What Women Should Be Testing in Midlife with Dr. Wendy Ellis, ND (ep – 86)

[00:00:04] **Dr. Ginger Hultin** When we talk about health, especially in midlife, the goal isn't perfection, it's understanding. Understanding what your body is asking for, what's changing, and what information might actually be helpful. As we move through midlife, I think it's incredibly important to get reacquainted with your body as it is now. Your needs shift, your baseline changes, and what worked in the past might no longer tell the full story. So as we continue these deeper conversations around women's health, today we're focusing on personalized testing and advocacy. I know most of us don't likely have the best connotation with medical testing, but I wanna reframe that today. Because the information on the other side of testing is incredibly meaningful, it gives you a way to understand what's happening inside your body instead of just guessing. So today's episode is about clarity and what to ask for regarding your health. And to have this conversation, I'm reuniting with naturopathic doctor and friend, Wendy Ellis. Thanks to her holistic and deeply personalized approach, I know we both see testing not as a checklist, but as a tool to understand how your body is functioning. I want to acknowledge that testing can feel a bit intimidating, overly technical, or even financially overwhelming. A lot of the time, your physician may not mention your labs to you at all, or may message something generic like, 'Looks good.' My patients come to me because they want to understand what their labs are telling them about their health. We often walk through slowly, one by one, even the normal things. And as I always say, these are your labs. You deserve to understand them and have all your questions answered. Let's walk through it together. So to kick things off, I wanted to start with why testing matters and hear what Wendy's top considerations are before diving into the wonderful world that data can provide. Dr. Ellis, welcome back. You and I have a similar passion for blending nutrition, genomics, and precision health into a personalized approach. So I would love to hear from you, why is testing and testing advocacy becoming such an important conversation in women's health right now?

[00:02:34] **Dr. Wendy Ellis** Testing gives some degree of empowerment. Something that you mentioned in our previous section was trends. And so a data

point by itself is not often helpful unless it's surrounded with other data points that look for whether things are declining over time or increasing over time. People are motivated by numbers, and if we can offer them things that are motivating to continue a path that they're on that's serving them, it's a good way to do that. There are some testing out there that does the opposite, can create confusion, overwhelm, people get too many instructions or too many supplements or too many things to do, and then they just throw their hands up and they don't wanna do any of it. There's a fine line between evidence-based testing that drives decision-making and then some testing that confuses a clinical picture and often leads to frustration.

[00:03:32] **Dr. Ginger Hultin** I'm really glad that you brought that up. So I'm extremely pro lab testing. It is so helpful. It can be life changing. But what has been happening to me lately, now that people can order more of their own tests, get different tests from different providers, I'm having people come to me that will send me five to 10 massive reports from gut microbiome, food intolerances, genetics, epigenetics. And they'll send them to me and be like, I don't know what to do with all this. I can't eat anything. And I do think there's this aspect of over-testing, creating mass confusion, fear, unnecessary restriction. So it's both. It's we absolutely need testing and looking at trends that are evidence-based, and you can be over-tested and be very stressed out.

[00:04:16] **Dr. Wendy Ellis** Yeah, something that's come up a few times recently is often someone will write a book too, and they'll give a list of lab tests or supplements someone has to take to overcome their autoimmune disease. So I had someone recently that was like, I have Hashimoto's hypothyroidism. I'm supposed to avoid all gluten, all dairy, and what about soy? What about Cruciferous vegetables? And I'm just like not everyone who has autoimmune thyroid needs to avoid gluten, but I actually went and looked on PubMed at meta-analyses to see outcomes looking at thyroid health and antibodies on people who followed a gluten-free diet and who didn't, and they didn't find differences in those who were not clinically symptomatic when they ate gluten. It's hard because we're all individuals, and no treatment plan is going to be the same. So if you walk into a treatment center and they're like, you gotta do all these tests, and everyone does the same thing, and then you get this beautiful printout of something, they're not considering you individually. I'm always very careful about that stuff.

[00:05:25] **Dr. Ginger Hultin** Yeah, you are. We often refer back and forth because I know that you're gonna test the stuff that needs to be tested, but I also know that you're not gonna do like a thousand reports, and put people on so many supplements that they can't keep track of them anymore.

[00:05:39] **Dr. Wendy Ellis** But I do think that if we think about a lot of the people that we're seeing are approaching middle age, we know the conditions that are common in middle age. We know the things that are non-negotiable in our practices that we want to test thyroid function, cholesterol, blood sugar average as the A1C, the C-reactive protein. That alone, not helpful, but trends look helpful. Estrogen and progesterone, FSH, LH, not super helpful in perimenopause. So people are like, I wanna get my hormones tested, or they'll come in after menopause, and they want their hormones tested. Just gonna tell you you're postmenopausal. Some testing, I think it's important to have a conversation, and not to feel like you're the gatekeeper of testing for people, but to help understand what testing might be more relevant to them personally based on their genetics and their lifestyle and their symptoms that they are having.

[00:06:32] **Dr. Ginger Hultin** It's helpful for you to walk through what testing you want to see. What about nutritional testing? I always want a vitamin D. I fight for it every single day in my practice. Anything else that you want look at nutritionally for people in menopause?

[00:06:48] **Dr. Wendy Ellis** There's a lot of tests that claim to do nutritional testing that I don't necessarily believe. I think that through LabCorp request, you can get some great data. So if I'm looking in perimenopause and postmenopause, I always check ferritin level. Someone's bleeding a lot and their iron's low, then they're going to be so tired. They're going be craving those carbohydrates. They're gonna be grinding their teeth. So ferritin is a good way to look at mineral levels across the board. Vitamin D testing is hard to get covered unless someone has osteopenia or they've had a diagnosed low vitamin D. So you have to be careful because labs can charge a lot for vitamin D testing. But I do get it in there. There's something called the nutritional risk index because in the perimenopause transition, this is where we're preparing for 20 years later. So, if we're thinking about cognitive decline, Alzheimer's risk, the 20 years prior to the onset is the most important time, and vitamin D is one of the most important supplements, nutritional factors that can play a role in dementia risk. Omega-3 fatty acids, if those are low, that can also play a role. And then homocysteine is another test, which is correlated with B12 and folate, B vitamins in general. If someone has cardiac inflammation and their homocysteine is high, it's important too to consider that Just by taking B vitamins, you don't necessarily improve their cardiovascular health. You have to eat the foods that are rich in those vitamins. So Homocysteine has started making it into my list again, because again, I'm thinking about 20 years later, dementia risk, always a cholesterol panel. Unfortunately, there are some hospital systems that do less and less testing, especially when someone gets to the Medicare age. And as a naturopathic doctor, I can't order labs for Medicare

patients. So this is where I start having to go behind channels, and either work with their primary to get things ordered, because also these tests can be so much money. And so I really try to focus on the things that we can get covered either by primary care ordering or I can do some direct labs or there's other over-the-counter lab tests you can order by yourself. And a metabolic panel looking at liver and kidney function, a CBC, which looks at red and white blood cells, the size and shape of them. I'm in the East Coast. There's a lot of Lyme disease over here. You can look at certain patterns in a CBC that let you know that there's an infection process going on. Eosinophils can give you good information about Eosinephilic esophagitis or allergies or infection. But there are so many tests to do. We can't do all of them. So that's why I think spending time, appropriate time with patients to determine what does their family history look like? What is the trend in their labs looking like? And do I need to do more labs pertaining to their particular pathologies that I wouldn't necessarily do for someone else?

[00:09:47] **Dr. Ginger Hultin** So it's not just like everyone needs a sense of testing, it's we need to look at the person, and suggest the right testing for them and their goals.

[00:09:58] **Dr. Wendy Ellis** Exactly. There's a lot of people who are like, I have adrenal function. I want to do adrenal function testing. And adrenals, they produce cortisol in response to stress. So adrenal function-testing, I'll do sometimes when it tells you, is my cortisol too high? Is it too low? Is it high in the morning when it should be? Is it low at night when I should be going to sleep? So if someone's having sleep disturbances or a lot of weight gain, I can do cortisol testing and look at that in tandem with fasting insulin, for example. If someone's got metabolic syndrome, I'm gonna do a different set of testing than I would do for someone who's got Crohn's or ulcerative colitis.

[00:10:37] **Dr. Ginger Hultin** Just listening to you, it makes me want to give the advice to all my patients out there. If you are feeling like you have to go out and get all your own testing, maybe instead what you need is like a really great open-minded doctor like Dr. Ellis so that you have that partner and you're not doing it alone. Juggling life's demands while trying to stay mindful about what you eat deserves some kind of metal. And that's where Orgain's Organic Protein Powder + Metabolism Blend comes in. Each serving gives you 21 grams of plant-based protein with all nine essential amino acids, plus a good source of fiber to help you feel satisfied. It also includes chromium, a key mineral that supports metabolic health, and helps your body use carbohydrates more efficiently. It's made with just one gram of sugar and a thoughtful blend of organic ingredients like green coffee bean extract. You can find it at orgain.com. If you're listening right now and thinking, how will I ever know which tests I'm

supposed to ask for? That's completely understandable. You're not expected to walk into your doctor's office as your own laboratory expert. Honestly, they should be driving these decisions with you. What matters most is understanding the purpose behind a test. Testing isn't about hunting for problems or looking for something to be wrong. It's about gathering information. Information that helps explain your symptoms and guide your care. And as we continue this conversation, the next area we're moving into is bone health. This is such an important topic and one that many women don't realize may deserve attention much earlier than current guidelines suggest, which brings us to a quick nutrition news moment. In this segment, I like to highlight recent research or headlines that connect to what we're discussing. And before Wendy walks us through bone density testing, I wanna ground us in why this matters so much. Osteoporosis can affect anyone, but it impacts females disproportionately. According to the CDC, about 27 percent of US women aged 65 and older have osteoporoses compared with only about 6 percent of males the same age. That's a massive difference, and it reflects the hormonal shifts and bone changes that began well before age 65. Earlier this year, the US Preventative Services Task Force reaffirmed its recommendation that women 65 and older should be screened for osteoporosis using a bone density test. The challenge, of course, is that many women experience significant bone loss in the years leading up to menopause, which is why considering your bone health and having an open dialog with your provider, should happen before your first screen at 65. All right, let's jump back in. Wendy is about to walk us through how bone density is tested and what those results mean. And right after that, we're heading into another big topic, cardiovascular testing and the often debated use of statins. One thing that you and I have experienced a lot and fight for every day is this under testing for bone health. Could you talk a little bit about what a DEXA scan is, what it measures, and how you advise people approach it?

[00:14:07] **Dr. Wendy Ellis** I see a lot of menopause in my practice, and so I spend a lot of time talking about bone. For me, I did my first DEXA scan a year ago, because I was like, oh, I'm perimenopausal, I'll get a baseline scan. And I was surprised that I had osteopenia, because I was still menstruating pretty regularly. I'm a very active person. I wasn't great about taking my vitamin D, but that for me initiated, okay, I need to start hormone replacement now because I can't afford to be losing more bone. So usually right around the menopause transition, I get a first DEXA scan, and what it is, is an X-ray. You go lay down on a table, they take a picture of your lower lumbar spines, and then they do an X-ray of your hips. Usually they choose one, unless you have a hip replacement, and they'll do the other. They're looking at T-scores and Z-scores. So T-scores are like your bone mass compared to average bone density. So someone prior to menopause. And so if your T-score shows osteopenia, that means it's not osteoporosis, but it's heading in that direction. And so it's an easy test. It's low

radiation, and it really provides an important baseline, because if someone develops an osteoporotic fracture of the hip, there's like a 30 percent chance that person won't survive the year. It's a huge problem. And it's much easier to maintain bone density than build it back. And so there's so many medications beyond estrogen to support bone density, but estrogen is going to build the bone that your body makes versus like some of the bone medications like bisphosphonates. Those are going to a bone, but it's gonna be structurally a little bit different than the bone that your body makes naturally. Doing a DEXA scan, it's just as important as like doing a mammogram, for example.

[00:16:00] **Dr. Ginger Hultin** Right. Preventative care, I know this is something that's so important to both of us, and it's so easy to get a mammogram. It's easy to get a DEXA. They're not invasive. They're widely available. So I'm really glad that you walked through what a DEXA is, what it means, how it's interpreted, and I also think it should be done earlier.

[00:16:19] **Dr. Wendy Ellis** Unfortunately, now I'm starting to have to justify it, provide chart notes and evidence for why I want to do the DEXA scan, but out of pocket, a DEXA scan is like 160 bucks. So, you know, if insurance will cover it, you can use FSA or HSA funds to go get that done on your own if your insurance won't do it.

[00:16:40] **Dr. Ginger Hultin** It's a great point, sometimes out-of-pocket tests can be affordable. When people go through menopause, a lot of folks don't realize cardiovascular risk goes up, and I think this is a huge area where women are often pushed back on or symptoms or risk factors are not understood or talked about. Why do you think that heart health continues to be overlooked in women especially at midlife?

[00:17:05] **Dr. Wendy Ellis** Yeah, I think it's important to know that heart disease is the number one killer of men and women. Men, their risk tends to be earlier than women, 40s, 50s, and then with women, our heart disease tends to start increasing risk after menopause. So the decline of estrogen increases that visceral fat around the middle. That's going to increase our insulin resistance. It's also going to raise our cholesterol. Aside from that, our cholesterol does start to go up. So I'll actually put people into a cardiovascular risk calculator, which involves their age, their systolic blood pressure, their total cholesterol, their HDL cholesterol, whether they're diabetic, whether they are a smoker. That gives me a certain percentage. And that percentage is, what's that percentage risk that person's going to have a cardiovascular event within the next 10 years? So if it's greater than five percent, and someone's already eating well, they're already exercising, they're doing all those things, then I usually will put them on something to lower their cholesterol if I don't see what they can do in their

lifestyle to improve that. There's a lot of naysayers about statins, but across the board, you're reducing your risk of a cardiovascular event by about 30 percent by getting your cholesterol within a healthy range. So, I am a big advocate for that because if we look at modifiable risk factors for dementia, the one thing that we really start worrying about is that treating high cholesterol is one of the most important things to reduce dementia.

[00:18:41] **Dr. Ginger Hultin** I'm so glad that you broke this down. I just hear almost every single day. I don't want to take a statin. And not to brag, but I'm really good at helping people get their cholesterol down through diet and lifestyle and at the same time sometimes that's not enough.

[00:18:56] **Dr. Wendy Ellis** Yeah, and I'm not afraid to refer someone to a cardiologist, because they're gonna offer advice that I don't have or experience that I didn't have.

[00:19:04] **Dr. Ginger Hultin** I love that. I do the same. I hear this all the time from my patients. They feel dismissed from their physician or their medical team. They're told, oh, you're fine, your labs are normal. And I'm just wondering how you help your clients advocate more confidently for testing or the follow-up that they deserve or the referrals that they deserve.

[00:19:28] **Dr. Wendy Ellis** First of all, I feel like visits are so short. Right? So I encourage people to write things down, go in there with a plan so you don't get totally bamboozled, and they say what they're going to say, and then they're gone, and you're like, but wait. So I think writing things down having an advocate or it's fine to go onto ChatGPT or it is fine to listen to podcasts. There are many podcasts that are full of evidence-based things. If you go in with your list, great. If you can't get the support, you could consider another type of practitioner. If you can't get what you want from your doctor, it's always worth either looking into a naturopathic doctor in your area or a dietitian, especially in states that allow you to order tests on your own, someone who understands, who can help you figure out what to do with the results. A lot of my patients have a primary care, and I really want them to have that, because I want them to have a system that's going to give them all the reminders and have all the specialists, but more and more, as we're more stretched in the healthcare system, you really need to have a more integrative practitioner that can collaborate with you that can sort of fill the gaps.

[00:20:38] **Dr. Ginger Hultin** Absolutely, I feel exactly the same way. What emerging research or innovations in women's health testing are you most excited about? And where do you see the field heading over the next, say, five to ten years?

[00:20:51] **Dr. Wendy Ellis** I think there's a lot more information coming out about microbiome testing. I will say that I don't necessarily have a favorite test. If someone's got an immediate GI complaint, I'll do more stool testing to look at the diversity in the microbiome, how they're digesting and assimilating nutrients. That's important as so many people have IBS. So the gallery test is looking for cell-free DNA that's circulating in the bloodstream, and it's a signal for cancers before they present as the cancer. There's a lot of traction behind the gallery testing, and big hospitals are using that testing for patients who are at high risk for cancer. Genomic testing, genetic testing, whole genome sequencing, it can be effective as long as you know what to do with the data. So recently someone did a genetic test, and they came in and they gave me the results. And even though I worked in genetics for two years, I was like, I have no idea what to do with this data. I think you need to meet with a geneticist. What would you say would be sort of emerging innovative testing that's coming about?

[00:21:59] **Dr. Ginger Hultin** I'm excited about more nutrigenomics, like first of all, we are there. We have arrived with nutrigenomics, but I agree that there's not always consistency in testing. I'm super cautious about the testing that I recommend. The other day, somebody sent me a nutrigenomics test, and I was reading through it, and I was like, what is this? Because in each section, they're not even telling me what genes they're testing. And so an interpreter, I can't clearly see what they're doing and understanding that is critical for me to correctly interpret it. So we need to have that streamlined. There's so many companies out there doing it differently. And then I agree with you, gut microbiome. Everyone is bringing me gut microbiomes testing right now, and really hanging their hat on, oh, I see this in the test, and therefore I should change my diet in this way. And I'm like, well, that's not actually what this is saying, or in fact the research isn't quite there yet.

[00:22:55] **Dr. Wendy Ellis** Yeah. Exactly. And I think actionable testing is important also. It's like APOE testing. If someone's like, okay, I want to know what my risk is for Alzheimer's. And i think that some people are afraid to know that, but also someone could say, okay, my mom had Alzheimer's, I want to know if I'm genetically predisposed to that, which could increase your risk up to 50 percent. But at the same time, if you're like, okay this is a risk factor, your genomics are not your destiny, but I think the most important thing is genetic variants are turned on and off by environmental and other factors, and so as long as we can do something about them, I feel like it's helpful information.

[00:23:35] **Dr. Ginger Hultin** As we wrap up, I found that getting a clear diagnosis or even being taken seriously can be a really long road for a lot of

women, especially as they have a lot of hormone transitions later in their life. Symptoms can be dismissed as normal aging or just stress. So if someone's listening right now and is feeling that frustration that comes from a lack of advocacy, what do you want them to hear today to help them start on the right path to getting better care?

[00:24:03] **Dr. Wendy Ellis** So someone that doesn't talk to you about your mental health or your stress or your sleep or your diet is not going to be super helpful. So I think that knowing which conditions are more prominent around the age of the menopause transition, thyroid dysfunction, high cholesterol, hypertension, cognitive changes, stress, sleep, I think writing down the things that are in your family history, writing down the things that are more problematic for you, and then working with a practitioner that's hearing you and not dismissive of things that can be really stressful for you. So someone who could have 20-pound weight gain but look great metabolically on paper, they could be dismissed as, you look great on paper. Why are you complaining? This is just the change that you go through versus really hearing how that's impacting them on a day-to-day basis, and helping them understand which treatments that are available to them, and really understanding where they're at. So I think using evidence-based testing at the appropriate time, but also hearing you and understanding like what are the barriers for you improving your health and helping you figure out how to do that.

[00:25:10] **Dr. Ginger Hultin** A huge thank you to Dr. Wendy Ellis for being such a thoughtful partner in this conversation. Women deserve to be heard. You deserve to have your symptoms taken seriously and your questions welcomed. Testing is not about achieving perfection. It's not about knowing every biomarker or running every panel. It's about understanding your body and having a provider who's willing to explore that with you. I hope this episode encourages you to choose one small step towards clarity in your health. Maybe it's writing down your symptoms or requesting a copy of your past labs and getting them organized. Whatever it is, let it be rooted in self-advocacy. If you enjoyed this episode, follow us on Apple podcasts, Spotify, or wherever you listen. I'll see you next time.

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