

The 5 Biggest Mistakes Women Make When Managing Menopause Symptoms

And What to Do Instead

Up to 80 percent of women experience menopause symptoms, yet a [Mayo Clinic study](#) found that the majority never seek care. The most common reason? They did not think their symptoms were a valid enough reason to ask for help. This guide covers five of the most common mistakes women make when managing this transition, and what the evidence says about doing things differently.

Symptoms You Might Not Be Linking to Menopause

Hot flashes and irregular periods are well known. But the following symptoms are also commonly driven by falling oestrogen levels, and are frequently missed or misattributed.

Brain fog difficulty concentrating or finding words	Heart palpitations a racing or fluttering heartbeat
Joint pain aching in knees, hips, or hands	Anxiety new or worsening feelings of dread or unease
Low mood persistent flatness or irritability	Tinnitus ringing or buzzing in the ears

Dry or itchy skin changes in skin texture or sensitivity	Hair thinning increased shedding or changes in hair quality
Disrupted sleep difficulty falling or staying asleep	Reduced libido changes in sexual interest or comfort
Memory lapses forgetting names, words, or appointments	Urinary changes urgency, frequency, or recurrent infections

MISTAKE 1

Assuming Symptoms Are Just Part of Getting Older

Hot flashes and irregular periods are the symptoms most commonly associated with menopause, but the full picture is far broader. Brain fog, joint pain, low mood, anxiety, disrupted sleep, and changes in memory can all be driven by falling oestrogen levels during the menopause transition. Because these symptoms appear gradually and feel unconnected, many women attribute them to stress or ageing and never link them to menopause. Years can pass without the right support as a result.

What to do instead:

If you are between your mid-40s and mid-50s and noticing changes in mood, memory, sleep, or energy, menopause or perimenopause is worth considering. Track your symptoms and discuss them with a healthcare professional who has specific menopause experience.

MISTAKE 2

Using Alcohol to Wind Down or Cope

A glass of wine in the evening can feel like a natural way to manage the anxiety or sleep difficulties that come with menopause. But alcohol is one of the most well-documented triggers for hot flashes and night sweats. It causes blood vessels to dilate, raising skin temperature and setting off the same mechanism responsible for vasomotor symptoms. [A peer-reviewed study published in Nutrients](#) found that even moderate alcohol consumption significantly increased the risk of vasomotor symptoms. Alcohol also fragments sleep, reducing deep restorative stages even when it initially helps you feel drowsy.

What to do instead:

If hot flashes, night sweats, or poor sleep are a concern, reducing or cutting out alcohol is one of the most direct changes you can make. Many women notice a meaningful improvement in symptoms within a few weeks of cutting back.

RESEARCH FINDING

More than three in four women surveyed in the Mayo Clinic study experienced menopause symptoms significant enough to affect their daily life, work productivity, and overall wellbeing. Despite this, the majority were not receiving any medical care to help manage them.

MISTAKE 3

Treating Sleep as a Separate Problem

Disrupted sleep is one of the most reported and least addressed symptoms of menopause. Women often seek help for fatigue, low mood, or difficulty concentrating without identifying poor sleep as the root cause. Night sweats create repeated waking, and falling oestrogen directly affects the brain regions that regulate sleep architecture. Addressing the fatigue or mood in isolation, without tackling the sleep disruption driving it, means the problem is rarely resolved.

What to do instead:

Treat sleep as a core part of menopause management. Keep your bedroom cool, avoid alcohol and caffeine before bed, and speak to a doctor about evidence-based options including cognitive behavioural therapy for insomnia and hormone therapy, both of which have good evidence for improving sleep during the menopause transition.

MISTAKE 4

Avoiding HRT Based on Outdated Information

A large study published in 2002 generated widespread fear about hormone replacement therapy, and that fear has persisted for over two decades. Current guidance from the British Menopause Society, the Menopause Society, and the Royal College of Obstetricians and Gynaecologists confirms that for most healthy women under 60 within ten years of their last period, the benefits of HRT outweigh the risks. In November 2025, the FDA announced the removal of broad black box warnings from all HRT products, citing decades of misinformation. HRT remains the most effective treatment for vasomotor symptoms and has protective effects on bone density.

What to do instead:

If you have dismissed HRT without a recent, informed conversation with a healthcare professional, it is worth revisiting. There are now more than 50 types of HRT available. A knowledgeable clinician can help you weigh the risks and benefits based on your personal health history.

KEY FACT

In 2020, around 41 million US women were between the ages of 45 and 64. Yet only approximately 2 million women in that age group received a hormone therapy prescription. The FDA cited this stark underutilisation as a central reason for removing the black box warnings. Source: FDA, November 2025.

MISTAKE 5

Going It Alone Without Professional Support

Women with menopause symptoms often underreport them to healthcare professionals. When they do seek help, they are sometimes offered antidepressants without a proper assessment of whether symptoms are hormonally driven. At the same time, the rise of unregulated supplement products and commercial hormone testing has made it easy to spend significant money on things with little evidence behind them. Neither silence nor unvetted products give you access to the effective, evidence-based options that are available.

What to do instead:

Seek out a healthcare professional with specific menopause experience. The British Menopause Society and the Menopause Society both maintain directories of accredited practitioners. You deserve care that is tailored to you rather than a generic response or a product sold on social media.

What to Do Next

Reading about these mistakes is a starting point. The most important step is taking that knowledge into a conversation with the right healthcare professional. Here are five questions worth bringing to your next appointment.

Could my symptoms be related to perimenopause or menopause?

Ask this even if your periods are still regular. Perimenopause can begin years before your last period, and many symptoms appear long before cycles change.

Am I a suitable candidate for hormone replacement therapy?

Ask for a personalised assessment based on your health history, not a blanket response. If your doctor is not up to date on current HRT guidance, consider seeking a second opinion from a menopause specialist.

Could my sleep problems be driven by my hormones?

If you are experiencing night sweats, this is especially worth raising. Addressing the hormonal root cause often resolves sleep issues more effectively than treating sleep in isolation.

What non-hormonal options are available if HRT is not right for me?

Cognitive behavioural therapy for menopause, certain antidepressants, and newer non-hormonal medications have good evidence for specific symptoms. Ask what options are appropriate for your situation.

Is there a menopause specialist or clinic you can refer me to?

General practitioners vary widely in their menopause expertise. A referral to a specialist or a dedicated menopause clinic can make a significant difference to the quality and depth of care you receive.

Disclaimer

This guide is for informational purposes only and is not a substitute for professional medical advice. Menopause affects every woman differently, and the right approach to managing symptoms will vary based on individual health history. Please consult a qualified healthcare professional before making changes to your treatment or lifestyle.