Menopause

What is happening in your body and brain,
and how to ask for the care you need.

You are not losing your mind.
Your body is going through a real, physical change.

A PLACE TO START

For women, and anyone going through menopause, from their late thirties on, and the people who care about them. Plain language, based on research, with every source named. The last pages show where to continue. Written by someone who is not a medical professional.

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Start anywhere

There is no right order. Go to the page you need today, and print only that page if you like. Every page stands on its own. On a phone, tap any line or box to type.

People use different words for themselves. I use the ones most people have told researchers they prefer, and yours are welcome here.

> If you only have energy for one page today: **A week of noticing**, page 8.

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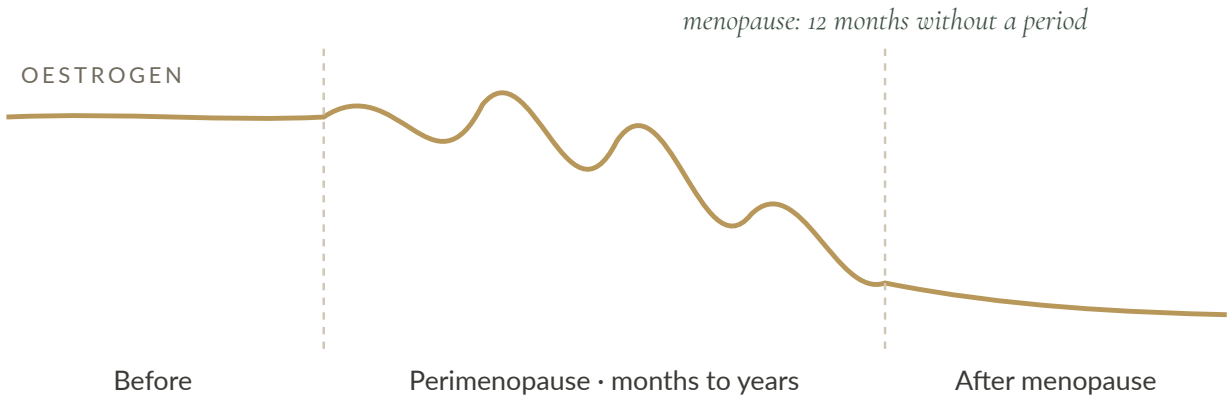
Understanding is the first act of care.

ONE

What menopause is

Menopause is the point when periods stop for good. Doctors confirm it once you have had no period for 12 months. On average, it comes around the age of 51.

The years before it are called **perimenopause**. They often begin in the mid-forties, sometimes earlier. Oestrogen and progesterone do not fall smoothly. They rise and fall unpredictably, which is why symptoms can come and go in waves.



The line is a picture of the pattern, not a measurement. Everyone's is different.

Your brain, skin, joints, gut, heart, and bladder all have receptors for these hormones. That is why the changes can show up almost anywhere.

TWO

The shapes of menopause

Menopause is a transition over years, not a switch. Each stage, and each way of arriving, brings its own feelings.

Stage	What it is	What it can bring
Perimenopause	The years before, often from the mid-forties. It can last from a few months to ten years.	Often the most turbulent time. Many people say they no longer recognise themselves.
Menopause	The day 12 months after your last period.	Relief, and sometimes grief for the end of fertility, or of a chapter.
Postmenopause	The years after, when hormones settle lower.	For many, fog and mood ease. Some describe a second spring of clarity and boundaries. Bones and heart need more care.
Early menopause	Between 40 and 45.	Shock, and feeling out of step with friends.
Premature ovarian insufficiency	Before 40. Please see a doctor.	Grief about fertility, and isolation. Support and treatment exist.
Surgical or induced	Sudden, after ovaries are removed, or after some cancer treatments.	Symptoms can arrive all at once, during recovery. Ask about support before treatment if you can.

WHERE I THINK I AM, AND WHAT IT IS BRINGING

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THREE

Why it affects your brain

Oestrogen does far more than run your cycle. It works throughout your brain, helping with energy, temperature, sleep, mood, and memory. When it rises and falls, your brain has to adjust.

1. **Temperature control wobbles**
   Hot flushes and night sweats come from the brain's thermostat.
2. **Sleep breaks up**
   Night sweats and changing hormones wake you.
3. **Thinking feels foggy**
   Lost words, lost threads, lost keys. Common, and for most people temporary.
4. **Mood shifts**
   Low mood, anxiety, or irritability, sometimes for the first time.

The neuroscientist Lisa Mosconi describes the menopausal brain as going through a transition, not a decline. For most people, the brain adapts.

Brain fog in perimenopause is very common, and usually a brain adjusting to change. If memory worries you, a doctor can check.

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FOUR

What it can feel like in your body

No one has every symptom. Tick what you recognise. It diagnoses nothing.

THE BETTER-KNOWN ONES

- [ ] Hot flushes or night sweats
- [ ] Periods changing
- [ ] Waking at 3am, wired or soaked
- [ ] Aching joints or muscles
- [ ] Headaches or migraines
- [ ] Heart racing or pounding

LESS TALKED ABOUT

- [ ] Itchy or crawling skin
- [ ] Ringing in the ears
- [ ] A burning mouth
- [ ] Dry eyes
- [ ] Bloating, or gut changes
- [ ] Thinning hair

INTIMACY AND PELVIC HEALTH

- [ ] Lower sex drive
- [ ] Dryness, or pain during sex
- [ ] Needing to wee urgently or often
- [ ] Repeated urine infections

These are common and treatable. They are not something you have to endure. Many of these can have other causes too, so a doctor may check for those as well.

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FIVE

What it can feel like in your mind, and in yourself

MIND AND MOOD

- [ ] Brain fog, losing words
- [ ] Forgetting why I came into a room
- [ ] Anxiety, or panic, new or stronger
- [ ] Sudden rage
- [ ] Flat, nothing feels good
- [ ] Overwhelmed by things that used to be easy

WHO I AM

- [ ] Losing confidence
- [ ] Doubting myself at work
- [ ] Not recognising myself
- [ ] Grieving my younger self
- [ ] My body changing shape
- [ ] Other: _____

These feelings often have a biological root, alongside everything else going on in your life. Naming them can take away the fear that you are failing, or falling apart.

There is more on grieving who you were in *Grief*, free on my site.

WHAT I MOST WANT SOMEONE TO UNDERSTAND

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SIX

A week of noticing

A few words a day turns "I just don't feel right" into a pattern a doctor can see. Even one row is useful.

WEEK OF _____

Day	Sleep	Flushes or sweats	Mood	Thinking	Period, or other
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

> FOR EXAMPLE
>
> **Tue.** Sleep: woke three times, soaked. Flushes: six. Mood: flat. Thinking: lost a word in a meeting. Period: none for seven weeks.

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SEVEN

If you are neurodivergent

Oestrogen helps the brain use dopamine, one of the chemicals involved in focus, motivation, and memory. Dopamine already works differently in ADHD.

Many women with ADHD say their symptoms felt stronger as perimenopause began, and some first recognise their ADHD at this time. The research is still young. A 2025 UK study of 656 women found that those with an ADHD diagnosis did not report worse menopause symptoms as a group, but that women with more ADHD traits reported more difficulty.

What this can mean

The strategies that always worked may stop working. ADHD medication may seem less effective. That is information, not failure.

What to do with it

Track focus, mood, sleep, and your cycle together. Tell your ADHD prescriber and your doctor, so care is joined up.

WHAT HAS CHANGED FOR ME, AND WHEN IT STARTED

There is also a free guide on *ADHD*, on my site.

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EIGHT

What can help: medical options

You do not have to tough it out. This page describes options. It does not recommend any for you: that is a conversation with your doctor.

Option	What it is
Hormone replacement therapy (HRT)	Replaces some of the hormones your body is making less of. It comes as patches, gels, sprays, or tablets. It has benefits and risks, which a clinician can talk through with you.
Local vaginal oestrogen	A low-dose cream, pessary, or ring for dryness, pain, and urinary symptoms.
Testosterone	It falls gradually with age, not suddenly at menopause. UK guidance says it may be considered for low sex drive if HRT alone has not helped.
Cognitive behavioural therapy (CBT)	UK guidance recommends CBT designed for menopause, for hot flushes, low mood, and sleep, with or without HRT.
Other medicines	There are non-hormonal options for some symptoms.

In the UK, guidance says that if you are 45 or over, perimenopause can usually be recognised from your symptoms, without blood tests.

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NINE

What can help: daily conditions

Track it

Symptoms, mood, and sleep, side by side. Patterns are reassuring, and they are evidence.

Sleep

A cooler bedroom, breathable layers, and a wind-down without screens.

Strength

Weight-bearing and strength exercise protects bones, muscle, and heart.

Food

Enough protein and fibre, and calcium and vitamin D for your bones.

Fewer triggers

Less alcohol and caffeine may ease flushes, palpitations, and anxiety for some people.

Boundaries

Letting go of perfect, and saying no more often.

Community

Friends, a menopause café, a support network at work.

Grace

Your body and brain are recalibrating. Be as kind to yourself as you would be to a friend.

You do not have to just get through it.

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TEN

Asking for what you need

Bring your week of noticing. A clear account makes it much easier to be heard.

With a doctor

What has changed, since when, and how it affects your days. Ask about your options, and about a menopause specialist if you need one.

At work

A fan, a desk near a window, flexible start times, cameras off on bad days, and breaks.

At home

Tell the people you live with what is happening, and what helps.

With yourself

This is a transition. Be as patient with yourself as you would with a friend.

> THREE SENTENCES
>
> "For six months I have been waking with night sweats three or four times a night, and losing words at work. My periods are irregular, and I am 47. I would like to talk about whether this is perimenopause, and what my options are."

WHAT I WILL SAY, AND WHAT I AM ASKING FOR

For work, there is also *Menopause at work*, free on my site.

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ELEVEN

Where to continue

This guide is a place to start. Here is where to go next.

TO READ MORE

Your national health service's website, and in the UK, the NICE guideline on menopause (NG23). *The Menopause Brain* by Lisa Mosconi. From me, free: *Menopause at work*, *Your brain*, *ADHD*, *Grief*, and *Advocating for yourself*.

TO FIND SUPPORT WHERE YOU LIVE · WORDS TO SEARCH, ADDING WHERE YOU LIVE

What you are looking for	Words to search
A doctor who knows menopause	*menopause specialist [your area] · menopause clinic referral*
Treatment options	*HRT benefits and risks [your country] · menopause CBT*
Others going through it	*menopause support group [your area] · menopause café*
At work	*menopause policy · reasonable adjustments menopause*
If you have ADHD	*ADHD and menopause support · ADHD women's group [your country]*

WHAT I FOUND, AND WHO I WILL CONTACT FIRST

If you are struggling tonight and cannot wait, please do not sit with it alone. In Scotland, 111 reaches the NHS 24 Mental Health Hub at any hour, and Samaritans are on 116 123, free, day or night. In the United States and Canada, call or text 988. Anywhere else, findahelpline.com lists the lines that operate in your country. In an emergency, call your local emergency number.

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Where this comes from

1. National Institute for Health and Care Excellence (2015, updated 2024). *Menopause: identification and management* (NG23). nice.org.uk.
2. Mosconi, L. (2024). *The Menopause Brain*. Avery.
3. Chapman, L., Gupta, K., Hunter, M. S., and Dommett, E. J. (2025). ADHD and menopause. *Journal of Attention Disorders*.
4. Cleveland Clinic. *Perimenopause*; *Menopause*. Health Library, my.clevelandclinic.org.

Why it is free

So many women are told it is just their age, and left to cope alone. This guide is yours to keep, print, and hand to someone.

I am not a medical professional. This guide diagnoses nothing and is not medical advice. If something in your body or mind worries you, please see a doctor.

Valerie McIntyre-Baird