

Biomarkers
Estradiol
Estrone
Estriol
Progesterone
Testosterone
Cortisol
DHEA
Melatonin

Related Profiles

- Hormonal Health
- Menopause
- Rhythm
- Essential Estrogens
- Bone Resorption Assessment

Specimen Requirements

• 7 (3ml) saliva samples collected over a 6-day period

Value-added Services



www.gdx.net

- Medical Education Specialist Support
- Online Resources
- Educational Webinars
- Convenient Billing Options

Hormone Balance: From Health to Happiness





CLINICIAN INFORMATION



Clinical Insight Into Key Homone Levels

Menopause Plus is a comprehensive, noninvasive salivary assay that examines eight specimens collected over six days, and that providies valuable clinical tool in the management of hormone related symptoms. In addition to assessing sex hormones, an analysis of the diurnal patterns of DHEA, cortisol, and melatonin gives a more complete picture of how overall endocrine function may be influencing menopausal symptoms.

The Menopause Plus profile evaluates:

- Estrogens (E1 estrone, E2 estradiol, E3 estriol)
- Progesterone and testosterone
- Adrenal hormones, cortisol and DHEA
- Melatonin

The Menopause Plus profile provides insight into the impact that shifting hormone levels may play in:

- Hot flashes
- Low libido
- Mood instability
- Cognition

Anxiety

Sleep disturbances

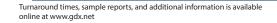
Fatigue

- Vaginal atrophy
- Glycemic control
- Altered lipid metabolism

Why Use Menopause Plus?

Hormone testing is an effective tool for assessing and managing patients with hormone-related symptoms. This profile supports:

- Patient ease-of-use saliva specimen collection is a simple, non-invasive, at-home collection.
- a collection pattern that offers the advantage of measuring hormones on different days and at different times of the day, providing insight into irregular patterns of hormone secretion over time for female or male patients
- Establishing a baseline of hormones ahead of clinical intervention with hormone therapy as well as subsequent monitoring if needed
- Assessing adrenal hormones and melatonin in addition to sex hormones provides more insight into how these hormones work together and may be influencing menopausal symptoms
- Personalizing HT, targeted nutritional supplementation and/or diet/lifestyle recommendations to improve symptoms and quality of life





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Menopause Plus is Especially Ideal for Patients with These Concerns



Menopause

Salivary Cortisol, Cortisol Awakening Response, and DHEA Also Includes: Salivary Cortisol

Adrenocortex **Stress Profile**

Response (CAR) Add-On

With Corisol Awakening

0.400 0.300

		0.200	0.200				
1	ı	ı					
Waking	30 minutes	7AM - 9AM	0.100		*		
Percent Increase	50	Expected: >= 50 %				—	
			¹0.000 		1	ı	1
			7AM-9A	M	11AM-1PM	3PM-5PM	10PM-12AM

	Reference Range
DHEA 7AM - 9AM♦ 120	71-640 pg/mL

Cortisol Awakening Response

0.440

Results

		Reference Range
DHEA: Cortisol Ratio/10,000◆	600	358-2,538

Results						
	Waking	30 Minutes	7AM-9AM*	11AM-1PM*	3PM-5PM*	10PM-12AM*
Patient Result (mcg/dL) >>	0.440	0.660	0.200	0.100	0.060	0.034
Reference Range (mcg/dL) *Based on Collection Times	N/A	N/A	0.097-0.337	0.027-0.106	0.013-0.068	<=0.034
Actual Collection Time	6:04AM	6:34AM	7:00AM	11:00AM	3:00PM	10:00PM

Average Estradiol ♦ pmol/L

	Reference Range
Follicular	2.8-8.8 pmol/L
Peak *	4.5-19.1 pmol/L
Luteal	2.8-8.2 pmol/L
Menopausal	3.7-9.4 pmol/L
Male	3.1-7.4 pmol/L
* Peak = Days 11 and 12	

Sample #

1

2

3

Average

Testosterone ◆ pmol/L

Salivary Hormone Results

Estradiol (E2)

(pmol/L)

5.2

5.6

5.8

5.5

Estrone (E1)

55.0

60.0

75.0

63.3

5.5

63.3

80

(pmol/L)

	Reference Range
Premenopausal	34-148 pmol/L
Menopausal	34-148 pmol/L
Male	110-513 pmol/L

Progesterone

(pmol/L)

110

120

125

118

Average Estrone pmol/L

	Reference Range
Manager	04.0.400.4

Average Progesterone ♦	pmol/L
	P

Estriol (E3)

80

70

90

80

118	
	110

85

	Reference Range
Follicular	17-321 pmol/L
Peak *	151-829 pmol/L
Luteal	33-452 pmol/L
Menopausal	45-370 pmol/L
Male	31-280 pmol/L
* Peak = Days 18 and 20	

Average Estriol pmol/L

	Reference Range
Menopausal	<= 133 pmol/L

P/F2	Ratio

	Reference Range	
Follicular	10-85	
Luteal	8-80	
Menopausal	12-62	

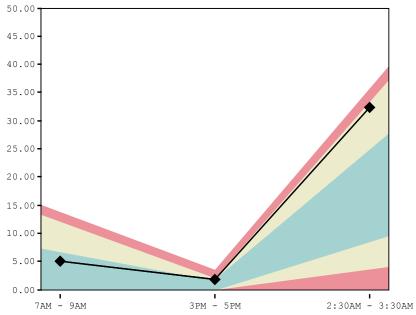
Prescribing and Monitoring HT

Menopause Plus may be ordered to establish a baseline prior to administering HT and to monitor the effectiveness of therapies in improving hormonal balance.

Tracking Hormonal Circadian Rhythm

Results for hormones that exhibit a circadian rhythm of release, such as cortisol and melatonin, are expressed in a color-coded format, providing an at-a-glance view of patient rhythms plotted against the expected reference rhythms.

Salivary Melatonin



	7AM-9AM*	3PM-5PM*	2:30AM - 3:30AM*
Patient Results (pg/mL) >>	5.00	1.80	32.30
Reference Range (pg/mL) *Based on Collection Times	<=12.12	<=1.97	3.71-33.38

Identify Imbalances

Imbalances in estrogen, progesterone, and testosterone are common in patients with peri/menopausal symptoms, and are associated with a wide array of hormone-related issues. A clinician may order Menopause Plus to assess whether a hormonal imbalance is potentially causing or influencing a patient's symptoms. Reference ranges typically expected in menopausal women and in each phase of still-cycling women provide a detailed picture for patient comparison.



Comprehensive **Melatonin Profile**