



PERIMENOPAUSE GUIDE

Why Your Labs Are Normal But You Feel Awful in Perimenopause

The guide to understanding what is really happening and getting care that matches your experience

Tests to Request

Hand this page to your provider or take a photo of it to discuss at your next appointment.

☐

Estradiol

Measures the main form of estrogen to assess current levels.

☐

Progesterone

Checks whether you are ovulating and producing enough progesterone.

☐

Follicle-stimulating hormone (FSH)

Rising levels can indicate perimenopause even when estradiol looks normal.

☐

Luteinizing hormone (LH)

Can rise during perimenopause and help confirm the transition.

☐

Thyroid panel (TSH, free T4, free T3)

Rules out thyroid dysfunction, which can mimic perimenopause symptoms.

☐

Complete blood count (CBC)

Checks for anemia from heavy bleeding.

☐

Ferritin

Measures iron stores, which can be low even when hemoglobin is normal.

☐

Vitamin D

Low levels are common and can affect mood, bone health, and immune function.

☐

Bone density scan (DXA)

Assesses bone mineral density, especially if you have risk factors for osteoporosis.

☐

Referral to a menopause specialist

A provider with advanced training in perimenopause and menopause care.

You can ask for any of these by name. If a provider declines, you can ask for the reason to be noted, or request a referral to someone who will look further.

You have been told your hormones are normal, yet you feel exhausted, anxious, and unrecognizable. This guide will teach you why standard lab ranges miss the real picture, what is shifting in your body, and exactly how to find a provider who will listen.

01

PART 01

What Perimenopause Actually Is



Perimenopause is the transition years before your final menstrual period, when your ovaries begin to produce less estrogen and progesterone. It is not a disease. It is a natural phase that can last anywhere from four to ten years, and for many women it begins in their late thirties or early forties. The changes are gradual, but the effects can feel sudden because your body is learning to function with a new hormonal rhythm.

During this time, your ovaries still release eggs, but the cycles become less predictable. You may ovulate some months and not others. When you do not ovulate, your body produces less progesterone, the hormone that helps you sleep and keeps your mood steady. Estrogen levels also fluctuate, sometimes spiking higher than usual before dropping. This volatility, not a steady decline, is what drives many of the symptoms that leave you feeling unlike yourself.

Your body has estrogen receptors everywhere: in your brain, your heart, your bones, your bladder, your skin, and your gut. When estrogen shifts, every one of those systems can feel the change. That is why perimenopause can show up as brain fog, joint pain, insomnia, heart palpitations, and digestive trouble, not just hot flashes and irregular periods. The symptoms are real, even when a single blood draw looks normal.

The key insight is this: a single lab value cannot capture the daily swings your body is experiencing. A hormone level drawn on a good day might look fine, but it tells nothing about the week before or the week after. Understanding this gap between what the lab shows and what you feel is the first step toward getting real help.

KEY TAKEAWAYS

- ✓ Perimenopause is a transition, not a disease, and can last 4 to 10 years.
- ✓ Symptoms come from hormone fluctuations, not just low levels.
- ✓ Estrogen receptors are in your brain, heart, bones, bladder, skin, and gut, so symptoms are widespread.
- ✓ A single blood draw can miss the real picture of what your body is doing day to day.



The One Number That Matters

Ask for your exact lab results, not just whether they are normal. A result in the low end of the range can still be causing symptoms for your body.

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02

PART 02

What Is Actually Shifting in Your Body



To understand why you feel so off, it helps to know what is happening beneath the surface. The two main hormones in play are estrogen and progesterone, and they do not decline in a straight line. Estrogen can surge to higher levels than you had in your thirties, then drop sharply. Progesterone production becomes inconsistent because you are not ovulating every month. This leaves you with a pattern that many clinicians call relative estrogen excess: more estrogen than progesterone at certain points in your cycle.

This pattern matters because progesterone is a calming hormone. It helps you fall asleep, eases anxiety, and supports a steady mood. When progesterone is low relative to estrogen, you may feel wired but tired,

wake up at 3 a.m., and find yourself more irritable or tearful than usual. Estrogen surges can also trigger migraines, breast tenderness, and heavier bleeding.

Cortisol, your stress hormone, also enters the picture. When estrogen and progesterone fluctuate, your body can become more sensitive to stress. The same workload that felt manageable a year ago now leaves you drained. Your adrenal glands still produce cortisol, but the system becomes less resilient. This is not adrenal fatigue, a term that has no scientific basis. It is a real pattern of cortisol dysregulation, where your stress response is on high alert even when nothing urgent is happening.

Thyroid function can also shift during perimenopause. Estrogen affects how your body uses thyroid hormone, and some women develop borderline low thyroid function that standard labs miss. If you are feeling cold, tired, and gaining weight despite eating well, a full thyroid panel can help clarify what is going on. The picture is complex, but understanding it gives you a roadmap for what to ask your provider.

KEY TAKEAWAYS

- ✓ Estrogen can surge and drop unpredictably, while progesterone declines when you do not ovulate.
- ✓ Low progesterone relative to estrogen can cause insomnia, anxiety, and irritability.
- ✓ Cortisol dysregulation, not adrenal fatigue, is a real pattern that makes stress feel harder to handle.
- ✓ Thyroid function can change during perimenopause and may need a full panel to detect.



Track Your Cycle Even If It Is Irregular

Use a calendar or app to note your period, sleep quality, mood, and any physical symptoms. Patterns will emerge that your provider can use to guide testing and treatment.

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03

PART 03

The Full Symptom Picture You Are Not Imagining



The classic symptoms of perimenopause are hot flashes and irregular periods, but the full picture is much wider. Many women experience brain fog that makes it hard to find words or remember why they walked into a room. Joint pain, especially in the knees and hands, is common because estrogen helps keep joints lubricated. Sleep disruption is one of the most frequent complaints, often tied to night sweats or a racing mind that will not settle.

Mood changes can be dramatic. You may feel irritable, tearful, or have sudden bouts of anxiety that come out of nowhere. This is not a character flaw. It is a biological response to shifting hormones that affect serotonin and GABA receptors in the brain. Some women develop depression for the first time in their lives during perimenopause, and it is important to name this so you can get support.

Heart palpitations, a feeling that your heart is skipping or racing, are also common. They can be frightening, but they are usually harmless and linked to estrogen fluctuations. Still, any new heart symptom should be checked by a doctor to rule out other causes. Digestive changes like bloating, gas, and food sensitivities can appear because estrogen affects gut motility and the gut microbiome.

Other symptoms include vaginal dryness, painful sex, urinary urgency or leakage, thinning hair, dry skin, and changes in body odor. Many women are told these are just signs of aging, but they are directly tied to hormone shifts. You are not falling apart. Your body is adjusting to a new normal, and there are real ways to address each of these symptoms.

KEY TAKEAWAYS

- ✓ Brain fog, joint pain, and sleep disruption are common perimenopause symptoms.
- ✓ Mood changes like anxiety and irritability have a biological basis in shifting hormones.
- ✓ Heart palpitations are often harmless but should be checked by a doctor.
- ✓ Vaginal dryness, urinary changes, and digestive issues are all linked to estrogen shifts.



Keep a Symptom Log for Two Months

Write down your symptoms each day, including their severity and timing. This becomes powerful evidence when you talk to a provider.

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04

PART 04

Why Standard Lab Ranges Miss the Real Picture



You have likely had blood drawn for hormone testing and been told everything is normal. This is frustrating because you know something is wrong. The problem is not you. It is how standard lab ranges are set and how hormone testing is done. Most reference ranges are based on a broad population that includes women of all ages, not just women in perimenopause. A result that is normal for a 25-year-old may be very different from what is normal for a 45-year-old.

Timing also matters enormously. Estrogen and progesterone fluctuate across your cycle, and a single blood draw captures only one moment. If you test on a day when estrogen happens to be midrange, the result looks fine even if your levels swing wildly the rest of the month. Saliva or urine testing over a full cycle can sometimes reveal patterns that blood tests miss, though these are not always covered by insurance.

Another issue is that many providers only test estradiol, the main form of estrogen, and progesterone. They may not check follicle-stimulating hormone (FSH) or luteinizing hormone (LH), which rise as your ovaries work harder to stimulate egg release. A rising FSH level can be an early sign of perimenopause even when estradiol looks normal. Some women have normal FSH on day 3 of their cycle but elevated levels later in the month.

The most important thing to know is this: you do not need a lab result that says perimenopause to get

treatment. Many clinicians treat based on your symptoms and your history, not on a number. If your symptoms are affecting your quality of life, you deserve care regardless of what the lab says. The right provider will listen to your experience first.

KEY TAKEAWAYS

- ✓ Standard lab ranges are often too broad to capture perimenopausal changes.
- ✓ A single blood draw misses the daily fluctuations that cause symptoms.
- ✓ FSH and LH can be early markers even when estradiol looks normal.
- ✓ Treatment can and should be based on your symptoms, not just lab numbers.



Ask for a Full Hormone Panel

Request estradiol, progesterone, FSH, LH, and a thyroid panel including TSH, free T4, and free T3. Write down your cycle day and symptoms on the day of the draw.

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05

PART 05

Hormone Therapy: What It Is and Who It Helps



Hormone therapy, often called menopausal hormone therapy or MHT, is the most effective treatment for moderate to severe perimenopause symptoms. It involves replacing some of the estrogen and progesterone your body is no longer making in a steady rhythm. For women who still have a uterus, progesterone is given along with estrogen to protect the uterine lining. For women who have had a hysterectomy, estrogen alone

is usually sufficient.

The estrogen used in hormone therapy is bioidentical, meaning it is chemically identical to what your body produces. It can be delivered through a patch, gel, spray, or pill. The patch and gel are generally preferred because they deliver estrogen through the skin, which avoids the liver and provides a steady level.

Progesterone is usually taken as a pill at bedtime, which can also help with sleep.

Many women worry about the risks of hormone therapy, especially after the Women's Health Initiative study in 2002 raised concerns about breast cancer and heart disease. What is less known is that those risks were found in women who started hormone therapy after age 60, not in women who started in their forties or fifties, which is the typical window for perimenopause. For most healthy women under 60, the benefits of hormone therapy for symptom relief outweigh the risks.

Hormone therapy is not right for everyone. Women with a history of breast cancer, blood clots, or certain liver conditions may need to avoid it. But for many women, it can be life changing. It can restore sleep, stabilize mood, stop hot flashes, and protect bone density. The key is to find a provider who is knowledgeable about current guidelines and willing to start at a low dose and adjust based on your response.

KEY TAKEAWAYS

- ✓ Hormone therapy is the most effective treatment for moderate to severe perimenopause symptoms.
- ✓ Bioidentical estrogen and progesterone are available in patches, gels, and pills.
- ✓ Risks are lower for women who start hormone therapy before age 60.
- ✓ A knowledgeable provider can start at a low dose and adjust based on your symptoms.



Questions to Ask About Hormone Therapy

Ask your provider: What type of estrogen and progesterone do you prescribe? What dose do you recommend starting at? How long will it take to feel relief? What are the signs I should call you about?

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06

PART 06

Nonhormonal Options That Actually Work



If hormone therapy is not right for you or you prefer not to use it, there are effective nonhormonal options for managing perimenopause symptoms. For hot flashes and night sweats, certain antidepressants called SSRIs and SNRIs have been shown to reduce the frequency and severity of hot flashes. Paroxetine is the only one specifically approved for this use, but others like venlafaxine and citalopram are often prescribed off-label. Gabapentin, a medication originally used for nerve pain, can also help with hot flashes and may improve sleep.

Cognitive behavioral therapy, or CBT, has strong evidence for helping with hot flashes and night sweats. It teaches you to change the way you respond to the sensation of heat, reducing the distress it causes. Some women find that acupuncture, yoga, or paced breathing can help, though the evidence is less robust. These approaches are safe to try alongside other treatments.

For vaginal dryness and painful sex, over-the-counter vaginal moisturizers used regularly can make a significant difference. Products like Replens or hyaluronic acid-based gels are applied every few days and help restore moisture to the vaginal tissue. For more persistent dryness, a low-dose vaginal estrogen cream, tablet, or ring is an option that delivers estrogen locally with minimal absorption into the bloodstream. This is considered safe even for women who cannot take systemic hormone therapy.

Lifestyle changes also matter. Regular exercise, especially strength training, helps maintain muscle mass and bone density. A diet rich in whole foods, with plenty of vegetables, protein, and healthy fats, supports stable blood sugar and energy. Cutting back on alcohol and caffeine can reduce hot flashes and improve sleep. These changes will not eliminate all symptoms, but they can make a real difference in how you feel day to day.

KEY TAKEAWAYS

- ✓ SSRIs, SNRIs, and gabapentin can reduce hot flashes without hormones.
- ✓ Cognitive behavioral therapy is an evidence-based tool for managing hot flash distress.
- ✓ Vaginal moisturizers and low-dose vaginal estrogen treat dryness safely.
- ✓ Exercise, whole foods, and limiting alcohol and caffeine support overall wellbeing.



Try a Vaginal Moisturizer First

Use a water-based or hyaluronic acid vaginal moisturizer every two to three days. It can relieve dryness and discomfort without a prescription.

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07

PART 07

What You Can Do Day to Day for Real Relief



Beyond medical treatments, your daily habits can make a meaningful difference in how you feel during perimenopause. Sleep is often the first thing to suffer, and it deserves priority. Aim to go to bed and wake up at the same time every day, even on weekends. Keep your bedroom cool, around 65 to 68 degrees Fahrenheit, and use a fan if night sweats are an issue. A cooling mattress pad or a moisture-wicking pajama set can help you stay comfortable.

Stress management is not optional during this phase. Your body is less resilient to stress, so you need to build in deliberate moments of calm. This could be a five-minute breathing practice in the morning, a short walk outside, or listening to a calming playlist. The goal is not to eliminate stress, which is impossible, but to

give your nervous system regular breaks so it does not stay in high alert mode all day.

Nutrition matters for symptom management. Protein at every meal helps stabilize blood sugar, which can reduce hot flashes and mood swings. Foods rich in calcium and vitamin D, like leafy greens, fortified plant milks, and fatty fish, support bone health. Magnesium, found in nuts, seeds, and dark chocolate, can help with sleep and muscle relaxation. Some women find that cutting back on spicy foods, alcohol, and caffeine reduces the frequency of hot flashes.

Movement does not have to be intense. Strength training two to three times per week supports bone density and metabolism. Walking, swimming, or yoga can improve mood and joint pain. The key is consistency, not intensity. Listen to your body and adjust your activity based on how you feel that day. Rest is productive, too.

KEY TAKEAWAYS

- ✓ Prioritize sleep with a consistent schedule and a cool bedroom.
- ✓ Build in short, regular stress breaks to support your nervous system.
- ✓ Eat protein at every meal and include magnesium-rich foods for sleep.
- ✓ Move your body consistently with strength training and gentle activity.



The Five Minute Reset

When you feel overwhelmed, stop and take five slow breaths, inhaling for four counts and exhaling for six. This signals your nervous system to shift toward calm.

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08

PART 08

How Perimenopause Changes Across the Years



Perimenopause is not a single phase. It has distinct stages that unfold over several years. Early perimenopause, which can begin in your late thirties or early forties, is marked by subtle changes. Your cycles may shorten from 28 days to 25 or 24 days. You might notice more PMS-like symptoms, heavier bleeding, or occasional skipped periods. Sleep and mood may start to shift, but many women do not connect these changes to hormones at first.

Late perimenopause usually occurs in your mid to late forties. This is when symptoms become more noticeable and disruptive. You may go 60 days or more between periods, then have a heavy, prolonged bleed. Hot flashes and night sweats become more frequent. Brain fog and joint pain can intensify. This is also the stage when many women seek help because the symptoms are affecting their daily life. It is important to know that this stage is temporary, even though it can feel endless.

The transition to menopause happens when you have gone 12 consecutive months without a period. The average age for this is 51, but it can happen earlier or later. Once you reach menopause, the hormone fluctuations settle. Estrogen levels remain low and steady, and many of the symptoms that plagued you during perimenopause, like mood swings and unpredictable bleeding, often improve. However, the lower estrogen level can increase the risk of bone loss and vaginal dryness.

Understanding where you are in this timeline can help you and your provider make better decisions about treatment. For example, hormone therapy is most effective when started within ten years of menopause, often called the window of opportunity. Knowing your stage also helps you anticipate what might come next and prepare for it. Your body is moving through a natural process, and you can navigate it with the right information and support.

KEY TAKEAWAYS

- ✓ Early perimenopause often starts with shorter cycles and subtle symptoms.
- ✓ Late perimenopause brings more noticeable symptoms like hot flashes and longer gaps between periods.
- ✓ Menopause is confirmed after 12 months without a period, and symptoms often stabilize.
- ✓ Knowing your stage helps guide treatment decisions and timing.



Track Your Cycle Length

Note the first day of your period and count the days until your next one. A change of seven days or more from your usual pattern can be an early sign of perimenopause.

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09

PART 09

Red Flags That Mean Seek Care Now



Most perimenopause symptoms are manageable, but some signs warrant immediate medical attention. Heavy bleeding that soaks through a pad or tampon every hour for several hours is not normal and can lead to anemia. Bleeding between periods, after sex, or after menopause should always be evaluated. Passing large clots, bigger than a quarter, or having periods that last longer than seven days are also reasons to call your provider.

Chest pain, shortness of breath, or fainting are not typical perimenopause symptoms. While heart palpitations are common, any new or concerning heart symptom should be checked to rule out a cardiac

issue. Women in perimenopause have an increased risk of heart disease, so it is important to take these symptoms seriously. Do not assume it is just hormones.

Severe mood changes, including thoughts of self-harm or suicidal ideation, require immediate help. Call a crisis line, go to the emergency room, or reach out to a trusted person. Perimenopause can trigger depression, and you deserve urgent support. Also seek care if you have a sudden, severe headache, vision changes, or weakness on one side of your body, as these can be signs of stroke.

If you have a history of blood clots, breast cancer, or liver disease, talk to your provider before starting any hormone therapy. These conditions may affect your treatment options. The goal is not to scare you, but to give you clear guidelines for when to act. You know your body best. If something feels wrong, trust that instinct and seek care.

KEY TAKEAWAYS

- ✓ Heavy bleeding that soaks through protection every hour is a red flag.
- ✓ Chest pain, shortness of breath, or fainting need immediate medical evaluation.
- ✓ Severe mood changes or thoughts of self-harm require urgent help.
- ✓ Sudden severe headache or vision changes may signal a stroke.



When to Go to the Emergency Room

If you have chest pain, difficulty breathing, severe headache, vision changes, or thoughts of harming yourself, do not wait. Go to the emergency room or call emergency services.

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How to Advocate for Yourself and Not Be Dismissed



One of the most frustrating parts of perimenopause is being told your symptoms are normal or all in your head. You are not alone. Many women are dismissed by providers who lack training in menopause care. The key to getting heard is preparation. Before your appointment, write down your symptoms, how long they have been happening, and how they affect your daily life. Bring a printed log if you have been tracking.

Use clear, specific language. Instead of saying I feel terrible, say I am waking up at 3 a.m. every night with night sweats, and I have hot flashes five times a day that make it hard to concentrate at work. This gives your provider concrete information to work with. If you are told your labs are normal, ask what the actual numbers are and whether they are in the optimal range for your age. Ask whether treatment can be based on your symptoms rather than on lab results.

If your provider dismisses you, you have options. You can ask for a referral to a menopause specialist or a gynecologist who focuses on midlife health. The North American Menopause Society maintains a directory of certified practitioners. You can also seek a second opinion. You do not have to accept care that leaves you feeling unheard. Your symptoms are real, and you deserve a provider who takes them seriously.

The language you use matters. Practice saying: I have been tracking my symptoms for three months, and they are affecting my quality of life. I would like to discuss treatment options, including hormone therapy and nonhormonal approaches. This signals that you are informed and ready to partner in your care. You are the expert on your body. A good provider will respect that.

KEY TAKEAWAYS

- ✓ Prepare a written symptom log with specific details before your appointment.
- ✓ Use concrete language about how symptoms affect your daily life.
- ✓ Ask for actual lab numbers and whether treatment can be symptom-based.
- ✓ Seek a second opinion or a menopause specialist if you are dismissed.



The One Sentence That Changes Everything

I would like to discuss treatment options based on my symptoms, not just my lab results. This opens the door to real care.

Your Symptom Tracker

Tracking these daily details can reveal patterns that help you and your provider understand what is happening in your body.

How to read your tracker

- Look for whether hot flashes or night sweats cluster at the same point in your cycle each month.
- Notice if your sleep quality drops in the days before your period or after a missed period.
- Check whether your mood or anxiety levels correlate with specific cycle days or with nights of poor sleep.

Week of: _____

TRACK EACH DAY	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Period start and end dates							
Hot flashes (number per day)							
Night sweats (yes or no)							
Sleep quality (1 to 10)							
Mood (1 to 10)							
Energy level (1 to 10)							
Notes							

Three days is not enough on its own. Print one of these for each week and track at least two full cycles before your appointment. One cycle can be a fluke. Two is a pattern.

Take This to Your Provider

Bring these questions to your next appointment to get the most out of your visit.



Before you book: screen the provider

Call the office and ask: Do you have experience treating perimenopause and prescribing hormone therapy for women in their forties? If the answer is not a clear yes, find someone else before you wait months for an appointment.

MY MAIN SYMPTOMS

WHEN IT STARTED AND THE PATTERN

WHAT I HAVE ALREADY TRIED

QUESTIONS TO ASK

- What are my actual hormone levels, and are they in the range that is optimal for my age?
- Can we base treatment on my symptoms rather than only on lab results?
- What are my options for hormone therapy, and what dose would you recommend starting at?
- What nonhormonal treatments could help with my hot flashes and sleep?
- Should I have a bone density scan, and when?
- Can you refer me to a menopause specialist if you are not comfortable managing this?

WHAT WE DECIDED AND NEXT STEPS

What to Say in the Room

Use these lines to communicate clearly and confidently with your provider.

I have been tracking my symptoms for three months, and they are affecting my ability to work and sleep.

I am waking up with night sweats every night, and I have hot flashes multiple times a day.

My labs came back normal, but I want to know what my actual numbers are and whether they are optimal for my age.

I would like to discuss treatment options, including hormone therapy and nonhormonal approaches.

I understand the risks of hormone therapy, and I would like to talk about whether it is appropriate for me.

If you are not comfortable managing perimenopause, can you refer me to someone who is?

If they push back

IF THEY SAY	YOU CAN SAY
Your labs are normal, so there is nothing wrong.	I understand the labs are in the normal range, but my symptoms are real and affecting my daily life. Can we discuss treatment based on my symptoms?
This is just a normal part of aging. You have to learn to live with it.	I understand this is a natural transition, but there are treatments that can help me feel better. I would like to explore my options.
You are too young for perimenopause.	Perimenopause can start in the late thirties. I have been tracking my cycles and symptoms, and the pattern matches perimenopause. Can we test my FSH and LH to check?
Hormone therapy is dangerous. I do not recommend it.	I understand there are risks, but the latest research shows it is safe for most women under 60. Can we discuss whether I am a candidate?
Your symptoms are probably just stress or anxiety.	I have considered that, but the pattern of my symptoms tracks with my cycle and with known perimenopause symptoms. I would like to explore that possibility first.
There is nothing more I can do for you.	I would appreciate a referral to a menopause specialist or a gynecologist who focuses on midlife health. I want to find someone who can help me.

Plain-Language Glossary

Perimenopause

The transition years before your final menstrual period, when hormone levels fluctuate and symptoms often begin.

Menopause

The point in time 12 months after your last period, marking the end of menstrual cycles.

Estrogen

A primary female hormone that affects the brain, heart, bones, and many other systems; levels fluctuate during perimenopause.

Progesterone

A hormone that supports sleep, mood, and the uterine lining; production drops when ovulation does not occur.

Follicle-stimulating hormone (FSH)

A hormone produced by the pituitary gland that rises as the ovaries work harder to stimulate egg release; an early marker of perimenopause.

Luteinizing hormone (LH)

A hormone that triggers ovulation; levels can rise during perimenopause.

Hormone therapy (MHT)

Treatment that replaces estrogen and sometimes progesterone to relieve perimenopause symptoms.

Bioidentical hormones

Hormones that are chemically identical to what your body produces, used in hormone therapy.

SSRI/SNRI

Classes of antidepressants that can reduce hot flashes and night sweats in some women.

Cortisol

A stress hormone that can become dysregulated during perimenopause, contributing to fatigue and anxiety.

Bone density scan (DXA)

An imaging test that measures bone mineral density and assesses fracture risk, often recommended after menopause.

What You Can Do at Home

These supportive practices can help you feel more comfortable day to day, alongside any medical care you receive.

- **Cooling your sleeping environment**

Use a fan, a cooling mattress pad, or moisture wicking sheets and pajamas to reduce night sweats and improve sleep.

- **Paced breathing for hot flashes**

When a hot flash starts, take slow, deep breaths, inhaling for four counts and exhaling for six. This can help you feel more in control.

- **Gentle movement for joint pain**

Walking, swimming, or yoga can ease joint stiffness and improve mood without putting stress on your body.

- **Magnesium for sleep and relaxation**

A magnesium glycinate supplement taken an hour before bed can support deeper sleep and muscle relaxation.

- **A calming bedtime routine**

Dim the lights, put away screens, and do something quiet like reading or gentle stretching for 30 minutes before bed.

- **Hydration and cool drinks**

Keep a water bottle with ice nearby during the day to stay hydrated and help cool your body when a hot flash strikes.

These are comfort and self-care measures, not treatments or cures, and they are not a substitute for care from a qualified provider.

Things That Can Help

These generic product categories can support your comfort and daily wellbeing. No brand is endorsed.

- **Cooling mattress pad**

[Shop on Amazon >](#)

Helps regulate body temperature during night sweats for better sleep.

- **Moisture wicking pajamas**

[Shop on Amazon >](#)

Pulls sweat away from your skin to keep you dry and comfortable.

- **Magnesium glycinate supplement**

[Shop on Amazon >](#)

Supports relaxation and sleep quality without digestive upset.

- **Vaginal moisturizer**

[Shop on Amazon >](#)

Restores moisture to vaginal tissue and reduces discomfort.

- **Reusable water bottle with straw**

[Shop on Amazon >](#)

Encourages hydration throughout the day, which can help with hot flashes.

- **Cooling gel eye mask**

[Shop on Amazon >](#)

Provides soothing relief for headaches and helps you cool down before bed.

As an Amazon Associate, WOMO earns from qualifying purchases. We only suggest products we believe are genuinely useful, and a link may earn us a small commission at no extra cost to you.

JOIN THE MOVEMENT

You Are Not Alone, and You Are Not Broken

Perimenopause is a natural transition, not a sign that something is wrong with you. The symptoms are real, and there are effective ways to manage them. You deserve care that matches your experience, not care that dismisses it. Follow the movement at WOMO Health for more guides like this, join the waitlist for the WOMO app when it launches, and save and share this guide with a woman who needs to hear that she is not alone.

Save this guide, share it with a friend, and join the WOMO Health community to be first for the app.

We're listening now.

WOMO HEALTH

This guide is for educational purposes only and does not replace medical advice from a trusted healthcare provider. Always consult your own provider before making changes to your health care.