THE WARM, PRACTICAL GUIDE

Understanding PERIMENOPAUSE

WOMAN IN PLENITUDE

Hormones, symptoms, emotions and intimacy: what is really happening and how to thrive

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UNDERSTANDING

PERIMENOPAUSE

Woman in Plenitude

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Thinking School

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Introduction

If you are in your forties and your sleep, your moods, your periods or your body have begun to change in ways nobody explained, this book is for you. By the end of it you will know what perimenopause is and what it is not; which of your symptoms belong to it and which deserve a separate look; what the evidence says about every treatment you are likely to be offered, from a cooler bedroom to hormone therapy; and how to walk into an appointment with the right questions. Just as important, you will know which of the things you have been told are myths.

Menopause is a natural and significant stage in a woman's life, marking the time when menstrual periods end, usually after a year without cycles. This transition, which is commonly experienced around age 50, follows the unique rhythm of each woman's body, with some experiencing these changes around age 45 and others continuing through their 50s.

The journey to menopause begins with perimenopause, a time of transformation that can begin as early as your late thirties or as late as your early fifties, extending over a period that usually lasts 2 to 8 years. During this time, it is possible to experience irregular periods and other symptoms, reflecting your body's natural adjustment.

Embracing menopause as a natural phase of life is essential. No treatment is needed unless symptoms are bothersome, but learning about it can help. Understanding what is to come can provide peace of mind and support your well-being in this new life phase, allowing you to live it with health and serenity.

KEY CONCEPT

Menopause, defined

Menopause is the point at which menstrual periods have stopped for good. It is confirmed only in hindsight, after **12 consecutive months without a period**. The years of change leading up to it are called **perimenopause**; the years after it, **postmenopause**.

This book aims to demystify perimenopause, providing clear and accessible information about its medical, emotional, and social aspects. As we explore this journey, we will address not only typical symptoms, such as **hot flashes** and changes in the menstrual cycle, but also emotional complexities and the influence on sexual health. Through a deeper understanding of perimenopause, we seek to empower women to face this period with knowledge, confidence, and the ability to make informed decisions about their health and well-being.

Why understanding perimenopause matters

Understanding perimenopause is critical because it represents a once-in-a-lifetime transition phase for women, with significant implications for their physical and emotional well-being.

- **Empowerment.** Understanding perimenopause empowers women by providing them with insights into the changes they will experience in their body and mind. This empowerment

allows them to make informed decisions about their health and adopt strategies that improve their quality of life during this stage.

- **Less anxiety and stigma.** Lack of information can lead to anxiety and bewilderment in women who experience perimenopause. By providing a clear understanding of the symptoms and associated changes, it helps reduce stigma and negative perception of this natural process.
- **Better mental health.** Perimenopause affects not only the physical body, but also mental health. Knowing about this phase enables women to recognize and address changes in mood, anxiety, and depression, thus promoting better mental health during this transition.
- **Better conversations with your doctor.** Understanding perimenopause facilitates effective communication between women and their health care practitioners. This enables a collaborative approach to address symptoms and develop personalized strategies that are tailored to individual needs.
- **A positive view of aging.** Perimenopause serves as a reminder that aging is a natural process that all women will experience. By understanding and accepting this period, women can adopt a more positive attitude toward aging and focus on comprehensive health care.
- **Healthier habits.** Knowing about perimenopause can motivate women to adopt healthy lifestyle habits. From adequate nutrition to regular physical activity, these choices help not only to alleviate perimenopausal symptoms, but also to lay a solid foundation for long-term health.

This book walks through the transition in order. Chapters One and Two explain what perimenopause is, how it differs from menopause and what the hormones are doing. Chapters Three to Seven cover the symptoms: body changes, emotions, sexual health, lifestyle and sleep. Chapters Eight and Nine look at treatment options and at the warning signs that deserve a doctor's attention. Chapter Ten takes perimenopause to work and home, Chapter Eleven to the consulting room, and Chapter Twelve to the years after menopause. At the back you will find a symptom tracker, a seven-day starter plan, a glossary and the sources behind each chapter.

A word about the stories in these pages. They are composites, drawn from the many women who have shared their experiences in interviews, support groups and clinics; names and details have been changed, and no story describes one real person. If you recognize yourself in one of them, that is the point.

How this book was written

I came to this subject the way I come to every subject: as a researcher who distrusts headlines. Before I wrote about health I spent years tracing claims to their sources, asking who had paid for a study and who gained from its conclusion, and noticing what a story left out. Those habits did not leave me, and they shaped every page of this book.

The women who prompted it had plenty of information and very little explanation. One had been told that her sleep, her mood and her body had all changed at once because of "stress". Another had been refused a treatment on the strength of a twenty-year-old headline. A third had spent a small fortune on supplements that one afternoon with the trial data would have ruled out. None of them

needed more opinions. They needed someone to sit down with the evidence and make sense of it.

So that is what I did. For each chapter I read the original studies rather than the news about them, the position statements of the medical societies rather than the summaries, and the older research that newer articles tend to forget. Where specialists disagree, I say so. Where the evidence runs out and speculation begins, I say that too. And because research describes averages while you live one particular life, I also listened, for many months, to women living through the questions in these pages; their stories, in composite form, run through the book.

One thing I am not is a physician, and I do not write as one. Nothing here replaces a conversation with a clinician who knows your history. What I can do is the job I was trained for: ask good questions, read carefully, and help you arrive at that conversation better informed.

GOOD TO KNOW

How to read the evidence in this book

- When I write that “trials show” something, I mean randomized controlled trials, or systematic reviews of them, in which a treatment was compared with a placebo or an alternative.
- “Studies suggest” means observational research: real patterns in real women, but patterns that cannot by themselves prove cause and effect.
- “Some women report” means experience, which matters, but is not evidence that a treatment works.
- Every figure in this book has a source in Notes and Sources at the back. Where an idea first reached me through an interview, a podcast or a video channel, I name the program and then went to the original study or book; the Notes list both.
- Guidance changes. The position statements cited here are those current in 2026; the latest version is always the one to follow.

CHAPTER ONE

Differences between Menopause and Perimenopause

The transition to menopause is a unique chapter in a woman's life, marked by two key stages: perimenopause and menopause itself. Understanding the difference between the two is essential to navigate gracefully and knowledgeably through this natural journey.

For many women, menopause, and the perimenopause that leads to it, is lived with serenity and without significant problems. It can even bring a sense of relief at saying goodbye to painful periods and worries about pregnancy. However, each experience is unique, and for some, this transition may be accompanied by challenges such as hot flashes, sleep disturbances, discomfort during intimacy, variations in mood, irritability, and feelings of sadness, or a mixture of these symptoms. In these cases, it may be comforting to seek the advice and guidance of a physician to explore lifestyle changes or treatments that may alleviate these symptoms, thus allowing you to live this stage with greater comfort and well-being.

At a glance

	Perimenopause	Menopause
What it is	The transition years before menopause	A single point in time: the end of menstruation
When it starts	Usually in the forties; sometimes the late thirties	On average around age 50–51
How long	A few years, sometimes up to a decade	Confirmed after 12 months without a period
Periods	Irregular: shorter, longer, lighter or heavier	Stopped
Hormones	Estrogen and progesterone fluctuate	Estrogen settles at a lower level
Pregnancy	Still possible	No longer possible naturally

Perimenopause is the transition. It can begin in a woman's forties, occasionally earlier, and it is the period in which the ovaries gradually wind down their production of hormones. Because that decline is uneven, hormone levels rise and fall unpredictably, which is why the symptoms of these years (changes in the menstrual cycle, hot flashes, broken sleep, shifts in mood) tend to come and go rather than build steadily.

Menopause is the milestone. It marks the end of reproductive capacity and is dated, in hindsight, from a woman's last period: once twelve consecutive months have passed without menstruation, menopause is confirmed. Although it is often associated only with the end of periods, it is better understood as the close of one chapter and the start of another, with its own health priorities.

A useful analogy might be to imagine perimenopause as twilight, the gradual transition between daylight and darkness at night. Hormonal fluctuations paint a sky full of changing colors, heralding the arrival of a new phase. Menopause, on the other hand, is

midnight, a quiet moment when the moon shines in its fullness, marking a new beginning.

Each woman goes through these stages in her own way. The emotional side of the transition is as real as the physical one: moods can swing as much as hormones do, and it is normal to feel caught in a tangle of changes. Listening to your body and to your emotions, with patience and without judgment, is the first practical skill of perimenopause.

MYTH AND FACT

"I'm too young for this"

Myth: perimenopause starts at fifty, when periods stop.

Fact: the average age of the final period is 51, but the transition usually begins in the mid-forties and often earlier; symptoms such as poor sleep, mood changes or heavier periods can appear years before cycles become irregular. Age alone does not rule perimenopause out.

HER STORY

L.P., 43

L.P. went to her doctor because she had started waking at four in the morning and could not get back to sleep. She was also, she admitted, snapping at her children. Her periods were regular, so she assumed hormones had nothing to do with it. Her doctor asked a few more questions: her cycle had shortened from 30 days to 24, her premenstrual week had become harder, and she had noticed a flush of heat once or twice in meetings. "You are not too young," she was told. "This is how it begins for a lot of women." Putting a name to it did not change her nights immediately, but it changed how she treated herself, and it gave her a plan.