INTEGRAL WELLNESS

Metabolic Health in Nutritional Therapy Practice: Case Studies

Presented by

Natalie Louise Burrows



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Hi I'm Natalie

@thepreventionnutritionist

- Nutrition Practitioner (rCNHC, MBANT) and Functional Medicine Certified Health Coach (FMCHC)
- Clinic Director of Integral Wellness, a Cardio-Metabolic Health Clinic and a team of BANT-registered Nutritional Therapists
- MSc Candidate: Nutrition & Lifestyle Medicine (University of Worcester)
- Client case support and business mentor to practitioners
- CGM and blood sugar geek for the prevention and reversal of type 2 diabetes and cardio-metabolic issues.
- TV, radio, press interviews, podcast guest, guest lecturer and speaker.
- On a mission to help others reconnect with food, nature and themselves in a bid to prevent and reverse cardio-metabolic issues.

Nutritional Therapist, Health Coach, Clinic Director of Integral Wellness

LBC · INDEPENDENT · STYLIST · healthline · RHS · BBC RADIO · The Telegraph · marie claire · healf. · The Guardian · SUNDAY EXPRESS · Mirror · METRO · i · tonic · The Sun

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Health specialism

Cardio-metabolic Health

Specialising in cardio-metabolic health...

Pre-diabetes	**Weight loss**
Type 2 diabetes**	Insulin resistance** (PCOS)
High blood pressure**	Fatty liver
High cholesterol**	Stroke-risk
Heart issues**	Stress-induced issues

***My genetic predispositions*

Definition:

Metabolic health is the ability to use food beneficially and efficiently make and use energy, so you can function at full capacity.

Cardiovascular health involves the heart and blood vessels - all 100,000km of them.







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Nutrition & Metabolic Health *Specialists*

Today's session

1. The potential impact of GLP-1 use: a nutritionist's lens.
2. Nutrition and lifestyle considerations with GLP-1 use.
3. Clinical case studies: Lou, Sue, Jason, Leo, Caroline

The aim:

Understand how to clinically assess metabolic issues and apply evidence-led strategies to lead to positive health outcomes.

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GLP-1 impact: a nutritionist's lens

The potential:

- Weight loss
- Reduced blood sugar/HbA1c
- Reduced blood pressure
- Improved dyslipidaemia
- Reduced risk of CVD
- Reduced cardiac events
- Reduced risk of stroke
- Reduced all-cause mortality
- Improvement of blood circulation
- Increased nitric oxide level
- Inhibition of procoagulant factors
- Reduced risk of liver and/or kidney disease
- Reducing systemic inflammation
- Reducing neuroinflammation

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7401476/
https://www.science.org/doi/10.1126/science.adn4128
https://www.ncbi.nlm.nih.gov/books/NBK551568/
https://www.nature.com/articles/s41569-023-00849-3
https://www.nature.com/articles/d41586-024-00118-4

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GLP-1 impact: a nutritionist's lens

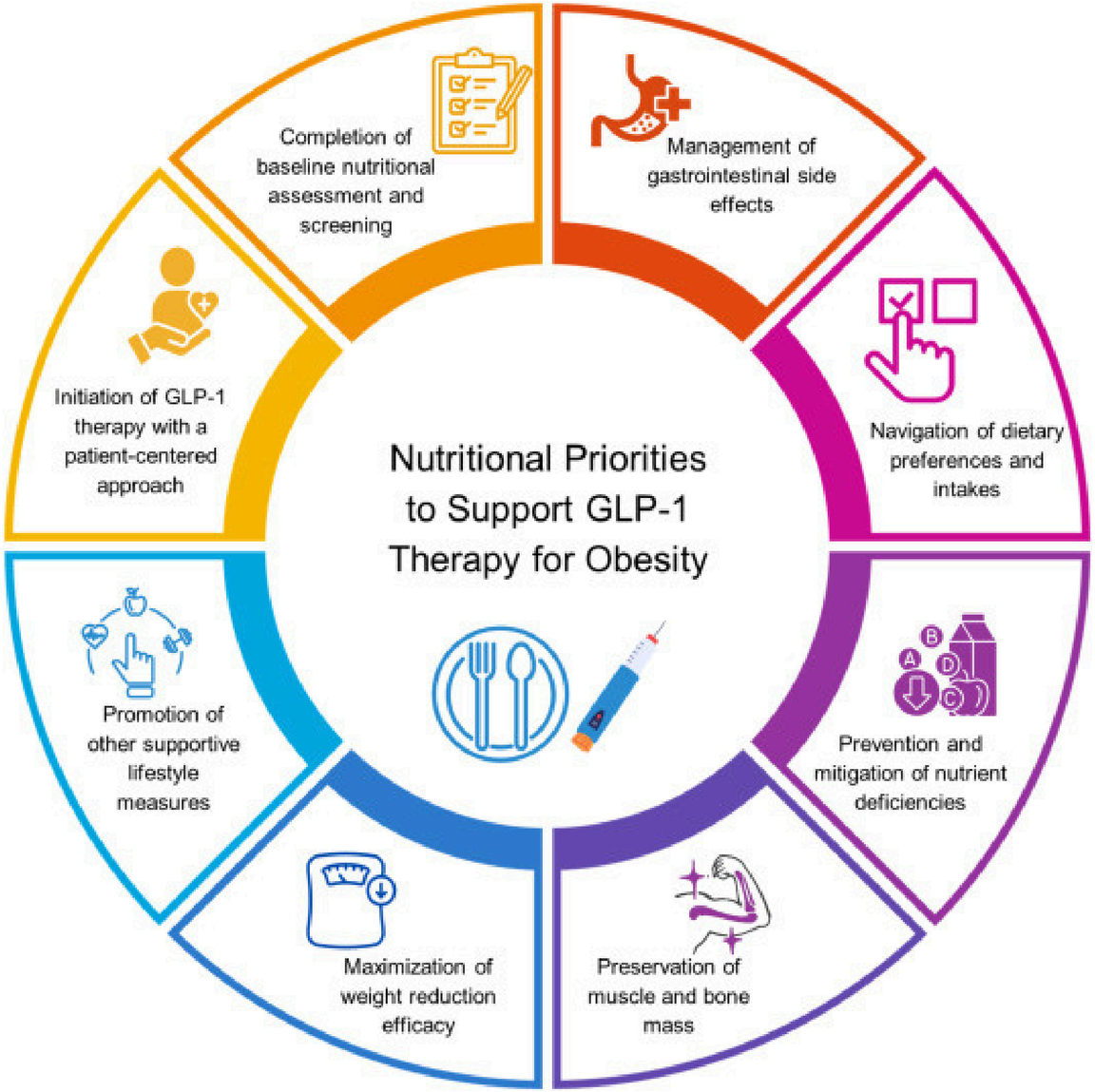
The concerns:

- Nausea and vomiting
- Diarrhoea and/or constipation
- Hypoglycaemia
- Hypotension
- Headaches and dizziness
- Hair loss and weak nails
- Loss of appetite
- Loss of muscle mass
- Bone loss
- Rebound weight gain
- Mild tachycardia (increased heart rate)
- Allergic reactions
- Infections
- Pancreatitis
- Gallbladder issues
- Gastroparesis
- Acute kidney injury
- Worsening of diabetes-related retinopathy
- Mental health concerns: depression, suicide
- Death

https://www.guysandstthomas.nhs.uk/health-information/diabetes-medicines-glp-1-agonists
https://my.clevelandclinic.org/health/treatments/13901-glp-1-agonists#risks-benefits
https://www.bmj.com/content/388/bmj.r390.full
https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2822457

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GLP-1 use: Nutrition and lifestyle strategies

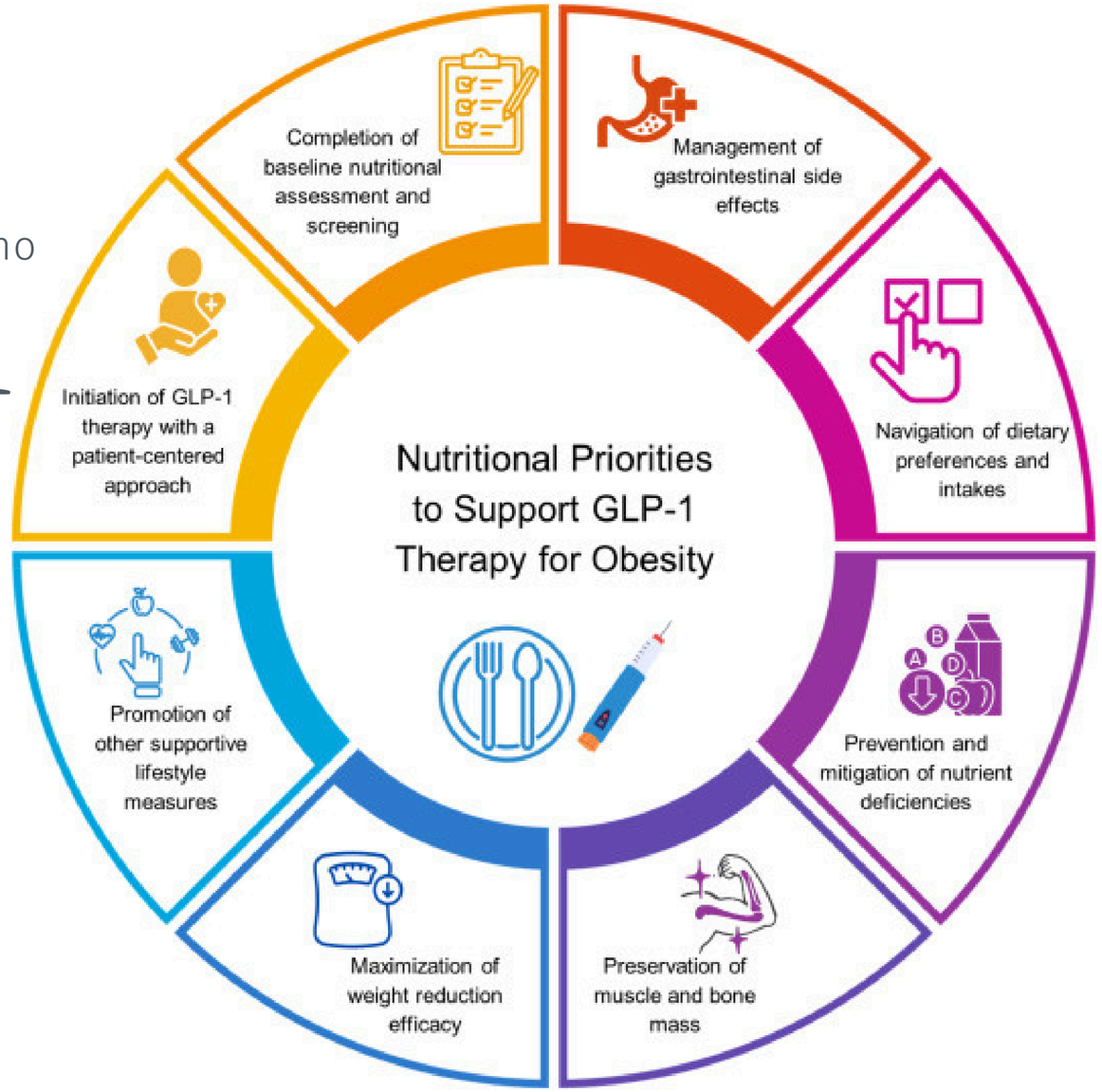


https://ajcn.nutrition.org/article/S0002-9165(25)00240-0/fulltext

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GLP-1 use: Nutrition and lifestyle strategies

The priority for anyone who sits in front of us for our support.



https://ajcn.nutrition.org/article/S0002-9165(25)00240-0/fulltext

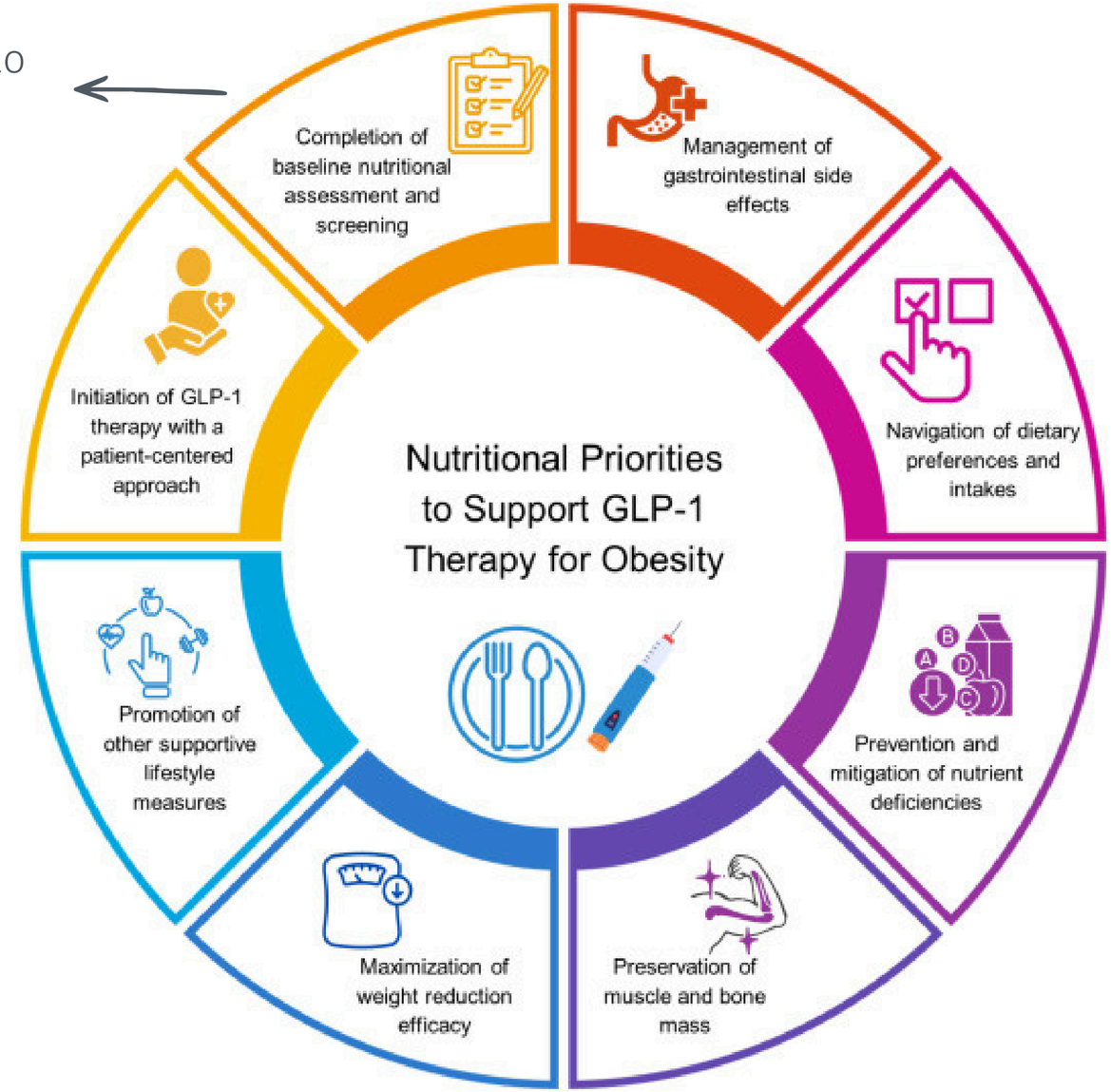
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GLP-1 use: Nutrition and lifestyle strategies

Screen before first dose to risk-stratify early:

- Nutritional intake assessment
- Diet quality
- Micronutrient risk
- GI dysfunction
- Muscle reserve
- Bone density

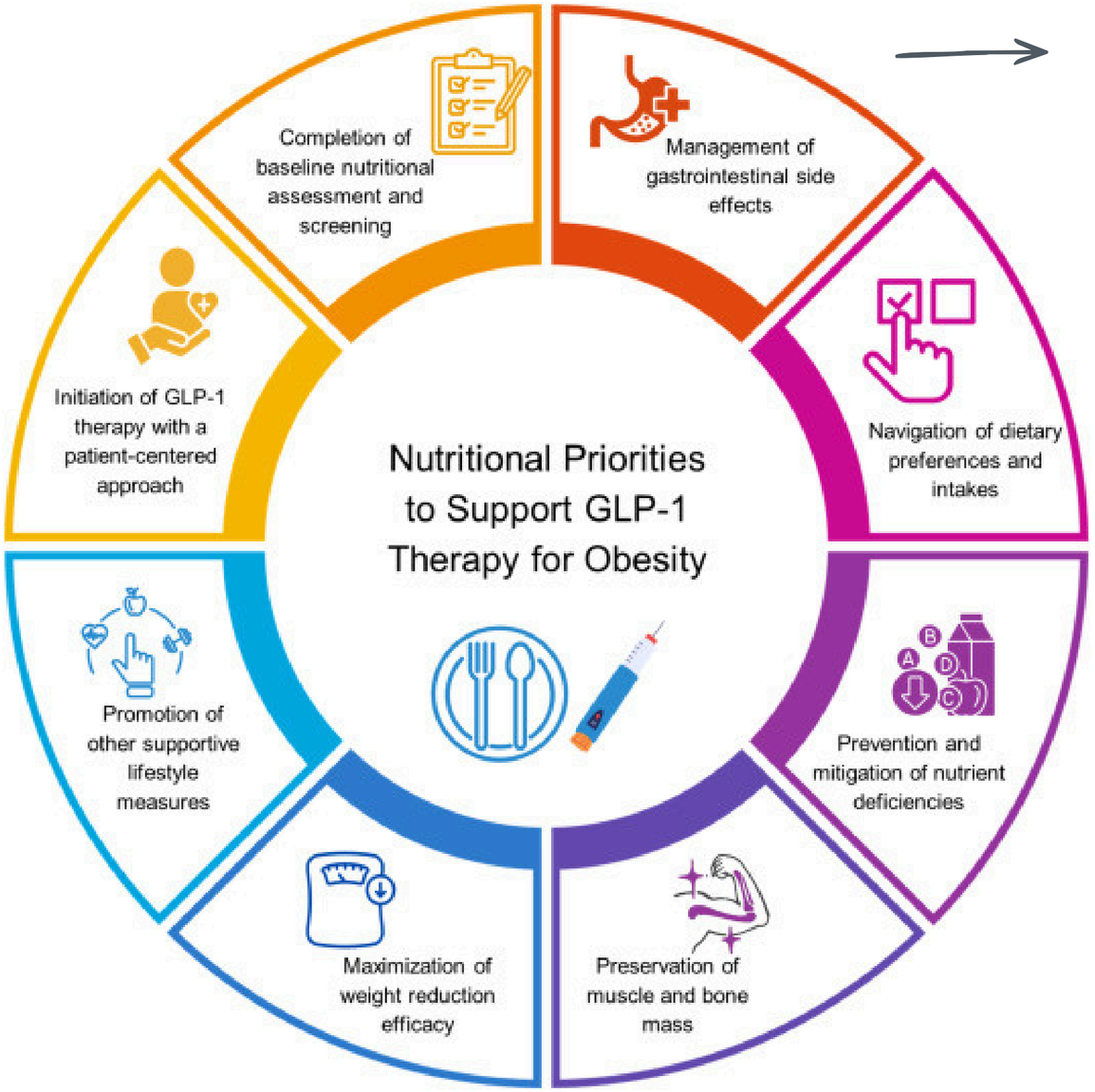
Prepare and build the nutrition plan upfront.



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GLP-1 use: Nutrition and lifestyle strategies

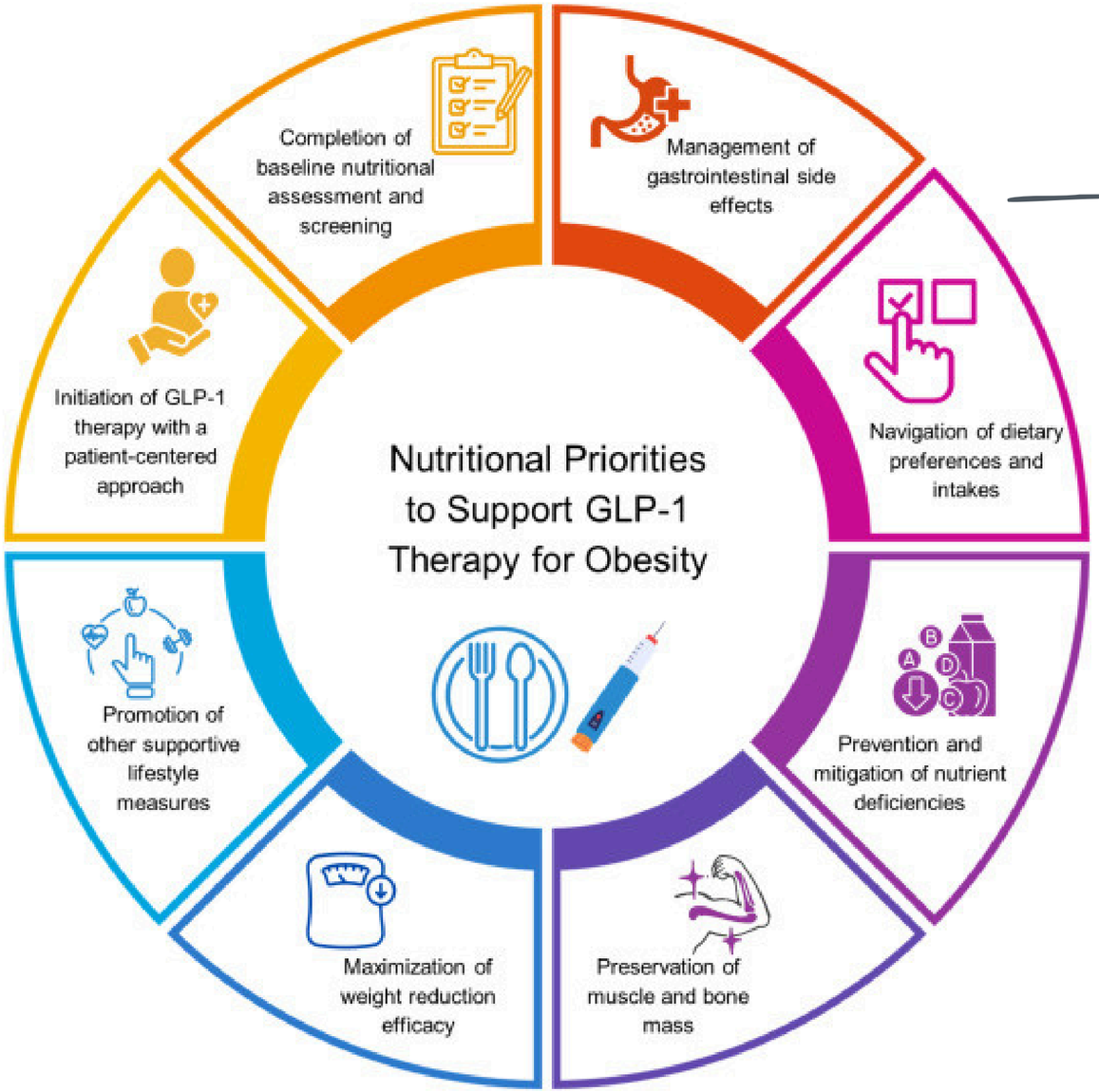


- Anticipate GI effects - especially with consideration for pre-existing issues
- Titrate food strategies with symptoms:
  - diarrhoea
  - constipation
  - nausea
  - vomiting
  - abdominal pain
- Keep intake achievable

https://ajcn.nutrition.org/article/S0002-9165(25)00240-0/fulltext

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GLP-1 use: Nutrition and lifestyle strategies

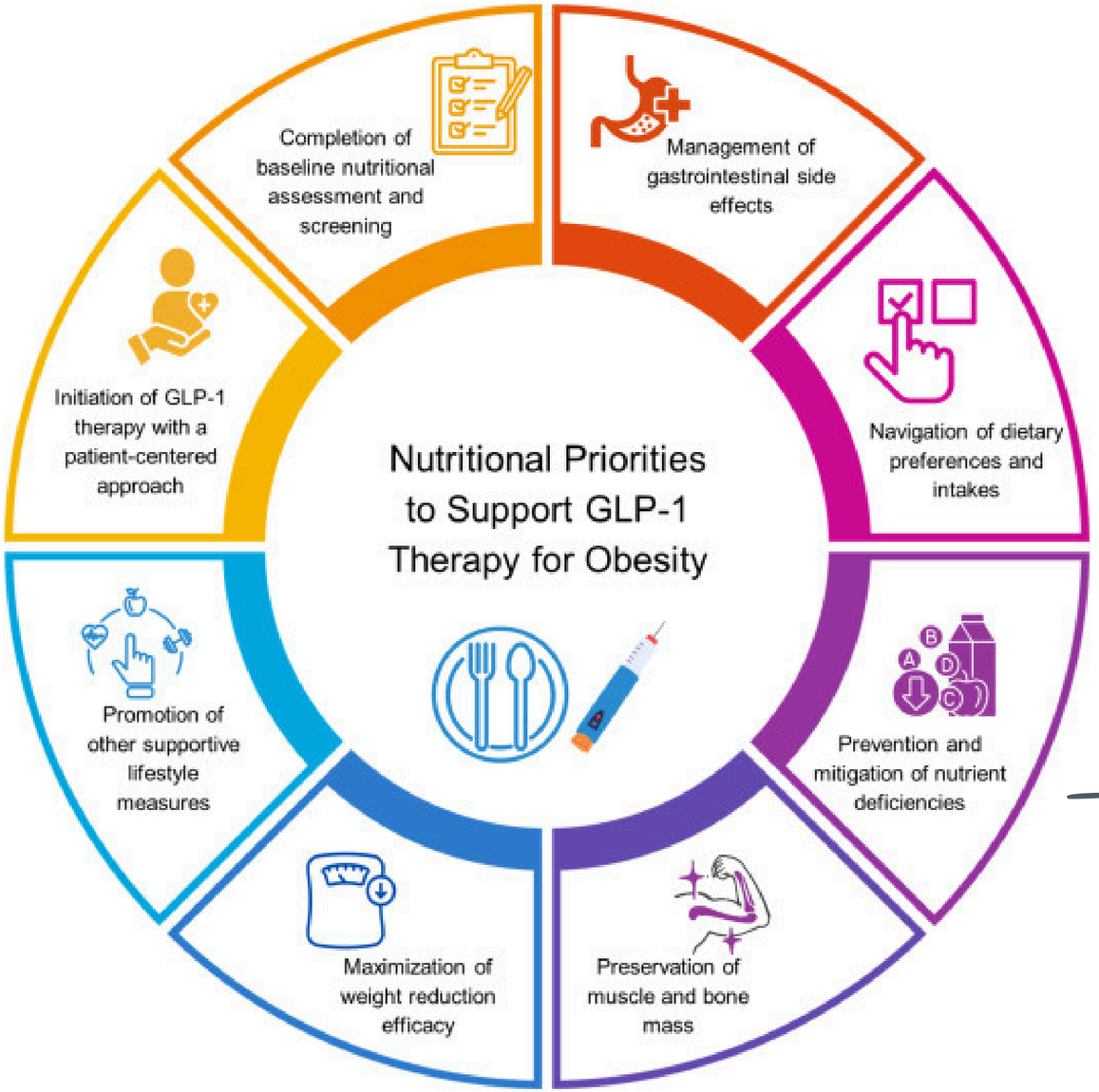


- Appetite falls > nutrition precision matters
- Prioritise nutrient quality and density over volume
- Tailor to the client/patient's eating pattern:
  - culture
  - preferences
  - budget
  - life schedule
  - tolerance

https://ajcn.nutrition.org/article/S0002-9165(25)00240-0/fulltext

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GLP-1 use: Nutrition and lifestyle strategies

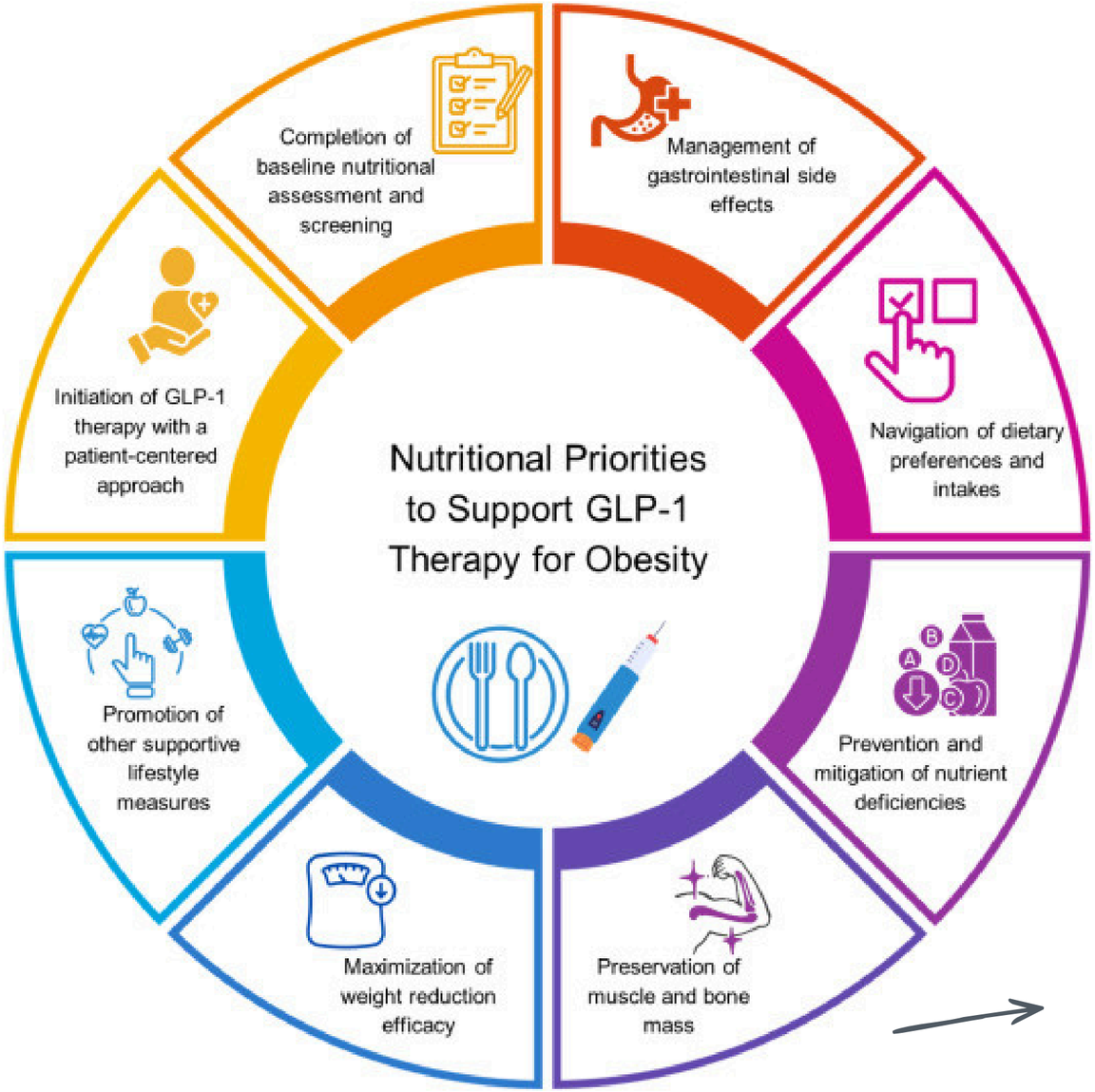


- Low intake can = low micronutrient coverage
- Identify nutrients of concern
  - continued dietary analysis
  - consider preferences, culture, tolerance, etc.
- Food first, but supplement selectively
  - A quality multinutrient

https://ajcn.nutrition.org/article/S0002-9165(25)00240-0/fulltext

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GLP-1 use: Nutrition and lifestyle strategies



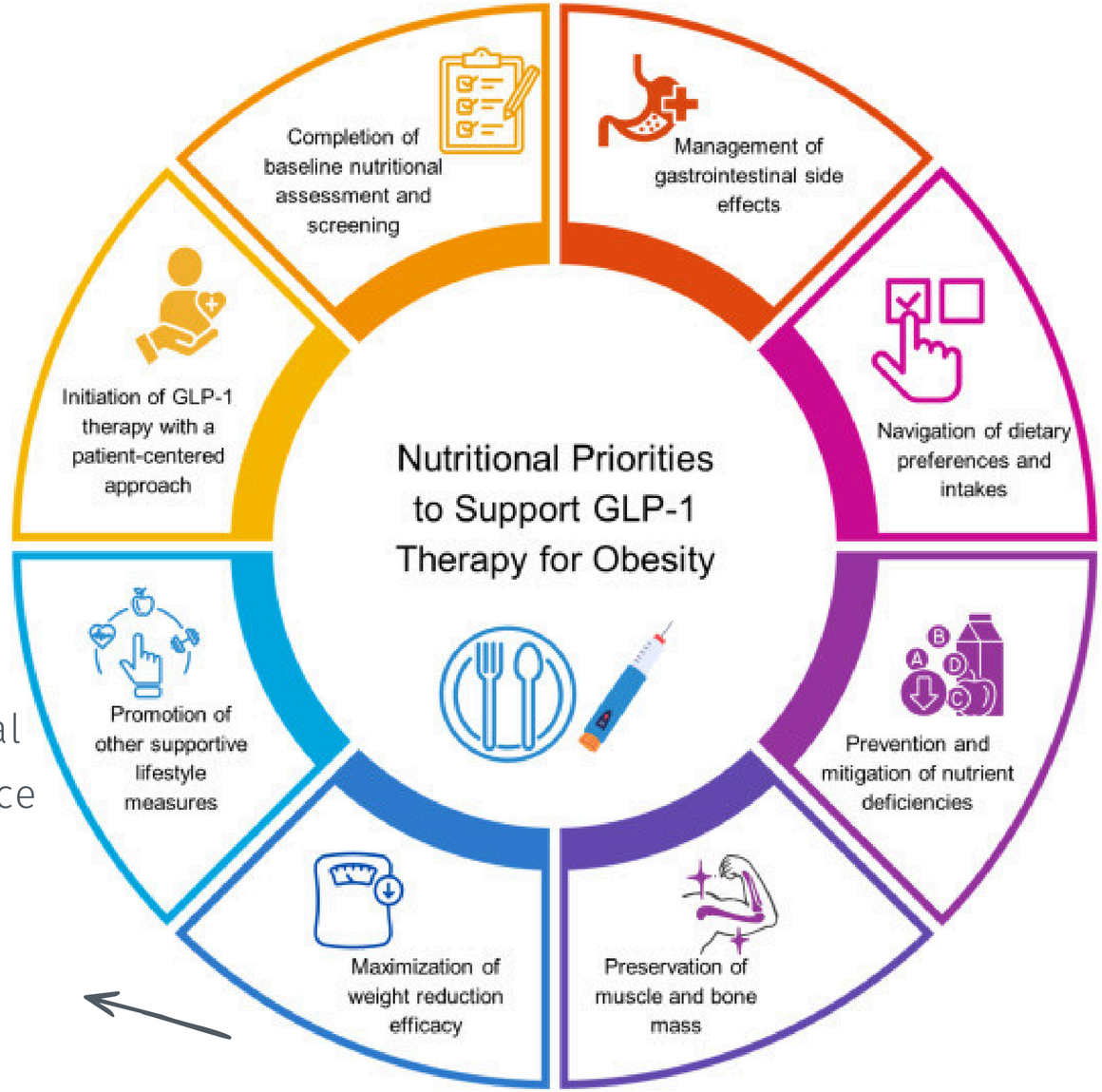
- Rapid weight loss is not always a healthy weight loss
- Protect lean muscle mass
  - total energy intake
  - adequate protein + fibre
  - resistance training
  - bone support

https://ajcn.nutrition.org/article/S0002-9165(25)00240-0/fulltext

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GLP-1 use: Nutrition and lifestyle strategies

- Pair GLP-1 medication and nutrition with behaviour change support
- Improve durability of long-term weight loss, not just speed and total
- Prepare for maintenance
  - adherance
  - sustainability
  - mindset

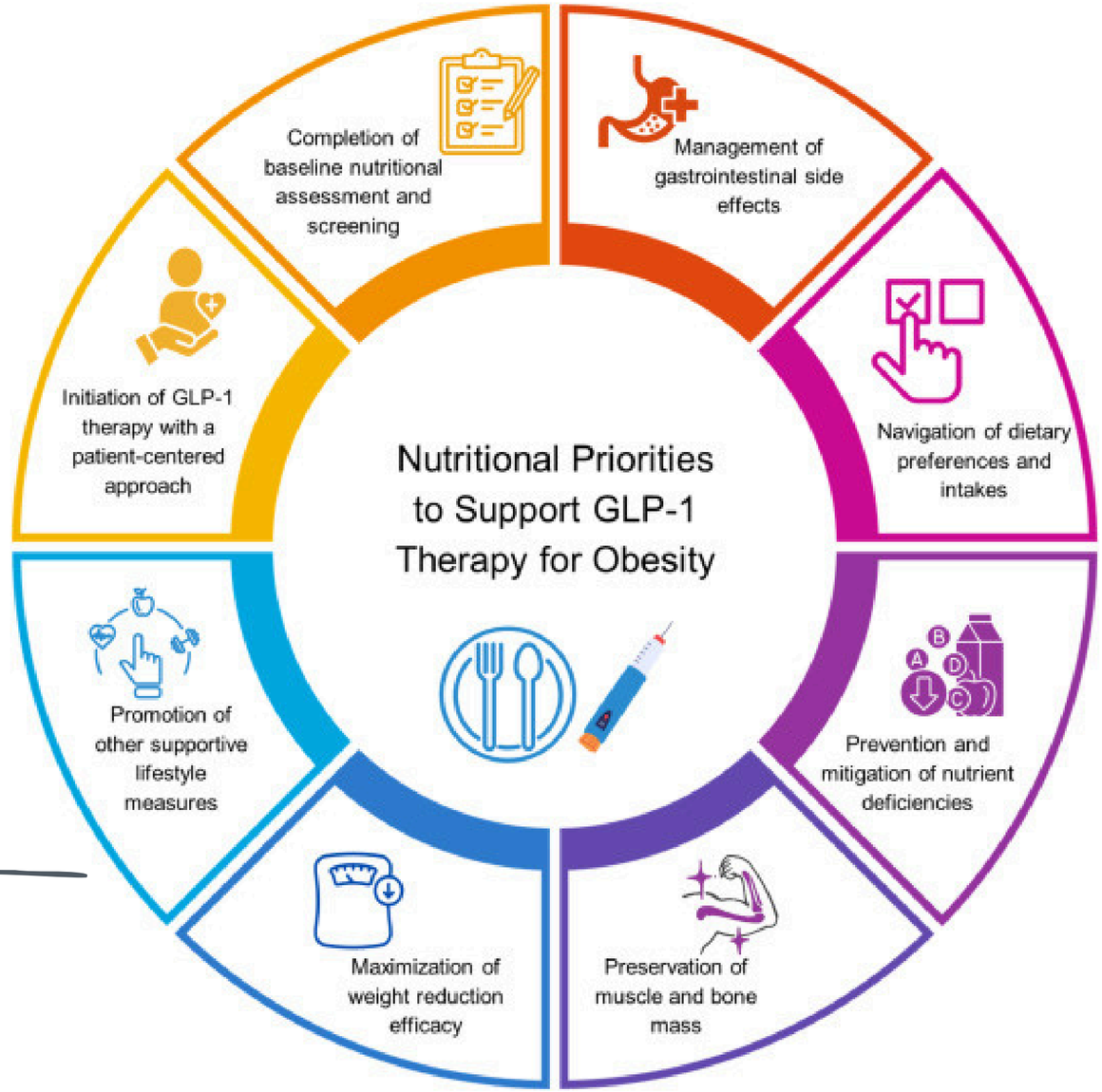


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GLP-1 use: Nutrition and lifestyle strategies

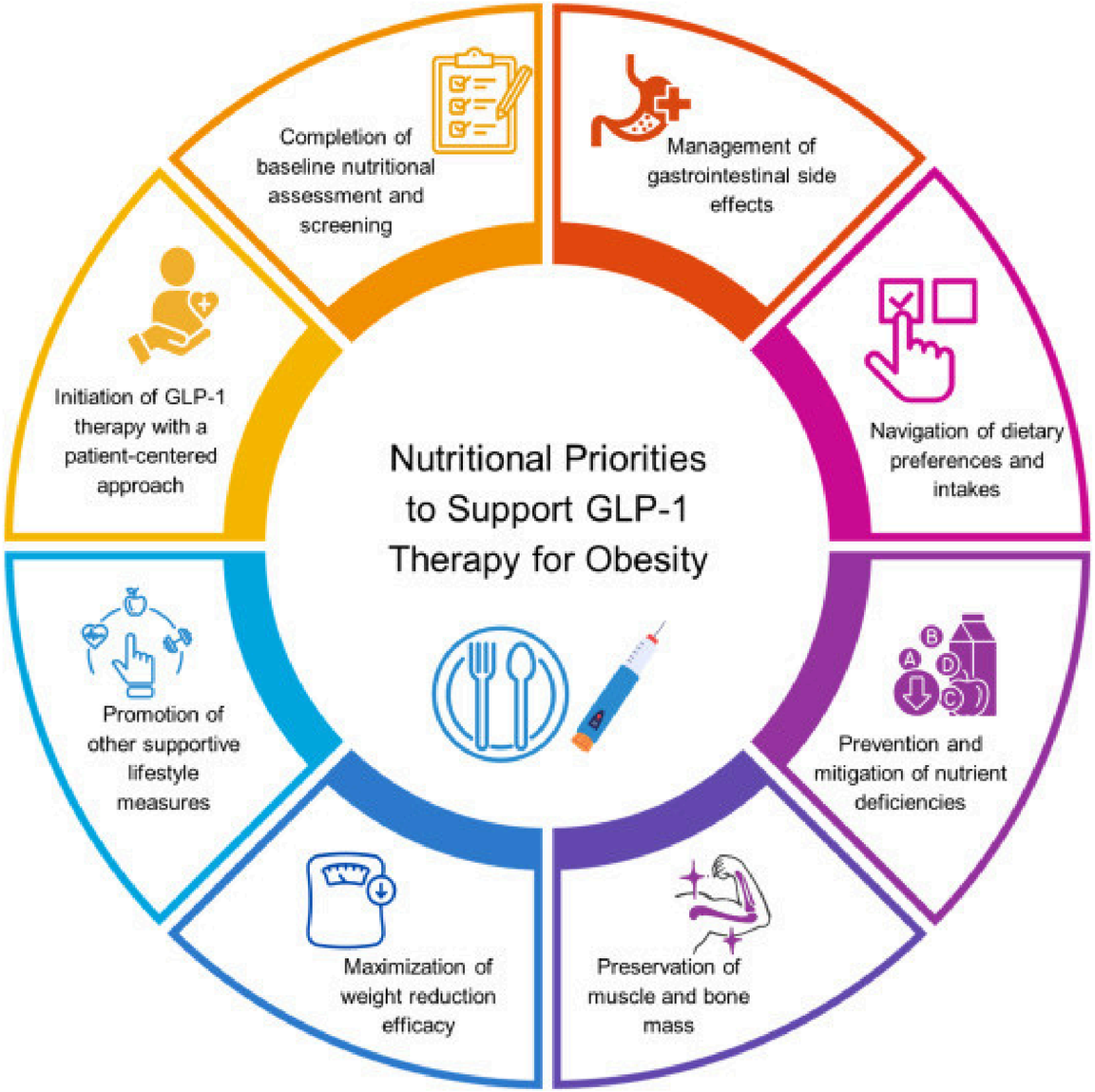
- Team-based care matters:
  - nutritionust
  - exercise specialist
  - health coaches
  - psycotherapy
- Food is Medicine can support maintenance:
  - diet quality
  - key nutrients
  - bone and muscle health
- Lifestyle remains foundational



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GLP-1 use: Nutrition and lifestyle strategies



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Clinical Success Stories

Lou

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Case study: Meet Lou



Male, 67, retired, Anglo-Indian and English ethnicity.
6ft 1inch, 152.3kg (recently down from 158kg), 54-inch waist.
Weight distribution: stomach. Used to smoke, stopped in 1993.

Diagnosis:
Chronic ischemic heart disease – July 2022
Hyperinsulinemia – September 2024

Needs knee surgery but vascular surgeon is concerned he won't make the operation.

Health events:
Heart attack followed by bypass surgery – September 2022
Peri-arrest and hypotensive bradycardic – November 2023
Neuropathic pain (virus) – February 2024
Suspected pericarditis – June 2024
Angiogram to check stents – 2 stents failed and renewed – July 2024
Heart attack – October 2024

FMH:
Dementia, Ischaemic Heart Disease. Diabetes. COPD. Chronic Renal Failure. Cancer (bowel, stomach, transitional cells). Heart attack. Thrombosis.

GLP-1 status: on the list as a potential medication, but not wanted.

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Case study: Medications & supplements



Medication	Dose	Frequency	Start Date
Aspirin	75mg	1 a day	2022
Bisoprolol	5mg	2 a day	2022
Allopurinol	300mg	1 a day	2022
Lansoprazole	30mg	1 a day	2023
Isosorbide-5-mononitrate	60xl tabs	1 a day	2022
Ticagrelor	90mg	2 a day	2023
Atorvastatin	80mg	1 a day	2022
Ramipril	10mg	1 a day	2022
Glyceryl Trinitrate Spray	400mcg	When needed	2022
Ranolazine	375mg	2 a day	2024
Nicorandil	10mg	2 a day	2024
Linagliptin	5mg	1 a day	2024

Supplements:

- Magnesium Glycinate and B6
  - 2 a day
- Turmeric, curcumin, ginger, black pepper
  - 2 a day
- Vitamin D3 4000IU
  - 1 a day
- Seven Seas joint care 380mg Omega 3
  - 2 a day

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Case study: Supplements



Supplements:

- Magnesium Glycinate and B6 – 2 a day
- Turmeric, curcumin, ginger, black pepper – 2 a day
- Vitamin D3 4000IU – 1 a day
- Seven Seas joint care 380mg Omega 3 – 2 a day



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CURRENT ISSUE SPECIALTIES TOPICS

ORIGINAL ARTICLE

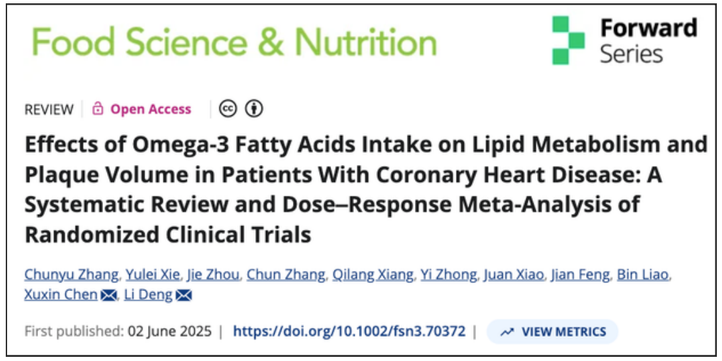
Folate Therapy and In-Stent Restenosis after Coronary Stenting

Authors: Helmut Lange, M.D., Harry Suryapranata, M.D., Giuseppe De Luca, M.D., Caspar Börner, M.D., Joep Dille, B.Sc., Klaus Kallmayer, M.D., M. Noor Pasalary, M.D., Eberhard Scherer, M.D., and Jan-Henk E. Dambrink, M.D. Author Info & Affiliations

Published June 24, 2004 | N Engl J Med 2004;350:2673-2681 | DOI: 10.1056/NEJMoa032845 | VOL. 350 NO. 26

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Concerns with B6, B9, and B12 regarding stent restenosis and failure risk.
DOI: 10.1056/NEJMoa032845



Food Science & Nutrition

Forward Series

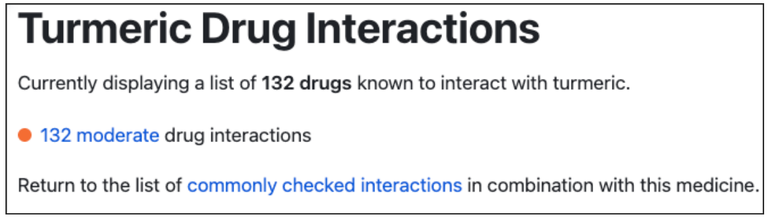
REVIEW | Open Access

Effects of Omega-3 Fatty Acids Intake on Lipid Metabolism and Plaque Volume in Patients With Coronary Heart Disease: A Systematic Review and Dose–Response Meta-Analysis of Randomized Clinical Trials

Chunyu Zhang, Yulei Xie, Jie Zhou, Chun Zhang, Qilang Xiang, Yi Zhong, Juan Xiao, Jian Feng, Bin Liao, Xuxin Chen, Li Deng

First published: 02 June 2025 | https://doi.org/10.1002/fsn3.70372 | VIEW METRICS

Low dose of omega-3 (184mg), which lacks evidence of efficacy for CVD.
https://doi.org/10.1002/fsn3.70372



Turmeric Drug Interactions

Currently displaying a list of **132 drugs** known to interact with turmeric.

132 moderate drug interactions

Return to the list of commonly checked interactions in combination with this medicine.

Turmeric and black pepper are contraindicated with multiple medications.
https://www.drugs.com/drug-interactions/turmeric-index.html

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Case study: Clinical presentation



Insulin resistance:

- Skin tags
- Acanthosis nigricans
- Strong body odour
- Nocturia
- Swollen ankles
    - Potential medication side effects
- Acne

Poor vascular integrity:

- Bleeding gums
- Varicose veins
- Easy bruising
- High blood pressure 161/71

Inflammation:

- Joint pain
- Chest pain > breathlessness

Poor digestion:

- Pain between the shoulders and ribs on eating

Mental health:

- Low mood: "Believe it's my last day on earth every time I wake up"
- Loss of motivation
- Panic attacks

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Case study: Food and drink diary



Food diary:

Breakfast: Cereals or maple syrup porridge

Snacks: Tiger-loaf bloomer (2 slices) with crunchie peanut butter (Sunpat)

Lunch: 2 Sandwiches - either cheese or ham & tomato

Snacks: Tea + 3 biscuits (various)

Dinner: Chicken pie (bought) - boiled potatoes - frozen peas

Drinks:

Caffeine coffee x3 daily

Caffeine tea x2 daily

Water 1.5 litres daily

Fruit juice with dinner

Fizzy drinks - Pepsi Cola (1 can) on Monday to Thursday

Non-alcoholic drink (1 pint) on Friday, Saturday, and Sunday

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Case study: Food and drink diary



Food diary:

Carbohydrates only - a high sugar start to the day

Breakfast: Cereals or maple syrup porridge

Snacks: Tiger-loaf bloomer (2 slices) with crunchie peanut butter (Sunpat)

Lunch: 2 Sandwiches - either cheese or ham & tomato

Fruit/veg for the day

Protein

Snacks: Tea + 3 biscuits (various)

Dinner: Chicken pie (bought) - boiled potatoes - frozen peas

Protein

Grazing all day long > insulin demand

Drinks:

Caffeine coffee x3 daily

Caffeine > stimulate blood pressure

Caffeine tea x2 daily

Water 1.5 litres daily

Sugar

Fruit juice with dinner

Sugar

Fizzy drinks - Pepsi Cola (1 can) on Monday to Thursday

Non-alcoholic drink (1 pint) on Friday, Saturday, and Sunday

Sugar

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Case study: Lifestyle



Lifestyle:

- Walking: 20 mins 3 times a day.
- Challenges:
  - Angina spray before leaving the house and after 500 yards.
  - Feels a pain in his pancreas.
  - Pain in the knees.
- Lives with wife who survived throat cancer, but is now on a PIC line for food.
- Likes fishing and playing pool, but doesn't do much due to wife's health. Stays in the house a lot.

Couldn't ask for more

Thoughts? Let's discuss...

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Case study: Supplement changes



Supplement recommendations:

- Stop all current supplements
- B6, B9, B12 can all interfere with stents and contribute to stent failure at certain doses – Lou had had two stents fail, the risk was too high right now IMO.
- Turmeric interferes with medication.

New recommendations:

Phase one:

- Omega-3 500mg one week, then 1g one week, and monitor BP
- Inflammation, cholesterol, joint care.

Phase two:

- Mg glycinate 100mg one week, 200mg one week, and monitor BP
- Blood sugars, combat PPI depletion, and energy metabolism.

Phase three:

- CoQ10 100mg one week, then 200mg one week, and monitor BP
- Combat Statins, cardiac antioxidant, gum health, and energy metabolism.

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Case study: Meet Lou



The Mediterranean Diet is one of the most studied dietary patterns.

Food recommendations:

- Educating on balanced meals: protein, fibre, phytonutrients, antioxidants
- Increasing vegetables (Lou loves veg)
- Increasing fish and seafood (Lou loves fish and seafood)
- Increasing vascular-focused foods > beets, celery, garlic, leafy greens
- Using herbs, spices and citrus in meals and marinades
- Increase to 2 litres of water a day
- Reducing sugary snacks, bread and biscuits
- Removing fruit juice, fizzy drinks and non-alcoholic drinks

Lifestyle recommendations:

- Aqua fit at the local gym > 1-1 and then community groups
- Daily walks > slowly increasing week on week

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Case study: Meet Lou



Within one month, Lou had:

- Dropped 9kg
- Stopped acute angina medications (GP approved)
- Didn’t need to hold his breath to do up his laces

By the end of month two, Lou had:

- Lost another 5kg
- Stopped using his CPAP machine for sleep apnoea (0.1 from 4.1)
- Reduced knee pain when walking
- Reduced his blood pressure to a healthy and normal range
- Realised what a normal bowel motion looked like and felt like!

By the time we started month four, Lou was:

- Down a total of 21kg (46lbs / 3.3 stone)
- Feeling more confident navigating different food environments
- In control of his appetite and able to assess nutritional needs

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Case study: Meet Lou



Within 6 months, Lou was:

- Walking 3x 45-minute walks every day, plus six aqua classes a week
- Sleeping better than he had in a long time
- Feeling energised from the moment he woke up
- Down 3x t-shirt sizes (he hadn’t worn these since 1979!)
- Another 11kg lost in weight
- Was signed off by his vascular surgeon and removed from the knee replacement list

And Lou keeps on going; he feels too good to stop.

Today, Lou has:

- Dropped a total of 51kg and 14" off his waist! (weight: 107kg, 38" waist)
- Been removed from four more medications.
- Increased his walking even further to enjoy the long summer days and got a stationary bike for dark winter days.
- Planning a once-in-a-lifetime trip with his wife to celebrate their life together.

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Case study: Meet Lou






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Clinical Success Stories

Leo

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Case study: Meet Leo

Female, 48, married, business owner, White British.

89kg, 5ft 6inch, weight distribution: stomach.

GLP-1 status: trying to avoid.

MYMOP:

- Weight
  - Increased over past 10 years, tends to increase when unhappy, stressed, overwhelmed.
- Knee and joint issues
  - Told it's 'wear and tear', some slight signs of OA.
  - Started hurting after falling onto marble flooring, but no direct damage was found.
- High blood pressure
  - Been high since 2000 and controlled by medications.
  - BP: 160/90

Motivation: "*Can't remember when I last felt well. Life has got in the way.*"

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Case study: Meet Leo

Diagnoses:

- Depression - 1992
- High blood pressure – 2000
- Meniere's disease – 2006 (deaf in one ear as a result)
- Gluten Intolerance – 2010

FMH:

Diabetes T2, angina, hypertension, high cholesterol, stroke, heart disease, hypothyroidism, asthma, Parkinson’s, Meniere’s disease, migraines, depression, IBS.

Medications:

Medication	Dose & frequency
Bisoprolol	2.5mg 1 per day
Felodipine modified release	2.5mg 1 per day
Betahistine	16mg 3 times per day
Doxazosin	4mg 2 per day
Prochlorperazine	5mg 1 per day and as needed
Ramipril	5mg 2 per day

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Case study: Leo's clinical presentation

Insulin resistance:

- Nocturia (4x per night)
  - Potential medication side effects
- Unrested upon waking
- Snoring

Poor vascular integrity:

- Swollen ankles and feet
  - Potential medication side effects
- Bleeding gums

Digestion:

- Inconsistent bowel motions
- Stools are loose, sink and float
- Bloating with wheat products

Inflammation/immune dysregulation:

- Cold sores
- Frequent colds and chest infections > previous pneumonia
- Sore throat
- Wheezing cough

Reproductive:

- 5 pregnancies, 2 miscarriages
- No period since the final child – hysterectomy
- Nightsweats (past 20–30 years)

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Case study: Food & drink diary

Food diary:

- **Breakfast:** None. 2x black coffees before work.
- **Snack:** 10am instant noodles (office), eggs, smoked salmon and cheese (home)
- **Lunch:** Cold meats, cheese, couscous.
- **Dinner:** Meat or fish with veg, GF pasta or rice. Eats out twice a week.

Drinks:

- 8 herbal teas throughout the day.
- 1 litre of sparkling water.
- 1 bottle of wine per night.

Thoughts? Let’s discuss...

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Case study: Lifestyle

Lifestyle:

- Smoker > 20 per day since a teenager, switched to vaping (one with and one without nicotine), but still the occasional packet of cigarettes.
- 15-20 minutes a day walk > more and hurts knees.
- Daily stress, long working hours, driven to achieve, multitasking.
- 7 dependants.
- Likes to meditate, play the drums, read and participate in pagan festivals.

Thoughts? Let’s discuss...

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Case study: Recommendations

Food recommendations:

- Reduced coffee intake, moved to after breakfast and moved the coffee machine out of the bedroom
- Introduced breakfast every day of the week > protein and polyphenol-focused smoothie
- Increase omega-3 intake daily through oily fish.
- Increased vegetables - especially, celery, beets (beetroot juice), pomegranates, garlic, leafy greens
- Increased EVOO use in the kitchen and as a dressing.
- Herbal teas: nettles (liver), cleavers (lymph), Chamomile (calm/nervous).
- Obtained consistent protein and fibre intake > for insulin resistance, energy, microbiome, blood pressure.
- Strictly avoiding all gluten foods.

Lifestyle recommendations:

- Aqua fit at the local gym
- Move to vapes 100% and then slowly taper down
- Reduce alcohol consumption > read the book: This Naked Mind by Annie Hopper

https://ard.bmj.com/content/76/Suppl_2/1536.3
https:/pubmed.ncbi.nlm.nih.gov/27278926/
https://www.mdpi.com/1424-8247/17/10/1354
https://www.mdpi.com/2076-3921/9/7/619#
https://www.mdpi.com/2039-7283/15/3/54

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Case study: Recommendations

Supplements:

- Omega-3
- Astaxanthin

Inflammation, blood pressure

- Liposomal vitamin C

Immunity, antioxidant, smoking mitigation, adrenals, endothelial function

- Magnesium
- D3 and K2

Blood sugar, blood pressure, sleep, energy, overall nutrient needs

- Slippery Elm
- Probiotics

Gut integrity and inflammation, IBS symptoms, microbiome

Additional: Gluten and Dairy Enzymes

https://www.sciencedirect.com/science/article/pii/S1756464621005090
https://lpi.oregonstate.edu/mic/vitamins/vitamin-C
https://www.ahajournals.org/doi/10.1161/HYPERTENSIONAHA.125.25129
https://www.sciencedirect.com/science/article/pii/S027153171931187X

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Case study: Leo's results

Within 6 months:

- Blood pressure: 110/70.
- 2/4 medications deprescribed and 1 medication halved.
- Weight loss: dropped 4 dress sizes.
- Dropped her corporate look and embraced her pagan values - goodbye suit, hello dreadlocks.
- Moved into a van to enjoy life on the road and find fun again.

Issues remaining:

- Still smoking - vapes and cigarettes ("when lazy").
- Still drinking but max 1 bottle a night to share with the husband.
- Still had work to do on past trauma and mental health, but not quite ready yet.
- Very painful joints still - no medical understanding as to why.
    - Trying enzymes but understands the smoking, alcohol and trauma link.
    - It's understood that while smoking excessively, it's clinically not possible to have good vitamin C levels.

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Clinical Success Stories

Jason

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Case study: Meet Jason

GLP-1 status: trying to avoid.



Male, 60, 108kg, BMI: 34

WC: 46 inch, Height: 1.78m - 0.66 ratio (under 0.5 is ideal)

Diagnosed with type 2 diabetes at age 42.

20 years on Metformin and Statins, no other help or guidance.

HbA1c averaged around 52-54.

FMH: heart disease and early cardiac mortality.

Medications:

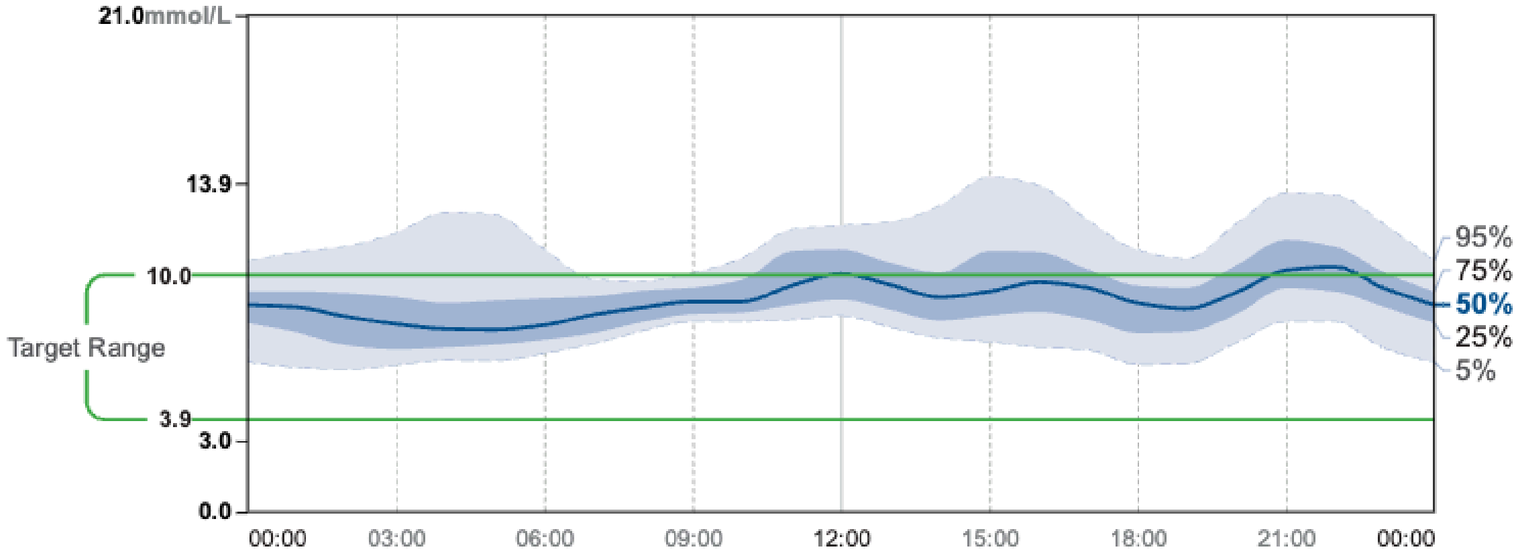
- Metformin 1g - 2x daily
- Atorvastatin 20mg - 1x daily
- Co-codamol 30mg/500mg - up to 4x a day (knee pain)

Jason retired early to put his health first > National Rail, based in London, waking up at 4am just to get to work 5 days a week.

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Case study: CGM provided insights





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Case study: Recommendations



Food recommendations:

- 30g protein per meal.
- 10-12g fibre per meal.
- 2 meals a day > introduced fasting.
- No snacking.
- Including 3 handfuls of vegetables with each meal.
- Increase herbs and spices.
- Made all bread items from scratch:
    - High fibre loaves, low-carb rolls, Greek yoghurt flatbread

Lifestyle:

- Reduced alcohol > not stuck to when on holiday.
- Consistent workout on the bike and 1x dog walk a day until knee operation.

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Case study: Meet Jason



Blood cholesterol		
Total cholesterol	3.895	mmol/L

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Case study: Meet Jason



Blood cholesterol		
Total cholesterol	3.895	mmol/L
HDL - High-Density Lipoprotein	1.26	mmol/L
LDL - Low-Density Lipoprotein	1.6	mmol/L
TG - Triglycerides	2.26	mmol/L

Cholesterol ratios	
Cholesterol / HDL ratio	3.09
Triglycerides / HDL ratio for values in mg/dL	4.11
Triglycerides / HDL for values in mmol/L	1.794
LDL / HDL ratio	1.27

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Case study: Meet Jason



Blood cholesterol		
Total cholesterol	3.895	mmol/L
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Triglycerides / HDL for values in mmol/L	1.794
LDL / HDL ratio	1.27

Blood cholesterol		
Total cholesterol	3.793	mmol/L
HDL - High-Density Lipoprotein	1.16	mmol/L
LDL - Low-Density Lipoprotein	1.9	mmol/L
TG - Triglycerides	1.6	mmol/L

Cholesterol ratios	
Cholesterol / HDL ratio	3.27
Triglycerides / HDL ratio for values in mg/dL	3.16
Triglycerides / HDL for values in mmol/L	1.38
LDL / HDL ratio	1.638

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Case study: Meet Jason

Health > Diet > Weight loss

How I lost four stone and reversed my Type 2 diabetes

My lifestyle and lengthy trip to work made reversing my diagnosis impossible – but now I've totally transformed my health

Jason Thomas

Related Topics
Dieting, Weight gain, Weight loss, Diabetes

10 March 2024 1:00pm GMT

148

Gift this article free



Jason Thomas, 62, is now within the normal blood pressure range having lost four stone

Within 4 months:

- HbA1c was 38.
- Metformin was reduced by half.
- Reduce weight to 103kg.

When Jason takes his eye off the ball, his blood sugar levels increase easily and quickly.

Remains highly motivated; we use CGMs periodically and hold ad hoc check-in consultations around blood tests.

Still recommended GLP-1, but Jason is recovered from knee surgery, retired and able to remain focused on his metabolic health.

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Clinical Success Stories

Alex

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Case study: Meet Alex

Female, 50, widowed for 5 years, mum to 12-year-old twins, both with SEN.

Lost her dad last year, a part-time accountant, White British.

104kg, 5ft 2 inches, weight distribution: hips/stomach.

GLP-1 status: prescribed.

- Fatigue
  - Ongoing for many years, it started after having children.
  - Diagnosed with sleep apnoea 3 years earlier, uses CPAP.
  - GP uncovered various diagnoses, but subsequent medications have never resolved the tiredness.
  - Recently has fallen asleep throughout the day.
- Hyperglycemia
  - HbA1c around 55 for some time - left unmedicated and viewed as a side effect of prednisolone.
  - In Autumn 2022, HbA1c = 69.
  - January 2023 Trulicity 3mg to support HbA1C, metformin avoided due to elevated ALP.
    - HbA1c reduced to 55 mmol/mol, and 9.5kg of weight was lost.
  - Now HbA1c back up to 66, weight loss stalled. GP has prescribed metformin.
  - Fasted glucose averaging 15-20

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Case study: Meet Alex

Diagnoses:

- Eczema - Since birth
- Glandular fever - 1992
- Loop diathermy of cervix - 2004
- Ovarian cyst + oophroetomy - 2008
- Anxiety & Depression - 15 years +
- Polymyalgia Rheumatica - 2020
- Sleep Apnoea - 2020
- Hypothyroidism - 2020
- Psoriasis – 2021
- Type 2 Diabetes – 2021
- MGUS - 2021
- ADHD - self-identified
- Folate deficiency - 2023

Medications:

Medication	Dose	Frequency
Trulicity	3mg	Weekly
Levothyroxine	100mg	Daily
Citalopram	30mg	Daily
Metformin	500mg	Twice daily
Folic acid	5mg	Daily
Prednisolone	15mg	Daily
Omprazole	20mg	Daily

FMH: T2D, arrhythmia, pernicious anaemia, diverticulitis, heart failure, gallstones, macular degeneration, autsim

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Case study: Alex's clinical presentation

Insulin resistance:

- Unrested upon waking
- Snoring
- Brain fog
- Hypertension 120/90
- Elevated liver enzymes
- Dizzy & irritable when not eaten
- Energy crashes
- Cravings
- Perimenopausal

Digestion:

- Diarrhoea - metformin
- Urgency
- PPI
- Flatulence

Inflammation/immune dysregulation:

- Joint & muscle pain
- Autoimmunity - PMR, 'Hashimoto's?
- MGUS
- Prednisolone
- Raised CRP (11) & ESR (57)
- Sciatica

Mental Health:

- Anxiety & depression
- Overwhelm
- Brain fog
- Chronic stress

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Case study: Food & drink diary

Food diary:

- **Breakfast:** Muesli with blueberries, raspberries, and almond milk.
- **Snack:** 10am biscuits or cake if out for coffee
- **Lunch:** Soup or scrambled egg with wholemeal toast, or instant noodles/mug shot
- **Snack:** biscuits
- **Dinner:** Sausage and chips, meatballs with pasta, jacket and beans

Drinks:

- 4 coffees
- 1 litre of sparkling water.
- 2 glasses of wine or a couple of G&T's a week

Considerations:

- Relies on UPF's and take-outs due to fatigue
- One child has a restricted diet due to autistic food preferences - need to simplify the plan so only one meal needs cooking.

Thoughts? Let's discuss...

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Case study: Lifestyle

Lifestyle:

- Tai Chi - 1 hour a week
- Approx 3000 steps daily - PMR not affecting mobility
- No motivation to exercise
- Chronic daily stress - recent school transition for twins to secondary. One child unable to attend school due to burnout.
- Recently lost her father, now caring for her elderly mother
- Feels guilty when relaxing
- Likes to read, watch telly, and meet friends for coffee and cake.
- Volunteers at Brownies
- Biggest joy - sewing, but hasn't worked on any projects for a long time.
- Up at 6am, lights out at midnight!

Thoughts? Let's discuss...

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Case study: Recommendations

Food recommendations:

- Lead with protein at every meal, 25-30g. Initial focus - breakfast to reduce midmorning sweet treats
- Swap out the simple carbohydrates for complex carbohydrates, favouring root veg and beans/pulses over grain-based carbs (CGM evidence - rice, potato, cereal and flour-based products)
- Increase healthy fats - nuts, seeds, avo, EVOO + 2-3 portions of oily fish weekly.
- Hydration - increase to 2 litres minimum
- Swap out UPF for nutrient-dense but easy-to-prep options - stir fry was a hit!
- Increasing colour and diversity of plants -to increase fibre and polyphenols
- Foods to support thyroid hormone production + conversion - Se, Zn, Fe, B vitamins,
- Mindful eating to support digestion - PPI, parietal cell antibodies discovered after low B12 result

Lifestyle recommendations:

- Walking after each meal to support insulin sensitivity and the lymphatic system
- Lights out by 11pm (1 hour earlier) + early morning light to support circadian rhythm and fatigue
- Filling up your own cup - mindful colouring, time in nature, diaphragmatic breathing

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Case study: Recommendations

Testing recommendations:

- Full thyroid panel, including antibodies
  - Raised TPO (60 kIU/L)
  - B12 deficiency (35 pmol/L) - referred back to GP - +ve for parietal cell ab (FMH)
  - Suboptimal vitamin D (65 nmol/L)
- Encouraged Alex to discuss DEXA with the Rheumatologist (high-dose long-term steroids, PPI)

Other recommendations:

- CGM
- Share the load - get children to help with cooking, household chores, etc

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Case study: Recommendations

Supplements:

- Multi Nutrient
- D3 and K2

Overall nutrient needs to support thyroid, immune system, blood sugars & sleep

- PEA — **Anti inflammatory**
- Reishi — **Adaptogen supporting mood and sleep & immune modulation**
- Olive Leaf — **Support inflammation, potential viral load, insulin sensitivity, blood pressure,**
- Bitters — **Digestive support**
- Slippery Elm — **Gut integrity and inflammation, microbiome support**
- Saffron — **Nervous system support**
- Australian Bush Flower Essences - Calm & Clear

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Case study: Alex's results

Within 6 months:

- HbA1c 41
- Halved prednisolone dose, halved metformin
- Weight loss: another 9.5 kg
- No longer falling asleep during the day
- Feeling positive and sewing again!
- Walking more - still room for improvement.

After 12 months:

- HbA1c 36 mmol/mol - no metformin
- Down to 1.5 mg Trulicity weekly, weight slightly increased so Alex came back for a follow-up to refocus.
- Reduced steroids further with a view to tapering off completely (will be able to come off PPI at this point)

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Thank you
Any questions?

Thank you!

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