

5 Essential Longevity Questions to Ask Your Doctor (Backed by Experts)

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From hidden risk factors to advanced blood work and nutrient testing, here's what to ask your doctor to personalize your path to **longevity**.

Doctors want to provide the type of preventive care that helps boost your longevity, but they're pressed for time: **A 2022 analysis** found that to provide chronic disease care, acute care, and preventive care to all their patients would take an impossible total of 26 hours per day, and insurance companies restrict the amount of time doctors can spend with each patient.

Making the most of the minutes you have could extend your healthy years: Patient empowerment, where patients take an active role in their health and medical visits, has been shown to improve chronic disease outcomes and overall health status. Coming to your appointment armed with some questions can help your doctor know your personal health priorities. And it can empower both of you with data they can interpret to create customized recommendations for improving your health and lifespan.

Expert Panel Longevity of Experts We Consulted

- **Kara Fitzgerald, ND**, author of *Younger You: Reduce Your Bio Age and Live Longer, Better*
- **Mike Nelson, Ph.D.**, adjunct professor at the Carrick Institute and founder of Extreme Human Performance
- **Alka Patel, a longevity physician** in London

Question #1: “Based on my age and demographics, what are my top three risk factors? Are there any tests we can add that will help clarify those risk factors for me?”

Why: Globally, the top risks are cardiovascular disease, cancer, and diabetes, says Nelson. But the answer may be different depending on your gender, age, family history, or lifestyle factors like diet and exercise. Your doctor knows your profile, and is deeply educated on the risks. They’ll know the most prominent factors for your health.

With that knowledge, you can schedule deeper tests to further illuminate those risks, and tell you which ones will be covered by your insurance. For example: If you’re at risk for heart disease and want a deeper look, Dr. Kara Fitzgerald suggests asking about a test called a “Cleerly scan.”

“This scan can look at your heart and identify not just calcified plaque, but plaque that’s soft and hasn’t become calcified,” she says. When plaque is calcified in your arteries, you can’t get as much blood to your heart, and your arteries can’t expand and contract as well. This can eventually lead to chest pains and heart attack. Learning that you’ve got this “softer” plaque could help you and your doctor find lifestyle and medical interventions before it calcifies, and before symptoms like chest pain pop up.

Question #2: “Can we dig deeper on my blood work, testing insulin, ApoB, and cortisol in addition to HbA1c and cholesterol?”

Why: Adding these tests, Alka Patel says, “can flag hidden disease risks long before diabetes or heart disease appear.” ApoB, short for apolipoprotein B, is a causal factor in atherosclerosis, one of the main causes of cardiovascular disease. In fact, it’s the underlying cause of about half of all deaths in Western society. Atherosclerosis is caused by an accumulation of plaque in the arteries that are composed of

particles like LDL (the “bad”) cholesterol, but also other lipoprotein particles, including ApoB. Statins can help lower LDL levels, but don’t help with ApoB, so if your levels are elevated, your doctor can include other interventions to help fight this CVD risk factor.

Cortisol is a stress hormone; when you’re in an acutely stressful situation, it’s natural for this hormone to be released. But **when cortisol levels are chronically high**, your body’s chronically stressed, putting you at increased risk for depression, but also for physical ailments: Osteoporosis, diabetes, hypertension, and even early death. If you’re elevated, your doctor can help reduce these levels.

Even if you’re not diabetic, increased insulin levels can increase how much fat you store, and can be an early indicator of metabolic dysfunction.

Question #3: “Can we screen for C-reactive protein and heavy metals?”

Why: C-reactive protein, or CRP, is a protein made in the liver, and is **a key marker of inflammation in the body**. Persistent, low-grade **inflammation** in the body, **also called “inflammaging,”** is related to elevated risks for chronic diseases like diabetes, heart disease, and Alzheimer’s. CRP levels can be elevated by obesity, smoking, and inactivity, but also by environmental factors like pollution, and even noise. This protein is also related to longevity: In one study of elderly men from 2010, scientists found that for every standard deviation increase in CRP, their life expectancy was cut by about one year.

Testing for CRP and heavy metals, Dr. Fitzgerald says, can help identify issues that may be impacting your longevity or current well-being that you wouldn’t find otherwise. For example, Fitzgerald found in a recent test that her body’s lead levels were elevated. Through some trial and error, she found the change was coming from some root vegetables she’d been eating. Lead from the soil can build up in these plants.

Question #4: “Am I deficient in any nutrients, like magnesium, zinc, or CoQ10?”

Why? Micronutrients like these, Patel says, “are spark plugs for cellular reactions, and without precision testing, deficiencies go unnoticed and accelerate decline.”

If you’re low on certain micronutrients, the macronutrients you’re eating—proteins, fats, and carbs—may not be able to do their job: For example, **zinc is needed** in addition to protein for the formation of muscle cells. Studies show **11 percent of Americans** are deficient in this micronutrient. It’s worse for **magnesium**: More than half of Americans don’t get enough.

These two micronutrients aren’t just for meatheads, though. Zinc has **impacts on mood**, and acts as an important signaling cell for your immune cells: When you’ve got an infection to fight off, zinc tells those

cells to get to work fighting it.

Chronically low magnesium is associated with **lower levels of free testosterone in men**, along **with multiple markers of aging**, including chronic inflammation and mitochondrial dysfunction.

CoQ10 isn't a vitamin or mineral, but is **a lipid that's key to your mitochondrial health**. An age-related decline in this substance is related to brain health and kidney function. Studies have shown that **catching a deficiency earlier is better**.

If you're deficient in one or more of these nutrients, your doctor can help you find the right foods or supplements to add to your routine.

Question #5: "Can we screen my risk of Alzheimer's, like my APOE status?"

Why: "Neurodegeneration starts decades before symptoms," says Patel. Knowing your risks earlier lets you start on impactful lifestyle interventions earlier. **Apilipoprotein E**, or APOE, is a major genetic factor for Alzheimer's disease. Getting it tested can tell you if you're genetically predisposed to this disease. If you are, your doctor can help identify habits that can reduce your risk, like certain types of physical activity and diet changes.

Showing up to your doctor appointment informed, curious, and ready to partner is one of the best things you can do for your longevity. By asking the right questions, you turn a routine appointment into a roadmap for living longer, stronger, and better.

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