



WOMEN'S HEALTH GUIDE

It's Not 'Just Anxiety': The Physical Causes Your Doctor Misses

When mood symptoms keep getting a psychiatric label while your body is trying to tell you something else.

Tests to Request

Hand this page to your provider or take a photo of it. These are the specific tests and referrals to request before accepting a psychiatric diagnosis.



Thyroid panel with antibodies

Checks TSH, free T4, free T3, and thyroid antibodies to rule out autoimmune thyroid disease as a cause of anxiety and depression.



Ferritin

Measures iron stores; low levels can cause fatigue, brain fog, and anxiety even when hemoglobin is normal.



Vitamin B12

Low B12 can cause depression, memory loss, and fatigue that are often misdiagnosed as a mood disorder.



Vitamin D

Low vitamin D is linked to depression and anxiety; correcting a deficiency can improve mood.



Fasting glucose and hemoglobin A1c

Screens for blood sugar dysregulation that can cause anxiety, shakiness, and mood swings.



Complete blood count (CBC)

Checks for anemia, which can cause fatigue and irritability that mimic depression.



Iron panel (serum iron, TIBC, transferrin saturation)

Gives a fuller picture of iron status beyond ferritin alone.



Estradiol and progesterone

Hormone levels that fluctuate in perimenopause and can directly affect mood; testing can reveal a hormonal pattern.



Cortisol (morning or four point salivary)

Checks for cortisol dysregulation, which can produce anxiety, fatigue, and sleep problems.



Comprehensive metabolic panel

Includes electrolytes, kidney and liver function, and can uncover metabolic causes of mood symptoms.



Referral to a reproductive psychiatrist

A specialist who treats mood disorders in the context of hormonal transitions like perimenopause and postpartum.



Referral to a functional medicine practitioner

A provider who looks at the whole picture of nutrition, hormones, and lifestyle as potential drivers of mood symptoms.

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.

You will learn why thyroid problems, iron deficiency, blood sugar swings, and hormonal shifts can mimic anxiety and depression, the specific lab tests to request before accepting a psychiatric diagnosis, and the exact words that get a provider to take your physical symptoms seriously.

01 PART 01

What This Guide Covers and Why It Matters



Many women are told their racing heart, sudden panic, or crushing fatigue is "just anxiety." They leave the office with a prescription for an antidepressant or an anti-anxiety medication, but the underlying physical cause never gets addressed. This guide is for the woman who knows her body and suspects something else is going on.

Research consistently shows that physical conditions can produce symptoms that look exactly like anxiety or depression. Thyroid disorders, iron deficiency, vitamin B12 deficiency, blood sugar instability, and the hormonal shifts of perimenopause and menopause can all trigger mood changes. When these conditions go undiagnosed, women can spend years cycling through psychiatric treatments that never quite work.

This guide will teach you the patterns that point to a physical cause, the specific lab markers to request, and the language that gets a provider to listen. You will learn how to track your symptoms to reveal a real pattern, what questions to ask before accepting a psychiatric diagnosis, and how to advocate for yourself without being dismissed.

The goal is not to dismiss mental health care. The goal is to ensure that every woman gets a full workup before she is labeled, so that no physical cause is left unchecked.

KEY TAKEAWAYS

- ✓ Physical conditions like thyroid disease, iron deficiency, and blood sugar swings can mimic anxiety and depression.
- ✓ Many women are prescribed psychiatric medications without a basic lab workup.
- ✓ Tracking symptoms can reveal patterns that point to a physical cause.
- ✓ Specific lab markers can rule out common physical causes before accepting a psychiatric diagnosis.
- ✓ The right language in the exam room can get a provider to take your physical symptoms seriously.



Before You Accept a Psychiatric Diagnosis

Ask your provider: 'Before we treat this as anxiety, can we rule out thyroid, iron, B12, and blood sugar issues with a blood test?'

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02 PART 02

What Is Happening in Your Body: The Physical Mechanisms Behind Mood Symptoms



Your brain does not exist in a vacuum. It runs on fuel, oxygen, hormones, and nutrients. When any of those are out of balance, your brain can send distress signals that feel like anxiety, panic, or depression.

Understanding these mechanisms helps you recognize when a mood shift is actually a physical signal.

Thyroid hormones regulate your metabolism, including how your brain cells use energy. When your thyroid

is underactive, your brain slows down, which can feel like depression, brain fog, and fatigue. When it is overactive, your brain speeds up, which can feel like racing thoughts, panic, and insomnia. The thyroid is one of the most common physical causes of mood symptoms in women.

Iron is essential for making dopamine and serotonin, the neurotransmitters that regulate mood. When your iron stores are low, your brain cannot produce enough of these chemicals, which can lead to anxiety, depression, and restless legs. Many women with iron deficiency are told they have anxiety before anyone checks their ferritin.

Vitamin B12 is critical for nerve health and the production of myelin, the insulation around your nerves. A B12 deficiency can cause tingling, memory problems, fatigue, and mood changes that are often mistaken for depression or anxiety. Vegetarians, vegans, women who have had gastric bypass surgery, and women taking certain medications are at higher risk.

Blood sugar swings can also mimic anxiety. When your blood sugar drops, your body releases adrenaline to bring it back up, and that adrenaline surge can feel exactly like a panic attack. Many women experience this pattern in the afternoon or after a high-carb meal, and it is often dismissed as stress.

KEY TAKEAWAYS

- ✓ Thyroid disorders can cause mood symptoms that look like depression or anxiety.
- ✓ Iron deficiency affects neurotransmitter production and can mimic anxiety.
- ✓ B12 deficiency can cause mood changes, memory problems, and fatigue.
- ✓ Blood sugar drops can trigger adrenaline surges that feel like panic attacks.
- ✓ Understanding these mechanisms helps you recognize when a mood shift is physical.



A Key Question to Ask

Ask your provider: 'Could my mood symptoms be related to a blood sugar or thyroid issue? Can we check my fasting glucose and thyroid panel?'

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PART 03

The Full Symptom Picture: What Women Are Told to Ignore



The symptoms that get labeled as anxiety or depression are often the tip of the iceberg. Beneath the surface, there are physical signs that the body is struggling. Many women learn to downplay these symptoms because they are told they are "just stress" or "part of being a woman."

If your anxiety comes with fatigue that does not improve with rest, cold hands and feet, dry skin, or unexplained weight changes, your thyroid may be involved. If your depression comes with heavy periods, shortness of breath, or cravings for ice or dirt, your iron stores may be low. If your panic attacks happen in the afternoon or after skipping a meal, your blood sugar may be swinging.

Other physical clues include tingling in your hands or feet, memory lapses, brain fog, and a feeling of being "unsteady" or "off balance." These can point to a B12 deficiency. Changes in your menstrual cycle, especially if you are in your late thirties or forties, can point to perimenopause as a driver of mood changes.

Many women are told that their mood symptoms are all in their head, but these physical signs are real and measurable. If your provider dismisses them, you can use the appointment script in this guide to ask for a full workup. The goal is to find the root cause, not just treat the symptom.

KEY TAKEAWAYS

- ✓ Physical signs like fatigue, cold hands, and weight changes can point to thyroid issues.
- ✓ Heavy periods and cravings for ice can signal iron deficiency.
- ✓ Tingling, memory lapses, and brain fog can indicate B12 deficiency.
- ✓ Afternoon panic attacks may be linked to blood sugar swings.
- ✓ Tracking these physical symptoms alongside mood can reveal a pattern.



A Symptom to Track

Note when your anxiety or panic hits. Is it always in the afternoon or after a meal? That pattern can point to blood sugar swings.

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PART 04

What Causes These Physical Drivers of Mood Symptoms



Several common conditions can cause mood symptoms that look like anxiety or depression. Understanding what they are and how they work gives you the language to ask for the right tests.

Thyroid disorders are the most common. Hashimoto's thyroiditis, an autoimmune condition, slowly destroys the thyroid and leads to hypothyroidism. Graves' disease causes hyperthyroidism. Both can cause mood changes. Women are five to eight times more likely than men to have thyroid disease, and it often appears in the childbearing years.

Iron deficiency is the most common nutrient deficiency in the world, and women are at high risk due to menstrual blood loss. When iron stores get low enough to affect brain function, the result can be anxiety, depression, and restless legs. Many women have iron deficiency without anemia, meaning their hemoglobin is normal but their ferritin is low, and standard lab panels may miss it.

Vitamin B12 deficiency is often overlooked. The standard range for B12 is broad, and many women have symptoms at levels that are technically "normal" but are too low for their body. Risk factors include a vegetarian or vegan diet, gastric bypass surgery, celiac disease, Crohn's disease, and long-term use of acid-reducing medications.

Blood sugar instability, including reactive hypoglycemia, can cause adrenaline surges that feel like panic. This is common in women with PCOS, prediabetes, or a family history of diabetes, but it can also happen in otherwise healthy women. Perimenopause and menopause also cause mood changes due to fluctuating estrogen and progesterone, which affect serotonin and GABA receptors.

KEY TAKEAWAYS

- ✓ Thyroid disease is more common in women and often causes mood symptoms.
- ✓ Iron deficiency can cause anxiety and depression even without anemia.
- ✓ B12 deficiency is often missed because standard ranges are broad.
- ✓ Blood sugar swings can trigger adrenaline surges that mimic panic.
- ✓ Hormonal shifts in perimenopause can directly affect mood.



A Lab to Request

Ask for a ferritin test, not just a complete blood count. Ferritin measures your iron stores and can be low even when your hemoglobin is normal.

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PART 05

How to Tell It Apart: Patterns That Point to a Physical Cause



Not every mood symptom is driven by a physical condition, but there are patterns that strongly suggest a physical cause. Learning to recognize these patterns can help you know when to push for a workup.

If your mood symptoms came on suddenly or have a clear onset, that is a clue. Anxiety that starts in your late thirties or forties, for example, is more likely to be hormonal than anxiety that started in childhood. If your depression appeared after a major health event, surgery, or significant weight loss, that also points to a physical cause.

If your symptoms are cyclical, meaning they get worse at certain points in your menstrual cycle, that suggests a hormonal driver. Many women in perimenopause notice that their mood drops in the week before their period or during ovulation. If your anxiety is worse in the afternoon or after a high-carb meal, that points to blood sugar.

If you have physical symptoms that do not fit a psychiatric diagnosis, like tingling, memory loss, fatigue that does not improve with sleep, or unexplained weight changes, that is a red flag. If your family has a history of autoimmune disease, especially thyroid disease, that increases your risk.

If you have tried psychiatric medications and they did not work well or caused side effects you could not tolerate, that is another clue. A physical cause often responds poorly to standard psychiatric treatment.

KEY TAKEAWAYS

- ✓ Sudden onset of mood symptoms in your thirties or forties often points to a physical cause.
- ✓ Cyclical symptoms that worsen with your menstrual cycle suggest a hormonal driver.
- ✓ Physical symptoms like tingling or memory loss do not fit a psychiatric diagnosis.
- ✓ Family history of autoimmune disease increases your risk for thyroid issues.
- ✓ Poor response to psychiatric medications can be a sign of an underlying physical condition.



A Pattern to Watch

Track your mood and physical symptoms daily for at least two cycles. If your anxiety peaks at the same point each cycle, that is a strong signal for a hormonal cause.

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PART 06

Every Treatment and Management Option: From Lab Work to Lifestyle



If a physical cause is found, treatment is often straightforward. The goal is to address the underlying imbalance, not just manage the mood symptom. Here is what each treatment path looks like.

For thyroid disorders, treatment depends on whether the thyroid is underactive or overactive. Hypothyroidism is treated with thyroid hormone replacement, usually levothyroxine. Hyperthyroidism may require medication, radioactive iodine, or surgery. The key is to find the right dose, which can take time and requires follow-up labs.

For iron deficiency, treatment is iron supplementation. The form matters: ferrous sulfate is common but can cause digestive upset, and some women tolerate ferrous bisglycinate better. Vitamin C helps absorption, and calcium, tea, and coffee can block it. Many women need several months of supplementation to restore their ferritin levels.

For B12 deficiency, treatment can be oral supplements or injections, depending on the cause and severity. Injections are often used for pernicious anemia or severe deficiency. Sublingual B12 is another option. The key is to retest after treatment to make sure levels have normalized.

For blood sugar swings, the first step is dietary: eating protein and fat with every meal, avoiding high-carb meals on an empty stomach, and eating regularly to prevent drops. Some women benefit from a continuous glucose monitor to see how their body responds to different foods.

For hormonal drivers of mood, options include hormone therapy, lifestyle changes, and sometimes antidepressants that are tailored to the hormonal pattern. Many women find that tracking their cycle helps them anticipate and manage mood shifts.

KEY TAKEAWAYS

- ✓ Thyroid disorders are treated with hormone replacement or medication.
- ✓ Iron deficiency requires supplementation, often for several months.
- ✓ B12 deficiency may need oral supplements or injections.
- ✓ Blood sugar swings can be managed with dietary changes and regular meals.
- ✓ Hormonal mood changes may respond to hormone therapy or cycle tracking.



A Dietary Tip for Blood Sugar

If you suspect blood sugar swings, try eating protein and fat at breakfast, like eggs with avocado. This can prevent the afternoon crash that mimics anxiety.

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PART 07

What She Can Do Day to Day: Tracking, Eating, and Resting



While you work with your provider to find the root cause, there are daily practices that can support your body and help you feel more in control. These are not treatments, but they can reduce the burden of symptoms.

Start with tracking. Use a simple notebook or a notes app to record your mood, energy, physical symptoms, and what you ate and when. Do this daily for at least two menstrual cycles. The patterns that emerge can be the evidence you need to take to your provider. Look for the same symptom showing up at the same time of

day or the same point in your cycle.

Focus on steady blood sugar. Eat every three to four hours, and make sure each meal has protein, fat, and fiber. Avoid skipping meals, and if you are prone to afternoon anxiety, have a protein-rich snack like nuts or yogurt in the early afternoon. This can prevent the adrenaline surge that feels like panic.

Prioritize sleep. Sleep deprivation makes every mood symptom worse and can mimic depression and anxiety. Create a wind-down routine that starts at least an hour before bed: no screens, dim lights, and a calming activity like reading or gentle stretching. If your sleep is disrupted by restless legs, that is another clue that your iron or B12 may be low.

Move your body in a way that feels good. Gentle movement like walking, yoga, or swimming can help regulate cortisol and blood sugar. Intense exercise can sometimes trigger anxiety if your adrenal system is already taxed, so listen to your body.

Practice grounding techniques for acute anxiety. When a panic surge hits, try the 5-4-3-2-1 method: name five things you can see, four you can touch, three you can hear, two you can smell, and one you can taste. This can help you ride out the wave while you investigate the physical cause.

KEY TAKEAWAYS

- ✓ Track your mood, energy, and physical symptoms daily to find patterns.
- ✓ Eat protein, fat, and fiber at every meal to stabilize blood sugar.
- ✓ Prioritize sleep and create a wind-down routine.
- ✓ Move gently to regulate cortisol and blood sugar.
- ✓ Use grounding techniques to manage acute anxiety while you investigate.



A Daily Practice

Set a timer to eat a protein-rich snack at 3 p.m. every day for a week. If your afternoon anxiety improves, blood sugar is likely a factor.

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PART 08

How It Changes Across Life Stages: Perimenopause, Pregnancy, and Beyond



The physical causes of mood symptoms are not static. They change across a woman's life, and what looks like anxiety at one stage may have a different cause at another.

Perimenopause is a common time for new or worsening mood symptoms. The drop in estrogen affects serotonin and GABA, which can cause anxiety, irritability, and depression. Many women in their forties are told they have anxiety or depression when the real driver is hormonal. Thyroid disease also becomes more common in perimenopause, adding another layer.

Pregnancy and the postpartum period are high-risk times for iron deficiency and thyroid disorders. Postpartum thyroiditis can cause both hyperthyroid and hypothyroid phases, and the mood changes can be mistaken for postpartum depression. Iron deficiency after childbirth is also common and can cause fatigue, brain fog, and low mood.

In younger women, especially those with heavy periods or a vegetarian diet, iron deficiency is a common driver of mood symptoms. PCOS can cause blood sugar instability that mimics anxiety. In older women, B12 deficiency becomes more common due to changes in stomach acid and absorption.

At every stage, the key is to ask for a full workup before accepting a psychiatric label. The cause may shift over time, but the approach remains the same: look for the physical driver first.

KEY TAKEAWAYS

- ✓ Perimenopause is a common time for new mood symptoms driven by hormonal shifts.
- ✓ Postpartum mood changes can be caused by thyroid disease or iron deficiency.
- ✓ Younger women with heavy periods are at high risk for iron deficiency.
- ✓ PCOS can cause blood sugar swings that mimic anxiety.
- ✓ Older women are at higher risk for B12 deficiency.



A Question for Perimenopause

If you are in your forties and experiencing new anxiety, ask your provider: 'Could my symptoms be related to perimenopause? Can we check my thyroid and iron levels?'

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PART 09

The Red Flags: When to Seek Care Now



Most physical causes of mood symptoms are not emergencies, but there are red flags that mean you need care immediately. Knowing these can save your life.

If your mood symptoms come with chest pain, shortness of breath, or a racing heart that does not stop, go to the emergency room. These can be signs of a heart attack, especially in women, and heart disease is the leading cause of death for women. Do not let anyone tell you it is just anxiety.

If you have thoughts of harming yourself or others, call a crisis line or go to the emergency room. This is always a medical emergency, regardless of the cause. You deserve immediate support.

If your symptoms include severe headache, vision changes, or neurological signs like weakness on one side of the body or trouble speaking, seek care immediately. These can be signs of a stroke or other serious neurological condition.

If you have a rapid, unexplained weight loss or gain, especially with heat intolerance or cold intolerance, your thyroid may be dangerously out of balance. This can cause a thyroid storm or myxedema coma, both of which are life threatening.

If your fatigue is so severe that you cannot get out of bed or care for yourself, that is a red flag. Severe anemia, severe thyroid disease, and severe B12 deficiency can all cause this level of disability. Do not wait

for it to improve on its own.

KEY TAKEAWAYS

- ✓ Chest pain, shortness of breath, or racing heart with mood symptoms can be a heart attack.
- ✓ Thoughts of self-harm are always a medical emergency.
- ✓ Severe headache, vision changes, or neurological signs require immediate care.
- ✓ Rapid weight changes with heat or cold intolerance can signal a thyroid emergency.
- ✓ Severe fatigue that prevents basic self-care is a red flag.



If You Are Told It Is Just Anxiety

If you are having chest pain and are told it is anxiety, ask for an EKG and a troponin test. Women's heart attacks are often misdiagnosed as anxiety.

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PART 10

How to Advocate for Yourself and Not Be Dismissed



Many women are dismissed when they bring up physical symptoms that could explain their mood. The key is to come prepared with evidence, specific language, and a clear request.

Bring your symptom tracker. If you have tracked your mood and physical symptoms for two cycles, you have data. Show the provider the pattern. Say, "I have been tracking my symptoms, and I notice that my anxiety peaks at the same point in my cycle every month. I would like to investigate whether a hormonal

imbalance or a nutrient deficiency is contributing."

Name the tests you want. Do not ask, "Could this be a medical issue?" Instead say, "Before we start a psychiatric medication, I would like to rule out thyroid disease, iron deficiency, B12 deficiency, and blood sugar issues. Can we order a TSH, free T4, ferritin, B12, and fasting glucose?"

Use the word "rule out." Providers are trained to rule out dangerous conditions. Saying "I want to rule out a thyroid disorder" is more likely to get action than saying "I think I might have a thyroid problem."

If your provider dismisses you, you have options. You can ask for the test to be documented in your chart. You can say, "I would like it noted in my chart that I requested a thyroid panel and that you declined." This often changes the conversation. You can also seek a second opinion or find a provider who specializes in women's health or functional medicine.

You are the expert on your body. If something feels off, it probably is. Trust that instinct and keep pushing until you get answers.

KEY TAKEAWAYS

- ✓ Bring your symptom tracker to appointments as evidence.
- ✓ Name the specific tests you want: TSH, free T4, ferritin, B12, fasting glucose.
- ✓ Use the phrase 'rule out' to get provider attention.
- ✓ If dismissed, ask for the denial to be documented in your chart.
- ✓ Seek a second opinion if you are not taken seriously.



A Script for the Exam Room

Say: 'I am experiencing new mood symptoms that I have tracked for two cycles. Before we treat this as anxiety, I want to rule out thyroid, iron, B12, and blood sugar issues. Can we order those labs today?'

Your Symptom Tracker

Tracking your daily physical and mood patterns can reveal whether your symptoms are tied to a cycle, a trigger, or a lab value, and that evidence is your strongest tool in a provider's office.

How to read your tracker

- Look for mood shifts that cluster in the same week of your menstrual cycle each month, a pattern that points to a hormonal driver rather than a primary psychiatric condition.
- Notice whether anxiety or depression worsens at a specific time of day, especially mid afternoon or late morning, which can signal a blood sugar swing rather than a mood disorder.
- Track whether your mood changes match a physical symptom like fatigue, headache, or heart palpitations on the same day, which raises the odds of a nutritional or thyroid cause.

Week of: _____

TRACK EACH DAY	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Mood rating (0 to 10, 10 being calm)							
Energy level (0 to 10)							
Anxiety timing (morning, afternoon, evening, or all day)							
Physical symptoms (headache, racing heart, shaking, fatigue)							
Menstrual cycle day (if applicable)							
Sleep quality (0 to 10)							
Cravings or skipped meals (yes or no)							
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

Bring these questions to your next appointment to push for a full workup before accepting a psychiatric label.



Before you book: screen the provider

Call the office and ask: When I call to book, I will ask: 'Before I schedule, can you tell me whether this provider routinely orders thyroid panels, ferritin, B12, vitamin D, and fasting glucose for women who present with anxiety or depression symptoms, or do they typically refer to mental health first?' 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 discuss medication, can we run a full thyroid panel including TSH, free T4, free T3, and thyroid antibodies to rule out an autoimmune thyroid condition?
- Could you check my ferritin level to see if low iron stores are contributing to my anxiety and fatigue?
- Will you test my vitamin B12 and vitamin D levels, since low levels can mimic depression and anxiety?
- Can we do a fasting glucose and hemoglobin A1c to see if blood sugar swings are driving my mood symptoms?
- Given my age and cycle history, could a hormone panel including estradiol and progesterone help explain these symptoms?
- If all these labs come back normal, can you refer me to a specialist who treats the intersection of hormones and mood?

WHAT WE DECIDED AND NEXT STEPS

What to Say in the Room

Use these lines word for word in the exam room to be taken seriously and to redirect the conversation toward a physical workup.

I have tracked my symptoms for the past two months and I notice my anxiety peaks in the late morning and improves after I eat. I would like to rule out a blood sugar problem before we treat this as an anxiety disorder.

I am not comfortable starting a psychiatric medication until we have checked my thyroid, iron, B12, and blood sugar. Can we run those labs first?

My heart races and I feel shaky even when I am not stressed. Can you check my thyroid and blood sugar before we call this anxiety?

I have a family history of thyroid disease. Please include thyroid antibodies in my blood work.

I feel worse in the week before my period every month. Can we look at whether my hormone levels are contributing to my mood?

I have read that low ferritin and low B12 can cause symptoms that look like depression. Will you test those levels for me?

If my labs come back normal, I still want to understand why I feel this way. Can we explore other physical causes before concluding it is just anxiety?

If they push back

IF THEY SAY	YOU CAN SAY
Your labs are normal, so this must be anxiety.	Normal does not mean optimal for me. Can you give me the exact numbers for my ferritin, B12, and thyroid markers so I can see where I fall in the range? Low normal can still cause symptoms.
You are just stressed. Try relaxation techniques.	I practice relaxation already, but my symptoms are physical: racing heart, shaking, and fatigue. I need to rule out a medical cause. Can we test my thyroid, blood sugar, and iron before we attribute everything to stress?
This is probably perimenopause, and there is nothing we can do.	Perimenopause is a real physical transition with treatment options. Can we test my hormone levels and discuss hormone therapy or other interventions that might help my mood?
You just need an antidepressant.	I want to try a full medical workup first. Please check my thyroid panel, ferritin, B12, vitamin D, and fasting glucose before we discuss antidepressants. If we find a correctable cause, I would rather treat that.

IF THEY SAY	YOU CAN SAY
Your symptoms are all in your head.	I understand you may not see a physical cause, but my body is telling me something is off. I would like a second opinion or a referral to a specialist who treats the intersection of hormones, nutrition, and mood.
You are too young for perimenopause.	Perimenopause can start in the mid thirties for many women. My symptoms follow a cyclical pattern, and I would like my hormone levels checked to be sure.

Plain-Language Glossary

Ferritin

A protein that stores iron in your body; low ferritin means low iron stores, which can cause fatigue, brain fog, and anxiety even when your hemoglobin is normal.

Thyroid panel

A set of blood tests that measure thyroid function, usually including TSH, free T4, free T3, and sometimes thyroid antibodies to check for autoimmune thyroid disease.

TSH

Thyroid stimulating hormone, a pituitary hormone that tells your thyroid to make T4 and T3; a high TSH can mean your thyroid is underactive.

Free T4

The inactive prohormone that your thyroid produces and that your body converts into active T3; low levels can indicate hypothyroidism.

Free T3

The active thyroid hormone that directly affects your metabolism, mood, and energy; low levels can cause depression and fatigue.

Thyroid antibodies

Immune proteins that attack your thyroid in autoimmune conditions like Hashimoto's thyroiditis, which can cause mood symptoms even when TSH is normal.

Hemoglobin A1c

A blood test that shows your average blood sugar level over the past two to three months; high levels indicate prediabetes or diabetes, which can cause mood swings.

Fasting glucose

A blood sugar measurement taken after not eating for at least eight hours; abnormal levels can cause anxiety, shakiness, or fatigue.

Vitamin B12

A nutrient essential for nerve function and red blood cell production; low levels can cause depression, memory problems, and fatigue that mimic psychiatric conditions.

Vitamin D

A hormone that affects mood and immune function; low levels are linked to depression and anxiety in many women.

Estradiol

The primary form of estrogen in the body during reproductive years; fluctuating levels in perimenopause can trigger anxiety, irritability, and depression.

Progesterone

A hormone that rises after ovulation and has a calming effect on the brain; low levels relative to estrogen can contribute to anxiety and insomnia.

What You Can Do at Home

These are supportive comfort and self-care practices you can use alongside medical care to help manage symptoms. They are not a substitute for testing or treatment.

- **Eat protein at every meal**

Including a serving of protein like eggs, chicken, fish, beans, or tofu at breakfast, lunch, and dinner helps stabilize blood sugar and can prevent the anxiety that comes from blood sugar dips.

- **Practice slow, deep breathing**

When you feel a wave of anxiety, try breathing in for four counts, hold for four, and out for four. This activates your parasympathetic nervous system and can calm a racing heart without needing a label.

- **Go for a short walk after meals**

A gentle 10 to 15 minute walk after eating helps your body use glucose more efficiently and can reduce the post meal anxiety or fatigue that comes from blood sugar swings.

- **Keep a symptom and food diary**

Write down what you eat, how you feel, and when symptoms occur. This can reveal patterns that point to a physical cause, such as anxiety after a high sugar snack or fatigue after skipping a meal.

- **Prioritize sleep with a consistent wind down**

Going to bed and waking up at the same time each day, and dimming lights an hour before bed, supports your body's natural cortisol rhythm and can reduce the severity of anxiety symptoms.

- **Use a warm compress on your neck or shoulders**

When anxiety feels physical, a warm compress or heating pad on tense muscles can provide comfort and signal your nervous system to relax, with no medical claim.

These are comfort and self-care measures, not treatments or cures, and they are not a substitute for care from a qualified provider.

Things That Can Help

These are generic product categories that may support your comfort and daily living while you investigate the physical causes of your mood symptoms. No product replaces medical care.

- **Heating pad**

[Shop on Amazon >](#)

A warm compress can ease the muscle tension that often accompanies anxiety, providing a simple comfort measure.

- **Magnesium glycinate**

[Shop on Amazon >](#)

Magnesium supports nerve function and sleep, and some women find it helps with anxiety, though it is not a treatment for an underlying medical condition.

- **Blood glucose monitor**

[Shop on Amazon >](#)

Tracking your blood sugar at home can help you identify whether symptoms like shakiness or anxiety are tied to blood sugar dips, giving you data to share with your provider.

- **Blue light blocking glasses**

[Shop on Amazon >](#)

Wearing them in the evening can support your natural sleep cycle, which is important for mood regulation and may help if anxiety worsens at night.

- **Sleep mask**

[Shop on Amazon >](#)

A dark sleep environment supports deeper sleep, which can reduce the fatigue and irritability that often accompany untreated physical drivers of mood.

- **Journal**

[Shop on Amazon >](#)

Writing down your symptoms, meals, and cycle day helps you spot patterns and provides concrete evidence to bring to your provider.

As an Amazon Associate, WOMO earns from qualifying purchases. We only suggest products we believe are genuinely useful, and a link may earn us a small commission at no extra cost to you.

JOIN THE MOVEMENT

You Deserve a Full Workup, Not a Quick Label

Your body is not lying to you. The physical symptoms you feel are real, and they deserve to be investigated before you are handed a psychiatric label. You are not alone in this experience, and you are not crazy. Follow the WOMO movement for more guides like this one, and be first to know when the WOMO app launches, so you can track your symptoms, prepare for appointments, and connect with providers who listen. Save and share this with a woman who needs to hear that it is not just anxiety.

Save this guide, share it with a friend, and follow WOMO for more tools that put your bio-intelligence first.

We're listening now.

WOMO HEALTH

This guide is for educational purposes only and does not replace medical advice from a trusted provider. Always consult your own clinician before making changes to your health care.