

PERSONALISED HEALTH REVIEW

Preferred Name: Sarah

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Service: Email — Comprehensive

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Dear Sarah,

You came to this review because several things have gradually changed over the past few years rather than because of one major health problem. Your energy is lower, particularly in the afternoon; sleep is lighter; you have gained weight around your middle; exercise has become harder to maintain; digestion is less predictable; and your menstrual cycle has started to change.

You also want to think ahead. Your father's history of type 2 diabetes has made you more aware of your own metabolic health, but you don't want an extreme diet, a long supplement list or fifteen changes that last for two weeks.

I think that is a very sensible place to start.

What I think is most important

Around three years ago, you remember having more energy after work, exercising regularly, sleeping better and maintaining your weight without having to think about it very much.

Since then, something important has changed: the demands on you have increased while the things that help you recover have become less consistent.

Your promotion brought more meetings, more sitting, more time at the laptop and less opportunity for exercise. You are usually sleeping around 6–6½ hours, with waking at 3–4 am several nights a week. Breakfast is often coffee, lunch depends on the working day, and by 3–4 pm—when your energy is at its lowest—coffee, biscuits or chocolate understandably become much more appealing.

Then there is another change happening at the same time. Over the past 18 months your periods have become less predictable, sometimes heavier, and you have noticed some night warmth. At 48, this is compatible with the menopausal transition, although I would not assume that hormones explain everything you are experiencing.

Put together, I don't see a reason to respond by making your life even more demanding.

I would start by helping you recover more reliably, nourish the working day better and rebuild movement at a level you can actually sustain.

Your weight matters, particularly because of the change around your waist and your family history, but I would not make weight loss the first target. If your energy, sleep, food pattern and ability to exercise become more stable, we will be in a much better position to judge what your body needs next.

Your plan for the next 2 weeks

I want to keep this deliberately small.

1. Protect your recovery

For the next 14 days:

- Have your last caffeinated drink by 12 noon.
- Before your evening wind-down, spend about 10 minutes closing the working day. Write down unfinished tasks and what needs doing tomorrow rather than trying to hold them in your head overnight.
- When you feel sleepy enough, try going to bed around 30 minutes earlier.

You do not need to achieve perfect sleep. What I want you to notice is whether you wake for long periods less often, feel more refreshed in the morning, or experience less of the pronounced 3–4 pm energy dip.

2. Give yourself more fuel earlier in the day

I would not put you on another restrictive diet.

Instead, on working days, experiment with having a protein-containing breakfast or earlier first meal rather than coffee alone.

Keep it practical. For example:

- Greek yoghurt, oats and berries; or
- eggs with toast.

At lunch, aim for a proper meal containing a protein source—such as chicken, fish or tofu—alongside vegetables and a carbohydrate you tolerate.

There is no need to remove carbohydrates.

The purpose is to see what happens when more of your nourishment occurs earlier in the day instead of arriving at the afternoon tired and hungry and then having a relatively large dinner later.

Watch what happens to your 3–4 pm energy, hunger, desire for coffee or sweet foods, dinner size and evening bloating.

3. Make movement easy enough to repeat

Keep the walking you already do as part of your commute.

When practical, add a comfortable 10-minute walk after lunch.

For now, I would rather see you repeat manageable movement than push through a hard evening workout and be too tired to exercise again.

Once your recovery feels more reliable, you can begin with two short strength sessions each week.

The question after exercise should be: **“Could I comfortably do this again?”** — not “Did I work hard enough?”

A few things I would like you to clarify

There are some things where getting the information is more useful than guessing.

You had GP blood tests earlier this year and were told that nothing required treatment. If possible, obtain a copy of the actual results and your recorded blood pressure.

I would first see what has already been measured before suggesting more testing. In particular, it would be useful to know whether your existing results include blood count/iron status, glucose or HbA1c, cholesterol and thyroid assessment.

Your previous iron deficiency and the fact that some periods have become heavier make iron status worth checking—but I would not start iron simply on that assumption.

I would also like you to photograph or note the labels of your vitamin D, magnesium and multivitamin so that the actual doses can be reviewed before changing anything.

Your bloating

Because your bloating occurs around three or four evenings each week, I don't want to simply label it as “gluten intolerance” or a gut imbalance.

For now, notice whether shifting more food earlier in the day and having a smaller evening meal makes a difference.

Also notice whether there is visible abdominal swelling, whether it settles overnight, and whether the pattern is becoming more persistent.

Because the symptom is frequent, I would also discuss it with your GP, particularly if it persists or changes.

Your menstrual changes

Your irregular cycles, occasional skipped periods and night warmth fit with the possibility of menopausal transition.

The heavier bleeding deserves separate attention rather than automatically being attributed to perimenopause. Note how long it lasts, whether there is flooding or significant clotting, and whether you experience bleeding between periods or after sex. If the heavier bleeding is recurrent or troublesome, discuss it with your GP.

If menopausal symptoms themselves begin significantly affecting your sleep or quality of life, a menopause-focused medical discussion would also be reasonable.

What about supplements?

For now, I would keep this simple.

I don't think you need a large supplement programme based on the information available.

Before changing your vitamin D or magnesium, let's establish exactly what you are already taking and whether there is duplication with your multivitamin.

I would not start iron unless your results show that you need it.

I also see no reason at this stage to add sleep herbs, menopause blends or products marketed for blood sugar or metabolic health. If a specific need becomes clear later, targeted nutritional support can be considered then.

How will you know whether this is helping?

For the next few weeks, I am much more interested in these changes than the number on the scales:

- Is your afternoon energy becoming more stable?
- Are you spending less time awake during the night?
- Do you feel more refreshed in the morning?
- Are you relying less on coffee or sweet foods to get through the afternoon?
- Is your evening bloating occurring less often?
- Can you exercise and still feel reasonably well the following day?
- Most importantly, can you keep doing these things during an ordinary working week?

If you want to monitor weight, once a week is enough. Your waist can be measured approximately monthly under similar conditions.

Your baseline MSQ score is 46 and can also be repeated after around 4–6 weeks to help us look at the overall direction of change.

Early weight loss is not required for this plan to be working.

A few important safety points

Because the bloating is frequent and your menstrual bleeding has changed, both deserve appropriate medical clarification rather than being assumed to be nutritional or hormonal.

Seek prompt medical assessment if you develop persistent or worsening abdominal symptoms, unexplained weight loss, blood or black stools, severe persistent abdominal pain, or heavy bleeding associated with faintness, breathlessness or marked weakness.

You have also described considerable sleepiness on some particularly busy days. If you ever feel sleepy while driving, do not drive and seek medical assessment.

An email health review cannot provide a physical examination or exclude an underlying medical condition.

Start here

Sarah, you told me that you would rather have **three things you can realistically keep doing than fifteen things you manage for two weeks**. So for now, that is exactly what I would do:

Protect your recovery. Last caffeine by noon, close down the working day, and give yourself a little more opportunity to sleep.

Fuel the working day. Replace coffee-only mornings with a practical protein-containing first meal and keep lunch substantial enough to carry you through the afternoon.

Keep moving—but don't exhaust yourself. Continue walking, add a short post-lunch walk when practical, and rebuild strength work when your recovery allows it.

At the same time, obtain your existing GP results and supplement labels, and clarify the bloating and heavier bleeding.

Then we reassess.

The immediate aim isn't to make your life revolve around improving your health. It is to help your health fit more successfully into the life you already have—so that your energy, recovery and consistency begin moving in the right direction without adding another demanding programme to an already busy week.

Kind regards,

Gary Lyu, FMCP, RNT

Certified Functional Medicine Practitioner

Registered Nutritional Therapist

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