



IS IT MENOPAUSE?

Usually, in your 40s, you start transitioning from childbearing years to menopause. Your periods may become less regular. You might also have hot flashes. Even though pregnancy is rare, it can still happen, so use birth control.

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 Perimenopause video teaser

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WHAT IS THE MENOPAUSAL TRANSITION?

Perimenopause is the time between a female's childbearing years and menopause. You are considered to be in menopause if you haven't had a period for one year. During menopause, the ovaries stop making certain hormones, and won't release anymore eggs. Most go through perimenopause around the age of 51.

During perimenopause, you might have irregular periods, feel vaginal dryness, experience hot flashes (sudden feelings of heat with sweating and sometimes chills), and have trouble sleeping. These symptoms can happen all the time or come and go. They can be mild or very uncomfortable, affecting daily life and sleep. Perimenopause is different for everyone but usually lasts about 5

years. [WATCH THE COMPREHENSIVE PERIMENOPAUSE VIDEO \(26 MINS\)](#).

[**READ THE FACT SHEET "THE MENOPAUSE TRANSITION \(PERIMENOPAUSE\): WHAT IS IT?"**](#)

WHAT HORMONAL CHANGES OCCUR DURING THE MENOPAUSAL TRANSITION?

Hormones control how our bodies work, and they change as we get older. Many of the symptoms you notice during the transition are due to changing hormone levels. Hormones work together to keep the body balanced. When hormone levels rise or fall, they signal the ovaries or the pituitary gland in the brain to adjust the production of other hormones.



One of the first changes is a decrease in a hormone called inhibin, which is made by the ovaries. Inhibin tells the pituitary gland to make less follicle-stimulating hormone (FSH). When inhibin levels drop, FSH levels increase. These hormone level changes can be detected months to years before menopause begins.



FSH is produced by the pituitary gland. During the menopausal transition, FSH levels can fluctuate widely—sometimes high one day and low the next. When FSH is high, the ovaries produce more estrogen. When FSH is low, estrogen production decreases. These fluctuations can start months to years before menopause.



Progesterone is made by the ovaries and typically increases after ovulation (the release of an egg). As people ovulate less often during perimenopause, progesterone levels may stay low, leading to missed periods.



Like inhibin, AMH is produced by the ovaries. As people age, AMH levels gradually decrease and become undetectable a few years before menopause.

It's important to know that hormonal changes during the menopausal transition vary for each person. While high FSH and low AMH and inhibin levels are common during this time, there is no single blood test that can predict or confirm if someone is in perimenopause.

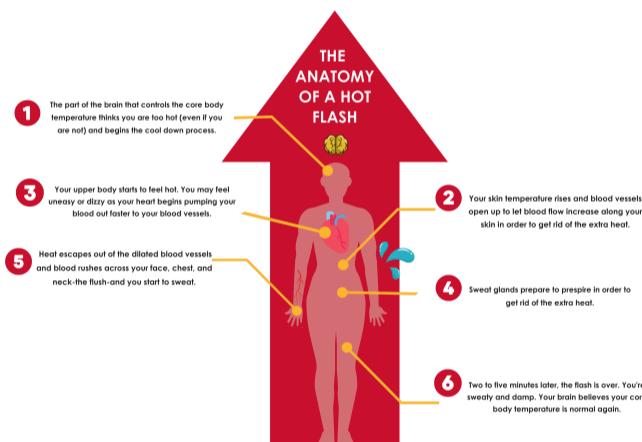
WHAT SYMPTOMS AM I MOST LIKELY TO EXPERIENCE?

[CLICK HERE TO VIEW A LARGER VERSION OF THE HOT FLASH INFOGRAPHIC](#)

Everyone experiences perimenopause differently, with symptoms varying in timing and severity. Here's a guide to some common symptoms, but remember, not everyone will experience the same ones.

Changes in periods:

Menstrual periods often change as you age. Periods may become more frequent or less frequent, shorter or longer, and heavier or lighter. Changes in your period are common, but if you experience very heavy bleeding or bleeding between periods, talk to a healthcare provider. These could be signs of other issues, like polyps, fibroids, or more serious conditions. If you're having a period, it is important to know that pregnancy is still possible. If you don't want to get pregnant, keep using birth control until you haven't had a period for 12 months, which signals menopause.



Hot flashes and vaginal symptoms (for example, dryness, itching, and pain during sex):

These symptoms are usually caused by lower estrogen levels. They can start months or years before menopause. About two out of three females will have hot flashes, which can last from months to a few years. Hot flashes often get better over time, but vaginal dryness may increase, especially during sex. If these changes bother you, let your doctor know so they can help manage the symptoms.

Mood symptoms/sleep disturbances:

Many people experience mood changes, trouble sleeping, forgetfulness, and feelings of depression or anxiety during perimenopause. It's also common to have a lower sex drive. While these issues can be due to lower estrogen levels, they might also be signs of other health problems. If you notice these symptoms, talk to your doctor to get the right care and support.

Osteoporosis video teaser

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AS YOU AGE YOU MAY BE AT RISK FOR OSTEOPOROSIS

Osteoporosis and osteopenia are conditions where someone has low bone mass, meaning their bones are weaker and more likely to break. Osteoporosis is diagnosed when bone density is very low, while osteopenia means bone density is lower than normal but not as low as osteoporosis. People with osteopenia have a higher risk of breaking bones, but the risk is not as high as with osteoporosis. If osteopenia isn't treated, it can lead to osteoporosis.

Osteoporosis doesn't have early symptoms, so most people don't know they have it until they break a bone. People with osteoporosis can break a bone from even a small injury.

[VIEW THE OSTEOPOROSIS VIDEO \(9 MINS\)](#)[PREVENT OSTEOPOROSIS - READ THE FACT SHEET](#)

WHAT TREATMENTS ARE THERE FOR SYMPTOMS OF PERIMENOPAUSE?

Bleeding problems:

If you have unusual bleeding, it's important to get a thorough check-up first. If the bleeding is due to perimenopause, treatments like estrogen or progesterone can help. These can come as pills, shots, patches, or an intrauterine device (IUD). A doctor can help decide which option is best.

Hot flashes:

Estrogen can help reduce hot flashes and is available as pills, patches, gels, or sprays. If you still have a uterus, you may need additional medicine to prevent possible issues from taking estrogen alone. Some people find herbal remedies or acupuncture helpful, but there isn't strong evidence that these work for everyone. Certain medications, like antidepressants, can also help with hot flashes, sleep, and mood problems. Lifestyle changes, such as avoiding caffeine and alcohol, staying cool, and wearing light clothing, can also help. Always talk to a doctor to see if hormone therapy is right for you.

Vaginal symptoms:

Hormone medications, available as pills, patches, gels, creams, or sprays, can help with vaginal dryness and discomfort. Vaginal moisturizers or lubricants are also useful. These symptoms are usually easy to treat, with few side effects, so be sure to talk to a doctor about any issues you have.



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VAGINAL DRYNESS MAY BEGIN BEFORE THE ONSET OF MENOPAUSE

Vaginal dryness and discomfort is a common symptom of reproductive aging but unfortunately is one that women often do not complain of unless asked about.

Of all the symptoms that women experience with aging and menopause, vaginal dryness is one that can be most successfully treated with few treatment-related risks. A number of products are available, such as over the counter agents that include lubricants and moisturizers, a variety of vaginal estrogen products that have minimal absorption into the bloodstream, and oral or transdermal (across the skin) hormone options, to help address the problem of vaginal dryness.

[VIEW THE MENOPAUSE VIDEO \(18 MINS\) TO FIND OUT MORE](#)

FIND AN EXPERT

ASRM can help you find a healthcare professional in your area to help meet your changing reproductive medicine needs.

SEARCH FOR AN EXPERT



FACT SHEETS AND BOOKLETS

ASRM has publications written with you in mind that go in depth on what to expect as you age.



MENOPAUSAL TRANSITION (PERIMENOPAUSE): WHAT IS IT?

The menopausal transition (perimenopause) is the period that links a woman's reproductive (childbearing) years and menopause.

READ THE FACT SHEET



OSTEOPOROSIS

Osteoporosis and osteopenia are conditions of having low bone mass (density).

VIEW THE FACT SHEET



Patient Booklet teaser

AGE AND FERTILITY (BOOKLET)

Generally, reproductive potential decreases as women get older, and fertility can be expected to end 5 to 10 years before menopause.

[VIEW THE BOOKLET](#)

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RESOURCES FOR YOU

The American Society for Reproductive Medicine (ASRM) is committed to providing patients with the highest

[Sources teaser](#)[Teaser](#)[Their baby](#)**Advocacy Resources**

ASRM has prepared resources to help you explain and advocate for reproductive rights and the continuation of in vitro fertilization and other fertility treatments.

[**VIEW THE RESOURCES**](#)**Frequently Asked Questions**

ASRM's Frequently Asked Questions (FAQ) provides answers to common questions about reproductive health.

[**KNOW THE FAQS**](#)**Patient Journeys**

ASRM has resources to help you through each stage of your journey.

[**BROWSE THE JOURNEYS**](#)[**BROWSE ALL TOPICS**](#)**AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE**

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