A SHORT GUIDE FROM SABRINA DUONG, LCSW

A perimenopause mental-health checklist

Perimenopause is the stretch of years before your final period, when hormones swing rather than simply fall. Mood, sleep, and memory changes in these years are common and real, and they are treatable. Tick what applies, bring this page to your next appointment, and use the last section to decide who to talk to.

1 What I've noticed in the last few months

- [ ] Low mood, flatness, or tearfulness that comes and goes
- [ ] Irritability or anger that feels out of proportion
- [ ] Trouble finding words, losing my train of thought, misplacing things
- [ ] Less interest in things I used to enjoy, including sex
- [ ] Periods that have become irregular, heavier, or further apart
- [ ] ADHD symptoms (focus, forgetfulness, disorganization) that have become noticeably worse
- [ ] Heart palpitations or a racing heart, especially with hot flashes or at night
- [ ] Anxiety, dread, or panic that is new or stronger than before
- [ ] Waking at 3 or 4 a.m., often with night sweats
- [ ] Hot flashes that leave me embarrassed or on edge
- [ ] Feeling "not myself," or like my confidence has slipped
- [ ] Symptoms that worsen in the week before my period
- [ ] Feeling overwhelmed by things I used to manage easily

The Menopause Society notes that women have about double the rate of depression during perimenopause and the years just after, and that difficulty concentrating and remembering is common in the transition. These are not signs of dementia, which is very rare at midlife. If you have ADHD and your symptoms have gotten worse in your 40s, that can also be perimenopause: falling estrogen affects the same attention systems. Tell your doctor; it is treatable. The British Menopause Society adds that anxiety can make hot flashes worse, and hot flashes can make anxiety worse; treating one often helps the other.

2 Things that raise my risk, worth mentioning to a clinician

- [ ] A past episode of depression, anxiety, or postpartum depression
- [ ] Hot flashes or night sweats most nights
- [ ] Surgery or treatment that caused an early or sudden menopause
- [ ] Severe PMS or PMDD earlier in life
- [ ] Big life stress right now: caregiving, work, a loss, a relationship change
- [ ] Chronic pain, PMOS (formerly PCOS), endometriosis, or adenomyosis

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A past episode of depression is the strongest predictor of low mood in the menopause transition (British Menopause Society). The International Menopause Society describes perimenopause as a time of particular vulnerability to depression, even for women who have never had it before.

3 What I'm already doing (and one I could start)

- [ ] A regular wake-up time, even on weekends
- [ ] Regular exercise: about 150 minutes a week of movement that raises my heart rate, plus some strength work
- [ ] Regular contact with friends; something that challenges my brain
- [ ] A set routine for when a night sweat wakes me: cool down, slow breathing, no clock, back to bed when sleepy
- [ ] A cool, dark bedroom; caffeine before noon; alcohol away from bedtime
- [ ] Mostly Mediterranean-style eating: vegetables, fish, olive oil, whole grains
- [ ] Tracking symptoms and cycles in a calendar or app
- [ ] Paced breathing when a hot flash starts: slow, even breaths from the belly, out longer than in

The last two come from the CBT programme the British Menopause Society recommends for hot flashes, night sweats, and sleep. In trials, women who learned them had fewer problematic flashes and better sleep, and the gains held at six months.

4 Who to talk to

A menopause-informed doctor or nurse practitioner if hot flashes, night sweats, or bleeding changes are driving the rest. Hormone therapy is the most effective treatment for those symptoms and non-hormonal options exist; The Menopause Society keeps a directory of certified practitioners at **menopause.org**. Ask too about thyroid, iron, and sleep apnea, which can mimic these symptoms.

A therapist if low mood, anxiety, or irritability are present most days, if you're sleeping badly even on nights without sweats, or if you've ticked anything in section 2. The UK's NICE guideline and the British Menopause Society recommend CBT for anxiety and low mood in the menopause transition, and CBT for insomnia for the sleep. The International Menopause Society lists psychotherapy alongside medication as a proven treatment for perimenopausal depression. You don't have to choose: many women see both a doctor and a therapist.

Soon, not someday, if you've felt hopeless, lost interest in most things, or had trouble concentrating or sleeping most of the day, nearly every day, for two weeks or more. That pattern can be major depression, and it responds to treatment.

If you are in crisis or thinking about harming yourself, call or text 988 (US and Canada) or go to the nearest emergency room. This checklist is general education, not a diagnosis, and does not replace care from a clinician who knows you.

Drawn from patient and clinician education by The Menopause Society (menopause.org: Perimenopause; Mental Health; Memory and Brain Fog), the British Menopause Society (thebms.org.uk: Cognitive Behaviour Therapy for Menopausal Symptoms; Menopause and Mental Health), and the International Menopause Society (imsociety.org: endorsement of the Guidelines for the Evaluation and Treatment of Perimenopausal Depression; World Menopause Day leaflets).

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