

Felicity Huffman joins Dr. Kipper to talk about Breast Cancer and Hyperhidrosis

Peter: [00:00:31] Welcome to Bedside Matters, the podcast that addresses the medical issues that impact all of us every single day. We'll hopefully give you the answers you're looking for so you can be more informed and healthier. I'm Peter Tilden, one of your hosts. Anna Vocino is out today, but Dr. David Kipper is here. And, David, we have a very special guest. May I introduce...

Dr. Kipper: [00:00:49] Please, yes, we do.

Peter: [00:00:51] Felicity Huffman is joining us. You've been a friend of David's for a long, long time. So I'll let David kind of take over here. And he does have the medical degree.

Dr. Kipper: [00:00:59] First of all, I'm very, very appreciative that Felicity agreed to join us. And I think there are some interesting things medically that we can talk about. And one of the things that we've been talking about from the beginning are how our genetics impact our lives and our families.

I have the pleasure of knowing Felicity for a while, and I know there are some genetic issues that run in her family, and I would like to start with that, if that's okay with you, Felicity?

Felicity Huffman: [00:01:29] Yes, let's talk about, genetics and what you inherit from your mother and your grandmother and all that sort of stuff.

Dr. Kipper: [00:01:36] So, one item that we've dealt with in our lives together has been breast cancer. And I know breast cancer can run in families. Breast cancer does have a direct lineage, especially if you have one family member with it. If you have somebody in your family that's had breast cancer at a young age, that's a particular problem.

But the genetics of breast cancer extend into a third degree relative. So it can be a cousin, doesn't have to be a parent or a sister. It can be a cousin. So the genetics here are pretty strong. We all know about these bracket genes. And we know that there are some things that we can test for. But, if you're comfortable, why don't we talk a little bit about your family and your story with this?

Felicity Huffman: [00:02:28] Sure. I am one of eight kids, seven of which are girls. So my mom and dad had seven girls or one boy, and two of my sisters have breast cancer. And, David, you walked me through two cancer scares for myself, which your bedside manner – you just took such amazing care of me. It's been something that I've been aware of. And because of my two sisters, something that I've had to monitor closely.

Dr. Kipper: [00:03:00] There certainly are other things that can provoke breast cancers, and the percentage of people that have breast cancer from a family member is actually maybe 10, maybe 15%. So there are a lot of other people that get breast cancer. But, if it is in your family, you do have a much higher likelihood.

For those of you that have relatives with breast cancer, don't be shy. Go in, get tested, get your mammograms, get your ultrasounds. I would also encourage you all to get MRIs because you can miss a breast cancer on just doing a mammogram. I think I've shared

this with everyone that my wife specifically had a breast cancer that was picked up on an MRI, but was missed on a mammogram.

So the trifecta for diagnosing breast cancer and for getting your regular breast imaging is an MRI, a mammogram, and an ultrasound. Insurance companies are not generally very kind about paying for this, but, if you're high risk, you might have better luck.

And fortunately for Felicity, she's come out okay, but she's going to have to be continuously monitored for this. You can also be at risk, this is interesting I think, if the first cancer in your family comes down at age 60, not in your 40s or 50s, but if it comes out when you're older and post-menopausal, that is still a risk for all the younger members of the family. So pay attention to that. We dealt with another very interesting condition in your family.

Felicity Huffman: [00:04:41] Can I ask you a question about that before you go on? Because I know for me, you had said that I should get a mammogram and, then six months later, an MRI, and then six months later a mammogram. And I should do the ultrasound with the mammogram. Is that the sort of protocol that you would say for someone who is high risk? I mean, because it's always nice when someone goes, it's great to get an MRI and you go, how often?

Dr. Kipper: [00:05:08] A very good question. For you, specifically, when we're monitoring somebody that has a known lesion that we're following, that may not be cancer, I mean, there are other things that we find on these tests that are not cancer, so if someone's high risk and we're monitoring somebody for these other lesions, then imaging every six months, it's a really good idea. And then you can mix up which imaging study you want to do.

If you have never had an identifiable lesion and you're just doing this from ground zero, ground zero should be the trifecta. It should be the MRI, the ultrasound and the mammogram. If all of those tests are fine, even though you're high risk, you can wait the year. Because, again, most of these are slow enough growing that you will, you'll find it, a year later. But if you're being monitored for something that is suspicious, then you do have to break those tests up a little bit.

Peter: [00:06:06] David, can I ask something about what Felicity just said? In my mind, you're going, this a trifecta. But for the average woman who just goes for the mammogram and doesn't know how sensitive or non-sensitive it is, and it misses stuff that the MRI picks up, what percentage is the mammogram? Like is it doing an 85% and missing 50? Do we know?

Dr. Kipper: [00:06:26] The combination of the mammogram and the ultrasound is very good. It's very likely to pick things up. But there are tumors again that evade that. And again in a family, my wife in particular that has several family members that had breast cancer, she was certainly someone from the beginning that we needed to follow very regularly.

And the majority of these cancers, Peter, to your question will be picked up by a mammogram and ultrasound. But, Peter, to your point, which is really interesting, men get breast cancer. So for every 100 women that get a breast cancer, there's one man that will get a breast cancer and they present a little differently. They usually present with a little

nodule under the nipple. It can be a little further away, but they're usually something that they feel in the shower.

They're not as excited to go get a mammogram, and nor will you ever speak to them again after you referred them for a mammogram...

[laughter]

Dr. Kipper: ...Because it's a very difficult test in a woman that has breasts. So, if you're looking at a man that has very little breast tissue, and you're squeezing that together, it's a really difficult procedure. But, for men, if you have women in your family that have breast cancer, you are at a higher risk. And vice versa for a woman, if you have a male in your family with breast cancer, you're at higher risk. So it's something that that you really have to pay attention to.

Felicity Huffman: [00:08:02] David, how did you know that your wife needed to get an MRI? Was it just part of her yearly, or was it, were you sort of like, well, now that you're over 50 or when did you begin?

Dr. Kipper: [00:08:14] The minute I met Chanel I began with this because she had such a strong family history. And so originally we did all three tests and then I would mix and match. But every year I made sure she had at least a mammogram and an ultrasound. And every other year – I was actually doing her MRIs every 18 months. And then in between those 18 months, I was doing the other tests. But she was such a high risk that it was clear to me that we needed to get into this early.

Another genetic condition, which is not all that common, but actually does affect maybe 5% of people, is hyperhidrosis. And that's a condition that Felicity and I have discussed. It can run in families. And when it does, you then have to check your other relatives. But this is a condition that you see on the surface. This isn't something you go digging at with tests and imaging studies and blood tests.

Hyperhidrosis is excessive sweating, and it's excessive sweating on both sides of the body. It's most common in the palms of the hands and the soles of the feet. And this comes on usually at a young age. And it's horrible. It's emotionally destructive. When it hits the teenage years, you're looking to have relationships with the opposite sex. You can't shake somebody's hand. You can't have a paper that you're writing or reading without soaking it.

So there are a lot of really uncomfortable things that come from this. And, at a certain point, people just get fed up with this and they just can't do it anymore. And there are several treatments out there. Botox is out there. Botox lasts for a little while. There are lasers that we're now using. There's surgery that can actually fix it. And it changes people's lives.

Felicity Huffman: [00:10:21] Yeah, I wish I had listened to you earlier, David. My mom had it. It was like, do you remember that Narnia character, that C.S. Lewis character named Puddleglum? He was like part Marshwiggle. He was a Marshwiggle. And his hands, he was just always sort of wet.

My mom was like Puddleglum, but one of my daughters had it and I kept sort of pooh-poohing it and going, oh gosh, it's all right. No, you can't get surgery. No, you can't do

anything. And, to David's credit, she finally went to him, and went I can't do it, because she couldn't hold papers, like you said. She wouldn't hold hands. It was just, it was finally when she called me up in tears in her 20s, she went, I have to get something done.

And I finally went, all right, we'll go with David's suggestion, which he had made years earlier. And she just had the surgery and it changed her life. I know something as simple as your hands are dripping, you wouldn't think it changed her life, but it has changed her life.

It changes how she uses her body. It changes how she is around people. And it's a fairly simple surgery. And you found us that great surgeon, David, I can't remember his name. And he came in and really opened my eyes when I was just taking Sophia to the surgery, he said, there's so much shame associated with this thing, and people can't help it because they think there's just something wrong with them. You know, I'm nervous. It's social anxiety. I've got to meditate. And he said, no, it's a medical condition. No shame should be on it. You can just get it dealt with and it's super easy.

Peter: [00:12:02] Can I ask you, Felicity, how did she navigate all of those years? You know, you have to hide stuff. What did she do? You are now, in retrospect, oh, that's why she did that. Oh, that's why she did that. But it must have been conscious every day planning. I'm going to be here. I have to do this. What was that like? That's got to be insane.

Felicity Huffman: [00:12:23] It is insane. And you're right, now that I look back, I go, oh, that's why she sits like this. And she sits a certain way, and that's why she wears those kind of clothes, so she can put her hands on her pants and have them be absorbent. And my daughter's an actress. And that's why she moves that way on stage and uses her hands that way on stage. And, you know, when she meets a new group of people, she has her hands in her pockets. It really affected her.

Peter: [00:12:51] Is she relearning how to behave because she's had 20 some years of when somebody comes in, your hands are in your pocket. Does it change it? Change your behavior?

Felicity Huffman: [00:13:02] Yeah. She did. She said she keeps waiting for it to come back. It keeps being like that phantom thing of here it comes I have to hide my hand. And the surgeon who did her surgery brilliantly said, it's going to be phantom sweating, and you'll have this anxiety of it's coming back, it's coming back. So, yeah, her perspective is certainly changed in terms of how she greets the world.

Dr. Kipper: [00:13:26] There is a nuance to this surgery, and that is that when they oblate the nerve that's responsible for inciting these sweat glands, and it stops in the palms and it stops from the soles, there may be some hyperactivity in the nerve root below it or above it. And you may then get some sweating in areas like the chest. It's never as bad. It's not in any visible area. But that can also happen. But the people that have gone through this are willing to take that risk because their day-to-day life is so impacted otherwise.

Peter: [00:14:04] Felicity, I've got to ask you, was this one of those like, "I can see again, I can see again!" Was the surgery, it's over, she wakes up and goes, "Oh my God!" Like it was instant?

Felicity Huffman: [00:14:14] It was instant. I mean, she woke up and went, "Feel my hand, feel my hand." And then, you know, I wheeled her out and she just kept going, "Okay, I'm going to get in the car, feel my hands." And when she reached for the car door, she was like, "Oh my God, this is such a different experience."

And, you know, they said, David, I don't know if this is right, but, and it's also made me feel better about fixing it. The surgeon said that the nerve is damaged already, which is why it keeps sending out messages to sweat. And so they just go in and they don't even cut it. They just sort of clip it. Is that right? A partial clip. They don't do away with it completely because then you do get a lot of sweating in other areas. But when they just sort of clamp it, then it seems to have more a balanced effect.

Peter: [00:15:04] Incredible. After what she suffered for that long, and then, all of a sudden, see ya later!

Felicity Huffman: It was so simple.

Peter: What's interesting is, as a mom, that you pooh-poohed it because once you put your toe in the water, then you've got to deal with it in a big way. And you find out maybe it is surgery, which is a word you don't want to hear for your kid ever, you know, start making deals with God.

Felicity Huffman: I know.

Peter: So I get it, you know, you kept it at arm's length just because you didn't want to anticipate where it could go.

Felicity Huffman: [00:15:31] Yeah, it just seemed so extreme. And, you know, I wasn't educated about it, which is my bad. You know, I should have been like, wait a second once David said years ago said hyperhidrosis, which I thought it was just sort of like put the word anxiety and add water on it.

I was like, you're just anxious. I wish I'd done a little research. And then I kind of actually supported her. But, you know, you're right. I was like, wait, surgery? That's really serious. It's just my mom dealt with it her whole life. You can deal with it.

[music]

Peter: [00:16:48] Can I ask you something about personality and character? Because David is all about brain chemistry. And how brain chemistry controls our behavior to a large extent. I laugh, because I saw that it was 15 years that you dated your husband on and off, and you had a reasonable explanation, as I recall.

Number one, you said the man's currency goes up, women's currency already goes down. And I wasn't ready necessarily to have my currency go down. Plus, I think then you gave statistics on first marriage, second marriage. So obviously you're not a spur-of-the-moment type of person.

[laughter]

Peter: So, David, I've got to ask, what if you're in the overthinker box, as am I? Okay, I'm still thinking of decisions from eighth grade that I should have made. But, David, is that serotonin? What is the brain chemistry involved in that?

Dr. Kipper: [00:17:33] It's a serotonin imbalance. And these neurotransmitters, the dopamine and the serotonin, when they become imbalanced, certain behaviors come out. So, as you said, Peter, overthinking things, going into the weeds, on solving a problem is very much an issue with serotonin.

Peter: [00:17:51] You're nodding. You're nodding. That's you?

Felicity Huffman: [00:17:54] Yeah. That's so me. I have a serotonin imbalance? I'm going to learn so much.

Dr. Kipper: [00:17:59] Do you want some other bad news about something going on?

Felicity Huffman: [00:18:01] Yeah, yeah. Tell me.

Dr. Kipper: [00:18:03] So, people that have a serotonin imbalance...

Felicity Huffman: [00:18:07] Are really pretty and thin. But anyway, go on.

Dr. Kipper: [00:18:08] Yes. We're all hybrids, by the way. We all have imbalances on both sides, but there's generally a predominance of one. So here are some behaviors that go along with this serotonin imbalance. Social anxiety is a big one. This idea of solving a problem down to the nth degree is a problem.

The dopamine imbalanced behaviors are the opposite of this. So someone that has a dopamine imbalance has no social anxiety. These are people that are looking for stimulation. They thrive on arousal and input. So if you're going into a new social situation where you don't know anybody, the person that has a serotonin imbalance is hiding under the covers. The person with the dopamine imbalance is getting dressed up and can't be more excited. So that's another one.

The way we deal with anger has to do with our neurotransmitter imbalances. So people that are imbalanced in their serotonin hold their anger in, until they don't. But, generally, you don't know if they're mad. Somebody that has a dopamine imbalance is riding along next to you in a car on the freeway with a gun pointed at your head. So, you know when the dopamine imbalanced is angry. Serotonin imbalanced people, as I said, hold it in.

Serotonin people are not risk takers. They're very risk averse, whereas someone with a dopamine imbalance, because it's a chance for arousal and stimulation, they're far more on the dopamine side of the equation.

You see somebody jumping out of an airplane with a parachute on their back, their serotonin levels are just fine. It's their dopamine issues that are the problem. There are a number of different behaviors. The way we eat, people with serotonin imbalance eat to soothe, people with a dopamine imbalance eat to stimulate.

So you have people that have a dopamine imbalance and they stay up late and they're eating into the night. They stay up because they don't want to miss anything. Whereas a

serotonin imbalanced person, they both can get fat and overweight but for different reasons.

Peter: [00:20:28] Does that resonate?

Felicity Huffman: [00:20:29] Yes. I actually want you to do a little worksheet because it makes me feel so much better. Again, much like the hyperhidrosis, you think it's a character flaw, as opposed to just I have a serotonin imbalance.

You know, I thought it was just that I'm a... and I am, you know, my ability to hold a grudge is... I'm like, "A thousand years ago, you did this."

[laughter]

I'm risk averse. I mean, literally my poor husband. Literally, we take, we're like, let's go on a weekend away. And we just pick a place and we're driving up to the hotel and I'm literally like, "No, no, I don't like it here. I don't like it here. Keep driving, keep driving."

He's like, "Wait, the valet is at my door." I'm like, "No, no, just keep driving." I mean, like my poor husband has to put up with it all the time. He's like, "Can we can we just make a decision and stick with it?" Seriously, I want you to make a little worksheet.

Dr. Kipper: [00:21:26] Well, I'm going to I'm going to do better than that. I'm going to send you for free a \$26 book that will explain all of this to you.

Peter: [00:21:36] David's book Override is fascinating. If you will blow your mind every chapter.

Dr. Kipper: [00:21:41] It's an explanation for why we behave the way we behave, which is all based on this brain chemistry. You see this in normal behavior. You see this in addictive behavior. You see this in every behavioral malady that we try to treat. And, again, I think what's interesting about this, which is what provoked me to do this, is that you blame yourself.

People blame themselves for being different or for not being able to express their anger or not be able to take a risk. Or, on the opposite side of the fence, you know why I said that I'm willing to jump out of an airplane when I can kill myself. And why is it that when I get angry I can't control my anger? Why can't I count to ten as everyone's been telling me to do? So the book will go into that.

There's a little test in the book. I think we just gave you the test. But there's a little test in the beginning of the book. It's very simple. And it will identify whether you are more on the dopamine imbalanced or serotonin imbalanced side. And then in the book, we go through all these different things that we do behaviorally and how it affects our relationships. I know Bill well, and I have a feeling that Bill is on the other side of the equation.

Felicity Huffman: [00:23:05] He totally is. That's my husband, Bill. He's totally a dopamine guy. He's walking into a party and he's like, "This is awesome."

Dr. Kipper: [00:23:12] Yeah.

Peter: [00:23:14] And I'm with you. I am so like, what I do for a living is very out there. And yet at a party, people think I'm stuck up. I'm standing in the corner and somebody converses with me, I'm so happy, so happy to be talked to. And why would you talk to me? There's no reason to talk to me. I've never really sat back when David's done this and gone, wait a minute. When I explode, explode. But I hold it all in.

And when you said the grudge for 800 years. Oh, yeah, oh, yeah. Mine are Paleolithic. I mean, they go back to the first upright man and finding of fire. You know what I mean -- that bastard!

So, you can't help it, you think you're going to change it. So you consciously say to yourself, "Oh, yeah, starting tomorrow." I got all these lists because I'm a list maker and nothing gets done. "So, all right, tomorrow I'll do it." Well, no. Tomorrow really? Starting tomorrow, Mister. So it's so powerful.

Dr. Kipper: [00:24:05] Felicity, go back to your relationship with Bill. I mean, this will explain some of his behavior that drives you nuts. It would also explain to him some of your behavior that drives him nuts. And a perfect example, Chanel and I are similar. I'm more Bill, Chanel's more Felicity.

And so Chanel and I go to buy a car, and I'm coming out of there with a car. I'm not going to, if I see the car and it's close enough, I want to get the car. Chanel will say, no, no, no, we should look around. There's probably a better deal out there. And this isn't really the color you wanted, but I'm impatient, I can't wait.

So those things that would normally make you want to slug them, if you understand where this is coming from and it's coming from up above, these are all genetically given traits, your neurochemistry. Your where the levels of your serotonin and dopamine come from, they come from above.

And they're all stored in the funniest place in this story: In the small intestine, and where the appendix sits. It's the junction between the small intestine and the colon is called the cecum. So there's this two-inch organelle in our body that's running the show, that's making you have less serotonin, Bill have less dopamine and those things are built in. That's your microbiome. It's who you are.

Felicity Huffman: [00:25:39] And let me ask you two other things. Which is, one, do you feel like it's gender specific? And two, you probably addressed this in your book, do you find that there are nonmedical ways of balancing your brain?

Dr. Kipper: [00:25:53] Oh, yes. There are nonmedical ways, because you can supplement your deficiencies and serotonin, there are foods, there are supplements. There are certain behaviors that you can do to sort of quench the anxiety that comes along with a low serotonin level.

Felicity Huffman: Like what?

Dr. Kipper: Well, like exercise. If you exercise, you're going to generate endorphins that are going to stick around for 18 hours and your anxiety levels are going to go down. It's all pretty fascinating.

And I think a very important part of this conversation with us and in the book is that it educates you about the other people in your life. If you're in a work situation and you can't stand your boss or you can't stand your employer, it can go either way. Or a fellow employee. And if you just think of it in these terms, you're less likely to be angry with their behavior once you understand it.

Peter: [00:26:55] By the way, when David said exercise, you did a lot of triathlons.

Felicity Huffman: [00:26:58] I did the running part of the triathlon. So there's the celebrity section where you get to come on with a team of three: Someone swims, someone bikes and someone runs. And so I just did a bunch of years of the run.

Peter: [00:27:11] But still! Do you still run?

Felicity Huffman: [00:27:13] No, I blew my knees, or I blew my knees out. So that's a sad thing that I had to say goodbye to because, boy, talk about chilling you out. I mean, David, you know, you're a runner. There's nothing like a run. You're kind of good for the rest of the day, except you're a dopamine guy, so I don't know what running did for you.

Dr. Kipper: [00:27:30] No, I'm a meniscus injury guy, so I'm not running like I used to, but, yes, nothing was as good as the running.

Felicity Huffman: [00:27:38] But if your dopamine, if you're deficient in dopamine, what does running give you?

Dr. Kipper: [00:27:44] Okay, so there is a nuance to this. People that have the serotonin imbalances are not as scheduled. They can't keep to a schedule as well. People that have a dopamine imbalance, they are very good about keeping a schedule.

Part of that is self-preservation because their brains are a little scattered. People that have ADHD, it's a dopamine imbalance. Why in the world would you give a little kid in your classroom that's running around and upsetting everybody else, why would you give that kid a stimulant? And the stimulants are dopamine.

So all these products are dopamine. And by filling their tank with dopamine, then the kids can calm down and they can focus. But I think, for that reason, because the serotonin amongst us depend on a regular schedule to keep their life intact.

Felicity Huffman: [00:28:46] And how does menopause affect this imbalance? Because I'm 60 and I'm way past menopause.

Dr. Kipper: [00:28:52] Menopause doesn't affect the imbalance. It affects your behavior in different ways. And where those imbalances come in is how you react to those behavioral changes.

So, as an example, people that have a serotonin imbalance tend to be more hypochondriacal. They tend to focus on their health. And, again, they microfocus. So, they have a headache. Well, from that, "That's not a headache. I have a brain cancer and I'm going to go into Google." And now they have a brain cancer and they have some infection in there, so, whatever it is, whereas people that are dopamine imbalanced, they don't pay so much attention to their health. They sort of ignore that part of it.

And so where this comes in, in menopause, if you're having the typical symptoms of menopause, they might be a little exaggerated. So it does come in indirectly.

[music]

Peter: [00:29:48] Well, thank you.

Felicity Huffman: [00:29:49] This was really fun. Thank you very much. Thanks, David, for wanting me on your show. And thank you, Peter. And thank you, Lorre.

Dr. Kipper: [00:29:55] Oh, this has been so, so nice.

Felicity Huffman: Thanks, everybody.

Announcer: [00:29:59] The information on Bedside Matters should not be understood or construed as medical or health advice. The information on Bedside Matters is not a substitute for medical or health advice from a professional, who is aware of the facts and circumstances of your individual situation. Thank you for listening. If you enjoyed the show, please share it with your friends. We'll see you next time.