



Saliva Hormone Test Report

Doctor ID 6206		Patient Name Doe, Jane		
Age 55	Sex F	Date of Birth	Accession # 150000	Test Code 7704
Date Collected		Date Received 2/1/2012	Date Reported 2/1/2012	Tech
Comments				

Doctor Name and Address:

Sample Report

Fax:

Phone:

Test	Result	Abnormal Result	Normal Range
Estradiol phase dependent	< 0.5 pg/mL phase dependent		0.5-1.7 Post-Menopausal 1.3-3.3 Pre-Menopausal (Optimal 1.5-3) 0.8-2.0 Estradiol Patch (0.05mg) 0.5-2.2 Hormonal Contraceptives 1.2-3.9 Oral Estradiol (0.5-1.0 mg) 0.9-3.7 Oral Premarin (0.625 mg) 2.4-11.6 Topical Bi-est 4:1 (0.6-1.25 mg) 2.9-35.5 Topical Estradiol (0.5-1.0 mg)
Progesterone phase dependent	13 pg/mL phase dependent		12-100 Post-menopausal 12-100 Pre-menopausal Follicular 75-270 Pre-menopausal Luteal 30-300 Oral Progesterone (100 mg) 200-3000 Topical Progesterone (20 mg) 10-53 Hormonal Contraceptives
P/E2 Ratio	26	low	50-200 Optimal 200-1000 Progesterone Therapy
Testosterone	13 pg/mL	Low	16-55 pg/mL 22-86 Topical Testosterone (0.3-0.5 mg)
DHEAS	< 1 ng/mL	Low	2-19 ng/mL
Cortisol Morning	3.1 ng/mL	Low	3.7-9.5 ng/mL
Cortisol Noon	1.1 ng/mL	Low	1.2-3.0 ng/mL
Cortisol Evening	0.6 ng/mL		0.6-1.9 ng/mL
Cortisol Night	0.5 ng/mL		0.4-1.0 ng/mL

Estradiol is low, which usually is associated with symptoms of estrogen deficiency such as hot flashes, night sweats, sleep disturbances, and vaginal dryness. If any of these symptoms are problematic it would be worthwhile to consider bioidentical estrogen supplementation (assuming no contraindications) in combination with natural progesterone. Progesterone is within expected range for a postmenopausal woman. If symptoms of estrogen imbalance are problematic it would be worthwhile to consider natural progesterone supplementation. Note: progesterone is often less effective when estradiol is significantly outside the optimal physiological range of 1.3-3.3 pg/ml; therefore, it is important to consider means to reduce the estrogen burden if estradiol is higher than optimal range, and increase estrogen with supplementation

Patient Name: Doe, Jane

Accession #: 150000 **Test ID** 381074

Test	Result	Abnormal Result	Normal Range
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if estradiol is lower than optimal range.

Testosterone is low. Low testosterone is common in women with adrenal fatigue (usually associated with lower DHEAS, a testosterone precursor), anovulatory cycles (usually associated with lower levels of estrogens- testosterone is an estrogen precursor), use of synthetic progestins found in hormonal contraceptives and HRT, high stress/cortisol, and aging. Chronic low testosterone is often associated with one or more of the following symptoms: low libido, incontinence, vaginal dryness, fatigue, memory lapses, depression, and bone loss. Testosterone is an anabolic hormone essential for creating energy, maintaining optimal brain function (memory), regulating the immune system, and building and maintaining the integrity of structural tissues such as skin, muscles, and bone.

DHEAS is low. Chronic low DHEAS may suggest adrenal fatigue, particularly if cortisol is also low and symptoms are indicative of low adrenal function. DHEAS is not an active androgen but because it is a testosterone precursor low levels of DHEAS are often associated with low testosterone and low androgen symptoms (decreased libido, depression, fatigue, memory lapses, and/or bone loss). DHEA supplementation can raise testosterone levels 50-100 % from baseline in women (Morales et al. 1994. Clin Endocrinol Metab. 78: 1360-67). DHEA supplementation is preferred to testosterone when both are low due to the additional adrenal support benefits of DHEAS.

Salivary cortisol is low to low-normal throughout the day indicating low adrenal reserve and adrenal fatigue. This usually is caused by stressors, a cortisol precursor deficiency (pregnenolone and progesterone), and/or nutritional deficiencies (low vitamins C and B5, low protein diet). The most common stressors that can cause adrenal exhaustion include: psychological stress (emotional), sleep deprivation, physical insults (surgery, injury, diseases), chemical exposure (environmental pollutants, excessive medications), and pathogenic infections (bacterial, viral, fungal). Depletion of cortisol by a chronic stressor often leads to symptoms such as fatigue, allergies (immune dysfunction), chemical sensitivity, cold body temp, and sugar craving. Adequate sleep, gentle exercise, naps, meditation, proper diet (adequate protein), natural progesterone, adrenal extracts, herbs, and nutritional supplements (vitamins C and B5) are some of the natural ways to help support adrenal function (consult with a health care provider for proper types and dosing). For additional information about strategies for supporting adrenal health and reducing stress(ors), the following books are worth reading: "Adrenal Fatigue", by James L. Wilson, N.D., D.C., Ph.D.; "The Cortisol Connection", by Shawn Talbott, Ph.D.; "The End of Stress As We Know It" by Bruce McEwen; "Awakening Athena" by Kenna Stephenson, MD.