

Your Labs Are “Normal” But You Feel Terrible— Here’s Why

7 Hormone Clues Your Doctor Probably Missed

You’ve been to your doctor. Maybe more than once. You’ve described the exhaustion, the brain fog, the mood swings, the weight that won’t budge no matter what you do. And every time, you get the same answer: “Your labs look normal.”

Here’s what most conventional medicine misses: “normal” on a standard lab panel and “optimal” for how you actually feel are two very different things.

The seven signs below are hormone clues — patterns I see consistently in women whose symptoms are real, whose hormones are shifting, and whose conventional labs don’t tell the whole story.

01 You’re exhausted but can’t sleep

You’re tired all day but then lie awake at night, mind racing, unable to get the rest you desperately need. This isn’t a willpower problem. It’s often a cortisol-progesterone imbalance — cortisol running too high in the evening when it should be falling, and progesterone too low to activate the calming GABA pathways that let your brain power down.

What’s happening: *Dysregulated cortisol rhythm + declining progesterone disrupting sleep architecture.*

02 Your mood is unpredictable for no clear reason

You snap at people you love. You cry at things that never used to bother you. You feel a low-level dread or irritability that doesn’t match your actual life. Estrogen plays a direct role in the production and regulation of serotonin and dopamine — the neurotransmitters that stabilize mood. When estrogen fluctuates or declines, so does your emotional baseline.

What’s happening: *Estrogen fluctuation disrupting serotonin and dopamine signaling — not “just stress.”*

03 Your weight is shifting even though nothing changed

You’re eating the same way you always have. You’re moving your body. But fat is accumulating around your midsection in a way that feels new and stubborn. This pattern is driven by a triangle of hormonal change: declining estrogen shifts fat storage to the abdomen, cortisol promotes insulin resistance, and insulin resistance makes fat harder to burn. Exercise and diet alone won’t fix a hormone problem.

What’s happening: *Estrogen decline + cortisol elevation + insulin resistance working together against you.*

04 Your brain feels foggy or forgetful

You lose words mid-sentence. You walk into a room and forget why. You feel like you’re thinking through static. Brain fog in perimenopause and menopause is not anxiety or aging — it’s neurological. Estrogen has direct neuroprotective effects; it supports blood flow to the brain, mitochondrial function in neurons, and the formation of new memory pathways. When it drops, cognition follows.

What’s happening: *Estrogen’s neuroprotective role declining, affecting memory, focus, and processing speed.*

05 Your libido has gone quiet

It's not your relationship. It's not how you feel about yourself. It's a physiological shift that most women are never told to expect. Testosterone and DHEA — yes, women need them too — both decline significantly through perimenopause. These hormones drive desire, energy, and confidence. When they're low, libido doesn't just dip; it can disappear entirely.

What's happening: *Testosterone and DHEA decline reducing desire, drive, and energy — a physiological shift, not a personal one.*

06 You feel anxious or on edge with no obvious cause

You're not a naturally anxious person, but something has shifted. A low hum of unease, sudden feelings of dread, or an inability to feel calm even when everything in your life is fine. Progesterone is your body's natural anti-anxiety hormone — it binds to GABA receptors in the brain to produce a calming effect. As progesterone declines in perimenopause, this internal buffer disappears.

What's happening: *Progesterone decline reducing GABA activation — the brain's calming pathway goes quiet.*

07 Your doctor says everything looks “normal”

Standard lab panels are designed to catch disease — not to optimize how you feel. A TSH that's “within range” may still be suppressing your metabolism. An estradiol level that's technically normal for your age may still be too low for your individual physiology. Functional hormone testing looks at the full picture: free vs. bound hormones, diurnal cortisol patterns, thyroid markers beyond TSH, and how all of these systems interact with each other.

What this means: *Standard panels miss the most important part of the story. You deserve testing that matches how complex you actually are.*

If you recognized yourself in this list —

You don't have to keep guessing, pushing through, or being told everything is fine.

At Optimize & Elevate, I take a root-cause, individualized approach to hormone health — going beyond standard panels to understand what's actually driving your symptoms, and building a plan that's built around you.

[Book a Consult → optimizeandelevate.com](https://optimizeandelevate.com)

Leslie Burgie, APRN | Optimize & Elevate
optimizeandelevate.com
hello@optimizeandelevate.com



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