

Menopause 101

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Introduction

Highlights

- Menopause is a natural life phase, but many doctors provide little or no information on managing the changes a woman experiences.
- The fertility life cycle has five phases: puberty, reproductive years, perimenopause, menopause, and postmenopause.
- Perimenopause typically occurs between ages 45–55, but it can begin earlier.
- Declining reproductive hormones produced by the ovaries lead to common menopause symptoms that reduce a woman's quality of life.
- Many myths exist about menopause; women can educate themselves about this transition and improve their lives by treating and improving their symptoms.
- Treatment strategies include medical options and lifestyle changes.

Perimenopause, menopause, and postmenopause are natural phases of life that signal the end of fertility and menstrual cycles (Mount Sinai, 2023). During this time, the body undergoes many changes that can affect all aspects of a woman's life, including her physical, mental, social, and emotional well-being. Despite these impacts, many women and their loved ones are unfamiliar with the process, symptoms, and management options. Unfortunately, medical professionals often do not provide the information needed to manage this phase of life. As a result, most women enter menopause with little understanding of what to expect and are left searching for credible, accessible, and up-to-date information. This fact sheet provides women with basic information about perimenopause, menopause, and postmenopause, along with helpful tips and resources to better prepare for or manage these phases of life.

Understanding the Average Fertility Cycle

The fertility life cycle has five phases: (1) puberty, (2) reproductive years, (3) perimenopause, (4) menopause, and (5) postmenopause. Each phase brings changes that affect women's health, hormones, and reproductive capacity. At birth, females have about 1–2 million eggs, but this number decreases over time, dropping to about 300,000–500,000 eggs by puberty, 25,000 by age 37, and about 1,000 by age 51 (American College of Obstetricians and Gynecologists (ACOG), 2014).

Puberty usually begins between ages 8–15 years, when hormones rise, eggs are released, and menstrual cycles begin. Fertility is highest in the 20s, begins to decline by age 32, and drops more quickly after age 37, with a higher risk of miscarriage and complications after age 35 (ACOG, 2014). As fertility declines, the body gradually shifts toward menopause. This transition, known as perimenopause, is the bridge between the reproductive years and menopause. It is during this stage that many women first begin noticing changes and symptoms that can affect daily life.

Common Symptoms and Stages

There are three defined stages of menopause (see Table 1). The first stage, **perimenopause**, is when hormone levels decline (such as estrogen and progesterone), menstruation becomes irregular, and women may experience a range of symptoms (National Institute on Aging [NIA], 2024; Office on Women's Health [OWH], 2025). While this stage emerges most often between 45–55 years of age, it is possible for some women to transition into perimenopause much earlier, either naturally or induced through medical procedures. Symptoms during this stage can include hot flashes, headaches, decreased sexual desire, changes in mood, aching joints, and vaginal dryness. It is important to note that not all women experience symptoms in the same way, and the severity of symptoms is highly variable.

The second stage, **menopause**, occurs when women have not had a menstrual cycle for 12 months (NIA, 2024). This stage usually begins between 2–8 years after starting perimenopause, and many of the same perimenopause symptoms persist. Common symptoms during this stage include hot flashes, increased heart rate, loss of bladder control, sleep issues, and thinner hair. Finally, the transition to **postmenopause** follows the completion of the menopause stage, meaning no menstruation has occurred for 12 months, and women remain in this phase for the

rest of their lives. Some women continue to experience menopause symptoms, but most experience a decline of symptoms overall . It is important for women to know that postmenopause brings a heightened risk of heart disease and osteoporosis due to low levels of estrogen.

Table 1.Menopause Stages and Symptoms

Stage	Notes	Symptoms
1 - Perimenopause	• Hormone levels decline. • Menstruation becomes irregular. • Symptoms may begin appearing.	• Hot flashes. • Headaches. • Decreased sexual desire. • Changes in mood. • Aching joints. • Vaginal dryness.
2 - Menopause	• No menstrual cycle occurs for 12 months. • Usually begins between 2–8 years after starting perimenopause.	• Hot flashes. • Increased heart rate. • Loss of bladder control. • Sleep issues. • Thinning hair.
3 - Postmenopause	• No menstruation occurs for 12 months and beyond. • Women remain in this stage for the remainder of their lives. • This stage brings an	• Continue experiencing symptoms. • Often, there are declining symptoms.

Stage	Notes	Symptoms
	increased risk of heart disease and osteoporosis.	

Overview of Hormonal Changes

Generally, the reproductive hormones produced by the ovaries begin to decline as menopausal phases begin (NIA, 2024; OWH, 2025). Three key hormones are relevant when discussing menopause and the relevance for treatment (The Menopause Society, n.d.; OWH, 2025):

1. The ovaries produce estrogen and influence both the growth and health of the female reproduction system. During menopause, estrogen levels decline because ovaries produce less of the hormone.
2. Progesterone is a hormone released after ovulation to prepare the uterus for pregnancy. During menopause, progesterone production declines as the ovaries produce less and less over time.
3. Testosterone is also partially produced in the ovaries and helps with bone, muscle, and sexual health. Testosterone levels begin to decrease between the ages of 20 and 45 (Burger et al., 2007).



Treatment Options

Once women believe they are starting to experience menopause symptoms, they should know that there are options to help address them. First, there are **medical treatment options** to help address changes in hormone levels, sometimes called menopausal hormone therapy (also called hormone therapy or hormone replacement therapy) (Haver, 2024). There is a range of medications available, including synthetic hormones and bioidentical hormones, delivered via pills, patches, gels, creams, rings, suppositories, and sprays. Addressing hormone levels can help manage irritability, mood, and aching joints. To address vaginal dryness, which occurs when the vaginal tissues become thinner and more easily irritated, a medical provider might suggest topical creams, suppositories, or other medications. Women should meet with their doctor to discuss treatment options and determine which method is right for them.

In addition to medical treatments, women can make **lifestyle changes** in their everyday lives to help manage menopause symptoms. To manage inflammation and joint pain, consider exploring an anti-inflammatory diet rich in healthy fats, lean meats, and antioxidant-rich fruits and vegetables (Haver, 2024). Incorporating strength and endurance training can address muscle and bone loss that occur throughout menopause. Managing stress is another step women can take to address menopause symptoms; this is because high levels of stress can adversely impact metabolic functioning. Moreover, menopause often

disrupts sleep. Improving the sleeping environment and getting regular exercise can help mitigate sleep concerns during menopause.

Myths and Facts

Until recently, menopause was not widely talked about openly. Lately, menopause has become an important focus topic in health media. To combat misinformation, Table 2 displays common myths and facts to clarify some common misunderstandings about menopause.

Table 2.Menopause Myths and Facts

Myth	Fact
Menopause happens overnight.	Menopause begins after 12 months without a menstrual period. There is, however, a transition time where ovarian function begins to decline before menopause, which is called perimenopause (Berman, 2025).
Menopause symptoms only include hot flashes, night sweats, and mood changes.	While these symptoms are common, there are various symptoms that go far beyond reproductive function, such as bone density, sexual desire, cardiovascular health, cognitive function, joint health, and more (OWH, 2025; Berman, 2025).
Menopause is something I'll go through and will go back to normal when it's done.	The symptoms of menopause may subside, but this does not mean hormone levels have naturally returned to the level of someone that still menstruates. Postmenopause is the final fertility life cycle that women will remain in for the rest of their lives, becoming the new "normal" (OWH, 2025).
Hormone replacement therapy causes breast cancer.	While hormone replacement therapy may increase the

Myth	Fact
	risk of estrogen- and progesterone-sensitive cancers, research shows it is one of the safest and most effective treatments for a wide range of menopause symptoms (Berman, 2025; Lutich, 2024; OWH, n.d.).
Menopause will make me gain weight and lose muscle, and there's nothing I can do about it.	Lifestyle changes (i.e., diet, exercise, sleep, etc.) can help mitigate substantial visceral fat and weight gain. Start by working with your healthcare provider to maintain a healthy body. We all experience the loss of muscle mass as we age, but this loss can be minimized by engaging in regular physical activity before, during, and after menopause. Being active can help you retain muscle mass, mobility, and agility as you age. Abdominal fat often increases due to menopause. As estrogen levels drop, the body stores more fat in the abdomen, which can lead to a higher weight and risk of heart or metabolic diseases (The Menopause Society, 2024).
When I have gone through menopause and no longer menstruate, I won't need to see a doctor that specializes in women's health, like an OB-GYN.	Although menopausal and post-menopausal women no longer menstruate, it's still important to check with a doctor about how to reduce the risk of other health conditions related to menopause. There are medical professionals who specialize in menopause and are trained to help optimize health at this stage in life.

Conclusion

Women have more treatment and support options than ever before as they approach and enter into menopause. While this fact sheet provided some basic information, women should consider talking with their medical provider if they think they are starting to experience perimenopause or even if they have already entered into menopause and want to seek support for managing symptoms. Consult the following key resources as you and your loved ones continue to learn more about the transition to a new stage of life.

Resources

- [The Menopause Society](#)
- [Menopause](#) (University of Utah)
- [Menopause, Women's Health, and Work](#) (U.S. Centers for Disease Control and Prevention)
- [Your Plan for Perimenopause and Menopause](#) (My MenoPlan)
- [What Is Menopause?](#) (National Institute on Aging)
- [Menopause](#) (Office on Women's Health, U.S. Department of Health and Human Services)
- [MenoNotes](#) (The Menopause Society)
- [Menopause](#) (World Health Organization)The Menopause Association

References

American College of Obstetricians and Gynecologists (ACOG). (2025). *Anticipatory counseling regarding ovarian-factor fertility decline* (Number 22; Replaces Committee Opinion No. 589, March 2014). <https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2025/11/anticipatory-counseling-regarding-ovarian-factor-fertility-decline>

Berman, K. (2025, April 14). *After decades of misunderstanding, menopause is finally having its moment*. Yale School of Medicine. <https://medicine.yale.edu/news-article/after-decades-of-misunderstanding-menopause-is-finally-having-its-moment/>

Burger, H. G., Hale, G. E., Robertson, D. M., & Dennerstein, L. (2007). A review of hormonal changes during the menopausal transition: Focus on findings from the Melbourne Women's Midlife Health Project. *Human Reproduction Update*, 13(6), 559–565. <https://doi.org/10.1093/humupd/dmm020>

Haver, M., C. (2024). *The new menopause*. Rodale Books.

Lutich, A. (2024, August 2). *Menopause is having a moment: Debunking common myths*. UT Southwestern Medical Center. <https://utswmed.org/medblog/menopause-myths/>

The Menopause Society. (n.d.). *Menopause definitions*. Retrieved September 5, 2025, from <https://menopause.org/patient-education/menopause-glossary>

The Menopause Society. (2024). Midlife weight gain. *MenoNotes*. <https://menopause.org/wp-content/uploads/for-women/MenoNote-Weight-Gain.pdf>

Mount Sinai. (2023). *Menopause information*. Icahn School of Medicine at Mount Sinai. <https://www.mountsinai.org/health-library/report/menopause>

National Institute on Aging (NIA). (2024, October 16). *What is menopause?* National Institutes of Health. Retrieved September 5, 2025, from <https://www.nia.nih.gov/health/menopause/what-menopause>

Office on Women's Health (OWH). (2025, March 17). *Menopause basics*. U.S. Department of Health and Human Services. Retrieved September 5, 2025, from <https://womenshealth.gov/menopause/menopause-basics>

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Authors

Stephanie Carlson, Emma Parkhurst, Ashley Yaughner, and Cris Meier



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