

The Menopause Guide

A practical guide to symptoms, treatment choices,
and staying healthy through midlife

For women in their 40s and 50s, anyone going through
early or surgical menopause, and the families who support them.

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Start here

The short version

- Menopause is reached after **12 months in a row without a period**. Most women get there between 45 and 55.
- Symptoms often start years earlier, during perimenopause. You can still get pregnant then.
- Hot flashes typically last about 7 years, and sometimes much longer. You don't have to wait them out.
- Hormone therapy is the most effective treatment for hot flashes. For healthy women **under 60 or within 10 years of their last period**, the benefits usually outweigh the risks.
- If hormones aren't right for you, several nonhormonal medicines work too.
- **Any bleeding after menopause needs a check-up.** So does very heavy bleeding at any time.

Get help right away

Call 911 for chest pain, sudden trouble breathing, signs of stroke (a drooping face, weakness on one side, slurred speech), fainting, or a new painful, swollen leg.

Seek urgent care if you soak through a pad or tampon every hour for several hours, or heavy bleeding comes with dizziness or weakness.

For an emotional crisis in the U.S., call or text 988.

1. Understanding menopause

You may notice changes before your periods stop.

Maybe you've started waking up hot at night. Your periods don't come when you expect them anymore. Or you feel tired and find it hard to focus at work. These changes may be part of menopause.

You've reached natural menopause when you've gone **12 months in a row** with no period or spotting, and nothing else explains it. In the United States, the average age is about 51 or 52, and most women reach it between 45 and 55 (Office on Women's Health, n.d.).

The three stages

Stage	What it means
Perimenopause	The years leading up to menopause. Periods and symptoms start to change.
Menopause	The point when you've gone 12 months without a period.
Postmenopause	All the years after your final period.

During this time, your ovaries make less estrogen and progesterone. These hormones control your periods, and they also affect your bones, heart, sleep, mood, and vagina.

Other ways menopause can start

- **Surgery:** removing both ovaries causes menopause right away, often with sudden, strong symptoms.
- **Cancer treatment:** chemotherapy and pelvic radiation can damage the ovaries.
- **Premature ovarian insufficiency:** when the ovaries stop working normally before age 40. This needs a doctor's care (see Section 10).

2. The years before menopause

What happens during perimenopause

For many women, perimenopause lasts about four years, though it can be shorter or go on for eight years or more. Hormone levels rise and fall unpredictably. Your ovaries may still release eggs, just less regularly.

You might notice that your periods come earlier or later than usual, get heavier or lighter, last fewer or more days, or disappear for a few months and then come back.

Can you still get pregnant?

Yes. Pregnancy is possible during perimenopause, even when periods are irregular. If you don't want to get pregnant, keep using birth control.

For women not using hormonal birth control, UK guidance says to keep using contraception for 2 years after your last period if you're under 50, or 1 year if you're 50 or older (FSRH, 2025). U.S. guidance says many women can stop around age 50 to 55 (CDC, 2024). Hormonal birth control can hide the signs of menopause, so it may be hard to tell when you've reached it. Ask your provider when it's safe for you to stop.

When bleeding needs attention

Irregular periods are normal in perimenopause. Call your provider if bleeding is very heavy, happens between periods or after sex, or lasts much longer than usual. Any bleeding after 12 months with no period needs a check-up, even if it's light spotting.

Tip: keep a simple record of your bleeding on a calendar, in a phone app, or in the tracker at the end of this guide. It helps your provider see the pattern.

3. Symptoms you may have

Menopause feels different for everyone. Some women barely notice it. For others, symptoms affect sleep, work, and relationships.

Hot flashes and night sweats

A hot flash is a sudden wave of heat, usually in the face, neck, and chest. You may sweat, flush, or feel your heart race, and then feel chilled afterward. At night, these are called night sweats, and they can soak your bedding and wake you up.

Sleep and mood

You may wake more often, feel more irritable, worry more, or go through stretches of low mood. Perimenopause raises the risk of depression, even in women who've never had it before.

Memory and focus

Forgetting why you walked into a room or struggling to find a word can be frustrating. This "brain fog" is common in perimenopause and usually improves afterward. Poor sleep and stress make it worse.

Vaginal and urinary changes

Lower estrogen can make the vagina dry, thin, and less stretchy. This can cause pain during sex, a need to urinate more often, or repeated urinary infections. Doctors call this genitourinary syndrome of menopause. Unlike hot flashes, it usually doesn't go away on its own, but it's very treatable (see Section 7).

Other changes

Joint aches, changes in sexual desire, thinning hair, dry skin, headaches, and more fat around the waist are all common. Heart palpitations can happen too, but get them checked if they're new, severe, or come with chest pain, shortness of breath, or fainting.

Why some women have symptoms longer than others

The Study of Women's Health Across the Nation (SWAN) followed more than 3,000 women from different backgrounds through menopause. Among women with frequent hot flashes and night sweats, symptoms lasted about 7 years on average (Avis et al., 2015).

Two things predicted longer symptoms:

- **Starting early.** Women whose hot flashes began while their periods were still regular had them the longest, often for more than 11 years.
- **Race and ethnicity.** African American women had hot flashes the longest, about 10 years on average. Researchers think differences in stress, health, and access to care may play a part.

If your symptoms are affecting your daily life, ask for help now. You don't have to wait until they're severe.

4. Finding out whether it's menopause

Do you need a blood test?

Usually not. Most healthy women over 45 can be diagnosed from their age, symptoms, and period history (NICE, 2026). Hormone levels swing so much in perimenopause that one blood test can be misleading.

When testing may help

Your provider may order blood tests if your symptoms start before 45 or another condition might be the cause. Tests can include FSH (a hormone that rises as the ovaries slow down), thyroid tests, a blood count to check for anemia, and a pregnancy test when relevant.

Other conditions can look similar.

Thyroid disease, anemia, depression, sleep apnea, and medicine side effects can all cause symptoms like menopause. Talk about new or troubling symptoms instead of assuming menopause is the cause.

Before your appointment

- Fill in the symptom tracker in Section 11 for at least two weeks
- List every medicine you take, including vitamins, herbal teas, and supplements
- Write down your top two or three questions (there's a list in Section 11)
- Know your family history of breast cancer, blood clots, heart disease, stroke, and osteoporosis

Finding a specialist: The Menopause Society lists clinicians with menopause certification at menopause.org. Many offer telehealth.

5. Hormone therapy: what to know

How it works

Menopausal hormone therapy (MHT, often called HRT) replaces some of the estrogen your body no longer makes. It's the most effective treatment for hot flashes and night sweats, and it also helps prevent bone loss (The Menopause Society, 2022).

Estrogen comes as a pill, skin patch, gel, or spray. If you still have a uterus, you'll also take a progestogen, which protects the lining of the uterus from cancer. If you've had a hysterectomy, you usually take estrogen alone.

Timing matters

For healthy women **under 60, or within 10 years of their last period**, the benefits of hormone therapy usually outweigh the risks (The Menopause Society, 2022). Starting later, after 60 or more than 10 years past menopause, carries higher risks of heart disease, stroke, blood clots, and dementia.

There's no automatic cut-off for stopping. You and your provider can review the plan each year and decide together.

Hormone therapy usually isn't recommended if you have had

- Breast cancer, or cancer of the uterine lining
- A blood clot in the leg or lung
- A stroke or heart attack
- Active liver disease
- Vaginal bleeding that hasn't been explained

Talk it through carefully with your provider if you have migraines with aura, high blood pressure, diabetes, or a strong family history of breast cancer or clots. Some of these don't rule out treatment but may change which type you use.

What changed in 2025 and 2026

In November 2025, the FDA announced it would revise the strongest warnings on hormone therapy labels. On February 12, 2026, it announced approved label changes for the first six products (FDA, 2026).

- The boxed warnings about heart disease, breast cancer, and probable dementia were removed from these products.
- The boxed warning about cancer of the uterine lining stays for estrogen-only products taken by women who still have a uterus.
- The labels dropped the blanket advice to use "the lowest dose for the shortest time" and now include information about starting treatment closer to menopause.

These changes don't mean hormone therapy is risk-free. They reflect better evidence that risks depend on age, timing, and the type of treatment.

Understanding the risks in numbers

Much of what we know comes from the Women's Health Initiative (WHI), a large study that began in the 1990s. The women in it were 63 years old on average, older than most women who start hormone therapy today, and they took older forms of hormones by mouth.

The table shows what happened each year among 10,000 women taking estrogen plus a progestin, compared with 10,000 women taking a placebo (Rossouw et al., 2002).

Each year, per 10,000 women	Estrogen plus progestin vs. placebo
Invasive breast cancer	8 more (38 vs. 30)
Stroke	8 more
Blood clot in the lungs	8 more
Heart disease events	7 more
Hip fractures	5 fewer
Colorectal cancer	6 fewer

In the WHI arm where women without a uterus took **estrogen alone**, there was no increase in breast cancer. There were slightly fewer cases than in the placebo group (Anderson et al., 2004).

Estrogen through the skin (a patch, gel, or spray) carries a lower risk of blood clots than estrogen pills.

A word about compounded "bioidentical" hormones

Some clinics sell custom-mixed hormones made by compounding pharmacies, often marketed as natural or bioidentical. These aren't FDA-approved; their doses can vary from batch to batch, and they haven't been tested for safety the way approved products have. The Menopause Society recommends against them when approved products will do (The Menopause Society, 2022). Several

FDA-approved products already use hormones identical to the body's own estradiol and progesterone.

6. Other ways to treat symptoms

Nonhormonal prescription medicines

These options work for many women who can't or don't want to take hormones (The Menopause Society, 2023).

Medicine	What to know
Fezolinetant (Veoza)	Treats moderate to severe hot flashes by acting on the brain's temperature center. It carries a warning about rare but serious liver injury, so you'll need blood tests before starting and during the first months (FDA, 2024).
Elinzanetant (Lynkuet)	Approved in October 2025 for moderate to severe hot flashes. Works in a similar way to fezolinetant and is taken at bedtime (FDA, 2025).
Low-dose paroxetine	An antidepressant approved in a low dose specifically for hot flashes. Other SSRIs and SNRIs, like venlafaxine, also help. Paroxetine can interfere with tamoxifen, so tell your provider if you take it.
Gabapentin	A nerve medicine used off-label. It can help night sweats and sleep, but may cause drowsiness or dizziness.

Help for vaginal dryness and painful sex

- **Vaginal moisturizers**, used a few times a week, help with everyday dryness.
- **Lubricants** make sex more comfortable.
- **Low-dose vaginal estrogen** (cream, tablet, or ring) works well, and very little enters the bloodstream. It's often an option even for women who can't take hormone therapy, but check with your provider, especially after breast cancer.
- **Vaginal prasterone (DHEA)** and **ospemifene**, a pill, are other prescription options.
- **Pelvic floor physical therapy** helps with pain, tightness, and leaks.

Low sexual desire

Desire often changes at midlife, for many reasons. If it bothers you, talk with your provider. Treating dryness, pain, poor sleep, or low mood often helps. For some women, a clinician may suggest testosterone at a dose meant for women. It's used off-label in the U.S. and needs monitoring.

Talk therapy and supplements.

Cognitive behavioral therapy (CBT) designed for menopause can make hot flashes less distressing and improve sleep (NICE, 2026). Herbal products and supplements, such as black cohosh or soy, have mixed or weak evidence. They can also interact with prescription medicines, so tell your provider what you take.

7. Staying healthy after menopause

Bone health

Bones lose strength faster in the years after menopause. Over time, this can lead to osteoporosis, which makes bones break more easily.

- **Calcium:** women over 50 need about 1,200 mg a day, ideally from food such as dairy, fortified plant milks, canned fish with bones, and leafy greens (NIH Office of Dietary Supplements).
- **Vitamin D:** 600 IU a day up to age 70, and 800 IU after that.
- **Exercise:** walking, dancing, and strength training two or more days a week.
- **Bone density scan:** recommended for all women 65 and older, and earlier for women at higher risk (USPSTF, 2025).

Heart health

Heart disease is the leading cause of death in women, and risk rises after menopause. Estrogen loss affects cholesterol and shifts fat toward the waist. Know your blood pressure, cholesterol, and blood sugar numbers, and ask how your family history affects your risk.

Bladder health

Some women leak urine when they laugh, cough, or exercise, or feel sudden urges to go. Pelvic floor exercises and physical therapy help many women. Your provider can check for infections and other causes.

Health checks to discuss

Ask your provider which of these you need and when: blood pressure and cholesterol checks, diabetes screening, mammograms, cervical and colon cancer screening, and a bone density scan. Your family history and health conditions can change the timing.

8. Everyday habits that help

- **Eat for your bones and muscles.** Get calcium, vitamin D, and protein at every meal. Traditional dishes built on vegetables, beans, fish, and whole grains fit a healthy pattern well.
- **Keep moving.** Walking, dancing, and gardening all count. Add strength and balance exercises to protect your muscles and lower your risk of falls.
- **Protect your sleep.** Keep regular bed and wake times, and keep your bedroom cool, dark, and quiet. Layered bedding and breathable sleepwear help with night sweats. The CareThrive Sleep Guide has more.
- **Notice your triggers.** Heat, alcohol, caffeine, spicy food, and stress can set off hot flashes for some women. Dress in layers and keep a fan nearby.
- **Quit smoking** and drink less alcohol. Both help your heart, bones, and sleep.

9. Feelings, family, and work

When menopause affects your mood

Your mood, patience, or energy may feel different. If sadness, anxiety, or irritability lasts more than two weeks, or makes daily life hard, talk with a healthcare professional. Depression in perimenopause is common and treatable. If you ever have thoughts of harming yourself, call or text 988.

Intimacy and family

If sex has become uncomfortable, talk openly with your partner and your provider. Treatments for dryness and pain work well.

Advice from family and friends can help you feel less alone, but it shouldn't replace medical care. If English isn't your first language, you have the right to a free medical interpreter in most U.S. clinics and hospitals. Just ask.

Menopause at work

A fan, easy access to water, flexible breaks, or a cooler workspace can help. You can ask for these without sharing more private health information than you want to.

10. Special situations

Menopause before 45

Early menopause, and especially menopause before 40, raises the long-term risk of osteoporosis and heart disease. Doctors usually recommend hormone therapy until at least the average age of menopause, about 51, unless there's a medical reason not to. The safety concerns that apply to older women generally don't apply here.

After cancer

Survivors of breast or other hormone-sensitive cancers usually need a different plan. Nonhormonal medicines, CBT, and vaginal moisturizers are often first choices. Work with your cancer team before starting anything new.

Living with other health conditions

If you have diabetes, high blood pressure, migraines, liver disease, or a history of blood clots, talk through these before starting any treatment. They may change which option is safest for you.

Three common myths

Myth	Fact
"Hormone therapy always causes cancer."	Risk depends on your age, the type of hormones, and how long you take them. Estrogen alone didn't raise breast cancer risk in the WHI.
"Menopause means sex will never feel good again."	Dryness, pain, and low desire can usually be treated.
"There's nothing you can do about hot flashes."	Several hormonal and nonhormonal treatments work well.

11. Your menopause toolkit

Symptom tracker

Fill this in for at least two weeks and bring it to your appointment. Rate sleep and mood from 0 (no problem) to 3 (severe).

Date	Hot flashes (number)	Night sweats (Y/N)	Sleep (0–3)	Mood (0–3)	Bleeding	Notes

Questions to ask your provider

- Could menopause explain my symptoms, or should we check for something else?
- Am I a good candidate for hormone therapy? Why or why not?
- Would a patch or gel be safer for me than a pill?

- Which nonhormonal options could work for me?
- What can I do about vaginal dryness or painful sex?
- Which screenings do I need, and when?
- When should I come back to review how things are going?

Words to know

Word	Meaning
Perimenopause	The years leading up to menopause
Estrogen and progesterone	Hormones made by the ovaries that control periods and affect many parts of the body
Progestogen	A hormone taken with estrogen to protect the uterus
FSH	A hormone that rises as the ovaries slow down
MHT or HRT	Hormone therapy for menopause symptoms
Genitourinary syndrome of menopause	Vaginal and urinary changes caused by low estrogen
Osteoporosis	A condition that weakens bones
Placebo	A pill with no medicine in it, used in research
CBT	A short, practical talk therapy that teaches skills for sleep, mood, and coping

12. Trusted resources and references

Where to learn more

- The Menopause Society, including its practitioner finder: menopause.org
- American College of Obstetricians and Gynecologists: acog.org
- National Institute on Aging: nia.nih.gov
- Office on Women's Health: womenshealth.gov
- NICE menopause guideline (UK): nice.org.uk/guidance/ng23

References

- Anderson, G. L., Limacher, M., Assaf, A. R., et al. (2004). Effects of conjugated equine estrogen in postmenopausal women with hysterectomy: The Women's Health Initiative randomized controlled trial. *JAMA*, 291(14), 1701–1712.
- Avis, N. E., Crawford, S. L., Greendale, G., et al. (2015). Duration of menopausal vasomotor symptoms over the menopause transition. *JAMA Internal Medicine*, 175(4), 531–539.
- Centers for Disease Control and Prevention. (2024). U.S. selected practice recommendations for contraceptive use, 2024. *MMWR Recommendations and Reports*, 73(3).
- Faculty of Sexual and Reproductive Healthcare. (2025). FSRH guideline: Contraception for women aged over 40 years.
- National Institute for Health and Care Excellence. (2026). Menopause: Identification and management (NICE guideline NG23). Last updated April 2026.
- NIH Office of Dietary Supplements. (n.d.). Calcium: Fact sheet for health professionals; Vitamin D: Fact sheet for health professionals.
- Office on Women's Health. (n.d.). Menopause basics. U.S. Department of Health and Human Services.
- Rossouw, J. E., Anderson, G. L., Prentice, R. L., et al. (2002). Risks and benefits of estrogen plus progestin in healthy postmenopausal women: Principal results from the Women's Health Initiative randomized controlled trial. *JAMA*, 288(3), 321–333.
- The Menopause Society (formerly The North American Menopause Society). (2022). The 2022 hormone therapy position statement. *Menopause*, 29(7), 767–794.
- The Menopause Society. (2023). The 2023 nonhormone therapy position statement. *Menopause*, 30(6), 573–590.
- U.S. Food and Drug Administration. (2024, December). FDA adds boxed warning for risk of serious liver injury with Veozah (fezolinetant).
- U.S. Food and Drug Administration. (2025, October 24). Approval of Lynkuet (elinzanetant) for moderate to severe vasomotor symptoms due to menopause.
- U.S. Food and Drug Administration. (2026, February 12). Announcement of approved labeling changes for menopausal hormone therapy products.
- U.S. Preventive Services Task Force. (2025). Osteoporosis to prevent fractures: Screening.

About this guide

CareThrive is a physician-founded health education platform. We share clear, research-based information to help individuals and families make calm, informed decisions about their health.

This guide is for education only and doesn't replace advice from your own healthcare provider.

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