



# WEIGHT LOSS FOR BUSY PHYSICIANS

— with Katrina Ubell, MD —

Katrina Ubell: Well, hey, there my friend. Welcome back to the podcast. I'm so excited to bring to you today an interview. I haven't done one in ages. I am super excited to bring you this great information. When I was in Miraval in Arizona a couple months ago, the person that I interviewed was also speaking there.

She was so great. I immediately reached out to her and said, "I have to have you on my podcast for sure." I was so glad to be able to have her come on and share some of her great information with all of you. Her name is Aparna Iyer. She is an adjunct assistant professor at UT Southwestern in Dallas. She's a board certified psychiatrist and a psychodynamic psychotherapist. She has sort of developed this special interest in physician mental health and particularly as it relates to loneliness. I thought that this was a perfect topic that would go hand in hand with The Friendship Podcast that I did a little while back. I wanted to make sure to have her come on and really talk about why it's so important to build these connections, have camaraderie with our fellow physicians. Please enjoy this interview, and I'll talk to you next week.

Katrina Ubell: Hey, Aparna. Thank you so much for being on the podcast.

Aparna Iyer: Thank you for having me.

Katrina Ubell: I am super excited to have you on. A little while ago, like maybe a couple of months, I did a podcast on friends and friendship and why that's important. Once I heard you speak on it, it was like I just skimmed the surface. You really get into the depths of this and why it's so important. I'm so excited to have you here so we can really explain to everybody why it's so important to develop friendships especially with other physicians as physicians, right? Everybody needs friends, but even more so doctors. I'm super excited to talk to you about that today. What I want to start off with though is you just telling us a little bit about yourself and the path that led you to this work.

Aparna Iyer: I have had an interest in physician wellness for a long time and moved from New York to my current hometown of Dallas, which is where I established a private practice. The thing is that when I first started working with physicians, it seemed like most of the physicians I was working with were in some state of crisis. They had not really sought mental health treatment.

Maybe didn't feel like they needed it until they realized that they were in that sort of crisis and maybe they were having at that point more severe symptoms of major depression, burnout, that sort of thing.

When I moved to Dallas, I thought that maybe I could take my interest in physician wellness to another level and start working more on a relative approach. Part of that was looking at my private physician patients that I would see in my private practice and really kind of nailing down some common themes that I heard. I started looking at several of those themes, but the one that kind of came up pretty consistently was about loneliness, a lack of connectedness to other people, but especially other physicians. Did you ask me to tell you about myself?

Katrina Ubell: Yeah. I'm about to say though that you are how many months pregnant? Eight months pregnant?

Aparna Iyer: I am now eight months pregnant. Yes.

Katrina Ubell: Eight months pregnant, so you don't have to remember anything. You get the full pass.

Aparna Iyer: Yes. Eight months pregnant, so it has been a bit of a balancing act and sometimes I do get a little bird brained. Let me take a step back and tell you that I'm an adult psychiatrist. I'm board certified in psychiatry and neurology. I also had worked on faculty in Upstate New York, which is where I trained. Had a wonderful experience in academics. Had a wonderful experience counseling and providing psychiatric care to physicians of all levels of training, medical students, residents, fellows and attendings, and even the attendings who were looking to kind of start transitioning into a retired state. I'm pretty passionate about other parts of psychiatry as well.

I work with a lot of perinatal patients, so patients who are dealing with mental health issues during pregnancy, postpartum, or even during infertility struggles and loss. I'm really passionate about what I do, but I think one of the coolest things that I do is that I do something called dynamic therapy, which is a form of therapy that I was trained in during my residency and has just kind of followed me through. It seems to really benefit my patients. No matter what our modality of treatment is, it seems like that really gives me sort of an insider view of what somebody's struggling with. Now I've moved to Dallas. It's been about a little over two years. I love the weather.

Katrina Ubell: You bet. I live in Wisconsin so I get it.

Aparna Iyer: Yeah. That's really great. It was kind of a cool opportunity to meet new people here and start a new chapter in our lives especially with the young family. It seems like it's a great family-friendly place. Really diverse, but there are a lot of physicians who are like me out here who are sort of transplants from other places in the country and even in the world that's speaking of our topic of like the lack of connection and loneliness. It felt like that was pretty prevalent amongst many people here because they moved away from their families and their friends to kind of pursue their profession here.

Katrina Ubell: I think you really bond with your residency coworkers, the people you do residency with, and it's pretty common for those people to all move away. I mean pretty much my residency friends are all gone. I am still in the same place, but everyone else has moved away. I think it's a real issue. I mean lots of people in different kinds of jobs move around, but I think for physicians in particular it's really true.

Aparna Iyer: It's true because we move away from our support system a lot of time to pursue med school training, residency, fellowship and then your first job. You're kind of geographically going to be separated from the people you grew up with or maybe the people you had gotten close to. Then you're right. After residency, some people go on to pursue fellowship, so they want to move closer to family. It seems like we're always in this transitional state, and it's hard to maintain those social connections if you move far away.

Katrina Ubell: Right. Exactly. Then you have a busy life, right, because then you're working a lot of hours. You might be starting a family and just trying to keep all those things afloat. It's like finding the time to make a phone call to a friend can be sometimes low on the list. We really need it. It just doesn't end up being high priority.

Aparna Iyer: Absolutely.

Katrina Ubell: Do you think that loneliness amongst physicians is like a newish thing or just kind of with our society that's more of an issue or do you think it was always there and people just weren't talking about it?

Aparna Iyer: It's a good question. I think it was probably always there and we are starting to pay more and more attention to it now just because words like burnout ... In my mom's generation of physicians, they didn't have those words necessarily. They didn't know how to describe it. When we say burnout, it seems to be this umbrella term and now we're starting to kind of like look underneath that and say, "Well, what could be contributing?" We're starting to identify that loneliness and this lack of kind of spur or connection is a big piece of it, but just because we're identifying that now doesn't mean that it's just starting now. I think it's probably always been there.

Katrina Ubell: Yeah, definitely. I also think too that there is an element of just people finally being willing to talk about these things. I think in the past people just put their nose to the grindstone and they worked, but at the same time back when I was still in practice, the older doctors would talk about how when they were young like us, how they would meet for breakfast at the hospital with the OBs and pediatricians. Like everybody would all get together and eat breakfast together, and then they'd go off and do their thing. They might see each other in the hospital more often and kind of interact more. That completely has gone away.

Everyone's just kind of doing their thing, passing by. You don't even know who these doctors are. It's not such a tight-knit community and I wonder if there are some element of that as well where this just gotten so big and specialized that people just don't have those deep connections that they continue to foster as they go on for whatever reason. Sending their kids to daycare.

Aparna Iyer: I absolutely agree. I was just speaking with a program director recently who was talking about how a lot of these CME events, the ones that you go to physically, these big conferences, are somehow just not as attended as they used to be. A lot of that is because a big motivator to go there was to get the CMEs and social networking was an essential part of being a physician back when. As opposed to now, I can do my CMEs online by myself out here in my office. If I am an over stressed physician who's just trying to make it through, what would I rather do? Would I rather like close off my clinic for a couple of days and go off to do the CME or would I rather do it in between patients here and there? I mean in one way I can see how that would be much more convenient, but you are definitely losing something.

Katrina Ubell: Yeah. You're really missing out on that connection for sure. For sure. Let's just get down to basics here. Why is loneliness a problem? Why is it something we should care about? What is the issue really with it?

Aparna Iyer: I think that there's a lot of misunderstandings around what exactly loneliness is. Loneliness is a feeling. It's a subjective experience. For example, if you were to say see 200 people a day, you were just kind of like around 200 people a day, whereas I were to see two people, I'm in some really kind of remote part of the world and I see two to three people a day, objectively speaking, I am more socially isolated than you are, but that doesn't necessarily translate into my being more lonely than you are. Okay? Loneliness is really a subjective experience. Just because it's subjective, it's not something we can see or necessarily measure as easily, doesn't make it any less dangerous.

The reality is that this is a public health issue. It's not just impacting physicians, although I do suspect that it impacts physicians disproportionately compared to other people. It is a major public health issue I think worldwide, but we're really kind of noticing it and studying it a lot in the Western part of the world to the point that many people are calling it a public health problem, to the point that like about 40% of Americans now are complaining of being lonely. That's huge.

Katrina Ubell: That's a lot.

Aparna Iyer: It's huge. It's not necessarily the people you would think. A lot of them are elderly people who do tend to be more socially isolated, but it's not all elderly people. There was a study done where when they looked at who was most likely to report feeling lonely, a younger age group, 17 to 24 year olds, were reporting loneliness more frequently than their counterparts in other age groups. Married people, when you're looking at like a survey of people, over 50% of them are going to be married, the ones who report being lonely, which seems somewhat counterintuitive. Again the definition is not just being around people. It's about having meaningful connections with people. That's what protects you against loneliness.

Katrina Ubell: That's the one thing I really wanted to make sure was clear, was like the difference between social isolation and loneliness. You can be around so many people all day long and still feel lonely. Yet when I think of loneliness, I think of being alone, right, but it doesn't necessarily have to be that at all. You can be around a lot of people, but feel like nobody really knows you or sees you. I wonder with the kind of late teens and early 20s, the demographic, if part of that is the whole social media thing.

Aparna Iyer: Absolutely.

Katrina Ubell: Feeling like you can't even really be yourself if people really knew who you were, then what? I mean you put this show or this façade and inside going, "Nobody even really knows the real me." Something like that.

Aparna Iyer: Yeah, absolutely. I also think making the distinction between being alone versus being lonely is really important because we know with physicians some of us work technically in isolation. You might have a kind of job where you are a solo practice. You don't really do a ton of interactions with people all day, but many of us are hospital employed. We're seeing other physicians and nurses and patients and support staff all day long. We might go through the day and see hundreds of people, but that doesn't necessarily translate into not feeling lonely. I think it's very relevant to make that point and that distinction especially when it comes to physicians.

Katrina Ubell: You have somebody who's lonely who's a physician. What can that lead to? It's like, "Okay, so you're lonely." There's other issues that develop from this, right?

Aparna Iyer: Right. Well, I mean I guess first off, we can talk about loneliness in general can cause significant health issues. We know that people who are lonely are more likely than people who are smokers or people who are obese to die a premature death. It's serious. It's a major issue. Again it's not as measurable as, "Oh, I smoke a pack of cigarettes a day or my BMI is X, Y or Z." A lot of times it's kind of seen as an invisible risk factor, but it's a major risk factor nonetheless. Then I should also mention that the people who are likely to die of premature death from loneliness again not necessarily what you're expecting.

It's not necessarily the elderly. It's actually more the middle aged group, which is relevant to us because for many of us that's when we're practicing. We're still practicing at that age, but there are other issues too. In the elderly it can lead to ... I think there's an association between that and increased risk for dementia, increased risk for lower mobility, increased risk for lower capability to perform your ADLs. There are those issues, but there are significant mental health issues that are associated with it. Depression, anxiety, definitely it impacts your mental health. It impacts your ability to be resilient. That's a big word that we're talking about now.

Your ability to kind of cope with stresses and adverse situations. Then this lack of sense of belonging can really increase a risk of suicide, which is a big deal. When you're not feeling connected, you're not feeling like you belong to any particular group of people, you don't have those relationships that are protective, then the concern is are you going to feel as connected and as grounded to people? Are you going to feel like it just doesn't matter if you don't exist? Then the big piece of it too is that loneliness and the lack of social supports has been linked to burnout. That's a huge problem.

Katrina Ubell: It's a huge problem. I mean I think 50%, right, of physicians at this point will report that they are burned out, which is a huge problem. If you're a physician listening to this, how do you know if you have good resilience? Is that something that you can kind of look at yourself and see how you cope with things and determine that?

Aparna Iyer: It's tough. I'm not sure that there's a measurable way per se that has significant value in terms of measuring resilience, but it's more about resilience is not something that you either have or you don't have, right? The good news is we're all born with some degree of resilience. We all have the capacity to deal with stress to some degree, and we can all improve. Resilience can be built. I think that the focus should not necessarily be on whether you do or don't have it, but how can I continue to grow in building my resilience. I should say now that when we talk about burnout, that's not anyone's fault per se.

There's a real systems issue in medicine nowadays unfortunately. If people get burned out, it's not because you did something wrong. That being said, resilience is definitely a protective factor against burnout. I think we should all have an obligation to ourselves, but also to each other as a physician community to kind of build resilience individually and as a group.

Katrina Ubell: How do you do that? How do you build resilience?

Aparna Iyer: There are several ways to do this. I think one of the ways that's really important is really kind of reaching out to your social circle, reaching out to people, making those strong connections with other people, knowing when you're struggling and getting some sort of help. Having people that you can rely on is important, but then also knowing when you need to kind of say, "Hey, I do need some help. I do need some additional support." Some people have told me also that that's important, but also getting mental health support, that sort of thing. Really kind of knowing when to lean on your supports is a huge thing. Then there are other things that we know how to do also with regards to being mindful and sort of changing your thoughts around some of the adverse things that you experience.

Katrina Ubell: Changing your interpretation of somethings just by changing your thinking around it.

Aparna Iyer: Absolutely.

Katrina Ubell: Okay. Great. One last question I want to just about in terms of defining the problem, how does being introverted or extroverted play into this because I think that there's a lot of people who think of like the extrovert is like the life of the party, is always around people, that they wouldn't feel lonely, and then the introvert who likes to sit in a room and a read a book alone would be lonely. Can you speak to that a little bit?

Aparna Iyer: Yeah. I think that it is not as simple as you might think. I think it's more of a complex sort of answer. Just because you're extroverted does not mean that you're more resilient. It does not mean that you're any less lonely. In fact, extroverts a lot of times do draw their energy from other people. They might be drawn towards being in crowds, being in groups, whereas an introvert might not feel that way. Again it's more about the quality rather the quantity of your relationships. If I am super popular and I have a thousand friends, I mean I'm not really sure what that necessarily means in terms of not feeling lonely.

Whereas if I have two to three friends that I know I can rely on, I feel very connected to, our conversations make me feel supported. That could be done by an introvert or an extrovert, and I think that that is very protective.

Katrina Ubell: I think that's a really important point that I want to just emphasize is you really just need one friend, right? One really good strong relationship and maybe that's a family member, maybe it's your neighbor, maybe it's someone you work with, whoever it could be. Do you think that that person needs to be in town or can that person be someone who lives across the country?

Aparna Iyer: Oh, I think it could be anybody. It could be someone who is in town. It could be someone who's across the country. It could be your spouse that maybe you have not been feeling connected to for quite some time. There was actually a study that was done in kids and it showed kids in a kind of socioeconomically disadvantaged situation. A lot of times having just that one friend at school could make the difference in terms of long-term success versus the kids who just did not feel that sense of meaningful connection to anybody. The benefits of that like I had mentioned is long-term. It's not just in the here and now. Really I think that having that sort of connection wherever you can find it, whether it's through Facetiming somebody or having the person right next to you, is extremely protective.

Katrina Ubell: You brought up something that I wanted to ask you about. Do you think it's okay if your close friend is your spouse or is it really good to ... It's great to have a great friendship with your spouse. Do you think it's beneficial to have a good close friendship with somebody who you're not married to or in a committed relationship to?

Aparna Iyer: Yeah. I mean I think that you want to have a couple ... It'll be great to have a couple of good friends, but I think it's okay for that person to be your spouse. As I mentioned earlier, just because you're married doesn't necessarily mean that you're not feeling lonely. You could be in a marriage, but that existence of that marriage by itself does not necessarily indicate that you're not lonely or you are lonely. It really is about the quality of that marriage. If that person is your person, that's what makes you feel grounded and connected and that's a really meaningful relationship, I think that that's a big deal in terms of being protective for your emotional and mental health. That being said, it doesn't necessarily need to be your spouse or it could be a friend in addition to feeling connected to your spouse.

Katrina Ubell: Yeah. Okay. Great. I sometimes have had people ask me that question, so I wanted to see what your take was on that. Camaraderie is really important, right?

Aparna Iyer: Yes.

Katrina Ubell: Friendships are important. Now there's going to be people listening who are like, "This all sounds great. I'm totally onboard, but I literally ... How am I supposed to find time to make a friend? What am I supposed to do? I'm just supposed to like ask out some random other female physician?" How do I go about actually making a friend or developing this friendship?

Aparna Iyer: Yes. To randomly ask out another female physician, yes, why not? What's so funny is that I have discovered that when you do that, the other person probably needed it more than you did. It's so amazing, but there are a lot of things. We talked about the distinction between social isolation versus loneliness.

That being said, if you just simply don't have any social connections, you have to start off somewhere. Kind of building connections with people, that's the beginning. It could be at work. It could be that person that you just kind of smile at every time you pass by her in the hallway and just stopping for a second. Having a 30 second conversation with her and just making a connection could be a big deal. Small talk has been shown to be really protective. 30 seconds of small talk is more powerful in terms of protecting against loneliness than maybe three hours of just kind of browsing Facebook. It's really important.

Katrina Ubell: We tend to really downplay small talk. Like it's just so superficial and doesn't really mean anything, but it really is. I find that so fascinating about Facebook too because I think Facebook has been great. There's a large physician mom's group and those are so wonderful at getting doctors together to connect. I mean some of the connections that have able to be made and the way people are able to help each other. I think it's amazing, but it's really easy to allow that to turn into your social interaction except you don't know those people. They can't really help you if you need help. They don't even know your phone number to call you, right? It's important to make that distinction I think. Do you think that? What's your opinion on social media and how that's influencing people's meaningful relationships?

Aparna Iyer: I think it's a mixed bag. We know that relationships that are built online can be very powerful and can have real staying value. Even like say the couples who have met online like Match.com or whatever it maybe, I think that nowadays the studies are really kind of saying that they might even be more successful than people who met offline. Just because a relationship started online does not mean that it is any way a lesser relationship. In fact, it might be even more. The point is that there's no substitute for face-to-face time. I think it's okay to have that kind of social media connection with people, but that can't be your sole outlet socially. You really do have to make the time to meet with people face-to-face, go out and get that coffee, whatever it maybe.

Katrina Ubell: Allow yourself to be uncomfortable and actually ask somebody and then be willing to be rejected. That's what I teach, right? There's going to be people who are going to say no. You're going to try and get coffee with them and you're going to realize, "We have nothing in common. I don't really like this person," and that's okay. You find somebody else. That doesn't mean you can't find a friend or you're destined to be friendless.

Aparna Iyer: Absolutely. Yes. Absolutely.

Katrina Ubell: Great.

Aparna Iyer: You had mentioned what are some of the other things that physicians can do. We are busy I mean just as a field. We have long hours. We have erratic hours. We have a million things to do even when we're not at work. Calling the plumber. Going to your kid's soccer games. There's a zillion things to do. When you are looking at this and saying, "If I have an hour, I have 500 things to do, why would I go out and get coffee with this girl that I am somewhat sort of close to, maybe not?"



When you reframe that and look at it as well, you take the time to go to your primary care doctor, you take the time to get the flu shot, you take the time to brush your teeth twice a day, if we know that this maybe even more valuable to your health and your well-being than any of that combined, then why wouldn't you do it?

Katrina Ubell: I really like the way that you're putting that because it is so easy to just, "Oh, I'll just cancel on her. I've got to get these other things done," or whatever it maybe. That's really, really easy I think to just tell yourself the story that you just don't have time. I mean I'll just end with a little personal story. I had a baby that died. I had a full term stillborn a number of years ago. After that happened, it was really unbelievable how people came out of the woodwork. Like really people who I didn't know that well, but had fostered some sort of relationship with who ended up being amazing supports for me.

I can look back on that and realize if I had really just been too busy for everybody, I really would have felt probably even more isolated. If anything, I didn't feel lonely. I felt like I not only have people who wanted to help me, but I even had this core group of people who came out who'd gone through similar experiences. We even had that shared connection over what it's really like to lose a baby that other people try to understand, but they can't. I for myself just really see that evidence of how things happen in life, right? Something's going to happen over the course of your life that's going to be not what you expected.

It's going to be harder and you're probably going to wish that you can rely on some people to help you. When you have spent a little time dedicating yourself to developing some of these friendships, those are the people who are really going to be there for you. Even if they're far away, they're the ones shipping you food and calling you everyday and things like that. It's still so important to do that. We all like to think that nothing bad's going to happen to us, but things happen to us.

Aparna Iyer: Right. Right.

Katrina Ubell: If you even think about it in that way of I'm sort of like investing in the bank for some time in the future, I don't know when it will be, but I might need to be make a draw on that and these are going to be those people who are going to be there for me.

Aparna Iyer: Sure. Yes. Well, they've done these studies too about people who have serious medical issues, breast cancer. People who have gone through surgeries. Even people who have colds. When you're looking at the severity of the illness or the long-term consequences of having that illness, survival rates and that sort of thing, if you could venture a guess as to who is going to fare better, the people who feel like they have supports and they feel socially connected versus the ones who are just sort of lonely and don't have that, I mean you can imagine what the data says.

Katrina Ubell: Oh yeah. So good. I'm just so glad that we could talk about this to make it a little bit more evidence-based to really push people. You don't have friends. You need to go and do that or you may think you have friends, but you don't have a deep connection with anybody.

You don't feel like you really share what's going on with you or things that you're struggling with or really talk about what it is that you're dealing with. It's important to find that person and not just keep putting it off and thinking it'll all just happen on its own. You have to actually make some effort to create it. Now I feel like I remember someone saying that you actually set up some meetups for physicians in the Dallas area?

Aparna Iyer: I do. It was interesting. The way that this started was like I had mentioned I moved to Dallas and I was quite lonely. I moved out here and did not know a soul. It was during the middle of a winter storm in New York in early 2016. It felt like it was a big rush. We had these toddlers running around, and my husband's off working. I'm at home with my toddlers and with a bunch of boxes. We didn't know anybody. What I ended up doing was reaching out through social media to local people in Dallas, a physician group, and saying, "Who wants to get together? Would anyone be interested in just sort of hanging out? We can go out to like dinner," I think was the first one I put together.

The response was overwhelming. It was incredible. Just like throwing out a line to a group of people I'd never met before in my life. We got together and it was just such a powerful experience. A lot of people who already have felt similarly lonely and felt like they were missing out on that sort of connection. These groups I started doing them once every two to four weeks and putting together these social events and really enjoying meeting people who I really had no connection with previously, but there is a similarity there. We kind of go through similar sorts of things in medicine. Many of them were mothers. It was really great to have that experience, that shared experience. These events became more and more well attended. 20 people. 30 people. 50 people. Then they got to be so big that at some point I realized that I couldn't even hear the people around me. This is really fun. We're enjoying this good food, but nobody can actually ...

Katrina Ubell: Actually you kind of rented the whole restaurant, right?

Aparna Iyer: Exactly. I could barely talk to the person next to me, let alone the person down the table. I switched my approach and thought maybe I'll take advantage of the fact that I really believe in a therapeutic value of like small groups. I put together these small groups monthly where they're basically support groups. They're wellness groups for female physicians only. What we do is we come in here in my office actually and there's anywhere between 10 to 13 of us at any given time. We sit around in a circle, shut the door, and we just talk. We talk about anything. It's incredible how these women who are all different ages and all different fields from all different backgrounds ethnically, religiously, whatever it maybe, can just connect. We have so much in common.

Katrina Ubell: We all think that we're like the special snowflake that nobody else is going through what we're going through.

Aparna Iyer: No one else can understand. Yes. It's a very powerful thing to have someone say, "You know, I'm just really kind of burned out and I feel lonely. I feel like no one really understands what I'm going through."

There's a group of moms who are staying at home with their kids and I admire them, but at the same time I feel like I can't necessarily understand what they're going through and they definitely can't understand what I'm going through," but we understand. It's a very powerful experience. I think the best part of it is that I have seen how the connections that are made in these groups go on beyond the group. Afterwards I'm seeing these people become friends and become part of each other's like more permanent social circle. It's been a really great experience.

Katrina Ubell: All it took was for you to just propose dinner.

Aparna Iyer: Yes.

Katrina Ubell: Right? You didn't set out to have this whole support group kind of a thing going on. You were just like, "I would like to meet some people." I just want to point that out, right? It's just taking one action, I'm going to see what happens from this, and then building on that is all it takes.

Aparna Iyer: Yeah, definitely. You had mentioned that some people are not going to be receptive. Some people are unsure of how they feel about it. They'll say, "Well, I've never met her before. I don't know." For some people it's taken some time to come around and say, "Well, you know what? What do I stand to lose?" For everyone of those people, there are other people who say, "Oh, I'm definitely taking this opportunity because ..."

Katrina Ubell: I've been waiting for something like this to fall into my lap. Oh, that's so great. I love that. Well, hopefully some other people, similar minded people, who are listening to this will decide to take some similar steps and develop something similar with their local area. I think that's great. I just want to mention that you have written a lot of articles and other writings and things on this subject. That can all be found on your website, which is [www.draparnaiyer.com](http://www.draparnaiyer.com). It's D-R-A-P-A-R-N-A-I-Y-E R.com, right? Okay. Good.

Aparna Iyer: That's a lot of letters.

Katrina Ubell: That was a lot of letters. All right. Thank you so much, Aparna, for coming on. Best of luck on the new baby, okay?

Aparna Iyer: Thank you so much. Thanks for having me.

Katrina Ubell: All right. You're welcome. Take care. Bye, bye.

Aparna Iyer: Bye, bye.