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Signature Wellness

DR. ARNOLD'S OFFICE

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THE SIGNATURE WELLNESS WEEKLY

Facts, Not Fear.
Knowledge, Experience, and Better Decisions.

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This week, I want to explore something that connects several important aspects of your health: the difference between having information and knowing what to do with it.

We live in an age when medical information is available almost instantly. New research findings appear daily, artificial intelligence can answer complicated questions in seconds, and countless products and programs promise better health. Yet having more information doesn't always lead to better decisions.

This week, we'll examine two recent concerns about GLP-1 medications, explore the difference between artificial intelligence and clinical wisdom, and discuss why experienced fitness and nutrition guidance can make such a difference to your results. I'll also share another preview of my upcoming breast cancer book and an invitation to my October 23 presentation, Why Now?

I hope you find this week's articles informative, thought-provoking, and, most importantly, useful in making decisions about your health.

Warm regards, Dr. George Arnold

FROM THE PRACTICE

GLP-1 MEDICATIONS AND EMERGING RESEARCH

When Good News Is Followed by *Concerning Headlines*

Understanding new research, separating facts from fear, and making informed decisions

Over the past several years, GLP-1 medications such as Ozempic, Wegovy, Mounjaro and Zepbound have attracted enormous attention. And much of that attention has been positive. We've seen impressive results in weight management, improvements in blood sugar control, and important cardiovascular benefits in certain groups of patients.

But recently, alongside the positive news, some concerning headlines have begun appearing. One suggested that GLP-1 medications might increase the risk of vision loss. Another reported that nail detachment was more than four times as common among people taking these medications. Understandably, headlines like these can cause concern.

> ***Does a concerning headline mean that everything we've learned about the benefits of these medications has changed? Not necessarily. Let's look at the evidence.***

EXAMPLE 1

Can GLP-1 medications cause vision loss?

Recent reports have raised concerns about a condition called non-arteritic anterior ischemic optic neuropathy (NAION), in which the optic nerve doesn't receive enough blood flow, potentially causing sudden loss of vision in one eye. Some studies have suggested that people taking semaglutide may have approximately twice the risk. Twice the risk sounds frightening. But NAION is uncommon. In the general population, approximately 2 to 10 people out of every 100,000 develop it each year. Even if the risk were doubled, the additional number of cases would still be small. Not all studies have found an increased risk, and researchers are still investigating the relationship.

EXAMPLE 2

What about nail detachment?

Researchers reported nail detachment in approximately 39 out of every 100 people taking GLP-1 medications, compared with 9 out of every 100 who weren't. That's a substantial difference. But about half of the people taking GLP-1 medications reported having nail problems before they started treatment. The researchers also relied on patient-reported symptoms, and the study couldn't establish whether the medications actually caused the changes. An association remained after accounting for other factors, making the findings worth investigating further. But it doesn't mean that 39% of people will develop nail detachment because they take a GLP-1 medication.

Two Headlines. Two Different Concerns. One Important Lesson.

One concerns a potentially serious but very rare medical condition. The other concerns a more frequently reported problem whose relationship to treatment remains uncertain. Neither should be ignored. But neither should be interpreted without understanding the evidence. And neither makes the established benefits of these medications disappear.

If you've been taking a GLP-1 medication for several months, have lost weight, improved your blood sugar, and made meaningful progress toward your health goals, then before stopping because of a headline, consider what might happen if you discontinue a treatment that is helping you. Will your appetite increase? Will you regain weight? Could your blood sugar rise again?

"For me, do the expected benefits of this treatment continue to outweigh its risks?" That is a better question than simply asking whether this medication has risks. All medications have risks.

How to Respond to the Next Headline

When new research appears, remain curious rather than fearful. Ask whether the study found a possible association or demonstrated a cause. Consider how common the problem actually is, how serious it might be, and whether the findings apply to your circumstances. Discuss your concerns with your healthcare team before changing an effective treatment. New or serious symptoms should always be assessed promptly.

Sudden vision loss is a medical emergency. If you experience it, seek emergency eye assessment immediately rather than waiting for a routine appointment. Take serious symptoms seriously, but don't confuse a possible rare risk with a reason for everyone to stop treatment.

FACTS, NOT FEAR

Medical knowledge is constantly evolving. Treatments that once seemed promising sometimes disappoint. Others prove more beneficial than we initially expected. And even highly effective medications can reveal previously unrecognized risks. That's why good medicine requires more than responding to the latest study.

We shouldn't start a treatment simply because the headlines are positive, and we shouldn't stop one simply because the headlines become negative. Our goal is to help you make informed decisions based on evidence, your individual circumstances, and what matters most to you.

WANT TO KNOW MORE?

Medical headlines rarely tell the whole story. Two useful starting points for exploring the research:

American Academy of Ophthalmology: What the Data Say About GLP-1 Drugs and Vision Loss

European Academy of Dermatology and Venereology: Research Announcement on Nail Changes

These are opportunities to ask informed questions, not reasons to make abrupt treatment changes without medical guidance.

MEDICAL JUDGMENT AND TECHNOLOGY

AI, INFORMATION, AND CLINICAL WISDOM

Dr. Google, Dr. AI, and the *Missing Ingredient: Wisdom*

Why having more medical information doesn't always mean making better medical decisions

Almost any medical question can now be answered in seconds. You can search Google, ask ChatGPT, or use another artificial intelligence program and receive a detailed explanation of your symptoms, laboratory results, medications, or medical condition. Sometimes the information is remarkably good. Sometimes it's wrong. And sometimes, perhaps most importantly, the information is correct, but the conclusion drawn from it is not.

Having information is not the same as knowing what to do with it

Imagine you're taking a GLP-1 medication. You've lost weight, your blood sugar has improved, and you're feeling better. Then you read that your medication may be associated with vision loss. You ask AI whether this is true. It responds that some studies have identified an association. The information may be accurate. But what should you do? Should you stop your medication? Reduce the dose? Have additional testing? That's where the difference between having information and applying medical judgment becomes important.

What 40 years of medicine has taught me

I graduated from medical school in 1986. Over the following four decades, I've cared for thousands of patients, delivered babies, performed surgery, managed complicated medical conditions, and watched medical recommendations change as new evidence emerged. One of the most important lessons I've learned is that medicine rarely provides simple answers to complicated questions.

Two patients can have the same diagnosis, similar laboratory results, and even take the same medication. Yet the right approach for one may be very different from the right approach for the other. Medical education provides the foundation. Clinical training teaches us how to apply that knowledge. Experience adds something else: the ability to recognise patterns, question assumptions, understand uncertainty, and appreciate the consequences of our decisions. And perhaps most importantly, it teaches us when not to act.

AI is an extraordinary tool. I use it too.

I want to make something clear: I am not against artificial intelligence. I use AI in my own work. It can help locate research, explain complex information, compare studies, and identify questions worth investigating. In some tasks, it can process far more information, far more quickly, than any individual physician. That's a remarkable advancement. But speed and access to information are not the same as understanding a patient.

AI doesn't automatically know why I prescribed a particular medication, what treatments we've already tried, how you've responded over time, or what matters most to you. Even when given detailed information, it can misunderstand important details or produce answers that sound convincing but aren't well supported.

> ***"Consider someone who has read every book ever written about flying an airplane. Would that make them an experienced pilot? Of course not. Flying requires more than knowing the information. It requires training, practice, judgment, and the ability to respond when real life doesn't follow the textbook. Medicine is similar."***

What I want patients to understand

I welcome patients who research their conditions. I welcome questions about treatments, laboratory results, and new studies. And I welcome patients who ask why my recommendation differs from something they've read online. Those conversations are valuable. Sometimes patients bring forward information that deserves further investigation. Sometimes a new study changes how we think about treatment. And sometimes we discover that the information is correct but doesn't apply to that particular patient's situation.

Use AI as a tool for learning. Ask it to explain medical terminology. Ask it to help you understand a study. Ask it what questions you might want to discuss with your healthcare provider. But be cautious about using it to make treatment decisions on your own.

THE MISSING INGREDIENT: WISDOM

Information tells us what a study found. **Knowledge** helps us understand what those findings mean. **Wisdom** helps us decide how, when, and whether to apply that knowledge to a particular person, including recognising what we don't yet know.

AI can help us find answers. Clinical judgment helps us determine what those answers mean for you. That's the difference between information and wisdom.

CLINIC SPOTLIGHT

Why Pay for Experience? What Chris Yap Brings to Your Health

I occasionally hear a reasonable question from patients when we discuss working with Chris Yap, who leads the fitness and nutrition component of our Signature Wellness programs: "Dr. Arnold, why would I pay more to work with Chris when I can join my local gym for much less?" It's a fair question. And the answer connects directly to something we've been discussing throughout this newsletter.

There is a difference between having access to information and knowing how to apply it.

Thirty years of experience makes a difference

Chris brings approximately 30 years of experience in fitness and nutrition. A gym can provide excellent equipment. A fitness class can provide motivation. An exercise app can tell you which exercises to perform. And AI can generate a detailed workout and meal plan in seconds. But none of those things automatically means the program is appropriate for you.

Consider two women, both 55 years old, both wanting to lose 20 pounds. One has exercised regularly for years but is struggling with changes in body composition during menopause. The other hasn't exercised consistently in a decade, has knee pain, and is concerned about losing strength. Should they follow the same program? Of course not. The value of an experienced professional isn't simply knowing which exercises exist. It's understanding which exercises, at what intensity, in what sequence, and with what progression are appropriate for the person in front of them.

Why this matters even more with GLP-1 medications

When you lose weight, you generally lose some combination of fat and lean tissue, which includes muscle. The goal shouldn't simply be to make the number on the scale smaller. We also want to preserve strength, maintain physical function, improve metabolic health, and help you remain active as you age. Eating less is not automatically the same as eating well. And losing weight doesn't automatically make someone stronger or fitter. In fact, the appetite suppression that makes GLP-1 medications effective can sometimes make it more difficult to consume adequate protein and other essential nutrients.

What does the research tell us?

In the SURMOUNT-3 clinical trial, participants who had already achieved weight loss through a 12-week intensive lifestyle program and were then assigned to tirzepatide achieved substantially greater additional weight loss. In the STEP 1 extension study, participants who stopped semaglutide and structured lifestyle support regained approximately two-thirds of their previous weight loss over the following year. These findings remind us that weight regulation is biological and often requires ongoing management. A sustainable plan must account for that reality.

> "***Information tells you what exercises to do. Experience helps determine which ones are right for you, and when to change them.***"

Our goal at Signature Wellness is not simply to help you lose weight. It's to help you become healthier, stronger, and better equipped to maintain those improvements. If you're currently taking a GLP-1 medication, or considering our Weight Optimization Program, ask us how Chris's fitness and nutrition guidance could fit into your treatment plan. The number on the scale matters. But what your body can do matters just as much.

WANT TO KNOW MORE? — THE RESEARCH

SURMOUNT-3: Tirzepatide Following Intensive Lifestyle Intervention (Nature Medicine)

STEP 1 Extension: Weight Regain Following Semaglutide Withdrawal

Both studies reinforce the importance of understanding weight management as an ongoing process rather than a short-term intervention.

COMING THIS OCTOBER

COMING OCTOBER 2026 · SIGNATURE WELLNESS PUBLISHING

My Upcoming Breast Cancer Book: When Fear Meets a Decision

There is a moment when the words "breast cancer" stop being something that happens to other people. Suddenly, you're the person waiting for test results. You're the person trying to understand unfamiliar medical words. And you're the person being asked to make decisions that may affect the rest of your life.

Over my years in medicine, I've met many women facing that moment. Some were frightened by the diagnosis itself. Others were overwhelmed by the choices that followed. And some felt that the decisions they were being asked to make didn't fully reflect what mattered most to them. That's one of the reasons I've been writing this book.

A Preview from the Book

Imagine being told that a treatment could reduce your risk of breast cancer returning by 30%. That sounds impressive. But what if your original risk was 10%? That would lower your risk from 10% to 7%, meaning approximately 3 fewer women out of every 100 would experience a recurrence over the period being studied.

Now consider a woman whose original risk was 50%. The same 30% relative reduction would lower her risk from 50% to 35%, meaning 15 fewer women out of every 100. The treatment sounds equally effective when described as a 30% reduction. But the absolute benefit is very different. And so the decision may be different.

The figures above are illustrative, not estimates for any particular breast cancer treatment or patient.

> "*Neither woman should be told what matters most to her. She deserves to understand the numbers, the potential side effects, the alternatives, and what those choices might mean for her life. Because understanding the evidence is the beginning of making a decision, not the end.*"

Why This Matters

A woman may be considering surgery, radiation, medication, or a combination of treatments. She may also be dealing with menopausal symptoms, sexual health concerns, sleep disruption, fatigue, or uncertainty about her future. These aren't separate from her cancer experience. They're part of her life. Throughout the book, I return to five principles:

- *Listen.*
- *See the whole person.*
- *Facts, Not Fear.*
- *Understand the options.*
- *Decide together.*

My hope is that women will finish the book feeling more informed, more confident asking questions, and better prepared for conversations with their healthcare teams. Because no woman should feel that she must choose between understanding her disease and being understood as a person.

I'll continue sharing previews as the book moves toward publication.

SAVE THE DATE

UPCOMING KEYNOTE PRESENTATION

WHY NOW?

A Different Way to Think About Aging and Health

Mental Health Education and Connection Day · Markham Stouffville Hospital

30-minute presentation followed by 15 minutes of questions and answers

How often have you heard someone say: "I'm getting older. I guess this is just what happens." Your weight is changing despite doing what you've always done. Your sleep isn't as good. Your strength, concentration, or motivation seems different. And someone tells you it's simply part of getting older. But is it?

Two people can be the same age yet have remarkably different levels of energy, strength, metabolic health, and physical function. I use two concepts to help explain this: **Biological Diversity** (we are not all biologically identical, even at the same chronological age) and **Biological Adaptability** (our bodies respond and adapt differently as we move through life).

Rather than asking how to reverse aging, perhaps we should ask a more useful question: how can we optimize our health and function at the age we are now?

I hope you'll join me for what promises to be a thought-provoking discussion. The event is open to clients, families, health-care professionals, and members of the community. Admission is free.

DATE AND TIME

Friday, October 23, 2026 · 8:00 a.m. to 1:00 p.m.

LOCATION

Cornell Community Centre, Rehearsal Hall · 3201 Bur Oak Ave, Markham, ON

Free Admission | Complimentary Parking | Light Refreshments | Community Booths

REGISTER NOW — DEADLINE OCTOBER 16, 2026

THIS WEEK'S PRACTICAL HEALTH REMINDER

Are You Measuring Progress by the Right Numbers?

This week's articles share a common message. A number doesn't tell the whole story. Your weight is one number. Your blood pressure is another. Your hormone levels, cholesterol, and blood sugar are others. All can provide useful information. But none, on its own, tells us everything about your health.
This week, consider three questions:

- ☐ What has genuinely improved in my everyday life over the past six months?
- ☐ Am I becoming stronger, more active, or better able to do the things I enjoy?
- ☐ Is there a health decision I've been considering based mainly on something I've read rather than a discussion about my individual circumstances?

You don't need perfect answers. These questions simply encourage you to think beyond individual measurements and consider how your health is affecting your life. That's where meaningful progress begins.

UNTIL NEXT WEEK

BETTER INFORMATION. BETTER UNDERSTANDING. BETTER DECISIONS.

Whether we're discussing weight management, artificial intelligence, fitness, breast cancer, or how we change across a lifetime, the thread running through everything we do at Signature Wellness is the same: we treat people, not laboratory results. We consider the whole person, not just a diagnosis. And we believe you should understand and participate in decisions about your health.

Thank you for continuing to be an active participant in your healthcare.

Dr. George Arnold

Founder and Medical Director, Signature Wellness

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