



A SHORT COURSE IN FIVE MODULES

Understanding Menopause

What Your Body Is Actually Doing and Why

Based on NICE Guideline NG23 (2026), British Menopause Society Practice Standards (March 2026), and peer-reviewed research.

COURSE GUIDE

What is inside

This course is designed to be worked through one module at a time. Each module keeps the same rhythm: an opening explanation, the main content, a clear Key Takeaway, Reflection Questions, and a practical Your Action step.

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WELCOME

Before You Begin



Most women arrive at perimenopause or menopause with very little useful information. They have a rough idea of what hot flushes are. They know periods will eventually stop. Beyond that, it can feel like a mystery, especially when symptoms appear that nobody warned them about and that their doctor does not always have time to explain properly.

This course is not a list of tips. It is not a wellness programme. It is a plain, honest explanation of what is happening in your body during this transition, why it affects so many different things at once, and what the current evidence actually says about your options.

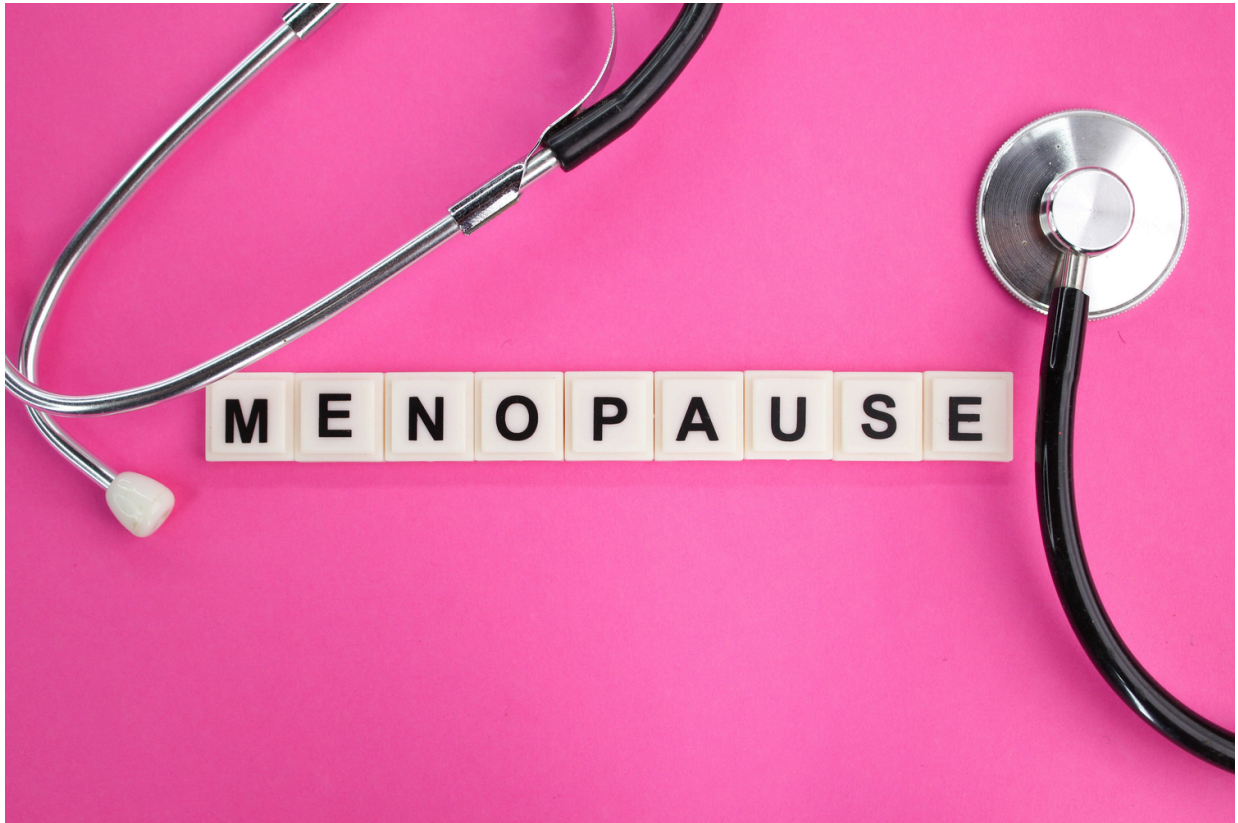
By the end of five modules, you will understand your own experience more clearly. That is not a small thing. Women who understand what is happening to their bodies are better equipped to make decisions, have better conversations

with their doctors, and stop blaming themselves for symptoms that are biological, not personal.

Work through one module at a time. Each one ends with a reflection and a single action to take before moving on.

MODULE 1 OF 5

What Oestrogen Actually Does



Most people think of oestrogen as a reproductive hormone. Something to do with periods and pregnancy. That is part of the picture, but it is a small part. Oestrogen is one of the most wide-ranging hormones in the body, and it has a job in almost every major system. Understanding that is the key to understanding why menopause affects so much more than fertility.

What Oestrogen Does in the Body

In the brain, oestrogen influences the production of serotonin, dopamine, and acetylcholine. These are the neurotransmitters that regulate mood, motivation, memory, and concentration. Oestrogen also helps maintain blood flow to the brain and has a protective effect on brain cells. Research published in 2025 in the journal *Clinical Endocrinology* confirmed that oestradiol fluctuations during perimenopause directly disrupt neurotransmitter balance, which explains why mood changes, brain fog, and anxiety are so common during this transition.

In the body's temperature regulation system, oestrogen works with the hypothalamus, the part of the brain that acts as a thermostat. When oestrogen levels are stable, the thermostat works reliably. When they fluctuate, the thermostat becomes hypersensitive, triggering hot flushes and night sweats in response to small changes in core body temperature.

In the joints and connective tissue, oestrogen plays a role in collagen production. Collagen is what keeps cartilage cushioned and tendons flexible. Lower oestrogen means reduced collagen production, which is a direct cause of joint pain and stiffness in menopause.

In bone, oestrogen slows the process by which old bone is broken down and replaced. Without adequate oestrogen, bone density can decrease faster than new bone is formed. This is why osteoporosis risk increases significantly after menopause.

In the urinary tract and vaginal tissue, oestrogen keeps the lining of the vagina and urethra healthy, elastic, and lubricated. When oestrogen falls, this tissue thins and dries, which is why urinary symptoms and vaginal discomfort become common.

In the cardiovascular system, oestrogen has a protective effect on blood vessel walls and helps maintain healthy cholesterol levels. This is one of the reasons heart disease risk increases after menopause.

Why This Matters for You

None of these effects are separate problems. They all come from the same source. When oestrogen levels change, the impact travels through every one of these systems at the same time. This is why menopause can feel like your whole body is behaving differently at once. It is not a collection of unrelated issues. It is one hormonal shift with effects in many places simultaneously.

This is also why treating each symptom individually without addressing the underlying hormonal picture often produces limited results. It is like trying to fix every room in a building while the foundations are shifting.

KEY TAKEAWAY

Oestrogen is not just a reproductive hormone. It plays an active role in the brain, joints, bones, heart, skin, and urinary system, which is why menopause can affect all of these at once.

REFLECTION QUESTIONS**1**

Which of the systems described in this module feels most relevant to what you are experiencing right now?

2

Were any of the connections between oestrogen and symptoms in this module surprising to you? Which ones, and why?

3

Have you ever been told that a symptom you were experiencing was unrelated to menopause, when it may actually have been connected?

YOUR ACTION

Before moving to Module 2, write down the three symptoms you find most disruptive in your daily life right now. You will return to this list in Module 3.

MODULE 2 OF 5

Perimenopause: The Transition Nobody Explains Properly



Menopause itself is a single moment: the point at which a woman has not had a period for twelve consecutive months. What most people do not realise is that the hormonal transition leading up to that moment can last for years. This transition is called perimenopause, and for many women it is the most disruptive phase of the entire process.

What Perimenopause Actually Is

Perimenopause typically begins in a woman's mid-40s, though it can start as early as the mid-30s for some women. It is defined by the gradual change in the way the ovaries produce oestrogen and progesterone. But the word gradual is misleading, because during perimenopause, hormone levels do not simply decline in a straight line. They fluctuate. Oestrogen can swing from high

to low and back again unpredictably, sometimes within days. This erratic fluctuation is what makes perimenopause so hard to live with.

Research from the Menopause Society in 2025 confirmed that the unpredictable nature of oestrogen during perimenopause, rather than the eventual decline itself, is responsible for many of the most difficult symptoms. The brain has adapted to a predictable hormonal pattern over decades. When that pattern becomes erratic, the body's systems respond with instability of their own.

Why Some Days Are So Much Worse Than Others

This is the question most women ask and rarely get a satisfying answer to. The pattern feels random, but it is not.

Several factors are known to amplify perimenopausal symptoms significantly. Poor sleep is one of the most powerful. Night sweats disrupt sleep quality even when they do not fully wake you, and the resulting sleep deprivation makes symptoms feel more intense the following day. Stress raises cortisol, which interacts with oestrogen in ways that can make hot flushes more frequent and mood more unstable. Alcohol raises body temperature and disrupts sleep architecture, worsening both vasomotor symptoms and mood.

There is also evidence that the hormonal cycle still operates during perimenopause, even as periods become irregular. Symptoms often track with those hormonal shifts, even when the cycle itself feels unpredictable.

How Long Perimenopause Lasts

According to NICE Guideline NG23, updated in 2026, perimenopause can last anywhere from a few months to over ten years. The average is around four to eight years. Many women are still in perimenopause when they seek help, and the treatment approach can differ from treating established menopause.

Recognising Perimenopause

One reason perimenopause is so often missed is that it does not always announce itself with classic signs. Irregular periods are common, but some

women do not notice significant cycle changes until later. Brain fog, low mood, worsening PMS, anxiety, and disrupted sleep can all appear years before hot flashes become noticeable. These symptoms are frequently attributed to stress, overwork, or depression, and the hormonal component goes unaddressed.

KEY TAKEAWAY

Perimenopause is not a gradual decline. It is a period of hormonal fluctuation that can last for years, and it is the erratic nature of those fluctuations, not just the eventual drop in oestrogen, that drives the worst symptoms.

REFLECTION QUESTIONS**1**

Looking back, when do you think your perimenopausal transition may have begun? What were the first signs?

2

Are there specific times, situations, or habits that seem to make your symptoms worse? What are they?

3

Have your symptoms ever been attributed to stress or anxiety by a doctor or someone else in your life? How did that feel?

YOUR ACTION

For the next week, keep a simple note on your phone or a piece of paper. Each morning, give your sleep quality a score out of ten and note any symptoms that were prominent the day before. This is not a formal tracker. It is just the beginning of noticing patterns.

MODULE 3 OF 5

The Symptoms Nobody Warned You About



Hot flushes and irregular periods are the symptoms most people associate with menopause. They are real and significant, but they are only part of the picture. There is a long list of symptoms that women consistently describe as the most confusing and distressing, precisely because nobody told them these were connected to menopause.

Brain Fog

Brain fog describes a cluster of cognitive symptoms including difficulty concentrating, forgetting words mid-sentence, struggling to follow conversations, and feeling mentally slow in a way that is completely out of character. Research published in 2025 found that brain fog during perimenopause was associated with measurably poorer cognitive

performance. The mechanism is directly hormonal. Oestrogen influences the parts of the brain responsible for memory and concentration, including the hippocampus and the prefrontal cortex. Up to 62 percent of women experience significant brain fog during this transition.

Anxiety and Mood Changes

New or worsening anxiety during perimenopause is extremely common and extremely underrecognised. Oestrogen regulates serotonin and dopamine, the neurotransmitters that stabilise mood and manage the stress response. When oestrogen fluctuates, so does the balance of these chemicals, which can produce anxiety, irritability, a sense of dread, or low mood that feels out of proportion to what is happening in a person's life.

According to the British Menopause Society, women experiencing new or worsening mood symptoms during perimenopause should have a conversation with a healthcare professional about the possible hormonal contribution before being prescribed antidepressants as a first response.

Joint Pain

Joint pain and stiffness that appears or worsens during perimenopause is one of the most commonly misattributed symptoms. Women are told it is arthritis, ageing, or overuse. Sometimes those are factors, but oestrogen's role in collagen production means that hormonal change directly reduces the cushioning and flexibility of joint tissue. This is a documented physiological process, not a coincidence of timing.

Heart Palpitations

A racing or fluttering heartbeat that appears during perimenopause is alarming and almost always attributed to anxiety or cardiac causes. In many cases, the cause is hormonal. Oestrogen has a regulatory effect on the cardiovascular system, and its fluctuation can trigger palpitations that are benign but frightening. Any new palpitations should be assessed by a doctor to rule out cardiac causes, but if the heart has been checked and found healthy, hormonal fluctuation is a likely explanation.

Tinnitus

Ringings or buzzing in the ears is a less well-known menopause symptom but one that a significant number of women report. Oestrogen receptors exist in the inner ear, and fluctuating oestrogen levels can affect auditory processing and circulation in the ear. This symptom is almost never connected to menopause by the women experiencing it.

Skin and Hair Changes

Dry, itchy, or thinning skin, changes in skin texture, and increased hair shedding are all connected to the decline in collagen production that comes with falling oestrogen. These changes can be distressing and are rarely explained in the context of menopause.

Urinary Symptoms

Increased urgency, frequency, or recurrent urinary tract infections in midlife women are very commonly connected to the thinning of the urinary tract tissue that occurs when oestrogen falls. NICE NG23 (2026) specifically recommends offering vaginal oestrogen to women with genitourinary symptoms associated with menopause, noting that this treatment is effective and has a very favourable safety profile.

Referring Back to Your List

At the end of Module 1, you wrote down the three symptoms most disruptive to your daily life. Look at that list now. For each symptom, there is likely a direct hormonal mechanism behind it. That does not mean hormonal treatment is necessarily the right answer for you, but it does mean the symptom is real, it has a cause, and there are options.

KEY TAKEAWAY

Many of the most confusing and distressing symptoms of perimenopause and menopause, including brain fog, anxiety, joint pain, palpitations, and urinary changes, have a direct hormonal mechanism and are not signs of something being wrong with you mentally or emotionally.

REFLECTION QUESTIONS**1**

From the symptoms described in this module, which ones have you experienced or are currently experiencing?

2

Have any of your symptoms been dismissed or attributed to something else? What impact has that had?

3

Which symptom, if better understood or better managed, would make the biggest difference to your daily life right now?

YOUR ACTION

Take the list of three symptoms you wrote in Module 1 and, for each one, write one sentence explaining the hormonal connection after reading this module. This will help you articulate what is happening when you speak to a doctor.

MODULE 4 OF 5

What the Current Evidence Says About Your Options



There is more conflicting, confusing, and simply wrong information about menopause treatment than almost any other area of health. This module does not tell you what to do. It gives you an accurate, up-to-date picture of what the options are and what the evidence says about each one, based on the most current guidelines available as of May 2026.

Hormone Replacement Therapy (HRT)

HRT replaces the hormones the body is no longer producing in sufficient amounts. It is the most effective treatment available for vasomotor symptoms such as hot flashes and night sweats, and has significant additional benefits for bone density, joint health, mood, and cognitive function when used appropriately.

The British Menopause Society Practice Standards, updated in March 2026, state clearly that for healthy women under 60 who are within ten years of their last period, the benefits of HRT outweigh the risks for the majority. No arbitrary limits should be placed on the dose, duration, or age at which HRT is used. The decision should be individualised, based on a woman's personal health history and an informed conversation with a clinician who is up to date on current evidence.

In November 2025, the FDA removed broad black box warnings from HRT products, citing decades of misinformation stemming from a flawed interpretation of the 2002 Women's Health Initiative study. That study used oral synthetic hormones in older women and produced results that were wrongly applied to all HRT use. The picture is now significantly clearer.

Oestrogen can be taken orally, or through the skin via a patch, gel, or spray. Transdermal oestrogen does not carry the same small increase in blood clot risk associated with oral oestrogen. Women who have not had a hysterectomy also need progestogen to protect the womb lining. Body-identical micronised progesterone is associated with a more favourable safety profile than synthetic progestogens, particularly in relation to breast cancer risk.

Fezolinetant

In 2026, NICE approved fezolinetant as a non-hormonal treatment for moderate to severe vasomotor symptoms in women for whom HRT is unsuitable or not wanted. It works by blocking the neurokinin B pathway in the brain responsible for triggering hot flushes. It does not carry the same considerations as HRT. The full detail is covered in NICE technology appraisal TA1143 (2026).

Cognitive Behavioural Therapy (CBT)

NICE updated its guidance on CBT for menopause in 2024 and recommends it for the management of vasomotor symptoms and low mood. It does not reduce the physiological frequency of hot flushes, but it significantly reduces the degree to which they are experienced as distressing and disruptive. It is a

legitimate and evidence-based option, particularly for women who cannot take or do not want HRT.

Lifestyle Factors

Reducing alcohol reduces vasomotor symptom frequency and severity. Maintaining a healthy body weight reduces hot flush frequency. Regular physical activity, particularly resistance exercise, supports bone density, mood, and sleep quality. These factors are real and worth addressing. They are not, however, a substitute for medical treatment in women with significant symptoms.

Antidepressants

NICE NG23 (2026) states clearly that SSRIs, SNRIs, and clonidine should not be offered as a first-line treatment for vasomotor symptoms alone. They may have a role for women who also have clinical depression or anxiety, or for women who cannot take HRT. They should not be offered as a routine first response to menopause symptoms without proper assessment.

KEY TAKEAWAY

HRT is the most effective evidence-based treatment for menopause symptoms and is appropriate for most healthy women under 60. Non-hormonal options including fezolinetant and CBT exist for women who cannot or do not want HRT. Lifestyle changes have a supporting role but are not a substitute for treatment in women with significant symptoms.

REFLECTION QUESTIONS

1

What have you been told about HRT in the past? Does that align with what the current evidence says?

2

What matters most to you when thinking about your options? For

example: symptom relief, avoiding hormones, convenience, or something else?

3

Do you feel you have the information you need to have a proper conversation with a doctor about your treatment options?

YOUR ACTION

Write down two questions about treatment that you would like answered. Keep these ready for your next medical appointment. You will add to this list in Module 5.

MODULE 5 OF 5

Taking Control: How to Track, Prepare, and Move Forward



Understanding menopause is only useful if it changes something about how you move through it. This final module is about taking what you have learned and turning it into something practical. How do you track your symptoms in a way that is actually helpful? How do you prepare for a medical appointment so that you walk out with more than you walked in with? And how do you evaluate the enormous, often contradictory, amount of information you will encounter online?

How to Track Symptoms Usefully

A symptom diary does not need to be complicated to be effective. The goal is to give you, and your doctor, a clear picture of what is happening, when, and how severe it is.

Each day, note the following: which symptoms were present, how disruptive each one was on a scale of one to ten, your sleep quality, your stress level, and whether you consumed alcohol. Do this for two to four weeks before a medical appointment. A notes app on your phone or a simple notebook works perfectly.

What you are looking for is patterns. Does sleep quality correlate with symptom severity the following day? Do symptoms worsen at certain points in the month? Does alcohol reliably worsen things? Patterns give your doctor information they can use. Vague descriptions of feeling terrible most of the time are harder to act on.

How to Prepare for a Medical Appointment

Women with menopause symptoms are often not well served by standard ten-minute GP appointments. That is a systemic problem, not your fault. But there are things you can do to make the appointment more productive.

Arrive with a written summary. Note your main symptoms, when they started, how they affect your daily life, and any patterns you have noticed. Note your personal and family medical history, including any history of breast cancer, blood clots, cardiovascular disease, or osteoporosis, as these are relevant to treatment decisions. Note the questions you want answered. Do not leave without addressing the questions on your list.

If you feel dismissed, you are entitled to a second opinion. The British Menopause Society maintains a directory of accredited menopause specialists at thebms.org.uk. The Menopause Society maintains a similar directory at menopause.org.

How to Evaluate Information Online

There is a large amount of menopause content online. Some of it is excellent. A significant proportion is inaccurate, commercially motivated, or based on outdated evidence.

When you encounter a claim about menopause symptoms or treatment, ask three questions. Who is making this claim and do they have relevant clinical or research credentials? Is the claim based on a specific study or guideline, and can you find that source? Does the claim align with what major health bodies such as NICE, the BMS, or the Menopause Society say?

Be especially cautious about supplements. The regulation of health supplements is weak in most countries, and claims about menopause supplements are frequently not supported by clinical evidence. If a product is promising significant symptom relief without the involvement of a doctor, treat that with scepticism.

A Final Note

You came to this course because you wanted to understand what was happening to your body. The information in these five modules is based on the best available evidence as of May 2026. It will not answer every question, and it is not a substitute for professional medical advice tailored to your individual situation. But it should leave you better equipped to ask the right questions, have more productive conversations with your doctor, and make decisions that are genuinely informed.

KEY TAKEAWAY

Tracking your symptoms with a simple daily note, preparing specific written questions for medical appointments, and checking health claims against reputable sources will make you a more effective advocate for your own health during this transition.

REFLECTION QUESTIONS

1

What is the single most important thing you have learned across these five modules?

2

What is one thing you will do differently as a result of completing this course?

3

What question about your own menopause experience is still unanswered? Who is the right person to ask?

YOUR ACTION

Write a short list of everything you want to discuss at your next medical appointment. Include the questions from Module 4, the symptoms from Module 1, any patterns you noticed from the tracking you started in Module 2, and anything else that has come up as you worked through this course. Keep this list somewhere you will not lose it.

COURSE COMPLETE

Thank You for Working Through This Course



The five modules have covered what oestrogen actually does in the body, what perimenopause really involves, the symptoms most people do not connect to menopause, what the current evidence says about treatment options, and how to track, prepare, and move forward.

The content in this course is based on NICE Guideline NG23 (updated 2026), British Menopause Society Practice Standards (March 2026), BMS HRT Guide (February 2026), and peer-reviewed research published in 2024 and 2025.

This course is for educational purposes only and is not a substitute for professional medical advice. If you are experiencing symptoms that are affecting your quality of life, please speak with a qualified healthcare professional.