

Perimenopause

Perimenopause, also called the menopause transition, is the span of years before your final menstrual period. Changing periods, hot flashes, poor sleep, and mood changes can seem unrelated, but they are often part of the same hormonal shift. This packet explains what is changing, what to expect, and how it is evaluated.

The stages of the transition

- Perimenopause: begins with changes in your cycle or other symptoms, often in your mid-40s, and lasts until 1 year after your final period. For many people it falls between about ages 45 and 55.
- Menopause: your final menstrual period. It is confirmed after 12 months in a row with no period. In the U.S., the average age is 51.
- Postmenopause: all the years after menopause.

In the early menopause transition, cycle length often varies by 7 days or more. In the late transition, gaps of 60 days or more between periods are common.

What is changing in your body

Your ovaries make estrogen and progesterone, the hormones that run your menstrual cycle. Estradiol is the main form of estrogen during your reproductive years. In perimenopause, the ovaries release an egg less often and make these hormones unevenly.

- Hormone levels rise and fall unpredictably instead of dropping steadily, so symptoms can come and go.
- Over time, estrogen levels drop. Lower estrogen causes many of the changes linked to menopause.
- Follicle-stimulating hormone (FSH), made by the pituitary gland in the brain, signals the ovaries to ripen eggs.

How your periods may change

A change in your cycle is often the first sign. Your periods may:

- Come closer together or farther apart.
- Be heavier or lighter.
- Last fewer or more days.
- Skip a month or more.

Tracking your bleeding on a calendar or app makes changes easier to spot.

Pregnancy is possible even with irregular periods. To prevent it, use birth control until 12 months after your last period.

Learn more

The Menopause Society — Perimenopause
<https://menopause.org/patient-education/menopause-topics/perimenopause>

The Menopause Society — Menopause Definitions
<https://menopause.org/patient-education/menopause-glossary>

Symptoms and Evaluation

Bleeding that is not typical

Irregular periods are expected, but these are not a normal part of perimenopause:

- Bleeding or spotting between periods.
- Bleeding or spotting after sex.
- Very heavy bleeding during your period.
- Bleeding that is much heavier, or lasts much longer, than usual.
- Any bleeding after menopause.

Your Mulberry physician can look for the cause. Tests may include a pelvic ultrasound, an endometrial biopsy (a small sample of the uterine lining), or hysteroscopy (a thin, lighted camera passed through the cervix).

Common symptoms

Symptoms vary from person to person in both number and severity.

- Vasomotor symptoms, the medical term for hot flashes and night sweats. A hot flash is a sudden feeling of heat in the face, neck, and chest that usually lasts 1 to 5 minutes. Up to 80% of women have them, for 7 to 10 years on average.
- Sleep problems, such as trouble falling asleep or waking too early.
- Mood changes, which hot flashes and poor sleep can add to. Depression is more likely during perimenopause, especially if you've had it before.
- Brain fog, like trouble finding words or focusing. About 40% to 60% of midlife women notice it. It is usually mild, and dementia at midlife is very rare.
- Genitourinary syndrome of menopause (GSM), changes in the vulva, vagina, and bladder caused by lower estrogen. It can cause dryness, pain with sex, more frequent urination, and more infections. It often appears after menopause.
- Changes in sexual desire or response.

How perimenopause is evaluated

- It is usually diagnosed from your age, symptoms, and period changes, without hormone tests.
- If you are younger than 45, blood tests may be offered to check for early menopause.

Learn more

ACOG — Perimenopausal Bleeding and Bleeding After Menopause
<https://www.acog.org/womens-health/faqs/perimenopausal-bleeding-and-bleeding-after-menopause>

ACOG — Do I Need to Have Testing of My Hormone Levels During Perimenopause?
<https://www.acog.org/womens-health/experts-and-stories/ask-acog/do-i-need-to-have-testing-of-my-hormone-levels-during-perimenopause>

ACOG — The Menopause Years
<https://www.acog.org/womens-health/faqs/the-menopause-years>

The Menopause Society — Sexual Health
<https://menopause.org/patient-education/menopause-topics/sexual-health>

Treatment and Prevention

Treatment options

Treatment depends on how much your symptoms bother you, your overall health, and your preferences.

Hot flashes and night sweats (vasomotor symptoms)

- Hormone therapy is the most effective treatment.
- While you still have periods, hormonal birth control (a pill, patch, or ring) is often used instead.
- FDA-approved nonhormone medicines for menopause-related hot flashes include low-dose paroxetine, fezolinetant, and elinzanetant.
- Clinical hypnosis and cognitive behavioral therapy (CBT), a type of talk therapy, have been shown to help.
- Tips like dressing in layers or skipping spicy food have little proof behind them.

Vaginal dryness and pain with sex

- Vaginal moisturizers and lubricants ease dryness and pain with sex.
- Vaginal estrogen treats dryness and acts mostly in the vaginal tissue.

A window for prevention

- Bone loss speeds up during the first 4 to 8 years after menopause as estrogen drops. Weight-bearing exercise, strength training, calcium, and vitamin D help protect bone.
- A bone density (DXA) scan is advised at age 65, or earlier after menopause if your risk is higher.
- Heart attack and stroke risk rise after menopause, and high blood pressure and high cholesterol become more common.
- Aim for at least 150 minutes a week of moderate activity, such as brisk walking, plus muscle strengthening on 2 or more days.

Contact Us

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Learn more

The Menopause Society — Hot Flashes
<https://menopause.org/patient-education/menopause-topics/hot-flashes>

FDA — Drug Trials Snapshots: LYNKUET
<https://www.fda.gov/drugs/drug-trials-snapshots/drug-trials-snapshots-lynkuet>

USPSTF — Osteoporosis to Prevent Fractures: Screening
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/osteoporosis-screening>

CDC — Adult Activity: An Overview
<https://www.cdc.gov/physical-activity-basics/guidelines/adults.html>