Genetic Report & Action Plan

21 July 2025

Disclaimer

This genetic testing service is provided solely for informational and educational purposes, aimed at promoting general wellness and optimising performance. It is not intended to replace professional medical advice, diagnosis, or treatment.

The insights derived from your genetic testing results are not clinical test results and should not be utilised to diagnose or treat any medical condition.

While we endeavour to provide evidence-based recommendations, please note that your results are based on a limited subset of genetic markers and should be viewed as one aspect of your broader health profile. We cannot guarantee specific outcomes from following any recommended actions or advice provided. Factors such as additional genes, genetic interactions, and environmental influences may also significantly influence outcomes.

The field of genetics is dynamic, with ongoing research and updates regularly published in scientific journals. Our interpretation of your genetic data is based on the latest available research findings. However, it is important to acknowledge that future scientific discoveries may alter or refine our understanding of genetic information. While we strive to provide accurate information based on the latest research available at the time of publication, we cannot guarantee its absolute completeness or accuracy.

Please be aware that your results may not consider factors such as allergies, intolerances, specific medical conditions, medications, or injuries.

Before implementing any changes to your diet or exercise regimen, we strongly advise consulting with your healthcare provider.

In addition to the above, please see our terms and conditions of service.

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AMH and menopause

Report Citations

Unlike the females of many other species, women tend to live much longer than their reproductive lifespan. While the average woman can expect to live well past 70 years old (the life expectancy of a woman born in 2022 in the UK, for instance, was 82.9 years old), she will typically reach menopause between the ages of 45 and 55 years old.
One evolutionary theory for this phenomenon, dubbed the “grandmother hypothesis” suggests that the menopause is adaptive as it allows women to divert their energy to caring for grandchildren, with whom they share 25% of their DNA (on average).
While its evolutionary origins remain a topic of scientific debate, we have a better understanding of what happens to the body at menopause, which is marked by the point in time 12 months after a woman’s last period.
As a woman approaches menopause, the number of healthy eggs that can potentially be fertilised (known as “ovarian reserve”) declines significantly. Alongside this decline in ovarian reserve, levels of a hormone called Anti-Mullerian Hormone (AMH) also drop.
The rate at which ovarian reserve and AMH level decline varies depending on factors such as genetics, lifestyle, and presence of other health conditions. As a result of this, the age at which women reach menopause differs from person to person.
Certain gene variants, such as those of the MCM8 gene, have been associated with higher AMH levels in premenopausal women and a later age of menopause. By contrast, various lifestyle factors, such as smoking, or being overweight, can accelerate the decline in ovarian reserve and lead to earlier menopause. This report looks at your MCM8 variants and your lifestyle data and discusses the impact of these on your reproductive health.

- Lower AMH levels
- **Higher AMH levels**
- No data

You do not carry the variant linked to higher AMH levels and later menopause but your diagnosis of PCOS is elevating your AMH levels.

- The number of healthy eggs in growing ovarian follicles declines as we get older. In line with this, AMH levels peak around age 25 and then decline steadily, becoming very low around age 50 during menopause.
- As it is produced by growing follicles, AMH levels serve as a marker of your ovarian reserve: the number of healthy, immature eggs in your ovaries.
- Anti-muellerian hormone (AMH) is a hormone produced by growing ovarian follicles: fluid filled sacs that contain immature eggs.

Recommendations

Eat foods high in antioxidants, such as berries and broccoli

Antioxidants are important for keeping inflammation and oxidative stress low, and have been shown to benefit proper ovulation.

Plan meals and snacks in advance to limit impulsive food choices, which are usually high in sugar or fat

This will help with weight loss, which will benefit your reproductive health. Great, healthier, snack options are nuts and seeds, berries and Greek yogurt, and celery sticks.

If currently smoking, try nicotine replacement (for example, gums/patches) or talk to your clinician about stop smoking programmes

Smoking has been associated with earlier menopause.

Consume 3 servings of low-fat dairy products a day such as skimmed milk and low-fat yoghurt

Studies have shown low-fat dairy products may reduce the risk of early menopause by up to 17%. This is possibly due to dairy protein slowing the decline in AMH levels.

Introduce more plant-based meals into your week

The consumption of plant-based protein sources in particular has been associated with positive influences on fertility.

Try to eat at least 2 meals with salmon or mackerel in per week

Oily fish such as these are a key component of the Mediterranean diet. A Mediterranean diet has been associated with improved reproductive health.

Follow a low-carb diet, such as the ketogenic diet

Low carbohydrate diets have been shown to improve fertility outcomes for those with PCOS, with a possible mechanism being a reduction in their elevated AMH levels.

Fill your fruit bowl with cantaloupe, oranges and grapefruit

These fruits are a rich source of inositol - an insulin mimic that has been shown to reduce symptoms of PCOS. Managing your symptoms can be beneficial for your hormone health and body composition.

Break up your day with 5-minute exercise bursts such as doing some squats or press ups in between domestic or work tasks

Increasing your activity levels, particularly by doing some strength exercises, is an effective strategy to help with weight loss which will help reduce the risk of early menopause and improve your metabolic health.

Iron deficiency risk in women

Report Citations

Did you know that up to 12% of premenopausal women in the UK have iron deficiency anaemia?
Iron is a key mineral that we need to produce haemoglobin: the oxygen-carrying pigment found in red blood cells. Due to menstrual blood loss, iron levels in women can become depleted and eventually impair production of red blood cells, which we term iron deficiency anaemia.
In addition to causing symptoms such as tiredness, fatigue, and breathlessness, low iron levels and iron deficiency anaemia also reduce exercise performance. Furthermore, heavy exercise, itself, can also deplete the iron levels.
In this report, we look at variants of the transferrin (TF) and haemochromatosis (HFE) gene that have been linked to differences in transferrin - a protein that transports iron and a key marker of your body's iron levels. These gene variants are shown to either increase or protect against the risk of iron deficiency anaemia in premenopausal women.
IMPORTANT DISCLAIMER: Please note this is not a diagnostic test for iron deficiency anemia or hereditary haemochromatosis. The information in this report should not be used as a substitute for diagnosis, treatment, and guidance from a qualified medical practitioner. You are advised to consult a physician for further information, assessment, and support.
Video: Hear more about the science behind iron deficiency risk in women with Dr. Haran Sivapalan & Dr. Olatz Mompeo-Masachs

- Higher risk
- Moderately Higher risk

Not elevated

- No data

You do not have an elevated genetic risk of iron deficiency anaemia.

- When iron levels are low, the liver compensates by producing more of an iron transport protein called 'transferrin'. In individuals with iron deficiency anaemia, blood tests show higher transferrin levels and a higher total iron binding capacity (a measure related to transferrin levels).
- Owing to blood loss during the menstrual cycle, premenopausal women are at higher risk of developing iron deficiency anaemia. Symptoms of iron deficiency anaemia include: breathlessness, fatigue, headaches, palpitations, faintness, and poorer exercise performance.
- Menstruating women lose roughly 30 - 40 ml of blood per month, which is equivalent to losing 0.5 - 0.7 mg of iron per day.

Recommendations

Consider taking extra rest days when menstruating if you exercise regularly

During this time, you may have a lower tolerance for exercise, and heavy exercise may exacerbate iron loss, so you may benefit from extra rest.

Increase your intake of iron when exercising heavily

High-intensity interval training and endurance exercise can increase iron demands, so it's important to get enough iron to manage the extra need.

Make sure you are getting enough iron in your diet (18 mg for women), particularly if you exercise regularly

Suboptimal iron levels can have a negative effect on your endurance exercise performance so eating foods high in iron such as red meat, kidney beans and chickpeas can help maintain your iron levels.

Get a blood test done with a doctor or health practitioner to measure your current iron status

This will provide a real time value for your body's iron levels, informing you whether your levels are low, raised, or within healthy range.

Oestrogen and mental health (ESR1)

Report Citations

Did you know that women are more susceptible to depressive episodes during certain stages of their lives? Women are shown to be more likely to experience low mood, loss of pleasure in activities, a lack of energy, sleep disturbances, changes in appetite and other symptoms of depression after giving birth and as they approach menopause. These so-called “windows of vulnerability” may be due in part to significant changes in levels of sex hormones, including oestrogen.

Oestrogen has several beneficial and protective effects in the brain that act to improve mood, memory, and cognition. By contrast, rapidly declining oestrogen levels, as seen after childbirth or in perimenopause (the transition to menopause) can make women more vulnerable to depression following stressful life events. In a similar respect, a loss of oestrogen’s neuroprotective effects after menopause may make certain parts of the brain more vulnerable to age-related and degenerative damage.

Gene variants that may alter how oestrogen acts in the brain also play a role in our vulnerability to depression and neurodegeneration. This report looks at variants of your ESR1 gene, which encodes one of the key receptors that oestrogen binds to in various brain regions that regulate mood and cognition. In addition to understanding how oestrogen can affect your mental health, you will find out whether you carry variants of the ESR1 gene that have been associated with a greater risk of depression and neurodegeneration in women.

- **Higher genetic risk**
- Lower genetic risk
- No data

You carry two copies of the 'C' variant associated with a slightly increased risk of postnatal and perimenopausal depression.

- Studies show that women may be more vulnerable to depressive episodes during stages of their life when oestrogen levels decline, such as after childbirth (postnatal) and during the transition phase to menopause (perimenopause). Low levels of oestrogen in postmenopausal women may also contribute to neurodegeneration.
- Oestrogen exerts its effects in the brain by binding to oestrogen receptors (ERs). There are two types of oestrogen receptor: ER-alpha, and ER-beta, which are found in various brain networks that regulate mood and cognition.
- Oestrogen has several beneficial effects in the brain: it enhances the activity of neurotransmitters such as dopamine, serotonin, and glutamate; promotes connections between neurons (synaptic plasticity), and protects against neurodegeneration.

Recommendations

Perform 30 minutes of mindfulness a day

The use of mindfulness can reduce the risk and symptoms of depression. Starting this in the 4 weeks pre-birth could help with postnatal depression in particular.

Give aromatherapy a try

There is promising early studies of the benefits of using essential oils in the form of aromatherapy on reducing symptoms of depression, including postnatal depression.

Spend time in nature

Regular exposure to green spaces such as parks and woods, positively impacts mood and keeps the risk of depression and other mood disorders lower.

Aim to get 7-9 hours of sleep a night

Studies have shown both too little and too much sleep can increase the risk of depression.

Include plenty of dark green leafy vegetables in your diet such as spinach, asparagus, Brussels sprouts, and broccoli

These vegetables are good sources of folate (vitamin B9). Deficiencies in folate have been linked to an increased risk of mood disorders including depression.

Keep connected to people, whether that's family or friends

Lack of social connnection has been associated with poorer health outcomes, including increased risks of depressive symptoms.

If you don't eat fish, try supplementing with omega-3 getting 500 mg combined of EPA and DHA

Diets richer in omega-3 fatty acids have been associated with reduced depressive symptoms.

Include salmon or mackerel in two meals a week

These are rich sources of omega-3 fatty acids which have been associated with a reduced risk of depression.

Track your menstrual cycle to identify periods where your mood may change

By understanding the points in your cycle where your mood may drop can allow you to put strategies in place to minimise any negative effects of this.

Include more wholegrain foods in your diet

Diets with plenty of wholegrains, such as those in wholemeal bread, wholewheat pasta and brown rice, have been shown to reduce markers of low-grade systemic inflammation compared to diets high in refined grains (white bread, white rice etc.). Following an anti-inflammatory diet has been shown to have potential as a preventative strategy against depression and its symptoms.

If you are pregnant, plan to breastfeed if you can, but prioritise what works best for you

Research has found that breastfeeding can lower the risk of postnatal depression. However, every mother’s experience is unique, and it’s important to choose an approach that feels right for both you and your baby.

Get walking more

As little as 1.25 hours of walking per week has been associated with an 18% lower risk of depression.

Oestrogen synthesis (CYP19A1)

Report Citations

Oestrogen, along with progesterone, is one of the main female sex hormones. It plays a major role in the development of the female reproductive system and secondary sexual characteristics in puberty, such as the development of breasts and the menstrual cycle.
The roles of oestrogen in the body, however, go well beyond this. It dilates our blood vessels and protects our cardiovascular system from various forms of damage, it inhibits the breakdown of bone tissue, and reduces inflammatory damage to neurons in our brain.
We make oestrogen from cholesterol in a series of chemical reactions that are sped up or “catalysed” by different enzymes. One of these reactions, which determines the rate at which we produce oestrogen*, is performed by an enzyme called aromatase or CYP19.
In this report, we look at common variants of the gene encoding the aromatase enzyme, called CYP19A1. Certain variants of this gene have been associated with small differences in circulating oestrogen levels, in both pre- and postmenopausal women. We also take into account the effects of your current body composition, as fat tissue plays a significant role in the production and metabolism of oestrogen.
* There are three main forms of oestrogen: oestrone (E1), oestradiol (E2), and oestriol (E3). Oestradiol (E2) is the most potent form of oestrogen, and this is the form we are typically referring to when we use the word “oestrogen”.

- Elevated oestrogen levels
- **Lower oestrogen levels**
- Average oestrogen levels
- Higher oestrogen levels
- No data

Your lifestyle data suggest you are currently carrying excess adipose tissue, which is associated with reduced oestrogen levels in premenopausal women.

- During menopause, oestrogen production by your ovaries declines and serum oestrogen levels drop by 85 - 90%. Postmenopausal women, however, still produce low amounts of oestrogen through the activity of aromatase in other peripheral tissues, particularly adipose (fat) tissue and bone.
- Aromatase is expressed by various tissues, including the ovaries, brain, liver, skin, bone, and adipose (fat) tissue. If you are a woman of reproductive age, oestrogen is mainly produced by your ovaries (with the aromatase enzyme responsible for the final step of production).
- Oestrogen is made from cholesterol in a series of chemical reactions carried out by various enzymes. In the final step, the androgens (male sex hormones), testosterone and androstenedione, are converted into oestrogens (estradiol and estrone) by an enzyme called CYP19 or 'aromatase'.

Recommendations

Consider testing your oestrodiol level with an at-home blood test

Testing your current level will inform you if you have reduced oestrogen.

Make sure you are getting sufficient rest when regularly exercising

Excessive exercise may cause a reduction in oestrogen levels so it's important to get a minimum of two days of rest each week to help make sure you're not exercising too much.

Add mackerel to your salads and pasta

Mackerel is rich in magnesium, protein and polyunsaturated fats. These nutrients are all important for hormonal regulation, and maintaining a healthy body composition.

Make your own sauces and dressings instead of using store-bought ones

Ready-made sauces are usually high in sugars and unhealthy fats; making your own allows you to better control these. This will help with weight loos, and keep your diet richer in healthy fat sources which is beneficial for hormonal health.

Aim to get 7-9 hours of high-quality sleep each night

Poor sleep can lead to hormonal imbalances.

When feeling stressed try going for a walk or spending some time outside

These techniques are useful to help manage your stress levels which is important for preventing elevations in cortisol. Managing stress levels will keep your oestrogen and progestrone levels balanced.

Try reducing your alcohol intake by opting for alcohol-free alternatives

Alcohol consumption has been shown to increase oestrogen levels, and mammographic density, so moderating intake is important for hormonal health.

Try supplementing with 100 mg of aloe vera

Aloe vera has been found to help modulate estradiol formation.

Break up your day with 5-minute exercise bursts such as doing some squats or press ups in between domestic or work tasks

Increasing your activity levels, particularly by doing some strength exercises, is an effective strategy to help with weight loss. Losing body fat will help to increase your oestrogen levels.

WNT4 and endometriosis

Report Citations

Estimated to affect around 10% of women of reproductive age, endometriosis is a common gynaecological condition whereby tissue similar to the lining of the uterus grows outside of the uterus. Common sites include around the ovaries, Fallopian tubes, bladder, rectum and colon, and around the ligaments surrounding the uterus. When patches of endometrial-like tissue break down and bleed during a woman's period, the blood cannot leave the body. This leads to symptoms such as severe period pain, deep pain during or after intercourse, and period-related pain on urination or passing stools.

While most women with endometriosis are diagnosed between the ages of 18 and 29, the condition can also present before a woman's first period (menarche) or during menopause.

Although the exact cause of endometriosis is unclear, there are several well-established risk factors for the condition. Women who have a first-degree relative with the condition, for example, are shown to be 7 to 10 times more likely to have endometriosis as well. Women with shorter menstrual cycles, low BMI, and those who haven't given birth (nulliparity) are also shown to have a higher risk of the condition.

In this report, we use both your lifestyle data to assess your endometriosis risk factors, as well as your genetic data to see whether you carry a widely-studied gene variant, WNT4, that has been associated with small differences in endometriosis risk.

IMPORTANT DISCLAIMER: This report is not a diagnostic test for endometriosis and should not be used as a clinical tool to assess your endometriosis risk. A diagnosis of endometriosis typically requires direct visualisation of endometrial-like tissue on laparoscopy. Please consult your GP or physician for further information.

- Higher risk
- High lifestyle risk
- Moderately Higher risk
- Medium risk
- **Lower risk**
- Lifestyle data required
- No data

Your lifestyle data suggest you do not have strong risk factors for endometriosis.

- One gene that may have a small effect on a person's risk of developing endometriosis is called WNT4. Women carrying two copies of the 'C' variant (rs7521092) of the WNT4 gene have been shown to be slightly less likely to have the condition.
- The cause of endometriosis is unclear, but genetic factors likely play a significant role. We know that endometriosis often runs in families and that someone with endometriosis is more likely to have a mother, sister, or daughter who also has the condition.
- Endometriosis is a condition where tissue similar to the lining of your uterus (endometrium) grows outside the uterus. During a woman's period, this tissue breaks down and bleeds, which can lead to symptoms such as painful periods, heavy menstrual bleeding, and pain when urinating or defaecating.

Recommendations

Try to have 3 servings of dairy each day

High dairy intake has been associated with a reduction in endometriosis.

Try not to exceed more than 300 mg of caffeine a day

Higher caffeine consumption over 300 mg, may contribute to your risk of endometriosis.

Try taking 30 mg of zinc before and during your menstrual cycle

Zinc has anti-inflammatory properties so may help to reduce the pain associated with menstrual periods.

Try adding more seaweed to your diet

Some studies have found a potential benefit of seaweed consumption on estradiol concentrations, which may reduce your risk of endometriosis.

Don't have any more than 2 servings of red meat each day

Limiting your red meat intake may help to reduce inflammation and your risk of endometriosis.

Supplement with at least 1000 mg of omega-3 daily, if not regularly consuming fish

Low omega-3 consumption may be associated with a higher risk of endometriosis.

Try to eat at least one serving of citrus fruit, such as oranges or grapefruit, a day

Citrus fruit contains beta-cryptoxanthin which has been associated with reduced endometriosis risk.

If you have symptoms of endometriosis and have not been diagnosed with it, consult a medical practitioner

They will be able to do the investigative tests required to confirm if you do or do not have endometriosis.

Citations

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