PREPARING YOURSELF FOR A SUCCESSFUL PROVIDER VISIT

Below is a list of questions to ask yourself as you consider your goals for your visit. Take some time with this and write your answers down. It may take you a few times to hone in on where you are and what you want. This is not an exhaustive list but something to help you get started to consider your needs and goals.

1. Consider why you are scheduling this appointment. What are you seeking? Are you aware of where you are in your perimenopause and /or menopause journey? Do you have a lot of knowledge and are ready to take action or are you trying to figure it all out or are you unsure?

2. Are you mainly looking for help with symptoms such as hot flashes, brain fog, weight gain mood changes etc?

3. Are you mainly interested in education about perimenopause and menopause, and learning what may come and how to manage the transition?

4. Are you interested in Menopause Hormone Therapy (MHT) because of symptoms or risk factors in your personal health or family history?

5. Do you know enough about MHT to feel comfortable discussing it as an option or are you seeking more information from a provider about MHT?

6. What are your personal health issues, risks for long term health and health goals?

THINGS TO CONSIDER WHEN CHOOSING A PROVIDER AND *WHAT TO ASK*

List of questions to consider asking before making an appointment (ask to the front desk or check on their website to see if more information there). Ideally, a provider will have had some advanced training in menopause medicine, stay up to date and be comfortable discussing and prescribing MHT. In addition, they will be able to have a longer appointment time (at least 30 minutes) and clear ways that you will be able to communicate with them.

1. Have you completed advanced training or specialty training in menopause medicine?
2. Do you primarily treat menopause patients, or do you focus on other patient populations?
3. How long is the appointment and may I request a longer time with you?
4. How do you stay up to date about the latest research and recommendations surrounding menopause?
5. Do you prescribe HRT? What types of HRT do you typically prescribe, FDA-approved commercial formulations or compounded HRT (or both)?
6. Are you open to considering other options besides a prescription for MHT? What is your experience with using botanicals, supplements and other lifestyle options?
7. Do you include testosterone replacement as well?
8. What can I expect when starting MHT? How long are the patient visits, and how often will I be required to come in for visits?
9. What are your thoughts on using a preventive healthcare approach combined with treating a disease?
10. How should I expect to communicate with you? What is the expected wait time for a reply and to get a follow up appointment?
11. Does your office take insurance and specifically, my insurance?

Other questions to add once in the appointment:

1. How will I know that my HRT dose is optimal? Is it based on symptom alleviation, or do you check labs? Do you need labs before we start?
2. Which lab markers do you consider important in assessing one's risk of chronic disease states such as Alzheimer's Disease, Type 2 Diabetes, cancer and cardiovascular disease?
3. Outside of labs markers, what other tests do you recommend to take to assess overall health?
4. What are my particular risks for my short and long term health and how will we work together to develop a plan to manage these risks?
5. How will we approach side effects of medications or supplements prescribed?

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Seeing your provider annually or in a specific menopause visit is an excellent opportunity to check in about your whole health and how perimenopause and menopause can affect your health. There are standard labs that should be requested and are likely paid for by insurance and then there are more specialized tests that can be requested and discussed with your provider if your particular health history and family history indicate a reason to test.

Hormone Labs: The topic of whether (and how) to test hormones can be a controversial one. Many allopathic providers have been taught that it is not necessary or helpful whereas other providers can tend to over-test and look at labs only and ignore symptoms. Regardless, it is an important discussion to have with your provider and if you do not feel satisfied with the answers you get, consider changing providers. Going to your appointment prepared with knowledge about testing is vital to a productive conversation and can help you feel more empowered to make decisions about your health.

Hormones can be tested with blood (serum), saliva and urine. Typically, allopathic providers are most familiar with serum testing (although many do not feel comfortable testing hormones at all) and less so with saliva and urine. Serum testing is very helpful with monitoring hormone levels after starting MHT and along with symptoms. Saliva can be more accurate in testing the level of hormones in the tissues but also more difficult to find a provider who tests and it is not yet as mainstream and often, insurance does not cover it. Urine testing is also accurate and can also test metabolites of hormones but again, is not typically covered by insurance and is not yet mainstream. If you decide to order tests for home use, be sure to use a company that has good educational support in advising you about what your results may mean and consider taking them to your provider for an in-depth discussion.

When testing for hormones, there are a few things that are important to remember. One, your hormones can fluctuate every day, and they certainly do in perimenopause, so it is not always helpful to check hormones during perimenopause as it is a snapshot in an ever-changing landscape. As a person approaches menopause, hormones are more likely to be consistent an in postmenopause, they are very consistent and it can be more helpful to check them in this phase. Many providers also check them as a way to monitor MHT doses and this can be in addition to following symptoms. Many providers do not order hormone labs for a variety of reasons; however, many women want their hormones checked and it is reasonable to ask your provider and if they decline, ask them to explain why and consider finding another provider. Another thing to know is that reference ranges are created by the lab itself and includes the low and high ends of populations studied. Providers may have varying opinions on what the target level is for your particular health and well-being.

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Here are some common hormones to have checked and explanations as to why:

FSH: Follicle Stimulating Hormone This hormone comes from our pituitary gland in our brain and tells our ovaries to produce a follicle or an "egg" which produces estrogen. As we get closer to perimenopause and menopause, our ovaries have less follicles and are more resistant to responding to FSH and so FSH increases as estrogen levels drop to get our ovaries to produce more estrogen. It's most accurate to check this hormone on cycle-day 3 with an estradiol level. When a person has irregular cycles or absent cycles, a random FSH can still be helpful to give an indication of where they are in their menopause journey. Typically, a FSH consistently greater than 30 indicates perimenopause.

Estradiol (E2) is our primary estrogen produced in the body and measuring its level can give information about where a woman is in the menopause journey as well monitoring her MHT.

Progesterone increases after we ovulate so it can be a helpful tool to determine if a person has ovulated; in general, it is less helpful to measure this hormone in menopause and with monitoring MHT but not unreasonable.

Testosterone is measured as a "free" and "total" level. Free testosterone is not bound to proteins and is the active form of testosterone. Total testosterone measures both free and bound testosterone. Providers differ in which one they pay attention to, and both give good information about testosterone levels; however, free testosterone may be more useful in diagnosing issues and monitoring MHT.

Thyroid Stimulating Hormone (TSH) is another hormone released from our brains that stimulates the release of the main thyroid hormone, thyroxine. A TSH level measures how well your thyroid is functioning, and it is important to check as many symptoms of perimenopause and menopause can be similar to thyroid conditions. Thyroxine (T4), is our main thyroid hormone and is converted to T3 (triiodothyronine) and it can be helpful to measure both Free T4 and Free T3 along with TSH to help evaluate thyroid functioning. Asking to test for Reverse T3, and antibodies to the thyroid can also be helpful in evaluating for thyroid conditions that a TSH alone may miss. These antibodies are anti-TPO and anti-thyroglobulin.

The following tests are not as common and may require a more specialized provider to understand the benefits of testing and also may not be covered by insurance:

Sex hormone binding globulin: a blood protein that binds to sex hormones and transports them in the blood. SHBG controls the amount of hormones that are used by the tissues. Low SHBG can be related to obesity, cardiovascular disease, diabetes and other metabolic dysfunction. Testing SHBG can be useful when testing testosterone and to help evaluate risk factors for metabolic dysfunction.

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DHEA-sulfate is a steroid hormone produced in the adrenal glands, ovaries, and brain. Typically, we have high amounts of DHEA when we are young and decreased amounts with age and with increased stress. DHEAs is converted to estrogens and androgens in our bodies. Low levels can be associated with low energy, depression, osteoporosis, and other conditions; however, there is not adequate research to confirm that DHEA causes these conditions. Many non-allopathic providers will test this hormone and consider supplementation, and preliminary studies are mixed on its safety and effectiveness.

Dihydrotestosterone is a potent androgen that is made from testosterone. DHT can increase with higher testosterone levels, and some people have higher levels of the enzyme that converts testosterone to androgen—and this can lead to scalp hair loss and/or growth of unwanted hair on other parts of the body. Testing for this hormone with testosterone use can be helpful to ensure the levels are not too high and to avoid unwanted side effects. This is not typically covered by insurance if there are no symptoms, and many allopathic providers are not as familiar with testing DHT.

Labs for evaluating Cardiovascular risk: As a person enters menopause, the risk for heart disease increases as estrogen levels drop. It's important to evaluate your cardiovascular risk at baseline and work with your provider to be proactive about your heart health. Not all of these tests will need to be ordered, but it's helpful to discuss your particular risk factors with your provider to determine which tests are indicated.

"Lipid panel" is a typically standard and common test that measures the amount of lipids in your blood including cholesterol and triglycerides and are used to evaluate the risk of cardiovascular diseases like heart attack, stroke and other forms of heart and blood vessel disease. This test is typically covered by insurance.

Total cholesterol is a combination of LDL-C, VLDL, C, HDL-C and Triglycerides

LDL is often referred to as "bad cholesterol" can high levels can increase your risk of CV disease. It tends to rise with decreased estrogen levels.

HDL is often referred to as "good cholesterol" and higher levels can indicate lower risk of CV disease. It tends to go down with lower estrogen levels as well as with decreased movement.

Triglycerides is a type of fat that is formed by the foods we eat, typically sugars and excess simple carbohydrates. A high fat diet and alcohol intake can increase TG and lead to CV disease and pancreatic inflammation. TG also increase with age, insulin resistance, and in women after menopause due to aging and reduced estrogens.

A low TG:HDL ratio can indicate good insulin sensitivity and can also mean a relatively low risk of developing prediabetes, type 2 diabetes, and metabolic syndrome.

TG/HDL Ideal <2.0 Good 4.0-6.0 Bad >6.0

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Apolipoprotein B (Apo B) is a protein that carries certain lipids in the blood, the ones that are more harmful to our health such as LDL and VLDL) and higher levels of APOB are associated with increased risk of cardiovascular disease. Some research has found that measuring Apo B may predict heart disease better than a lipid test. Apo B may also be a better predictor for people with metabolic syndrome or diabetes. Estrogen can lower Apo B and as estrogen lowers in menopause, Apo B can increase. Testing Apo B is important if your HDL-TG ratio is in the abnormal range. This is not yet considered a standard test.

Lipoprotein(a), Lp(a) is a type of fat that is genetically inherited and an independent risk factor for heart disease. It affects approximately 1 out of 5 people worldwide and you can have a high Lp(a) even with a healthy lifestyle. This is not a standard test and talk with your provider about getting the test, especially if you have one or more of the following:

- Known family history of high Lp(a)
- Family or personal history of heart disease or premature cardiovascular disease
- Diagnosis of familial hypercholesterolemia (FH), an inherited condition that causes the body to poorly recycle LDL or bad cholesterol
- Abnormal lipid profile in yourself

Apoprotein A1 (Apo A1) is a protein carried in HDL ("good") cholesterol and can help lower your risk for heart disease. Testing it is not standard but may be indicated in people with abnormal cholesterol or HDL levels or with a personal or family history of early cardiovascular disease.

hs-CRP can indicate general inflammation in the body and and also specifically blood vessel inflammation and can be used to find risk for heart disease. This is not a standard test for most people.

Homocysteine is an amino acid and is a high levels are a risk factor for heart disease, heart attack, Alzheimer's disease/dementia and stroke. High levels are also associated with low Vitamins B6, B12 and folate levels. Testing can be indicated if you are at high risk for heart disease or have low levels of those B vitamins. This is not a standard test without risk factors.

Complete Blood Count (CBC) measures blood cells including red blood cells, white blood cells and platelets and can results can infection, vitamin deficiencies, anemia, and cancers such as leukemia and lymphoma. This is a common and standard screening test and typically covered by insurance.

Metabolic Health Testing:

Comprehensive Metabolic Panel (CMP) measures your kidney and liver function as well as measures your glucose and electrolytes. Your liver enzymes are evaluated in this test and can indicate metabolic dysfunction or other forms of liver disease. This is a common and standard screening test and typically covered by insurance.

LAB RESOURCE

Fasting glucose. Having healthy glucose (blood sugar) levels are important to overall health, blood pressure, weight control and elevated levels can indicate pre-diabetes or diabetes. This is a standard screening test and is part of the CMP.

Hemoglobin A1c shows what your average blood sugar has been over the past 3 months. It is helpful in evaluating for pre-diabetes and diabetes as well as to monitor these conditions. It is a standard test in evaluating for pre-diabetes for diabetes.

Fasting insulin is tested to evaluate for signs of glucose elevation and reduced insulin sensitivity before a HgbA1c will increase. It can provide an accurate picture of your body's insulin production. It should be done after a 12 hour fast and is not a standard test and a good add on in order to calculate HOMA-IR (below).

Homeostatic Model Assessment for Insulin Resistance (HOMA-IR) is a reliable method for estimating insulin resistance in the body. It is calculated from the fasting insulin and fasting glucose levels.

Nutrition tests: None of these are necessarily standards tests and coverage varies by insurance company. Vitamin D, B12, iron and ferritin are the most commonly ordered by many primary care providers.

Vitamin D plays an essential role in our health & particularly in supporting bone health which can start to decline at mid life with the loss of estrogen.

Iron is mineral that is vital to production of our red blood cells, carrying oxygen in the blood and many other functions in the body. Testing iron looks at the amount of iron in the blood but not iron stores. Low iron can lead to anemia, fatigue and many other conditions.

Ferritin is a protein that stores iron and testing it is helpful in detecting early iron deficiency. High levels can indicate high iron stores as well as inflammation.

Vitamin B6 is important in cell metabolism, health of the nervous system and helps the body make several chemicals that affect brain function and mood. Deficiency can lead to mood issues, difficulty concentrating, and nerve issues.

Folate (Vitamin B9) plays an important role in red blood cell formation and is involved in many cell reactions in the body and necessary for health cell growth and function. Deficiency can lead to anemia, elevated homocysteine levels and some research shows it may reduce cancer risk and risk of depression.

Vitamin B12 is essential to cell metabolism and especially nerve and brain function. Low levels of B12 can lead to anemia which can lead to chronic fatigue. Chronic fatigue affects a large proportional of menopausal women so checking this level can be helpful to screen for anemia in addition to a CBC. Vegetarians and Vegans are more likely to be low in B12.

Magnesium plays an important role in many of the body's function and low levels are linked to poor sleep, mood disorders, fatigue, muscle cramps and headaches. It is best to check magnesium RBC levels to better assess deficiency.

Zinc is an important mineral that helps with cell metabolism and immune function as well as wound healing and protein synthesis. Vegetarians are more likely to be low in zinc.

Omega-3 and omega-6 fatty acids are polyunsaturated long chain fatty acids which the body requires for normal functioning of cell membranes. Checking levels can be helpful in people with cardiovascular or metabolic health risk factors.

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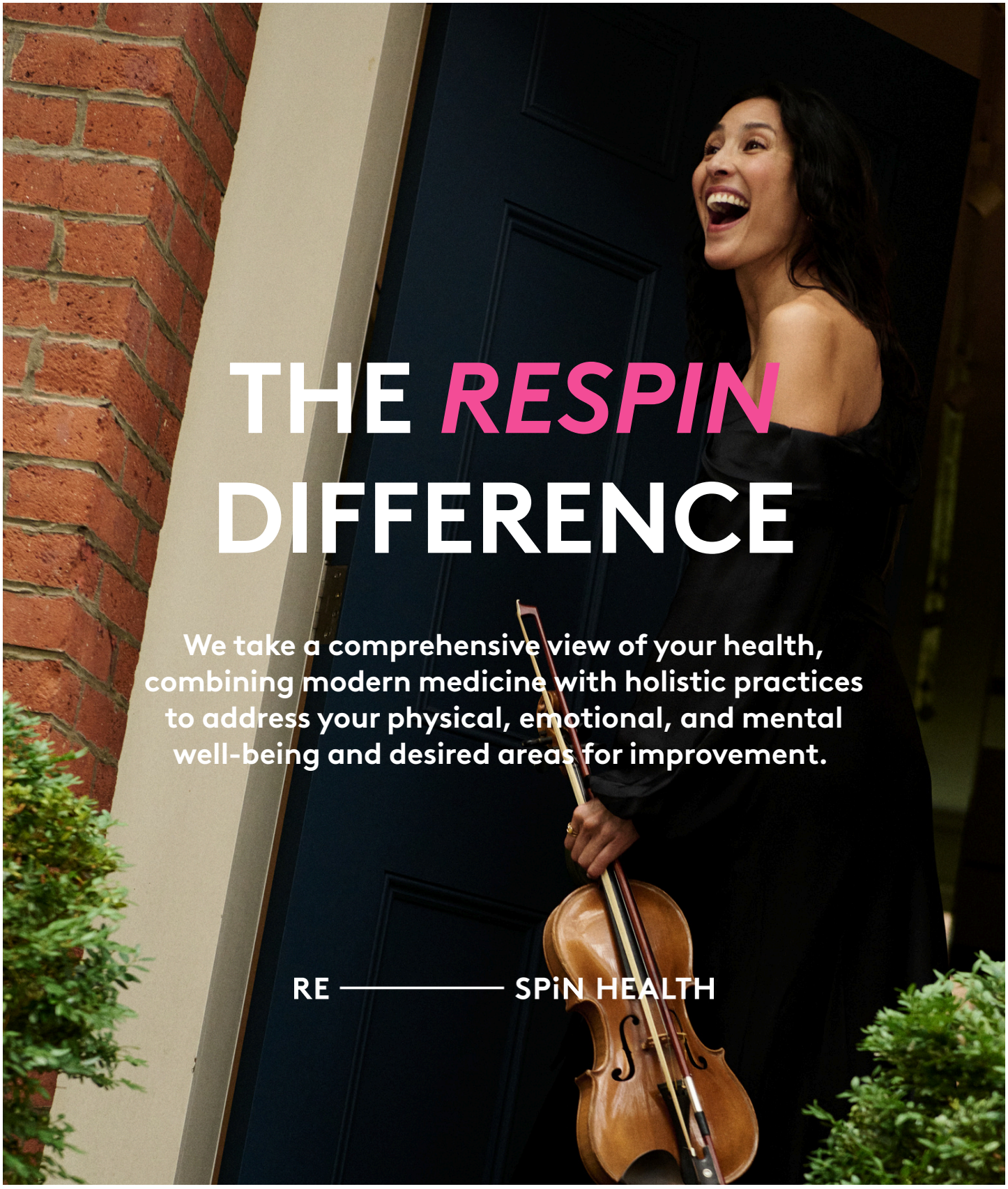
Other tests for Inflammation: These are not standard when a person does not have signs or symptoms of inflammation.

Erythrocyte Sedimentation Rate (ESR) is a blood test that can show chronic inflammation in the body. Some providers find it helpful to test near menopause if there is evidence of metabolic dysfunction (abnormal glucose testing, weight gain, etc) or unhealthy lifestyle choices with nutrition and exercise.

Fibrinogen is a liver protein that when elevated, can indicate chronic inflammation and is a marker for heart disease and stroke.

Uric Acid is marker of oxidative stress and is high levels are most commonly associated with gout; however, it can still be high without gout. High levels are also linked to heart disease, high blood pressure, fatty liver, diabetes and metabolic syndrome.



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