

HotPause
Health™

THE MIDLIFE LAB CHECKLIST FOR WOMEN



What to Ask For & Why It Matters

Menopause is way more than hot flashes and night sweats, it's a full-body transition that affects your heart, bones, metabolism, brain, and beyond. The right labs can give you and your doctor a roadmap to help protect your health for decades to come. Living longer is one thing. Supporting your longevity and ensuring you're in good health, so you can thrive, is another. Bring this list to your next appointment and start asking for what you need.



HEART & METABOLISM

1. Standard Fasting Lipid Panel (especially if you have family history of high cholesterol or heart disease)

- ApoB
- LDL & HDL
- Lipoprotein(a)
- Small dense LDL particles
- Triglycerides

Why it matters: Estrogen decline shifts cholesterol levels and increases cardiovascular risk. These tests give a clearer picture than “total cholesterol” alone. As women enter menopause, cholesterol levels jump, by an average of 10-15%, or about 10 to 20 milligrams per deciliter. [1] While the numbers are staggering, it's important to know that up to 80% of heart diseases are preventable with lifestyle modifications. [2] This is why it's imperative to know your numbers!

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2. Blood Sugar & Insulin

- Fasting glucose
- Hemoglobin A1c
- Fasting insulin
- HOMA-IR (insulin resistance score)

Why it matters: Menopause is a prime time for insulin resistance and stubborn weight gain. Catching changes early helps prevent diabetes and heart disease.



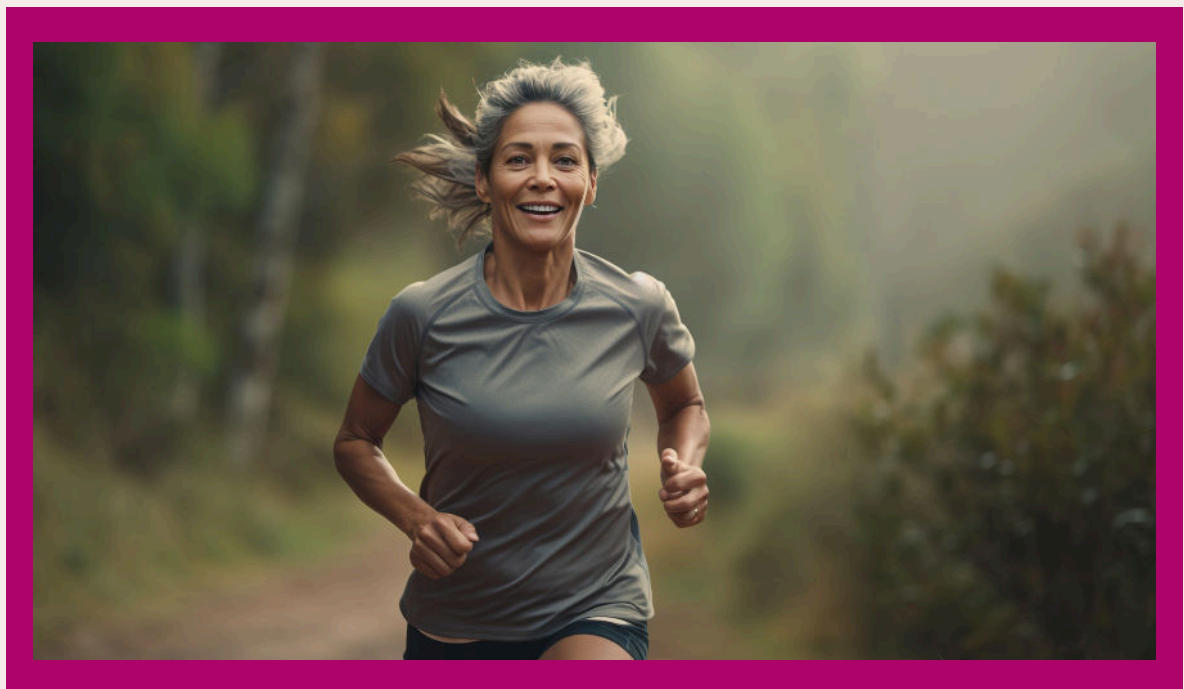


BONES & MUSCLES

3. Bone Density (DEXA Scan)

- Baseline test (hips + spine)
- Vitamin D levels

Why it matters: Up to 20% of bone mass can be lost in the first years after menopause. [3] Knowing your baseline is the first step in prevention. Approximately 50% of women over age 50 will break a bone because of osteoporosis. [4] If you have risk factors such as smoking, long-term steroid use, low body weight, or a family history of osteoporosis, advocate with your provider to get a DEXA scan earlier than the recommended age of 65. Unfortunately, your health insurance may not always cover this early screening. Your 50s are an ideal time to get a baseline overview of your bone health and prevent osteoporosis.





HORMONES & THYROID

4. Thyroid Panel

- TSH (thyroid stimulating hormone)
- Free T4 (free thyroxine)
- Free T3 (free triiodothyronine), *optional*

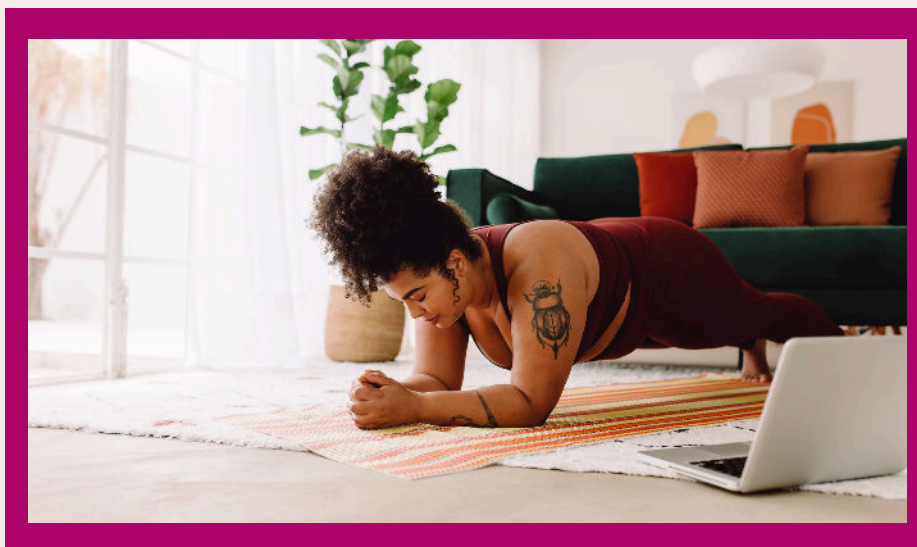
Why it matters: Hypothyroidism can mimic menopause—fatigue, weight gain, mood changes. Simple labs can tell the difference.

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5. Hormones (optional, but helpful)

- Estradiol
- FSH (follicle-stimulating hormone)
- Testosterone (total & free)
- AMH (antimullerian hormone)

Why it matters: Hormone testing isn't always required, but it can provide context if your cycle is irregular, you've had a hysterectomy, if you are not having periods due to birth control pills or progestin IUD, or symptoms are severe. Testosterone is often overlooked but impacts energy, libido, mood, and muscle mass. Depending on your hormone levels and symptoms, there are many options for Menopause Hormone Therapy to support symptoms and overall longevity.





INFLAMMATION, IRON & MORE

5. Iron & Anemia Panel

- Ferritin (stored iron)
- Hemoglobin, hematocrit, MCV (all part of a complete blood count- CBC)
- Iron saturation & TIBC, *optional*

Why it matters: Years of heavy bleeding before menopause can leave iron stores depleted. Low ferritin = fatigue, brain fog, hair shedding.

Understanding whether you have an iron deficiency is important, as untreated iron deficiency can lead to anemia, a condition where the body doesn't have enough iron to create healthy red blood cells.



6. Inflammation Markers

- High-sensitivity CRP (hsCRP)
- ESR (erythrocyte sedimentation rate)

Why it matters: High-sensitivity C-reactive protein (hs-CRP) and erythrocyte sedimentation rate (ESR) are both blood tests that detect inflammation. HS-CRP responds rapidly to acute inflammation and tissue damage, while ESR is more useful for monitoring chronic inflammatory conditions like autoimmune disorders. Doctors often use both tests together, as elevated levels indicate inflammation. However, they do not pinpoint the exact cause of the inflammation.





BRAIN & WHOLE-BODY HEALTH

7. B12 & Folate

Why it matters: Vitamin B12 and folate deficiencies can cause fatigue, mood changes, and brain fog.

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8. Magnesium & Zinc

Why it matters: Both magnesium and zinc are critical for sleep, energy, bone health, and hormone balance. When you're deficient in magnesium, symptoms include muscle cramps and spasms, tingling and numbness. When zinc is low, your immune system can be impaired and you can be at increased risk of infection.

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9. Liver & Kidney Function (CMP)

Why it matters: Baseline labs your doctor may already order, but essential for medication safety and overall health.

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10. CBC (Complete Blood Count)

Why it matters: This is a very simple screening that reviews your blood: red blood cells, white blood cells, and platelets. It helps diagnose and monitor conditions like anemia, infection, and blood disorders by providing information about cell counts, hemoglobin levels, and platelet function.





THE BOTTOM LINE

Menopause is not “just aging.” It’s your chance to check in on the systems that matter most — your heart, bones, brain, metabolism, and mental health. These labs aren’t about chasing perfection. They’re about knowledge, prevention, and getting the support you deserve.

This checklist is for educational purposes only and is not a substitute for medical advice. Talk to your doctor or healthcare provider about whether these tests are right for you, and if additional tests may be necessary based on your individual health history, symptoms, and risk factors.

1. Cho EJ, et al. Menopause, lipids, and related parameters. *Korean Journal of Internal Medicine*. 2011;26(1):47-53.
2. <https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000001078>
3. Ji MX, Yu Q. Primary osteoporosis in postmenopausal women. *Chronic Dis Transl Med*. 2015 Mar 21;1(1):9-13. doi: 10.1016/j.cdtm.2015.02.006. PMID: 29062981; PMCID: PMC5643776.
4. Coughlan T, Dockery F. Osteoporosis and fracture risk in older people. *Clin Med (Lond)*. 2014 Apr;14(2):187-91. doi: 10.7861/clinmedicine.14-2-187. PMID: 24715132; PMCID: PMC4953292.



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