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# Treatment Plan

For: Marita Smith Date: 06/04/23

# **Current issues/symptoms:**

"Tired, lacking motivation, emotionally exhausted"
High stress levels
Low mood, feeling easily overwhelmed
Planning on a pregnancy in coming months (?)
Energy 5/10, Sleep 7/10, Mood 4/10, Stress 8/10, Libido 4/10
History/diagnosis of Hashimoto's (autoimmune) hypothyroidism approx 3-4 years prior

## Summary of key issues identified or suspected: (at this stage)

- Most recent blood tests (20/03/24) reveal subclinical hypothyroidism with TSH (1.99) and T4 (11) markers; optimal TSH is 0.5-1.5, optimal T4 is 15-16, optimal T3 is 5-6.
- No Reverse T3 tested (often driven high by all forms of stress > blocks active T3 uptake into cells > contributes to ongoing hypothyroid symptoms)
- No thyroid antibodies (TPO, TG) tested since 12/2022
- Query the effect of your subclinical/low thyroid hormones on your overall symptoms
- Low-normal vitamin B12 result of 422 (optimal 600+)
- High Active B12 results of 128 (optimal 100) due to supplementation 1-2 days prior to test?
- No CRP tested alongside iron studies (helps rule out false positives)
- Non-fasted state (marked unknown) for recent blood tests
- Query vitamin D level required for healthy thyroid, mental health/mood/cognition
- Query some degree of nervous system dysregulation/high-low cortisol (low mood/high stress/work/life factors)
- Query current fasting regime is adding a stress to your body (particularly at this time)
- Query total energy/macros input for your energy output demands (esp on intensive cardio training days) This may also be effecting energy levels/mood
- Query intensive exercise in a fasted state (adding more stress/demands on your body at this time)?
- Mid-cycle spotting (new over last ~6 months) may indicate low progesterone? (in times of stress, the body will shift into preferentially making cortisol over progesterone)
- If planning a pregnancy soon, I'd begin implementing some preconception care

### **Initial steps:**

#### 1. BLOOD TESTS

Assessing some nutritional, metabolic and hormonal markers gives us more in depth information about what could be driving your symptoms. Once we have these, we can streamline your treatment plan specifically for you.

- Iron studies
- Vitamin B12 + Folate
- Vitamin D
- Red cell magnesium + Zinc
- Morning cortisol
- Full thyroid panel: TSH, T4, T3, Thyroid antibodies (TPO + TGAB), Reverse T3
- Red cell magnesium + Zinc
- C-Reactive Protein
- Mid-cycle (Day 14) FSH, LH, Oestradiol
- Mid-luteal (Day 21) Progesterone

As mentioned, the GP may be reluctant to request all of these (particularly the full thyroid panel) but what they don't request, I can instead. This will be an out of pocket expense, ie. not covered by Medicare. They'll likely order other basics like **Full Blood Count, Liver & Kidney Function** (hopefully) etc which are all useful too.

### \*Keywords to mention to GP to help get these tests requested:

"I'm <u>tired all the time</u>, physically & emotionally - mostly since pregnancy, and especially over last 6+ mths.

Want to check various <u>nutritional levels</u> that may be contributing to this - and also considering <u>another pregnancy</u> (so

what to know ahead of time about these)

Have low mood, no motivation, exhausted at end of most days.

History of Hashimotos and thyroid antibodies - haven't had antibodies tested since 2022 and want to check all thyroid markers (before potential pregnancy also)"

## Once you have the pathology request form - please do not have the blood test.

Instead, upload your request form to your My Appointments account for me, so I can cross check and request those tests that have been left off. I'll email this request form to you, along with instructions and my Blood Test Rules. I'll be able to view all the blood results results (those requested by GP and myself) so once they're all through usually in 1-2 weeks.

## Next time

Once all your test results are through, we'll have a Follow Up Consultation to go through all the results. If you have any questions, please let me know.