



WOMEN'S HEALTH GUIDE

When Your Mood Has a Medical Cause: The Physical Conditions That Look Like Anxiety and Depression

What to check before you accept a psychiatric label for symptoms that may have a treatable physical root

Tests to Request

Take this page to your provider or show it during your appointment to ensure a thorough workup.

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TSH, free T4, free T3, thyroid antibodies

Full thyroid panel to rule out hypothyroidism, hyperthyroidism, and autoimmune thyroid disease.

☐

Ferritin

Measures iron stores; low levels can cause depression and fatigue even when hemoglobin is normal.

☐

Vitamin B12

Deficiency can cause depression, memory loss, anxiety, and psychosis; often missed on standard labs.

☐

Vitamin D

Low levels are linked to depression and mood disorders; common in women with limited sun exposure.

☐

Fasting glucose and hemoglobin A1C

Screens for blood sugar dysregulation and diabetes, which can cause anxiety and mood swings.

☐

Two-hour oral glucose tolerance test

Detects reactive hypoglycemia, which can mimic panic attacks, if fasting glucose and A1C are normal.

☐

Estradiol, progesterone, FSH

Hormone levels to assess perimenopause or cycle-related mood changes.

☐

Complete blood count (CBC)

Screens for anemia, though normal hemoglobin does not rule out iron deficiency without ferritin.

☐

Iron panel (serum iron, TIBC, transferrin saturation)

Provides additional detail on iron status when ferritin is borderline.

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Referral to an endocrinologist

If thyroid, blood sugar, or hormonal causes are suspected but complex, an endocrinologist can provide specialized evaluation.

You can ask for any of these by name. If a provider declines, you can ask for the reason to be noted, or request a referral to someone who will look further.

This guide will help you understand why thyroid disorders, iron and B12 deficiencies, blood sugar dysregulation, and hormonal shifts can produce symptoms that mimic anxiety, depression, and bipolar disorder. You will learn the specific lab markers to request, the patterns that point toward a physical cause, and the exact words to use so your provider takes your concerns seriously.

01

PART 01

The Body-Mind Connection That Medicine Often Misses



Many women are told their anxiety or depression is psychological, only to discover later that a physical condition was driving their symptoms all along. The brain does not exist in isolation. It is a metabolic organ that depends on hormones, nutrients, oxygen, and stable fuel to function properly. When any of these systems go off balance, the brain can produce mood symptoms that look exactly like a primary psychiatric disorder.

Research consistently shows that women are more likely than men to have their physical symptoms attributed to mental health causes. This pattern is especially common for conditions that affect the thyroid, iron stores, vitamin B12, blood sugar regulation, and reproductive hormones. Each of these can cause anxiety, panic attacks, depression, irritability, brain fog, and even mood swings that meet criteria for bipolar disorder.

The stakes are high. A misdiagnosis can mean years of psychiatric medications that treat the symptom without addressing the root cause. It can mean living with fatigue, cognitive trouble, and emotional suffering that could have been resolved with a simple supplement, a thyroid medication, or a dietary change. This guide walks you through the most common physical conditions that masquerade as mood disorders and gives you the tools to advocate for a full workup.

KEY TAKEAWAYS

- ✓ Mood symptoms can be the first sign of a physical condition, not a psychiatric disorder.
- ✓ Women are more likely to have physical causes overlooked and labeled as anxiety or depression.
- ✓ A full workup before accepting a psychiatric diagnosis can save years of unnecessary treatment.



Start Here

Before your next appointment, write down when your mood symptoms started and whether they coincided with any physical changes, new medications, or life transitions. This timeline is powerful information for your provider.

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PART 02

Why Your Brain Feels Different When Your Body Is Off Balance



The brain is the most energy-hungry organ in the body, and it depends on a steady supply of oxygen, glucose, hormones, and micronutrients to regulate mood, focus, and emotional stability. When any of these inputs are disrupted, the brain's signaling systems begin to falter. This can produce symptoms that are indistinguishable from anxiety, depression, or bipolar disorder.

Thyroid hormones, for example, directly regulate the speed of the brain's metabolism. An underactive thyroid slows everything down, producing fatigue, brain fog, and depression. An overactive thyroid speeds

things up, causing racing thoughts, tremors, and panic attacks that look like generalized anxiety. Iron is essential for the production of dopamine and serotonin, the neurotransmitters that govern mood and motivation. When iron stores are low, the brain cannot make enough of these chemicals, and depression can result.

Vitamin B12 is critical for the formation of the myelin sheath that insulates nerve cells and for the synthesis of neurotransmitters. A B12 deficiency can cause memory loss, confusion, mood changes, and even psychosis in severe cases. Blood sugar swings trigger the release of stress hormones like adrenaline and cortisol, which produce the classic symptoms of anxiety: a pounding heart, sweating, shaking, and a sense of impending doom. Hormonal shifts across the menstrual cycle, perimenopause, and postpartum can destabilize mood in ways that mimic bipolar disorder.

Understanding these mechanisms is empowering because it gives you a map of what to check. Instead of accepting that your mood is broken, you can ask whether your brain is simply not getting what it needs to function.

KEY TAKEAWAYS

- ✓ The brain requires steady thyroid hormones, iron, B12, glucose, and reproductive hormones to regulate mood.
- ✓ Each deficiency or imbalance produces a distinct but often overlapping set of mood symptoms.
- ✓ Knowing the mechanism helps you ask targeted questions and request specific tests.

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03

PART 03

Thyroid Disorders: The Great Mood Mimicker



Thyroid disorders are among the most common physical causes of mood symptoms in women, yet they are frequently missed. An underactive thyroid, or hypothyroidism, can cause profound fatigue, low motivation, sadness, brain fog, and a sense of hopelessness that looks exactly like clinical depression. Many women are prescribed antidepressants that do not work because the real problem is insufficient thyroid hormone.

An overactive thyroid, or hyperthyroidism, can produce anxiety, restlessness, irritability, insomnia, and a racing heart that looks like panic disorder. Some women experience mood swings and agitation severe enough to be mistaken for bipolar disorder. The key is that thyroid-related mood symptoms often come with physical clues: weight changes, temperature sensitivity, changes in energy, hair thinning, dry skin, or a racing pulse.

Standard screening often includes only TSH, or thyroid-stimulating hormone, which can miss subtle dysfunction. Many clinicians now recommend testing TSH along with free T4, free T3, and thyroid antibodies, especially if there is a family history of thyroid disease or if symptoms are present. Thyroid issues are more common in women, particularly after pregnancy and during perimenopause, and they can develop gradually, making them easy to overlook.

If you have mood symptoms that started or worsened around a life stage like postpartum or perimenopause, or if you have a family history of thyroid disease, request a full thyroid panel before accepting a psychiatric diagnosis. Treatment with thyroid hormone replacement or antithyroid medications often resolves the mood symptoms entirely.

KEY TAKEAWAYS

- ✓ Hypothyroidism can mimic depression; hyperthyroidism can mimic anxiety or bipolar disorder.
- ✓ Physical clues like weight changes, temperature sensitivity, and hair thinning often accompany thyroid-related mood symptoms.
- ✓ Request a full thyroid panel, including TSH, free T4, free T3, and antibodies, not just TSH alone.



Ask Your Provider

"I would like a full thyroid panel including TSH, free T4, free T3, and thyroid antibodies. Can we run these tests to rule out a thyroid cause for my mood symptoms?"

Iron and B12 Deficiency: When Low Stores Steal Your Wellbeing



Iron and vitamin B12 deficiencies are two of the most treatable causes of depression, anxiety, and cognitive decline, yet they are routinely overlooked in women. Iron is essential for the production of dopamine and serotonin, the brain's primary mood-regulating neurotransmitters. When iron stores are low, the brain cannot produce these chemicals in adequate amounts, and depression, apathy, and irritability can result.

Many women are told their iron levels are normal because their hemoglobin is within range. But hemoglobin is a measure of red blood cell production, not iron storage. Ferritin, the protein that stores iron, can be low long before anemia develops, and even low-normal ferritin can cause mood symptoms, fatigue, and brain fog. Women lose iron through menstruation, pregnancy, and childbirth, making deficiency common, especially in those with heavy periods.

Vitamin B12 deficiency is another frequent culprit. B12 is needed for the formation of myelin, the protective coating around nerves, and for the synthesis of neurotransmitters. Deficiency can cause depression, confusion, memory loss, irritability, and in severe cases, psychosis or mania. B12 deficiency is more common in women who follow a vegan or vegetarian diet, have gastrointestinal conditions like celiac or Crohn's disease, or take acid-reducing medications long term.

The most frustrating part is that standard lab work often does not include ferritin or B12 unless specifically requested. A complete blood count can look normal even when B12 is dangerously low. If you have mood symptoms plus fatigue, tingling in the hands or feet, memory trouble, or heavy periods, ask for ferritin and B12 levels to be checked. Supplementation can bring dramatic improvement within weeks.

KEY TAKEAWAYS

- ✓ Iron deficiency can cause depression and apathy even when hemoglobin is normal; ferritin is the key test.
- ✓ B12 deficiency can cause depression, memory loss, and even psychosis; it is common in vegans and those with gut issues.
- ✓ Request ferritin and B12 specifically; they are not included in standard blood work.



Know Your Numbers

Ask for your exact ferritin and B12 numbers, not just whether they are in range. Many women feel better when ferritin is above 50 ng/mL and B12 is above 500 pg/mL, though discuss your results with your provider.

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PART 05

Blood Sugar Swings: The Hidden Driver of Panic and Irritability



Blood sugar dysregulation is one of the most common yet overlooked causes of anxiety and mood instability in women. When blood sugar drops too low, the body releases stress hormones like adrenaline and cortisol to raise it back up. These hormones produce the exact symptoms of a panic attack: a racing heart, sweating, shaking, nausea, and a sense of dread. Many women are diagnosed with panic disorder when the real issue is reactive hypoglycemia.

Blood sugar swings can also produce irritability, mood swings, and even rage that looks like bipolar disorder or premenstrual dysphoric disorder. The pattern is often predictable: symptoms occur a few hours after a meal, especially one high in refined carbohydrates or sugar. Women who skip meals or go long periods without eating are especially vulnerable, as are those with polycystic ovary syndrome, a condition that often involves insulin resistance.

The fix is not complicated, but it requires consistent eating patterns. Eating a meal or snack every three to four hours that includes protein, fat, and fiber can stabilize blood sugar and dramatically reduce anxiety and mood swings. Avoiding large amounts of sugar, white flour, and alcohol, especially on an empty stomach, helps prevent the rapid spikes and crashes that trigger symptoms.

If your anxiety or irritability tends to hit between meals, in the late afternoon, or after eating sweets, consider tracking your food and symptoms for a week. A continuous glucose monitor can provide clear data, but simply noticing the pattern can be enough to begin making changes. Many women find that stabilizing blood sugar resolves their anxiety without any medication at all.

KEY TAKEAWAYS

- ✓ Low blood sugar triggers adrenaline release, causing symptoms identical to panic attacks.
- ✓ Symptoms that occur between meals or after eating sweets point to blood sugar as a cause.
- ✓ Eating protein, fat, and fiber every three to four hours can stabilize mood and reduce anxiety.



Try This

For one week, eat a balanced breakfast within an hour of waking and include protein at every meal. Notice whether your anxiety or irritability improves, especially in the late morning and afternoon.

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PART 06

Hormonal Shifts Across the Cycle, Perimenopause, and Postpartum



Hormonal shifts are a powerful driver of mood symptoms in women, yet they are often dismissed as normal PMS or just part of getting older. The reality is that estrogen and progesterone directly influence the brain's neurotransmitter systems, including serotonin, dopamine, and GABA. When these hormones fluctuate, mood can swing dramatically, and the symptoms can meet criteria for major depression or bipolar disorder.

During the menstrual cycle, the drop in progesterone and estrogen in the late luteal phase can trigger anxiety, irritability, and depression in women who are sensitive to these changes. Premenstrual dysphoric disorder is a severe form of this, and it is a real physiological condition, not a character flaw. Perimenopause is another high-risk time. As estrogen becomes erratic, many women experience new or worsening anxiety, depression, rage, and brain fog. This is often misdiagnosed as a primary psychiatric disorder, especially when the woman is in her forties and not expecting hormonal changes.

Postpartum is a period of extreme hormonal flux, and it is well established that thyroiditis, iron deficiency, and blood sugar changes are common after childbirth. Yet many women are told they have postpartum depression without any workup for these physical causes. Treatment with thyroid medication, iron, or dietary changes can resolve the mood symptoms entirely in some cases.

If your mood symptoms have a clear cyclical pattern, or if they started or worsened around a hormonal transition like postpartum or perimenopause, track your symptoms for at least two cycles. Bring this record to your provider and ask whether hormonal testing or a trial of hormone therapy might be appropriate. Many women find that addressing the hormonal root, rather than treating the mood symptom alone, brings lasting relief.

KEY TAKEAWAYS

- ✓ Estrogen and progesterone directly affect serotonin, dopamine, and GABA, making hormonal shifts a potent cause of mood symptoms.
- ✓ Perimenopause and postpartum are high-risk times for new or worsening anxiety and depression that is often misdiagnosed.
- ✓ Tracking symptoms across the cycle can reveal a hormonal pattern that guides targeted treatment.



Track Your Cycle

Use a symptom tracker or a simple calendar to record your mood, energy, and physical symptoms each day. Note the day of your cycle. After two or three cycles, look for patterns that repeat at the same phase each month.

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PART 07

The Specific Lab Markers to Request Before Accepting a Psychiatric Diagnosis



Before accepting a diagnosis of anxiety, depression, or bipolar disorder, it is reasonable to request a thorough workup to rule out physical causes. Many women are told their labs are normal when only a basic panel was run. The following tests are the ones most likely to reveal a treatable physical driver of mood symptoms.

Start with a full thyroid panel: TSH, free T4, free T3, and thyroid antibodies. TSH alone can miss subclinical hypothyroidism or hyperthyroidism, which can still cause significant mood symptoms. Next, request ferritin, the measure of iron storage. Hemoglobin can be normal while ferritin is low, and low ferritin is strongly linked to depression and fatigue. Also request vitamin B12 and vitamin D levels. Both are common deficiencies that affect mood.

For blood sugar, ask for fasting glucose, hemoglobin A1C, and consider a two-hour oral glucose tolerance test if reactive hypoglycemia is suspected. A random glucose reading will not catch the swings that drive anxiety. For hormonal causes, testing estradiol, progesterone, and FSH can be useful, especially during perimenopause. A full iron panel including serum iron, TIBC, and transferrin saturation can clarify iron status

when ferritin is borderline.

Bring a printed list of these tests to your appointment. If your provider hesitates, you can say, "I would like to rule out physical causes before we pursue a psychiatric diagnosis. Can we start with these labs?" A good provider will welcome your engagement. If they refuse, consider a second opinion. Your mood is too important to treat without a complete picture.

KEY TAKEAWAYS

- ✓ Request a full thyroid panel, ferritin, B12, vitamin D, fasting glucose, and A1C before accepting a psychiatric diagnosis.
- ✓ Basic lab work often misses the specific markers that reveal a physical cause.
- ✓ If your provider refuses, it is reasonable to seek a second opinion.



Print This List

Take this list to your provider: TSH, free T4, free T3, thyroid antibodies, ferritin, vitamin B12, vitamin D, fasting glucose, hemoglobin A1C, estradiol, progesterone, FSH.

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PART 08

Patterns That Point to a Physical Cause Rather Than a Psychiatric One



Certain patterns in your symptoms can help distinguish a physical cause from a primary psychiatric disorder.

The first clue is timing. If your mood symptoms started or worsened after a specific physical event, such as giving birth, stopping birth control, starting a new medication, or experiencing a significant weight change, a physical cause is more likely. Symptoms that wax and wane in a predictable cycle, such as worsening in the week before your period, are also suggestive of a hormonal driver.

The second clue is the presence of physical symptoms alongside the mood changes. Fatigue, hair loss, dry skin, temperature intolerance, digestive issues, tingling in the hands or feet, unexplained weight changes, or heavy periods should raise suspicion for a physical condition. A primary psychiatric disorder typically does not cause these physical signs.

The third clue is how your mood symptoms respond to typical treatments. If antidepressants have not worked, or have made you feel worse, or if your anxiety seems to come out of nowhere and resolves quickly after eating, these are red flags that the root cause is not psychiatric. Many women with thyroid disorders, iron deficiency, or blood sugar swings find that psychiatric medications are ineffective or cause side effects without benefit.

Finally, consider your family history. A family history of thyroid disease, autoimmune conditions, or diabetes increases your risk of having these conditions yourself. A family history of mental illness does not rule out a physical cause, but it is worth noting. The most powerful tool you have is your own observation. Keep a symptom diary for two to three months and look for patterns. This information is gold in a medical appointment.

KEY TAKEAWAYS

- ✓ Symptoms that started after a physical event, like childbirth or stopping birth control, suggest a physical cause.
- ✓ Physical symptoms like fatigue, hair loss, or weight changes alongside mood changes point to a medical root.
- ✓ If psychiatric medications have not helped, or if mood swings resolve after eating, suspect a physical driver.



Start a Symptom Diary

Each day, record your mood, energy, food intake, sleep, physical symptoms, and the day of your cycle. After a few weeks, look for patterns that repeat.

The Words That Get a Full Workup: How to Advocate Without Being Dismissed



Many women dread going to the doctor with mood symptoms because they fear being dismissed as anxious or stressed. The good news is that there are specific words and phrases that can change the conversation. Instead of saying "I feel anxious," which often leads to a prescription for an antidepressant, try saying "I have been having physical symptoms like a racing heart, sweating, and shaking, and I want to rule out a medical cause before we assume it is anxiety."

Another effective approach is to frame your request around safety and thoroughness. You can say, "I know that thyroid problems and vitamin deficiencies can cause mood symptoms, and I would like to rule those out before we start any psychiatric treatment. Can we run a full thyroid panel, ferritin, B12, and blood sugar tests?" This frames the request as a standard part of good medical care, not as a challenge to the provider's expertise.

If the provider dismisses you, you can say, "I understand that stress can cause these symptoms, but given my family history of thyroid disease and the fact that my symptoms started after my pregnancy, I would feel more comfortable ruling out a physical cause first. Would you be willing to order these tests?" Persistence is reasonable. You are not being difficult, you are being thorough.

If you are still dismissed, consider bringing a supportive partner or friend to the appointment. Their presence can change the dynamic and make it harder for the provider to rush through. You can also ask for the refusal to be documented in your chart. This often prompts a reconsideration. Remember that you are the expert on your own body, and you have the right to a complete evaluation.

KEY TAKEAWAYS

- ✓ Frame your request around ruling out medical causes before psychiatric treatment.
- ✓ Use specific language: mention thyroid, ferritin, B12, and blood sugar tests by name.
- ✓ If dismissed, ask for the refusal to be documented in your chart; this often leads to reconsideration.



Practice These Lines

"I would like to rule out a physical cause before we assume this is anxiety. Can we start with a full thyroid panel, ferritin, B12, and blood sugar tests?"

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PART 10

What to Do When You Get the Right Diagnosis and Treatment



Once you have the right diagnosis, the path forward can be remarkably straightforward. Many physical causes of mood symptoms are highly treatable with relatively simple interventions. Thyroid hormone replacement, iron or B12 supplementation, dietary changes to stabilize blood sugar, or hormone therapy during perimenopause can produce significant improvement in mood within weeks to months.

The key is to be patient with the process. Some conditions, like thyroid disease, require ongoing monitoring and dose adjustments. Iron stores take time to replenish, and it can take several months of supplementation to feel the full effect. Blood sugar stabilization often requires consistent habits, not a quick fix. But the relief

of knowing that your symptoms have a physical cause, and that you are treating the root rather than masking the symptom, is profound.

As you begin treatment, continue tracking your symptoms. This helps you and your provider see what is working and what needs adjustment. If your mood does not improve as expected, do not assume you were wrong. It may mean that there is another physical factor at play, or that the dose needs to change. The process is iterative, but you are no longer guessing.

You are not alone in this. Many women have been told their symptoms are in their head only to discover a treatable physical cause. By learning to advocate for yourself, you are not only helping yourself, you are helping every woman who comes after you. Your story and your persistence matter.

KEY TAKEAWAYS

- ✓ Most physical causes of mood symptoms are treatable with specific interventions like thyroid medication, iron, or dietary changes.
- ✓ Be patient with the process; improvement can take weeks to months.
- ✓ Continue tracking symptoms to guide treatment adjustments.



Celebrate Small Wins

When you notice even a small improvement in your mood or energy, acknowledge it. This is your body responding to the right treatment. Keep going.

Your Symptom Tracker

Tracking your symptoms daily can reveal patterns that point to a physical cause for your mood changes.

How to read your tracker

- Look for whether your mood worsens at the same point in your menstrual cycle each month.
- Notice whether anxiety or irritability occurs consistently a few hours after eating certain foods or skipping meals.
- Check whether physical symptoms like fatigue, hair loss, or temperature sensitivity accompany the mood changes.

Week of: _____

| TRACK EACH DAY | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|---|-----|-----|-----|-----|-----|-----|-----|
| Mood (0 to 10 scale, 10 is best) | | | | | | | |
| Energy (0 to 10 scale) | | | | | | | |
| Physical symptoms (racing heart, sweating, shaking, tingling) | | | | | | | |
| Meals and snacks (what and when) | | | | | | | |
| Sleep quality (hours and how rested) | | | | | | | |
| Cycle day (if applicable) | | | | | | | |
| Notes | | | | | | | |

Three days is not enough on its own. Print one of these for each week and track at least two full cycles before your appointment. One cycle can be a fluke. Two is a pattern.

Take This to Your Provider

Print this page and bring it to your next appointment to ensure a thorough workup.



Before you book: screen the provider

Call the office and ask: Do you routinely run a full thyroid panel including antibodies, ferritin, B12, and blood sugar tests for women presenting with new or worsening anxiety or depression? If the answer is not a clear yes, find someone else before you wait months for an appointment.

MY MAIN SYMPTOMS

WHEN IT STARTED AND THE PATTERN

WHAT I HAVE ALREADY TRIED

QUESTIONS TO ASK

- Before we assume my mood symptoms are psychiatric, can we rule out thyroid disorders with a full panel including TSH, free T4, free T3, and antibodies?
- Could my iron or B12 levels be causing my depression or anxiety even if my hemoglobin is normal?
- What tests can we run to check for blood sugar swings that might be triggering my panic symptoms?
- Is perimenopause or my hormonal cycle a possible cause of these mood changes, and would hormone testing be appropriate?
- If my labs come back normal, what other physical causes should we consider before pursuing a psychiatric diagnosis?

WHAT WE DECIDED AND NEXT STEPS

What to Say in the Room

Use these lines in your appointment to be taken seriously and get the workup you need.

I have been having physical symptoms like a racing heart and shaking, and I want to rule out a medical cause before we assume it is anxiety.

I would like a full thyroid panel, ferritin, B12, vitamin D, and blood sugar tests to check for physical causes of my mood symptoms.

My symptoms started after my pregnancy and have not responded to antidepressants. I would like to investigate whether there is a physical root.

I have tracked my symptoms for two cycles and noticed they worsen the week before my period. Can we test my hormone levels?

If you are not comfortable ordering these tests, would you please document in my chart that I requested them and you declined?

I understand stress can play a role, but given my family history of thyroid disease, I would feel safer ruling out a physical cause first.

If they push back

| IF THEY SAY | YOU CAN SAY |
|--|---|
| Your labs look normal. This is just anxiety. | Which specific tests did you run? I would like to review my ferritin, B12, and thyroid antibody results if they were included. |
| You are probably just stressed. Try to relax. | I appreciate that, but my physical symptoms are real and I would like to rule out a medical cause before we attribute them to stress. |
| Antidepressants will help with the anxiety and the physical symptoms. | I would prefer to rule out thyroid, iron, and blood sugar issues first, since those can cause the same symptoms and are treatable without medication. |
| Perimenopause is normal. Every woman goes through it. | I understand it is common, but my symptoms are severe and affecting my quality of life. Can we test my hormone levels and discuss options? |
| You are too young for thyroid problems or hormonal issues. | Thyroid disorders and hormonal shifts can occur at any age. I would like to test them to be thorough. |
| We do not test for that unless there is a clear medical indication. | My symptoms are the indication. I am asking for these tests to rule out treatable physical causes before we pursue a psychiatric diagnosis. |

Plain-Language Glossary

TSH

Thyroid-stimulating hormone, a blood test that screens for thyroid function but can miss subtle dysfunction.

Free T4 and Free T3

The active and inactive forms of thyroid hormone; measuring them gives a more complete picture of thyroid status than TSH alone.

Thyroid antibodies

Markers of autoimmune thyroid disease, such as Hashimoto's or Graves' disease, which can cause mood symptoms.

Ferritin

A protein that stores iron; low ferritin indicates iron deficiency even when hemoglobin is normal.

Hemoglobin A1C

A blood test that measures average blood sugar over the past two to three months, used to screen for diabetes and prediabetes.

Reactive hypoglycemia

A condition where blood sugar drops too low a few hours after eating, triggering anxiety-like symptoms from stress hormone release.

Perimenopause

The transitional years before menopause when estrogen and progesterone become erratic, often causing mood symptoms.

Premenstrual dysphoric disorder (PMDD)

A severe, hormone-driven mood disorder that occurs in the luteal phase of the menstrual cycle and can be mistaken for bipolar disorder.

Myelin

The protective coating around nerve cells that requires B12 to form; deficiency can cause nerve and mood symptoms.

JOIN THE MOVEMENT

You Deserve a Full Picture

You came here because something did not feel right, because you suspected there was more to your mood symptoms than a psychiatric label. You were right to question. Your body and brain are connected, and when one is out of balance, the other will tell you. Follow the WOMO movement for more guides that put real knowledge in your hands. Join our community, be first for the WOMO app when it launches, and save and share this guide with a woman who needs to hear that her symptoms are not just in her head.

Save this guide. Share it with one woman who has been told it is just anxiety.

We're listening now.

WOMO HEALTH

This guide is for educational purposes and does not replace medical advice from a trusted provider. Always discuss your symptoms and test results with a qualified healthcare professional.