Menopause and Mental Health

What to expect–and what to accept?

A simple question-and-answer guide for women

Menopause is a natural stage of life, but the changes around it can affect mood, sleep, memory, confidence, relationships and daily activities. Every woman's experience is different. Some women have few symptoms, while others find the changes seriously interfere with work and home life.

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1. What do "perimenopause" and "menopause" mean?

Perimenopause is the transition period before and around menopause. Periods may become irregular, heavier, lighter or more widely spaced, and symptoms may begin even while periods are still occurring.

Menopause is reached when a woman has had no menstrual period for 12 months. The average age in our country is around 46 years, although it commonly occurs between 45 and 55 years. Menopause may happen earlier because of surgery, chemotherapy, radiation or other health conditions.

2. Can menopause affect mental health?

Yes, it can affect emotional wellbeing, but not every woman will develop a mental health condition. Studies do not show that all women have a higher risk of depression or anxiety during the menopause transition.

However, changing or fluctuating hormone levels in the blood and other body tissues, poor sleep, hot flushes, stressful life events and other midlife pressures may make some women more vulnerable to low mood, worry or irritability.

3. What emotional changes might I notice?

Some women report:

- Irritability or anger
- Feeling tearful or unusually sensitive

- Mood swings
- Anxiety or excessive worry
- Low mood or loss of interest
- Feeling overwhelmed
- Low confidence or self-worth
- Reduced motivation
- Difficulty coping with everyday demands

These experiences are real and should not be dismissed as "just part of getting older". At the same time, they should not automatically be blamed on menopause. Other causes may need to be considered.

4. Does menopause cause depression?

Menopause does not automatically cause depression, and depression is not inevitable at this stage of life. Research has found no universal increase in depression for all women.

Some women may be more vulnerable, especially those with:

- Severe hot flushes or night sweats
- Long-lasting symptoms
- Ongoing sleep problems
- Major stressful life events
- A previous episode of depression

Women who have had depression in the past may be more likely to experience it again during the transition.

5. How can I tell the difference between mood swings and depression?

Mood changes may come and go and may be linked to poor sleep, hot flushes, stress or changing hormones.

Depression is more serious and usually continues for at least two weeks. Possible warning signs include persistent sadness, loss of interest or pleasure, marked tiredness, feelings of worthlessness, difficulty concentrating, major changes in sleep or appetite, and thoughts of death or self-harm.

A questionnaire or internet test cannot confirm depression on its own. A trained healthcare professional should make the diagnosis.

6. Is anxiety a normal part of menopause?

Feeling more worried, tense or easily upset can occur during the transition, particularly when sleep is poor or life is stressful. However, research does not show that anxiety becomes more common universally because of menopause alone.

Severe, persistent or disabling anxiety needs proper assessment. It may be related to menopause, another health condition, life circumstances, or a combination of these.

7. Why do sleep problems affect my mood so much?

Sleep may be disturbed by night sweats, hot flushes, worry or other causes. Poor sleep can lead to tiredness, irritability, low motivation, poor concentration and memory difficulties. Improving sleep can therefore improve emotional wellbeing. Nighttime symptoms should be discussed with a healthcare professional rather than simply tolerated.

8. Is "brain fog" real?

Yes. Women commonly report forgetting words, losing their train of thought, misplacing objects, becoming easily distracted, forgetting why they entered a room, or finding it harder to switch between tasks.

These problems are usually mild and often improve after menopause. They can be made worse by poor sleep, stress, low mood and hot flushes. They are not imagined and do not usually mean that dementia is developing.

9. Will brain fog lead to dementia?

For most women, **no.** Memory loss and concentration difficulties are common during midlife and generally improve with time. Dementia in midlife is uncommon, although any rapidly worsening, severe or unusual memory problem should be assessed.

Menopause hormone therapy should not be started to prevent or treat dementia. When used for suitable women to treat menopausal symptoms, it may improve brain fog in some women.

10. Why can I feel that I have "lost myself"?

Persistent symptoms can affect confidence, relationships, social life and work. Poor sleep, low mood, anxiety, memory problems, body changes and reduced sexual wellbeing may make a woman feel unlike her usual self.

Midlife may also bring additional pressures—caring for children or older parents, relationship changes, career demands, financial concerns or bereavement. These pressures are important and should be discussed alongside physical symptoms.

11. Should I simply accept these symptoms?

You may need to accept that menopause is a normal life stage, but you do **not** have to accept severe symptoms that significantly worsen your quality of life. Women deserve information, respectful care and effective treatment.

A balanced approach includes attention to sleep, physical health, emotional wellbeing, relationships, daily stress, lifestyle and appropriate treatments.

12. What can I do myself to protect my mental wellbeing?

Helpful steps include:

- Keep a regular sleep and wake time.
- Remain physically active; brisk walking, cycling or swimming can help overall health and mood.
- Add muscle-strengthening activity twice weekly if suitable for you.
- Eat a balanced diet including vegetables, fruits, pulses, nuts, whole grains, fish and healthy fats.
- Avoid smoking and limit excessive alcohol.
- Stay socially connected and continue enjoyable activities.
- Make time for rest and stress management- Yoga, meditation, mindful activities.
- Record symptoms, periods, sleep and major stresses to identify patterns.
- Talk openly with trusted family members, friends or a professional.

13. Can talking treatment help?

Yes. Psychological support and structured talking treatments may help women manage low mood, anxiety, stress, sleep problems and difficult thoughts. They can be used alone or together with treatment for physical menopause symptoms.

Seeking help is a sign of good self-care, not weakness.

14. Can hormone treatment improve mood?

Hormone treatment can improve hot flushes and sleep disturbance and may improve depressive symptoms when these occur alongside troublesome hot flushes. It may also help some women with brain fog.

However, **hormone treatment should not routinely be used as the sole treatment for clinical depression.** A proper assessment is needed, and treatment should be chosen after discussing benefits, risks, alternatives and personal preferences.

15. Is hormone treatment suitable for everyone?

No. Suitability depends on age, symptoms, medical history, family history, previous cancers, blood-clot risk, heart health, blood pressure, migraine and other factors.

If a woman has a uterus, hormone treatment generally requires both oestrogen and a protective hormone, Progestins. Women without a uterus may usually use oestrogen alone. Treatment should be reviewed, especially if symptoms do not improve or side effects occur.

16. Can antidepressants or other medicines help?

They may help when depression or anxiety is present, and some non-hormonal medicines may help selected menopause symptoms. The correct medicine depends on the diagnosis, other illnesses, possible side effects and personal circumstances.

Menopause symptoms should not be assumed to be a mental health disorder, and mental health symptoms should not be dismissed as menopause. Both may need treatment.

17. When should I see a healthcare professional?

Arrange an assessment if symptoms are persistent, worsening or affecting your work, relationships, sleep or daily activities. Seek help for:

- Low mood, lasting two weeks or more
- Loss of interest in usual activities
- Repeated panic or severe anxiety
- Major sleep disturbance
- Significant memory or concentration problems
- Withdrawal from family, friends or work
- A previous history of depression or other mental health problems
- Menopause symptoms occurring before age 45, especially before age 40

18. What if I have thoughts of self-harm or suicide?

This is an emergency. Do not remain alone. Tell a trusted person immediately and contact local emergency services, a crisis helpline or the nearest emergency department.

Thoughts of self-harm or suicide must never be dismissed as “just hormones”. They require urgent, compassionate professional help.

19. How can family members support me?

They can listen without judgement, avoid jokes or criticism, and understand that symptoms may affect sleep, mood, memory and confidence. Practical help with household or caring responsibilities may be valuable.

Encourage the woman to seek professional help, especially when symptoms are persistent or severe. Support should not replace medical care.

20. What is the most important message to remember?

Menopause is a normal part of aging process, but suffering in silence is not normal. **Mental health changes can occur, but they are not inevitable**, and they should not all be blamed on menopause.

Expect some change but accept neither dismissal nor unnecessary suffering. **Early recognition, honest discussion, healthy routines, psychological support and appropriate medical treatment can help women remain well and continue to live full, active lives.**

Sources used

This booklet is based on the published medical documents:

1. *Promoting good mental health over the menopause transition*, The Lancet, 2024.
2. *"I was just a shell": Mental health concerns for women in perimenopause and menopause*, International Journal of Mental Health Nursing, 2024.
3. *Menopause and Mental Health*, Advances in Therapy, published online November 21, 2025.
4. *International Menopause Society Recommendations and Key Messages on Women's Midlife Health and Menopause*, 2025.
5. *European Society of Endocrinology Clinical Practice Guideline for Evaluation and Management of Menopause and the Perimenopause*, 2025.
6. *Brain Fog and Memory Difficulties in Menopause*, Menopause Information resource.
7. *Menopause FAQ*, International Menopause Society / menopauseinfo.org.

Important: This leaflet summarises information from the published medical documents. It is intended for educating the patient population and the elderly women, at large. Individual symptoms and treatment choices should be discussed with a qualified healthcare professional.

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