

This factsheet will help you understand and manage your perimenopause and menopause and point you to further sources of good information. Getting advice early can help reduce the impact of symptoms on your health, relationships and work.

Facts about the menopause and the perimenopause

The menopause is the time when a woman stops having periods and can no longer get pregnant naturally. The ovaries stop releasing eggs and no longer produce the hormones oestrogen and progesterone.

- Menopause is traditionally defined as having occurred when a woman has not had a period for 12 continuous months (for women reaching menopause naturally).
- It usually occurs between the ages of 45 and 55. Between 40 and 45 it is known as early menopause but for some women it may occur before the age of 40. This is known as premature menopause, or premature ovarian insufficiency.
- Changes can also be brought about by treatments for cancer (e.g. chemotherapy), through removal of the ovaries and by some types of hormone therapy. People with some genetic conditions are more likely to experience a premature menopause.
- Symptoms can appear years before periods stop, as the body makes its changes leading up to the menopause. This is called the 'perimenopause' or 'menopause transition'.
- The commonest symptoms of the perimenopause are: changes in periods, hot flushes, anxiety and mood swings. See the box alongside for more.
- Symptoms can have a big impact on people's lives, including on relationships and work.
- Symptoms may continue long after the menopause. This time of life is known as the 'postmenopause'.
- There are things people can do to help with symptoms and there are treatments to replace the missing hormones.
- Contraception must still be used up to the menopause and for a further 2 years if under the age of 50, or for 1 year if over 50. If the diagnosis is not clear, contraception should be continued to the age of 55.

What might happen during the menopause and perimenopause?

Common signs and symptoms of the perimenopause and menopause

Around 75% of women will get symptoms; for 25% of women they will be severe and they can have a big impact on daily life.

Symptoms may be worse if your menopause comes on suddenly, for example after surgery to remove your ovaries.

If you have any of the symptoms listed here, **think menopause**, but be aware that some of the symptoms (e.g. fast heartbeat or worsening migraines) may indicate a more serious problem. If in doubt consult the nhs.uk website or speak to a health professional.

Changes to your periods with menopausal symptoms

- You will normally notice a change in the pattern of your periods. They may get lighter or heavier, happen less often or more often, or become unpredictable. Eventually, you will stop having periods altogether.

Mental health symptoms

- Mood changes, like low mood, anxiety, mood swings and low self-esteem.
- Problems with memory or concentration (brain fog).

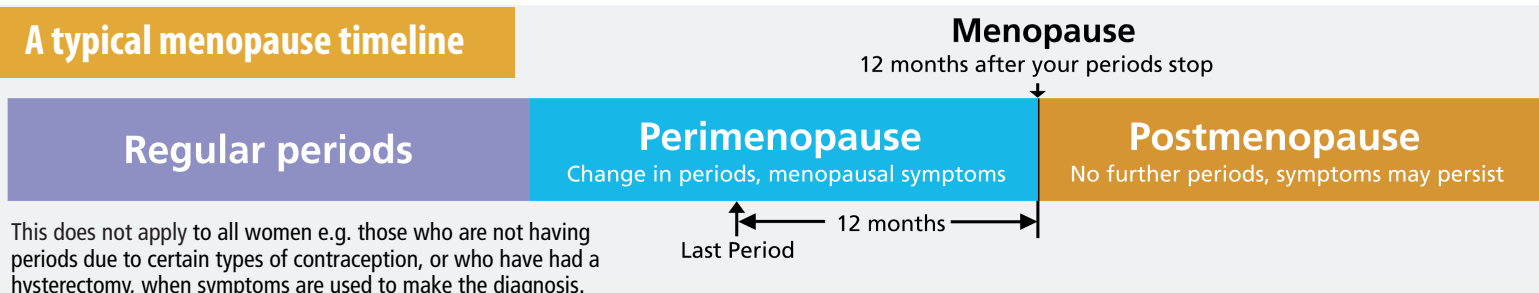
Physical symptoms

- Hot flushes, when you have short, sudden feelings of heat or cold, usually in your face, neck and chest. They can make you sweaty or dizzy and make your heart beat faster.
- Night sweats.
- Difficulty sleeping, which may be a result of night sweats, making you tired and irritable during the day.
- Headaches, including worsening of existing migraines.
- Muscle aches and joint pains.
- Changing body shape.
- Skin changes, including dry and itchy skin.
- Reduced sex drive (libido).
- Vaginal dryness and pain, itching or discomfort during sex.
- Repeated urinary tract infections (UTIs) or urinary frequency.

Symptoms can last for months or years, and can change with time.

For example, hot flushes and night sweats may improve, and then you might develop low mood and anxiety.

A typical menopause timeline



This does not apply to all women e.g. those who are not having periods due to certain types of contraception, or who have had a hysterectomy, when symptoms are used to make the diagnosis.

Managing your menopause

For many women, menopausal symptoms are mild and can be managed without specific treatment. For those with troublesome symptoms, the most effective treatment is usually hormone replacement therapy (HRT), though it may not be suitable for all women. This includes helping with hot flushes, joint pains, mood swings and vaginal dryness as well as prevention of osteoporosis. Early advice can help reduce the effects the perimenopause and menopause may have on your health, relationships and work.

General tips to help with menopause symptoms

Lifestyle changes and self care can help you during the perimenopause and menopause whether or not you are using HRT. Make sure you rest when you need to, eat a healthy diet, maintain a healthy weight, take physical exercise regularly, find time to relax, cut down on alcohol, share with other people going through the menopause and if you smoke, talk to your pharmacist or GP practice about an NHS stopping smoking programme.

Help with specific symptoms

Mood problems and anxiety

Self Care Rest, regular sleep, exercise, relaxation and mindfulness can all help. Cognitive behavioural therapy (CBT), a type of talking therapy, can help – your GP practice may be able to refer you and it can sometimes be provided online. Antidepressants do not help with menopausal mood changes.

Hot flushes and night sweats

Self Care Wearing lighter clothing, keeping your bedroom cool at night, taking a cold shower, using a fan, exercising regularly, losing weight (if you are overweight), avoiding triggers such as spicy food, and reducing your stress levels can all help. See a health professional at your GP practice, or a pharmacist, to discuss whether non-hormonal treatments may help.

Vaginal dryness

Self Care Over-the-counter vaginal moisturisers and lubricants can help. Your GP practice can prescribe you oestrogen that you put in your vagina, which can be provided as a cream, pessary, gel, vaginal tablet or vaginal ring.

Reduced sex drive

If HRT is not effective in restoring your sex drive, you might be offered a testosterone gel or cream, which is applied to the skin of your tummy, top of your legs or bottom. Stress and relationship problems can also reduce sex drive.

Protecting against weak bones and osteoporosis

HRT protects against bone loss.

In addition you can:

- Take regular weight bearing physical exercise.
- Eat a healthy diet including fruit and vegetables and food rich in calcium such as low-fat milk and yoghurt.
- Boost your vitamin D by taking vitamin D supplements and getting some sunlight.
- Cut down alcohol and stop smoking.

When to seek medical help

See a health professional at your GP practice if you think you have perimenopause or menopause symptoms and one of the following:

- You want to know more about treatment.
- You want to discuss contraception.
- You are under 45.
- You are already on hormonal treatment or have had a hysterectomy.
- Your periods have stopped unexpectedly or have become a problem.
- Any of your symptoms have become a problem.

See a GP at your practice if:

- It is more than a year after your last period, you are not on HRT and you experience vaginal bleeding,

HRT - The Facts

For most women, HRT is a generally safe and effective treatment for symptoms of the menopause. It replaces the oestrogen your body is not producing. It comes as tablets, patches, gel, sprays and implants. If you have a uterus (womb), you will need to take a hormone called a progestogen as well (combined HRT) to protect the lining of your uterus.

Benefits of HRT

HRT is very effective at relieving most perimenopausal and menopausal symptoms. Hot flushes, night sweats and mood changes can start to improve within a few days. Other symptoms such as joint pains and vaginal dryness can take a few weeks to improve.

Many people find their quality of life at home and at work improves when they take HRT.

Taking HRT can also reduce the risk of hormone-related health problems including osteoporosis, and, possibly, type 2 diabetes.

Risks of HRT

For most women, the benefits of HRT usually outweigh the small risks.

HRT can slightly increase the risk of breast cancer and some types can increase the risk of blood clots. Oral oestrogen is generally not recommended if you have previously had a stroke or deep vein thrombosis (DVT). HRT should only be used after expert advice if there is a previous history or high risk of breast or womb (uterine or endometrial) cancer.

You can potentially take HRT for as long as the benefits outweigh the risks, which may be for many years.

Where to find out more

- **Women's Health Concern:**
<https://www.womens-health-concern.org/>
- **Menopause Matters:**
<https://www.menopausematters.co.uk/>
- **The Menopause Charity:**
<https://www.themenopausecharity.org/>
- **Menopause Café:**
<https://www.menopausecafe.net/>
- **Queermenopause for people who identify as LGBT+:** <https://www.queermenopause.com/>
- **NHS website section on the menopause:**
<https://www.nhs.uk/conditions/menopause/>
- **British Menopause Society**
<https://thebms.org.uk/education/principles-practice-of-menopause-care/bms-ppmc-resources-toolkit/>

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Let's talk
menopause

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Self Care Forum
Helping people take care of themselves