What to expect during menopausal Transition

What to expect–and what to accept?

A simple question-and-answer guide for women

Menopause is a natural stage of life, not an illness. Every woman's experience is different. Some women have few symptoms, while others find the changes seriously interfere with work and home life.

This booklet summarises information from the published medical documents. It is intended for education and discussion with a healthcare professional. It does not replace personal medical advice.

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1. What is menopause?

Menopause is the permanent stopping of menstrual periods because the ovaries gradually stop releasing eggs and producing the hormones that control the menstrual cycle. Natural menopause is confirmed after **12 months without a period**, when there is no other explanation.

The average age of natural menopause is about **46.2 years**, in our country; although it may happen earlier or later.

2. What is the menopause transition?

The menopause transition is the period leading up to the final menstrual period. It usually begins with changes in the menstrual cycle and commonly starts around the late 40s. It often lasts about **four years**, but the length varies widely.

Another commonly used term is **perimenopause**. This includes the transition and the first 12 months after the final period.

3. What is the first sign that menopause is approaching?

The first sign is often a change in the menstrual pattern. Periods may become:

- Less or more frequent
- Shorter or longer

- Lighter or heavier
- Irregular or occasionally missed

These changes may come and go for some time. Pregnancy is still possible while periods continue, so **contraception may still be needed.**

4. When should I expect menopause?

Most women reach natural menopause around the age of 46. The transition commonly begins several years earlier, but there is no exact timetable for everyone.

Menopause before age 45 is considered early, and before age 40 is considered premature. Early or premature menopause needs medical assessment because it may affect bone and heart health and may require specific treatment.

5. What symptoms can occur during the transition?

Symptoms differ greatly. Some women have few symptoms, while others find them troublesome. Possible changes include:

- Hot flushes and night sweats
- Sleep problems
- Tiredness
- Mood changes or irritability
- Vaginal dryness or discomfort during sex
- Reduced sexual comfort or interest
- Changes in skin and body shape
- Menstrual problems

Hot flushes and night sweats are common; **up to about 80% of women may experience them.** The effect on daily life is more important than the number of episodes alone.

6. Are hot flushes only an inconvenience?

Hot flushes can disturb sleep, work, concentration, relationships and quality of life. Frequent, severe or night-time symptoms may also be linked with a higher risk of low mood and may indicate a less favourable heart-health profile.

Effective treatment can improve comfort, sleep and general wellbeing. **Discuss persistent or troublesome symptoms with your doctor.**

7. Why is my sleep poor ?

Sleep may be disturbed by night sweats, changing body temperature, stress, or other midlife health and life problems. Poor sleep can worsen tiredness, irritability, concentration and mood.

Managing night sweats, keeping regular sleep habits, staying physically active and addressing stress may help. Structured psychological treatment, including cognitive behavioural therapy, can help with sleep problems and some menopause symptoms.

8. Will menopause cause depression or anxiety?

No. The available research does **not** show that all women, or even most women, develop depression or anxiety during the transition.

Some women are more vulnerable, particularly those with:

- A previous history of depression
- Severe or prolonged hot flushes or night sweats
- Long-lasting sleep disturbance
- Major stressful life events
- Financial difficulties, poor social support or unemployment
- Limited physical activity or smoking
- Other physical illnesses

Menopause symptoms should not automatically be blamed for low mood or anxiety. These problems deserve proper assessment and effective treatment, just as they do at any other age.

9. What if I have had depression before?

Women with a previous major depressive illness may have a higher risk of the illness returning during the menopause transition. **Do not stop antidepressants or counselling suddenly without medical advice.**

Keep regular contact with your doctor, especially if sleep, mood, interest in usual activities or daily functioning begins to worsen.

10. How do I know if sadness is more than a normal mood change?

Seek professional help if low mood, loss of interest or pleasure, hopelessness, guilt, severe tiredness, poor concentration, major sleep or appetite changes continue for about two weeks or interfere with daily life.

Thoughts of self-harm, suicide or death require urgent help. Contact emergency services or a trusted healthcare professional immediately and do not remain alone.

11. Does menopause affect the heart?

The menopause transition is an important time for heart-health prevention. During this stage, abdominal weight may increase, blood pressure may rise, and cholesterol and blood-sugar-related risks may worsen. The ageing process also contributes to these changes.

Heart disease is the leading cause of death in women. Menopause is therefore a good time to review blood pressure, cholesterol, blood sugar, weight, smoking, diet, physical activity and sleep.

12. What can I do to protect my heart?

Helpful steps include:

- **Regular physical activity,** including strength-building exercise
- A **balanced diet** with plenty of vegetables, fruits, whole grains and pulses
- **Avoiding tobacco** and nicotine
- Maintaining a **healthy weight and waist size**
- **Limiting excess alcohol**
- Prioritising **good sleep**
- Checking blood pressure, cholesterol and blood sugar when advised

Healthy lifestyle changes can prevent a substantial proportion of heart disease.

13. Does menopause affect bones?

Yes. Bone loss is greatest around the final menstrual period—particularly during the year before it and the first two years afterwards. This can increase the risk of weak bones and fractures later in life.

Regular weight-bearing and strength exercises, adequate **calcium and vitamin D** from appropriate sources, avoiding smoking and preventing falls are important. Women with early or premature menopause may need a more detailed bone-health assessment.

14. Do I need a blood test to diagnose menopause?

Usually not, if you are aged 45 or older and have typical menstrual changes and symptoms. A detailed discussion of your periods and symptoms is often more useful than a single hormone test because hormone levels can change from day to day.

Women aged 45 or younger with missed or irregular periods may need tests to exclude pregnancy, thyroid problems and other causes. Your clinician will decide which tests are appropriate.

15. What should I record before my appointment?

Keep a simple record of:

- Dates and pattern of periods
- Hot flushes and night sweats
- Sleep quality
- Mood and stress levels
- Vaginal or sexual symptoms
- Medicines, supplements and contraception
- Any previous depression or other health problems

This helps your clinician understand the pattern and choose suitable care.

16. Can menopause affect vaginal and sexual comfort?

Reduced hormone levels may cause dryness, irritation, discomfort during sex and changes in sexual wellbeing. These symptoms are common but should not simply be tolerated.

Speak openly with a healthcare professional. Lubricants, moisturisers and other treatments may help, depending on your symptoms and medical history.

17. What treatments are available for troublesome symptoms?

Treatment should be tailored to your symptoms, health, age, time since menopause and personal preferences. Options may include:

- Lifestyle measures and practical ways to reduce triggers
- Psychological approaches such as cognitive behavioural therapy
- Non-hormonal medicines for selected symptoms
- Menopausal hormone therapy for appropriate women with troublesome symptoms
- Local treatments for vaginal dryness or discomfort

Hormone therapy is not suitable for everyone and **should not be used solely to prevent heart disease. Starting treatment earlier—before age 60 or within 10 years of menopause—**may have a different risk profile from starting it much later. Decisions should be individualised and reviewed with a qualified clinician.

18. Can hormone therapy prevent depression?

Current evidence does not support using hormone therapy routinely to prevent depression in all women. It may improve depressive symptoms in women who also have troublesome hot flushes, but it is not the main treatment for depression when hot flushes are absent.

Depression should be assessed and treated with proven approaches such as counselling, psychological therapy, antidepressants or other appropriate care. Hormone therapy should never be started, stopped or changed without medical advice.

19. Can hormone therapy cause cancer?

Menopausal Hormone Therapy (MHT)—often called Hormone Replacement Therapy (HRT)—can influence the risk of certain cancers, but the impact depends heavily on the **type of hormones used**, **whether a woman still has her uterus**, and the **duration of use**.

Collaboration with a healthcare professional is essential.

20. What everyday habits support mental wellbeing?

Helpful approaches include:

- Staying physically active
- Maintaining supportive relationships
- Managing stress through relaxation, mindfulness or similar practices
- Protecting sleep
- Eating a balanced diet
- Avoiding smoking
- Developing a positive or neutral view of menopause and ageing
- Seeking help early rather than struggling alone

Menopause is not a failure or loss of value. It is a natural stage of life, and accurate information can make it easier to manage.

21. When should I seek medical advice promptly?

Arrange medical review for:

- Bleeding after 12 months without periods
- Very heavy, prolonged or unusually frequent bleeding
- Menopause symptoms before age 45, especially before age 40
- Severe hot flushes or night sweats affecting sleep or daily life
- Persistent low mood, anxiety or loss of interest
- New breast, pelvic, urinary or sexual symptoms
- Chest pain, severe breathlessness, sudden weakness or fainting
- Thoughts of self-harm or suicide—seek urgent help immediately

A final message

The menopause transition is a normal biological process, but difficult symptoms should not be dismissed. Most women do not develop a mental health disorder because of menopause, yet some need extra support. Early recognition, healthy lifestyle habits, attention to heart and bone health, and personalised treatment can help women move through this phase with confidence and good quality of life.

Prepared from the supplied documents:

- *Promoting good mental health over the menopause transition*, The Lancet, 2024
- *The Disruptive Changes of Midlife: A Biopsychosocial Adventure*, 2018
- *A More Complete Picture of Reproductive Aging and the Menopause Transition*, 2018
- *The Menopause Transition: A Critical Stage for Cardiovascular Disease Risk Acceleration in Women*, NAMS Practice Pearl, 2023

Important: This leaflet summarises information from the published medical documents and does not replace individualised clinical assessment or the full guideline texts. It is intended for educational purpose, only. Because medical information is undergoing constant scrutiny and changing at a rapid pace, the readers are advised to check any information, that is current.

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