



Perimenopause

STARTER CHEAT SHEET

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



HOW YOUR HORMONES SHIFT

1 • BRAIN

Sends **FSH & LH**:
"ovaries, make hormones"



2 • OVARIES

Fewer eggs = less steady output. Signals get **louder**



3 • WHOLE BODY

Brain, sleep, mood, bones, heart & skin all feel it



Progesterone = the calm (drops first)

Estrogen = the rollercoaster (spikes & crashes)

ESTROGEN DOMINANT

Early shift • estrogen high, progesterone low

- Heavy or flooding periods, clots
- Shorter cycles; spotting before your period
- Breast swelling & tenderness
- Bloating, water retention
- PMS that's suddenly worse
- Anxiety, irritability, short fuse
- Waking at 2–4 am, can't fall back asleep
- Headaches or migraines around your period
- Weight gain in hips & thighs
- Fibroids or cysts growing
- Mood swings, feeling "not like myself"

ESTROGEN LOW

Later shift • things heat up & dry out

- Hot flashes & night sweats
- Skipped, late or longer cycles
- Vaginal dryness; painful sex
- Low libido
- Brain fog; losing words mid-sentence
- Low mood, flat or teary
- Joint aches & stiffness
- Dry skin; thinning hair
- Belly weight; cravings; insulin resistance
- Racing heart or palpitations
- Bladder urgency; more UTIs



Did you know? You can swing between BOTH columns, even in the same month. Perimenopause often starts in your 40s and lasts 4–8 years. Menopause = 12 months with no period.

BEFORE YOUR BLOOD DRAW

Ask for a FULL panel: FSH, LH, estradiol, progesterone, testosterone (total & free), SHBG, DHEA-S + thyroid

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

Track 2–3 months of cycles & symptoms

Still having periods? FSH, LH & estradiol on cycle day 3; progesterone about 7 days after ovulation (~day 19–22)

On birth control or hormones? Tell your provider; they change how results read

Test in the morning and use the same lab each time



YOUR PERIMENOPAUSE LABS, DECODED

Part 1 · Sex hormone levels: what each lab shows and what to consider

Optimal the range we aim for **Standard** typical lab range (varies by lab & cycle day)

FSH

The brain's "wake up, ovaries" signal. It rises as the ovaries slow down.

Optimal <10 mIU/mL, day 3

Standard ~3.5–12.5 follicular

↑ IF HIGH

May mean: the ovaries need a louder signal: perimenopause. Repeatedly >25–30 with no period for 12 months points to menopause.

Consider: one number can't confirm it; FSH swings month to month. Repeat, and pair with estradiol & symptoms.

↓ IF LOW

May mean: birth control or hormone therapy, an estrogen surge that cycle, under-eating or over-training, stress; rarely a pituitary issue.

Consider: cycle day, med list, prolactin, LH.

ESTRADIOL (E2)

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

Optimal ~40–80 pg/mL, day 3

Standard varies by cycle phase

↑ IF HIGH

May mean: an early-perimenopause surge, low progesterone ("estrogen dominance"), ovarian cyst, slow estrogen clearance, or estrogen dose.

Consider: progesterone; gut, liver & fiber support; estrogen metabolites.

↓ IF LOW

May mean: ovaries winding down (later perimenopause), under-eating, over-exercise, very low body fat.

Consider: FSH; symptoms like hot flashes & dryness; bone health; hormone options.

PROGESTERONE

The calming hormone made after ovulation. Often the first to drop.

Optimal 10–20+ ng/mL, luteal

Standard ~1.8–24 luteal

↑ IF HIGH

May mean: you ovulated recently, pregnancy, or progesterone (pill or cream) used before the draw.

Consider: timing of your dose; pregnancy test if unsure.

↓ IF LOW

May mean: no ovulation that cycle (common in perimenopause), stress or high cortisol, low thyroid, or drawn on the wrong day.

Consider: re-time the draw; thyroid, cortisol; bioidentical progesterone.

TESTOSTERONE

Yes, women need it too: drive, energy, muscle, confidence.

Optimal ~25–45 ng/dL total

Standard ~8–48 ng/dL total

↑ IF HIGH

May mean: PCOS, insulin resistance, DHEA or testosterone supplements; rarely an adrenal or ovarian tumor.

Consider: fasting insulin, A1c, DHEA-S, SHBG, LH.

↓ IF LOW

May mean: natural age decline, birth control or oral estrogen raising SHBG, low DHEA, chronic stress.

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: birth control or oral estrogen, overactive thyroid, under-eating. Ties up testosterone: low libido.

Consider: free testosterone; thyroid; type of estrogen used.

↓ IF LOW

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

Consider: fasting insulin, A1c, thyroid panel.



YOUR PERIMENOPAUSE LABS, DECODED

Part 2 · Support hormones, patterns and co-factors

LH (LUTEINIZING HORMONE)

FSH's partner. A big LH surge triggers ovulation.

Optimal: about equal to FSH

Standard ~2-13 (follicular)*

↑ IF HIGH

May mean: mid-cycle surge, perimenopause/menopause (rises with FSH), or PCOS if LH is 2× FSH or more.

Consider: cycle day; testosterone; read with FSH.

AMH (EGG RESERVE)

Made by developing eggs. Can be drawn any day of your cycle.

Standard: varies by age*

↓ IF LOW

May mean: lower egg reserve; very low or undetectable as menopause gets close.

↑ **If high:** often seen with PCOS. AMH estimates reserve; it can't predict your exact menopause date.

DHEA-S

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

Optimal ~150-250 µg/dL

Standard: varies by age*

↑ IF HIGH

May mean: PCOS, DHEA supplements; rarely an adrenal issue.

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

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; linked to low SHBG & PCOS.

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

READING THE PATTERN

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

FSH	Estradiol	Progesterone	Periods	What it may point to
N	N or ↑	↓	regular, heavier	Early perimenopause: progesterone fades first
⚡ or ↑	⚡	↓	irregular	Mid perimenopause
↑ (>25)	↓	↓	60+ days apart	Late perimenopause
↑ (>30)	↓	↓	none for 12 months	Menopause
N	N	↓	irregular	With ↑ testosterone & LH: PCOS pattern
↓ or N	↓	↓	missed	Under-eating, over-training, stress; rarely pituitary
N	N	N	regular	Symptoms? Look wider: thyroid, iron, sleep, stress

PERIMENOPAUSE CO-FACTORS WORTH CHECKING

TSH 0.5-2.0 mIU/L + Free T3

Ferritin 70-100+ ng/mL

Vitamin D (25-OH) 50-80 ng/mL

RBC Magnesium 5.5-6.5 mg/dL

Morning cortisol

Lipid panel

Thyroid problems mimic perimenopause and often show up at the same time. See our **Thyroid Hormone Starter Guide**.

*Reference ranges vary by lab, testing method, age and cycle day. In perimenopause, hormones change day to day, so one "normal" result doesn't rule it out; symptoms matter. 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.