

Low 5: Breaking down five top myths of menopause

Menopause is often talked about as though it means hot flushes, mood swings and the end of periods. But the reality is much more complex. From physical changes and mental health to treatment options and the impact of society's attitudes towards ageing, there is a lot we still need to understand about menopause.

Let's explore five common myths and separate fact from fiction.

Myth 1: The main symptoms of menopause are hot flushes and night sweats

The reality: Menopause can affect your whole body and mind.

Hot flushes and night sweats are common menopause symptoms, but they are only part of the picture.

Hormonal changes during menopause can affect many parts of the body. You might notice changes to your hair and skin, tiredness, headaches, joint pain, heart palpitations, changes in weight, reduced sex drive, vaginal dryness or bladder problems.

Menopause can also affect how you feel emotionally. Some people experience anxiety, changes in mood, difficulty concentrating or a loss of confidence. Poor sleep can make these feelings harder to manage, too.

Everyone's experience is different. You may have several symptoms, just a few, or find that your symptoms change over time.

The takeaway: Menopause is not just about hot flushes. If changes to your body or mental health are affecting your everyday life, you deserve to be listened to and supported.

Myth 2: Menopause negatively affects everyone's mental health

The reality: Everyone experiences menopause differently, and there is no single way to feel.

Menopause can affect mental health, but it does not automatically mean you will struggle emotionally. Some people experience anxiety, low mood or difficulties with sleep and concentration, while others find the transition relatively manageable. Some even experience a sense of freedom or relief.

Our experiences are shaped by more than hormones. They can also be influenced by our relationships, work, family responsibilities, physical health and the messages we receive about ageing.

For example, if society tells us that getting older means becoming less attractive, less capable or less valuable, it is understandable that menopause might bring difficult feelings. In contrast, seeing

midlife as a time of wisdom, experience and new possibilities may help someone feel more positive about this stage of life.

For some people, menopause can also be a time to reassess what matters to them. You might become more aware of your needs, feel ready to set clearer boundaries or decide to spend less time meeting other people's expectations.

These changes are not necessarily negative. They may offer an opportunity to reflect on your relationships, priorities and wellbeing.

The takeaway: There is no right or wrong way to experience menopause. We need to make space for the full range of experiences, while ensuring that anyone who is struggling can access appropriate support.

Myth 3: Menopause happens suddenly at around age 50

The reality: Menopause is a process, and symptoms can begin years before your periods stop.

Menopause does not happen overnight, and it does not start at the same age for everyone.

The years leading up to menopause are known as *perimenopause*. During this time, hormone levels fluctuate, periods may become irregular and symptoms can begin to appear.

Menopause itself is usually identified after you have gone 12 consecutive months without a period, when there is no other explanation for the change. In the UK, it most commonly occurs between the ages of 45 and 55. (NHS, 2026)

Some people experience menopause earlier. Menopause between the ages of 40 and 44 is known as early menopause, while menopause before the age of 40 may be described as premature menopause. (NHS, 2025) Certain medical treatments, including some cancer treatments, can also bring on menopause earlier.

Because menopause is often associated with the age of 50, younger people may not recognise their symptoms or realise that they could be related to hormonal changes. Symptoms can also overlap with other health conditions, so it is important not to assume that menopause is the cause of every change.

The takeaway: You do not have to wait until your periods stop to seek help. If you think you may be experiencing perimenopause, speak to a healthcare professional about your symptoms and the support available.

Myth 4: HRT is the only way to manage menopause

The reality: There are several ways to manage menopause symptoms, and the right approach depends on you.

Hormone replacement therapy (HRT) replaces hormones that decline during menopause and can be very effective for many people. But it is not the only option.

Cognitive behavioural therapy (CBT), a type of talking therapy, can help you manage the impact of menopause symptoms. Menopause-specific CBT may help with hot flushes and night sweats, sleep difficulties, low mood and the stress or anxiety that can accompany these experiences.

There are also treatments for specific symptoms. Vaginal moisturisers and lubricants can help with vaginal dryness and discomfort. Vaginal oestrogen may also help with vaginal and urinary symptoms associated with menopause.

Practical changes to your routine, along with support for sleep, stress and emotional wellbeing, may also help you feel better.

You may choose to combine several approaches. For example, you could use HRT alongside CBT or make lifestyle changes to support your sleep and general wellbeing. If HRT is not suitable for you, or you would prefer not to take it, other options may still be available.

The takeaway: Menopause care is not one-size-fits-all. You deserve to understand your options and make decisions that reflect your symptoms, health and preferences.

Myth 5: HRT should be a last resort

The reality: You do not have to try everything else before discussing HRT.

Some people believe HRT should only be considered when menopause symptoms become severe or when every other option has been tried. This is not the case.

If symptoms are affecting your sleep, mood, relationships, work or quality of life, you can discuss HRT with a healthcare professional. You do not need to wait until things become unbearable, and you do not have to choose between HRT and other forms of support.

The decision to use HRT depends on your individual circumstances, including your symptoms, medical history, preferences and the potential benefits and risks. For many people, HRT is an effective option for managing menopause symptoms.

However, HRT is not suitable for everyone, and some medical histories call for specialist advice. For example, people who have had breast cancer are often advised against use of HRT. (NHS, 2023)

It is also important to know that different types of HRT are available. Vaginal oestrogen, for example, is a local treatment that can help with symptoms such as vaginal dryness, discomfort and some urinary problems.

The takeaway: You do not have to put up with symptoms or feel that you must exhaust every other option before asking about HRT. Get reliable information, discuss the benefits and risks with a healthcare professional, and find an approach that works for you.

The bigger picture

Menopause is a natural stage of life, but that does not mean everyone will find it easy or that symptoms should simply be endured.

The myths surrounding menopause can leave people feeling confused, dismissed or unsure where to turn for help. Better information can make it easier to recognise symptoms, understand the available treatments and have informed conversations with healthcare professionals.

Most importantly, every menopause experience is different. Whether you choose HRT, psychological support, other treatments or a combination of approaches, you deserve to be heard, taken seriously and supported to make decisions about your own health.

References

NHS (2023) *Benefits and risks of hormone replacement therapy (HRT)*. Available at: <https://www.nhs.uk/medicines/hormone-replacement-therapy-hrt/benefits-and-risks-of-hormone-replacement-therapy-hrt/> (Accessed: 15 October 2026).

NHS (2025) *Early or premature menopause*. Available at: <https://www.nhs.uk/conditions/early-or-premature-menopause/> (Accessed: 15 October 2026).

NHS (2026) *What are menopause and perimenopause?* Available at: <https://www.nhs.uk/conditions/menopause-and-perimenopause/what-are-menopause-and-perimenopause/> (Accessed: 15 October 2026).