



STARTER GUIDE

Menopause

STARTER CHEAT SHEET

Know your symptoms. Know your labs. Know what to ask for.



WHAT CHANGES AFTER YOUR LAST PERIOD

1 • OVARIES

Stop releasing eggs.
Estrogen & progesterone settle **low**



2 • BRAIN

Keeps sending **FSH & LH**, louder, with no answer



3 • WHOLE BODY

Bones, heart, brain, skin & bladder lose estrogen's support



Estrogen = the protector (now low)

Menopause = 12 months with no period

WHAT YOU FEEL

Common symptoms • often the first few years

- Hot flashes & night sweats
- Trouble falling or staying asleep
- Brain fog; losing words mid-sentence
- Anxiety, low mood, irritability
- Fatigue that sleep doesn't fix
- Joint aches & stiffness
- Low libido
- Weight shifting to the belly
- Dry skin; thinning hair
- Racing heart or palpitations
- Headaches; dry, gritty eyes

WHAT YOU MAY NOT FEEL

Silent changes • tend to build over time

- Vaginal dryness; painful sex
- Bladder urgency, leaking, more UTIs
- Bone loss (osteopenia, osteoporosis)
- Rising LDL cholesterol
- Higher heart disease risk
- Insulin resistance; rising blood sugar
- Muscle loss & lower strength
- Thinner skin; collagen loss
- Higher blood pressure
- Gum & dental changes
- Loss of height or posture changes



Did you know? Hot flashes last about 7 years on average, but vaginal & bladder changes usually don't fade on their own. They tend to slowly get worse unless treated.

BEFORE YOUR BLOOD DRAW

Ask for a FULL panel: FSH, estradiol, testosterone (total & free), SHBG, DHEA-S, thyroid, lipids, A1c, vitamin D

Pause biotin (hair/skin/nail vitamins) 2–3 days before; it can skew results

Track your symptoms: hot flashes, sleep, mood & bladder

Using estrogen cream or gel? Don't apply it on the arm being drawn, and draw before your daily dose

Fast 8–12 hours for lipids & insulin; test in the morning at the same lab

Ask about a bone density (DEXA) scan as a baseline



YOUR MENOPAUSE LABS, DECODED

Part 1 · Hormone levels: what each lab shows, with or without hormone therapy

Optimal the range we aim for **Standard** typical postmenopausal lab range (varies by lab)

FSH

The brain's "wake up, ovaries" signal. It stays high once the ovaries stop answering.

Expected >30 mIU/mL

Standard ~25-135 mIU/mL

↑ IF HIGH

May mean: the ovaries have stopped responding. This is normal after menopause, not a problem to fix.

Consider: FSH isn't used to dose hormone therapy; symptoms & estradiol guide that.

↓ IF LOW / NORMAL

May mean: still in perimenopause, on estrogen therapy, or recent hormone use; rarely a pituitary issue.

Consider: period history; LH & prolactin if unexpected.

ESTRADIOL (E2)

Your main estrogen: protects brain, bones, heart, skin & bladder.

Optimal on BHRT ~50-100 pg/mL

Standard <10-40 pg/mL, no HRT

↑ IF HIGH

May mean: dose too high, cream applied near the draw site, or pellets. Watch for breast tenderness, bloating or spotting.

Consider: draw timing; dose review; progesterone if you have a uterus.

↓ IF LOW

May mean: expected without therapy. On therapy: dose too low, or the patch/cream isn't absorbing well.

Consider: symptoms, bone density, route of delivery.

PROGESTERONE

The calming hormone. If you take estrogen and have a uterus, it protects the lining.

On BHRT: varies by route

Standard <0.5 ng/mL, no HRT

↑ IF HIGH

May mean: progesterone (especially oral) taken shortly before the draw.

Consider: dose timing; creams often don't show well in blood tests.

↓ IF LOW

May mean: expected without therapy.

Consider: essential with estrogen if you have a uterus; may also help sleep & calm.

TESTOSTERONE

Still matters after menopause: drive, energy, muscle, confidence.

Optimal ~25-45 ng/dL total

Standard ~3-41 ng/dL total

↑ IF HIGH

May mean: testosterone or DHEA dose too high, or pellets. Watch for acne, unwanted hair or voice changes.

Consider: dose review; DHEA-S; SHBG.

↓ IF LOW

May mean: natural age decline, ovaries removed, or oral estrogen raising SHBG.

Consider: free testosterone & SHBG together; options for libido, energy & muscle.

SHBG

The "taxi" that carries hormones. Bound hormone isn't usable.

Optimal ~50-100 nmol/L

Standard ~18-144 nmol/L

↑ IF HIGH

May mean: oral estrogen, overactive thyroid, under-eating. Ties up testosterone: low libido.

Consider: free testosterone; thyroid; patch or cream vs. pill.

↓ IF LOW

May mean: insulin resistance, underactive thyroid, weight gain.

Consider: fasting insulin, A1c, thyroid panel.



YOUR MENOPAUSE LABS, DECODED

Part 2 · Heart, bone, metabolism, patterns and co-factors

LIPID PANEL

Without estrogen, LDL often climbs, and heart disease becomes women's #1 risk.

LDL <100 · HDL >60 · TG <100 (mg/dL*)

↑ IF LDL OR TG HIGH

May mean: the estrogen drop, insulin resistance, low thyroid, diet.

Consider: ApoB, Lp(a) once in life, hs-CRP, blood pressure; strength training & fiber.

BONE DENSITY (DEXA SCAN)

A quick scan, not a blood test. Bone loss speeds up in the first 5–7 years after menopause.

T-score -1.0 or higher (Osteoporosis ≤ -2.5*)

↓ IF LOW

May mean: osteopenia (-1.0 to -2.5) or osteoporosis.

Consider: vitamin D, calcium, protein, weight-bearing exercise; hormone and bone-building options.

FASTING INSULIN & A1C

As estrogen drops, cells listen less to insulin: hello, belly weight.

Insulin 2–6 µIU/mL · A1c <5.4% (A1c <5.7%*)

↑ IF HIGH

May mean: insulin resistance, often years before blood sugar rises.

Consider: protein, strength training, sleep; fasting glucose; lipids.

DHEA-S

Adrenal "parent" hormone your body turns into testosterone & estrogen.

Optimal ~100–200 µg/dL

Standard: varies by age*

↑ IF HIGH

May mean: DHEA supplements; rarely an adrenal issue.

↓ If low: natural aging, chronic stress, steroid medications. Consider cortisol & sleep.

READING THE PATTERN

↑ high · ↓ low · N in range · ⚡ swings

FSH	Estradiol	Periods	On HRT?	What it may point to
↑ (>30)	↓	none for 12 months	no	Menopause: expected result
⚡ or ↑	⚡	irregular	no	Still in perimenopause: see our Perimenopause guide
↑ or N	in target	none	yes	Typical on-therapy result: FSH can stay high
↑	↓	none	yes	Dose may be low, or not absorbing; review route
↓ or N	well above target	none	yes	Dose may be high, or cream applied near the draw site
N	↓	none	no	Unexpected: check prolactin, pituitary, under-eating

MENOPAUSE CO-FACTORS WORTH CHECKING

TSH 0.5–2.0 mIU/L + Free T3

Vitamin D (25-OH) 50–80 ng/mL

RBC Magnesium 5.5–6.5 mg/dL

hs-CRP <1.0 mg/L

ApoB & Lp(a)

Ferritin

Any bleeding after menopause, even spotting, needs to be checked by your provider. Thyroid problems can mimic menopause too. See our [Thyroid Hormone Starter Guide](#).

*Reference ranges vary by lab, testing method and age. Menopause is usually diagnosed by 12 months without a period, not by a single lab; labs help guide and monitor treatment. Optimal ranges reflect Clarity for You Wellness's functional-medicine approach and are not diagnostic. For education only; always review your results with your healthcare provider.