

Report Cover

ReCODE Reports™ are generated with a personalized cover page that includes the report date, participant name, practitioner name, and name of the individual who generated the report.

RE·CODE™

PARTICIPANT REPORT

REPORT DATE: AUGUST 19, 2020

PARTICIPANT:
JOHNNY APPLE


GENERATED BY:
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APOLLO™
HEALTH

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All ReCODE Reports™ include a table of contents that can quickly navigate to specific sections of the report by clicking the page title or page number.

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Your Risk Factors

Your ReCODE index provides a snapshot of the participant’s current state of cognitive decline and provides a summarized index of his/her current metabolic state made of all six Alzheimer’s subtypes. The index provides a visual goal to move each thermometer to an optimal state.

The goal is not simply to normalize metabolic parameters, but rather to optimize them. This personalized list highlights the participant’s primary areas of concern.



UNDERSTANDING YOUR RESULTS

YOUR COGNITIVE RISK FACTORS

PARTICIPANT: **JOHNNY APPLE** REPORT DATE: **AUGUST 19, 2020**

YOUR RE·CODE INDEX

Aug 19, 2020

OPTIMAL

NONOPTIMAL

TYPE 1.5

Glycotoxicity

Aug 19, 2020

Sugar toxicity causes both inflammation and insulin resistance, and therefore contributes to both type 1 and type 2 Alzheimer's disease.

TYPE 5

Trauma

Aug 19, 2020

Head trauma due to concussions or other injuries is an important contributor to type 5 Alzheimer's disease.

TYPE 2

Trophic Loss

Aug 19, 2020

Reduction in hormonal, vitamin, nutrient, or growth factor support drives type 2 Alzheimer's disease.

TYPE 4

Vasculature

Aug 19, 2020

Vascular damage and poor blood flow are important contributors to type 4 Alzheimer's disease.

TYPE 1

Inflammation

Aug 19, 2020

Chronic inflammation, whether due to infections, leaky gut, or poor diet or other factors, is the key contributor to Type 1 Alzheimer's disease.

TYPE 3

Toxicity

Aug 19, 2020

Some toxins are "dementogens" – in other words, they may cause dementia. Examples are some metals such as mercury, some organic chemicals, and some biotoxins such as mycotoxins (toxins produced by specific molds).

KEY METABOLIC CONTRIBUTORS: PRIORITY LIST

■ Homocysteine

■ Fasting insulin

■ Hemoglobin A1c

■ Vitamin B12

■ Estradiol

■ Progesterone

■ LDL particle number

■ HOMA-IR

■ Free copper

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The Six Subtypes

The ReCODE Report measures the level or risk and contributors for all six subtypes. Each page provides a description and contributors of each subtype along with a personalized analysis based on genetic and blood results.



UNDERSTANDING YOUR RESULTS

THE SIX TYPES OF ALZHEIMER'S DISEASE

PARTICIPANT: JOHNNY APPLE REPORT DATE: AUGUST 19, 2020

TYPE 1

INFLAMMATION



Chronic inflammation, whether due to infections, leaky gut, or poor diet or other factors, is the key contributor to Type 1 Alzheimer's disease.

This type is associated with inflammatory markers such as hs-CRP, and the inflammation may be due to infections (often unrecognized) or leaky gut or suboptimal diet or other factors. Risk for type 1 is increased by ApoE4, chronic infections, trans fats, damage to your gut microbiome, and other factors.

Let's see how you are doing with risk for inflammatory Alzheimer's, so that we can minimize this risk.

TYPE 1

Your Results

Your hs-CRP (high sensitivity C-reactive protein, which is a measure of inflammation) was 0.5 mg/l, which is excellent – congratulations, your hs-CRP does not indicate high risk for inflammatory Alzheimer's! This is important, because millions of people suffer from chronic inflammation, and this takes a toll, accelerating our aging (which is often called "inflamm-aging" because inflammation is such a common and important feature of aging), increasing risk for Alzheimer's, and increasing risk for other chronic illnesses such as vascular disease, arthritis, and cancer.

The information in the treatment section will help you to keep this inflammation low for years to come, thus helping to prevent further cognitive decline. This includes keeping your gut healthy – avoiding "leaky gut" – keeping your oral health good (pathogens from dental disease, such as *P. gingivalis*, increase risk for Alzheimer's disease), treating pathogens you may get from ticks (such as *Borrelia* or *Ehrlichia*), treating viral outbreaks such as Herpes, and avoiding exposure to inflammatory toxins such as those from specific molds. The "B7" section offers the best approaches for staying healthy and avoiding chronic inflammation and its associated risks.

Although not quite as predictive of inflammation-related disease as hs-CRP, there are other markers that complement hs-CRP, such as A/G ratio (albumin to globulin ratio) and homocysteine. Your A/G ratio was 2.2 : 1, and the goal is to see this at 1.8 or above. High homocysteine may also be associated with inflammation, although it is most reflective of methylation (which is important in many processes, including detoxification pathways). The goal for homocysteine is 7 micromolar or lower. Your homocysteine was 10.7 uM.

In addition to these laboratory tests, your genetics can also influence your risk for Alzheimer's disease. The great news is that, although your genetics may influence your risk, this can be countered very successfully. As an example, regular exercise reduces the risk of the most common genetic risk factor, which is ApoE4, back to normal.

So, let's look at your most important genetic risk factor: ApoE4. Each of us may have 0, 1, or 2 copies of ApoE4, and this is associated with low, moderate, or high risk for Alzheimer's disease. **Please remember that none of these guarantees that you won't get Alzheimer's or that you will, so even if you have 2 copies, being on a reversal program should allow you to start the reversal of your cognitive decline** – indeed, there is a wonderful site – [ApoE4.info](https://apoE4.info) – at which over 3000 individuals from all over the world, all ApoE4+, share information and share their best practices. Most of these individuals are on some variation of ReCODE or PreCODE.

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Where Do I Start?

ReCODE reports include a personalized starting point for all individuals on the protocol.



UNDERSTANDING YOUR RESULTS

WHERE DO I START?

PARTICIPANT: JOHNNY APPLE REPORT DATE: AUGUST 19, 2020

STEP 1

Achieve insulin sensitivity and mild ketosis, 1 to 4mM beta-hydroxybutyrate by ketone meter, or 7-40 ACES on breathalyzer (Biosense).

Ketosis is the production of ketones by which you metabolize your body's fats to use as energy, instead of using sugar or other carbohydrates. Ketosis has several mechanisms to enhance cognitive function. The instructions for how to do this are included in your overall program.

Your goal is to work up to a minimum 12-hour daily fast, including at least 3 hours before bedtime utilizing the "KetoFLEX 12/3" diet emphasizing healthy fats.

Combining a long daily fast with the recommended diet and exercise 5-6 times per week may be enough to reach your ketosis goal. If you are having difficulty either fasting, transitionally (a month or two to start is often helpful) consider the use of MCT oil or ketone salts or esters to help you extend your fast and reach your desired level of ketosis. Your physician and health coach can guide you with tips to how to optimize your ketosis, which in turn will support your optimal brain function. Use your ketone meter to monitor your progress.

STEP 2

Enhance methylation to reduce homocysteine.

Homocysteine is an important contributor to Alzheimer's disease and vascular inflammation, and reducing your homocysteine is one of the key goals of your program. This is accomplished with the synaptic support items listed in your program.

STEP 3

Optimize hormonal support for your brain.

Your profile indicates that optimal hormonal support will be key for cognition, and therefore it is recommended that you consult your physician about the ideal hormonal support.

STEP 4

Optimize vitamin B12 level.

Insufficient vitamin B12 is a contributor to cognitive decline, and somewhat surprisingly, even "low normal" levels of B12 can contribute to cognitive loss. Some of us who have reduced gastric acid (stomach acid) – such as those who take proton pump inhibitors for reflux – do not absorb vitamin B12 or several other key nutrients, so we may need to supplement B12 for best cognitive function. Furthermore, there are multiple forms of B12 to take, such as methyl-B12, hydroxo-B12, and adenosyl-B12. Optimizing B12 levels, and using the right type(s) of B12, are key to optimizing cognition.

STEP 5

Minimize exposure to dementogens.

There are many contributors to cognitive decline: just as we are exposed to many carcinogens (cancer-causing chemicals), we are also exposed to dementogens, such as specific toxic metals, organic solvents, pesticides, mycotoxins (toxins produced by mold species), and some medications, among others. Proton pump inhibitors (PPIs), often taken for reflux (GERD, or gastroesophageal reflux disorder), may reduce our absorption of critical nutrients for brain function, such as zinc and vitamin B12. Statins may reduce cholesterol, which is critical for brain structure, too far. Anesthetic agents, some antidepressants, some antihistamines, benzodiazepines, some pain killers (like opiates), and anticonvulsants (seizure drugs), are all drugs that affect cognition and can contribute to reduced cognitive ability.

Understanding Your Results: B7



UNDERSTANDING YOUR RESULTS
YOUR RECODE JOURNEY

PARTICIPANT: JOHNNY APPLE REPORT DATE: AUGUST 19, 2020

The ReCODE Report provides a detailed outline of seven foundational strategies that work together to create neuroplasticity, called the Bredesen Seven or B7.

Introducing the Bredesen 7

The best way to reverse cognitive decline is to combine the personalized aspects of your ReCODE report, which has identified potential future drivers of cognitive decline, with the Bredesen Seven (or B7), the seven foundational strategies that work together to create neuroplasticity – the ability of the brain to establish, maintain, prune, and modify synaptic connections. Each of the strategies alone has the ability to promote neuroplasticity, but when practiced together they create powerful synergy. More extensive information on the B7 can be found in the guides to which you have access on apollohealthco.com.



Nutrition: Nutrition plays a remarkably important role in the reversal of cognitive decline. The goal is to utilize nutrition to support brain health by creating insulin sensitivity, increasing energy (via ketosis), reducing inflammation, improving vascular health, promoting autophagy, and more.



Exercise: Exercise has many mechanisms by which it supports cognition. It increases your brain-derived-neurotrophic factor (BDNF), increases cerebral blood flow and oxygenation. Additionally, it reduces overall stress, optimizes body mass index (BMI), improves insulin sensitivity, and optimizes overall brain and body physiology in numerous ways.



Sleep: Sleep enhances our ability to focus, learn, and memorize. It is critical that oxygenation be appropriate during sleep (96-98% saturation is optimal) with the overall goal of 7-8 hours of quality restorative sleep each night.



Stress: Stress, especially chronic stress, can be a key contributor to cognitive decline. While stress is unavoidable, you can learn to control your reaction to it by adopting daily stress management practices. Additionally, consider including mindfulness – the ability to be fully present in a non-judgmental manner – to aid in the incorporation of the B7 strategies.



Brain Stimulation: Brain Stimulation becomes even more important as we age to create neuroplasticity – the ability of the brain to establish, maintain, prune, and modify synaptic connections. This remodeling of our brains occurs throughout our lives in response to social and mental stimuli.



Detox: Detox is a multi-step process that involves avoiding “dementogens,” chemical agents that contribute to Alzheimer’s disease, as well as identifying and addressing current exposures while optimizing detoxification pathways to create resilience.




Supplements: Supplements can support numerous mechanisms to optimize your biochemistry. While they are “supplemental” to the overall program, they can be an important contributor to healing, especially if you’re suffering from a specific nutritional deficiency that affects your cognitive health.



Your Suggested Plan: Supplements & Personalized Alternatives


Each report includes a personalized list of recommended supplements by LifeSeasons. For individuals who would like to take their preferred brand of supplements or do not have access to the LifeSeasons formulation may purchase the supplements listed in the Personalized Supplement Alternatives.



YOUR SUGGESTED PLAN

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7. SUPPLEMENTS



The goal of all of the 7 parts of the “B7” is to create the very neurochemistry that supports the production, maintenance, and optimal function of synapses, the critical connections in our brains. If we optimize the various parameters in the B7, we should be able to make and maintain these synapses for decades to come. As you’ve already read, diet, exercise, sleep, stress management, brain stimulation, and detoxification are all important and powerful. Adding to these is supplementation, and while the effective use of supplements is critical to best outcomes, please remember these are, by definition, supplementary. Thus they are meant to be used with the other members of the B7, and in such a setting, they provide effective synaptic support.

If you are currently taking medications such as blood thinners, please consult with your physician before starting supplements.

Personalized Supplements

For individuals who would like to take their preferred brand of supplements or do not have access to the ReCODE formulation, you may purchase the list of personalized supplements listed below. **Note: Due to formulation requirements and alternative ingredients, some supplements may not match completely with the ingredients in LifeSeasons suggested formulation.**

☐ Alpha-lipoic acid (or R-lipoic acid) 100 mg once daily

☐ Ashwagandha (Withania somnifera) 500 mg with meals

☐ Bacopa monnieri 350 mg with meals

☐ Berberine 500 mg up to three times daily

☐ Cinnamon 0.25 tsp as Ceylon, up to twice per day

☐ Citicoline 500 mg once or twice per day

☐ CoQ (Ubiquinol) 200 mg 100-300 mg as ubiquinol

☐ Curcumin 1 g

To optimize absorption, take this on empty stomach or with good fats (such as avocado or nuts or olive oil).

☐ Gotu kola 500 mg once or twice per day with meals

☐ MCT oil 1 tbsp

Start at one teaspoon and work up over 1 week, in order to avoid diarrhea.

☐ Magnesium threonate 2 g

2 grams of magnesium threonate contains 144 mg of magnesium. Many prefer to take at night since it may cause some drowsiness.

☐ Methyl-folate 2 mg each day

☐ Methylcobalamin (methyl-B12) 1 mg once per day

☐ Mixed tocopherols and tocotrienols 400 IU once per day

☐ N-acetylcysteine 500 mg two times per day

☐ Nicotinamide riboside 100 mg 2-3 times per day

☐ Omega-3 fats (e.g., DHA and EPA) 1 g once or twice per day

☐ PQQ (pyrroloquinoline quinone) 10 mg once or twice per day

☐ Probiotics and prebiotics - once per day

☐ Pyridoxal 5-phosphate (P5P) 20 mg once per day

☐ Resveratrol 100 mg once per day

☐ Thiamine (vitamin B1) 50 mg -


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YOUR SUGGESTED PLAN

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☐ Whole coffee fruit extract (WCFE) 200 mg each morning

For a detailed description of each supplement, see our guide on supplements [Supplements: Are Supplemental.](#)

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Your Suggested Plan: Hormone Therapy

The Bredesen Protocol incorporates physician-supported hormone therapy to achieve optimal hormone levels to support brain structure and function. Note, bio-identical hormone replacement therapies should preferably be conducted with a physician specialized in bio-identical hormone replacement.



YOUR SUGGESTED PLAN


PARTICIPANT: JOHNNY APPLE
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HORMONE THERAPY

Please consult with your physician, preferably an expert in bio-identical hormone replacement, on possible hormone replacement therapies.

- Replacement should be bio-identical.
- **Target progesterone level for 1-10.**
Progesterone is usually started at 100mg orally each night.
- **Target estradiol level for 80-200.**
Estradiol should not be taken orally. Best is trans-vaginal or transdermal, following levels. Estradiol can be with or without estriol (Estradiol + estriol is best). Important to monitor carefully for side effects by doing regular mammography and Ob-Gyn examinations.
- Retest **DHEA-Sulfate** in 3-6 months.
- Talk with practitioner about **Thyroid** (Armour or NP Thyroid or Westhroid or Naturethroid) 60mg;
Check basal body temperature or Thyroflex.

Avoid sudden withdrawal of HRT.
When planning withdrawal, do so very gradually, over 6-12 months.



Why This is Important

Optimal hormone levels support brain structure and function, and enhance the ability to make and store new memories, as well as inhibiting degeneration.

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Your Suggested Plan: Recommended Reading

Dr. Bredesen and the Apollo Health medical team have curated a specific list of books that can be a valuable reference to support cognition.

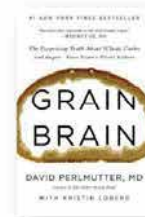
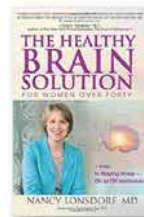
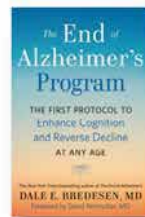
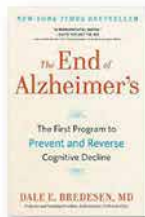


YOUR SUGGESTED PLAN

PARTICIPANT: JOHNNY APPLE
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RECOMMENDED READING

Reversing cognitive decline is now possible – it is happening in thousands of people every day – and this goes hand in hand with optimizing cognition. A finely tuned brain will bring you all sorts of dividends for many years to come, and this simply means getting several different systems to work together as a network – from nutrition to exercise to sleep to growth factors to brain training, and so on. The books listed here are excellent, readable references to support cognition for decades to come. In addition to general references for cognition, we list specific titles for those who are at risk for a specific subtype of cognitive decline, such as toxic (type 3) or vascular (type 4).




- **The End of Alzheimer's** by Dr. Dale Bredesen
- **The End of Alzheimer's Program** by Dr. Dale Bredesen (with Julie Gregory and Dr. Aida Lasheen Bredesen)
- **The UltraMind Solution** by Dr. Mark Hyman
- **FOOD: What the Heck Should I Eat?** by Dr. Mark Hyman
- **FOOD: What the Heck Should I Cook?** by Dr. Mark Hyman
- **Grain Brain** by Dr. David Perlmutter
- **Brain Maker** by Dr. David Perlmutter
- **The Brain Body Diet** by Dr. Sara Gottfried
- **The Healthy Brain Solution for Women Over Forty** by Dr. Nancy Lonsdorf
- **Fat for Fuel** by Dr. Joseph Mercola
- **KetoFast** by Dr. Joseph Mercola
- **The Longevity Diet** by Dr. Valter Longo (Keep the overall concept of KetoFLEX 12/3 in mind.)
- **Ketotarian** by Dr. Will Cole
- **31-Day Food Revolution** by Ocean Robbins (Keep the overall concept of KetoFLEX 12/3 in mind.)
- **How Not to Die** by Michael Greger (Keep the overall concept of KetoFLEX 12/3 in mind.)
- **Super Immunity** by Joel Fuhrman (Keep the overall concept of KetoFLEX 12/3 in mind.)

Report Data


If recommended tests are incomplete, missing tests will be itemized and suggested.

Each report will be provided with the next suggested testing interval.




REPORT DATA

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You and your practitioner may also wish to consider the following tests:

- Glutathione (uM)

**REMINDER**

YOUR NEXT LAB TESTS SHOULD BE COMPLETED AFTER SIX MONTHS

2021-01-14

The following pages include all of your lab results, genetic results, and assessments utilized to generate your ReCODE Report. If available, each result will include a color code indicating whether the result is within the ReCODE Target range, the raw value with units, reported date of the result, and the source of the result.

Target ranges are color coded Green, Gold, and Red. Green results meet the ReCODE Target range, Gold results are within the normal reference range defined by the Apollo Health lab, and Red results are outside of normal range. Please note, these ranges and values may not match your preferred lab's reference ranges. If you are not using the Apollo Health lab and the lab test is significantly different, the ranges and ReCODE algorithm may be inaccurate, so it is important to make sure that compatible lab tests are used.

Please note that best outcomes require bringing lab values not simply to the minimum "normal" levels, but to optimal functional levels—this is well documented, for example, with homocysteine and B12. Please consult with a trained ReCODE Practitioner as these defined ranges are set as guidelines.

Your results may be sourced from various data sources, which may include Apollo Health's partnered lab, trained ReCODE Practitioners, or conducted assessments. Each result will be labeled with a data source, if available.

MEDICAL ADVICE, DIAGNOSIS AND TREATMENT BASED ON ANY REPORTED TARGET RANGES AND VALUES ARE AT THE SOLE DISCRETION OF A TRAINED RECODE PRACTITIONER OR YOUR PHYSICIAN.

Please consult with your trained ReCODE Practitioner regarding retesting procedures.

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Raw Results

The Raw Results section lists and categorizes all of the individual’s lab results, genetic tests, and health questionnaire responses. Each result will include the value, protocol recommended range, the date the result was recorded, and the source of the result. In addition, each result will be highlighted with a colored indicator identifying optimal, suboptimal, or abnormal results.

RAW RESULTS		PARTICIPANT: JOHNNY APPLE REPORT DATE: AUGUST 19, 2020		CONSULT YOUR PHYSICIAN WITH ANY QUESTIONS	
		LEGEND: OPTIMAL FOR RECODE - SUBOPTIMAL - ABNORMAL			
TEST	REPORT VALUE	TARGET RANGES	DATE	SOURCE	
General Health					
Age	68				
Sex	Female		2020-08-06	Avatar	
Basal Body Temperature	98 deg. F		2019-06-13	Avatar	
BMI	24	18 - 25	2019-07-10	Avatar	
Systolic Blood Pressure	98		2019-06-13	Avatar	
Diastolic Blood Pressure	95		2019-06-13	Avatar	
Assessments					
AQ-21 score	25		2020-05-27	self-reported	
CNS Verbal Memory	Average		2019-05-29		
CNS Psychomotor Speed	Average		2019-05-29		
CNS Processing Speed	Above Ave.		2019-05-29		
CNS Executive Function	Low		2019-05-29		
CNS Social Acuity	Average		2019-05-29		
CNS Reasoning	Above Ave.		2019-05-29		
CNS Simple Attention	Very Low		2019-05-29		
CNS Motor Speed	Low Ave.		2019-05-29		
MoCA score	28	28 - 30	2020-06-11	Avatar	
Personal History					
Onset of Cognitive Decline	1913-12-31		2020-06-23	Avatar	
Family History of Dementia	No		2019-06-13	Avatar	
Diabetes	No		2019-06-13	Avatar	
Simple Carbohydrates in Diet	No		2019-06-13	Avatar	
Depression	No		2019-10-23	Avatar	
Episodes of Aggressive Behavior	No		2019-10-23	Avatar	
History of Concussions	No		2019-10-23	Avatar	
History of Head Trauma	No		2019-10-23	Avatar	
Vomiting After Head Trauma	No		2019-10-23	Avatar	
Loss of Consciousness	Yes		2019-10-23	Avatar	
Alcohol Related Withdrawal or Seizures	No		2019-06-13	Avatar	
Illicit Drug Use	No		2019-06-13	Avatar	
Anti-Testosterone Medication	No		2019-06-13	Avatar	
History of Heart Attack or Angina	No		2019-06-13	Avatar	
History of Hypertension	No		2019-06-13	Avatar	
History of Peripheral Vascular Disease	No		2019-06-13	Avatar	
Hysterectomy Before 41	No		2019-06-13	Avatar	
Hysterectomy Before 52	No		2019-06-13	Avatar	
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