



theDr.com™

Demystifying ‘Low-grade Chronic Inflammation’ Empowering Your Patients To Use More of Your Services

Every bathroom has a medicine cabinet. Why isn't it called a *'health cabinet'*? We all have been trained since birth that addressing the symptoms is done by taking the prescribed remedy. And when the symptoms have diminished, we've addressed the problem – *get on with your life*. Aldous Huxley is famously quoted as saying that *"medical science has made such tremendous progress that there is hardly a healthy human left."*

The WHO tells us there is a 10.3 year gap between lifespan and healthy lifespan (living without disabilities and diagnosed immobilizing disease).ⁱ What are we missing that the last decade of our lives has such suffering? Generation X and Millennials are suffering more than any previous generation.

One suggested goal in educating our patients is that there is no root cause of disease. There is a root mechanism – low-grade chronic inflammation not producing symptoms for years or decades, but 24/7 causing tissue damage, which eventually manifests as symptoms and the development of disease.ⁱⁱ

An example? Atherosclerosis is the most life-threatening pathology worldwide. Its major clinical complications, stroke, myocardial infarction, and heart failure, are on the rise in many regions of the world – despite considerable progress in understanding cause, progression, and consequences of atherosclerosis. Why is this still the #1 pathology in the world? The answer?

Originally perceived as a cholesterol-storage disease of the arterial wall, atherosclerosis was recognized as a chronic inflammatory disease in 1986.ⁱⁱⁱ The Clinician must now develop two separate and distinct lines of thinking:

- *How do I relieve the presenting symptoms*
- *Where is the chronic low-grade inflammation coming from and how do I identify and reduce the triggers of this low-grade inflammation?*

As comprehensive Health Care Practitioners, we all know the truth in these dual lines of thinking and the essential requirement of lifestyle change. Symptom relief is not enough to reduce the last decade of one's life with disabilities. To enhance long-term Quality of Life, we must educate our patients to explore the second question-where is the inflammation coming from?

Although age is the strongest recognized driver of multimorbidity (the presence of 2 or more long-term health conditions), **more people under 65 years of age are affected by multimorbidity than people 65 years or older.** There is a current pandemic very few are aware of. In the recent 4-year period, there has been a reported 407% increase in the diagnosis of mild Alzheimer's Disease in 30-44 year olds. In 4 years!^{iv} This highlights that multimorbidity is not just a feature of ageing.^v Generation X and Millennials are suffering more than any previous generation.

What is the one common link at the root of disease? An activated immune system producing low-grade inflammation. And when we think about it, we all would agree that yes, there has been a low-grade chronic inflammation fueling every degenerative disease, years before ever experiencing a symptom.

This presentation will show you how to create a deeper partnership with every patient, educating them on this paradigm-shifting approach to healthcare, encouraging them to get behind the steering wheel of their own health, and reducing the 10.3 year gap between healthy lifespan and total lifespan.

OBJECTIVES

- 1) Understanding how to guide your patients in asking more action-oriented questions.
- 2) Educating your patients on the necessity of a '*paradigm shift*' in how they think about protecting themselves and their families from excessive inflammation.
- 3) Recognize and understand current statistics on multimorbidity.
- 4) When to suspect multimorbidity
- 5) Tools to host Group discussions with your patients in-person or on-line on these topics of low-grade inflammation that accumulates over a lifetime.
- 6) Tools to identify low-grade inflammation.
- 7) Protocols addressing low-grade inflammation.

ⁱ Salomon, J. A., et al. Healthy life expectancy for 187 countries, 1990-2010: a systematic analysis for the Global Burden Disease Study 2010. *Lancet* 380, 2144- 2162 (2012)

ⁱⁱ Baechle JJ, Chen N, Makhijani P, Winer S, Furman D, Winer, Chronic inflammation and the hallmarks of aging. *Mol Metab.* 2023 Aug;74:101755

ⁱⁱⁱ Ross R. The pathogenesis of atherosclerosis—an update. *New Engl J Med.* 1986;314:488-500.

^{iv} EARLY-ONSET DEMENTIA AND ALZHEIMER'S RATES GROW FOR YOUNGER AMERICANS, <https://www.bcbs.com/the-health-of-america/reports/early-onset-dementia-alzheimers-disease-affecting-younger-american-adults>