Clinical Decision Flowchart: How to Use Mira Effectively for Hormone Tracking in Perimenopause

mira

Left Panel

Answer the questions below to see if Mira is a good fit for your practice.

Do you provide personalized treatment recommendations?

- **Yes**
  - Do you offer interventions based on:
    - Situation, symptoms, and/or hormonal patterns → **Proceed to flow chart**
    - Symptoms alone → Do not proceed, as Mira may not provide added value
- **No** → Do not proceed, as Mira may not provide added value

Please note: This document is not intended for women with DOR or POI or those actively trying to conceive

Main Flowchart

Patient with suspected hormonal changes related to perimenopause.

Do you know if they are ovulating regardless if they are using birth control, HRT/MHT, or current interventions?

- **Yes** → Begin testing to see hormone coordination and balance
- **No** → Begin testing to determine if they are ovulating

Begin testing to see hormone coordination and balance

- **Coordinated Hormones — No imbalance or abnormality observed**
  - Does the patient have perimenopausal symptoms?
    - **Yes** → Test for a min. of 1 cycle, ideally 2-3 cycles to correlate symptoms
      - Do the symptoms correlate with a hormone pattern?
        - **Yes** → Consider interventions aimed at addressing excessive or deficient hormone levels and/or enhancing ovulation, such as cooperative HRT/MHT. See resource here.
          - Reassess if interventions are improving symptoms and supporting ovulation. If hormone pattern has changed or symptoms continue start at the top of the flowchart again.
        - **Unsure/No** → Begin treatment based on situation and symptoms
    - **No** → Keep testing to ensure continued ovulatory pattern with coordinated hormones or pause testing
- **Uncoordinated hormoness, hormone imbalance or abnormality observed**
  - Do the symptoms correlate with a hormone pattern
    - **Yes** → Consider interventions to address excessive or deficient hormone levels, focusing on the identified hormonal issue (e.g., low, high, fluctuating estrogen, or low progesterone).
      - Reassess if interventions are improving symptoms and supporting ovulation. If hormone pattern has changed or symptoms continue start at the top of the flowchart again.
    - **Unsure/No** → Begin treatment based on situation and symptoms

Reassess for symptoms

Begin testing to determine if they are ovulating

- **Ovulatory cycles**
- **Non-ovulatory cycles or amenorrhea**
  - Do the symptoms correlate with a hormone pattern
    - **Yes** → Consider interventions to address excessive or deficient hormone levels, focusing on the identified hormonal issue (e.g., low, high, fluctuating estrogen, or low progesterone).
    - **Unsure/No** → Begin treatment based on situation and symptoms

Discuss with the patient the option of continued testing.

- Does the patient wish to proceed with further testing?
- Are the results from the testing likely to lead to actionable changes in the patient's care or treatment plan?
- Would the patient like to observe changes in hormone data based on specific interventions?
- Has the testing provided valuable validation and insights for both the patient and the provider?
- Would it be helpful to track how hormone levels change in response to new interventions (e.g., lifestyle changes, medications, hormone therapy)?
- Is ongoing testing beneficial in identifying a resolution for the patient's symptoms or in managing perimenopausal concerns?
- Does the patient require data to monitor the effectiveness of treatment adjustments over time?
- Is the testing causing any undue burden for the patient (e.g., stress, cost)?

- **Yes** → **Keep testing** → Ensure hormones are balanced, without excess, deficiency, or underlying dysfunction. See the resource for information on how HRT/MHT affects Mira data.
- **Yes** → **Pause testing** → Resume testing if symptoms persist or reoccur to evaluate any changes in the underlying hormone pattern. Return to the top of the flow chart if changes occur.