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Aging With Intention: A Smarter Approach to Living Well Longer Webinar

Speaker: Hello everyone and welcome to today's webinar, aging With Intention, A Smarter Approach to Living Well Longer. Before we get started, I'd like to go over a few items so that you know how to participate in today's event. We've taken a screenshot of an example of the attendee interface for your reference.

All attendees lines are automatically muted in listen only mode. Questions may be submitted during the event by selecting the q and a icon and typing them into the q and a box. And today's session is being recorded. Please note if you'd like to turn on closed captions, you hover over the area where you're seeing the video of our two speakers, and in the bottom right corner, you'll see a circle with CC in it, and you click that to turn on the closed captions.

I would love like to introduce Eddie Welch, managing director and head of Wealth Management here at CAPTRUST. Go ahead Eddie.

Eddie Welch: Thank you and welcome everyone. Delighted to have have you here and be together for the next 45 minutes or so this afternoon. I'm. Delighted to have our guest, Dr. Ronan Ro with us from the Cleveland Clinic.

We have spent a little bit of time doing some prep for this, and I know you're going to find his comments really informative. And in just a couple of minutes, I'm gonna let him introduce himself. This is such a great topic. We've had tremendous response to this webinar. One of our largest.

Registrations for any wealth webinar we've done in a while. So clearly there's a lot of interest in this, just this notion of aging with intention and when you ask the question, what do I need to do to age? It sounds like a really simple question but we all know it's not. Dr.

Victoria is from the Cleveland Clinic and I think most of the people in the audience, if at least if you attended our last webinar. With Dr. From Cleveland Clinic as well, know that we have a new relationship with them. Super excited about it. It's going really well. We're able to use their vast library of content.

Our marketing team is curating that content and you're seeing really significant articles showing up in your inbox. Our wealth clients are on a monthly basis. We've had a number of clients and prospects actually go through the executive physical program which we've helped shepherd them through.

And then the clinical review has been really a, a big ad as well. Several people have gone through that. That's if you need a second set of eyes on your charts we can help arrange the Cleveland Clinic Cleveland Clinic team to, to take a look at that. If you have any questions about any of this certainly just please reach out to your advisor and they can fill you in on, on all the details.

Dr. Pictor, welcome. So glad you're with us. I'm looking forward to the next few minutes with you. I'm gonna let you, if you would just take a minute or two and introduce yourself. Just tell us your story.

Dr. Ronan Factora: Thanks. Thanks Eddie. It's great to be here. My name's Ron Ra. I'm a geriatrician and a geriatrician is a doctor that takes care typically of people over the age of 65.

And the focus for our practice here is really on preserving function and independence. So we deal with things that are associated with aging, such as memory problems. Problems with mobility. No concerns about medic medications, unexplained weight loss and these are things that you'll often encounter as a person gets older, but we really focus to figure out if there anything that's going on that would interfere with those particular capacities and what can be done to help to limit impact of health related issues on your independence.

We keep you at home, keep you outta a nursing home. That's really what our focus is. And I've been in practice here at the clinic for quite some time. Since 20 since 2003. I deal with these types of issues and with older persons on a regular basis.

Eddie Welch: And how long have you been with the Cleveland Clinic?

Dr. Ronan Factora: Total of about 23 years I've been in practice here. In July of this year it'll be 23 years.

Eddie Welch: That's great. Let me ask this question to get things started. When people ask you what they need to do to age well, where do you usually tell them to start?

Dr. Ronan Factora: So there's a lot of things that you can focus on.

And now of course there are always some things that are not within your control, but, a lot of the things that you can do to help to age well revolve around choice you make and lifestyle. From the standpoint of cognition and thinking and trying to do things like reduce the risk of developing dementia, there, there are many things that you can do.

So the first is to the link between the brain and the heart and the cardiovascular exercise is probably the one. Type of physical activity that is probably most beneficial for brain health. And I typically would recommend like 30 minutes a day for five days out of the week. And you don't have to be breaking a sweat for it to be considered cardio, even if you're walking fast.

And you can feel a little bit of that effortful breathing that counts as cardio. And as long as you're actually doing an activity that you enjoy, you're gonna be more successful about it. So it's number one. Number two is maintaining a very robust social network. Now, one of the big complaints as people as they get older is friends pass away, family pass away.

And that circle of people that, it shrinks socialization does take quite a bit of effort, and you have to listen to what other people are saying. You, in order to engage, you have to formulate what you're gonna say. There's a lot of interaction so that interaction, that stimulation is good for you.

So that's number two. The third thing is to do activities that keep your brain active. And a lot of times you can think about hobbies that do this as well, so games, puzzles, reading, but if you play a musical instrument, that's good for your brain. If you do artwork, crocheting, anything that you can get with, get better with over time, anything that forces you to learn all those things are gonna help to build new connections in the brain.

And that's called the pro. The process is called is this a neurogenesis? Or arborization of the neurons and that all those activities help to build the healthy part of the brain. And that's a different component than trying to protect the brain from illnesses that could do damage to it.

So that's the brain part. When you're thinking about physical activity that's a different story too. You have to be physically active as you get older. And if you spend a lot of time sitting down. I watching tv. Then over time what happens is the brain the body naturally will change and body composition the size of your muscles shrinks.

As you get older, the quality goes down if you're actually not physically active as well. So you gotta keep moving. So if you can actually walk at least 3000 to 7,000 steps per day, that helps to fend off the frailty that's associated with aging. With that muscle mass loss, it occurs in a lot of places aside from your legs.

So you need to do that weight training and that resistance training maybe twice a week. Large muscle groups, you don't have to look like a bodybuilder, but you gotta keep your muscles toned to fight off muscle shrinkage and loss of muscle quality with normal aging. And then just maintain your weight over time if you stay within a five pound range and once you get to 65 and you.

Maintain a physical activity you're pretty well off. From the standpoint of normal aging, that's, those are the things that you wanna focus on to actually age well,

Eddie Welch: and I've heard you say in our prep time and in other videos I've watched I think your term is couch to walking, right?

You wanna expand on that at all,

Dr. Ronan Factora: right? You always wonder, who's going to benefit the most, who's not gonna benefit? So the people who actually benefit the most from any exercise are the ones that. Go from spending most of their day on the couch to walking. And of course you continue to get benefit the more active you are.

And there's people who are older who are physically active on a regular basis. They're gardening, they're going on walks, they're still swimming. Some are still serious athletes. They're playing, pick a ball or tennis or even basketball. Some are still running. The oldest marathon runner.

Before he actually retired, was 101 years old. So there's no real end to when you can stop physical activity. It's just you have to find an activity that you like. You have to avoid the sitting, avoid the sedentary behavior and just keep moving and it's good to do the activities that you enjoy.

Eddie Welch: Let's talk a minute about mental health as well, and you hit, I think you hit on some of that, certainly in your comments, but there's Cisco Health and of course mental health. Is one more important than the other? Are they. Interdependent on one another.

Dr. Ronan Factora: So you need both. In order to be independent, you need to be cognitively intact and need to be physically well.

So in order for you to remain as independent as possible, you have to maintain your mobility. You have to maintain your cognition. So I don't think that you can separate one from the other. Do the activities that are good for your brain. Do the activities that help to keep your body moving.

Avoid the stuff. That's going to keep things from the two that's gonna make things deteriorate. We talked a little bit about that sitting and if you spend too much time sitting, then you're gonna have that loss of muscle mass and loss of muscle quality. But, even from this standpoint of your brain, if you spend a lot of time sitting and just watching tv, just think about the things that you're not doing.

You're not moving, you're not socializing. And you're not using your brain. In fact, there are, there's a study that was done that showed that if you watch more than three and a half hours of TV on average per day in this country, there's a higher risk of developing dementia. So you really wanna avoid that.

And I would count in that not just TV time, but any screen time and people are always spending time on their phones. They're spending time on the computer. You've gotta find something else to do. And it's not to say that you can't watch a ball game or stream a movie or your shows. But for the most part, you wanna find other activities that keep you stimulated.

Eddie Welch: So what about pre-retirement? I I'm sure there's a cumulative effect to exercise in and good mental health. What should, what would you suggest our audience should consider before the hit retirement age?

Dr. Ronan Factora: So these interventions that I suggest, the longer you do them, the more benefit you get, and the longer that you maintain them, the more that you're able to sustain those benefits.

So there's no, no way it's too late, but the earlier is better. So one of the challenges for retirement, and especially for the people that are used to working all the time, is that when you have retirement. You're really faced with, what are

you gonna do with the rest of your spare time? So before you retire, you really should plan, what are you gonna do with all your spare time when you're not working anymore?

'cause that's the real pitfall. I see a lot of people in my clinic, retirees who have after retirement, of course they're gonna, I got all these projects to do around the house. I'm gonna do traveling. I'm spend time with family. But then they'll find that once a lot of these activities have fallen to the wayside.

They have nothing else to do, right? So before you retire, think about the plan. Think about make that plan. What are you gonna do when you're gonna retire, and how are you gonna spend your time? Whether it's gonna be volunteer work, maybe you're gonna work part-time. And one, one of the things that you could consider is picking a hobby.

And, I can't tell you the number of people that I've run into that have not developed a hobby when they were younger because, they're too busy. Working and too busy doing other things, but you have to cultivate this for yourself. Find an interest, something that you enjoy. Something that gets you.

Creatively thinking something that you can get better with over time. And that's why I mentioned things like playing a musical instrument or doing crafts, woodwork, quilting, crocheting. Anything that's gonna force you to learn is gonna be worthwhile. Some people who are older, they'll just take classes at a local community college, they'll audit it and then just do that over time.

Some pick up a new cause and do volunteer activities. There are some individuals that. Had hobbies that they were doing when they were younger and then just life got in the way. They can pick those up again when they're older and just resume the activity that they enjoyed a long time ago. Some people will have activities that they've always wanted to try, but they never had the time.

And now you've got this time extra. Go ahead and get started. Now. The most challenging folks are the ones that have never tried anything and don't really have any interest. That's where trial and error is worthwhile. So you gotta have an open mind. And see whether or not there's something that you enjoy.

Even if it's something new, taking that risk can be challenging, but you might find something that you like and you'll just stick to it for as long as you are able.

Eddie Welch: First of all, let me just suggest to the audience that we're gonna have some time for q and a.

There's some questions that are already coming in. I can see some really good ones. So feel free to, so to pop those into the the chat and we'll address those at the end of the at presentation. So we hit on this a little bit already. You were just talking about it. I have I'm hitting that age where I have friends that are retiring, peers that are retiring or thinking about retiring.

Let's say it's day one you've just retired. What advice would you give to somebody on that first day of retirement?

Dr. Ronan Factora: The temptation is just you can take it like a vacation. I think that's, you're entitled to that when you're retired. You de deserve your time off. You deserve to rest.

You have break from your routine, but eventually, I think that you have to approach every day just like you're going to work. Wake up in the morning, get ready for the day, you get dressed, have your breakfast, and then you have a list of things that you wanna do. It's good to have a plan for what you're gonna do that day, that week.

Maybe for the month things that you can look forward to, things that, you know that, that. Keep you occupied in several different ways. Whether it's, it's Tuesday I go to the gym today, okay, today's Wednesday I'm having lunch with my friends. Today's Sunday I'm going to church.

Today's Friday I'm having dinner with my family. But that routine keeps you going and makes you move and gives you a purpose. And that's one of those things about normal aging that everyone has to have. There has to be a reason why you get up. There has to be a purpose behind what you do.

A, a reason to keep. Going at least a reason that makes life worth living. And if you have that, it makes your quality of life that much better.

Eddie Welch: That's great. Super advice. Hey, this is a tough question, but I'm gonna ask it. 'Cause I just, I see it happening. I've seen it happen in. You with my, I saw it happen with my parents friends.

I'm even beginning to see it happen with with my peers and friends. Again, I'm just in that age, a age bracket. But when you have one spouse that is maybe a little healthier or just more capable than another spouse and you're in retirement how do you recommend, what do you recommend people do?

How do you counsel people to deal with that dynamic?

Dr. Ronan Factora: So that can be really challenging. Of course with your spouse, you wanna spend time together, so that helps to build your, and foster your relationship. So whatever you can do together, it's worthwhile to do to, share experiences and to build your relationship afterwards.

But if there is that disparity in terms of ability for one or another, you can look at it a couple different ways. Number one, the spouse that has. More problems with mobility or whatever disability they may have to develop some other activities that they can do on their own of their own interests that don't involve the other spouse.

And I think that's good in general, whether or not there's a disability or not, you wanna be able to carve time out for yourself and just build your own interests, your own activities from the standpoint of the spouse that's actually maybe in better health. You have to do that too. You have to take care of yourself.

You have to make sure that you have your own interests, that you're cultivating those that are separate from your partners. But then you can also look at it two ways. If you are the caregiver of your spouse because they need help to do certain things, then that time that you spend for yourself that rest actually has a twofold value.

Number one is good for your own health because you have to develop your own. Strengths, you have to continue to take care of yourself, but then that time away from caregiving is also important because that gives you a rest. There's no job in the world that you'll be able to maintain if you're on the job 24 hours a day, seven days a week.

And that's what caregivers do. And so I look at it like maintaining a car, and you're never gonna drive a car 60,000 miles without taking it to get the oil changed or to get it checked up. So when you actually take a break and you're taking care of your mental health and your physical health, you are actually allowing yourself rest from caregiving so that you heal so that you're mentally prepared, so that you're mentally well, that you're physically well to do the thing that you want to do to provide caregiving for your spouse.

So it's not negligent. When I talk to spouses that have guilt related to that, you're actually making sure that the car is working well, you're taking care of yourself so you can do the thing. That you have to do to take care of your spouse. And that's very important too. So it's a greater responsibility to take time off when you're the spouse that is physically and mentally more able compared to the spouse.

Eddie Welch: I'm gonna weave a question that came in from the audience in right here, if I may. Alzheimer's dementia is there one or two really significant signs that you look for as a strong indicator that this is someone who may be developing one of these or both?

Dr. Ronan Factora: Sure. And then there's certain things that you should expect with normal aging and that you shouldn't be too worried about.

So processing speed goes down as you get older. So thinking about words, thinking about names, being able to recall things that will get slower as you get older. As well. The other thing is that you might still have some problems with short-term memory, working memory. It may not work as well before glitchy, but you'd still be able to function.

None of these things should affect your ability to take care of yourself, take care of your household, okay? When you start experiencing memory problems that start to affect your ability to do these higher order things like drive, if you're having problems with directions, if you're getting lost, if you're having problems forgetting to take your medications consistently, now everyone will make a mistake. That's excusable. Everyone's allowed a mistake but if you are having regular problems, taking your medications consistently, or if you're having problems managing your finances, paying your bills on a regular basis, or if you're still involved in the community and your work is being affected by cognition, those would be concerns that I have that you're experiencing more than.

What's expected with normal aging and that probably deserves a good look by your doctor. One, to make sure that there's nothing that is fixable 'cause that's something that you don't wanna overlook. Sure. Is there a medical problem, a medical condition, or a medication that you're, that is going on in your health that could be adjusted in a fixed right then and there.

So that's worthwhile, but then the rest of it, if there's something else that's going on underneath. It's good to know so that you can plan for the future. You know it, you know if you need more help in the future, what you can do. Are there interventions that are available to help to prevent the memory from getting worse?

Now, how can you plan for your own needs in the future and the needs of your family if it's gonna affect other people? So knowing gives you the opportunity to anticipate your needs to plan ahead and see what resources are available for you. If the whole issue of dementia starts to come around,

Eddie Welch: right?

This is a great question that just came in as well. How should the choice and composition of healthcare team, your healthcare team change over time? Are there like primary care physicians that specialize in geriatric care? I think that's your field,

Dr. Ronan Factora: geriatricians can be primary care doctors.

In our practice, we just happen to be the ones that we work hand in hand with our primary care doctors to, address these issues associated with aging. And then you're, the most important thing is that you do have a primary care doctor that knows you well, so that if something happens you can see them right away.

Most primary care doctors, they should be able to address common issues that most individuals have. If we were getting to the point where you're running into dilemmas with falls running into dilemmas with memory. A lot of times with primary care, they may not have the time to provide that service as much as they would.

And that's where you can actually request the assistance of a specialist like a geriatrician. Now, for memory, it could be the audience it could be the a neurologist as well, but that's where help can be

Eddie Welch: provided. Got it. Got it. Super helpful. Looks like you may be frozen. You are to me, but let's see.

We're just gonna power right through this. We can we can hear you just fine. So no worries at all. This is a, another tough question. I've had a little bit of experience with this myself in my personal life. How can you help someone that is just simply not on a good health trajectory, but really is just not quite ready to hear that?

Dr. Ronan Factora: That's really challenging. And it's good to have that discussion and just say, Hey, I I really wanna help you out. I'm seeing these things. But you know that if you point out something that they're not necessarily in agreement with, the way that I can approach it is like, what are your goals?

You, do you wanna stay as independent as possible? Do you wanna be able to stay at home? Do you wanna stay outta the nursing home? And what I've found is that if you offer up solutions. That can help a person achieve that goal. They

typically are more amenable to suggestions than just, taking your observations and your recommendations outright.

Now the person that you're giving advice to has to really have a buy-in, right? They have to actually agree in terms of, what you're seeing and what you wanna have done. And if it's aligned with what they wanna do with their goals of care, then I found that's a lot more successful.

For those individuals. So yeah, it takes a little bit of discussion, it's something that you can do sitting around having a meal or maybe having a drink and having a discussion and just think about those things.

Eddie Welch: That's good advice and that, that is a really tricky tricky thing to navigate.

But that's, those are good words. Thank you. Okay. If you could say to the audience, here's one thing that everyone can do, regardless of your age. To move towards better health? What would be your suggestion?

Dr. Ronan Factora: So I think that what you need to do is you first you probably have to move.

You gotta keep moving. I've heard one physiatrist before say that penicillin, that movement is the penicillin of aging. And so you don't wanna fall into the trap of just sitting around and not doing very much or just spending all your activities done sitting down. Sure, you like to read, sure, you like to scroll on Facebook, do these things, but you have to have those activities so that more than anything else would probably be the one thing that helps most.

From the standpoint of aging, just keep moving. And then along with that comes all the activities that are associated with moving. So that comes with the socialization, the exercise, and even the cognitive student activities. The hobbies they follow if you are moving around on a regular basis.

Eddie Welch: That's great. So I actually coincidentally last week just went to Cleveland. I went through the executive physical program. It was my second time through. I saw Dr. Alis. And, one of the comments he made, and I would love your thoughts on this as, as well, is just really establishing a good baseline and have, having something from which to measure and track things can be super helpful to get ahead of things and really practice good preventative care.

Anything you would add to that?

Dr. Ronan Factora: I think it's good to get that baseline. I think it's good to know what you're doing right. I think that you need to hear that, and then you need to hear what sort of things you could do better. Because it all depends upon your goals. A lot of times when you get that picture, you can see what your threats are to living longer.

You could see what your threats are. To being independent. 'cause most people wanna be able to be as independent as possible. A lot of most people wanna stay at home, they don't wanna go to the nursing home. So if you can see, from the standpoint of medical care, what is going on in your health that needs to get attention and how are you doing with that, that can really help to guide you.

To do the right things right. And because, medicine at that point it becomes very individualized. It, you can't take guidelines and just cookie cutter approach it. When you're older, people will age differently. People have a whole lot of different medical problems. Some people have tolerances for some medications and others don't.

So trying to make sure that the recommendations that are good for your medical care are individualized for you. That's really going to be a value for you. And then just follow up to make sure you're doing all the right things. So regular follow up with your doctor over time you're gonna need to make sure that you're doing that on a regular basis.

Eddie Welch: Yeah. Again, for those of you that may have be, join us a little bit late. We know the doctor's screen is frozen. Sorry about that. But we're just gonna power through that and we can hear 'em just fine. I'm gonna, I'm gonna take it for just a minute because I think this is a significant point maybe for our audience.

I think our industry has done a great job of helping clients really think about retirement and saving for retirement. Make, making sure there's going to be enough there to retire comfortably. I'm not sure we have done, at least until recently as good a job as we could have on helping people think about.

What should be my plan, not only in retirement, but as I age and maybe live a little longer? How do I want to age? Do I want to age in place? Am I comfortable with a assisted living? Do I, would I want in-home, in-home health? We're seeing people live longer. Which is wonderful.

This preventative medicine and a notion of longevity is really something that is. Is real and talked about and it's actually very effective. So people are living

longer. So I really think we need to think in terms of not just will I have enough money to retire, but talk to your advisor about, what it would take based on the kind of plan that you have, if you want to age in place there may be certain expenses associated with that. If you want assisted living, certainly there are gonna be significant expenses associated with that. And, hopefully nobody has to do this but someone in our audience, I'm certain we'll wind up with in, in nursing care and and that can be extraordinarily exp expensive.

We really want to. Encourage our clients to begin to plan a little bit so we can help you plan and think about what you're going to need financially. If I could just share a personal story. My, my grandmother was really a fascinating woman. She. She was widowed, unfortunately pretty early in her life, late forties, early, early fifties.

And she just took the opportunity to travel the world. She was single really was literally all over the world in some amazing places. In the, early seventies, the Soviet Union and China, and just would come back with wonderful stories. She decided on her own that she was going to sell her home.

She was going to move. She bought an apartment in an assisted living area that would allow you to gradually move towards the kind of care that you needed. It was really a fun thing, Dr. Victoria. She took, not all of her possessions, of course, but a lot of her possessions and she would call us in, family by family.

Started with her. She had five children and 18 grandchildren, and she would call us in family by family, and she would. And she gave us something and she, when she gave it to us, she talked about it and, gave us the history of it. And my children got to experience that. And now, now they have children.

And as she, she lived into her nineties and as she began to, to age and need more care she moved to another, level of care and then to another level of care before she finally passed away. And I tell that story just to really help our audience think about. What is your plan? She, she was early to this.

She was an interesting woman, a really dynamic woman and she had a plan and she executed on it. I don't think anyone really encouraged her to do that. It was something she did completely on her own. But I would encourage a couple of things. Have a plan. What do you want to do?

How do you wanna live and share that with your loved ones. And then. Think about the financial implications of that as well and talk about that with your

advisor, because I think it's gonna be really important. As things happen, things can become really acute really quickly, and you wanna avoid that.

When you're in, when something acute happens, that's not the best time in the world, really make a life altering decisions. I'll just put that out there for consideration. Really encourage you to have that conversation with your advisor and your loved ones. So a lot of questions coming in.

Let me see if I can pull a few out and unfortunately we won't have time to get to everything. But there was a question about about Peptids. Things beyond just regular supplements and things of that nature. There's a lot going on, a lot of buzz around PEPs and things of that nature.

Anything that's been in the news lately that I'm seeing bio regulators, I can't even read some of the words. But anything along those lines that you would, you're talking to your patients about that are beyond the, what we think of is just normal, good exercise, sleep, nutrition that are, that maybe are new on the horizon.

And we may have lost Dr. Ectra. I'm so sorry.

Give him just a minute.

Sorry folks, about this technical issue. We'll

Dr. Victoria, can you, I think you can hear us. Let's see if we can get you back your audio back on.

Dr. Ronan Factora: Can you hear me?

Eddie Welch: Gotcha. Yeah, absolutely. So you

Dr. Ronan Factora: see me too?

Eddie Welch: Yes. So you're completely back.

Dr. Ronan Factora: Wonderful. You know what happened? I just had to refresh so I was still paying attention to what you were saying, even though you could hear me. I

Eddie Welch: dunno how you were. Quite frankly, that was very impressive.

Dr. Ronan Factora: The peptides, the thing about medical technology is it keeps on advancing and.

There are peptides that are studied and there are peptides that are in the experimental phase. And you'll hear a lot about these. It's hard to say whether or not these peptides that are available for for aging, for cognition, for muscle, whether or not they're effective. And that's really the key thing here is the scientific evidence behind that.

I can just tell you right now that. People who are older are more afraid of dementia than they are of cancer. So there is a cottage industry related to that. People also don't like to age in the United States, so there's a cottage injury behind that as well. So just be careful. Most peptides are generally safe, I couldn't tell you whether or not they're actually going to provide the outcome that you'll want it to because they're generally not very well studied.

They won't go through the rigorous trials that you expect for the FDA and for approval there. And it can be hard to get ahold of 'em, especially if you're just getting them on your own available through the market, through the internet. It's hard to know. I know that there's some questions about impurities as well, so you have to take it with a grain of salt.

But know a lot of questions do come up with peptides and even with supplements in terms of how it actually helps

Eddie Welch: with

Dr. Ronan Factora: brain health, with aging. Now a lot of the studies for these substances, they were done on animals. And so there's that big leap from works on animals and mice and rats to humans.

We, we were missing that information that tells us whether or not it works. Just be careful because. Of the potential interaction with medications that you may be taking, you have to be wary of that the potential for interaction with any medical problems that you have. So you gotta make sure that things that you're taking are not going to affect your health.

And then, beyond that, of course Americans like to take their health into their hand, own hands and be proactive. If you have a particular substance that you want to take, a supplement or a peptide, talk it over with your doctor. And then you can give it a try as long as it's safe for a period of time and make sure it does what it's supposed to do.

Otherwise these things that you can get, they can be pretty expensive. They're not cheap. And they don't, may not necessarily do what you want. If they don't, then I wouldn't spend any more money. Stop wasting your money, so to speak.

Eddie Welch: Along those same lines, a lot of buds around GLP and maybe even microdosing, specifically, not even specifically as it relates to seniors, but just in general. And then maybe specifically as it relates to seniors. Any comment on that?

Dr. Ronan Factora: The low dose glp, so for what they're intended for diabetes and particularly for weight loss, diabetes, it's appropriate for the weight loss.

The caveat I have, 'cause I've seen patients on those medications, when they do lose weight it's, it is effective in losing weight. But then. They also lose a tremendous amount of muscle along with it. And that's the one thing that people don't keep in mind. Now, as you get older, you lose muscle mass anyway and if you're sedentary and you lose weight, about 40% or more of the weight that you lose is muscle.

And unfortunately, at that age, you're not gonna get it back anymore. And just think about what happens when you lose that muscle. It's harder for you to move. Your balance is off, you get tired more easily, and that can affect your independence. So if you're losing weight. Because of diabetes or to help you with mobility.

There's a purpose behind it. If you're doing it purely for cosmetic purposes, there is a downside to that weight loss that you might not appreciate. And so you have to be careful, if you are gonna lose weight. And for my patients that choose to lose weight I tell them that they have to engage in some sort of resistance training and weight training exercises.

'cause that tells the body. Hey, I wanna keep the muscle, and so if you keep on moving and you keep your muscles toned, that helps to preserve your muscles more, then what would happen if you were not? So if you're gonna lose weight, do it that way.

Eddie Welch: So we talked a few minutes ago about the importance of socialization and really being social.

A lot of times social events come along with with alcohol. There are a couple questions and there's a lot of press on alcohol recently. So there are two or three

questions in the chat now about just your comment on alcohol is none best. Is there a minimum acceptable amount?

What are your thoughts?

Dr. Ronan Factora: So I know the data's evolving here as well, and there are some doctors that believe that any alcohol in any amount is bad for you. But you're right. In some of those occasions you do have the opportunities to drink. I, you can look at this the same way that you would look at.

Having a chocolate cake, once some people say that carbs and, high concentrated sugars, they're bad for you. Any way that you look at it or red meat, have a steak that's bad for you. You can really clean up your life to get rid of all the substances that are gonna be bad for your overall health, but then you miss the opportunity to enjoy with other people.

The way that I approach this at this point is moderation. Okay? So standard drink for females, one standard drink a day. For men, one to two, that, that's probably gonna change over time too. But anything in moderation is gonna be okay. It, it's the stuff that you do on a daily basis in excess.

That's what's gonna catch up with you over time, now. So there's certain things that I don't think you should be moderately doing. Like moderately cigarette smoking is probably not a good idea for you. No moderate smoking, not a good idea. But, when it comes straight to alcohol, I think that you have a sense of what is, reasonable and what is moderate and what is excessive. And there are standards for that are well published. And I think adhering to that is probably the safest way to go.

Eddie Welch: I know there's probably a wide answer to this question, but I don't, I'm gonna, I'm gonna put it out there anyway, just from a dietary standpoint what, what is the correct caloric amount to take in daily?

How should people really. Think about their diet. Should it be in, in really strict terms or again, as you said with alcohol is moderation the key there? Just as you just generally advise your patients on their diet, what are some of the kind of the high level tips and the thoughts that you give them?

Yeah,

Dr. Ronan Factora: so we'll took a look at it. Two the ways. One is qual quantity, so total calories, and then the quality of the calories. So in terms of

quantity, I think 2000 kilo calories a day is a lot. And people are different frames and sizes, and some people need more calories, some people need less. What I look for when people get to age 65 or older is stabilization.

So if you look at it from the standpoint of your weight, if you can maintain your weight within a five pound range, that's really what your goal is. As you get older and, depending upon the day and where you go, you might need to eat more, you might need to eat less, but if you stay within that range, that, that weight range, then you're probably getting enough quantity of calories and nutrients.

Now, from the standpoint of qua quality of the nutrients there are all types of diets that are actually been published. From the standpoint of heart health and brain health, so Mediterranean style diet, heart healthy diet. Those are plant-based diets, fruits vegetables, all fresh nuts. Protein derived from fish and chicken, not a whole lot of red meat, a glass of wine, olive oil, those sorts of things. And you can see all kinds of examples of those types of diet that are good for you. And then, protein is one thing that you wanna keep in mind as you get older too, because if you don't consume enough protein, then you're not gonna be able to maintain your muscles as well.

So you can adjust your diet quality based on those kind of parameters and be flexible. But I think that if you eat predominantly. Fresh fruits and fresh vegetables whenever you can get them and avoid the red meats. Principally, if you do that in most days of the week, that's good.

The more you adhere to that, the better it is for your brain, the better it's for your heart. And those are the two organs that are gonna really help you most with functionality.

Eddie Welch: Yeah. So I wanna pull on that protein thread just for a minute as well, because a lot press about that right now.

Are people talking about trying to get more protein in my diet? I actually had this conversation with a dietician that I saw in Cleveland, and she has some really good tips. But I would love to hear from you for particularly for those that are, maybe 65 and up. Protein, as you said is important.

Can you give us some guidelines so we know how much. We need to take in, and this is

Dr. Ronan Factora: really a tough one. Yeah. Yeah. So you have to make, when you look at your plate, when you're looking at day to day, you wanna make sure that you've got some meat, beans, cheese. Milk products, that's where the protein is derived from.

If you can, people eat healthy, they'll eat a lot of fruits and vegetables, but you won't have a lot of protein from there. So you wanna make sure that when you're thinking about what you eat during the daytime, that it's very well rounded out. So the sources are gonna be those types of foods, but, you wanna probably pick the leaner types of meats and that avoids the bad cholesterols that are good for your heart.

Like I mentioned earlier, protein derived from fish or from chicken or from beans. Maybe some nuts, not a whole lot of red meat. Cheese has good protein there from the milk as well. But having that spread out throughout the day that's probably worthwhile. Adding protein to bulk up you have to watch out for that.

There are supplements that have protein people will bulk up and creatine, when you're older, the kidney function may not be able to tolerate that much in terms of that supplementation. And if you have too much protein within your diet, what that happens is you end up being constipated from it too.

So that's where that balance is actually worthwhile. So you gotta get that fiber from fruits and vegetables. You can't be all like. Sausages or chicken or fish or meat. You have to have that balanced diet. And maybe one day you don't have all of those components, but maybe the following day you make up for it.

So you, you have to just keep that in mind day to day.

Eddie Welch: That's really helpful. Maybe just another question or two. There's just, there's so many here. I think this is a good one because I bet some others in our audience. Experienced this as well, but if you if you have chronic pain you're living and trying to manage chronic pain particularly as early to aging.

Any thoughts on how you, or how do you encourage your your patients to, to really maintain a positive outlook? Because that can be really difficult. They wanna do better. They know they need more exercise. But it's chronic pain can just be really debilitating.

Dr. Ronan Factora: It's very challenging.

I think that from the standpoint of pain, you want the pain to be controlled well enough that it doesn't wake you from sleep. It's number one, and it doesn't interfere with your ability to function during the daytime. So with those two things in mind, you should adjust any medications you're taking for pain, whether it's gonna be creams, pills, or patches to achieve that goal.

Beyond that it really becomes harder and I know that people have a lot of chronic pain. They've had surgeries, they've had broken bones they have arthritis. And that's not amenable to surgery. And it can be very challenging when you are trying to be physically active, but you can't there are a number of exercises to get your heart rate going, to tone your muscles using all kinds of devices.

In those circumstances, it may be worthwhile to actually talk to a physical therapist or get a personal trainer to work with you to find out the things that you are able to do to avoid those exercises that make the pain worse and to have specific goals in mind to help to preserve your mobility within the limitations that your body has now with aging come changes that you really can't.

Reverse anymore. And so you have to deal with the body that you have and that can be very frustrating when you really have problems coping and dealing with these changes. And we're really talking about its impact on your mental health. Loss of motivation, depression, that's a different issue altogether.

But there are a lot of steps that you can take along the way to get past the barrier that your body produces and find another way to be as fit as you can. And then, make sure that you are working closely with your medical care provider, your primary care doctor, to make sure that you're doing things healthily and then, get past any barriers that may affect your mood because it can lead to, frustration and depression when you just can't do the things that you would like to do.

Eddie Welch: Absolutely. Absolutely. One or two more, then I want to end this on a really positive note. So you'd be thinking about something really positive and encouraging that you can give to our audience because we're getting questions that, that, people are just dealing with. Sleep. Again, a lot of talk about good about sleep hygiene.

Yeah, I think you mentioned this briefly and you come to your opening comments, but let's go just a little bit deeper on that for 30 seconds or so,

Dr. Ronan Factora: right? It's one of those things that has been overlooked for a long time is quality of sleep. And when you get older, you, your sleep quality actually does go down.

The number of hours that your sleep actually goes down, your REM sleep that actually goes down. So it may not be as restful. The ways that you know that you're getting good enough sleep is if during the daytime you're awake and you're able to function and you're not dozing off or napping, you probably got a good night's sleep.

There is. Some people have an expectation that I can just go to bed, turn off the lights, go to bed right away, and I sleep seven hours straight and I don't expect to work. Wake up in the morning until this time. And then if there's any interruptions then you know, my sleep is terrible, but, which, it's gonna happen.

You're gonna get up. 'cause one of the things that people complain about the most is you have to go to the bathroom. In the middle of the night. So one trip to the bathroom for every 10 years after age 16. For me, that's par for the course, but if you're rested in the morning and you're ready to go, then you probably got a good night's sleep.

You want to pay attention to other symptoms that your sleep really is having a so and set of problem. So any symptoms of sleep apnea, if you're. Spouse or your partner tells you're snoring real loud. If you're taking a lot of daytime naps, it's easy for you to fall asleep.

You're falling asleep while you're driving. Don't ignore that. You have to actually go and talk to your doctor and see if that's something that has to be addressed. If you're walking your sleep, you're talking your sleep or acting out your dreams, then you have to also talk to your doctor to see if there's something else going on with that.

But then also taking a look to see whether or not there are medications that interfere with sleep. Sometimes you take the medications and they'll keep you up at night, and so you can adjust the time of your medications to help to avoid that. And the one thing to keep in mind is that sometimes people have not so great sleep habits or sleep hygiene.

So they will nap during the daytime and you know that napping that you do during the daytime, if it exceeds half an hour, it's going to eat until your nighttime sleep. And then if you like to drink tea or coffee, anything that has

caffeine. That's gonna interfere with your sleep, especially if you actually take that later in the day or at night.

So there are simple things that you can do when you look back to see what you do day to day, what pills you take that may help you improve the sleep that you have. And then if there's any of these other clues that there are problems, then don't ignore them. Bring 'em up with your doctor and see what can be done.

'cause you know the problems of sleep. They add up over time. And you may not feel a problem with one night's sleep, but if you have bad night's sleep consecutively for weeks or months or years, then there's gonna be a problem.

Eddie Welch: Sure. Absolutely. So I think this is gonna need to be our last question.

Dr. Tro, you have got to come back because we have so many questions in this queue, I just can't possibly get to all of them, but two or three. This seems to be a little bit of a theme, so I'm gonna ask this. Beyond the basic physical that hopefully all of us are getting on a regular basis.

Are there specific tests that you would recommend that are, more informative than others as we really attempt to establish this baseline? Is there any one or two things that if you had to know something, this is what I would wanna know to establish my baseline?

Dr. Ronan Factora: If you think about the issues that you encounter as you get older I deal with cognition a lot.

So if you got some kind of cognitive test done when your mental status is still actually okay.

That's good to have that way if problems come up in the future. Then you can repeat the test to see if there is a noticeable difference. And if there is, then you can do that investigation. If not, that's at least reassuring that whatever you're experiencing is not necessarily a pathological problem.

So that's number one. It's also good to know what your physical activity is and what you're capable of doing functionally. And those activities of daily living are good to catalog. There's no real test to see what your cardiovascular fitness is that you get at baseline unless you have.

An executive physical and that those are things that are available when you have when you're exposed to a tertiary care facility, they can see what your heart function is, they can see what your right, your lung function is, and they can see what your level of fitness is and then they can do a deeper dive, and that, that is really a lot more than what would take place in an annual wellness visit or regular yearly physical with your doctor.

Detailed testing to look at cardiovascular risk, which seems to be the focus for a lot of doctors at this point. And rightfully the number one cause of death in the United States is gonna be heart disease. Sure. And you wanna make sure that your blood pressure is controlled well, that your cholesterol levels are actually good, that you've been screened for diabetes and then you can address those issues early on.

To make sure that those things are taken care of. There's a lot of attention that you have to pay to your body to make sure things are working well. We didn't even think about vision. We didn't think about hearing. Okay. But those preventative strategies those are all very important.

Not just because you can address issues that can. If you get them early, it can extend your life longer, but they can also add quality of life years. They can help to, particularly vaccination. Those sorts of things can prevent hospitalization, which is associated with cognitive decline and physical decline.

It's more than just living longer. It's about living well. It's about being able to be independent, which as you get older, is a lot more important. Than having extra years is the quality of the years that people are really paying attention to more as the years pass by and not just the number of years anymore.

Eddie Welch: So again, a lot of questions around that. And Dr. Sais actually addressed some of this and the last webinar, which I believe is still on our website, so you can go back and watch that again. He talked a lot about. Cardiac testing that was, super important. You, you just mentioned hearing and I don't wanna dart past that 'cause I I'm hearing and seeing, no pun intended there a lot around this, but if one has hearing loss that can that, that can lead to, less socialization because it's just really difficult.

Which I think there are some studies, and correct me if I'm wrong out there, that would suggest that could even lead to earlier onset of dementia or even Alzheimer's. So I'll probably butcher that, clean that up for me a little bit. But I, my overarching point is don't neglect hearing tests because that, that can be super important as we age.

Dr. Ronan Factora: That's right. Yeah. So hearing loss is a risk factor with dementia and hearing aids are protective. A lot of times a person themselves may not notice that they're having hearing problems, who does your spouse, your partner, your family, because the TV's turned up too loud or they have to keep on repeating themselves, it's fixable.

Now hearing aids are not as good as your normal hearing. It takes a while to get used to them, but that's why you wanna catch it early, once you actually get it identified. And they recommend hearing aids. It is good to start wearing them right away. That way you get acclimated to the way that it amplifies sounds.

You can start to filter out sounds and pay attention to people's voices and conversations. And then learn how to use it just like any other tool, just like glasses. It takes some time to get used to them, but once you get used to them, it's just second nature. And then you would've taken a step.

Not just to prevent your from developing dementia, but still be now be able to engage in those social activities as you had mentioned before, that are so beneficial for your mental health and for your wellness.

Eddie Welch: Yeah. Great tips. Alright. Take us home on something positive. Give us something to work towards and be positive about.

Dr. Ronan Factora: Yeah. Everyone's gonna get older. I think that there's a lot of ways that people can maintain their independence. Just by simple things that they can do day to day. It doesn't have to be complicated, but you just have to pay attention to these basic principles. You wanna just keep on moving on a regular basis.

Now if you can walk if, and that's great. If you can exercise even better. Okay? And the exercise is beneficial for your overall health, for your heart health, for your strength, and for your independence. Stay socially active. And and that's meeting with friends, meeting with family, being active in the community.

Even if you're just being passive, being around other people and seeing what people are doing, then that's great. But you always take that opportunity to spend time with other people, engage in conversations, make those connections because that's gonna be good for you down the line for your mood and for your brain health.

And then, the last thing is do something to keep your brain active. Pick a hobby. Do something that you enjoy. Do something that you can get better with over

time. Keep yourself occupied and busy and that. Allows you to grow in so many different ways as well from this standpoint of your brain health.

If you take those basic principles, then you can really add a lot of quality to your years and you'll be working to maintain your independence. And these are, there's a lot of things that you can't control over your life. You can't control acts, you can't control violent exposures, you can't control your genes, you can't control your family history.

But these are the things that you can take control of in your own life, and it does make an impact. So it's worthwhile to pay attention to them.

Eddie Welch: Absolutely. It's good to know that we have a little control over, over this. Dr. Victoria, this has been fantastic. Thank you so much. And really kidding me aside, we're gonna have to have you back.

Just answer something. We get to the whole webinar, just answering the questions. I think. So clearly a lot of interest. Audience, thank you for tuning in. Forgive our technical difficulties there. Thank you for the grace that you gave us to get through that. I think we, we actually did just fine in light of everything, so thank you again.

This is something that we will do on a regular basis. Our. Relationship and partnership with Cleveland Clinic is just getting started. We're seeing many benefits or for our clients even our own employees have taken advantage of this. We're thankful for that relationship and we're gonna use that to, to, to your benefit.

There'll be, again, more of these to come. If you have suggestions on what kind of webinars you would like to see or who you would like to hear from the Cleveland Clinic. Pop 'em in the chat. We would love to hear that. Dr. Fto, thank you again for your time. Super interesting. We appreciate your expertise today.

Audience, thank you for tuning in. And this will this is recorded. It will be available on the website if you wanna go back and watch it again or send it to someone else. Thanks. Have a great evening everyone, and we'll we'll see you the next time. I know.

Speaker: Thank you.

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