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### 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  sudds36(e ther)om371.ap 0 8 175.4(1h0 0 8 aer)om371.a

hold little or no appeal anymore. While your hormones may be swinging from high to low, your mood might remain

# 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

## 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 heartrate 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

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

1.

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

# 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 venlaflaxine. 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.

## 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

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

# Resources for further information and support

**Apps:**

Balance menopause support

Calm

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