

Symptoms of Early Menopause

In this help sheet you will find more information on the most common physical symptoms, why you get them — and some suggestions on effective treatments and coping strategies. We'll also look at the very real *emotional* side of early menopause and the ways in which you can manage and cope with the psychological aspects of this journey.

Physical Signs	Emotional Signs
Irregular Periods (changes in frequency, duration, etc.)	Irritability
Infertility	Mood Swings
Hot Flashes and Night Sweats	Lowered Libido
Vaginal Dryness	Anxiety
Bladder Control Problems	“Brain Fog” — difficulty
Insomnia/Disrupted Sleep	Memory Lapses
Palpitations	Extreme Fatigue/Low Energy Levels
Weight Gain (especially around your waist and	Confusion/Lack of Concentration
Skin Changes (dryness, thinning look)	Feeling Emotionally Detached
Headaches	
Breast Tenderness	
Gastrointestinal Distress and Nausea	
Tingling or Itchy Skin	
“Buzzing” in your head, "Electric Shock" Sensation	
Bloating	
Dizziness/Light-headedness	
Sore Joints/Muscles	
Hair Loss or Thinning	
Increase in Facial Hair	
Changes in Body Odour	
Dry Mouth and Other Oral Symptoms	

Irregular Periods

Your periods may come more frequently (e.g. every 24 days instead of every 28) or they may come later than they used to. You may have a light period that lasts only a few days, then the next month have very heavy bleeding.

In some cases your period may last a shorter amount of time, or go on and on for what feels like an eternity. You may skip a month, then go back to normal for several months, then skip two periods in a row.

Irregular periods are a very common symptom that affects every woman slightly differently. This happens because, in the initial phases of premature menopause, your hormones are erratic — and your periods are reacting to this instability.

Nevertheless, the type of irregularity you experience is usually a tip-off to what is happening in your body:

- **Extremely Heavy Bleeding**

In this case, estrogen builds up the uterine lining as normal. However, at the same you aren't producing enough progesterone (since you haven't ovulated and therefore haven't developed a corpus luteum). Without progesterone to stop it, the uterine lining keeps building up, until the estrogen production finally drops off and the lining is shed. A heavy bleed can also be a sign of an anovulatory period.

- **Skipped/Less Frequent Periods**

This usually happens as your ovaries continue declining and your menstrual cycle starts cycling down. Over time, even extremely high levels of follicle stimulating hormone (FSH) don't produce enough estrogen for eggs to mature and for your uterine lining to thicken.

As you get closer to menopause, your menstrual cycle usually lengthens. Periods come less frequently and there's more time between them. Then you may begin skipping periods. And eventually, in the biggest change in your menstrual cycle, menopausal women stop having periods altogether.

- **Shorter Cycles (More Frequent Period)**

This can often signal that you are producing lower levels of estrogen during your preovulatory stage — and that your FSH levels are higher than normal. With more FSH to stimulate them, your follicles are developing faster — which shortens your cycle.

- **Extremely Light Periods**

A very light bleed usually indicates that you aren't making enough estrogen to build up your uterine lining. However, as with its reverse (extremely heavy period), it may also be a sign of an anovulatory period.

One important point: You should be aware that some irregularities in your menstrual cycle may not be related to premature menopause, but could be a sign of some abnormality — including cancer, polyps, non-malignant tumors, or fibroids (which in fact are very common when women first begin going through menopause).

Infertility

Possibly one of the most upsetting clues that you're in premature menopause is the inability to conceive. You may still be having your period and therefore assume everything is perfectly normal. On the other hand you may be noticing irregular periods and assume there's something else wrong with you and never think it's menopause.

Many women learn that they're in premature menopause when they go to their doctor or reproductive endocrinologist to determine why they're not getting pregnant.

Usually when you first ask about infertility problems, your doctor gives you a test to determine baseline levels for follicle stimulating hormone (FSH) and luteinizing hormone (LH). It's the level of your FSH that typically indicates whether you are in menopause. This test (and others) is discussed on the Tests page as well as in our FAQs.

Hot Flashes

Most people have heard of hot flashes and recognize them as the trademark symptom of menopause. About 75 to 85% of American women are estimated to get hot flashes when they're in menopause (source). And where premature menopause is concerned, hot flashes tend to be even more prevalent. Many studies indicate that if you go through natural menopause before age 52, you have an increased chance of having hot flashes. It's even more common for women who have had their ovaries surgically removed — about 80 to 90% of these women typically get hot flashes.

Hot flashes usually start with a hot, prickly feeling in the middle of your back. A heat wave then rises to envelop your back, chest, neck, face and scalp. Your skin temperature can rise up to 8 degrees. Often if you touch your skin, it actually feels hot as though you've been out in the sun. Your pulse shoots up and you start sweating as your body tries to cool itself down. Sometimes you get a flush — your face, neck and chest turn pink or even deep red. And very often, you suddenly shift from feeling incredibly hot and sweaty to feeling very chilled, even shivering. You may also get the night-time version of hot flashes, night sweats.

How to Cope

The good news about hot flashes is that they can be controlled — by hormone replacement therapy (HRT), and also to varying degrees by herbs, vitamins, natural supplements and other alternative methods. But there are other small things you can do to help deal with these so-called “power surges”.

- Try to reduce stress
- Watch what you wear — choose natural fibers, layered and loose-fitting clothing
- Exercise
- Cut back on caffeine, alcohol and spicy foods
- Stay cool at night — keep cold water by your bed ready to drink at the first sign of a sweat
- Also use cotton sheets and cotton nightclothes — I found men's t-shirts to be the best — cool and absorbent!
- As with your clothing, sleep under layers — this way you can kick off extra bed covers and replace them when the chills start
- Splash cold water on your face or wrists when a hot flash starts

Vaginal Dryness and Atrophy

When your estrogen levels drop, your vaginal tissues start drying and become less elastic. Sex becomes uncomfortable; you may be more prone to infections; your vagina is frequently itchy and easily irritated, and, on the emotional side, you may feel older. Your vagina is usually very elastic, able to easily stretch for sex and childbirth. But as estrogen levels go down, your vaginal walls get thinner and lose some of their elasticity. Your vagina becomes dryer and takes longer to become lubricated. Finally, it may atrophy — becoming somewhat smaller in width and length.

If you experience a sudden drop in estrogen (as you do with surgical menopause), these vaginal symptoms might appear more suddenly than if you go through a natural premature menopause. Either way, though, it's a very unpleasant side effect of going through menopause — and often very emotionally upsetting when you're in your 20s or 30s. You may find it takes longer and longer to get sexually aroused. Sexual stimulation that you used to enjoy may become unpleasant. Intercourse can be very uncomfortable, even painful. In a worst case scenario, your vagina may even tear during intercourse. All in all, sex may become less and less pleasurable — making you feel even worse about being in premature menopause. I remember I began thinking that, at the not-so-ripe age of 38, my days of enjoying sex were over — and was very glad when I learned that I was wrong. That's the good news where vaginal dryness is concerned: it is one of the most treatable symptoms of menopause — and it's very often completely reversible.

How to Cope

When you raise your estrogen levels through hormone replacement therapy (HRT), your vaginal tissues generally improve dramatically. In addition to standard estrogen replacement therapy (by pills or patches) you can also use a vaginally-inserted estrogen cream or an estrogen ring specifically designed to help with vaginal dryness and atrophy. But there are other things you can try as well:

- Have more sex — it's one of the simplest (and probably most fun!) ways of combating vaginal dryness. Regular sex helps prevent vaginal dryness
- Use a lubricant to help with the loss of lubrication — such as Astroglide, Lubrin, or KY Jelly., or a product that enhances vaginal moisture such as Replens
- Avoid anything that can irritate or dry your vagina — including perfumed bath oil or bubble bath and perfumed toilet papers
- Also avoid antihistamines and certain decongestants
- Vitamin E — a capsule (directly inserted in your vagina) often helps with lubrication

Bladder Control Problems

This sign of menopause is connected with vaginal dryness and atrophy — and, honestly, it sounds much worse than it is. You may have noticed that you have to urinate more frequently or with more urgency, or you may have urinary stress incontinence (little leaks when you exert yourself). Again, this is a function of lower-than-normal estrogen levels. Your bladder and urethra are formed from the same tissues as your vagina when you're a developing embryo. So, just like your vagina loses muscular tone and elasticity when estrogen production lags, your lower urinary tract does as well. The lining of your urethra

becomes thinner, and the surrounding muscles become weaker. As a result, when you place stress on your bladder — through coughing, sneezing, laughing, or strenuous exercising, you may release a tiny bit of urine. And it is usually only a tiny amount, so there's no need to imagine a real disaster.

If you're experiencing severe urinary incontinence, though, do see a doctor. A small degree of bladder control difficulty is common in the early stages of menopause, but a greater degree of difficulty can be indicative of another problem — one that may require drugs or even surgery. If it's mild, however, chances are it's connected with your depleted estrogen. Even so, though, it's probably wise to check with your doctor to be sure there is no other cause. Frequent urination may be a sign of bladder infection or diabetes, for example. All in all, it's a good idea just to be sure that what you're experiencing is just another sign of menopause and not something else.

How to Cope

Since bladder control problems are often a result of low estrogen levels, taking estrogen generally helps — and may completely reverse any symptoms. But there are other things you can do:

- Try Kegel exercises — these exercises were designed to help strengthen the muscles around the vagina and bladder opening. An added bonus: since Kegels help your vaginal as well as your bladder muscles, they also can improve your sex life
- Cut back on caffeine and alcohol — since both make you urinate more frequently

Insomnia/Disrupted Sleep

If you're waking up a lot at night, tossing and turning, and generally suffering with insomnia, it might be connected with menopause.

When you begin going through menopause, you may find that your sleep is less and less restful — when you sleep at all. In the past, doctors believed that interrupted sleep was a consequence of night sweats, but recent studies indicate that you can also have problems with sleep that aren't connected to hot flashes. Typically, the frequency of insomnia doubles from the amount you may have had before you entered premature menopause. And research also indicates that women begin to experience restless sleep as many as five to seven years before entering menopause. Again, though, the problem is recognizing that the insomnia you're suffering from has its roots in changes in your hormone levels.

How to Cope

As with many of the other symptoms, hormone replacement therapy (HRT) and self-help strategies often work well. In addition, disturbed sleep patterns often level off after a few years. But, of course, you probably don't want to wait a few years. You may want to try the usual tips for getting better sleep. Among them:

- Drink herbal tea — beverages like chamomile tea have a calming effect and are best consumed before going to bed
- Other herbs — natural products such as Valerian are natural sedatives and may offer some help in drifting off

- Avoid stimulants before bedtime — this includes caffeine, alcohol and other stimulants (like cigarettes)
- Avoid strenuous exercise close to your bedtime
- Keep your bedroom cool

Palpitations

It's a frightening sensation — one that may happen at the same time as a hot flash or by itself: for no obvious reason, your heart suddenly starts pounding, racing faster and faster. You can be sitting calmly, or lying in bed just before going to sleep and it comes out of nowhere. Sometimes it makes you so nervous; it can blow up into a full-fledged panic attack. And if you don't know that you're going through premature menopause and that palpitations are often a sign of menopause, you can think there's something seriously wrong with you.

But palpitations are another not-so-fun sign of menopause — and one that many women experience. Do keep in mind though: they may signal something else though — such as hyperthyroidism or mitral valve prolapse — so don't automatically write off palpitations as a sign of premature menopause. Talk to your doctor to rule out any other, possibly more serious, conditions.

If you get a clean bill of health, there's a good chance that the palpitations are connected with your premature menopause. This is one of those symptoms, though, that some doctors don't associate with menopause, so don't be surprised if your doctor tells you that it must be stress (that catch-all condition) causing your heart troubles. If you've had palpitations in the past, they may get worse when you begin going through menopause.

How to Cope

- The best thing to do is probably the hardest thing to do — remind yourself this will pass and try calming strategies like deep breathing to settle yourself
- In general, try to keep stress at a minimum
- Try relaxation techniques when palpitations hit — such as guided imagery and meditation
- If you smoke, consider quitting — cigarettes can make palpitations worse
- Limit the amounts of alcohol and caffeine you consume

Weight Gain

Weight gain (specifically a thickening in your middle) is another sign of changing hormones. While a number of books and doctors claim that menopause has nothing to do with weight gain — that weight gain occurs in menopausal women because they're older and their metabolism is slowing down — other studies indicate that hormone levels are tied to weight gain and redistribution of fat.

This makes sense since, when you're going through premature menopause, you're not middle-aged — so what you're getting isn't a typical middle-aged 'spread'. It's menopause spread, for lack of a better term. According to some studies, this occurs for several reasons: first, your progesterone levels are decreasing — and progesterone increases your metabolic rate. So with lower progesterone levels, you have a slower metabolic rate. Second, estrogen

is produced and stored in fat cells. So as your estrogen levels drop, your body is trying to increase its estrogen by upping its fat cells. Finally, with a drop in female hormones, your body starts mimicking male fat distribution — an apple shape rather than a pear. In other words, you put more weight on in your abdomen than in the past. This accounts for the mysterious loss of definition around your waistline.

Weight gain and redistribution of fat is one of those signs of premature menopause that is very easy to overlook. Since it happens over a period of time, you might not notice your body shape changing. But if you haven't changed your eating or exercise habits and you've been noticing a new fatter you — chances are it's related to your hormones.

How to Cope

Yet again, you may notice an improvement if you opt for hormone replacement therapy (HRT) or alternative dietary supplements shown to alleviate symptoms. In addition, changes in diet and exercise can help rev up your body's metabolic rate.

Changes in your Skin: Wrinkling and Loss of Muscle Tone

When your estrogen levels drop, your collagen production usually slows down as well. And, as you've probably heard, collagen has a role in keeping our skin toned, fresh-looking and resilient. So when you start running low on collagen, it shows in your skin. It gets thinner, drier, flakier and less youthful-looking.

This is another of those symptoms of menopause that makes you feel older before your time — and, in this case, it's clear why. You may look a little older than you used to. Worst, this sign often shows up early in menopause. Like bone loss, which occurs rapidly in the first few years of menopause, collagen loss is most rapid at the beginning of menopause as well. According to studies, premature menopause leads to more rapid bone loss than menopause that occurs at the normal age — so it's possible that premature menopause also leads to more rapid collagen loss. The bottom line is, well, more lines on your face... and before you expected them.

How to Cope

Since this change in your skin occurs because of low estrogen levels, when you increase your estrogen levels (either through HRT or phytoestrogens like soy or flaxseed), you are likely to see an improvement. Other than this though, there isn't a lot you can do.

Using moisturizers helps somewhat by temporarily plumping up the top layer of skin, but the effect is short-lived. And regardless of advertising claims about "collagen-enriched" creams, and so forth, remember that to really work on your skin, collagen must come from within, not be applied or "boosted" from the exterior.

Headaches

During the early stages of menopause, you may find that you're getting more — and worse — headaches. This is often caused by your dropping estrogen levels. Many women with regular menstrual cycles get headaches just before their periods or at ovulation (source). These headaches, sometimes called "menstrual migraines" occur when estrogen levels plunge during the menstrual cycle.

So, when your body begins slowing down its production of estrogen due to premature menopause, you may wind up getting one of these hormonally-induced headaches. This also can happen when your progesterone levels are too high in relation to your estrogen levels — a common hormone scenario for women at the beginning of menopause. Generally, these headaches diminish once your hormone levels stabilize.

How to Cope

If your headaches are caused by low estrogen, it follows that taking estrogen may take care of them. But, if you suffer from migraines, hormone replacement therapy (HRT) may actually increase your symptoms.

This may seem counter-intuitive given the explanation earlier, but studies have shown that HRT has a “variable effect” on migraines (source) — in other words it may improve, worsen or not have any effect at all on your situation. Frustratingly ambiguous, I know, but how you go about resolving menopause-related migraines is likely to be a highly individual decision and based on your personal response to treatment.

- Try standard over-the-counter remedies — anti-inflammatory medications like aspirin or ibuprofen
- Certain herbs may help — feverfew has the backing of both scientific and anecdotal reports in relation to migraine. Several women have reported benefits and recent studies indicate that feverfew is safe and effective for migraines and other headaches (source). However, as with any herbal or medicinal remedy, it is wise to check with a doctor before using. In the case of feverfew, be sure to look for products that guarantee at least 0.2 percent of “parthenolide” (the active ingredient) on their label
- Visit your doctor — if the headaches are crippling, talk to your doctor about taking a prescription anti-migraine medication. If you are getting very bad migraines, your only course of action may be taking prescription drugs that specifically help with these intense headaches. Discuss this with your doctor to see if you could benefit from such medication

Other Physical Signs You May Notice

The following symptoms are less obvious and less common, but still are often signs of premature menopause:

- **Breast Tenderness**

Similar to the feeling you get just before your period, your breasts may feel swollen and tender to the touch. This can last for days or weeks — and unlike the normal breast tenderness from PMS, getting your period often doesn't help relieve this discomfort.

- **Bloatedness**

A puffy bloated feeling that seems to come out of nowhere; usually you'll notice bouts of this — you'll be fine for a while, then bloated, then okay again. Unlike PMS bloating, this bloating often doesn't diminish after a period.

- **Gastrointestinal Distress and Nausea**

Gas, indigestion, heartburn and a green feeling that comes and goes — and often seems to have no relation to what you've eaten.

- **Dizziness / Light-headedness**

This sometimes comes with hot flashes, and sometimes occurs for no apparent reason. It may be caused by a higher progesterone level in relation to your estrogen level.

- **Tingling or Itchy Skin**

This may feel like the “creepy-crawlies” as if bugs were walking all over you, a burning sensation like an insect sting, or just a heightened sensitivity.

- **"Buzzing" in your head**

An electrical feeling that zaps through your head, and often occurs with hot flashes. You may also feel this shock sensation under your skin.

- **Hair Loss or Thinning**

This is connected to estrogen deficiency and the effect its scarcity has on the hair follicles.

Some women notice this before any other sign because it is so obvious — you may have noticed hair in your brush and you may sense your hair getting drier and more brittle. Likewise you may notice a thinning or loss of pubic hair.

Increase in Facial Hair

On the flip side to the above (hair loss), you may notice hair growth on your chin, upper lip, abdomen or chest. This hair is often coarser or darker, as well, and happens when your estrogen levels decrease — and your male hormones have a greater effect. It may also happen in reaction to high levels of luteinizing hormone (LH).

- **Dry Mouth and Other Oral Symptoms**

This may be caused by drying of the mucous membranes due to low estrogen; and it may bring about a bitter taste in your mouth and bad breath. You also may notice drying in your eyes and nostrils.

- **Sore Joints / Muscles**

Similar in feeling to flu symptoms or arthritis, this is often connected to estrogen deficiency.

- **Changes in Body Odour**

