

IT'S NOT JUST YOU- IT'S MENOPAUSE

Contributed by Heidi Roth, RDN, CHHC

In my late 30s, I started waking up with night sweats and was convinced I had some rare infectious disease straight out of a Victorian novel. Fortunately, I was perfectly fine... it was just perimenopause.

Had this happened now, I probably would have had at least some clue as to what was going on, but at the time perimenopause wasn't part of the conversation.

Why did no one at the time suggest that it might be due to changing hormones? Part of the problem is that many healthcare providers historically received very little specific training in perimenopause and menopause care. After concerns about hormone therapy emerged from the Women's Health Initiative in 2002, menopause treatment became far less emphasized in medical training, leaving a generation of clinicians less prepared to recognize the full range of symptoms.

Thankfully, women today are hearing much more about perimenopause and menopause. If you're in my age group or younger, it can feel like you can't open your social media feed without seeing something about hormones, menopause, or midlife health. Even in just the past five years, the conversation on hormone treatment has changed dramatically, and it's reasonable to talk with your doctor about the best treatment options for you.

What is perimenopause?

Perimenopause is the transition leading up to menopause, when hormone levels — particularly estrogen and progesterone — begin to fluctuate. Estrogen levels can swing erratically from very high to very low, while progesterone steadily declines. It can start years before periods actually stop, and the symptoms can be surprisingly broad.

Night sweats and hot flashes (known as vasomotor symptoms, or VMS) may be the most recognizable. Still, fatigue, brain fog, headaches, and anxiety are actually more common — and the most likely to be attributed to other causes. Changes in sleep, mood, energy, concentration, menstrual cycles, and more can all be part of the picture.

Some of the more unusual symptoms to be aware of:

Musculoskeletal symptoms

A 2026 review of 93,021 women found that about 57% of perimenopausal women reported muscle or joint pain. Other studies have found an increase in stiffness as well, leading some to coin the term "musculoskeletal syndrome of menopause." Anecdotally, many people on social media attribute plantar fasciitis to perimenopause as well, and although there is no direct evidence for this, it's reasonable to view it as a contributing factor.

Neurologic and sensory changes

Symptoms can include burning mouth, restless legs, leg cramps, tinnitus, burning or numbness in the feet, and new or worsening migraines. Hormonal fluctuations may affect the nervous system and sensory processing.

Gastrointestinal

Bloating, constipation, and appetite changes can accompany menopause. Hormonal shifts may affect digestion, fluid retention, and hunger signals, while changes in sleep and stress can worsen symptoms.

Skin and hair changes

Declining estrogen can reduce collagen and skin hydration, contributing to dryness, thinning, wrinkles, and reduced elasticity. Hair may also thin or shed, while unwanted facial hair can become more noticeable.





Genitourinary

Declining estrogen can cause genitourinary syndrome of menopause (GSM), which includes vaginal dryness, irritation, painful intercourse, urinary urgency, and recurrent UTIs. These symptoms result from changes in the tissues of the vagina, vulva, and urinary tract.

Psychological

Mood changes can include depression, anxiety, irritability, anger, and low self-esteem, even in women without a previous history of mental health concerns. Hormonal fluctuations can affect neurotransmitters involved in mood regulation.

Cognitive Changes

Having trouble recalling words? Brain fog is a real thing. Forty to sixty percent of midlife women report cognitive symptoms such as forgetfulness. The good news is that it usually tends to stabilize and is largely reversible in the postmenopausal period.

Too often, women are told that what they're experiencing is "just stress" or "just life," when shifting hormones may actually be playing a significant role. While it's important not to attribute every symptom to changing hormones — there may be other medical issues involved — it's good to know there's a reason for many of these changes, and that you are not alone. So, what can be done?

CBT and mind-body exercises

Studies show that cognitive behavioral therapy (CBT) is one of the best ways to reduce the perceived impact of hot flashes and night sweats and to improve both sleep and quality of life. Interestingly, clinical hypnosis has also been shown to reduce the frequency of vasomotor symptoms (VMS).

Yoga, mindfulness, and music or dance haven't been found to reduce VMS, but they may be beneficial for sleep and anxiety.

Nutrition

Low iron levels can be common during this stage due to heavy or irregular periods and can contribute to fatigue. Talk to your doctor about screening for iron deficiency and be sure to include iron-rich foods from animal sources such as meat, seafood, and eggs, as well as beans and dark leafy greens. Pairing them with vitamin C-rich foods such as citrus and peppers also greatly improves absorption.

Emphasizing a Mediterranean, plant-forward pattern has been shown to decrease vasomotor and overall menopausal symptoms, whereas a high intake of ultra-processed foods, sweets, and saturated fats correlates with worse symptoms. One more reason to increase your intake of vegetables, fruits, whole grains, fish, nuts, and olive oil!

Whole-food soy (tofu, edamame, soy milk, and miso) as part of a plant-forward diet has been shown to have some possible benefits for hot flashes, mood, and bone health.

Everyone's experience of perimenopause is different, so it can be helpful to keep a simple log of your symptoms and bring it to your appointments. Lastly, it's worth seeking out a provider who specializes in perimenopause and beyond. You can find one near you (or virtually) through the Menopause Society at menopause.org, keeping in mind that it won't include every provider trained in menopausal care.

What surprised you most about menopause and perimenopause?



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