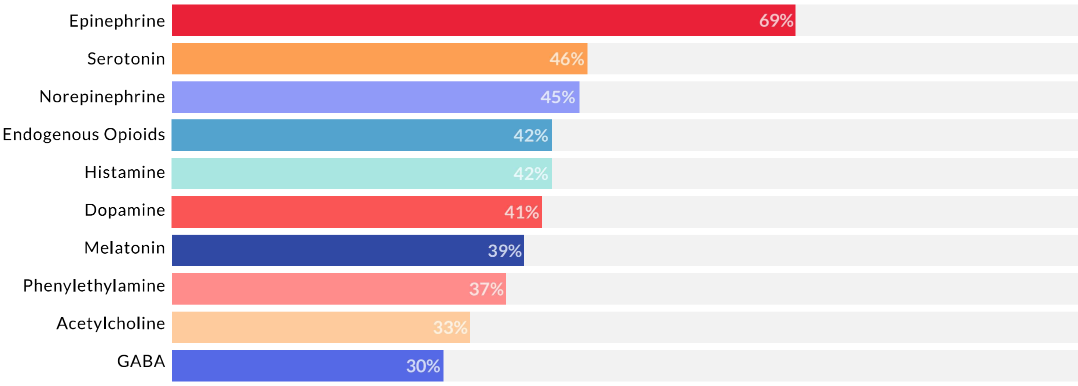
MDA Results

Patient: Kylie Herdman
Date completed: 14 Jul 2024

Analysis



Epinephrine	69%	9%	Last appraisal (/m... 60%	(S)-S- Adenosylmethionine Phenylalanine Tyrosine
Serotonin	46%	22%	Last appraisal (/m... 24%	Pyridoxal 5- phosphate Tryptophan L-Theanine 5-HTP Hypericum perforatum herb top flowering dry ext conc (St John's Wort)
Norepinephrine	45%	12%	Last appraisal (/m... 57%	Phenylalanine Tyrosine
Endogenous Opio...	42%	12%	Last appraisal (/m... 30%	Glutamine Phenylalanine Magnesium Zinc
Histamine	42%	23%	Last appraisal (/m... 65%	Histidine Pyridoxal 5- phosphate Ascorbic acid
Dopamine	41%	13%	Last appraisal (/m... 54%	Phenylalanine Tyrosine L-Theanine

Melatonin	39%	3%	Last appraisal (/m... 42%	(S)-S- Adenosylmethionine Glycine Magnesium Tryptophan Ornithine monohydrochloride Lavender oil L-Theanine 5-HTP
Phenylethylamine	37%	38%	Last appraisal (/m... 75%	Glutamine Phenylalanine Magnesium Zinc
Acetylcholine	33%	3%	Last appraisal (/m... 36%	Choline bitartrate Eicosapentaenoic acid (EPA) Acetyl levocarnitine hydrochloride Docosahexaenoic acid (DHA)
GABA	30%	14%	Last appraisal (/m... 16%	Glutamine Magnesium Pyridoxal 5- phosphate Zinc L-Theanine Gamma aminobutyric acid - GABA

Results

Do you find it difficult to make decisions?
Occasionally (twice or less a month)

Do you experience digestive symptoms or digestive discomfort and find these symptoms have increased as you have aged?
Sometimes (3-5 times a month)

Do you suffer from long-term constipation?
Occasionally (twice or less a month)

Are you a light sleeper and wake frequently during the night?
Very Often (Greater than 15 times a month)

Do you experience poor coordination or balance?
Sometimes (3-5 times a month)

Have you been diagnosed with dementia or Alzheimer's disease?
Never

Do you find it difficult to rapidly process new information?
Occasionally (twice or less a month)

Do your muscles ever feel tight?
Very Often (Greater than 15 times a month)

Do you experience vague or plain dreams?
Never

Do you ever feel unmotivated and struggle to get into what each day has to offer?
Sometimes (3-5 times a month)

Do you find it challenging to learn new things?
Never

Do you feel there is significantly high stress in your life?
Often (6-15 times a month)

If applicable, do you feel you have a low sex drive?
Very Often

Do you ever have difficulty remembering the details of what happened yesterday?
Occasionally (twice or less a month)

Do you ever misplace objects?
Occasionally (twice or less a month)

Do you ever experience insomnia?
Occasionally (twice or less a month)

Do you experience panic attacks?
Never

Do you experience manic episodes or feelings of mania?
Never

Do you experience seizures?
Never

Do you ever crave alcohol?
Sometimes (3-5 times a month)

Do you experience nervousness or worry about doing something you haven't done before?
Sometimes (3-5 times a month)

Excluding the use of anticoagulant (blood thinning) medications, do you find that cuts or injuries take a while to heal?
Sometimes (some cuts and sores take longer than 2 weeks to heal)

Do you experience hallucinations (or see things that are not actually there)?
Never

Do you have hyperactive tendencies?
Never

Do you find it challenging to concentrate?
Never

Do you feel constantly fatigued?
Sometimes (3-5 times a month)

Do you have difficulty waking in the morning?
Occasionally (twice or less a month)

Do you seem to need more sleep than others?
Often (6-15 times a month)

Do you experience feelings of anxiety?
Sometimes (3-5 times a month)

Do you often have a relatively high tolerance to pain?
Never

Do you often feel fatigued for no particular reason?
Occasionally (twice or less a month)

Do you experience hypotension (low blood pressure)?
Very Often (Greater than 15 times a month)

Do you experience hypoglycaemia (low blood sugar)?
Occasionally (twice or less a month)

Do you find it difficult to fall asleep at night?
Never

Do you experience headaches or migraines?
Often (6-15 times a month)

Do you experience frequent or long standing insomnia?
Never

Do you experience hypertension (high blood pressure)? Answer very often if you are taking prescribed blood pressure medication/s, even if your blood pressure is normal whilst medicating.
Never

Do you find it difficult to remember what happened a long time ago (poor long term memory)?
Never

Do you experience chronic pain? E.g. Pain that has lasted longer than 6 weeks
Very Often (Greater than 15 times a month)

Do you suffer from stress urinary incontinence?
Never

Do you put on weight easily and find it difficult to lose weight?
Sometimes

Do you use, or have you previously used, large amounts of stimulants? E.g. Caffeine, Amphetamines, Nicotine, Cocaine
Never

Have you experienced chronic stress coupled with fatigue currently or in the past?
Very Often (Greater than 15 times a month)

Do you have a short attention span and find it difficult to concentrate?
Never

Do your legs jump when you are asleep?
Occasionally (twice or less a month)

Do you avoid regular exercise?
Very Often (I rarely exercise at all)

Do you have overtly negative reactions to stress or dwell over stressful situations?
Often (6-15 times a month)

Do you feel tense, anxious and worried?
Sometimes (3-5 times a month)

Do you smoke more than one packet of cigarettes a day? Answer never if you do not smoke at all.
Never

Do you crave or actively seek behaviour such as gambling, extreme sports, recreational drug use, frequent excess alcohol use?
Never

Do you experience constipation?
Sometimes (3-5 times a month)

Do you constantly worry about your body size?
Very Often (Greater than 15 times a month)

Do you feel aggressive when drinking alcohol?
Never

Are you more sensitive to pain than others (low pain tolerance)?
Very Often (Greater than 15 times a month)

Do you ever find yourself repeating certain actions constantly such as hand washing, counting things or checking that the door is locked?
Occasionally (twice or less a month)

Do you crave sugary foods or foods high in carbohydrates?
Sometimes (3-5 times a month)

Do you dwell for an extended period of time over a major personal life event e.g. relationship breakup, financial worries?
Often (6-15 times a month)

Do you have problems with self esteem?
Sometimes (3-5 times a month)

Do you suffer from headaches?
Often (6-15 times a month)

Do you avoid situations where there will be a large amount of people?
Sometimes (3-5 times a month)

Do you feel nervous when you have to go to public places?
Occasionally (twice or less a month)

Do you feel angry or aggressive?
Occasionally (twice or less a month)

Do you feel more depressed or down during the winter months?
Often (6-15 days a month)

Do you have panic attacks or anxiety?
Occasionally (twice or less a month)

Do you suffer from feelings of being down or depressed?
Occasionally (twice or less a month)

Do you have impulsive tendencies?
Sometimes (3-5 times a month)