

FACT SHEET

PERIMENOPAUSE: SLEEP & FATIGUE

Sleep plays a critical role in maintaining overall health and well-being (1). In normal healthy sleep, we cycle through light, deep (slow) and dream (rapid eye movement or REM) sleep in cycles of about 90 minutes. Imagine sleep like plugging yourself in for a 'battery recharge', so your body and brain can be rested, repaired, and reset.



Functions of Sleep

Good Healthy sleep has several key functions to maintain optimal health and wellbeing, including:

Restoration: allows the body to repair tissues, muscles, and cells that have been damaged during waking hours; it's time for the body to recover and rejuvenate.

Memory Consolidation: helps to solidify and organise memories obtained throughout the day. It also enhances learning and cognitive function.

Brain Function: helps regulate neurotransmitter levels and the strength of brain connections required for tasks like attention, decision-making, and problem-solving.

Physical Health: linked to a lower risk of various health conditions, including heart

disease, diabetes, obesity, and immune system malfunction

Metabolic Processes: helps to regulate hormones that control appetite, metabolism, and stress. Lack of sleep can lead to disrupted hunger and fullness cues, and increased appetite (2).

Emotional Well-being: plays a crucial role in regulating emotions and mood. Lack of sleep can lead to irritability, mood swings, increased stress, and a decreased ability to cope with daily challenges.



Sleep in Perimenopause

Perimenopause can negatively impact sleep in many different ways, including:

- **Hormonal Changes:** can lead to a disruption of the body's internal clock and sleep-wake cycle regulation

- **Hot Flashes and Night Sweats:** can disrupt sleep by causing awakenings throughout the night, leading to fragmented and less restorative sleep..
- **Insomnia:** can contribute to insomnia, making it difficult to fall asleep or stay asleep throughout the night.
- **Mood:** mood swings, anxiety, and depression can all cause lying awake worrying, and interfere with sleep quality.
- **Physical Symptoms:** symptoms including joint pain, heart palpitations and increased urinary frequency can also disrupt sleep patterns.
- **Sleep Disorders:** some may develop sleep disorders such as restless legs syndrome, sleep-disordered breathing, fibromyalgia and insomnia during perimenopause (3,4,5).





Practise Good Sleep Hygiene

Recognising that poor sleep can exacerbate menopausal symptoms and that waking during the night might trigger hot flushes and other symptoms of perimenopause provides an incentive to approach sleep holistically. Try creating a conducive sleep environment and a wind-down routine by:

- **Natural light first thing in the morning** helps to “wake up” your sleep-wake cycle and help “switch on” the sleep cycle in the evening

- **Exercising daily** but not within two hours of bedtime
- **Reducing or eliminating caffeine and alcohol:** limit caffeine from the afternoon onwards and minimise alcohol, particularly within 3 hours of bedtime
- **Eliminating blue light exposure** and avoid screen time for at least an hour before bed.
- **Establishing a relaxing pre-sleep routine** with meditation, journaling, calming yogas, breathing exercises or reading.
- **Keeping your bedroom dark, cool and quiet** use an eye mask and earplugs where necessary.

- **Reserving the bedroom for sleep and sex** no TV, screens or anything too stimulating
- **Taking a warm shower** and warming the body subsequently cools it, stimulating sleep onset with a decrease in core body temperature.
- **Maintaining a consistent sleep schedule** with similar sleep and wake times, even on the weekend
- **Avoid clock watching** laying awake feeling frustrated or watching the clock can contribute to increasing stress about sleep and sleep quality. Instead, move outside of the bedroom and do something boring until sleepiness returns.

Be Kind To Yourself

Sleep can also be impacted by mental health and mood issues, with worrying or depression preventing sleep onset. One suggestion that can help settle the mind before bed is to journal everything that is on your mind:

- including what you can influence (so you can take action on it) and
- what you can't influence or change (as a reminder that some things are simply outside of your control).

Despite your best efforts, perimenopause sleep may remain an issue. Whilst this can be frustrating, ongoing fatigue offers an invitation to practice self-compassion & even decrease the expectations you have of what you “should” still be able to juggle



When to Seek Support

If lifestyle modifications aren't sufficient, Hormone Therapy (HT) could be considered, especially for addressing vasomotor symptoms like night sweats that disrupt sleep (7). While HT remains a powerful treatment for menopause symptoms, it's not suitable for everyone. There are other medication options to help with sleep. and Individual solutions should be discussed with your healthcare provider. Professional support from someone trained in cognitive behaviour therapy for insomnia (CBT-I) has also proven effective for many (8)..

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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

References: (1) Sleep Health Foundation. (n.d.). Basics of sleep. Retrieved from <https://www.sleephealthfoundation.org.au/sleep-categories/basics-of-sleep/>; (2) Suni, E., & DeBanto, J. (2023, December 22). Sleep and overeating. Retrieved from <https://www.sleepfoundation.org/physical-health/sleep-and-overeating/>; (3) Ameratunga, D., Goldin, J., & Hickey, M. (2012). Sleep disturbance in menopause. *Internal Medicine Journal*, 42(7), 742-747.; (4) Tandon, V.R., Sharma, S., Mahajan, A., Mahajan, A., & Tandon, A. (2022). Menopause and sleep disorders. *Journal of Midlife Health*, 13(1), 26-33.; (5) Eichling, P. S., & Sahni, J. (2005). Menopause-related sleep disorders. *Journal of Clinical Sleep Medicine*, 1(3), 291-300.; (6) Sleep Health Foundation. (2024, January 12). Sleep hygiene - good sleep habits. Retrieved from <https://www.sleephealthfoundation.org.au/sleep-topics/sleep-hygiene-good-sleep-habits/>; (7) Pan, Z., Wen, S., Qiao, X., Yang, M., Shen, X., & Xu, L. (2022). Different regimens of menopausal hormone therapy for improving sleep quality: A systematic review and meta-analysis. *Menopause*, 29(5), 627-635.; (8) Stoner, E., & Wilbanks, S. (2023). Cognitive Behavioral Therapy for Insomnia in Women Experiencing Menopausal and Post-Menopausal Insomnia: A Scoping Review. *Archives of Physical Medicine and Rehabilitation*, 104(3), e17.

**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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