



Personalised Therapeutic Plan (PTP)

Post–Vital Blueprint Consultation

Fictional Example for Website Use Only

Patient: Mrs Example

DOB: 14-May-1972

Date: 27-Mar-2026

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Reason: Initial Vital Blueprint consultation + HRT Focus entry

1) Patient Overview & Motivation

Mrs Example, thank you for completing your Vital Blueprint consultation and blood testing in advance.

You came to WHI because, over the last 18–24 months, you have felt that your body has been “changing without your permission.” Your main concerns are:

- poor sleep with frequent waking
- hot flushes and night sweats
- increasing fatigue and reduced motivation
- low mood / irritability
- reduced libido
- vaginal dryness and discomfort with intimacy
- increased abdominal weight gain
- reduced confidence and “not feeling like yourself”

Your top goals are to:

- sleep deeply again
- feel emotionally stable and energised
- reduce hot flushes
- restore your confidence, libido, and intimacy
- lose the abdominal weight that has crept on during this transition
- feel strong, feminine, and in control again

At WHI, this is exactly what the Vital Blueprint is for: to take your symptoms seriously, review the relevant bloods, identify the main drivers, and create a structured plan that is safe, personalised, and practical.



2) Key Lab Findings + Clinical Score Summary

Your current clinical picture suggests:

- **Perimenopause / early menopause transition**
- declining ovarian hormone support
- poor sleep quality with secondary fatigue and mood disruption
- mild metabolic slowdown with central fat gain
- early genitourinary syndrome of menopause (GSM)
- no major red flags on liver, kidney, or blood count screening

Example blood findings reviewed at VB

- **Estradiol:** low for symptom burden
- **Progesterone:** low / inconsistent with symptomatic cycle phase
- **FSH:** elevated into menopausal transition range
- **LH:** elevated
- **Free testosterone:** low-normal
- **Prolactin:** normal
- **TSH / Free T4:** normal
- **HbA1c / fasting glucose:** upper-normal
- **Fasting insulin / HOMA-IR:** mild insulin resistance pattern
- **Vitamin D:** suboptimal
- **Lipid profile:** mild LDL elevation
- **FBC / liver / renal:** satisfactory

Symptom score summary

At baseline, your pattern is highly consistent with hormone-related disruption:

- Hot flushes/night sweats: frequent
- Sleep quality: poor
- Energy: low
- Mood / irritability: moderate-to-high
- Libido: low
- Vaginal dryness: present
- Motivation / confidence: reduced
- Abdominal fat gain: increasing

What this means in plain English

Your bloods and symptoms line up well. Your plan needs to address:

1. **Hormonal change**
2. **Sleep recovery**
3. **Metabolic support**
4. **Sexual health / vaginal tissue support**
5. **Lifestyle patterns that will determine how well you respond**



3) Diagnostic Impressions & ICD-10 Codes

Working impressions

- **Perimenopause / menopausal transition** – symptomatic hormonal decline
- **Vasomotor symptoms of menopause** – hot flushes / night sweats
- **Sleep disturbance related to hormonal transition**
- **Low libido / reduced sexual wellbeing**
- **Genitourinary syndrome of menopause (early GSM features)**
- **Central adiposity / metabolic slowdown**
- **Vitamin D insufficiency**

Example ICD-10 coding

- **N95.1** Menopausal and female climacteric states
- **R23.2** Flushing
- **G47.9** Sleep disorder, unspecified
- **R68.82** Decreased libido
- **N95.2** Postmenopausal atrophic vaginitis / GSM-type features
- **E66.9** Adiposity / excess weight pattern
- **E55.9** Vitamin D deficiency / insufficiency

4) Lifestyle Action Plan

Hormones work best when they are supported by the right habits.

Sleep

- Aim for **7.5–8 hours in bed**
- Set a **consistent bedtime**
- No heavy meals within 2–3 hours of sleep
- Reduce evening screen exposure
- Begin a simple “wind-down” routine: shower, magnesium, low lights, no work

Nutrition

- Prioritise **protein at lunch and dinner**
- Reduce “all-day under-eating followed by evening overeating”
- Build meals around:
 - protein
 - vegetables
 - healthy fats
 - controlled starch portions
- Minimise alcohol on weekdays, especially if it worsens sleep or flushes



Exercise

- **Strength training:** 2–3 times/week
- **Brisk walking or cardio:** 4–5 times/week
- Daily steps target to be personalised
- Focus on maintaining muscle while reducing abdominal fat

Stress / nervous system

- 5–10 minutes/day of deliberate downregulation:
 - breathwork
 - stretching
 - slow walking
 - quiet reset time
- Protect recovery time, especially in the evening

Sexual health / intimacy

- Resume intimacy gradually and without pressure
 - Prioritise vaginal comfort first
 - Use lubricant/moisturiser support as guided
 - Rebuild confidence through symptom relief, not performance pressure
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5) Supplement Stack

Core

- **Vitamin D3 + K2** – daily
- **Magnesium glycinate** – evening
- **Omega-3** – daily
- **High-quality multivitamin support** if diet is inconsistent

Situational

- **Ashwagandha** – if stress reactivity / sleep disruption is significant
- **Creatine** – if energy, strength, and body composition support are priorities

Targeted

- **Vaginal moisturiser / supportive topical care** for dryness and comfort
 - **Fibre support** if constipation or bloating is contributing to hormonal discomfort
 - **Protein support** if daily intake is too low to preserve muscle
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6) Medical Strategy

WHI's HRT pathway is built around bioidentical options, with transdermal estradiol preferred, micronised progesterone used when the uterus is present, and low-dose testosterone considered when clinically indicated. Follow-up is then structured so symptoms and bloods can be reassessed around 8 weeks and adjusted safely.

A) HRT plan — starting now

Because your symptoms and labs are strongly aligned with estrogen deficiency / menopausal transition, and there are no obvious contraindications on your current review, we are starting HRT.

1. Transdermal Estradiol

- **Medication:** Estradiol gel or patch
- **Route:** Transdermal
- **Frequency:** Daily gel or patch as prescribed
- **Why:** To improve hot flushes, night sweats, sleep, mood, vaginal tissue health, skin hydration, and general quality of life

2. Micronised Progesterone

- **Medication:** Micronised progesterone
- **Route:** Oral, usually evening
- **Frequency:** As prescribed according to cycle status / protocol
- **Why:** To protect the endometrium if you have a uterus, and often to support sleep quality and calmness

3. Low-dose Testosterone

- **Not started today initially**, but flagged as a possible future add-on if:
 - libido remains low
 - energy remains poor
 - muscle recovery remains suboptimal
 - sexual wellbeing does not improve enough once estrogen has been corrected

This reflects WHI's structured approach: not "throw everything in at once," but introduce what is needed, then reassess response properly.

B) GSM / vaginal comfort support

Because you reported dryness and discomfort, local support is also part of the plan:

- vaginal tissue support
- moisturiser / lubricant strategy
- consider local estrogen support if needed after review



C) Metabolic support

You also showed early metabolic drift:

- belly fat gain
- mild insulin resistance tendency
- reduced recovery
- lower energy

So we are correcting this early, not waiting for it to become a bigger problem.

This means:

- better meal timing
- protein anchoring
- strength training
- sleep repair
- waist tracking
- possible future WHI Metabolic Reset layer if needed

7) Timeline & KPIs

Week 0–2

You begin:

- transdermal estradiol
- micronised progesterone
- core supplements
- symptom journaling
- sleep and habit reset

What we expect early

Within the first few weeks, many women notice:

- fewer night sweats
- better sleep continuity
- calmer mood
- fewer “surges” or flushes
- improved sense of emotional steadiness



Week 6

You will be reminded to repeat a focused follow-up blood panel and update your symptom score. WHI uses this structured check-in to assess whether your hormone levels and your lived experience are both moving in the right direction.

Week 8 follow-up

At your formal review, we reassess:

- hot flushes
- sleep quality
- mood
- libido
- side effects
- estradiol response
- whether progesterone is suiting you
- whether testosterone or a metabolic layer should be added

This 8-week review is a key part of the WHI pathway and one of the reasons a PTP is so useful: it turns treatment into a monitored, intelligent process instead of “take this and hope for the best.”

KPIs to track

- hot flush frequency ↓
- sleep quality ↑
- mood stability ↑
- libido / intimacy comfort ↑
- waist circumference ↓
- energy ↑
- confidence and quality of life ↑

8) Safety Notes, Guides & Emergency Protocols

Important early side effects to watch for

In the first weeks of HRT, you may notice mild temporary symptoms such as:

- breast tenderness
 - mild bloating
 - slight spotting
 - adjustment headaches
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