



Menopause and Mood

By Dr Clare Spencer

Mood changes, such as depression and anxiety, are extremely common in the menopause transition. Surveys suggest over 50% of women suffer with low mood or depression at some time in the menopause transition and it's essential to recognise the signs and to seek help early.

How can menopause affect our mood?

Decreasing and fluctuating oestrogen levels

Like so many other menopause symptoms, these mood changes occur directly as a result of the fluctuation and ultimate decline in oestrogen levels as we transition through the menopause. Hormones directly affect your brain and how it functions:

- Many studies have shown that hormone changes have been linked with changes to mood and anxiety
- Oestrogen is linked to serotonin levels (the 'happy hormone') in the brain so that when oestrogen levels drop, so does serotonin
- There is evidence that oestrogen is also linked to cortisol levels – stress hormones, so that when oestrogen levels drop, cortisol levels rise

Decreasing testosterone levels

Changes to cognitive function also occur, although to a lesser extent, as a result in the decline of testosterone levels.

The impact of other menopause symptoms

Other menopause symptoms can also have an impact on mood – whether physical symptoms such as hot flushes and night sweats or cognitive symptoms such as brain fog and memory issues. Combine that with problems sleeping and it's easy to see how vicious cycle are set up.

The impact of life and work changes

In addition, changes in life circumstances and work around the time of the menopause can impact on mood – and they may have more impact than they would have done before the menopause as hormonal changes can result in us feeling less resilient.

How can you tell the difference between menopause-related mood changes and clinical ones?

There is such an overlap between the symptoms of clinical depression and low mood associated with the menopause (e.g. fatigue, sleep issues, weight change, poor concentration, and low sex drive) that it can be impossible to differentiate between the two. That's why menopause-related mood changes are often misdiagnosed as depression.

Here are some of the key considerations when differentiating a diagnosis of clinical mood changes versus menopause-related mood changes:

- Some brains are more susceptible to the effects of changing hormone levels than others. You may be more likely to suffer from mood changes during the menopause if you've suffered from postnatal depression, for example, or premenstrual syndrome which can worsen in the perimenopause.
- The severity of symptoms and timing of symptoms can also help differentiate the two. So, if these feelings suddenly begin in your early-to-mid-40s (with or without period changes), they are more likely to be related to the menopause. Your mood can swing up and down in the perimenopause and continue to do so as you transition into the menopause and postmenopause. If you suffer from premenstrual syndrome (PMS), this may get worse too.
- With clinical depression, the symptoms overlap with the menopause, but the sadness is very intense – including feeling helpless, hopeless, and worthless. It lasts for many days to weeks, keeping you from living your life. It is important to understand also that menopause can make pre-existing depression worse, and some women can become clinically depressed in the menopause with more severe symptoms.

How can you manage mood symptoms?

There are different ways to treat depression, low mood and anxiety throughout your menopause transition. The most important thing is to ask for help.

Lifestyle changes that can help your mood:

- Exercise can increase your sense of wellbeing, self-worth and body image, and create feelings of happiness while reducing stress and anxiety. You may think it's the last thing you feel like doing. But just putting on your trainers and walking for five or ten minutes during the TV ad breaks or while listening to a podcast can help you feel better.

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- Mindfulness - just as exercise can improve your physical health, mindfulness, yoga and meditation can improve your mental health. There are lots of great online classes and apps available. Two of our favourite apps for mindfulness and relaxation are Headspace and Calm.
 - Avoid alcohol - alcohol can pull your mood right down and affect sleep in a bad way. Many women drink alcohol to get them off to sleep, but the quality of that sleep can be poor, leaving them feeling tired and low the next day.
 - Talking therapies such as Cognitive Behavioural Therapy (CBT) counselling and coaching – these can help many women sort out how they feel and why, suggesting strategies to challenge the way they think. This can help break the cycle of negativity. Talking therapies have an important role to play alongside medical therapies also. Speak to your GP or health centre about services that they offer and can link you into.

Treating mood changes with medication:

HRT can be more effective than antidepressants if your mood changes are menopause-related. Nevertheless, antidepressants are still an important management option for persistent, or major depression.

Hormone Replacement Therapy (HRT)

If your mood changes are related to the perimenopause or menopause, evidence suggests that HRT is better at improving your mood than antidepressants. It may be worth a try, even for a short period, to see if it helps. You may be concerned about the risks of HRT but the reality is that they are very low for most women. HRT can improve the overall quality of your life, energy levels and sleep. It doesn't negatively affect libido or cause sexual dysfunction (which antidepressants can).



Antidepressants

If you have been advised not to take HRT, or don't want to, antidepressants are an alternative. They are recommended if you suffer clinical, more severe forms of depression. They also have a part to play alongside HRT for some women if the mood is not improving significantly on HRT alone.

They can help lift your mood, help you sleep and reduce your anxiety. They may also help hot flushes, although HRT is a more effective treatment.

While very useful for many, antidepressants can have side effects. I recommend using them to treat menopause symptoms in conjunction with lifestyle changes (such as exercise, reduction in alcohol intake) and therapy, as advised by your doctor.

Finally, and most importantly, talk to your GP if your symptoms are getting worse or worrying you.

If you feel suicidal because of your mood symptoms please call your GP practice, the Samaritans, 111 or 999 straight away.

You can learn more about the symptoms of menopause, what causes them and how to manage them when you visit the [Symptom Checker](#) on [My Menopause Centre's](#) website.



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