

**Dr. Adrienne Youdim, Host 0:03**

Hi, this is Dr. Adrienne Welcome to Health bite the podcast where we explore all things health and wellness. This episode of health bite is sponsored by Dell nutrition, a line of functional nutrition bars and supplements. You can find out more at Dellnutrition.com. This week I had the pleasure of speaking with Dr. Sophia yen. Dr. Yen is CEO and co founder of pandia health, an online birth control and delivery company that was born out of her passion for making women's lives easier and preventing unplanned pregnancies. Dr. Yen comes with more than 20 years of experience in medicine. She's board certified in adolescent medicine. She graduated with a Bachelors of Science from MIT, and an MD from UCSF School of Medicine, as well as an MPH from UC Berkeley and maternal child health. She is also the founder of sheheroes.org as well, a female founded female lead in this conversation, she talks about her passion for women's health and women's well being and how it has led to teaching women about taking ownership of their reproductive health. Without further delay, let's dive into today's episode. Welcome back to health bite, our podcast where we dive into all things health and wellness. I'm so happy to be with you here today. Dr. Yen. Welcome.

**Dr. Sophia Yen 1:32**

Thank you so much for having me. I'm excited to share some reproductive health knowledge with your listeners.

**Dr. Adrienne Youdim, Host 1:38**

Yeah, well, this is perfect. Because at the time of this recording, we come at the first few days of March, which is dedicated to women. And so to focus on women's health, and specifically on women's reproductive health, which is something that you're so passionate about is totally timely and appropriate. Tell us first of all, a little bit about your current endeavors in pandia health and what that's all about.

**Dr. Sophia Yen 2:02**

Yeah, so about six years ago, I was giving a lecture to a bunch of physicians, why don't those pesky women take their birth control. And one of the top reasons was they didn't have it in their hand, they didn't have time to run to the pharmacy every single month at that proscribed one week ahead of time. Because if you go eight days ahead of time, and most of us run out on Sunday, so if you go to Sunday ahead of time the insurance company goes on, I'm not going to cover it, you have to come back tomorrow. And my friend and I at that time, everything was coming in the mail, and we're like, well, this can come in the mail. And we will target the 20 something and make it mobile make it you know, delightful throwing some free goodies every single month, set it and forget it, let pan do worry, so you don't have to. And then when we run ads for free birth control delivery, 60% of people that responded didn't have a prescription. And as an entrepreneur, I didn't want to run ads where 60% of my ads were not gonna be fruitful.

And as a physician, I can write birth control. And so thus Pangea health is born, the end to end solution for birth control from an online doctor's visit if you need it to the medication delivered to your door. So if you already have a prescription, and you have insurance to cover the medications, you pay us nothing. And if you need to use our doctors, it's \$20 once a year.

**Dr. Adrienne Youdim, Host 3:21**

So from an entrepreneurial mind, of course, you saw a problem and fulfill the need, which was being able to deliver a reliable birth control to women and not have to worry about intervening forces like time constraints and insurance constraints, which is definitely an annoyance whether it comes to birth control or other medications, but also from a physician's perspective. There is this aspect of health Of course, and well being when it comes to reproductive health. And so I'm curious what kind of took you in this venue of women's well being in health?

**Dr. Sophia Yen 3:54**

Yeah, so you know, growing up as a young reproductive age, female who wanted to be a doctor in the future was sexually active and was like, I can't get pregnant because it will destroy my future career. And so seeing the need for access to comprehensive sex ed, and confidential reproductive health services, I was like if I'm going to be an OB GYN when I go into medical school, and then I found adolescent medicine, which is a subspecialty of either pediatrics family practice or internal medicine, you do an extra three years of training to specialize in what I call Sex, drugs, rock and roll, a little acne and some sports medicine. And then being an academic I sub specialized in the sex part in preventing sexually transmitted infections, but preventing unplanned pregnancies. And then I stumbled upon a new concept that I'll present to you all now, hashtag periods optional. Realizing that you can use birth control, not for birth control, but hormonal treatment that anybody with a uterus who's bleeding one week out of four We now have the technology to make it such that you can bleed whenever how often you would like to bleed. So if you, like me don't like to bleed every single month, and would like to bleed every three months, six months, or never, we can now do this with the IUD with hormone the implant the shot, the ring, the patch, the pill, more reliable with the estrogen progesterone methods of the pill patch ring, but definitely can be done with the progesterone only methods as well. And it decreases your risk of endometrial, ovarian and colorectal cancer.

**Dr. Adrienne Youdim, Host 5:34**

Talk a little bit about that, because I think the concept of suppressing periods may come across to some people as quote, unnatural, right? Like this is how our bodies were made. We're supposed to have periods every month. And so there may be some reluctance in altering our cycles in a way that would do that. So can you talk about

maybe some of the misconceptions around that. And then I want you to dig a little bit deeper into the health benefits.

### **Dr. Sophia Yen 6:00**

So I thought I came up with the idea in 2006. When I was trying to get pregnant, I realized the only reason that those of us with uteruses bleed is we didn't get pregnant that month. So conversely, the only reason we build up that lining of the uterus rich full of blood every month is embryo or baby, oh, okay, no embryo baby bleed, and then we build it up again. Oh, embryo baby, no bleed. And we do this in the United States on average, from age 12 to 26. Or for those of us who had to go through med school and add more education 35 or took a while to find your significant other, we pop out to babies, and then we bleed on this side as well. And every time we build that lining, we risk endometrial cancer, because you can have a mutation every time we pop out an egg. And we don't know if it's the popping or the healing or the tube or something. We risk ovarian cancer. And it's actually unnatural how many times we are growing and shedding and growing and shedding and popping and bleeding and popping and bleeding compared to what is natural. And so the research I have to present to you is Dr. Beverly Strassman studies, the Dogon tribe in Mali, Africa. And this is not hundreds of years ago or 50 years ago, this is now and the women there have 100 periods in their lives. We have in the first world countries and they don't die earlier they died the same age we do we have 350 to 400 periods because they start their periods at 16. We start our periods at 12. They have more importantly, and eight or nine children. So they spend eight or nine years pregnant. We have two children, how many periods you have when you're pregnant? Zero, they breastfeed exclusively for 12 months. How many periods do you have when you exclusively breastfeed? Zero, so another eight or nine years of breastfeeding without periods, we breastfeed for 03 or six months. So in summary, 100 periods is more natural 350 400 is unnatural over here incessantly pregnant or breastfeeding, not saying we should be that way. But if you want to talk about natural, and then over here, 350 to 400 periods. So we have three and a half to four times of what is quote, natural. And by having fewer periods, the medical benefits. The number one cause of anemia. In a menstruating woman, you remember this or med school is menstruation. That's what we asked all our medical students as they go through ob gyn rotation, what's the number one cause of anemia menstruating woman and we gave you the answer and the question, menstruation, the number one cause of miss school in work under the age of 25. Not in some third world country. But here in the United States is menstruation bad evil cramps and pain every time I give this talk to a room of 30 people, three women will come up and say, Oh, my periods are horrible. Should I tell my team or you know, what should I do? And I'm like, aren't you the CEO? Don't you have insurance, maybe you should go talk to your doctor about this. And certainly you can start with ibuprofen, 600 milligrams with food. Otherwise, you'd come up with an ulcer and make sure you don't have any kidney problems three times a day

for up to five days. And that will decrease the blood by 30%. And if that fails you then it's time to go talk to a medical professional. And just because it runs in your family doesn't mean it has to be so a lot of people like oh, everyone in my family has this. But just because everyone your family is rolling around and pain and bleeding like stink does not mean you have to go through that as well. But what's even more impressive is other medical conditions that would be better without the monthly bleed and the reason why is in order to do the bleed, our hormones go up and then they go down and our hormones go up and then they go down and on the birth control pills patch ring. Your hormones are up for three weeks and then you drop them but this week is totally optional. You can take this week off every three months every six months, or never and so the things that will benefit from a smooth hormonal level you can imagine are a lot of things. One of them that absolutely surprised me, asthma. And so as my has catamenial, which is with every bleed, exacerbations, depression, also menstrual migraines, if you get rid of menstrual the bleeding, then you won't have the migraine that is associated with it. A lot of migraines in and of themselves are exacerbated by having a period. So if you notice any health problem, and your life gets worse, with bleeding, or leading up to bleeding, or after bleeding, if we eliminate that bleeding, we eliminate that precipitant and diabetes. So diabetes is all about tight hormonal control. But if you're doing up and down and bleeding and using energy loss, that's going to mess up diabetes, seizure disorder. Again, it's all about maintaining a stable level of your drug and if your internal hormones are going up and down, again, not so good for seizures, infectious disease, that's more in third world country developmental delay, you can imagine if you have the brain of a five year old and you have blood coming out of your uterus, then you're like, Oh my god, I'm dying, or Oh, this is some cool fingerpaint then I get a spread around. And then military mobilized personnel. If you are running away from attack dogs that are sniffing you, the person without a uterus is going to be fine. The person with the uterus and bleeding will leave a trail that this attack dog can hunt you down. And also where do you dispose of your menstrual products? You know, the astronauts are having this problem too. And also academic performance. I was a pre med MIT biochem final, all sudden, blood and oh my goodness, do I finish this exam? Or do I like run to the bathroom? And the answer if you're pre med, you finish the exam, but was a little distracted? Definitely. I look to my left I look to my right to non uterine bearing people and they're like doo doo doo doo doo doo doo doo doo.

**Dr. Adrienne Youdim, Host 12:00**

I think your point though, towards the precipitating factors with men sees so there's so many people who have migraines related to periods and so many people who have not only cramps but the the mood disorders is another one. premenstrual mood disorders or depression is a really in addition to you know, all the other things that you mentioned such a compelling reason. Can you mention though, at what point is too long, too long, so physiologically speaking, at what point? Do women really need to have a menses in

order to shed that uterine lining so that they don't run into, you know, too much thickening or hyperplasia of the uterus? What is your guidance there,

**Dr. Sophia Yen 12:43**

the research has shown that you know, you can go out to a year and not have any problems. And so you could either schedule a bleed every three months. And I want people to know you don't have to use the pill that's designed for the three month latest ask your physician to write skip placebo, and make sure they give you 17 packs a year instead of 13 packs a year, you know, inevitably you will mess up either you will experience breakthrough bleeding on your own at three months, six months or nine months. Or if you're lucky, or you may not experience any but inevitably you'll forget three days in a row. And if you forget three days in a row are often when I go traveling, Vegas, Hawaii, New York, or wherever I forget to bring my pills though, I've now learned and taught hopefully, my patients to carry extra pack in your travel bag so that you always have one in case, if you miss three pills, you will bleed. And then I say just stop for five days. And then on day six, whether or not you're still bleeding restart, because they've actually shown that the original pill had seven days off, but the original pill was 100 micrograms of estrogen. And now we're down to 30. For those 30. and above, we can go down to 20. But they'll see escape ovulation on day five or six. And so you'll see the newer pills only have four days off instead of seven. And if you have a higher body mass index a higher weight compared to the average, then you have a greater risk of this escape ovulation and therefore pregnancy but also just ovulation if you have PCs, you don't want to ovulate.

**Dr. Adrienne Youdim, Host 14:15**

Yeah, I want you to talk a little bit about BMI and some of the other factors that people should consider with birth control in terms of you know what they may have to watch out for efficacy wise or otherwise,

**Dr. Sophia Yen 14:29**

as the CEO of the only women founded and women LED, but particularly doctor led birth control delivery company, as long as I'm CEO, we will always tell people what's best for your health, even if it doesn't benefit our bottom line. And as an academic physician, I've written 2000 birth control prescriptions over two years, and I've looked at ethnic differences in response to the birth control and I've discussed it with my colleagues across the nation. I think those of us who are people of color, forget that most of them Medicine is based on the 70 kilo white male, but I don't know what they did for the birth control pill, but it wasn't people of color. And so we were always taught, I don't know if you were taught Dr. UDM, as well, nor adjustment is the go to progesterone for your birth control pill. And I as an Asian American had tried it. And then I had to go through two or three other birth control pills until I found one that worked.

And then as I got into the birth control field about six years ago, intensely, I looked at the science and the research and I found that desmo gestural has about the same efficacy but less breakthrough bleeding, and had worked for me. And then we tested it in Asians blacks, Latinas, and it works better for them in terms of breakthrough bleeding. And so the only people I put an adjustment on now are Caucasians that want to bleed every month. But everybody else we start up on desert gestural. And so what I want your listeners to know is that if one pill fails you there are 39 other pills, but at the very least note the progesterone because there are eight different progesterone. And if you don't like this progesterone, there are seven other progesterone that you can try.

**Dr. Adrienne Youdim, Host 16:09**

So there's breakthrough bleeding, which can be a consideration. What are other features that commonly people complain about with birth control that can maybe be mitigated by switching to a different one?

**Dr. Sophia Yen 16:21**

Yeah, so research has shown any birth control pill if you have hormonal II related acne works. However, if you look and study, there are the androgenic effects of the progesterone and the ones that have a higher androgen density are more likely to give you zits, acne and more likely to mess up your lipid profile. So to give you a low HDL and an elevated LDL, and so you want to choose a lower androgenicity. The problem is sometimes he will go oh well I have decreased libido though I don't find that in my 20 something patients more my older patients, but then in order to increase the libido, we have to increase the androgen density but then you have a higher risk of acne or bad lipids. The bad lipids isn't that significant, but the acne can be irritating and some of the older ones leave Verner gestural nor gestural norethindrone have more of the angiogenic kind of side effects. And we actually if you google pandia, health, how to prescribe birth control we have how to problem shoot some of the most common side effects and then I have an Excel spreadsheet that I've published in a publication. But I've also put up updated with all the drugs listed by androgynous city and then progestational effect and the progestational effect is for the breakthrough bleeding. One myth I want to dispel is do birth control pills make you gain weight. If you take 100 women and put them on the birth control pill and 100 women not on the birth control pill, the 100 women on the birth control pill on average will weigh a pound less not a pound less every day every week. So it's not a weight loss, magical thing. But the people over here not on birth control are bloating up and bloating down and bloating up and bloating down. And so they on average, weigh one pound more. So in general birth control pills do not make you gain weight. But each individual responds differently to different progesterone. So if you're on a particular progesterone, maybe it will give you the munchies and it's how you respond to the munchies. Specifically, the birth control method Depo. provera, is famous for munchies. And so if you're like me, I love

everything sweet donuts, cupcakes, ice cream, dessert, you name it, I will eat it, then you will gain weight on that method unless you switch to diet soda, or fruits and you know, lots of vegetables, less carbs, stuff like that.

**Dr. Adrienne Youdim, Host 18:43**

So it's important, I think, to just highlight a couple things that you mentioned, which is the variability in response right to the different types of birth control, and to recognize that you can target your particular disposition or interests. So if libido is a factor or an issue that you're dealing with are interested in managing having a birth control that has more antigenicity or more kind of male dominant hormone profile, as compared to somebody who's primarily concerned about facial acne wants the opposite, something that has less of that male dominant hormonal profile, and that there can be variability with the weight issue. But also you mentioned the breakthrough bleeding and is there any information on efficacy in terms of preventing pregnancies in relationship to excess weight?

**Dr. Sophia Yen 19:33**

Yes, thank you for bringing me back to body mass index, anytime your body mass index is greater than 35. All of these methods were made for quote 70 kilo male but not it was probably a lesser 55 or you know, 60 kilos female that it's based on and so if your BMI so everybody that's on birth control, anybody with a uterus should be my calculator, find out your BMI, and know that if your BMI 35 or greater than most of the methods will fail you except for the IUD and the ring I believe are better. But even the ring has its limitations. I would say the IUD and the implant are probably the ones that are okay with the higher BMI. And then particularly for anybody using emergency contraception. I just surveyed 100 female physicians last month, and I said, Are you aware that if somebody's body mass index is 26 or greater Plan B, and its generics do not work, and 89% of them did not know that. So I want people to know that there are four forms of emergency contraception. The most effective is the copper IUD and the New England Journal just put out one that the hormonal IUD which I much prefer can also be used for emergency contraception. But the copper IUD in general, if you're just using it as a birth control method, more blood, more cramps, but if you're a person who doesn't feel any of your periods and bleeds very, very lightly copper IUD is great. But if you bleed like stink, not the copper IUD, if you feel every cramp through your uterus, not the copper IUD, but anyway, for emergency contraception, though, I would use it because it's 99.99% effective.

**Dr. Adrienne Youdim, Host 21:10**

How does the IUD work when it's being used for emergency contraception,

**Dr. Sophia Yen 21:14**

so the copper ions affect the sperm, they don't kill the sperm, but they paralyze the sperm and doesn't allow them to move. And so it's almost side over Seidel. And so you can imagine it probably could, you know, terminate as well, a one celled organism if the sperm and egg where to hook up.

**Dr. Adrienne Youdim, Host 21:31**

So they insert the ID in is meant as a means of long term birth control, but also emergency contraception.

**Dr. Sophia Yen 21:38**

The thing is, they've done surveys at 10% of women showing for emergency contraception, would accept the copper IUD and who better to put a 10 year long birth control pill and then somebody who had an oopsie, because if you had one oopsie, maybe you're gonna have another oopsie. And as long as you're here, let's set you up. And it's absolutely reversible. So if at any time you want to remove it, you could have it removed, because a lot of people are concerned no 10 years, I don't want to do 10 years now, it's up to 10 years, the second most effective emergency contraception, the one that if you haven't recently been educated, or your physicians aren't very proactively into birth control, because there's so many things for doctors to know. And remember, is Ella, it's a prescription emergency contraception. And under the Affordable Care Act, no copay, no deductible, aka free if you have insurance. And it works better at every time point. And it also works for people who have a BMI of 26 up to a BMI of 35. Once your BMI is 35, your only option is an IUD for emergency contraception. And then the third, second to last most effective emergency contraception is Plan B, and it's generics. And so again, if your BMI is 26 or greater, that doesn't work, you theoretically could double up on it. But why double up and take a lesser efficacy when you can go with prescription Ella and I want people to think about emergency contraception like a fire extinguisher, you ask for the one with the farthest expiration date. And it just sits in the corner in case of an emergency. If the condom breaks, I want that medicine and the person with the uterus his mouth if it kind of pops at 3am I want the medicine in the uterine bearing person's mouth at 310. I don't want to cuddling snuggling, waiting to the morning after because if at any time that person with a uterus pops out an egg, a lot of these methods won't work that copper IUD will, but the other methods are mainly blocking that egg from coming out by telling the body she's pregnant. Why would you want to pop out an egg.

**Dr. Adrienne Youdim, Host 23:34**

So timing is important, I think to go back to the point of the BMI. And for people who don't know their BMI might be worthwhile to just say that you can google BMI calculator, type in your weight and your height. And it's basically a construct that gives you a number. And BMI is calculate the degree of excess weight. So anything over 25 is

considered, quote, overweight. And there's limitations which are beyond the scope of our conversation. But over and over 30 are obese, but 67% of the population does have a BMI of over 25. So that is something that's important and something that each person can calculate on their own.

**Dr. Adrienne Youdim, Host 24:14**

So I wanted to shift a little bit to talking about in terms of contraception and reproductive health and overall not just health of women, but also well being and maybe if you can speak a little bit in terms of access to contraception.

**Dr. Sophia Yen 24:34**

I am absolutely passionate about those of us with uteri and women and young girls empowerment. I co-founded she heroes. my sorority sister actually dragged me in, and it's free online videos targeting third to eighth graders and boys and girls can watch the videos to highlight women in jobs where we're generally underrepresented. Because if you can't see it, you can't be it though. Certainly many of us have been things we couldn't see. But with help to see someone who's done it to know that it's possible. The other organization I've now found it on the other side is what female founded female lead full Co. So we want the Sky Full, we want our heart full, we want the glass full, we want the table full, and it's not full unless women are participating. And the idea of F F F I co female founded female lead CO, is to increase consumers awareness that if you have two companies, please choose the one all things being equal, that is female founded in female lead, because only 3% of venture funding goes to female founded female led companies. If you look at the fortune 500, very few women have broken into that in terms of women's health, I want people to think about birth control, not as birth control, but as hormonal treatment. And I have a proposal to physicians that we no longer call them OCP oral contraceptive pills, but we call them EP estrogen progesterone pills, and that they can be used for treating painful horrible periods, endometriosis, polycystic ovarian syndrome, acne, but also taking control of how often and when you bleed so that your young person can be competitive. And as an adolescent medicine specialist, you can start allowing a person with a uterus to choose when and how often they bleed two years after they get their first period. Because if you throw estrogen sooner, they might lose an inch or two of their height are theoretically even six inches of their height. And so I have short Asian daughters that I want to maximize height. So two years after they get their period, I will give them the option to choose how often they want to the point of pandia Health is to bring birth control to women in the United States, wherever you have internet in a mailbox, and we provide care, convenience and confidentiality. And so these are barriers for women having I actually coined the term pill anxiety. And when you think about it, you imagine three weeks of fills and then that last week, and if you don't get to the pharmacy, there will be a dire consequences. So for women's wellness, we have this subliminal nagging, you

got to get to the pharmacy got to get to the pharmacy, but don't get to the pharmacy, something very bad will happen every single month for 30 years of our lives, which I call pill anxiety. And we should just be able to set it forget it should come in the mail autopilot. And that is really why we created panda help. The other part is confidentiality. I hope for the day that we can ask our customers do you want your packaging confidential, or confidence. And I'm hoping that they can default to confident but right now we're doing confidential. But you can see even in Silicon Valley, or even New York if I walk into a pharmacy, and then my boss walks in after me, what are you doing here, Sophia, and I should be proud and be like, I'm taking care of my birth control. I'm not having babies when I don't want to have babies. But also I'm increasing my productivity not by not bleeding every single month and randomly hit with blood and being distracted and in pain. But a lot of people aren't as confident as you and I. And a lot of people aren't in liberal places where we freely can talk about birth control. And even in liberal places, very rarely does anyone talk about their birth control. And so allowing this to just come in the mail where you won't be slut shamed by the pharmacists who's like, oh, Sophia, you here again for birth control. And then chatty. Nancy tells the whole village why you were at the pharmacy.

**Dr. Adrienne Youdim, Host 28:28**

I like the concept of using reproductive health and also the gender differences in health as what means to kind of change the narrative around women's empowerment. And I think that's a unique angle, but something that I think really resonates. So I appreciate this conversation. I think you've brought a lot of great pearls. And in addition to Pandia Health I'm really interested in she hears that org I do have two daughters. So I'm excited to share that with them. Thank you for your time and your information and your passion in promoting all things around women's health and well being. Appreciate you.

**Dr. Sophia Yen 29:09**

Thank you so much for having me and having this ability to share.

**Dr. Adrienne Youdim, Host 29:13**

I hope you've enjoyed this episode and are inspired to take a small bite towards your own health and wellness. If you love what you heard, please subscribe on iTunes and Spotify or anywhere else you podcast and share us if you're looking for more info you can find lots of content and sign up for my newsletter at [Dell nutrition.com](https://dellnutrition.com). There you can learn more about me and my curated line of supplements and functional protein bars. Thank you for listening, and I look forward to seeing you again next week.

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