

DEEPER THAN SYMPTOMS

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ADRENAL & ENERGY

# The Root Cause of Fatigue Lab Guide

*Which tests to request, what optimal looks like, and how to connect the dots behind waking up tired.*

## Inside this guide

The six root causes of morning fatigue at a glance, a precise note on “adrenal fatigue,” the exact lab panel to request, and the free wins to start today while you wait on results.

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A free resource from

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# Why You Wake Up Tired Despite “Enough” Sleep

The root cause of morning fatigue is usually one of six drivers — and often two or three stacking together. Standard panels are built to catch *disease*. Feeling genuinely well lives somewhere else. Your TSH can clear the normal threshold while your thyroid runs too slow to give you energy; your iron stores can technically pass while sitting far below what your cells need. The better question isn’t “is anything broken?” — it’s **which system is quietly underperforming while you sleep?**

## The 6 Root Causes to Investigate

Driver	What’s happening	What to look into
1. Cortisol rhythm	A flat or mistimed morning cortisol rise (HPA-axis dysregulation — not “adrenal fatigue”)	Some practitioners use 4-point salivary cortisol to map the daily pattern (often not insurance-covered).
2. Underactive thyroid	TSH can read “normal” while antibodies quietly attack for years	A full panel: Free T3, Free T4, Reverse T3, and TPO antibodies — not TSH alone.
3. Overnight blood sugar crash	A carb-heavy dinner spikes then crashes glucose, triggering a 2–4 a.m. cortisol/adrenaline surge	Fasting glucose, fasting insulin, and HbA1c — plus a higher-protein dinner experiment.
4. Nutrient gaps	Ferritin, B12, or vitamin D low enough to sap energy while still “in range”	Ferritin (not just hemoglobin), B12, and 25-OH vitamin D — request the actual numbers.
5. Sleep apnea	Breathing interruptions fragment sleep invisibly	Discuss a sleep study; it hides in plain sight and is often undiagnosed.
6. Perimenopause	Declining estrogen & progesterone disrupt sleep architecture	Often diagnosed on symptoms and timing; hormone testing can add context.

### “Adrenal fatigue” — a precise note

The term isn’t a recognized medical diagnosis (the Endocrine Society and systematic reviews are clear). But the symptoms are real — better explained by HPA-axis *dysregulation*: cortisol’s rhythm off schedule, not depleted glands. The distinction matters because it changes what actually helps.

## The Lab Panel to Request

Ask for your *actual numbers*, not the “normal / abnormal” printout — and evaluate them against optimal ranges, not just the disease threshold. Most of these are covered by standard US insurance:

- **Ferritin** — not just hemoglobin
- **A full thyroid panel with antibodies** — Free T3, Free T4, Reverse T3, TPO — not TSH alone
- **Vitamin D (25-OH)**
- **Vitamin B12**
- **Fasting glucose and fasting insulin**
- **HbA1c**

## Free Wins to Start Today (While You Wait on Labs)

- Get outside within 30 minutes of waking — even 10 minutes of morning light helps anchor your cortisol rhythm.
- Shift dinner toward protein and healthy fat, lower in refined carbs — then track overnight sleep and morning energy.
- Keep consistent sleep and wake times, even on weekends.

### Why it's almost never just one thing

These drivers feed each other: overnight blood sugar crashes spike cortisol, which fragments sleep; poor sleep worsens insulin sensitivity the next day; chronic stress suppresses progesterone, which disrupts sleep architecture; a slow thyroid drags down recovery. Finding *your* cluster is the whole point.

### Your next step

Fatigue isn't a personality trait — it's a signal. Bring this panel to your appointment and read the full root-cause guide at [deeperthansymptoms.com](https://deeperthansymptoms.com).