

What Every Patient Should Know About Lab Testing

If you're looking to optimize your health and prevent future illness, one of the best things you can do is establish a regular testing regimen. Oftentimes I can spot a potential problem in a patient's labs from values that are inside the reference range, but are trending up or down, or they're just inside the top or bottom of the range.

I often tell patients:

"When an imbalance is harder to find (normal, but barely inside the top or bottom of the reference range), it's easier to treat.

Once it's easier to find (clearly outside the reference range), it's harder to treat."

It's worth mentioning that laboratory reference ranges are arrived at from testing a large number of people, averaging their results, then adding a standard deviation to the top and bottom of that average. For MOST lab values, the optimal range is somewhere in the center of the reference range. Unfortunately, patients are often told they're "normal" even when their lab values fall slightly outside the reference range.

Testing I Recommend for All Patients

GI Map for chronic GI symptoms, mood disorders, hormone imbalances, fatigue or any type of chronic inflammation or ongoing immune imbalance. Honestly, everyone should do a stool test, whether or not they have GI symptoms.

Spectracell Micronutrient Test (every 6 months until all values are optimal, then every 9-12 months, or anytime diet changes). For most patients, I recommend doing this test once GI infections and imbalances have been resolved. For those who are experiencing severe symptoms, or who wish to speed their recovery, I recommend testing early in the course of treatment so nutritional deficiencies can be identified and corrected earlier in the treatment process.

CBC (complete blood count of red and white blood cells) yearly

CMP (comprehensive metabolic panel: liver and kidney markers, electrolytes, minerals, cholesterol, triglycerides, glucose) yearly

Ferritin (the storage form of iron) yearly

If there are imbalances discovered, or something in the patient's health picture changes, some or all of these may need to be done more frequently, or additional tests that aren't included here may be necessary.

Testing for Specific Patients

SpectraCell CardioMetabolic for patients with a personal or family history of cardiovascular disease, diabetes or inflammation

OmegaChek (omega 3 and omega 6 totals and ratios) for patients with inflammation, poor diet or a diet low in omega 3 containing foods

SpectraCell Thyroid-Adrenal Panel (TSH, T4, Free T3, Thyroglobulin, TPO and TG antibodies, Thyroxine-binding globulin, Cortisol, DHEA and optional add-on Reverse T3) for patients with significant fatigue, difficulty losing weight, hair loss, hypercholesterolemia that isn't explained by diet, or personal or family history of thyroid or adrenal issues

PSA (prostate specific antigen) for men yearly

ZRT Saliva Hormone Testing for symptoms of imbalanced hormones

Genetic Testing for patients who don't respond to the typical treatments for their conditions. Knowing how a patient is unique can be extremely helpful.

This is just a list of the most common labs I recommend for specific patients. We offer many other tests as the need arises, such as heavy metals, Lyme and co-infections, organic acid testing, inflammatory markers and Oncoblot cancer screening.

Knowing Your Cardiovascular Risks

While I think a CBC, CMP (and specialized lipid panel for most) should be done at least yearly, many doctors **ONLY** order these tests and if the patient is told these are "normal" they assume they're in good health since the testing includes cholesterol, liver, kidneys and a snapshot of their immune system. However, not only are there often many clues of imbalance even with "normal" values, there are often additional tests that should be ordered to determine true health risks. For instance:

Elevated cholesterol is not the best predictor of cardiac risk.

Half the people who have a cardiovascular event

have normal or even LOW cholesterol

AND half the people who have HIGH cholesterol

NEVER have a cardiovascular event.

What IS more predictive of cardiovascular risk is cholesterol particle size. My favorite test panel for investigating cardiac risk is the CardioMetabolic test done at SpectraCell Labs, with the addition of ferritin (ferritin is available through all conventional labs). The CardioMetabolic test can also identify an elevated risk for diabetes, often present even when fasting glucose levels are normal.

More Food for Thought

RBC, hemoglobin and hematocrit in the high or low end of the reference range can indicate iron deficiency or overload.

An elevated or even high/normal RDW can indicate folate or B12 deficiency.

Low or low/normal WBC can indicate nutrient deficiencies or chronic infection.

A low or low/normal chloride can point to hydrochloric acid insufficiency.

Elevated or high/normal platelets points to some type of inflammation or acute phase reactant. Commonly, mycotoxins from mold or other bio-toxins factor in.

The Bottom Line

Get tested regularly, and watch for any trending in your lab values. Don't wait until a value is outside the reference range to take action.

Ultimately, the best approach is to develop a relationship with an integrative health practitioner and visit them 1-2 times yearly to review your labs and address any developing imbalances. --Patty Shipley, Naturopath, RN, Herbalist