

Perimenopause

Perimenopause is the phase of a woman's reproductive life that comes before menopause. It can begin in the early to mid 40's and sometimes starts in the mid to late 30's. It can last for a few years or many years. It ends with the last period which marks the start of the transition to true menopause. It is often misdiagnosed as a mood or sleep disorder leading to improper treatment.

Hormonal fluctuations

Symptoms during perimenopause can vary widely, from none to minimal to extreme. Symptoms include shorter cycles, longer cycles, skipped periods, worse PMS, heavy flow, irregular bleeding, and painful periods. In addition, during perimenopause many women can develop classic menopause type symptoms. These include hot flashes, night sweats, sleep disturbances, sleep deprivation, mood swings, anxiety, depression, heart palpitations, brain fog, memory problems, decreased libido, vaginal dryness, joint pains, weight gain and increased waistline. Even worse, many of these symptoms can fluctuate, showing up for days and weeks, varying in intensity, then disappearing and coming back again, quite unpredictably. A hormonal "roller coaster"!

Fluctuating hormone levels cause much of the distressing symptoms. Estrogen levels can go too low - think of that as estrogen deficiency - leading to menopause type symptoms (hot flashes, etc.). Estrogen can go higher than normal leading to physical symptoms (headache, breast tenderness, nausea, heavy or irregular flow). Estrogen levels can drop quickly from high to low leading to "hormone withdrawal" type symptoms (mood changes, PMS, brain fog, food cravings). The same holds true for progesterone. For many women, fluctuating hormone levels during perimenopause are worse than menopause itself!

Perimenopause is not menopause

Contrast perimenopause with menopause. In menopause the periods stop, and the typical symptoms noted above can develop and may worsen, but they don't fluctuate. This means that the management of perimenopause is more difficult than managing menopause. Perimenopause can occur in women who are symptomatic but still have a regular cycle. This is quite common and is an under-recognized form of suffering and distress. Even worse, many doctors will say that if the periods are regular, it can't be perimenopause. Not true! When the cycles become irregular, either shorter or skipping, there's a better chance the diagnosis of perimenopause can be made, depending on the expertise and awareness of the healthcare provider.

There is no clear-cut management or treatment strategy effective for all women suffering from perimenopause. There are many options, some of which include the use of hormone therapy.

Non-hormone management options

Adopting healthy lifestyle habits can improve a person's energy and well-being and greatly decrease the intensity and frequency of perimenopause (and menopause) symptoms. This includes the kind of advice we've heard forever: get enough sleep, exercise regularly, manage your stress, avoid alcohol and drugs, have a good social life, eat a healthy diet, take vitamins, etc.

People who make the effort and commit to these changes do feel better and get healthier. The challenge is how to go about this and how to find the time to incorporate these changes.

Hormone-based management options

1. One option is to start the Pill (birth control pill or patch or ring). The pill eliminates the hormonal fluctuations, creating a hormonal steady-state. The pill provides extra estrogen, relieving the symptoms caused by estrogen deficiency. On the other hand, there is a growing trend to avoid the pill if possible due to side effects and the fact that it is synthetic, not natural, which is turning many women away from considering the pill.
2. Use of “bio-identical” hormones. This is now such a popular term that it has begun to lose its meaning. There is growing misinformation and misunderstanding of what bio-identical hormone therapy is.

Bio-identical hormones

A bio-identical hormone refers to a hormone product or drug that is chemically identical to a hormone made in the body. Thyroid hormone (L-thyroxine) is a widely prescribed bio-identical hormone. For women, bio-identical hormones refer to estrogen (17-beta estradiol technically), progesterone and testosterone. (They are called “body-identical” in England).

Bio-identical hormones are available as FDA-approved prescription medications. These are all tested for safety, purity and efficacy. Bio-identical hormones are not “natural”. They are made in a lab, but the term natural is used a lot in their marketing. Bio-identical hormones can be prepared by compounding pharmacies, usually as skin creams, but there is a potential concern for the safety and purity of products prepared that way.

Anyone with a DEA license (doctors, nurse practitioners, and others) can prescribe hormones. This means that people should make an effort to understand what they are getting before they start putting something as powerful as a hormone into their body. Ask yourself “What hormones am I getting and why?”, and “What are the exact doses of hormones being used and why?” It is shocking how many people can’t answer these questions. Just because a hormone is bio-identical does not make it harmless. Compounded bio-identical hormones are still hormones, and this means they have the potential to help and also to harm you. Many people are harmed by inexperienced hormone prescribers.

Bio-identical hormone therapy for perimenopause

Perimenopause is characterized by fluctuating levels of estrogen and progesterone leading to many possible symptoms that vary from person to person. As mentioned before, the Pill suppresses the body’s natural hormone production, eliminates the fluctuations, and creates a steady hormone state. Bio-identical hormones can help relieve many symptoms of perimenopause, but they do not suppress the body’s natural hormone production. This means that hormone fluctuations still occur. Symptom relief comes from the increased female hormone levels resulting from the combination of one’s natural hormone production plus the extra that comes from using bio-identical hormones. In particular, being on bio-identical hormone prevents the lowest levels of estrogen (menopause-like levels) and decreases the drop from high to low (the “hormone withdrawal”) levels.

Caution

Bio-identical hormones do not prevent ovulation. This means someone can be in perimenopause and using bio-identical hormones and still possibly get pregnant! Being on the pill would prevent this. Perimenopause itself changes over time as someone gets closer to true menopause. The fluctuating hormone levels might become lower overall and there might be more days with low hormone levels leading to worsening symptoms and longer delays until the next period. This means that bio-identical hormone therapy dosing might need to change as perimenopause moves towards true menopause. If using the pill to manage perimenopause, dosing usually stays the same, until the day comes when it's time to stop the pill.

Conclusion

Perimenopause is a normal reproductive stage that eventually transitions to menopause. It is notable for fluctuating levels of female hormones that sometimes lead to significant unpleasant symptoms which negatively affect quality of life. There are lifestyle changes that can help someone manage the symptoms and there are also hormonal treatment options available.

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