FORGEWICK / STUDIO EDITION

The Perimenopause Symptom & Routine Planner

Track what is happening, build a kinder everyday routine, and walk into your next appointment prepared.

NOTICE · TRACK · ROUTINE · ASK

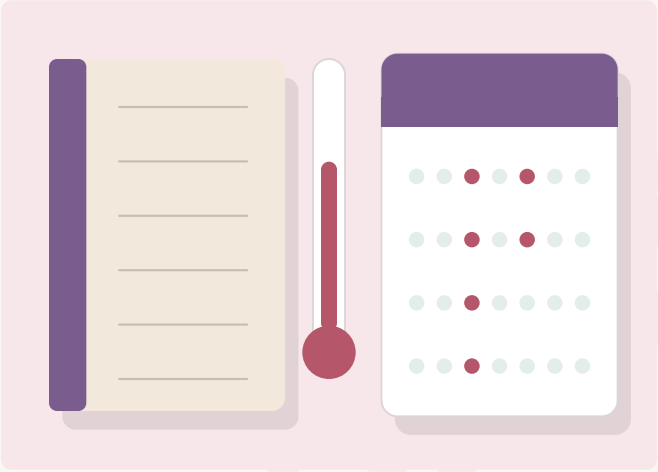
An 8-week tracker + six printable worksheets

STUDIO SAMPLE · NOT MEDICAL ADVICE

You are not imagining it, and you do not have to guess.

Perimenopause can arrive as a dozen small changes that are easy to dismiss one at a time. Written down together, they become a clear picture you can act on.

Menopause and perimenopause are a natural part of life: periods change and eventually stop as hormone levels fall. It usually happens between 45 and 55, but it can happen earlier, and symptoms differ for everyone, from hardly any to a big impact on daily life, relationships and work. [1][5] This planner does three things: it helps you notice and record what is going on, it collects the everyday habits the NHS and NICE suggest, and it gets you ready to talk to a GP, nurse or pharmacist about your options. [2][3][4]



By the end, you will have...

Eight weeks of symptom notes in one place, a hot-flush and sleep log, a weekly routine you can keep, a bone-and-muscle plan, and a page of questions ready for your appointment.

How to use this edition

Read pages 4-8 to understand what is happening and when to get advice. Track on pages 9-14. Build your routine on pages 15-21. Prepare for appointments on pages 22-23. Print the worksheets on pages 24-29 and keep the summary on page 30.

A STUDIO SAMPLE, READ THIS FIRST

Created by Forgewick in September 2026 to show the quality of our ebook work. It is general health information from NHS and NICE sources, not medical advice, and it has not been reviewed by a doctor or other clinician. It does not diagnose anything or recommend any treatment. A partner edition is built from the clinician-creator's own expertise and reviewed by them before release.

YOUR ROUTE THROUGH THE GUIDE

Four sections. One clearer picture.

Follow the whole guide, or tap a section to go straight to what you need today.

The goal is not to fix everything in a week. It is to see clearly, look after yourself in the meantime, and get the right help.

Perimenopause, menopause, and the years after.

Three words that are often mixed up. Here is how the NHS and NICE use them.

Term	What it means
Perimenopause	The time when symptoms begin and periods change, before they stop. In otherwise healthy people aged 45 or over, NICE says clinicians identify it from recently started hot flushes or sweats plus changes in the menstrual cycle, without blood tests. [4]
Menopause	When you have not had a period for 12 months and are not using hormonal contraception. [4] It usually happens between 45 and 55 but can be earlier. [5]
Post-menopause	The time after menopause. Symptoms can continue after menopause has ended. [1]
Early menopause	Menopause between 40 and 44. NICE says psychological support should be offered to people distressed by an early diagnosis. [4]

NOT A SELF-DIAGNOSIS TOOL

This page explains the words so you can describe what you notice. Only a qualified clinician can tell you what is happening and what options suit you. If you are on hormonal treatment, it can be harder to identify menopause, so mention it. [4]

The common symptoms, in plain words.

You may have a few or many. The NHS lists these as symptoms of perimenopause and menopause. [1]

Symptom group	What it can look like
Periods	More or less often, heavier or lighter, and eventually stopping. Usually one of the first signs.
Hot flushes and night sweats	Face, neck and chest suddenly hot (or cold), sweating, sometimes palpitations, anxiety or dizziness, lasting several minutes.
Sleep	Trouble getting to sleep or staying asleep, worse with night sweats; leaves you irritable, stressed and tired.
Mood, memory and focus	Mood swings, low mood or depression; poor memory or concentration, often worse when tired.
Body	Weight gain around the stomach, joint and muscle aches, headaches, palpitations, hair thinning, dry or itchy skin, mouth or gum problems.
Bladder and vagina	Dryness, burning or itching; sex may feel painful; more UTIs or UTI-like symptoms; needing to pee more or leaking.
Sex drive	Reduced libido.

NICE groups symptoms as vasomotor (hot flushes and sweats), genitourinary, mood, musculoskeletal and sexual, and notes they range from minor to severe over short or long periods. [4] Ethnic background can affect symptoms: women from a Black ethnic background are more likely to have severe, longer-lasting hot flushes. [1]

Things you may have heard, and what the sources say.

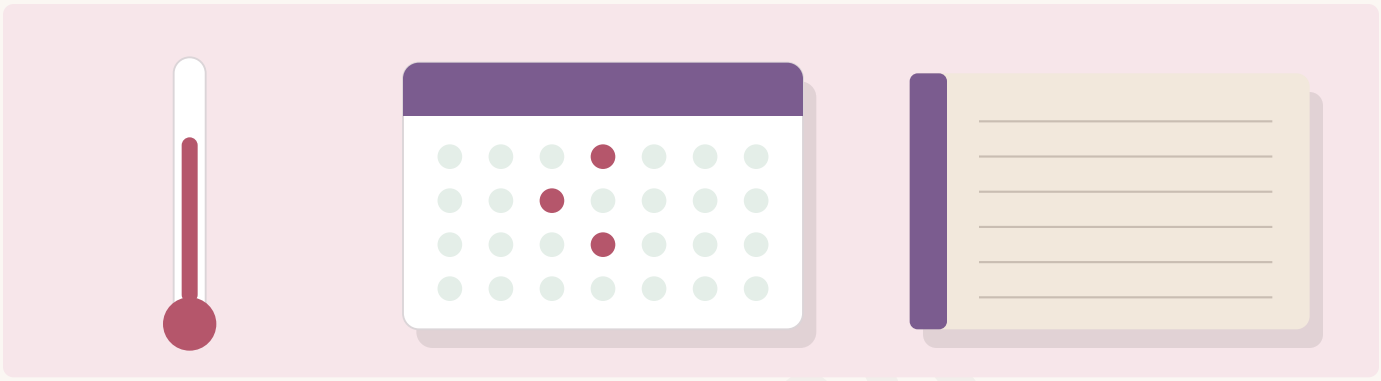
Half-truths make people wait longer than they need to.

You may have heard…	What the NHS and NICE say
“You need a blood test to know.”	For otherwise healthy people aged 45 or over, NICE says perimenopause and menopause are identified from symptoms and cycle changes, not laboratory tests. [4]
“It only starts after 50.”	It usually affects women between 45 and 55, but it can happen earlier, and some people experience it younger. [4][5]
“Hot flushes are the only real symptom.”	Sleep, mood, memory, joints, bladder, skin and hair can all be affected. [1]
“Herbal remedies are a safe first step.”	There is very little evidence on how well they work or how safe they are, and some interact with other medicines. Talk to a doctor first. [2][3][4]
“HRT means no contraception needed.”	HRT is not contraception. Ask about contraception if you need it. [2][4]
“There is nothing to do but wait.”	The NHS advises early advice can reduce the effects on your health, relationships and work. [1]

Letting go of a myth usually means asking a question sooner, not doing more on your own.

Describe what you notice, without judging it.

Clear words help you track changes and explain them at an appointment.



What and when

Which symptoms, what time of day or night, and how long they last. “Hot flush, 3 a.m., ten minutes” is more useful than “bad night”.

How strong

A simple 0 to 3 score works: 0 none, 1 mild, 2 noticeable, 3 hard to function. Use the same scale every time.

What was around it

Caffeine, alcohol, a hot room, a stressful day, where you are in your cycle if you still have one. The NHS lists several possible hot-flush triggers. [2]

How it affects you

Work, relationships, plans, confidence. The NHS notes symptoms can have a big impact on daily life, and that matters as much as the symptom itself. [1]

BLEEDING CHANGES

Contact a GP if you still have periods but are bleeding more (not less) than before, or if you have any vaginal bleeding after 12 months without a period. [1]

When to get advice.

You do not have to wait until things are unbearable. These are the moments the NHS points to.

Talk to a pharmacist

For help choosing vaginal moisturisers or lubricants, you can speak to a pharmacist in private. [2] Pharmacists can also advise on whether a supplement is sensible alongside your medicines.

Contact a GP

If you think you have symptoms and want to know your options; if you have palpitations; if your bleeding pattern has changed and you are bleeding more; or if you have any bleeding 12 months after your last period. [1]

Ask about a menopause specialist

Some treatments, such as testosterone for low libido, may be available through a menopause specialist. A GP can advise on referral. [3]

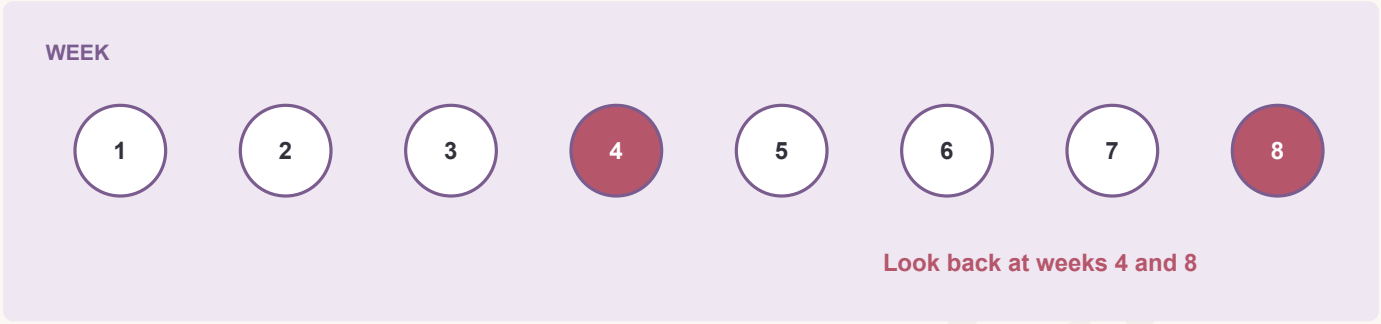
Get support for your wellbeing

Low mood, anxiety and depression are common around this time. Talking therapy (CBT) can help with mood, anxiety and sleep, and NICE recommends psychological support for early menopause. [2][4] If you feel very low or unsafe, contact a doctor or urgent support services now.

Bring the worksheets from section 04 to any appointment. They save time and help you remember what you wanted to ask.

Eight weeks of noticing.

Symptoms come and go. Eight weeks is long enough to see a pattern without turning tracking into a job.



NICE says symptoms may vary from minor to severe and be experienced over short or long time periods. [4] A few honest notes each day, then a calm look back every four weeks, shows you what is really changing rather than what last night felt like.

01 **Weeks 1-4: just record**

Score your main symptoms each evening on Worksheet 1. No fixing yet.

02 **Week 4: first look back**

Which three symptoms score highest? Which days or times cluster? Note them on Worksheet 5.

03 **Weeks 5-8: add the routine**

Keep scoring while you try the everyday habits in section 03, one or two at a time.

04 **Week 8: prepare**

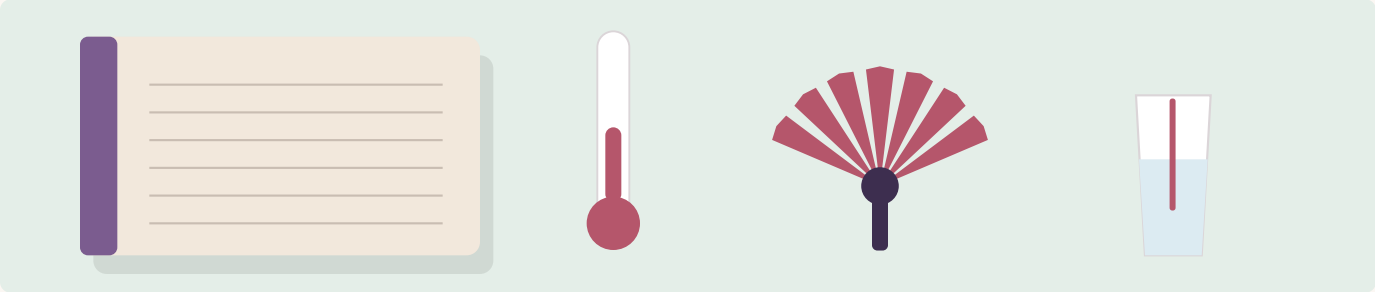
Summarise on Worksheet 6 and book the conversation you want to have.

A simple daily score.

Four numbers a day. Same scale every time.

Score	Meaning	Example
0	None today	No flushes, slept through, mood steady
1	Mild, barely noticed	One warm moment; woke once; a bit flat
2	Noticeable, got on with the day	Several flushes; broken sleep; short-tempered
3	Hard to function	Soaked through; up most of the night; could not focus at work

Score the symptoms that matter most to you. Most people pick four or five: hot flushes, night sweats, sleep, mood, and one more such as joint aches, brain fog or bladder symptoms. Leave the rest blank; blanks are information too.



IF TRACKING FEELS HEAVY

If daily scoring makes you feel worse, switch to three times a week or just a weekly note. The tracker is a tool for you and your clinician, not a test you can fail.

The hot-flush and night-sweat log.

The most useful thing to bring to an appointment is often this one page.

The NHS describes a hot flush as your face, neck and chest suddenly feeling very hot or cold, often with sweating, sometimes with palpitations, anxiety or dizziness, lasting several minutes, by day or at night. [1] Logging when they happen, roughly how long they last and what was around them lets you spot triggers and show a clinician how often they really occur.

01 **Time and length**

Note the clock time and a rough duration. Night ones can go in the morning from memory.

02 **Strength 1-3**

Warm, sweaty, or soaked through.

03 **What was around it**

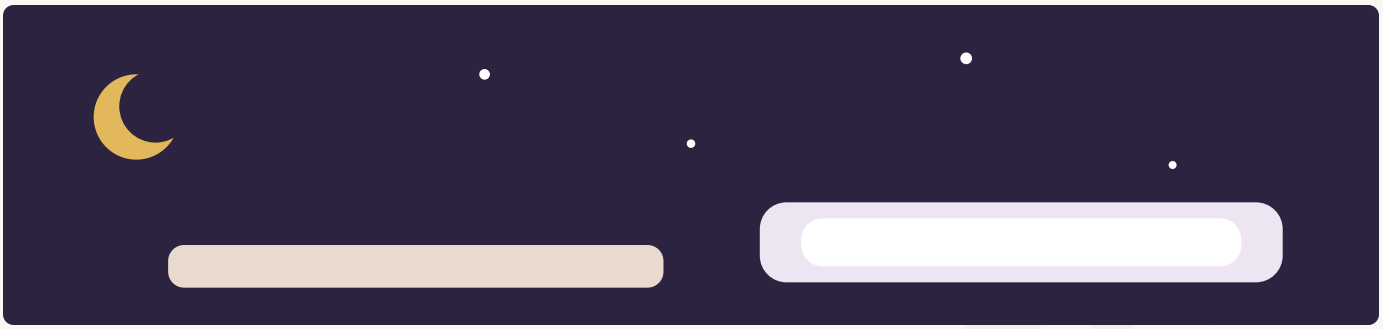
The NHS lists possible triggers to avoid or reduce: spicy food, caffeine, hot drinks, smoking, alcohol, stress and a hot room. [2] Tick any that apply.

04 **What helped**

Light clothing, a cool bedroom, a cool shower, a fan or a cold drink. [2] Note what you tried.

Sleep, honestly.

Broken sleep makes every other symptom feel louder, so it earns its own log. [1]



Each morning, note	Why it helps
Lights out and roughly when you fell asleep	Shows whether the problem is getting to sleep or staying asleep. [1]
Wake-ups, and whether a night sweat caused them	Sleep problems may be worse with night sweats; a clinician will want to know. [1]
Bedroom temperature and what you wore	A cool bedroom and lightweight clothing are NHS suggestions worth testing. [2]
Caffeine and alcohol after 2 p.m.	Both appear on the NHS list of possible hot-flush triggers. [2]
How you felt at 10 a.m.	Tired, irritable, anxious or fine. This is the number that matters most. [1]

Keep the same bedtime and wake time where you can; the NHS advises regular sleep routines. [2] Worksheet 3 has a week of rows.

Cycle, mood and memory.

If you still have periods, your cycle is part of the picture. Mood and focus deserve the same honest scoring as flushes.

Track	How
Periods	Start and end dates, heavier or lighter than usual, closer together or further apart. Changes are usually one of the first signs. [1]
Mood	0-3 for low mood and separately for anxiety or irritability. Note the day and anything that happened.
Memory and focus	A word or two: “lost my thread twice”, “fine”. Poor memory and concentration are common and can feel worse when you are tired. [1]
Energy	A 0-3 score at 10 a.m. and 4 p.m.
Joints and muscles	Where, and whether it eased with movement. Joint and muscle pain are on both the NHS and NICE symptom lists. [1][4]

LOW MOOD THAT WILL NOT LIFT

If low mood, anxiety or depression are getting in the way of your life, tell a GP. The NHS says CBT can help with low mood, anxiety and sleep, and other treatments may be offered. [2][3]

A worked eight weeks.

A fictional example of how the planner fits together. Adapt it; do not copy it.

Weeks	What happens	Worksheet
Week 1-2	Scores flushes, sleep, mood and joints nightly. Logs six night sweats, mostly after wine with dinner.	1, 2, 3
Week 3-4	Look-back: flushes cluster on late-caffeine days; sleep is the top score. Notes it.	5
Week 5-6	Tries a cooler bedroom and no caffeine after lunch. Adds two strength sessions a week.	2, 3, 4
Week 7-8	Night sweats down to two a week; mood still 2 most days. Writes three questions for the GP.	1, 6
After week 8	Books a GP appointment and takes Worksheets 1, 2 and 6. Discusses options together.	6

Fictional teaching example. It does not describe a real person, a diagnosis, a treatment or a guaranteed result.

Five habits the NHS suggests, one at a time.

None of these replaces a conversation with a clinician. All of them are within reach this week. [2]

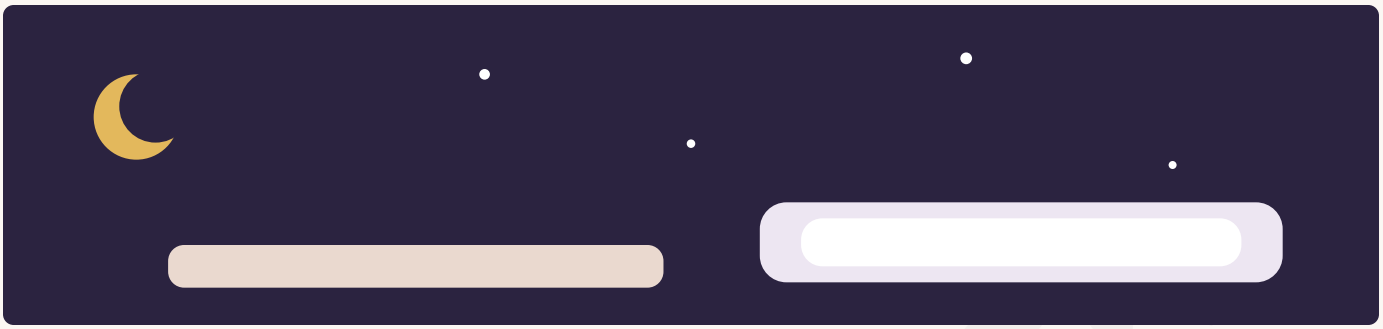
Habit	What the NHS says
Rest and a regular sleep routine	Get plenty of rest and keep to regular sleep routines. [2]
A balanced diet with calcium-rich foods	Eat a healthy, balanced diet; include calcium-rich foods such as milk, yoghurt and kale to keep bones healthy. [2]
Regular exercise, especially weight-bearing and strength	Exercise regularly with a focus on weight-bearing exercises to build strength; this can help protect against weakening bones. [2]
Relaxing activities	Try yoga, tai chi or meditation, and find ways to reduce stress. [2]
Talk to people	Family, friends or colleagues going through the same thing. [2]

Be careful with	Why
Smoking	Can make menopause symptoms worse. [2]
Alcohol above the recommended limit	May affect your symptoms; also a possible hot-flush trigger. [2]
Herbal supplements and complementary medicines	Talk to a doctor first; evidence on how well they work and how safe they are is very limited, and some interact with medicines. [2][3][4]

Pick one habit for weeks 5-6 and one more for weeks 7-8. Two that stick beat five that do not.

A wind-down evening.

The evening routine is about cooling down and giving sleep a fair chance.



01 Cut the late caffeine and alcohol

Both are on the NHS list of possible hot-flush triggers, and alcohol may affect symptoms generally. [2] Try a cut-off after lunch for two weeks and watch your log.

02 Cool the room

Keep your bedroom cool at night and wear lightweight clothing; a cool shower before bed or a fan by the bed can help. [2]

03 Same time, most nights

Regular sleep routines are the NHS's first suggestion. Pick a lights-out time you can keep on a weekday. [2]

04 Ten minutes of something calming

Yoga, breathing, tai chi or meditation are on the NHS list of relaxing things to try. [2]

IF SLEEP STAYS BROKEN

If sleep problems continue, mention them to a GP. CBT can help with sleep problems as well as mood, and there are treatments for night sweats. [2][3]

Move for your bones and muscles.

NICE asks clinicians to explain the importance of maintaining muscle mass and strength through physical activity. [4] Here is how to plan it.

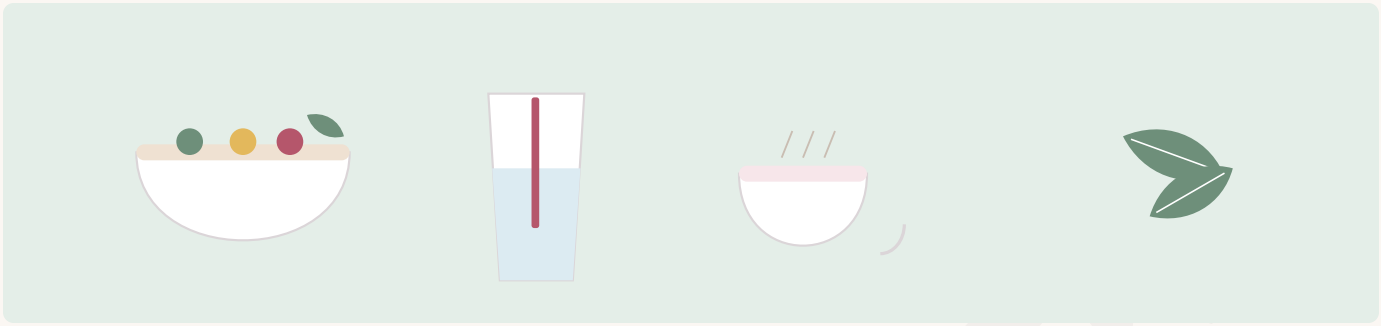
The NHS advises adults to do strengthening activities that work all the major muscle groups on at least two days a week, plus at least 150 minutes of moderate activity spread over the week, and to break up long periods of sitting. [6] For bones, it highlights weight-bearing and strength exercise: walking, running, dancing and resistance work such as using weights. [2]

Day	Idea (adapt to what you enjoy)
Two days	Strength: squats, step-ups, wall push-ups, carrying shopping, resistance bands or weights. [2][6]
Most days	A brisk walk, dancing, cycling or gardening that adds up to 150 minutes a week. [6]
Every day	Break up sitting: stand, stretch, walk the stairs. [6]

Speak to a GP first if you have not exercised for some time or have a medical condition, and pitch the intensity to your fitness. [6]

Eat for your bones, without a diet.

No food plan here, just the NHS's bone-health basics and a way to notice how you are doing.



NHS suggestion	Everyday version
Calcium-rich foods	Milk, yoghurt and kale are the NHS examples. [2] Note one calcium source a day on Worksheet 4.
Plenty of fruit and vegetables	Part of a healthy diet that helps protect bones. [2]
Vitamin D	Sunlight on skin triggers vitamin D, which helps keep bones healthy; the NHS also mentions vitamin D supplements. [2] Ask a pharmacist what suits you.
Stop smoking, cut down alcohol	Both are on the NHS list for protecting bones. [2]

WEIGHT AND MENOPAUSE

Weight gain around the stomach is common at this time. [1] This planner does not set a diet or a weight target; if weight worries you, raise it with a clinician rather than restricting on your own.

Cooling down in the moment.

A small kit and a few habits for when a flush arrives.

Dress in layers

Lightweight clothing you can take off is the first NHS suggestion. [2]

Keep something cool nearby

A cold drink, a small fan or a cool shower. [2]

Know your triggers

Use the log to see whether spicy food, caffeine, hot drinks, smoking, alcohol or stress show up before flushes. [2]

Breathe and wait

Flushes last several minutes. [1] A slow breath and a cold drink get you through most of them.

Ask about CBT

The NHS says CBT can also help manage hot flushes, and NICE includes menopause-specific CBT among management options to discuss. [2][4]

Mood, memory and being kind to yourself.

Brain fog and low mood are common, and they are not a character flaw. [1]

The NHS says it is common to have mood swings, low mood and anxiety around menopause and perimenopause, and that memory and concentration problems can feel worse when sleep is poor and you are very tired. [1][2] The habits are simple; the hard part is not blaming yourself.

01 **Rest first**

The NHS advice for mood starts with getting as much rest as you can. [2]

02 **Move regularly**

Regular exercise is on the list for mood as well as bones. [2]

03 **Do one relaxing thing a day**

Yoga, tai chi, meditation, a walk without your phone. [2]

04 **Write it down**

Lists, reminders and the tracker take the load off memory. “Lost my thread twice” on the tracker is a data point, not a failing.

05 **Ask about talking therapy**

CBT can help with low mood, anxiety and sleep. [2] If low mood persists, a GP may discuss other options. [3]

TALK TO SOMEONE

Talking to family, friends or colleagues going through the same thing is an NHS suggestion in its own right. [2]

Bladder, vagina and sex.

Common, treatable, and worth raising even if it feels awkward.

What you might notice	What the NHS says
Dryness, burning, itching, pain during sex	Vaginal moisturisers or lubricants are available without prescription from a pharmacy; you can ask a pharmacist in private. Doctors can prescribe other treatments, including local hormonal creams, pessaries, gel or rings. [2][3]
Using condoms	Do not use an oil-based lubricant with condoms; water-based lubricants are available. [2]
More UTIs or UTI-like symptoms	Pain or burning when you pee and needing to go more often are on the NHS symptom list; tell a GP. [1]
Needing to pee more or leaking	Also listed by the NHS; worth mentioning at an appointment. [1]
Low sex drive	There are many reasons, and testosterone is one option some people can access via a specialist. [3]

CONTRACEPTION

HRT is not contraception. If you need contraception, ask a doctor about your options. [2][4]

What the options are called.

So the words in the room are familiar. This is a glossary, not a recommendation. [3][4]

Option	In plain words
HRT (hormone replacement therapy)	Oestrogen as tablets, patches, spray or gel; progestogen alongside it if you still have your womb; sometimes local oestrogen cream, pessary or ring for vaginal or urinary symptoms. The type offered depends on whether you still have periods or have had a hysterectomy. [3]
Testosterone	Gel or cream that may help low libido for some people, usually via a menopause specialist. [3]
Non-hormonal medicines	For low mood, antidepressants may be offered; for hot flushes, clonidine or an antidepressant may be suggested if CBT does not help. [3]
CBT	A talking therapy for low mood, anxiety, sleep and hot flushes; NICE includes menopause-specific CBT, face-to-face, remote, group or self-help. [2][4]
Complementary and unregulated preparations	NICE says the efficacy and safety of unregulated hormone preparations are unknown, and the safety and purity of complementary preparations may be unknown; some may interact with medicines. [3][4]

NICE asks clinicians to discuss the benefits and risks of each option with you, tailored to your age and circumstances, and to make decisions together. [4] Your tracker makes that conversation faster and better.

Make the most of an appointment.

A little preparation turns a short appointment into a useful one.

Worth bringing	Questions you might ask
Your 8-week tracker and flush log	Do my symptoms fit perimenopause or menopause? What else could explain them?
Your period changes, if any	Is any of my bleeding something to check further?
Medicines, supplements, contraception	What are my options, and what are the benefits and risks for me specifically?
Your sleep and mood scores	Would CBT or another approach help with sleep or mood?
Family history: bones, heart, breast	What should I know about bone and heart health from here?
How it affects work and life	What can I do now, and when should we review?

YOU ARE ALLOWED TO ASK FOR MORE

If the first conversation does not answer your questions, it is reasonable to ask for a longer appointment, a second opinion or a referral to a menopause specialist. [3]

Weekly symptom tracker

Score 0 (none) to 3 (hard to function). Same scale every day.

Week ___	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hot flushes							
Night sweats							
Sleep quality							
Mood							
Anxiety / irritability							
Brain fog							
Joints / muscles							
Bladder / vaginal							
Energy							
Other: _____							

TIP Print eight copies, or photocopy this page. Blank cells are fine.

Hot-flush and night-sweat log

One line per flush. Strength: 1 warm, 2 sweaty, 3 soaked. [1][2]

Date	Time	Mins	1-3	Trigger? (see page 11)	What helped

Bring this page to your appointment; it shows how often flushes really happen.

Sleep log

Fill in each morning. Keep it quick. [1][2]

Day	Lights out	Asleep by	Wake-ups	Night sweat?	Room cool?	Caffeine / alcohol after 2 p.m.	10 a.m. feeling 0-3
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							

WHAT I NOTICED THIS WEEK

Regular sleep routines, a cool bedroom and lightweight clothing are NHS suggestions to test. [2]

Movement, strength and bones planner

Two strength days, movement most days, one calcium source a day. [2][6]

Day	Strength (2+ days)	Moderate activity (mins)	Relaxing activity	Calcium source	Done ?
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

WEEKLY MINUTES TOTAL (AIM FOR 150 MODERATE) AND HOW IT FELT

Speak to a GP first if you have not exercised for some time or have a medical condition. [6]

Patterns I notice

Look back at weeks 4 and 8. Notice kindly; this is not a report card.

MY THREE HIGHEST-SCORING SYMPTOMS

DAYS, TIMES OR SITUATIONS THEY CLUSTER AROUND

POSSIBLE TRIGGERS I SAW IN THE FLUSH LOG

WHAT HELPED, EVEN A LITTLE

HABITS I TRIED IN WEEKS 5-8 AND WHETHER THEY STUCK

WHAT I WANT TO CHANGE NEXT

Take this page and Worksheet 6 to your appointment.

Questions for my GP or clinician

Write it down before you go, so nothing important is forgotten.

DATE / WHO I AM SEEING

WHAT I WANT HELP WITH MOST

MY PERIOD CHANGES (IF ANY) AND LAST PERIOD DATE

MEDICINES, SUPPLEMENTS, CONTRACEPTION, FAMILY HISTORY

MY TOP THREE QUESTIONS

WHAT WE AGREED / NEXT STEPS / REVIEW DATE

Bring Worksheets 1, 2 and 5 with this page.

YOUR ONE-PAGE SUMMARY

The perimenopause planner, at a glance.

Tear this out, or save it to your phone.

- **Notice and score**
  Four or five symptoms, 0-3, every evening for eight weeks. Look back at weeks 4 and 8.
- **Log flushes and sleep**
  Time, length, strength, triggers, what helped. [1][2]
- **Cool down**
  Layers, a cool bedroom, cold drink or fan; watch caffeine, alcohol, spicy food and hot rooms. [2]
- **Move for bones and muscles**
  Strength on two or more days; 150 minutes of moderate activity across the week. [2][4][6]
- **Eat for bones**
  Calcium-rich foods, fruit and veg, vitamin D; no smoking, less alcohol. [2]
- **Rest and mood**
  Regular sleep routine, relaxing activities, talk to people, ask about CBT. [2]
- **Ask for advice**
  Pharmacist, GP or menopause specialist; options discussed together, benefits and risks explained. [3][4]

The useful fine print

Sources behind the specific statements in this studio sample, and what this edition is and is not.

[1] NHS: Symptoms of menopause and perimenopause (page reviewed 19 May 2026) Open the source

Symptoms differ for everyone and can have a big impact or hardly any; they can occur in perimenopause, menopause and after. A change to periods is usually one of the first signs. Hot flushes (face, neck, chest suddenly hot or cold, sweating, palpitations, dizziness), night sweats, sleep problems, mood changes, poor memory and brain fog, weight gain, vaginal dryness, more UTIs; other effects include palpitations, weakening bones, urinary changes, headaches, joint and muscle pain, hair thinning, skin changes, reduced sex drive, mouth problems. Women from a Black ethnic background are more likely to have severe, longer-lasting hot flushes. Contact a GP if you think you have symptoms and want to know your options, have palpitations, bleeding that is heavier than before, or any bleeding after 12 months without a period.

[2] NHS: Things you can do to help menopause and perimenopause symptoms (page reviewed 19 May 2026) Open the source

Get plenty of rest with regular sleep routines; eat a healthy balanced diet with calcium-rich foods; exercise regularly with a focus on weight-bearing and strength exercise to protect bones; try relaxing activities such as yoga, tai chi or meditation; talk to others; talk to a doctor before herbal supplements; HRT is not contraception; do not smoke; keep within alcohol limits. Mood: rest, exercise, relaxing activities, CBT. Hot flushes: light clothing, cool bedroom, cool shower, fan or cold drink, reduce stress, avoid triggers such as spicy food, caffeine, hot drinks, smoking and alcohol, exercise, healthy weight; CBT can help. Vaginal dryness: pharmacy moisturisers or lubricants, or prescribed treatments. Bones: strength and resistance exercise, calcium, sunlight and vitamin D, stop smoking, cut down alcohol.

[3] NHS: Treatment for menopause and perimenopause (page reviewed 19 May 2026) Open the source

Talk to a doctor, nurse or pharmacist about HRT and other options; the type offered depends on whether you still have periods or have had a hysterectomy. Oestrogen (tablets, patches, spray, gel; also creams or pessaries for vaginal or urinary symptoms); progestogen to protect the womb if you have not had a hysterectomy; testosterone for low libido in some cases via a specialist. Non-hormonal options include antidepressants for low mood, and for hot flushes CBT, clonidine or an antidepressant. Herbal remedies such as red clover and black cohosh have very little evidence on how well they work or how safe they are, and may interact with other medicines.

[4] NICE guideline NG23: Menopause, identification and management (published 12 Nov 2015, last updated 15 Apr 2026) Open the source

Individualised care; share information about what menopause is, common symptoms (vasomotor, genitourinary, mood, musculoskeletal, sexual) and lifestyle changes; give bone-health advice and explain the importance of maintaining muscle mass and strength through physical activity; in otherwise healthy people aged 45 or over, identify perimenopause from recently started vasomotor symptoms plus menstrual-cycle changes, and menopause after 12 months without a period, without laboratory tests; discuss benefits and risks of each management option, including HRT and CBT (including menopause-specific CBT); explain that the efficacy and safety of unregulated hormone preparations and complementary therapies are unknown or uncertain; offer psychological support for early menopause (age 40 to 44).

[5] NHS: Menopause and perimenopause overview (page reviewed 19 May 2026) Open the source

Menopause and perimenopause are a natural part of life, when periods change and eventually stop due to lower hormone levels; it usually affects women between 45 and 55 but can happen earlier, and affects anyone who has periods.

[6] NHS: Physical activity guidelines for adults aged 19 to 64 (page reviewed 22 May 2024) Open the source

Adults should aim for strengthening activities that work all major muscle groups on at least 2 days a week, at least 150 minutes of moderate-intensity activity a week (or 75 minutes vigorous), spread over 4 to 5 days or every day, and reduce time spent sitting. Speak to a GP first if you have not exercised for some time or have medical conditions.

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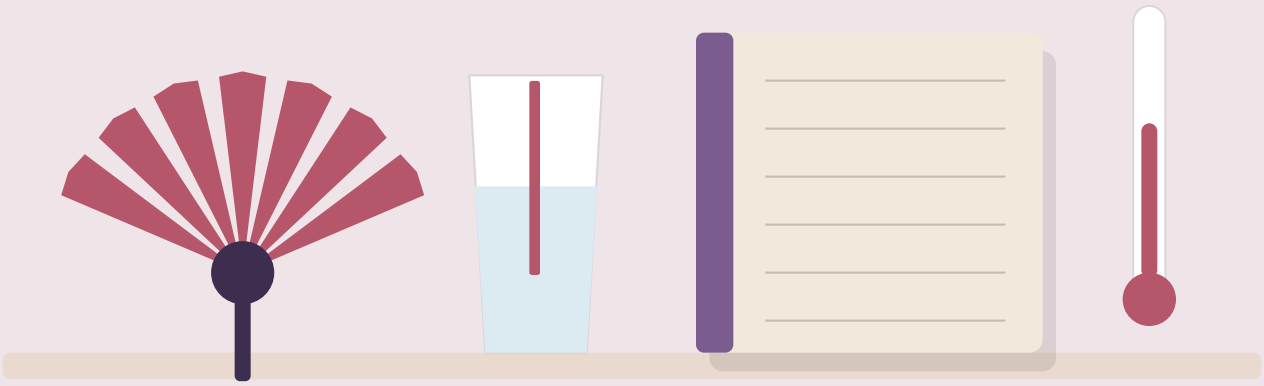

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