy foods. Also, I stopped stress eating. Now I continue to eat healthy meals with small (normal) portions, but it's a bit more difficult because I do get hungry since stopping the drug. But I am now retired, so no more work-related stress eating."

8. Cost and accessibility. This is the major limitation of GLP-1 agonists, which are expensive and often not covered by insurance for treating obesity. The monthly out-of-pocket cost is between \$1,000 and \$1,300 per month if insurance doesn't cover tirzepatide and semaglutide, respectively. Recently, tirzepatide at the first two dose titrations, 2.5 mg per week and 5 mg per week, has become available at \$390 to \$500 per month for people paying out-of-pocket rather than through insurance. Although they are expensive now, there are promising new agents in the pipeline that will likely compete on price to make the GLP-1s affordable and accessible. And semaglutide will become



generic in India in 2026. Because these agents markedly reduce risk for many diseases, they will save health care dollars in the long run by keeping people healthy and out of the hospital. To that end, we are expanding our CardioMetabolic/CardioWellness Clinic as another avenue for patients seeking treatment for obesity.

9. Health care providers. It is key that you work with a health care team experienced in prescribing GLP-1s and following patients on these agents. This can make all the difference for ensuring that you get access to these drugs and will improve the chances you will tolerate them and be successful with your weight loss.

10. How about online or compounding pharmacies? There are many options to get GLP-1s online or through compounding pharmacies. We have been skeptical about the safety and effectiveness of these less expensive and largely unreliable GLP-1 options. Using a GLP-1 drug purchased online without a doctor's prescription poses significant dangers and uncertainties. Semaglutide and tirzepatide are prescription-only drugs designed to be used under medical supervision.

When purchased online from unregulated sources, there is no guarantee of the drug's quality, dosage accuracy, or authenticity, increasing the risk of contamination, substandard ingredients, or incorrect dosing and formulations. Additionally, using a GLP-1 drug without guidance from a qualified and experienced health care provider can lead to severe side effects, such as serious gastrointestinal issues. It also bypasses essential monitoring for interactions with other medications or underlying conditions, which could result in serious or life-threatening complications. Therefore, using GLP-1s outside of a regulated, supervised medical context is highly unsafe.

For so many of my patients who are overweight or obese, it is not that they failed one diet after another. These diets failed them. Feeling shame for using a technology to make life slightly easier is entirely misplaced. We use all sorts of technology to make our lives better, such as utilizing a cell phone over a rotary phone. GLP-1 medications should be viewed similarly. These are not a cure-all and do not replace healthy dietary patterns and exercise. Patients utilizing these medications are still working as hard as everyone else to take care of their bodies. But the GLP-1s will quiet the food chatter—the constant stream of obsessive thoughts and behaviors about food, and banish the miserable cravings and incessant hunger. There is enough stress and difficulty around us. Let's take away the embarrassment and stigma and start supporting each other. You never know what someone else is going through and what it took for them to even ask for help with their health.



Tirzepatide and Semaglutide: Swiss Army Knife Remedies for U.S. Health Problems

James H. O’Keefe, MD, and Ellen T. Murray, MD

Dr. Eric Topol, a respected leader in U.S. cardiology, called GLP-1 drugs “the most important drug-class breakthrough in medical history.” These agents have demonstrated not only impressive efficacy in lowering weight but have also been linked to reduced risks for heart attack, stroke, heart failure, kidney failure, liver disease, sleep apnea, Alzheimer’s disease, Parkinson’s disease, and depression. Importantly, tirzepatide and semaglutide decrease risk of cardiovascular death and improve overall life expectancy, especially in individuals with obesity, diabetes, and heart disease at baseline. The GLP-1 class of drugs acts like a molecular Swiss Army knife—one tool to address myriad serious common afflictions.

1. Weight and Food Cravings

Semaglutide (Ozempic® for type 2 diabetes or Wegovy® for obesity) results in weight reduction of up to 15% of total body weight. Tirzepatide (Mounjaro® for type 2 diabetes or Zepbound® for obesity), a dual GLP-1 agonist and glucose-dependent insulinotropic polypeptide (GIP) agonist, has demonstrated even greater weight loss, with body weight reductions of up to 21%.

Just over the horizon are even more potent GLP-1 drugs like retatrutide, which can lower body weight by 26%.

These meds will likely render bariatric surgeries such as gastric bypass obsolete, perhaps how the village blacksmith or horse-drawn carriage maker might have felt when he saw the first automobile rolling down his street.

2. Heart Attack, Stroke, and Cardiovascular Death

Strong evidence shows that GLP-1s reduce incidence of major adverse cardiovascular events such as heart attack, stroke, and cardiovascular death in patients with diabetes and/or obesity. These benefits are likely mediated by a combination of weight loss, reduced blood pressure, cholesterol, and blood glucose levels, better sleep, more exercise, less inflammation, and improved blood vessel health.

3. Heart Failure

GLP-1s also reduce the risk of heart failure. Studies that were spearheaded by cardiologists at Saint Luke’s Mid America Heart Institute, Michael Kosiborod, MD, and Michael Nassif, MD, among others, showed that semaglutide or tirzepatide in obese diabetic patients improved symptoms of heart failure due to a stiff heart more dramatically than any prior therapy. The mechanisms are thought to involve improved cardiac metabolism, reduced fat deposition in and around the heart, and elimination of excess salt and water.

4. Kidney Failure

GLP-1s have shown strong protective effects against kidney failure, particularly in patients with type 2 diabetes. The FLOW study was a randomized placebo-controlled trial testing semaglutide in 3,533 patients with type 2 diabetes and chronic kidney disease. It showed that the GLP-1 reduced kidney failure, need for dialysis, and death due to heart disease. Semaglutide also significantly lowered death rates due to any cause by 20% during the study.

5. Fatty Liver

The liver is your largest internal organ, and it’s a biological marvel, filtering more than 250 gallons of blood each day. Fatty liver, also known as metabolic associated steatohepatitis (MASH), affects about one in four US adults, most of whom are completely unaware of this dangerous condition. When your liver gets full of fat, it becomes inflamed and spews out cytokines into your blood circulation that light inflammatory fires throughout your system, predisposing to diabetes, high blood pressure, heart disease, cancer, cognitive decline, and dementia. MASH is also the leading cause of cirrhosis and liver failure. GLP-1s are the most promising agents ever for reducing liver fat content, lowering inflammation, and improving liver function. In a recent trial,

retatrutide, a potent GLP-1 agonist that will likely be approved in the next year, eliminated 86% of the fat from the liver in patients with MASH, and it markedly improved inflammation and fibrosis in the liver.

6. Sleep Apnea

Obstructive sleep apnea (OSA) is another condition closely associated with obesity. Patients treated with tirzepatide or semaglutide have reported improvements in sleep apnea symptoms, which are likely related to the substantial weight loss observed with these agents. The SURMOUNT study randomized patients with OSA to tirzepatide or placebo; after one year, the group on the GLP-1 lost 20% of their body weight and had a 60% reduction in apneic episodes (spells during which they stopped breathing while sleeping).

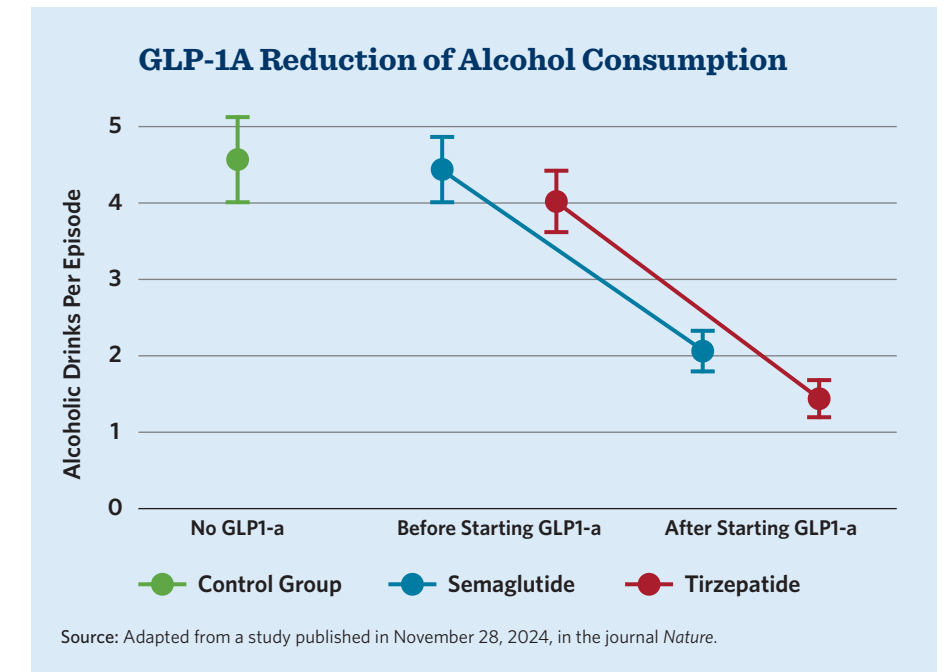
7. Brain Health

Recent studies suggest GLP-1 drugs confer potent brain benefits. They reduce neuroinflammation and improve brain insulin sensitivity. GLP-1 drugs are associated with improved brain function in Parkinson’s disease, and may reduce risk of Alzheimer’s disease as well. Patients treated with GLP-1 agonists have reported improvements in mood and reductions in depressive symptoms, suggesting a potential role for these drugs in managing depression and improving long-term mental health.



8. Alcohol Abuse

We’ve noticed that our Cardio Wellness Clinic patients for whom we have prescribed GLP-1s for type 2 diabetes and/or for weight management often report a reduced desire to drink alcohol, use recreational drugs, and smoke tobacco. Further, emerging studies



are backing up these real-world observations. For example, new studies on tirzepatide or semaglutide show that a patient’s cravings for alcohol are diminished when they are on a GLP-1 agent, so that they find themselves unintentionally drinking less. Preclinical studies in rodents show that GLP-1s reduces alcohol and nicotine intake, likely through similar mechanisms that reduce food cravings—namely, modulation of reward-related neurotransmission in the brain. Early clinical studies have supported these findings, showing that patients treated with GLP-1s report reduced craving for and consumption of alcoholic drinks.

9. Opioid Addiction/Overdose

In the first randomized controlled trial to test these drugs against opioid addiction, which kills more than 80,000 Americans every year, liraglutide, an older, less effective GLP-1, caused a 40% reduction in opioid cravings over the three-week study, even though they used the lowest dose of a weak GLP-1 and more than half of the study patients

dropped out before the brief study was completed. An observational study of 33,000 patients found that semaglutide use among patients with type 2 diabetes was associated with a 50% lower risk of opioid overdose during a 1-year follow-up compared with other antidiabetic medications.

10. Nicotine Use

Recent studies in rats showed that GLP-1s prevent overeating and weight gain during nicotine withdrawal. These drugs also reduced voluntary nicotine intake and improved other nicotine withdrawal-related issues, including cognitive deficits and mood disorders, causing scientists to speculate that GLP-1s might be helpful in nicotine use disorders.

11. Cannabis Abuse

Marijuana is the most frequently used recreational drug in the US, with 45 million regular users, one-third of whom suffer from a cannabis-use disorder—defined as clinically significant impairment or distress from chronically using THC, the active ingredient of marijuana. A recent observational study based on

almost 700,000 individuals found that participants who began treatment with semaglutide were ~40% less likely to be diagnosed with cannabis-use disorder. Similarly, small observation studies show that people on a GLP-1 have fewer symptoms of alcohol-use disorder—also known as problem drinking or alcoholism. These findings are particularly promising because we currently lack highly effective pharmacological treatments for all the various substance-use disorders.

12. Compulsive Gambling and Compulsive Shopping

The potential of GLP-1s to curb various forms of obsessive consumption, such as compulsive shopping or gambling, is an exciting area of advancing research. These behaviors, like overeating and alcohol abuse, are often driven by dysregulated reward processing in the brain. By normalizing this dysregulation, GLP-1 receptor agonists could help reduce the urge to engage in these self-destructive behaviors.

13. Libido Issues and Infertility

While some people report that these drugs dampen their libido and reduce cravings for sexual intimacy, many overweight or obese people find that when GLP-1s help them shed their excess pounds, their self-esteem, physical vitality, and energy levels

improve—all of which tend to be good for one's sex life. Further, GLP-1s have been linked to pregnancies in women who were previously infertile. This is particularly common among women with polycystic ovarian syndrome (PCOS), many of whom start ovulating again after being started on a GLP-1 drug and losing substantial amounts of excess belly fat. One of our patients is a 42-year-old female who had been trying to get pregnant for 20 years with no luck. After starting her semaglutide about a year ago she lost 73 lbs. She is now pregnant, healthy, and thrilled about finally becoming a mother and welcoming a newborn into her life soon.

14. Arthritis

A randomized placebo-controlled trial (the gold standard test to prove drug effectiveness) found that overweight/obese people who lost 14% of their body weight—an average of 33 pounds—while on semaglutide experienced major improvements in osteoarthritis knee pain. The GLP-1 drug produced dramatic relief compared to placebo, larger than any other nonsurgical treatment available today.

Inside your joints you have cartilage that covers and caps the ends of the bones that enables them to glide together smoothly. Cartilage is not



designed for excessive stress that obesity loads onto the weight-bearing joints. Every extra 1 pound over your ideal weight exerts an extra 5 to 8 pounds of pressure on your knees with every step you take. If you can lose those excess pounds, it will unload your spine, hips, knees, and ankles, and stop the destruction of the cartilage.

The improvement in arthritic pain with tirzepatide and semaglutide is mostly due to weight loss, but these drugs also have an anti-inflammatory effect that is independent of their ability to melt away excess fat tissue. Even among people who are considering a joint replacement, semaglutide or tirzepatide could help them get to a safer weight prior to surgery, or even relieve pain enough to delay surgery for a few years or negate the need for it all together.

New Provider at Saint Luke's Cardiovascular Consultants



Talal Asif, MD, is a cardiologist, board certified in internal medicine, cardiovascular disease, cardiovascular magnetic resonance, nuclear cardiology,

cardiovascular computed tomography, and echocardiography. He is a graduate of Khyber Medical College in Peshawar, Pakistan, where he graduated in the top 10% of his class. He completed a residency in internal medicine at the University of Missouri-Kansas City, receiving the Sirridge Award for exemplary professionalism and bedside manners,

and a fellowship in cardiovascular disease at Cook County Health and Hospital Systems in Chicago, where he was named the best fellow of his graduating class. Dr. Asif is an assistant professor of medicine at University Health Truman Medical Center. He was nominated for best physician award in Kansas City 2023 by *The Kansas City Star*.

Tap Into Your Inner Superpowers

James H. O'Keefe, MD



- Learn to be okay with being disliked. It takes courage, but it can be a superpower.
- Be a force for good for others. It's the best strategy for feeling good about yourself.
- You limit your potential growth and success to the extent that you blame others for your problems.
- Learn to remain calm under pressure—it's one of life's most valuable skills.
- It is hard to think your way to a calmer mind; instead try to physically relax, which will calm your mind.
- When stressed, focus on breathing slowly through your nose and prolonging the exhalation phase. This practice is one of the most effective ways to immediately decrease anxiety, reduce blood pressure, and lower heart rate.
- Cultivate stillness in your mind—you will connect to a life force that fosters creativity, well-being, and joy.
- Adopt a beginner's mindset, where you approach every situation, task, or learning opportunity with the curiosity, openness, and humility of a novice. Even if you have knowledge or expertise, a beginner's mind will promote an attitude free from preconceptions, judgment, or ego, allowing for growth, creativity, and understanding.
- Consume less and create more. We get depressed when we chronically overconsume. Humans are designed to create rather than just consume.
- Get outside for a walk or any other outdoor physical activity for at least 20 minutes. This will melt away 90% of your mental anguish.
- Channel your deeply ingrained creative nature. Creativity is the hallmark of *Homo sapiens*. We have the resourcefulness, curiosity, abstract thinking, opposable thumbs, innate language, and rhythm capacities that enable creativity. For 99% of the history of our species, creativity wasn't an option—it was a necessity. Our ancient Paleolithic ancestors had to rely entirely on ingenuity and natural resources to create the tools, clothing, shelter, fire, food, utensils, and other items needed for survival. They had to create their own music.
- Incorporate physical interactive play (tennis, pickleball, volleyball, golf, martial arts, sex, etc.) into your life at least twice a week—the more the better.
- If you struggle mentally and physically but rarely find time for exercise—that's your biggest problem.
- Do 20 to 30 minutes of strength training twice a week.
- Get a dog and bask in the unconditional love she or he gives you.
- The happiest individuals expect little to nothing from other people.
- Try to eat an abundance of single-ingredient foods like nuts, berries, avocados, fish/seafood, eggs, legumes, poultry, broccoli, tomatoes, spinach, vinegar and extra-virgin olive oil. Drink more water and tea. The more natural and unprocessed your diet, the sharper your mind and stronger your body will be.
- Make sleep a top priority. The last train for a deep, restorative, rejuvenating night's sleep leaves at 10 p.m.



Music Is Medicine: The Healing Power of Song

James H. O'Keefe, MD

Some 2,400 years ago, Plato wrote about the power of music: "More than anything else, rhythm and harmony find their way into the inmost soul and take strongest hold upon it." Well, I don't know how to play a single musical instrument, can't read music or carry a tune, and I'm an awkward (but enthusiastic) dancer. Nevertheless, music has always been one of the great joys in my life. Discovering a new song can make my day. Music has long been celebrated as a universal language, capable of touching the soul and evoking deep emotions. Despite my own musical illiterateness, sharing music with my four children is a love language of its own that keeps us close. Three of our kids, Kathleen, Caroline, and Jimmy, along with his husband, Darren, and their newborn daughter, live in New York City. Sharing new music that we love via Spotify is one of many ways we communicate emotionally despite being 1,200 miles apart.

In his superb new book *I Heard There Was a Secret Chord*, Daniel Levitin, MD, discusses how music can be a powerful force for healing. He writes that listening to music you enjoy or creating music on your own is a unique and reproducible path that leads to a subconscious level called the Default Mode Network (DMN), which is instrumental for everything from relaxation to problem-solving and immunity to creativity.

The power of music goes beyond its aesthetic and emotional appeal. Music

is one of our most ancient medicines. Many cultures created and followed musical traditions for millennia to promote healing, ease suffering, and calm the mind. Music possesses remarkable healing properties that have been revered across the globe down through the ages and, more recently, validated by science.

Stayin' Alive

Studies confirm that listening to music you find enjoyable can significantly reduce stress, lower blood pressure, and improve heart rate variability—a key marker of cardiovascular health. Music also stimulates the parasympathetic nervous system (aka, the feed and breed state versus the fight or flight state). In this way, music helps the body enter a state of rest and repair, proving that its effects go beyond the psychological to the physiological.

A favorite song synchronizes the firing patterns of neurons and neural networks and can optimize neurotransmitters and key hormones. These changes are profound enough to influence our sense of well-being and potentially even improve our longevity.

Good Vibrations

Rhythmic melodies and soothing harmonies can activate the brain's reward centers, releasing dopamine, a "feel-good" neurotransmitter that can promote feelings of joy and relaxation. Music can brighten our mood when we're depressed and energize us when we want to play a sport and/or exercise. This is why

music therapy is used in some hospitals and clinics to help patients manage pain, recover from surgery, cope with anxiety and depression, or deal with the claustrophobia triggered by MRI scanners.

For me, music elicits emotions more powerfully than almost anything else—it can inspire me and invigorate my whole being. Personally, I love how earbuds enable me to listen to my favorite music almost anywhere. I take my favorite music with me to work out, walk the dogs, garden, or wait for a flight.

Come Together

Moreover, music's healing powers extend beyond individual well-being and can foster connections between people. Going to concerts and connecting with music we love can make ordinary circumstances seem meaningful and exhilarating. Group activities like singing in a choir, playing in a band or orchestra, attending a live concert, participating in a drumming circle, or simply listening to a favorite song together can create a sense of community and promote emotional bonding.

On one occasion I participated in a drumming circle around a campfire in a forest in the Cascade Mountains in Washington state. Even though there were no mind-altering drugs involved, drumming for hours around a fire that night felt primal and created an elevated state of consciousness, creating a sense of euphoria and connectedness—to the other campers, to nature, and somehow to the universe.

Glory Days

For patients with neurological conditions like Alzheimer's disease, music appears to have the potential to unlock memories and improve cognitive function. The rhythm and familiarity of music help reawaken pathways in the brain that other forms of therapy might not reach.

Songs you adore can provide something like a soundtrack to your life. Music turns out to be one of the best ways to encode lasting memories—more specifically contextual memories that allow you to recall the surroundings, scents, people, and feelings you were experiencing at the time. Music is a unique and distinct retrieval cue to remember those details.

It's All Coming Back to Me Now

My brother Kevin has a remarkable ability to vividly recollect scenes from the past with uncanny detail. When I was in Minnesota visiting him recently, a song by Supertramp came on his radio. He asked me, "Do you remember the time you and I and Steve were out waterskiing at Maple Lake on a Wednesday in mid-July in 1979 and you wiped out over in Black Diamond Bay? We had to cut the boat engine while you swam over to retrieve your ski. The lake was so quiet you could hear the music from a boom box carrying all the way to us from our dock two miles away. Supertramp was singing, *Dreamer, you know you are a dreamer...*" As that song played on the radio, it all came back to me: slalom skiing over a glassy smooth surface under the summer sun, tumbling head over heels, then treading water in crystal-clear lake while hearing one of our favorite songs echoing hauntingly from afar. Supertramp had time-stamped and preserved that memory for me that I'd never had the opportunity to recall until Kevin reminded me about it.



I Wanna Dance with Somebody

Dancing to music can be powerfully therapeutic and is a fun and effective way to improve fitness, boost endurance, and enhance muscle strength, balance, and flexibility. Dance also stimulates the brain, improves memory, coordination, and cognitive function, particularly when learning new steps and routines. It releases endorphins and reduces stress hormones, elevating mood and melting away anxiety and depression. Finally, dancing in a group, at a concert or with a partner, fosters social connections and a sense of community, which are crucial for emotional wellness.

Dancing while you celebrate with people you love is another way to make lifelong jubilant memories. In August, my son Evan married Mary Kate in a 15th century castle

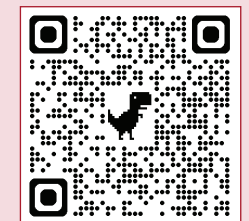
in the countryside of Ireland. It was a storybook wedding with most of the 100 attendees staying right there with us in the castle, which we had to ourselves for 48 hours. The venue was surreal, the bride was beautiful, the ceremony was lovely, and the speeches were hilarious and endearing, but, for me, the most memorable part was the wedding dance floor that night. The raucous and talented Irish band played a lot our favorite music and we danced till the band finally wrapped at 3 a.m. A few couples danced together, but mostly we all danced with nobody and everybody all at once, sometimes in circles, sometimes in lines; it was an ecstatic, chaotic celebration of love and bonding. The next morning, we were all sleep deprived, hoarse from singing at the top of our lungs, and sore from jumping around to the music for six hours. But it was an occasion that nobody who was there with us that night will ever forget.

Music and dance add zest to life and are good for your heart and soul. Tunes you love can make you feel more alive and help you to make lifelong memories.

Spend more time listening and dancing to music that moves you. *Doctor's orders!*

To read more from James H. O'Keefe, MD, subscribe to his free substack here.

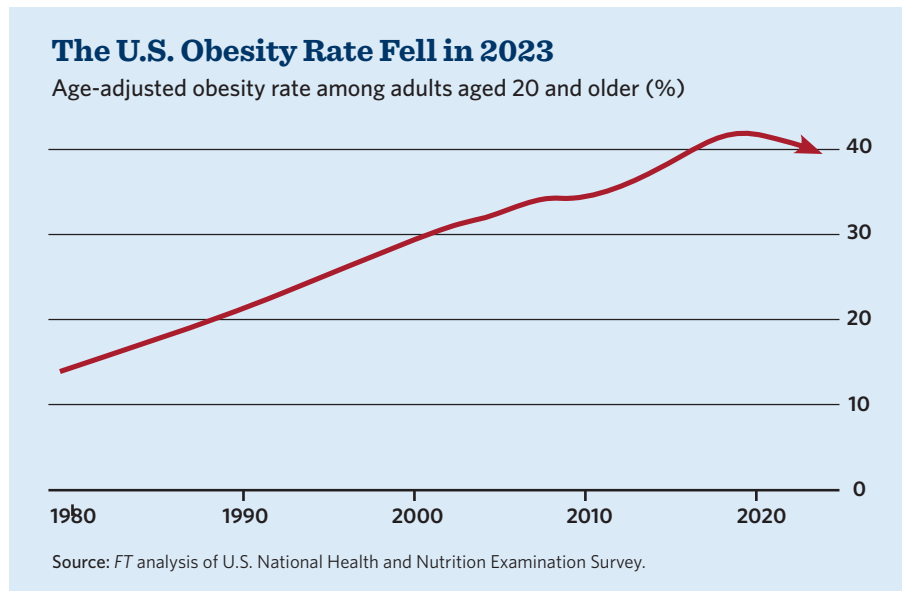
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This Changes Everything *continued from page 3*

And if GLP-1s also reduce cravings for and addiction to alcohol and drugs, these agents may single-handedly rescue us from the curse of overconsumption and addiction that has been progressively ruining our health and life expectancy for the past four decades.

Tellingly, for the first time in 40 years, obesity rates declined last year, almost certainly due to the increased use of GLP-1 drugs. In our humble opinion, the GLP-1 class of drugs is the most important advancement in medicine since antibiotics were invented almost a century ago. We are confident that as these drugs evolve to become more accessible and affordable, the health and life expectancy of the U.S. population will improve dramatically, while the costs and suffering related



to serious health issues subside. This is a groundbreaking inflection point in American life—our collective health and well-being has suddenly reversed

course from progressive weight gain, drug abuse, and shorter debilitated lives to a healthier, longer, and more dynamic existence.

High-Protein Snacks Boost Energy, Make GLP-1s Easier to Tolerate

These options are not only high in protein but also delicious and easy to prepare, making them perfect for snacking or light meals, whether you are on a GLP-1 or not.



- Greek yogurt with berries and nuts.** Greek yogurt is rich in protein. Top it with fresh berries and/or a sprinkle of nuts for added flavor and nutrition.
 - Cottage cheese with berries.** Cottage cheese is a great source of protein. Pair it with fruit for a sweet and savory treat.
- Hard-boiled eggs.** Simple and portable, hard-boiled eggs are a great high-protein snack.
- Nuts and seeds.** A handful of almonds, walnuts, pecans, or pumpkin seeds provides protein and healthy fats, plus they are super healthy and satiating.
- Edamame.** Steamed edamame is a tasty, protein-packed snack that's easy to prepare.
- Tuna salad.** Mix canned tuna with a bit of mayonnaise, mustard, or yogurt for a high-protein meal. Serve on lettuce leaves.
- Protein bars.** Choose bars low in sugar (< 5 grams of added sugar per bar) and high in protein for a convenient on-the-go option.
- Hummus or guacamole with vegetables.** Hummus is rich in protein and fiber, and guac is very high in fiber and nutrition. Enjoy either with celery, sliced bell peppers, carrots, or cucumber.
- Turkey or chicken wraps.** Use lettuce leaves or whole-grain wraps to make turkey or chicken roll-ups with cheese and/or avocado.
- Lentil soup.** A small bowl of lentil soup can be filling and is rich in protein and fiber.
- Peanut butter and banana.** This classic combination offers a good protein boost with healthy carbs rich in fiber.
- Baked chickpeas.** Crunchy and satisfying, baked chickpeas are a good protein-packed snack.
- String cheese.** Easy, portable, and tasty, string cheese provides a quick protein boost.



Kind Heart, Brave Soul

The strength to heal comes from compassion and courage. Even in the face of hardships, we should be gentle and empathetic while also displaying resilience and optimism. Kindness is not a sign of weakness but instead of profound strength. Bravery isn't just for confronting fear but also about continuing to love and care for others despite personal struggles. The power of kindness can be transformative, so we try to be compassionate and courageous even in the face of adversity.

—James O'Keefe

Twenty years from now you will be more disappointed by the things you didn't do than by the ones you did do. So throw off the bowlines. Sail away from the safe harbor. Catch the trade winds in your sails. Explore. Dream. Discover.

—H. Jackson Brown

Were you really expecting to have no more problems at some point in your life?

—Sam Harris

Drink plenty of water and get some sunlight. Think of yourself as a houseplant with more complicated emotions.

—Anonymous

Beyond the mountains there are always more mountains, at least until you reach the final mountain when your time on Earth comes to an end. In the meantime, few things are more exhilarating than mountaineering.

—Oliver Burkeman

Most successful people are just a walking anxiety disorder harnessed for productivity.

—Andrew Wilkinson

A ship in harbor is safe, but that is not what ships are built for.

—John Shedd

Focus on the moment, not the monsters that may or may not be up ahead.

—Ryan Holiday

And once the storm is over, you won't remember how you made it through, how you managed to survive. You won't even be sure, whether the storm is really over. But one thing is certain. When you come out of the storm, you won't be the same person who walked in. That's what this storm's all about.

—Haruki Murakami

If the world seems cold to you, kindle fires to warm it.

—Lucy Larcom

Whatever you do, always give 100%, unless you're donating blood.

—Bill Murray

Rules for happiness:
Something to do,
Someone to love,
Something to hope for.

—Immanuel Kant

When we remove ego, we're left with what is real. What replaces ego is humility, yes—but rock-hard humility and confidence. Whereas ego is artificial, this type of confidence can hold weight.

—Ryan Holiday

Whatever abilities you have can't be taken away from you. They can't be inflated away from you. The best investment by far is anything that develops yourself, and it's not taxed at all.

—Warren Buffet

You have to study and learn so that you can make up your own mind. Stock your mind, stock your mind. It is your house of treasure and no one in the world can interfere with it. If you won the Irish Sweepstakes and bought a house that needed furniture would you fill it with bits and pieces of rubbish? Your mind is your house and if you fill it with rubbish from the cinemas, it will rot in your head. You might be poor, your shoes might be broken, but your mind is a palace.

—Frank McCourt, from *Angela's Ashes*

Protect your hearts, light makers, because of all the good they do. Having a heart so big and expansive carries the risk of shattering, like it has now. It's natural to want to shrink that heart to never feel this way again. But that heart is so needed. Have grace as you pick up the shattered pieces and glue them back together. Your light is not gone. It's just focused on repairing those cracks. So protect your hearts, light makers; we need all the good they do.

—Dr. Renee Rodriguez Pao, pediatric cardiologist

The context for this quotation is Kintsugi, an ancient Japanese practice of repairing broken pottery with gold. As a metaphor for life, it shows us how to see the broken, painful parts of ourselves and others as an opportunity to add strength, beauty, and character.

This idea can teach us kindness and forgiveness in all aspects of life.



Pursuing a Life Without Alcohol: The Ups, the Downs, and the Reasons Why

Kathleen C. O’Keefe

It’s been about 150 days—a little more than five months—since I stopped drinking. The last time was a Friday night in June. I met an old friend for dinner. We walked to a \$75 omakase restaurant in the East Village.

“What can I get you guys started with?” a man behind the bar asked.

“We’ll take a bottle of the driest sake you have, please.”

At the time, I didn’t know this would be the last drink I’d share a with a friend—a practice, at that point, as mindless as reading or walking. But I’m glad I didn’t know. If I’d planned the final time, the symbolism of it would’ve spoiled whatever relief or joy or connection the sake brought me that night. I would’ve studied each sip, tried to memorize the familiar hug of an oncoming buzz. I would’ve analyzed my tipsy thoughts and picked apart how they compared to my sober ones. I would’ve been terrible dinner company. Change is easier to grasp in the rear view.

The two of us sipped sake and swapped work updates and ultimately walked each other home in the rain. My head was on the pillow by 11 p.m. I was not remotely drunk or noticeably emotional. There were no dessert shots, no second location, no nausea pill, nor dry heaving in the bathroom the next morning. I awoke with a migraine and the will only to lie in bed, watch reality television, and speak to no one.

Nothing made this morning stand out from the gazillion other times I’ve lain in bed, hungover and unmotivated. The only thing that changed was me. I was, quite frankly, sick of myself. I did not have it in me to keep repeating this pattern—drinking, nursing a hangover, spiraling about how often this happens and how much time I’m wasting, etc. The decision hit me quickly and decisively, like someone had turned on a light in a dark room. Alcohol, although it once brought me spontaneity and community, now mostly only brought me dread. Alcohol had to go. Maybe not forever, but at least for a while.

Like most Americans, my friendships and social life have revolved around the ritual of consuming alcohol since I was a teenager, whether I was partaking or not. Over the past few years, I’ve gradually muted the importance of alcohol in my life. Before I quit, I was having either two glasses of wine or one dirty martini one to two times a week. I’d love to credit the minimal drinking to a wave of maturity or a sudden commitment to health, but no. Moderation came when I noticed alcohol makes me depressed. On days following a night of drinking, I was often plagued by anxiety, regret, irritability, and a migraine. Unproductivity was a given. On the rare hangover mornings when dread wasn’t so evident, there was still an underlying uneasiness. Maybe no headache or nausea, but some misalignment preventing me from

having a meaningful conversation, a good workout, or crossing off a few to-dos. Drinking set me back mentally for 24 to 48 hours. I was happy to waste entire weekends and endure bad skin, inflammation, nausea, and puking for years. But in my late twenties, when the brain fog and sadness and stress became evident? I was—after some self-convincing—sold on sobriety.

For the past year or so, I’ve tried hard to rationalize why I should keep drinking. This spring, I finally put my mind to it and created a note in my phone labeled PROS AND CONS OF DRINKING. The pros list was alarmingly short. It consisted of one, ominous, persuasive bullet point: *Make the moment not awkward.* In other words, make sure other people feel comfortable, even if that means making myself less comfortable.

People-pleasing.

I’ve historically used a few glasses of wine to crack open my introverted nature, to lean into closeness without spiraling into social anxiety. Alcohol has been my highway to human connection. Long after I realized alcohol didn’t serve me, I still found myself nursing glasses of wine at happy hours with coworkers or at family dinners because 1.) I wanted to silence the overthinker buzzing in my head, and 2.) I wanted other people to feel at ease. However, once I realized I was 1.) not being genuine, and 2.) prioritizing other people’s comfort over my own well-being, I couldn’t help but feel sort of. . . pathetic?

The term self-worth is something I’ve been chewing on lately. Before I stopped drinking, I was confident. Yes, I loathed small talk (and still do), but I was proud of who I saw in the mirror every morning. I have a baseline confidence in my abilities, my relationships, and my career. However, I’m seeing now that although my confidence was sufficient, my self-worth was lacking. Meaning, when stacked up against others in a social setting, I had a bad habit of putting myself last.

So, while ditching alcohol was at first a promise to myself to pursue feeling good, it’s also become a bit of a love letter, from myself to myself. An act of self-kindness to prove that I can prioritize my own happiness and not lose everyone I love in the process. Bottom line, I’m a much happier, well-adjusted, productive person when I forgo the drinks.

For anyone curious about a similar life change, I have five nuggets of advice to offer. Please know that while this has been my experience, everyone’s relationship with alcohol is unique.

1. Prepare to Talk About Not Drinking

“How long do you think you’ll do this?”
“What motivated you to stop?”
“Do you ever miss it?”
“Have you slipped up yet?”
“What was the last thing you drank?”

To my dismay, I’ve become a fixture of fascination. People assume I am either 1.) an alcoholic, or 2.) torturing myself with some insane dedication to health. The truth is, I’m neither.

Remember this conversation is in your control, not theirs. Don’t get caught up trying to defend yourself or making them believe you. Because there’s a good chance they won’t, no matter what you say. Get comfortable knowing that people will be confused. Your choice to defy social norms will

send subtle shock waves into every social setting. Which may not be something you grow to like, but you will grow to forget about it. Which works almost as well.

When you move on from talking about your drinking habits, people will tell you about theirs. People will feel very comfortable talking to you about their varying relationships with drugs and alcohol. They will often either justify their drinking routines or offer a common ground in a similar inclination to scale back. Alcohol, as a topic of conversation, will stick to you. Get comfortable with it. And try to lead with empathy rather than judgment or annoyance.

2. Memorize a Line

“Why aren’t you drinking?” is a question you’ll have to answer hundreds of times.

At first, I fell into the trap of oversharing. I’d explain why I’m sober, the receiver wouldn’t get it, so I’d I’d explain that 1.) I was already a conservative drinker, and 2.) no, I’m not an addict. But 3.), yes, I have always been sensitive to alcohol, and 4.) alcoholism runs in my family, so I am cautious. But my tipping point was 5.) when I discovered alcohol was the root of my depression. This is way too much information.

I noticed that these divulging encounters had a way of leaving me feeling stripped. Naked and sort of desperate, like I’d just spent 20 minutes begging for an outsider’s

Kathleen was recently named by *Forbes Magazine* as one of 2025’s “30 under 30” for excellence in Marketing and Advertising in North America.

acceptance. Because, well, I’d done just that.

My advice is to memorize a line and not stray from it. After consulting my dad and my therapist, I landed on the vague but honest “I just feel better when I’m not drinking.” If they want more, I have license to add, “Everything’s better—my sleep, mood, work—when I opt out of drinking. So that’s what I’m doing.”

Deliver the line with confidence—even if you’re faking it—and move on. One line is all the explanation people need.

3. Consider Therapy

Without “taking the edge off” at the end of the day or in social settings, your thoughts will be louder. Emotions will linger until you *actually* deal with them. But you don’t have to resolve them on your own. In fact, it’s more effective and productive if you don’t.

Just about every sober person I’ve ever met started therapy (or picked it back up) within six months of cutting their vice. It makes perfect sense! People become curious about themselves during this time, and they often seek help to sort through their discoveries. The social pressures alone are enough to seek professional help. Four months into sobriety, a therapist serendipitously landed in my path. We connected, and now she’s a regular part of my routine. Having someone to speak to about the language around sobriety, the community, and the relationship shifts has been a game changer. I cannot recommend therapy enough. This doesn’t have to be (and shouldn’t be) a solo mission.



Kathleen

4. Know Your Social Life Will Shift

You'll lose friends. You'll get invited to fewer things. And nothing can prepare you for that. It won't be immediate, but one day, you'll go to text a friend and realize you haven't heard from them in months. These are likely your "drinking friends"—the relationships in your life that exist because of alcohol-culture comradery instead of meaningful, emotional ties. They will fade away, because 1.) you have less in common with them now, and 2.) they won't know what to do with you anymore. Letting them go will be unpleasant, but no real growth happens without sacrifice. And shedding the superficial friends will be that sacrifice. But the good news is that your world, eventually, will be more fulfilling without them.

Alcohol is the only drug where if you don't do it, people assume you have a problem.

—Andrew Huberman

Also, be prepared to be mildly bullied. People will accuse you of being "on a high horse" or "lame" or "not fun anymore." Ignore them. Better yet, lean into it. They have no idea what is best for your body, so why listen to them?

5. Look Forward to Feeling Great

I can't promise anything, but you might sleep better than ever before. You might have more energy. That underlying red glow or puffiness in your skin might disappear. You might drop a few pounds off your waist and notice fewer headaches and stomach aches. You might become more regular, and your heartburn might fade. You might experience less anxiety and sadness. When walking into a crowded room, you might feel more confident. You might remember more details about your nights out and crave fewer carbs on Sunday mornings. You might

catch yourself feeling more present wherever you are. And you will, for sure, save money.

I'm often asked, "What's been the hardest part?" For me, it's not the alcohol. Truthfully, I don't really miss it. What has been agonizing, however, is the fear of losing the people I love. My life is full of brilliant characters. Friends and family who all adore celebrating and socializing, and I wouldn't have it any other way. My community's love for gathering is, in part, why I love them.

Going into this no-drinking venture, I was most concerned about the group events: the bachelorette parties, the holidays, the sibling dinners and the birthday gatherings. Even the work happy hours. In my head, I built up those scenarios to be extremely public displays of a my very personal decision to not drink. Also, I had a fear of losing these moments entirely. Like, sure, I could still be at these events sober, but would they be the same? Would the same spontaneous joy still pop up? Will these things even interest me when I'm sober? The answer is, yes, they will. At least, today they still do. In fact, events are easy. Everything is just about the same, except I order a sparkling water instead of a glass of wine. Turns out, nobody cares about what I'm drinking. They're too concerned with themselves, especially in a crowd.

With that said, one-on-ones aren't as easy. The most exhausting moments of sobriety have been sitting across from a close friend or a loved one at a restaurant or at a bar. You see, in this situation I have to be the one to murder our ritual: split a bottle of wine and catch up. Divulge all our life updates, worries, infatuations, and travel plans. *Alcohol* then *chat*—that's how these encounters have gone for a decade. But now, as soon as I sit down and opt out, I wedge a knife into that custom.

I've seen how my not drinking can sometimes throw people off. Instead of creating a relaxing and safe environment for fellow drinkers, I'm deemed as the fun police, or a buzz kill. They usually feel ashamed for drinking, which kills me. Because my sobriety has nothing to do with them, and I could not care less if they drank or not. This has happened to me more times than I can count. As soon as the drink orders have been placed or the bottle's been uncorked, I lose the person in front of me. They just shut off. Accepting that is something I'm still working through.

I'm not everyone's cup of tea these days, and that's okay (*a line I'm constantly reciting to myself*). The point of all of this is to feel better, right? To finally be mature enough to decline what doesn't agree with me. To honor a sobriety routine that feels safe and responsible and stable. To just be more me than I was before. I'm still figuring it all out. But so far, not drinking alcohol is going really well. I feel spectacular, and more importantly, I'm proud of myself. So, you can bet that I'm not blowing that up anytime soon.

I'm hoping that leading with more authenticity, eventually, will bring about some magic in my life. Magic in the form of people or moments or self-understanding that might have never happened otherwise. I've come to realize that life feels most wonderful when I'm simply being myself. Who knows how this will all turn out. I'll keep you posted.



To read more from Kathleen, subscribe to her free substack by scanning the QR code with your smartphone camera.

Could Pickleball Save You?

W. Grant Franco, MD



Grant Franco and Kiyoko Nakano on the pickleball court, the morning of their wedding, June 2023

Do you have a friend who started playing pickleball and now it's the only thing they talk about? One day your friend says, "I just tried pickleball, and it's surprisingly fun!" The next thing you know they're talking about new paddles, getting their DUPR skill rating to 4.0, and frustrations with court availability. If you don't know anyone like this, well... hello, I'm Grant, and I'm a pickleball junkie.

I started playing pickleball consistently with my girlfriend (now wife!) in the spring of 2021 in Vero Beach, Florida. We were looking for some activity to do together that we could both enjoy. I was a rather advanced squash player, and we found the skill gap and steep learning curve of squash a serious barrier to us being able to play together. So my wife and I began playing pickleball, and even though she had no experience with racquet or paddle sports, she picked it up quickly. After spending a few weeks playing together, we eventually took a risk and went on an excursion to the

public courts. A group of very kind retirees decimated us. We were like helpless babies playing against adults. I'm someone who *hates* to lose, so this experience was a shiny lure drawing me in. The next time we went to the courts, I spent 20 minutes watching high-level players playing this thrilling game that included strategy, finesse, and power. BAM. The hook was set, and I was completely taken with pickleball.

I'm a deep diver by nature, so I began taking in all the pickleball content I could. I learned about paddles, strategy, and techniques. My wife and I started playing more and more. We made friends with people we never would have met otherwise. We've moved all over the country and have made friends and connections in the pickleball communities in every city we've spent time in. We drill and practice together, and I even started weight training to fix my old nagging injuries that were holding my game back. To say that pickleball has been an incredibly positive influence on

my health and overall well-being is a massive understatement.

My experience with pickleball mirrors that of millions of other Americans across the country over the past three years. Pickleball is touted as the fastest-growing sport in the United States. The Sports and Fitness Industry Association (SFIA) reports participation in pickleball has grown from 4 million players in 2020 to nearly 14 million in 2023. Additionally, core participation of players playing more than eight times a year has grown by 110%. Pickleball's growth is not limited to the United States; it also has experienced rapid growth across Asia, as badminton courts are easily converted to pickleball.

As rates of obesity, social isolation, and depression skyrocket across the United States, pickleball poses a powerful tailwind to those who play. You might not think of pickleball when you think of health and longevity, but this would be a mistake. The

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Copenhagen Heart Study (CHS) is a large cohort study that followed 8,500 participants for 25 years, looking at differences in life expectancies based on their chosen leisure-time activities. A study coauthored by James O'Keefe, MD, based on the CHS cohort looked at activities like jogging, cycling, swimming, calisthenics, health club activities (treadmill, elliptical, lifting weights, etc.), soccer, badminton, and tennis, assessing added life expectancy over being sedentary. Many of you are likely thinking that swimming would be the best, and it is superb exercise. But the two best were tennis, adding 9.7 years of life expectancy, and badminton, adding 6.2 years, with soccer coming in third, adding 4.7 years. Interestingly, jogging, swimming, cycling, and calisthenics all added approximately 3 to 3.5 extra years. Health club activities like treadmill and weightlifting were the worst, only providing an additional 1.5 years. Kind of shocking, right?

So what conclusions can be drawn from this data, and how does it relate to pickleball? Essentially, there is some intrinsic value to playing sports with your friends, with a strong emphasis on the word *play*. Longevity is driven

less by pure cardiovascular endurance or muscle strength; building relationships with friends and setting up a time to regularly play with them is significantly more beneficial than solitary exercise in the long run. Pickleball is very similar to badminton and tennis in that it is intensely social. Community is essential to pickleball, and it is fun, engaging, and easy to learn. It provides the playful moderate exercise that is most beneficial from the longevity perspective, and players can build relationships with people of all ages and backgrounds.

Recently, the *New Yorker* magazine published the article "Can Pickleball Save America?" From my perspective, I think pickleball could indeed save us—four people at a time. After all, the unofficial motto of pickleball is "Anybody up for one more game?"

