

# FACT SHEET

## PERIMENOPAUSE: WHAT IS IT?

The years leading up to menopause are a period of recalibration and are marked by significant physical, psychological and cognitive changes. Understanding these changes and having a lens of self-care and compassion heading into perimenopause can positively impact an individual's experience. Menopause is a normal and natural transition stage of life that every individual with ovaries\* goes through. Despite this, most individuals report being unaware of the changes that occur.



### PERIMENOPAUSE

Perimenopause is the transition period between our reproductive years normally marked by regular menstrual cycles, and our post-menopausal years where menstrual cycles have ceased.

The timing and symptoms of menopause vary from person to person, and there is no firm consensus on the duration of these symptoms, although most references quote somewhere between 5 and 15 years. We do know that symptoms can continue into post-menopause for a decade or more for some and perimenopause can begin up to 10 years before the last menstrual period, which means the onset of symptoms can begin in our 30s.



### MENOPAUSE

Menopause is the final period and marks the end of the reproductive years. It can only be diagnosed and recognised once a full 12 months have passed since the last menstrual period and usually happens sometime between age 45 and 55. In Australia, the average age of reaching menopause is 51 to 52 years of age.

Menopause can occur naturally, or as a result of surgery (for example, removal of the ovaries) or medical intervention (for example radiation therapy). When the ovaries stop working as they should and menopause occurs early (before the age of 40) this is termed Primary Ovarian Insufficiency.

### POST MENOPAUSE

Post menopause is the term used for the years of life following menopause, and is now thought to be around 40% of our total lifespan.



### SYMPTOMS

Each individual experience is influenced by biological, psychological, social, and cultural factors, with some breezing through with no symptoms at all, and others experiencing symptoms that have a significant negative impact on their lives.

Although earlier sources quote that around 20% of individuals with ovaries experience significant symptoms, a recent Menodoctor Survey Australia (1), showed that of 5095 respondents, 63% described their symptoms as severe or very severe.

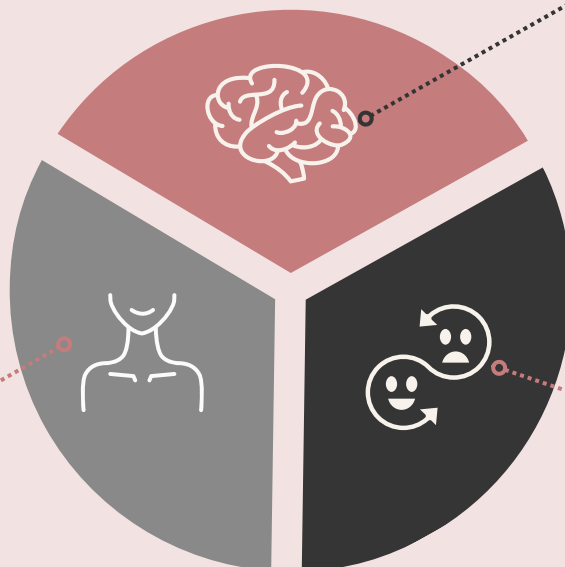
Perimenopausal symptoms can include both those associated with oestrogen excess, and oestrogen deficiency and declining progesterone and testosterone levels, plus the impact on other neurotransmitters that contribute to our well-being.



**From the hormonal shifts to the physical symptoms, the identity crises to the emotional wobbles, and everything in between, no facet of an individual's life goes untouched when menopause knocks on the door. Here's a summary of the most common concerns.**

## PHYSICAL

- Menstrual cycle changes (cycle length, bleeding duration, and flow heaviness)
- Hot flushes
- Night sweats
- Body and Joint pain
- Vulval and Vaginal Dryness
- Fatigue
- Sleep issues
- Muscle tension
- Decreased libido
- Hair loss
- Headaches / Migraines



## COGNITIVE

- Forgetfulness
- Memory Lapses
- 'Brain fog'
- Lack of concentration
- Word-finding difficulties
- Decreased ability to deal with stress

## PSYCHOLOGICAL

- Mood swings or mood changes
- Anxiety and Depression
- Loss of motivation
- Loss of confidence
- Identity confusion
- Social withdrawal
- Shifting sense of values and purpose
- Body image challenges or dissatisfaction

## The Bright Side

From a social/cultural perspective, many of the difficulties of this transition are rooted in the social position of individuals going through menopause, rather than the transition itself (2) and offer an opportunity to bring into focus unsustainable or unrealistic expectations (both from ourselves and others).

Research and anecdotal evidence capture themes of personal and sexual identity, body image, autonomy, ideology, relationship and family dynamics (3-8) and an opportunity to refocus on our own goals and well-being.

After menopause, many individuals report a deeper sense of purpose, freedom from unwanted pregnancy or sexual advances, stronger boundaries, being more comfortable in their skin, rediscovering their own identity, and welcome relief from some responsibilities.

## When to Seek Support

Gaining insights into menopause and crafting a plan to effectively address its symptoms can enhance both your well-being and lifestyle. An attitude of self-care, focusing on managing stress and prioritising sleep and rest provides a good foundation. If your symptoms significantly impact your ability to enjoy work, life and play, you may also need professional support.

Fortunately, there are a growing number of menopause-informed GPs, psychologists and allied health professionals who are aware of the many ways that perimenopause presents, the range of ages it occurs, and how to address symptoms holistically.

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about her

**All About Her Centre for Menopause is a collective of health professionals for Australian women whose lives are impacted by menopause, and education and training for the psychologists and health professionals who support them.**

**We exist to ensure that perimenopausal, menopausal and postmenopausal women feel understood, seen and supported at every step along the way.**

**Find out more at [www.allabouthercentre.com.au](http://www.allabouthercentre.com.au)**

References: (1) Dear, L (2024) *The Menodoctor Survey Australia*, accessed 16th January, 2024 from [www.menodoctor.com/australiasurvey](http://www.menodoctor.com/australiasurvey); (2) Hickey, M., Hunter, M., Santoro, N., Ussher, J. (2022). Normalising menopause: Martha Hickey and colleagues argue that social and cultural attitudes contribute to the varied experiences of menopause and that medicalisation fuels negative perceptions, *The BMJ*, 2022; 377; (3) Sergeant, R and Rizq, R (2017). It's all part of the big CHANGE: a grounded theory study of women's identity during menopause. *Journal of Psychosomatic Obstetrics and Gynaecology*, 38(3),189-201; (4) Jen S. (2017). Older women and sexuality: Narratives of gender, age, and living environment. *Journal of Women Aging*, 29 (1):87-97.;(5) Vincent, C., Bodnarus, A., Prud'homme, O., Giroux, I (2023): Associations between menopause and body image: A systematic review, *Sage Journal*, 19.; (6) M. Graça Pereira, Ana Cristina Bernardo, Iolanda Fernandes & Ana C. Almeida (2023): Quality of life in heterosexual menopausal women: The indirect effect of sexual and marital satisfaction, menopause representations, and psychological morbidity, *Health Care for Women International*; (7) Amini, E., & McCormack, M. (2021). Older Iranian Muslim women's experiences of sex and sexuality: A biographical approach. *The British Journal of Sociology*, 72(2), 300-314.; (8) Sergeant, J., & Rizq, R. (2017). It's all part of the big CHANGE: A grounded theory study of women's identity during menopause. *Journal of Psychosomatic Obstetrics & Gynecology*, 38(3), 189-201.

*\*All About Her - The Centre for Menopause acknowledges that all people born with ovaries and who live long enough will experience the menopause transition. This includes cisgender women, transgender men, non-binary individuals, and any other individual with ovaries. We use the terms individuals/people to be inclusive of the many who do not identify as women, but who will nonetheless experience this significant life stage.*

*Disclaimer: The information presented is for general understanding only and should not substitute professional medical advice. If you are concerned about your health, talk to your doctor or healthcare team for personalised guidance.*

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