

SALIVA HORMONES INTERPRETATION GUIDE

Making sense of the saliva hormone tests involves more than just knowing why the test is done. It is also important to understand what the results mean and what factors can affect results. It is important to realize that test results may be outside of the "normal range" for many reasons. These variations may be due to differences in age, ethnicity, gender, menstrual cycle, degree of physical activity, problems with saliva sample collection and/or handling, non-prescription drugs, prescription drugs, alcohol intake and a number of other factors.

Hormone	Result	Symptoms	Possible Causes	Treatment Considerations
Estradiol	Low	Vaginal dryness Decreased bone density Hot flashes, night sweats, Foggy thinking Incontinence Thinning skin Heart palpitations	Reduced ovarian function Adrenal dysfunction Increased SHBG levels	Use co-factors for steroid production and ovarian function Test and support adrenal hormones Addition of an oral biestrogen Bone density every year, support bone mineral loss Nutritional interventions and weight bearing exercise program
	High	Mood swings, Anxiety Water retention Weight gain in the hips Nervous, Irritability Thyroid deficiency	Ovarian dysfunction Excessive production of androgens Increased aromatization Exogenous supplementation Decreased SHBG levels	Assess and support 2+16 hydroxylation pathways Test and treat liver detoxification Consider weight loss if increased BMI Decreased exposure to xenoestrogens Nutritional interventions (natural aromatase inhibitors, soy foods) Exercise and weight bearing programs Natural progesterone supplementation
Estrone	Low	Mood swings, Fatigue Irritability, Fibroids Thyroid dysfunction	Ovarian dysfunction Adrenal dysfunction	Use co-factors for steroid production and ovarian function Test and support adrenal hormones
	High	Allergies, Asthma Fibrocystic breasts Irritability, Fatigue Infertility, PCOS Fibroids, Mood swings Thyroid dysfunction	Increased aromatization Impaired phase II liver detoxification Exogenous supplementation Stress or Inflammation	Test and treat liver detoxification Assess 2+16 hydroxylation pathways Consider weight loss if increased BMI Assess and support adrenal health Decreased exposure to xenoestrogens Cruciferous vegetables to assist with metabolism and detoxification of steroids
Estriol	Low	Post menstrual ill health Heart related diseases Vaginal dryness Infertility Decreased bone density	Increased conversion from E1 Exogenous supplementa- tion	Use co-factors for steroid production and ovarian function Test and support adrenal hormones
	High	Vaginal dryness Irregular periods Infertility Decreased bone density	Increased conversion from E1 Excessive supplementation	Assess and support 2 + 16 hydroxylation pathways
Progesterone	Low	Mood swings, Anxiety Loss of libido Depression, Headaches Joint pain, Nervous Water retention Weight gain in the hips Irritability Thyroid deficiency	Adrenal dysfunction Estrogen excess Thyroid insufficiency	Test and treat for steroid and adrenal functions Consider liver detoxification Bioidentical progesterone therapy Test thyroid hormones (fT3 plays important role)
	High	Tender breasts Mood swings Bloating Loss of libido Excessive sleep Dizziness Muscle weakness Vaginal dryness High body temperature	Adrenal hyperplasia Functional estrogen deficiency Excess progesterone supplementation Ovarian cysts Molar pregnancies Some forms of ovarian cancer	Test and support adrenal function Consider liver detoxification Check and re-evaluate progesterone dose (High progesterone dose tends to downregulate Pg and E2 receptors and cause deficiency symptoms even if levels are elevated) Lifestyle changes (reduce stress, exercise, meditation and yoga) Herbal remedies (Phytoestrogenic herbs like black cohosh; Non-estrogenic herbs like Macafem)

Hormone	Result	Symptoms	Possible Causes	Treatment Considerations
Testosterone	Low	FEMALES Low libido Weight gain Mood swings, Depression Anxiety Difficulty focusing Hair loss	FEMALES Adrenal Dysfunction Ovarian Dysfunction Low Progesterone Oral contraceptives Increased SHBG Menopause	FEMALES Assess and support adrenal hormones Assess and support ovarian function Consider Acetyl L— Carnitine to increase Testosterone Zinc (Cofactor for support of Testosterone) Testosterone Patches/ Pellets/ Intramuscular injection Oral DHEA for androgen replacement
		MALES Erectile dysfunction Low libido Depression Difficulty focusing Hair loss Weight gain in the belly Decreased muscle mass Decreased muscle	MALES Adrenal dysfunction Testicular Insufficiency Testicular damage Aging Brain disorders High estrogen Vit. D deficiency	MALES Assess and manage adrenal dysfunction Testosterone replacement therapy Progesterone supplementation (Inhibits 5-alpha reductase) Herbal support (Ashwagandha, Malaysian ginseng, licorice, Yohimbe, Pine bark extract) Vitamin D and Zinc (Foods containing Zinc -Oysters, lamb, pumpkin seeds, nuts, seafood etc.) Oral DHEA
	High	FEMALES Acne Menstrual irregularity Increased body/facial hair Weight gain Oily skin Decreased breast size	FEMALES Adrenal dysfunction Ovarian dysfunction PCOS Insulin resistance/ diabetes Thyroid disorders Cushing's syndrome Anabolic steroids	FEMALES Assess and support adrenal hormones Assess and support ovarian function Treat progesterone deficiency if any Check for thyroid function Increase SHBG if levels are low Treat for insulin resistance Consider weight loss, healthy lifestyle changes
		MALES Acne Oily skin Hypertension Aggression Hair loss Mood swings Anger	MALES Testicular dysfunction Adrenal dysfunction Low SHBG	MALES Check for adrenal function and support if needed Increase SHBG if low Check for thyroid function Treat for insulin resistance symptoms if any Moderate exercise, healthy lifestyle changes Stress reduction Herbal remedies (Flaxseed, Soyfoods, Licorice, Saw Pal-
DHEA	Low	Fatigue Low energy/ stamina Hair loss Difficulty losing weight Low energy Mood swings Aching joints Low libido Lowered immunity Decreased bone density	Adrenal insufficiency Androgen dysfunction Alzheimer's disease, Heart disease Depression Diabetes Osteoporosis Birth control	Asses androgen function and treat if needed Measure and restore other hormones Oral DHEA supplementation Healthy diet and lifestyle changes, exercise
	High	FEMALES Oily skin Increased hair growth Deep voice Irregular periods Smaller breast size Increased genital size Headache, Nausea Sleep problems	Adrenal hyperplasia Adrenal tumors Androgen dysfunction PCOS DHEA Supplementation	No treatment required if no symptoms Surgical removal of larger tumors Stress relieving medications
		MALES Aggression Urinary urgency Breast tenderness Reduced testicular size Headache, nausea Sleep problems	MALES Adrenal tumors	

Hormone	Result	Symptoms	Possible Causes	Treatment Considerations
Cortisol	Low	Faintness & dizziness Heart palpitations Inability to cope with stress Social anxiety Fatigue Depression Weakness and fatigue Emotional instability Muscle weakness	Hypoadrenalism (Addison's disease) ACTH deficiency Tuberculosis Adrenal inflammation Adrenal hyperplasia Amyloidosis Sarcoidosis Metastases	Glucocorticoids and mineralocorticoids replacement Oral hydrocortisone replacement therapy in severe cases Cortisol testing regularly to monitor levels Stress reduction exercises Yoga, meditation recommended
	High	Cognitive difficulties New or worsened high blood pressure Headache Fatigue Muscle weakness Depression, anxiety and irritability Loss of emotional control Bone loss, leading to fractures over time	Adrenal dysfunction Excess cortisol production (Cushing's Syndrome) Pituitary adenoma Increased ACTH Adrenal adenoma Familial Cushing's Syndrome	Reduced Corticosteroid use Surgery, if cause of Cushing's is a tumor Medications to control excessive production of cortisol at the adrenal gland include ketoconazole (Nizoral), mitotane (Lysodren) and metyrapone (Metopirone). Mifepristone (Korlym) is approved for people with Cushing syndrome who have type 2 diabetes or glucose intolerance. Mifepristone does not decrease cortisol production, but it blocks the effect of cortisol on tissues.
Understanding	High throughout the day		Adrenal dysfunction	Treatment considerations listed above
Diurnal Cortisol Patterns	High AM & PM but low all day		On the way to Adrenal fatigue	Replace DHEA and Testosterone if low Progesterone levels should be tested Adaptogens, Theanine, Magnesium recommended
	High normal AM but low all day		On the verge of Adrenal fatigue	Replace DHEA and Testosterone if levels are low Progesterone levels should be tested Adaptogens, Theanine, Magnesium recommended
	Low throughout the day		Adrenal fatigue	Treatment considerations listed above
	High PM		Abnormal ACTH production by the adrenals or pituitary or a tumor outside pituitary	Test and balance Costisol/ DHEA ratio Stress reduction Adaptogens, , Phosphatidyl Serine, Magnesium Glycinate

Questions?

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