

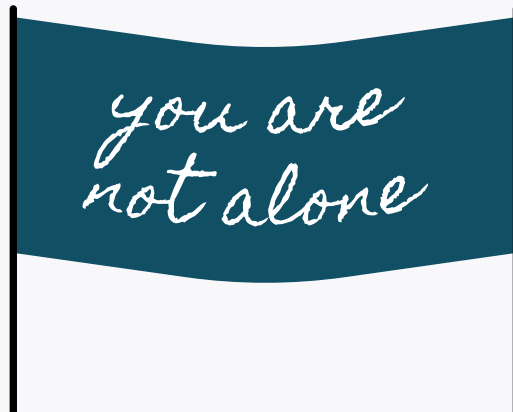
**Mental health and
emotional wellbeing
in the perimenopause
and menopause**



balance
the menopause support app

Mental health and emotional wellbeing in the perimenopause and menopause

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If you're experiencing perimenopause or menopause and have started to think, feel or do things that are different to before, this booklet is for you. Psychological and emotional changes are extremely common when your hormones start to change and decline, and this booklet will show you what to look out for, help you understand why these changes happen, and give you the options and information to decide how to get help.

Contents

1-3

Mental health and emotional wellbeing in the perimenopause and menopause

How do I know what's normal?

Hormones and Mood

3-5

Psychological symptoms of perimenopause and menopause

Depression

Anxiety

Intrusive thoughts

Loss of confidence and changes to sense of self

Reduced motivation and feeling flat

Other symptoms affecting wellbeing

Common consequences of psychological changes

6-18

How can I help my mental health and emotional wellbeing?

Routines that help not hinder

Looking after your emotions

Hormone Replacement Therapy

Talking Therapies

- CBT

- Psychotherapy

- Counselling

Non-hormonal medications

Herbal remedies and alternative therapies

Gain support from others

Tips for appointments with healthcare professionals

19

Resources for further information and support

Apps

Websites

Resources for HCPs

Mental health and emotional wellbeing in the perimenopause and menopause

The perimenopause and menopause can cause a wealth of changes to your body, mind and emotions. Physical symptoms like hot flushes and night sweats are well-known but many people do not realise the extent and nature of the changes that can occur to your mental state and your emotional wellbeing during this transition. Around 60% of women are likely to experience peri/menopausal symptoms and 20% are likely to find that symptoms are severe and this can have a detrimental impact on a person's quality of life and those around them.

Since it is highly likely that you may experience the many effects of the perimenopause and menopause – and every individual is different – this information is a useful resource to turn to when you need it. This booklet will show you what to look out for, help you understand why these changes happen, and give you the options and information to decide how to get help and best protect your mental health and emotional wellbeing at this challenging time.

Having the right information and support is key to managing levels of stress, and periods of low mood and anxiety. Connection with, and understanding and empathy from those around you is crucial to help you navigate confusing and, at times, overwhelming feelings and help you regain a strong and healthy sense of identity and purpose.

How do I know what's normal?

Feeling sad, upset or worried at times are part of being human and these feelings vary over weeks and months, and over the whole course of our lives. It is entirely normal to feel irritable, angry, anxious or low, but during the perimenopause and menopause the normal ranges and frequency of these emotions can change. For some the change can be significant and these feelings can last for a long time.

A question you have most probably asked yourself is, 'am I feeling down/anxious/emotional because of my hormones or is it just me?' You are certainly not alone in wondering this and perhaps even being troubled by this question.

Ask yourself the following questions, and ask someone close to you for their opinion too:

Am I feeling low/worried/irritable more often than previously?

Are my premenstrual mood changes worse than before?

Have the feelings become stronger?

Are my moods or feelings affecting my sleep, appetite, energy levels, motivation, or my social or work life?

Are my moods impacting those close to me more than usual?

Have these unwanted feelings lasted for more than 2 weeks?

If you find that you (and/or your partner) have answered yes to some of these questions, it may be time to take some action and seek help, and this booklet will explain all the ways you can do this.

Hormones and mood

It is probably no surprise to you that hormones can affect your moods and emotions. Women are twice as likely as men to develop clinical depression or anxiety, and this is often related to the hormonal changes that affect us because of our menstrual cycles, types of contraception we may take, hormonal changes in pregnancy and the postnatal phase, and of course the perimenopause and menopause. Having had periods for decades, many of you will relate to mood changes in the days leading up to your periods, and if you have had children, you may remember the emotional rollercoaster you felt you were on during pregnancy and the weeks and months after the birth. So what is actually going on in your body? There are three key hormones that fluctuate and then reduce in the perimenopause and menopause:

Estrogen

Estrogen helps regulate several hormones, which may have mood-boosting properties for example serotonin, norepinephrine and dopamine. Estrogen also helps to support the sharpness of your thinking skills and when levels reduce, it can lead to forgetfulness or brain fog – which can in turn lower your mood. Some studies suggest it is the decline in estrogen levels that leads to a lowering of mood, other studies propose that it's the fluctuations that cause the problem.

Progesterone

This hormone plays a significant role in your monthly cycle before the menopause and works in partnership with estrogen to prepare and then shed the lining of the womb when conception doesn't happen each month. Progesterone also has a calming effect on your mood, as well as aiding sleep and relaxation. And like estrogen, when progesterone levels drop during the perimenopause and menopause, it can cause a rise in irritability, mood swings, and brain fog. Some individuals are sensitive to progesterone and they find that when progesterone levels are higher, they can have symptoms including low mood and reduced motivation.

Testosterone

Testosterone is another important hormone produced by your ovaries. Levels usually decline during the perimenopause and menopause. Testosterone is thought to have important effects on your mental stamina, quality of sleep, clarity of thought and concentration, which can in turn impact on your wellbeing and levels of stress, when those abilities are impaired. Testosterone also helps improve your libido.

Psychological symptoms of perimenopause and menopause

The reasons why your moods and emotions can change have been described, now let's look at the range of possible perimenopause and menopause related psychological symptoms in a little more detail and how this can impact your overall wellbeing.

Depression

The low mood that can be triggered by hormonal changes is not the same as clinical depression in the typical sense. Research has shown that more than half of all perimenopausal women report an increase in depressive symptoms, but it also shows that there are differences in the nature of the low mood faced by people in the peri/menopause. The depth of sadness might not be as low as those with depression unrelated to menopause, but there can be more irritability and anger, more unwanted thoughts of worthlessness and being worried about what others think of you, a more frequent feeling of guilt, and more intrusive thoughts that may even involve suicide.

Sadly, the highest rate of female suicide is found in women between the ages of 45-54 years and while it would be too simplistic to put it all down to the hormonal changes experienced at this age, it is undoubtedly a factor behind this tragic statistic.

This time of life can also feature high levels of stress: dissatisfaction with body image,

changes to your sense of self that could be related to fertility and aging, (and the values and judgments society places on that), and the challenges of dealing with teenage children and/or aging parents. Between the ages of 45–49 years in women, there is also the highest rate of divorce. It is likely that a combination of all these factors can make this phase of life extremely challenging for women and be another contributory factor in triggering low mood, depressive symptoms or clinical depression.

Anxiety

Ordinary anxiety is extremely common; a feeling of unease and worry that comes and goes, often depending on what's going on in your life at the time. It becomes more of a problem when the feelings hang around, the worries become more excessive and seem unsurmountable, and they start to impact on how you live your life.

Feelings of anxiety can range from butterflies in your stomach to sleep problems, restlessness, difficulty concentrating, and a racing heartbeat. You might feel a loss of control, like there's a disconnect between your mind and body. You might have nightmares, panic attacks, or painful thoughts or memories that arise uninvited.

If you're suffering with anxiety, you might seek out reassurance from others more often than usual, you may have more memory lapses, feel tired or get headaches. It could cause you to avoid certain people, places or activities, if you know that these will be triggers for your anxiety.

Intrusive and suicidal thoughts

It is not unusual for intrusive thoughts and urges to suddenly appear in your mind, and this can happen more frequently when your hormones are in flux and levels are falling. The thoughts can be upsetting or leave you feeling scared or worried. It's usually your reaction to these thoughts that determines whether or not it becomes distressing for you.

These thoughts may also include thoughts of suicide, and usually it would be without any thought to act on them, it is simply a way to try and gain some more control over your distress. If suicidal thoughts become persistent and obsessive, this is the time to seek help urgently.

Reduced motivation and feeling flat

A common feature of changes to your mood in the perimenopause and menopause is a reduction in motivation, drive and mental energy. It can be difficult to start an activity you know needs to happen and things you normally enjoy doing can

If you're suffering, speak to someone about it and see your GP or nurse. There are effective treatments for menopause related low mood and anxiety.

Contact the Samaritans at any time by calling 116 123 or visit www.samaritans.org

hold little or no appeal anymore. While your hormones may be swinging from high to low, your mood might remain flat and disinterested for periods of time.

Loss of confidence and changes to your sense of self

The circumstantial factors that often characterise the phase of life when you are 45–55 years have been described already and given as possible contributors to feelings of low mood and anxiety, in combination with the changes we have described to your hormone levels.

Physical changes in perimenopause and menopause can significantly affect the way you view yourself and how attractive you feel to your partner, not to mention society as a whole. These physical changes might be weight gain and body shape differences, hair loss and dullness, dry skin with more wrinkles or acne, or a host of other physical changes. Your libido may have reduced, and if you're feeling unattractive, your sense of your own sexuality can be challenged too.

As mentioned, moving from a reproductive phase of life to a phase marked by a loss of fertility can also stir up unpleasant feelings around loss of youth, and maybe even your usefulness and purpose in life, for some cultures in particular. These changes can affect your identity and sense of worth and value, and ultimately lead to a lowering of self-esteem.

If you have stopped doing things you enjoyed, either because of physical or emotional menopausal symptoms, this can also affect your sense of self and identity, especially if you valued those things greatly and felt they were a significant part of who you are. If part of your identity in the past was as a competent tennis player, or a good manager for example, and you no longer do those things, what reflects who you are now and does that fit?

Other symptoms affecting wellbeing

There are other psychological symptoms such as irritability and mood swings, and a myriad of other physical symptoms of the menopause that can negatively affect how you feel. A lack of sleep and energy, feeling in pain frequently from muscle aches and stiffness, experiencing debilitating hot flushes for example, can really impact on your mood and general wellbeing.

Common consequences of psychological changes

All these changes can have multiple effects on many different aspects of your life. Your performance at work may suffer if you lack motivation and drive, relationships can become challenging if your mood is unpredictable and inconsistent, and people around you may notice your irritability or become cautious about being on the receiving end of an angry outburst. Another common consequence is that you reduce the social occasions you attend, which can be due to a combination of reduced motivation, low self-esteem, feeling low, or being anxious. While this is very understandable, withdrawing from seeing friends and family can often add to feelings of isolation and lower your mood further.

How can I help my mental health and emotional wellbeing?

Some of these changes may sound pretty miserable and might leave you questioning whether you will ever feel the same again. Try not to feel daunted by the prospect of any of this. You may already relate to a few of these changes – or will in time – but some may never bother you at all.

Remember

Support and treatment are available for you: topping up your hormones, getting enough sleep, taking care of what you eat and being active, managing your worries, and connecting with and gaining support from others can make a big difference to how you feel.

A broad approach to managing health and wellbeing is usually best as there is no single 'right' way to tackle these issues. It's helpful to bear in mind that fluctuations and a lack of hormones can affect both your physical health and how you feel emotionally, and this can vary tremendously from day to day.

The free [Balance menopause support app](#) and [website](#) are brimming with practical advice on how to do all these things and help you cope with your feelings and mood changes.

Routines that help not hinder

Sleep well

Getting a good night's sleep is absolutely crucial for your mind as well as your body. Don't let tiredness bring you down or make worries worse. Try and aim for 7–8 hours every night by having a consistent routine of going to bed at same time every night and getting up at the same time too. Keep your bedroom cool and dark, and free from unhelpful distractions. Try using an app like Calm if you struggle to get off to sleep; there are also NHS recommended apps for a more in-depth course to improve sleep, such as Sleepio, Sleep Station and Pzizz.

Stay physically active

Exercise is not only important for your physical health, it does wonders for your mental health too. Try and do a mixture of physical activity at least three times a week that raises your heart rate and boosts endorphins (hormones that relieve pain and reduce stress) like running, swimming or brisk walking, as well as lower impact but restorative activities like Pilates or yoga. Combining physical activity with moments of meditation or breathing techniques to aid relaxation, like those often included in yoga or tai chi, can be really useful. The right type of exercise for you can improve your concentration and memory and prompt the growth of new brain cells to help keep your brain healthy. Doing exercise outside is even better as the natural light helps to reinforce a consistent sleep/wake cycle for your days and nights.

Things to avoid to improve your sleep are alcohol, caffeine or any drugs, such as marijuana. While alcohol or marijuana may help you get off to sleep, they are sedatives, so they only give you an artificial kind of sleep which does not have the same physiological benefits as 'natural' sleep. They also block your dream sleep, or REM sleep, which is essential for emotional and mental health.

Stay mentally active

It can be helpful if you keep your mind busy, and have something productive to focus on. Try a new challenge such as learning a new language, or pick-up an old skill that you enjoyed many years ago such as a musical instrument or an artistic endeavour.

Eat well

Experts are increasingly learning about the link between what you eat and how you feel, as well as how your diet influences the health of your brain in the future. Foods that are important for the perimenopause and menopause are those rich in calcium and vitamin D for your bones, friendly to the gut like pre- and probiotics, carbs that are low GI (glycaemic index), and foods rich in Omega 3 oils. Try to keep processed foods to a minimum, as well as foods high in salt or sugar. The essential fats in oily fish, such as salmon, mackerel and sardines, or in plant-based foods such as chia seeds, edamame, or kidney beans, may improve your symptoms. It is recommended that you eat foods high in Omega 3 oils two times a week or in the form of a quality fish oil supplement or algae-based EPA/DHA. Omega 3 essential fats can help protect against low mood creeping in, and they also have useful anti-inflammatory properties on the brain.

Cut out unhealthy habits

Alcohol is a depressant, meaning it can disrupt the balance of neurotransmitters (chemical messengers) in your brain and affect your feelings, thoughts and behaviour. You may feel more relaxed, less anxious and more confident after a drink or two, but these effects quickly wear off. It can be tempting to ward off unwanted emotional difficulties with a drink but

there is a danger of becoming dependent on this short-term fix to feel better. The chemical changes in your brain can lead to more negative feelings such as anger, depression or anxiety taking over. It also slows down how your brain processes information, making it harder to work out what you're really feeling and the possible consequences of your actions. Alcohol can actually worsen some menopause symptoms too, such as hot flushes, and many people find it disrupts their sleep.

Smoking is another habit that is doing more harm than good, not only for your emotional wellbeing but your physical health too. Some people smoke to ease feelings of stress, but research has shown that it actually increases anxiety and tension. Similarly to alcohol, nicotine creates an immediate sense of relaxation, but this feeling is temporary and soon gives way to withdrawal symptoms and increased cravings. Nicotine stimulates the release of the chemical dopamine in the brain. While dopamine helps trigger positive feelings, the nicotine from smoking encourages the brain to switch off its own mechanism for making dopamine, so in the long term your natural supply decreases further. Tobacco can make hot flushes worse and increase your risk of diseases that the menopause already raises your risk of, for instance heart disease, osteoporosis and some cancers.

Stay connected

Although it can be tempting to reduce time spent with family and friends when you're not feeling the best, it is important to maintain and develop the bonds with those closest to you. Social connectedness has been shown in studies to help protect against depression and anxiety to some extent.

Make time for you

Spending time doing things you enjoy helps you feel better, so add a bit of me-time to your to-do list and stick to it! Whether it's going for a long walk, having a meal with a friend, or spending some much-needed time by yourself, learn to protect and value time just for you. If you have children and they're now at an age where they can be left without adult supervision, take time to reconnect with hobbies and interests you may have given up years ago. Find that thing that lifts up your mood and brings you moments of joy.

Looking after your emotions

Helpful lifestyle routines have been described and they will do wonders for your physical and mental health. There is also plenty you can do internally to look after your emotions. Support through talking therapies can be very beneficial and is described in more detail later, but you can also learn some DIY tricks that can help you learn how to accept your feelings, cope with them in more productive ways, and bring a sense of calm to your feelings and your thought life.

Take a look through the following suggestions:

Keep stress in check

You will be more susceptible to feelings of stress and worry when you're in the peri/menopause. Sleeping well, time outdoors and spent with others, and doing things you enjoy can all help to reduce stress. Other things you could try is writing a diary to help you feel more in control of your emotions and thoughts, you may not have written a diary since you were a teenager but writing down some of your thoughts can really help them be less bothersome, especially at night. It helps to look back and acknowledge how worries don't usually come to pass and see the progress you've made at overcoming negative thinking.

Breathing exercises are another great tool to use in your self-care kit bag. They are not complicated; they work because you calm the mind to focus and count while you breathe in and out, and this slowing down and focussing on the present moment will bring a sense of your whole body and mind slowing down and relaxing. Breathing in slowly to a count of 4 and out to a count of 7, for a couple of minutes usually does the trick. It's important to do this daily at least, and especially at times of overwhelm.

If you experience panic attacks here are some helpful hints at dealing with these, specifically:

1. Recognise what's happening. This can help reduce the fear and severity of it.
2. Focus on your breathing – breathe in for 4 and out for 4 and keep focussed on just doing this.
3. Find your focus – if it's hard to focus on breathing, find something small and trivial in your surroundings to focus on to distract yourself as you wait for the panic to subside.
4. Relax your muscles – think through and relax every muscle of your body, starting with your fingers and hands, up to your face and jaw and down to your feet and toes.

Watch your thoughts

It is a useful practice to check-in with your thoughts and feelings and recognise what your current emotions are but for some of you, you may be only too well aware of those feelings, and they can be all-consuming at times. In this case it may be more useful to step back and try and gain some distance from the emotion so you can think about things more clearly.

A useful way to turn off the constant bombardment of unhelpful thoughts and resulting feelings is to practice **mindfulness**; this is a popular (and NICE recommended) approach for coping with feelings of low mood. Paying more attention to the present moment, including the

sights, sounds, and smells around you, as well as noticing what your current thoughts and feelings are can improve your mental wellbeing. Instead of being caught up in your thoughts, reconnect with how your *body* is feeling in your environment. Gradually, you can train yourself to notice when your thoughts are taking over and realise that thoughts are simply just that, and they do not have to control you. Mindfulness meditation often involves sitting silently and paying attention to your thoughts, sounds around you, the sensations of breathing or other parts of your body, and bringing your attention back to those things whenever your mind starts to wander. There are lots of great apps for practicing mindfulness, and yoga or tai-chi can also help with developing an awareness of your breathing and how to relax your body.

Another key part of managing your thoughts is to actively try and **be kind in how you think about yourself**. Notice if your self-talk isn't helpful and challenge it. Ask yourself 'would a friend say that about me?' Or 'would I talk like that to my friends?' Being kind needs to be extended to yourself and not just others. Recognise that just because you think it, doesn't make it true.

Kindness and compassion can also be given to your feelings. Try not to submerge yourself in negative feelings, notice them, be curious as to the reason why you're feeling that way, and then find some empathy and understanding for yourself.

Closely linked with being compassionate to yourself is to be **grateful**. It can be useful to make a note of things you are grateful for, either about yourself, the people and things around you, or anything that you're thankful for. Be grateful even for the small things, like when a cup of tea is made for you; when you have noticed and been grateful for lots of little things during the day, it can make a difference to how you feel at the end of it.

You may also find it helpful to **reconnect with your values** and the things that give you a sense of purpose in life. Helping others is a great way to do this, whether it be volunteering in your local community, for a cause or charity that matters to you, political campaigning, or combatting social injustice. Some people find it reinforces their sense of worth if they're involved in things that extend beyond the immediate roles of being someone's partner, mother, or daughter.

Hormone Replacement Therapy (HRT)

The psychological and emotional changes described are often due (at least in part) to fluctuations and then falling levels of sex hormones in your body. The most effective medical treatment for these changes and symptoms is therefore to top those hormone levels back up again, through taking hormones. HRT is a hormone treatment that includes the hormones estrogen, often progesterone, and in some cases testosterone, and they all work to stabilise the hormone levels in your blood, and replenish the lack of supply that you used to produce.

These three hormones can be taken in different ways:

Estrogen

Replacement estrogen can be given to your body in various ways: either as a skin patch (like a plaster), as a gel or a spray, or as a tablet that you swallow. The type of estrogen mostly used is 17 beta-estradiol, which has the same molecular structure as the estrogen you produce in your body and is therefore termed 'body identical'. It is derived from the yam plant.

Progesterone

If you still have a uterus (womb), then you will need to take a progesterone (or progestogen, which is a synthetic type of progesterone) alongside the estrogen, this is known as combined HRT. You'll need to do this because taking estrogen on its own can thicken the lining of the womb and increase the risk of uterine cancer; taking a progesterone keeps the lining thin and reverses this risk. The safest type of replacement progesterone is called micronised progesterone (this is body identical and branded as Utrogestan in the UK) and it comes in a capsule that you swallow (alternatively, this capsule can be inserted vaginally). A different way to receive a progestogen is to have the Mirena coil inserted into your uterus; this is also a very effective contraceptive, and it needs replacing after five years. You may experience mood changes if you are sensitive to progesterone. If you find the Mirena lowers your mood, for example, it is worth trying Utrogestan instead.

Testosterone

If you still experience symptoms such as fatigue, brain fog and reduced libido after taking estrogen for a few months, testosterone can be beneficial (in addition to the estrogen) to bring about further improvements of these particular symptoms. It is available in a gel, cream or implant and while it is not currently licensed for women in the UK, it is widely and safely used by many menopause specialist doctors and some GPs.

What are the benefits of HRT?

Your symptoms will improve – physical symptoms often improve quickly, and the psychological symptoms sometimes take a little longer, but most individuals usually feel a return of their 'old self' within 3–6 months of starting HRT. It is important to find the right type and dose of HRT for you, and this can sometimes take a few months to figure out. When you have improvements in debilitating physical symptoms and sleep, this often lifts your mood, and many find they feel calmer and have a greater sense of energy and drive. Some studies have shown that if women take HRT when they are in the perimenopause, it can reduce the likelihood of clinical depression developing.

HRT not only improves how you're feeling on a day-to-day basis but boosting your body's

hormone levels back up to a normal range helps protect and maintain your future health too:

Your risk of developing osteoporosis will reduce – your bones will be protected from weakening due to a lack of estrogen.

Your risk of cardiovascular disease will reduce – you will be less likely to develop heart problems, stroke or vascular dementia.

Your risk of other diseases will reduce – if you take HRT, you also have a lower future risk of type 2 diabetes, osteoarthritis, bowel cancer, and clinical depression.

What are the risks of taking HRT?

For the majority of people who start taking HRT, the benefits outweigh any risks. The most common reason that people are scared of HRT is the fear of breast cancer. However, much of this fear is not based on evidence and there has been inaccurate reporting about this risk, both in the medical press and public media, over the past 20 years. For most types of HRT there is no good evidence that show any increased risks.

Taking estrogen and a synthetic progestogen (not body identical), may be associated with a small risk of developing breast cancer however some studies show this risk is reduced or not present at all if micronised progesterone is used (known as Utrogestan in the UK). It's worth noting that the risk of breast cancer with any type of HRT is still very low; for comparison, the risk of breast cancer is much greater if you are obese or you regularly have 2 units of alcohol in the evening, for example.

If you have a history of blood clots, liver disease or migraine, there is a small risk of a clotting if taking the tablet form of synthetic estrogen, but taking body identical estrogen through the skin as a patch, gel or spray does not have these risks and is safe for you.

What are the side effects of HRT?

Side effects with HRT are uncommon but might include some breast tenderness or bleeding. This usually happens within the first few months of taking HRT and then settles over time as your body adjusts to taking the hormones. If side effects persist after this time, the dose or type of HRT may need changing.

Talking Therapies

Cognitive Behavioural Therapy

Cognitive behavioural therapy (CBT) is another effective treatment to consider for your psychological and emotional changes during perimenopause and menopause. While it does not address the underlying hormonal imbalance, there is good evidence that CBT can bring a sense of balance to your thoughts and feelings.

CBT is a well-known talking therapy that aims to increase your awareness of the link between your thoughts, feelings and subsequent behaviours. Therapy provides you with strategies to cope with unwanted thoughts, feelings, and associated physical reactions. It helps you adapt to changes, and if needed, encourages you to find a new sense of identity and purpose by bringing positive improvements to the way you respond to certain thoughts and feelings.

There is a wealth of evidence that supports CBT as a treatment for a wide range of mental health and emotional challenges, including those relating to perimenopause and menopause, and it is endorsed by the National Institute of Health and Care Excellence (NICE) in their guidelines on menopause management.

Psychotherapy

Psychotherapy is another talking therapy that can be helpful for people going through the psychological and emotional upheaval that can happen around the time of menopause. It tends to involve more sessions over a longer period of time than CBT, and often relies more heavily on the relationship you develop with the therapist. Conversations may delve deeper into your experiences from the past and looking at how they shape your thoughts and feelings in the present. This can deepen your understanding of yourself and how you respond to others. Psychotherapy can be very helpful for dealing with emotional difficulties and supporting you to heal, cope, and grow when you face challenges in the future.

Counselling

This is a more general type of talking therapy and can vary in terms of what approach is taken by the counsellor. In broad terms, counselling allows people to discuss their problems and any difficult feelings they encounter in a confidential environment. You may find it helpful if you simply want to set aside time to explore your thoughts and feelings in more depth, within a safe and supportive space.

The counsellor doesn't generally give advice but encourages you to talk about what's bothering you in order to uncover any root causes and identify your specific ways of thinking. She or he may then look to create a plan of action with you either to help with the issue itself, or help you find positive ways of coping with the problem.

All of these talking therapies can be very beneficial in their own ways to help you accept and adapt to the challenges at this time of life. If you struggle with a sense of loss about your life, whether that be related to fertility, unfulfilled professional ambition, bereavement, loss of a relationship, or loss of your sense of identity, consider trying one of these talking therapies to help gain a deeper understanding of your emotional turmoil and bring some equilibrium to your state of mind.

Non-hormonal medications

Other prescribed medications are sometimes used for women if they do not want to take HRT, particularly to treat hot flushes. The drugs that are sometimes used are more commonly used for epilepsy, such as gabapentin or pregabalin or antidepressants, such as citalopram or venlafaxine. While these drugs can sometimes alleviate hot flushes, they have several unwanted side effects such as dizziness, weight gain, sleepiness and negative effects on sexual arousal and these often cause many people to stop taking the medication.

Use of Antidepressants

Changes to women's moods, emotions and state of mind during the perimenopause and menopause are extremely common; it is often the primary reason menopausal people first go to see their doctor or nurse. Feeling low, lacking in motivation, and having trouble sleeping, for example can be viewed as signs of depression and it's therefore understandable why a doctor might prescribe antidepressants. In fact, when women first go to their doctor or nurse about their menopausal symptoms, they are more often prescribed antidepressants than given HRT – but this is not usually the best course of action.

It is crucial that clinicians have an awareness of the psychological symptoms related to menopause, particularly for those under 50 years. Healthcare professionals may not consider hormones as the primary cause of symptoms, especially for women in their late 30's or early to mid-40's for example, but it's not unusual for menopausal mood symptoms to start as early as this.

Menopause guidelines are clear that antidepressants should not be used as first line treatment for the low mood associated with the perimenopause and menopause. This is because there is no evidence that they actually improve the psychological symptoms of the menopause. Because your mood changes are primarily related to hormonal disruptions, HRT is usually the most effective medical treatment for these symptoms, as it helps stabilise the fluctuations in hormone levels in your blood and tops up low reserves of estrogen and progesterone (and testosterone if taken). If you have experienced episodes of clinical depression in the past and take antidepressants as a result, it is completely safe to take HRT alongside your antidepressants.

Many women who start HRT and have been incorrectly given antidepressants in the past (because their low mood has been misdiagnosed as general depression), find that their depressive symptoms improve on the right dose and type of HRT, to the extent that they can reduce and often stop taking their antidepressants.

If you have not had episodes of depression in the past and have now been prescribed antidepressants for your low mood or anxiety associated with your menopause or perimenopause, consider whether this is the right treatment for you. If your clinician is not agreeable to prescribing HRT, it is worth seeing a healthcare professional who specialises in the menopause.

Herbal remedies and alternative therapies

There are many herbal remedies marketed to improve stress, anxiety, and low mood. The ones that have some evidence of benefit from clinical trials, (albeit tested in a general population, not specifically menopausal women), are St John's Wort, L-Theanine, rhodiola, saffron and ashwagandha.

Herbal medicines, though natural, are not necessarily risk-free. There are huge variations in their effectiveness and potency, and some come with side effects and can interfere with other medicines you may be taking. Herbal remedies may offer some relief but don't address the cause of your symptoms – namely your low hormone levels – and therefore don't offer any protections for your health in the future. If you're considering herbal remedies, ensure any product you use has the Traditional Herbal Registration (THR) mark of certification.

Acupuncture and aromatherapy

Other treatments that some women find beneficial to their sense of wellbeing and mental health during their menopause is acupuncture or aromatherapy. Acupuncture has some evidence base to support its use in a general sense; sessions involve super-fine needles being inserted into the skin across specific parts of the body. Some people find that treatments help relieve some of their physical peri/menopausal symptoms, while others simply find it relaxing and beneficial for their mental wellbeing. It might take several sessions of acupuncture to bring about any improvement of symptoms and it can be safely used alongside HRT.

Aromatherapy uses oils extracted from plants, such as lavender or rosemary, and they are diluted in a carrier oil that can be absorbed through the skin via a massage, or they can be inhaled, or added to a warm bath, for example. While aromatherapy lacks an evidence base to support its use for enhancing menopause related low mood and anxiety, many people do find the sensory experience when using oils to be calming, relaxing and uplifting.

Gain support from others

No one is expecting you to breeze through the peri/menopause without ever taking a moment to lean on others for support from time to time. A very healthy way of coping with challenging emotions is to talk about them with someone else.

Connect socially

Some days, meeting up with others will be the last thing you feel like doing, and that's OK from time to time. But connecting with others, whether it be at a local club, down the pub, or simply at a friend's house, is crucial in reducing a sense of isolation. These moments of connection are even proven to help your immunity (at least in non-COVID times!) and improve your sense of wellbeing. Spending time with people who are like-minded, who share your values or a hobby with you, will often give you that sense of purpose and help shape your (perhaps wobbly) identity.

Receive support

Talking in more depth to someone else, and especially one or two people also going through the peri/menopause, can really help you feel like you're not 'going mad'. By being open and sharing your experiences, you will often learn to realise that you're not alone at all. Finding this support network can be a game-changer in making sense of all the changes going on in your body and with your emotions. Having a few 'menopause buddies' can bring you hope when you hear from others who have navigated similar experiences and provide a level of accountability if you are trying to make potentially difficult changes to your lifestyle, such as giving up smoking or being more active.

If you have a caring and supportive partner, try and be open with them about how you're feeling and explain to them what it's like for you. Connecting on an emotional level with someone important to you and having regular moments of physical affection, such as a simple hug, can sometimes be like pressing a reset button on your feelings and it even encourages the production of mood-boosting hormones.

If you do not feel like you can be open with your partner, or have any friends or family to turn to, it is even more important to consider seeing someone professionally who can help you make sense of how you're feeling and show you ways to manage your emotions if they are overwhelming for you.

Coping at work

Whether you go out to work or work from home, it's helpful to tell someone you work with if there's any psychological symptoms you're finding tricky to manage. If people at work know you have times when your mood can take a dip or you feel unusually anxious, they will often be more understanding if these things impact your performance at work. If you need help to manage stress levels, talk about this with your line manager and explain a bit about how your peri/menopause is affecting you. It may help your boss take your needs more seriously. You may need to take more frequent mental pitstops or break up tasks differently because of problems focussing for lengthy periods or to reduce overwhelm. These little things can make a big difference to your comfort, stress and productivity levels.

Tips for appointments with healthcare professionals

If you're struggling with a lack of sleep, feeling down for long periods, feeling more anxious than usual or have any of the symptoms described so far, it is a good idea to see your doctor or nurse about this and discuss your options for help.

As mentioned, it is common for some clinicians to prescribe antidepressants before any other options, but as this isn't often helpful for menopause related mood issues, it is useful to be well prepared with all the relevant information and share this at your appointment.

Keep a record of all your symptoms for several weeks (and a note of your periods if you're still having them). A useful way to do this is to use the [free balance menopause support app](#). You can fill in the menopause symptom questionnaire and download a personalised health report to show your doctor or nurse the range of ways your hormones are affecting you, not just your mood changes.

This is an efficient way for your clinician to see exactly what is going on in the context of your hormones and can help speed up a diagnosis and treatment plan. Your doctor or nurse can then discuss HRT with you and explain other sources of support such as local support groups and psychological therapies.

It is important that your healthcare professional is fully aware of any peri/menopausal symptoms you have, (including any changes to your periods) not just your mood changes, so they can diagnose the accurate reason and underlying cause for the low mood or anxiety that you're experiencing.

You have the right to be fully informed about all your treatment options, this should include information about the various ways to take HRT and an explanation about any health implications particularly relevant for you. Your clinician should support you to come to a decision about what treatment you would like and respect your right to make that choice. Time should be spent finding out what matters to **you** (as no two women are the same) and they should listen carefully to your views and concerns.

ask for help - it is out there!

You may have already experienced a less than ideal approach in a healthcare appointment, so here are some tips to help you have better discussions with your doctor:

Do your own research and be prepared. Read more about the menopause and HRT at www.balance-menopause.com and you may want to look at the NICE guidelines on managing menopause (NG23).

Keep a record of your symptoms to show a clear account of the range and severity and how they're affecting your daily life. As well as using the balance app, you could also look at the **Meno-D scale** and complete this questionnaire for hormone related depression. You can also use these tools to measure any improvement in your symptoms once you start a treatment.

Plan the time you need to discuss matters adequately; you might want to ask for a double appointment or spread discussions out over separate appointments. Take your partner or good friend to help listen to information given and remind you of what you wanted to say. Write comments or questions down if you're worried about forgetting in the moment.

Inform your clinician about what you're wanting discuss prior to the appointment, this will ensure you get the most out of your consultation.

Know your rights as a patient. Doctors will be more likely to consider your views if you demonstrate you're fully aware of all the implications of your preferred choice and have weighed up your decision carefully.

Be persistent but polite. If you do not get the desired outcome at the first appointment, try again another time. You can ask to see another doctor within your practice. Failing that, ask if there is an NHS menopause specialist clinic in your area or, if you're able, consider having an appointment with a private menopause specialist.

And finally...

Your hormones have a lot to answer for and can make you feel and behave so unlike your usual self at times. Don't worry, you are not alone and there's plenty you can do to help how you feel. The best approach to manage your mental health and emotional wellbeing in the perimenopause and menopause is one that addresses all the relevant factors combined: top up your hormones to keep things balanced, make some achievable changes towards eating healthily and being active outdoors, maintain your social and personal connections and talk to others about how you feel, use psychological therapy if needed, and last but not least be kind to yourself!

Resources for further information and support

Apps:

Balance menopause support

Calm

Unwinding anxiety

Websites:

For a wealth of information, videos and podcasts on the peri/menopause and mood changes visit www.balance-menopause.com

On common depression – www.mind.org.uk

On hormone related mood disorders and depression:

PMS – visit NAPS at www.pms.org.uk and iapmd.org

Postnatal depression – visit apni.org

To find out about psychological therapies in your area visit www.nhs.uk/service-search/mental-health/find-a-psychological-therapies-service/

Useful resources for healthcare professionals

The Newson Health Menopause Society at www.nhmenopausesociety.org

Kulkarni, J.; Gavrilidis, E.; Hudaib, A-R.; Bleeker, C.; Worsley, R.; Gulvich, C. (2018) Development and validation of a new rating scale for perimenopausal depression – the Meno-D. *Translational Psychiatry* 8: 123

NICE Guideline (2019) Menopause: diagnosis and management. www.nice.org.uk/guidance/ng23/chapter/Recommendations#individualised-care

NICE Shared Decision Making Guidelines www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/shared-decision-making

Balance app and website

Free menopause support and information, including the balance app, films and podcasts at www.balance-menopause.com

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