Indications for Mira Testing in Perimenopause

Mira provides valuable affirmation data that supports clinical suspicion regarding hormone replacement therapy (HRT) decisions, regardless of age. Unlike “spot testing,” which can be misleading, Mira offers a comprehensive view of hormone patterns over time, helping clinicians make more informed and accurate decisions about HRT.

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Hormone Patterns & Cycle Assessment

- ☐ Identify hormone patterns and abnormalities
  - ☐ Assess for patterns of estrogen deficiency
  - ☐ Assess for patterns of estrogen dominance, excess, or unopposed estrogen
  - ☐ Identify low PdG or unusual PdG patterns
- ☐ Distinguish between ovulatory and anovulatory cycles
  - ☐ Determine whether ovulatory cycles are occurring
  - ☐ Correlate how symptoms may differ between these cycle patterns
- ☐ Propose markers of luteal phase defects
- ☐ Assess menstrual cycle phases after procedures such as hysterectomy or uterine ablation

Ovarian Function & Hormonal Fluctuations

- ☐ Track ovarian activity and monitor hormonal fluctuations

- [ ] Determine if hormones are coordinated, balanced, and functioning optimally

- [ ] Monitor FSH levels to assess ovarian function/dysfunction
  - [ ] Track changes in FSH levels over time to monitor the progression of perimenopause
- [ ] Correlate symptoms with hormonal patterns where applicable

Treatment & Intervention Support

> ⚠️ Testing (e.g. Dutch test, serum or Mira) alone cannot determine if HRT is therapeutic. In other words, no test can directly assess whether HRT has achieved its desired outcomes - only a woman, based on her symptoms and experiences, can evaluate this. Mira is a valuable tool, but clinical data, patient feedback, symptoms, and observations should also be factored into the assessment.

- [ ] Support clinical suspicion that HRT is appropriate
- [ ] Support ovulatory patterns with timed HRT
  - [ ] Coordinate timing of luteal phase progesterone (timed cyclic progesterone)
  - [ ] Facilitate physiological HRT timing
- [ ] Track endogenous hormone levels during certain types of hormone replacement therapy (HRT), where applicable.
- [ ] Assist with timing of interventions, procedures, diagnostics, and other timed strategies
  - [ ] Accurately time mid-luteal phase tests, such as serum or Dutch tests, by timing them 7 days after ovulation rather than using the generic cycle day 21.
  - [ ] Accurately time interventions, such as seed cycling, based on the follicular and luteal phases.
  - [ ] Accurately time modifications to diet and eating habits during the luteal phase to counteract decreased insulin sensitivity and optimize glucose

management.

- [ ] Assess whether non-pharmaceutical interventions, such as lifestyle modifications, diet, supplements, herbs, sleep patterns, and others, affect hormone patterns, either improving or worsening them.
    - [ ] For example: Monitor whether Vitex leads to improvements in the PdG pattern, or if inositol has a positive effect on the LH pattern.
- [ ] Assess whether the underlying hormone pattern has shifted
- [ ] Evaluate changes in the hormonal pattern of a previously stable perimenopausal patient