

THE 'PAUSE' LIFE

# Lab Checklist

Know What To Ask For. Protect Your Health.  
*Now And For Decades To Come.*



## Action Plan: Get the Labs You Deserve

- ✓ Print this checklist and bring it to your doctor visit.
- ✓ Talk through which labs make sense for your personal history and symptoms.
- ✓ Keep your results in one place and track them over time because **knowledge is power.**



# Labs to discuss with your clinician

## 1 ADVANCED LIPID PANEL

- ASK FOR:  ApoB (Apolipoprotein B)     LDL and HDL  
 Lp(a) (Lipoprotein(a))     Small Dense LDL Particles  
 Total Cholesterol

**WHY:** Estrogen loss changes how cholesterol moves in the body. LDL often rises, and small dense LDL particles — which are more likely to stick inside artery walls — can increase. ApoB shows the total number of particles putting pressure on your arteries. Lp(a) is a genetic risk factor for heart disease that many women do not even know they carry. Together, these give you and your doctor a clearer picture of your true cardiovascular risk.

## 2 BLOOD SUGAR & INSULIN

- ASK FOR:  Fasting Glucose     Hemoglobin A1c  
 Fasting Insulin     HOMA-IR (Insulin Resistance Score)

**WHY:** Hormone changes during menopause shift how your body stores fat and handles sugar. Many women develop insulin resistance that can lead to stubborn weight gain and higher diabetes and heart risk. HOMA-IR shows how your body is responding to insulin, often years before full diabetes develops.

## 3 BONE HEALTH

- ASK FOR:  Baseline DEXA Scan (Bone Density Scan)     Vitamin D

**WHY:** After menopause, the drop in estrogen speeds up bone loss. Many women lose up to 20% of their bone mass in the first years of menopause without knowing it. A DEXA scan checks the hips and spine where fractures matter most. Vitamin D is essential for calcium absorption and bone strength — low levels are common and fixable. Together, these help you plan how to protect your bones with hormone therapy if appropriate, plus nutrition, strength training, calcium, and vitamin D support.

## 4 THYROID CHECK

- ASK FOR:  TSH (Thyroid Stimulating Hormone)     Free T4  
 Free T3 (optional if needed)

**WHY:** An underactive thyroid can mimic menopause symptoms — fatigue, hair loss, mood swings, brain fog. A simple blood test rules this out or finds a treatable cause for symptoms that should not be brushed off.

# Labs to discuss with your clinician

## 5 IRON & ANEMIA PANEL

- **ASK FOR:**  Ferritin (stored iron)  Full anemia panel if ferritin is low (Hemoglobin, Hematocrit, Total Iron, Iron Saturation, TIBC)

**WHY:** Many women enter menopause with years of heavy or irregular bleeding behind them, which can deplete iron stores. Ferritin measures stored iron, which can drop long before hemoglobin does. Low ferritin can cause fatigue, weakness, and brain fog that is easily corrected when you know. If ferritin is low, a full anemia panel helps find the cause.

## 6 HORMONES

### ► ASK FOR (OPTIONAL):

- Estradiol LC/MS – may help confirm where you are on the menopause timeline if you do not have periods due to an IUD, hysterectomy, or early menopause.
- Testosterone Free and Total – important for sexual health, muscle mass, bone density, and mood. Levels often drop in midlife, and checking gives you a clearer picture of what may be contributing to low libido or fatigue.

**WHY:** While hormone levels fluctuate throughout perimenopause, checking estradiol and FSH can be helpful in certain cases to assess menopausal status—especially when menstrual patterns aren't available due to birth control or surgery. Testosterone is frequently overlooked, yet declining levels in midlife can impact energy, motivation, sexual desire, muscle maintenance, and mental clarity. Testing may help guide conversations about treatment options and overall wellbeing.

## 7 CHRONIC INFLAMMATION TESTING

### ► ASK FOR:

- High Sensitivity C-Reactive Protein (HsCRP) – is naturally produced in the liver in response to inflammation. A high level of CRP in your blood can occur due to several inflammatory conditions.
- Erythrocyte Sedimentation Rate (ESR) – The ESR test is rarely performed alone, as it doesn't help pinpoint specific causes of inflammation. Instead, it can help your doctor identify that inflammation is occurring. It can also help them monitor your condition.

**WHY:** These tests are great ways to see if you are inflamed, then use them as a marker after nutrition/lifestyle changes to track progress. However, these markers are nonspecific, meaning that abnormal levels can show that something is wrong, but not what is wrong. Since nutrition and lifestyle changes fight so many of the causes of chronic inflammation — it is worth testing.

**IMPORTANT:** This checklist is in addition to the standard labs your doctor may already run every year — such as your Complete Blood Count (CBC) and Complete Metabolic Panel (CMP). These basics help check liver, kidney, and overall blood health, but they do not cover the menopause-specific risks outlined above. Based on your symptoms, age, and family history, your clinician may also decide to include additional testing beyond this checklist to get a more complete picture of your hormonal, cardiovascular, or metabolic health.

# What to Say When You're Not Being Heard:

## When symptoms are brushed off as "just aging"

**Doctor might say:** "That's just part of getting older."

**Patient script:** "I understand that aging brings changes, but what I'm experiencing is interfering with my daily life. I'd like to talk about whether hormone shifts might be contributing and what we can do to help me feel better."

## When everything is blamed on stress

**Doctor might say:** "This is probably just stress or lifestyle-related."

**Patient script:** "Stress may play a role, but these symptoms feel hormonal. I'd like to look into whether perimenopause could be part of what's going on and discuss my options for managing it."

## When they say you're "too young" for perimenopause

**Doctor might say:** "You're not old enough for menopause yet."

**Patient script:** "I've learned that perimenopause often starts in the 40s, sometimes even earlier. These symptoms lineup and I'd like to take a closer look at where I am in the menopause transition."

## When your still-regular periods are used to dismiss hormone symptoms

**Doctor might say:** "You're still having periods, so this isn't menopause."

**Patient script:** "I know that hormone fluctuations can cause symptoms long before periods stop. I'd like to talk about perimenopause and whether these changes could be playing a role in how I'm feeling."

## When they suggest birth control without discussion

**Doctor might say:** "Let's just put you on the Pill to even things out."

**Patient script:** "I'm open to discussing different approaches, but I'd like to understand the difference between birth control and naturally occurring hormones at this stage of life and which option might best address my symptoms and long-term health."

## When hormone therapy is shut down automatically

**Doctor might say:** "Hormones are too risky. I don't recommend them."

**Patient script:** "I've read the current research and know that hormone therapy is safe and effective for most women. I'd like to go over whether naturally occurring hormones might be a good option for me based on my personal risk factors."

## When mood symptoms are labeled as depression

**Doctor might say:** "This sounds like anxiety or depression. Let's try an antidepressant."

**Patient script:** "I'm open to addressing mood changes, but I'd like to explore whether shifting hormones might be contributing. Can we look at the bigger picture, including hormone levels and perimenopause?"

## When your symptoms are minimized as "normal"

**Doctor might say:** "Every woman goes through this. It's just part of life."

**Patient script:** "I know menopause is a universal experience, but that doesn't mean I have to suffer. These symptoms are affecting my quality of life and I'd like support in exploring what can be done."

## When they refuse a bone density scan

**Doctor might say:** "You don't need a bone scan yet. You're not old enough."

**Patient script:** "I understand the standard recommendation starts at 65, but I also know that bone loss can begin during perimenopause. With my age, symptoms, and risk factors, I'd like to proactively assess my bone health now rather than wait for a fracture."

## When symptoms are dismissed as unrelated to menopause

**Doctor might say:** "That's not really a menopause symptom."

**Patient script:** "From what I've read, perimenopause can affect multiple systems including sleep, cognition, metabolism, and joints. I'd like to consider whether my symptoms might be connected to hormone changes."

## When concerns about weight gain are met with diet talk

**Doctor might say:** "You probably just need to eat less and move more."

**Patient script:** "I've made lifestyle changes and I'm still struggling. I've read that perimenopause can impact metabolism, insulin resistance, and body composition. I'd like to explore what else could be contributing."

## When your request for support is met with resistance

**Doctor might say:** "There's really nothing we can do. This will pass."

**Patient script:** "I understand that these changes are part of a transition, but that doesn't mean I have to go through it unsupported. I'd like to work together on ways to improve how I feel right now."

*Menopause is not just "getting older." It is your opportunity to protect your heart, brain, bones, metabolism, and quality of life for decades to come.*