



Lancashire Gynaecologist

Eric Mutema



The Link Between Perimenopause,
Menopause and Mental Health

The link between perimenopause, menopause and mental health

Many people expect menopause to be “just hormonal changes”. In reality, the transition often affects sleep, stress responses, brain chemistry and day to day emotional wellbeing. As a result, mental health symptoms can begin in perimenopause – sometimes years before menopause –and may continue or shift after the menopause transition is complete.

As a urogynaecology-focused clinic, it's also important to recognise that pelvic symptoms (such as urinary urgency, bladder discomfort, sexual pain, or sleep disruption) can overlap with mood and anxiety making a holistic approach essential.

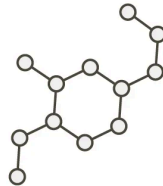
Perimenopause vs. Menopause

Transitional phase
before menopause



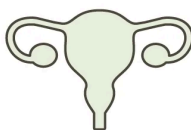
Defined after 12
months with no period

Hormones fluctuate



Hormones have
declined significantly

Irregular periods



Periods have
stopped completely

Symptoms begin & vary



Symptoms often
intensify or persist

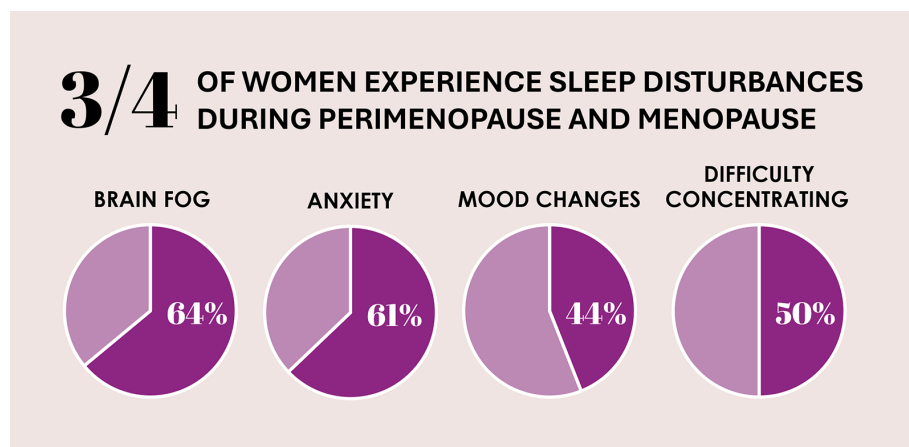


What are perimenopause and menopause?

Perimenopause is the run-up to menopause. It can start in the mid 40s (sometimes earlier) and may last several years. During this time, oestrogen and progesterone levels fluctuate rather than steadily decline.

Menopause is defined clinically as 12 months without a menstrual period (assuming no other medical cause).

A key point for mental health is that hormonal variability in perimenopause can be more psychologically noticeable than the later, more stable postmenopausal hormone levels.



Why hormonal changes can affect mental health

Mood and anxiety aren't "only emotional", they are influenced by brain signals and body systems, including:

Oestrogen and brain chemistry

Oestrogen affects neurotransmitters involved in mood regulation, such as serotonin, dopamine and norepinephrine. Fluctuations can make emotional responses feel more intense or harder to manage.

Stress sensitivity

As hormones shift, the body's stress response systems may become more reactive. Many people notice that they feel "on edge", more easily overwhelmed, or less able to recover after stress.

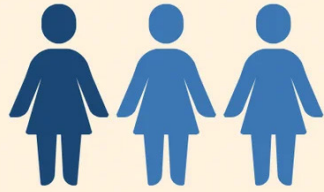
Sleep disruption

Sleep is one of the most common bridges between menopause and mental wellbeing. Hot flushes and night sweats can fragment sleep and poor sleep strongly increases risk of anxiety and depression symptoms.

Brain "signal stability" during hormone swings

During perimenopause, hormones can rise and fall unpredictably. That variability can contribute to feelings of emotional instability, irritability, low motivation, or difficulty concentrating.

In a survey of 1,000 women
experiencing perimenopause or
menopause,



1 IN 3

women were unaware that
perimenopause can cause mental
health-related symptoms.

Common mental health symptoms around menopause

Mental health symptoms vary widely, but patterns commonly include:

Anxiety

Worry may increase, panic-like feelings can occur, or everyday stressors may feel more difficult to tolerate.

Depressive symptoms

Low mood, loss of interest, low energy, crying spells and feelings of hopelessness may appear or become more prominent.

Irritability and emotional lability

Many people describe being more tearful, shorter tempered, or less resilient emotionally than before.

Cognitive symptoms

"Brain fog," poor concentration, and forgetfulness can worsen anxiety and distress especially when work or caregiving demands remain the same.

Low confidence and identity shifts

Changes in body comfort, sexual wellbeing and physical symptoms can affect self-esteem and sense of identity.

Increased risk if symptoms were present before

A past history of anxiety or depression can increase vulnerability during this transition, though menopause is not the only cause.

Does menopause cause mental illness?

It's more accurate to say that perimenopause and menopause can trigger, amplify, or mimic mental health symptoms. For some people, hormonal changes are a major driver; for others, mental health symptoms overlap with life factors such as relationship strain, work changes, caregiving responsibilities or chronic pain.

Also, symptoms can look similar to other conditions. For example, fatigue, insomnia, and mood changes may also relate to thyroid disease, iron deficiency, vitamin B12 deficiency, medication side effects, or sleep disorders such as obstructive sleep apnoea.

How sleep, pelvic symptoms and mental health interact

For many patients, urogynaecological symptoms are not separate from mental health:

- Night-time urination and urgency can fragment sleep and worsen mood
- Bladder discomfort, recurrent infections, or leakage may lead to avoidance of social plans, increased stress, and shame
- Painful sex or pelvic pain can reduce intimacy and increase anxiety, sometimes creating a cycle of stress, muscle tension and worsening symptoms
- Reduced sleep and physical symptoms often produce a “double burden” that raises the likelihood of anxiety or depressive symptoms

In practice, treating only one aspect, such as urinary urgency, without addressing sleep and mood may leave overall wellbeing unchanged.

When to seek help (and what to ask for)

Consider discussing mental health symptoms with your GP or specialist if they:

- Last more than a few weeks
- Interfere with work, relationships, or daily functioning, include persistent low mood, panic symptoms, or loss of interest
- Are accompanied by severe insomnia
- Occur alongside significant physical symptoms (hot flushes, pelvic discomfort, urinary urgency)

Helpful questions to bring to appointments include:

- Could hormone changes be contributing?
- What are my options for managing sleep and hot flushes?
- Should we screen for depression/anxiety and rule out other causes of fatigue?
- Could pelvic symptoms be worsening sleep and mood and can they be treated together?

If you're experiencing thoughts of self-harm or feel unsafe, seek urgent medical support immediately.



Treatment and management: a multi-pathway approach

Good mental health care in the menopause transition often uses a combination of strategies rather than a single “quick fix.”

1) Lifestyle and symptom support

- Maintain a regular sleep schedule and a calming bedtime routine
- Limit alcohol close to bedtime (it can worsen sleep quality)
- Consider cooling strategies for night sweats/hot flushes
- Aim for gentle, consistent movement (walking, physiotherapy-led pelvic floor work, strength training)
- Mind-body approaches such as paced breathing and mindfulness

2) Medical management for menopause symptoms

For some patients, reducing vasomotor symptoms can improve sleep and mood:

- Menopausal hormone therapy (MHT) may be appropriate for eligible individuals, based on personal risk factors and symptom profile
- Non-hormonal options may be considered where MHT is not suitable

3) Evidence-based mental health support

If anxiety or depression symptoms are present, effective treatments can include:

- Talking therapies, including CBT and other menopause-informed approaches
- Antidepressant or anti-anxiety medication when clinically indicated
- Sleep-focused interventions, including evaluation for sleep apnoea if symptoms suggest it

4) Addressing urogynaecological symptoms

When urinary symptoms, pain, or sexual discomfort are present, treating the pelvic component can substantially improve mental wellbeing:

- Pelvic floor assessment and targeted physiotherapy
- Tailored treatments for overactive bladder or recurrent urinary symptoms (where appropriate)
- Pain-focused strategies for pelvic discomfort and sexual health
- Management of vaginal dryness or tissue changes that can affect comfort and confidence

A reassuring takeaway

If you're feeling anxious, low, emotionally "off", or unable to cope during the perimenopause or menopause transition, you're not alone and you're not "failing". These feelings often reflect the body's adaptation to changing hormones, plus the knock-on effects of sleep disruption and physical symptoms.

A urogynaecology-informed approach that considers both pelvic health and wellbeing can help you restore control, comfort, and confidence.



Mr Eric Mutema
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MBChB, MRCOG



The Lancashire Gynaecologist

Mr Eric Mutema is a highly experienced and respected Consultant Obstetrician and Gynaecologist. He founded his private practice, the Lancashire Gynaecologist, to provide a service to women in Lancashire and beyond and respond to the shortage of specialist gynaecological services available to women missing out on individualised care and treatment. The Lancashire Gynaecologist offers patients individual attention, an empathetic, compassionate approach and patient-centred care. His patients will receive a full consultation that takes their overall health into account and subsequent treatments will be tailored to meet the needs of the individual woman. So please don't wait and put off seeking treatment; we're available, convenient and we can help you.



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