Why “Normal” Lab Results Don’t Always Mean You’re Healthy Transcript

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I was only taught about one side of the fence. I didn't even know there was another side to the defense. blew my mind that I had never been trained. I'm a women's health nurse practitioner.

My whole training is in OB and GYN, and I knew none of this. It absolutely blew in my minds that understanding the female cycle, understanding hormones, understand perimenopause, PCOS, menopaus, PMDD, I have no idea.

And thyroid even, that plays such a huge role, And I am so grateful that i found that other side and i looked over the fence and jumped with both feet and I never looked back.

And I think we have to have both sides of the fence, to be honest. But I do think that we do such a better job when we dig in and patients appreciate it.

Welcome to the This Is Not Normal podcast. I'm Dr. Neb and i'm nurse practitioner Nicole. If you don't feel like yourself anymore and you've been told it's just part of aging, you have come to right place.

Let's uncover what's really going on because you deserve to love the way you feel. So you go to see your doctor. You're not feeling good, but you get told everything is normal.

How can that be? Yes. Well, we see this all the time, right? Patients come in and tell us, I don't feel like myself. Nothing feels right. I'm tired. And yelling at my kids and my husband.

Can't remember why I walked into the room. Feel like I am going to get fired from my job. Like nothing is working. They just don' feel themselves. but they've gone to their general practitioner and complained and labs have been run, general labs, and everything is in the normal range.

So frustrating. But normal doesn't mean optimal and maybe what you're feeling isn't going to come up on paper. I think a lot of people, when they come in, they say, my doctor did all the labs.

When we look at it, it was just very basic labs that look for kidney disease or liver disease. Thank goodness you don't have those things, but it didn't even look in the right places.

There's so much more that can be looked at besides the standard thing, even though it looks like it takes up the whole page. Let's talk about some of the common things that we see when women have all men have already been told everything is normal and they feel that.

So if we think about like a woman in her 50s right someone that's in menopause or in the beginning of men. your hormones are declining naturally. They're supposed to do that.

Our ovaries, you know, go into retirement. And so on paper, those hormone labs are normal for a menopausal woman, but that doesn't mean you feel good, right?

Because when your hormone are really low in menopus, You can have all of these symptoms, But it looks normal because you're menapausals. So you are being compared to other women who are 70, 80, 90 years old, and your estrogen is way down there, just like theirs is.

So that may be considered the normal range on a lab, but that's a whole point. That's not where you want to be. that is not were you used to. Looking at menopausal hormone levels and telling you that you're normal, that not fair.

It's true, it doesn't mean you feel good. Another tricky one is when you're premenopausal, your hormone levels fluctuate over the cycle, and it matters a ton where you were in your cycle when we measure your labs.

But if we know where your were, then we can interpret them properly. Because they do change, Doctors typically don't measure them because if you're in the office on some random Tuesday, you could be at any place in your menstrual cycle.

And so if they got the labs that day, it's going to be different next week and it is going be the week after. So they feel like, why bother? But as long as we know where you are, we now which time in this cycle is the best time to get your labs.

your blood pressure changes depending on whether you're relaxed or you are stressed out. Your blood sugar changes whether your eaten or your fasting. So it's not that we can't measure your hormones when you were younger, we just have to do it right.

And then the really hard part comes when your perimenopausal and your hormone are all over the place, your cycles are unpredictable. But again, Even though it's fluctuating, it doesn't mean that we cannot measure them.

It just means that, you know, we need to take all of the information in, and we can't just treat a number. We have to treat the whole page. Hormone changes, like the actual change that your hormones are going through is often why you're having symptoms, right?

When it's low one month and high the next month, especially in this perimenopause pandemonium that's happening, that is what's often making you feel crazy, not like yourself, can't think straight, mood all over the place, crying one minute, aggravated and irritated the Next, and you've never felt like this before.

Somebody told me recently that her husband was eating pretzels and she couldn't take it anymore. She made him go eat the pretzel in the bathroom because the chewing was making her lose her mind.

And there's no lab test for that. I'm just telling you right now. But we know that this is one of the really common things that women experience in perimenopause.

When we look at the hormones, we really can get a lot of information even if your regular doctor said it was okay or just said We don't do that. You're too young for a hormone problem or too old for hormone.

Problem. This is normal. It's just part of aging, whatever, you know, everything that you were told. So getting, getting your hormone levels measured.

Sometimes it's hard even to get them done in the first place. And then if you're told that they're normal, That doesn't always exactly mean it. Another one we haven't talked about is testosterone.

Let's talk about normal testosterone levels. For men and women, I think that's another common misunderstanding is women make testosterone too. We make it differently than men.

Men make in their testicles, women in the ovaries and their adrenal glands. Women's testosterone can go down even as early as our 20s, 30s. And when testosterone goes down, our moods can change, we can stop making muscle, or libido can down.

There's not an FDA-approved product for females for testosterone, and therefore we also don't have tons and tons of research the way we do for other things.

The reference range varies dramatically from one lab company to the next lab companies. So it's really hard. Twice as high in one level than another. just because nobody can really agree.

But the other thing that's really a shame is the bottom end of normal for women is way down here. So in order to be flagged as low on a lab test, you got to have like nothing left.

And so that kind of not really fair. It's just another example of how you can be feeling pretty bad but if it lands in the

range that the lab says then you'll be told that you're normal which is really frustrating for men the rain is dramatic so the ranges pretty similar in most lab tests but the rains goes from a little bit less than three hundred to almost a thousand.

It's really hard to believe that a man with a testosterone of 250 or 300 feels the same as someone with the lab range at 900 or 1000. So same problem.

And I've seen it change over the years. When we first started the top end of testosterone, the normal range in the blood work was about 900. And then it was moved up to about 1,200, and now it's back down to 900 again.

And it used to be that the low end of normal, like where it would get flagged, was 350 and moved down 300 and then down 250. So it just changed. But that's just because somebody decided where to plant the flags.

Right. It just sort of shows that it is sort arbitrary. Sitting at the low end of normal for testosterone men don't live as long as men who sit at high end Of normal's for Testosterone and so if you're down here and you feel crummy and we can put you over here, and You feel better and your healthier You know there's a lot of yeah, so it can be normal, but not often What about thyroid?

Okay? I used to be, starting from when I was a teenager, I tired all the time. I use to go to bed early. Napping was my favorite hobby. I had so many of the symptoms of low thyroid function, but every time I went to the doctor, I was told I normal.

When I in medical school, on two different occasions, one of doctors who was teaching me looked at my neck and said, your thyroid is enlarged. You need to go have it checked.

So I want and they felt and say, yes, you're thyroid enlarge. And they did the blood work. They said everything is normal, and I'm still exhausted, all the systems.

Finally, when I got bad enough. My lab went outside of the normal range and now they said that my thyroid was deemed worthy of treatment. So I'm given a thyroid pill.

Here's where it gets worse. It took 10 years from the time I first had the symptoms until I got the diagnosis and I Once I started taking the pill, it put my labs back into the normal range again, but I didn't feel normal.

I had no change in how I felt, I was still all the same symptoms. And so for another 10 years, my dose got adjusted now and then to make the lab number stay in the And I felt no difference.

So finally, when I learned about this idea of functional medicine, where we look at the root cause and we address all the different hormones and all sorts of different factors, I changed, not still taking that same little pill, but once I got it back normalized again, my whole life changed.

I wouldn't be doing what I was doing, you know, what i'm doing now I wouldn't have written books and been on TV and open to practice and, you know, coaching other practitioners.

I'd still be lying on the couch staring at the laundry basket, waiting for the launderer to fold itself because I had nothing left in me to give for 20 years.

And so this is really what fuels me is If I had normal labs for the majority of 20 years and felt terrible, that was so unnecessary. And I don't want anybody else to have to go through that.

I think there's two really important points. One is we're taught in our medical training, only so much, right? And because we all specialize too, and this is considered endocrinology, this considered hormone pathways, if you're, even endochronologists, I would argue, aren't taught all of the ins and outs of all the way hormones especially are interwoven with each other.

And we're taught to do no harm and we are taught use the guidelines and stay within this box of information and not everybody fits into that box. you didn't fit into that box and you were only given certain testing without really the full picture.

I think the other important thing to keep in mind too is we have created a medical system where we're treating paper, not people. And if a patient is in front of me saying, I don't feel good.

I'm going to do everything in my power to figure out why he or she does not feel right. If the regular standard labs truly look normal, then something else is not making you feel and we need to keep digging down layer after layer to know why you don't feel good.

And we're not going to stop until we figure it out. Yeah. You know, I remember the first conference that I went to that was talking about this kind of functional medicine root cause approach.

I remembered, and it kind makes me tear up when I think about it, sitting in the auditorium with my sweater on shivering because I'm hypothyroid on synthroid and medical conferences are always freezing cold.

So somebody put up a slide and they got all the symptoms of hypothyroidism, cold, constipated, tired, brain fog, low libido, high cholesterol is actually a sign of low…

Anyway, I had all of the things. And what they said, you know, as I'm mentally checking them all off, what he said was, if your patient's labs are normal because of whatever you've done, but they still have these symptoms, you haven't properly treated your patient.

And for anybody that never went to medical school, that seems pretty darn obvious. Right. But this is like a mind blowing, like, my gosh, and that's so ridiculous that we are literally taught to just look at the paper and not the patient Another one is, several years later, I went to the American Endocrine Association.

These are the regular endocrinologists who routinely treat hypothyroid. One of the people, one of doctors who was there speaking, doctors like me in the audience were standing up arguing that we should be treating thyroid differently.

What this person on the podium literally said was that, we shouldn't be listening to our patients, And I'm going to tell you right now, I got up and left and went to the library and read a book.

I just couldn't even be in the room. Women are complaining, they're anxious, their lazy, there overeating, whatever. And so they come in with all these complaints.

They want to blame it on their thyroid. But if their lab is normal, you know, it's not their thyroid. It's got to be them. So they were very dismissive.

That's how we're taught. The attitude and it was so upsetting. And that's one of the main reasons we do what we right, is we really wanna find the root cause of why our patients are not feeling well.

It's why we spend so much of our time teaching other providers to treat patients this way too, because we don't want you to feel this. We want to get your life back, we want your to fill your best for the second half of your lots of women come in in their 40s, you're going to live another 40 years after this.

You can't live in another four years feeling like you can barely crawl out the door every day. And so it's unfortunate, but I resonate with that same concept.

I have such a distinct memory. It's been over a decade ago of sitting in my first functional medicine conference and looking around the room and thinking, wow, I had no idea there was a better way, a different way to look at medicine.

And we live in a society of reactive medicine, right? And sometimes we need that, if you're in car accident, you need to be in trauma surgery and deal with that.

But proactive is very different and prevention and your labs aren't going to looks abnormal if we're trying to optimize them. The other thing is there are so much more available than like the standard blood work.

Some of the things that we look at where we find all kinds of things, that were previously missed, is we can look vitamin and mineral levels. Maybe your diet is missing some important things.

maybe you're actually doing a good job with your diets and you are eating them, but you aren't properly digesting and absorbing them. So now you don't have the nutrients that you need to keep your brain sharp and your energy going and metabolism rolling so you can burn the belly fat.

So nutrient levels is an important one. We now have the technology, we can look at your gut microbiome, the kind of bacteria and other microbes that live in your cut.

They are so important for regulating our immune system. That even helps dictate how many calories we absorb from the same food. Um, they affect your brain and your hormones.

And I laugh. I tell my patients this all the time. The word microbiome, when I went to medical training, it's not in the textbooks. It was called normal flora and we ignored it.

Right. We had no idea. So it is somewhat new. But really, when you think about it, it's still a new phenomenon in a lot of ways, and it doesn't necessarily translate to providers that have been kind of doing what they've been doing for a really long time, even GI doctors.

Yeah, we can look at toxins in the body. We can all of these really cool things. But they haven't hit mainstream medicine because we are really only supposed to order labs to diagnose a disease.

And these aren't really testing for diseases. They're just testing how your body is working to see which are the things that are doing a great job and which of the other things are a little out of kilter.

If there's no drug that we can write as a result of this test, then in our modern medical thinking, it makes no sense to order the test because what are we going to do about it?

Well, there is a lot that you can do with these things. Like if we know that your low in zinc, we could fix that, but you don't have to have a prescription for zinc so it doesn't fit in your medical thing.

And that's really a shame because we've got so many things that can look at to understand. I remember in particular, there was a patient who came in a few years ago and she couldn't lose weight.

She tried everything, she was working so hard, and so determined it couldn t work. So she went to her doctor because obviously something s wrong here and he did her lab and sent her that portal message that you get that says, Congratulations, everything is normal.

And she called him up and gave him a piece of her mind. I'm sure he didn't know what the heck to do. So, he referred her to us. Best decision. Yeah. Anyway, she came in and at that first appointment, She was so mad because she's mad at the situation.

She's never met me and she not mad AT me, but she was mad. And I sort of honestly sitting there thinking, I am not really sure if I want to work with this lady.

Like she is really angry. What we found is, even though she was already on a patch, that her estrogen level wasn't optimal. She was underdosed. She wasn't being treated with progesterone because she had a hysterectomy, but progeterones is important.

She was not being treat with testosterone, her testosterone was really low. Her cortisol was high, that makes you gain belly fat. Also, we found inflammation markers were elevated, B12 was too low, inflammation makes your gain weight.

B-12 is helpful for metabolism. We found hidden food sensitivity, so she was eating foods that were creating inflammation in her insides, we find that a lot.

Even though they're healthy foods. But we found that for people who struggle with their weight and they are just unsuccessful. So we've found this whole list of things and none of them are bad things.

They're just things that need to be fixed. And they all fixable. She lost 40 pounds and she became our biggest supporter. If anybody made a comment on a Google review or something that wasn't optimal, she was right in there defending it.

It was great. all of the normal, you know, that portal message, congratulations, everything is normal. Yay. And we see this every day. Every single day.

I had a patient just yesterday, 41 years old, and she was told, you're not in perimenopause, which, I'm sorry, ladies, if you are 41, even if your cycles are normal and you feel well, by definition, your in period menopausal, right?

But oftentimes if we're eating healthy, we are not moving our bodies, being exposed to lots of toxins, there's a lot of inflammation, that's going to set us up.

to have all the hormone symptoms as well. And we see this scenario every single day and we are so fortunate to a team and have the knowledge and education to wrap our arms around the whole person and to really help them get their life back.

Yeah. And we spend a lot, we don't send people portal messages. Here's your lab results. We really want to sit down and talk through it with everybody because to us, it's not good enough for us to just say, here, try these vitamins or this hormone cream or whatever.

What we really wanna is for people to understand what's going on in their body. Why is it happening? How is making them feel? What can be done about it?

Because really the whole point of doing the lab test isn't for us to just prescribe something, it's for to give you the information that you need to take back control over your own health, keep yourself well, and keep out of all of our doctors' offices as much as possible.

And so that's really, for US, what's important. The least amount of time that we need see you means you're doing great! Yeah, that's true. And another challenge with all of these really great labs, like why don't all the doctors do these great lab?

Partly it's because they're not covered by insurance. And some of them are, but you know, a lot of these we're talking about aren't covered insurance, it doesn't mean you can't have them.

None of the labs are like thousands of dollars. You know they are $100 here, maybe $200 there. So that's one thing is they aren t covered. The other is nobody ever taught us how to interpret the lab.

Sometimes people will have lab work done in our office and they re excited about it and take it to their regular doctor to show them and What do I do with this?

Yeah, you know and I understand to like I remember what it used to be like when I would see these labs I didn't understand and we don't like to not understand.

And if I'm being really honest we feel like if it really worked or if was really true, they would have taught us at

medical school. And the fact that they didn't teach us is a clear sign that this is all bogus and that's not fair.

I keep saying I deserve a partial refund on my medical education because they left out a bunch of really important stuff. you know, going back to what you were saying before when we were at those first medical conferences, I thought to myself, oh, feel robbed, right?

Like I was only taught about one side of the fence. I didn't even know there was another side to the defense. Didn't know to look over, like say, let me peek on the other side.

There's all, thousands of providers that were already doing what I just learning how to do. And it blew my mind that, I had never been trained. I'm a women's health nurse practitioner.

My whole training is in OB and GYN, and I knew none of this. It absolutely blew my mind that understanding the female cycle, understanding hormones, understand perimenopause, PCOS, menopaus, PMDD, I have no idea.

And thyroid even, that plays such a huge role. And I'm so grateful that I found that other side and I looked over the fence and jumped with both feet and never looked back.

And we have to have both sides of a fence, to be honest. But I think we do such a better job when we dig in and patients appreciate it. I had a patient, I hadn't even started her visit the other day and just let her know I was here to listen to her and understand what's going on and she immediately just started crying.

We have tissues in every room because happens a lot like the relief of finally being heard being believed being validated. It is so important. it's so huge.

And it so sad that you know if this is what it takes to just feel like somebody actually really cares and you're not just patient number three at nine o'clock and they got a waiting room full of more.

Our medical system, it does a really good job when there is a bad thing going on, when, there's a surgery needed, When there was a major medical thing, something that the labs do show, wow, this is abnormal.

This is serious. Or you need a surgical intervention. We do a good with acute you know, really serious illnesses. But we need to think about preventative care and proactive care, and how we look at that a little bit differently to keep you from potentially having all of those problems.

And so acute care medicine is great, right? And to be fair too, I don't mean to bash doctors because doctors care about their patients. So when women feel dismissed and feel like they're not being validated, It doesn't mean that the doctor doesnt care.

It's just that a system, we've got these 15-minute appointments. You're complaining of a symptom. What we're going through on our brain is which prescription am I going to write for you?

Its just, you know, doctors are caught in this system and they're doing the best that they can with the circumstances. But there is more. So that's our message for today is there are more, even if you have been told that your labs are normal, It doesn't mean that you can't still find help.

probably that the wrong labs were looked at. Those ones are normal, but what about the other one? Maybe it's normal but not optimal, But there's so much more.

Thank you for listening to This Is Not Normal. If today's conversation helped you realize that you do not have to put up with feeling this way, follow the podcast, leave us a review, and share it with someone who needs to hear it.

And if you're ready to take your next steps, then schedule your free discovery call at signaturewellness.org.