Perimenopause and Menopause

June 2026

Sources

The Menopause Foundation of Canada is a national nonprofit organization focused on closing the menopause knowledge gap, improving access to menopause care and treatment, and creating menopause-inclusive workplaces in Canada (Menopause Foundation of Canada, n.d.-a).

The Government of Canada provides public health information on menopause, including symptoms, health effects, and care considerations (Government of Canada, n.d.).

Johns Hopkins Medicine provides patient education on perimenopause, menopause, symptoms, and treatment options (Johns Hopkins Medicine, n.d.-a; Johns Hopkins Medicine, n.d.-b).

Menopause Matter provides Canadian menopause education, advocacy, and support resources (Menopause Matter, n.d.).

Statistics

There are more than 10 million women in Canada over the age of 40, representing approximately one quarter of the Canadian population. The Menopause Foundation of Canada notes that this group includes women in perimenopause, menopause, and postmenopause whose needs related to menopause have historically been overlooked (Menopause Foundation of Canada, n.d.-a).

In a 2022 national survey by the Menopause Foundation of Canada, 46% of women reported feeling unprepared for perimenopause or menopause, and 54% said menopause was still considered a taboo subject (Menopause Foundation of Canada, 2022).

The same survey found that 95% of women reported experiencing menopause symptoms, with an average of seven symptoms each. Many women were aware of hot flashes and night sweats, but fewer were aware that urinary tract infections, heart palpitations, headaches,

migraines, anxiety, depression, and memory issues can also be associated with menopause (Menopause Foundation of Canada, 2022).

Menopause can also affect work. In the Menopause Foundation of Canada's 2023 workplace report, 32% of working women said their menopause symptoms negatively affected their job performance, 24% said they hid their symptoms at work, and many reported discomfort discussing symptoms with a supervisor or human resources (Menopause Foundation of Canada, 2023).

Perimenopause

Perimenopause is also called the menopausal transition. It is the time leading up to menopause when hormone levels begin to fluctuate and menstrual periods start to change. Perimenopause often begins in a person's 40s, but timing varies. It can last for several years and may last up to 10 years for some people (Johns Hopkins Medicine, n.d.-a).

During perimenopause, the body may release eggs less regularly, make less estrogen and other reproductive hormones, become less fertile, and have shorter, longer, heavier, lighter, skipped, or irregular menstrual cycles (Johns Hopkins Medicine, n.d.-a).

Perimenopause ends when a person has gone 12 consecutive months without a menstrual period, at which point they have reached menopause (Johns Hopkins Medicine, n.d.-a).

Symptoms during perimenopause can vary widely. Some people have mild symptoms, while others experience symptoms that interfere with sleep, work, relationships, mood, sexual health, or quality of life (Menopause Foundation of Canada, n.d.-b).

Treatment and symptom management may include lifestyle changes, hormone therapy, non-hormonal prescription medications, vaginal therapies, mental health support, and other individualized care depending on symptoms, medical history, and personal risk factors (Johns Hopkins Medicine, n.d.-a; Government of Canada, n.d.).

Menopause

Menopause is reached when menstrual periods have stopped for 12 consecutive months and there is no other medical reason for the absence of periods. The average age of menopause is around 51, although it can happen earlier or later (Johns Hopkins Medicine, n.d.-b; Menopause Foundation of Canada, n.d.-a).

Menopause is a natural life stage, but it can still have major health effects. The decline in estrogen can contribute to symptoms such as hot flashes, night sweats, sleep problems, vaginal dryness, changes in sexual function, mood changes, urinary symptoms, joint aches, and changes in body composition (Government of Canada, n.d.; Menopause Foundation of Canada, n.d.-b).

Menopause can happen earlier in some people. Factors such as smoking, certain medical treatments, surgery to remove the ovaries, chemotherapy, radiation therapy, genetics, and some health conditions may influence the timing of menopause (Johns Hopkins Medicine, n.d.-b).

Changes Experienced Through Perimenopause and Menopause

Perimenopause and menopause can affect many areas of the body. Not everyone experiences every symptom, and symptoms can range from mild to severe.

Menstruation

Periods may become irregular, shorter, longer, heavier, lighter, intermittent, or eventually stop. Bleeding patterns can change during perimenopause, but unusually heavy bleeding, bleeding after sex, bleeding between periods, or bleeding after menopause should be discussed with a healthcare provider (Johns Hopkins Medicine, n.d.-a).

Heart

Some people experience heart palpitations during perimenopause or menopause. After menopause, cardiovascular risk can increase, partly because of hormonal changes and aging. Heart disease is an important long-term health consideration after menopause (Menopause Foundation of Canada, n.d.-c).

Vagina and Bladder

Lower estrogen levels can lead to drying and thinning of vaginal and urinary tissues. This can contribute to vaginal dryness, discomfort, painful sex, urinary urgency, urinary tract infections, and urine leakage. These symptoms are sometimes grouped under genitourinary syndrome of menopause (Menopause Foundation of Canada, n.d.-c).

Sexual Function

Menopause can affect sexual health. Some people experience pain with intercourse due to vaginal dryness, reduced desire, changes in arousal, or discomfort related to urinary or pelvic symptoms. Treatment options are available and may include lubricants, moisturizers, vaginal estrogen, other prescription therapies, pelvic floor therapy, or counselling depending on the person’s needs (Government of Canada, n.d.; Johns Hopkins Medicine, n.d.-b).

Sleep

Sleep disruption, insomnia, night sweats, and fatigue are common during the menopausal transition. Poor sleep can also worsen mood, concentration, memory, and energy levels (Menopause Foundation of Canada, n.d.-b).

Mood and Memory

Some people experience irritability, mood swings, anxiety, depressive symptoms, brain fog, memory concerns, or difficulty concentrating during perimenopause and menopause. These symptoms can be influenced by hormone changes, sleep disruption, stress, life stage, and other health conditions (Government of Canada, n.d.; Menopause Foundation of Canada, n.d.-b).

Body

Body composition may change during midlife and menopause. Some people notice weight gain, especially around the waist, reduced muscle mass, increased fat tissue, thinning hair, dry skin, hot flashes, or night sweats. These changes can be affected by hormones, aging, lifestyle, sleep, stress, and genetics (Government of Canada, n.d.; Johns Hopkins Medicine, n.d.-b).

Bone

The decline in estrogen after menopause is linked to bone loss and increased osteoporosis risk. The Menopause Foundation of Canada notes that women begin losing bone density around the menopause transition and that osteoporosis is a major health concern for postmenopausal women (Menopause Foundation of Canada, n.d.-c).

Vision

Some people report dry eyes or changes in vision during menopause. Eye symptoms can have many causes, so ongoing or significant changes should be discussed with an eye care professional or healthcare provider (Government of Canada, n.d.).

Oral Health

Some people experience oral health changes during menopause, including dry mouth, sensitive teeth, gum discomfort, changes in taste, or burning mouth symptoms. These symptoms should be discussed with a dentist or healthcare provider, especially if they are persistent or painful (Government of Canada, n.d.).

Long-Term Health Risks

Menopause is an important health transition. The decline in estrogen can contribute to increased risk of heart disease, osteoporosis, and genitourinary issues. Some people may also

face increased risk of type 2 diabetes or metabolic changes depending on their personal health profile, family history, lifestyle, and other risk factors (Government of Canada, n.d.; Menopause Foundation of Canada, n.d.-c).

Understanding these risks can help people take action through screenings, lifestyle changes, symptom tracking, and conversations with healthcare providers. Preventive care may include blood pressure checks, cholesterol screening, diabetes screening, bone health assessment, pelvic and urinary health care, and mental health support when needed (Government of Canada, n.d.; Menopause Foundation of Canada, n.d.-c).

Treatments and Symptom Management

Treatment should be individualized. The right approach depends on symptoms, age, medical history, personal risk factors, whether the person has a uterus, whether menopause occurred naturally or surgically, and personal preferences (Johns Hopkins Medicine, n.d.-b).

Menopausal Hormone Therapy

Menopausal hormone therapy, sometimes called hormone therapy or hormone replacement therapy, can help relieve symptoms such as hot flashes, night sweats, vaginal dryness, and sleep disruption for some people. Estrogen therapy involves taking estrogen to replace some of the estrogen that the body no longer produces after menopause (Johns Hopkins Medicine, n.d.-b).

Estrogen-only therapy is usually prescribed for people who have had a hysterectomy. People who still have a uterus are often prescribed estrogen together with a progestogen to help protect the uterine lining. The decision to use hormone therapy should be made with a healthcare provider after discussing the benefits, risks, timing, dose, route, and personal medical history (Johns Hopkins Medicine, n.d.-b).

Non-Hormonal Treatment

Non-hormonal treatment options may be used when hormone therapy is not wanted, not recommended, or not enough on its own. These may include certain antidepressants, medications for hot flashes, sleep support, vaginal moisturizers and lubricants, pelvic floor therapy, counselling, and strategies to manage mood, sleep, and stress (Government of Canada, n.d.; Johns Hopkins Medicine, n.d.-b).

Vaginal and Genitourinary Treatments

For vaginal dryness, painful sex, urinary symptoms, or recurrent urinary tract infections, treatment may include vaginal moisturizers, lubricants, vaginal estrogen, or other prescription options. These symptoms can worsen over time if untreated, so it is important to discuss them with a healthcare provider (Menopause Foundation of Canada, n.d.-c).

Estrogen Alternatives

Some medications act on estrogen receptors in specific tissues and may be used for certain menopause-related symptoms. For example, ospemifene may be used for painful sex related to vaginal changes after menopause. These options should be discussed with a healthcare provider because benefits and risks depend on the individual (Johns Hopkins Medicine, n.d.-b).

Complementary and Alternative Therapies

Some people try complementary approaches such as herbal products, supplements, acupuncture, mindfulness, yoga, or other non-prescription options. However, evidence, safety, purity, dose, and effectiveness can vary. Bioidentical hormone products that are compounded outside standard regulatory processes may raise safety and quality concerns. It is important to discuss supplements, compounded hormones, or alternative therapies with a healthcare provider before using them (Government of Canada, n.d.; Johns Hopkins Medicine, n.d.-b).

Resources

Menopause Foundation of Canada

The Menopause Foundation of Canada offers a free menopause symptom tracker, a Take Charge of Your Care guide, long-term health risk information, and partner-support resources (Menopause Foundation of Canada, n.d.-a).

Canadian Menopause Society

The Canadian Menopause Society provides publications and clinical information related to menopause care (Canadian Menopause Society, n.d.).

Menopause Matter

Menopause Matter provides Canadian menopause support, education, advocacy, and tools such as a perimenopause quiz (Menopause Matter, n.d.).

References

Canadian Menopause Society. (n.d.). *Publications*. Retrieved June 18, 2026, from https://www.sigmamenopause.com/

Government of Canada. (n.d.). *The Women and Diversity Health Guide to: Menopause*. Retrieved June 18, 2026, from https://www.canada.ca/

Johns Hopkins Medicine. (n.d.-a). *Perimenopause*. Retrieved June 18, 2026, from https://www.hopkinsmedicine.org/health/wellness-and-prevention/perimenopause

Johns Hopkins Medicine. (n.d.-b). *Introduction to menopause*. Retrieved June 18, 2026, from https://www.hopkinsmedicine.org/health/wellness-and-prevention/introduction-to-menopause

Menopause Foundation of Canada. (2022). *The silence and the stigma: Menopause in Canada*. Retrieved June 18, 2026, from https://menopausefoundationcanada.ca/menopause-in-canada-report/

Menopause Foundation of Canada. (2023). *Menopause and work in Canada*. Retrieved June 18, 2026, from https://menopausefoundationcanada.ca/menopause-and-work-in-canada-report/

Menopause Foundation of Canada. (n.d.-a). *The Menopause Foundation of Canada*. Retrieved June 18, 2026, from https://menopausefoundationcanada.ca/

Menopause Foundation of Canada. (n.d.-b). *Menopause symptoms*. Retrieved June 18, 2026, from https://menopausefoundationcanada.ca/resources/menopause-symptoms/

Menopause Foundation of Canada. (n.d.-c). *Long term health risks*. Retrieved June 18, 2026, from https://menopausefoundationcanada.ca/resources/long-term-health-risks-of-menopause/

Menopause Matter. (n.d.). *Menopause Matter*. Retrieved June 18, 2026, from https://menopausematter.org/