

Menopause and anxiety

About the menopause?

The menopause is a stage of life that occurs naturally or can be brought about as the result of surgery/other medical intervention, when levels of the hormone, oestrogen fall. The menopause can affect all women including people from transgender, non-binary and intersex communities.

In the UK, most women go through the menopause (the time when periods cease), between the ages of 45 and 55, with the average age being 51 years. Many women however find that symptoms begin during the run-up to the menopause – the ‘perimenopause’, with symptoms continuing into the post menopause (defined as being 12 months in a row from the absence of having a period). Symptoms are typically the result of fluctuating hormone levels

Some women go through menopause without experiencing any noticeable symptoms, whilst others find this period challenging; experiencing a raft of physical and psychological symptoms. In fact, it is reported that 8 in every 10 women do experience symptoms with over half finding such symptoms difficult to manage.¹

It is said that there are at least 38 symptoms or more of menopause with some of the more commonly publicised ones as being:

- Hot flushes
- Excessive sweating
- Weight gain
- Mood changes including increased anxiety

- Low self-esteem & confidence
- Insomnia
- Aches and pains
- Dryness
- Fatigue
- Brain fog

This factsheet focusses specifically on anxiety and the menopause.

Anxiety and the menopause

Many women report new onset of anxiety, having never previously experienced anxiety at a level that it could be termed an anxiety disorder, and who say they simply do not know what has hit them. Others report a worsening of their pre-existing anxiety condition as a result of the menopause, including changing in focus and/or severity. In fact, for women who have lived with anxiety for many years and who have in some way, become familiar with the way that their particular form of anxiety manifests, when the menopause hits, they may report finding their anxiety has taken on a whole new identity; becoming more severe/intense/frequent/disabling, and consequently very challenging to manage. The problem is further compounded by the continuing taboo that exists around this subject, though in recent years it is fair to say that great strides have been made in this regard. That said, access to support and treatment remain patchy with many women left to cope alone and battle on through what can be one of the trickiest phases of their life. Additionally, as the menopause often happens at a time in women’s lives

when other key life events are also taking place, e.g. children leaving home, elderly parents falling ill and women taking on carer responsibilities, this ‘double whammy’ effect can really feel destabilising. Furthermore, along with increased anxiety levels, women often report a loss of confidence; finding it difficult to undertake tasks that previously they would have given little thought to. This, plus some of the other physical and psychological symptoms of the menopause, for example, weight gain and sleep difficulties, can all contribute to a significant loss of confidence. In fact, it is reported that many women find that the symptoms of menopause have impacted adversely on their working life, and for some, this is to the extent that they choose to leave their job; therefore, valuable talent is lost from the workforce.

The menopause can also cause women to experience a range of emotional difficulties which may also co-exist with anxiety, serving to heighten the latter, and/or exacerbating the impact of anxiety. Mood swings for example are often reported by women going through the menopause and changes in emotional state which appear to be triggered without any definitive cause. For example, one minute a woman may feel perfectly fine and yet the other, may experience sudden onset of panic and anxiety or indeed sadness and low mood. All such emotional states are fairly common during the menopause, however any

phases of significant low mood and/or depression that last for some weeks, are always worth checking out with a GP.

Support for anxiety during the menopause

There are a number of support options available to women experiencing difficulties with anxiety associated with the menopause, and it's important that you reach out for help and don't suffer alone:

Make an appointment to discuss how you are feeling with your GP

Write down beforehand how anxiety is manifesting; it is something that you have only just started experiencing i.e. new onset in the menopause, or alternatively, if you have a pre-existing anxiety condition, has the menopause intensified your anxiety or has it altered in some way? For example, some women experience health anxiety and find themselves focussing on, and misinterpreting, the physical symptoms of the menopause. Other women experience low self-esteem, and a loss of purpose in life along with low mood and decreased confidence. Other women experience different forms of anxiety including health anxiety, social anxiety and panic attacks, for example. Make a note of exactly how your anxiety is affecting you and record if there are any particular triggers, for example, certain food types or alcohol, or specific situations e.g. socialising, work etc.

If you work, speak to your manager

Tell them about any adjustments that would help you to better manage anxiety arising from the menopause. For example, if you have lost your confidence and find speaking in

public challenging, it may be possible to organise to refrain from such duties. Another example, in the case of poor sleep which is a common symptom of the menopause - and something likely to impact negatively on anxiety, would be to negotiate a change in working pattern, for example to start work later on days which follow a poor night's sleep.

Your GP may discuss medication options including Hormone Replacement Therapy (HRT) and depending on the level and impact of your psychological symptoms including anxiety, possibly medication and therapy.

Cognitive Behavioural Therapy (CBT)

CBT currently has the largest amount of research carried out on its effectiveness. CBT focuses on what people think, how those thoughts affect them emotionally and how they ultimately behave. When someone is distressed or anxious, the way they see and evaluate themselves can become negative. CBT therapists work alongside the person to help them begin to see the link between negative thoughts and mood. This empowers people to assert control over negative emotions and to change the way they behave. CBT has grown in popularity following recommendations from the National Institute of Health and Clinical Excellence (NICE) for the treatment of anxiety disorders.

CBT can be delivered at a number of levels of intensity, meaning it can be useful to those who have only just started feeling anxious as well as those with longstanding anxiety problems. CBT is delivered by a trained therapist, usually in a clinical

setting. This form of therapy focuses on the 'here and now' and is not overly concerned with finding the initial cause of anxiety. Once the problem has been explored, the therapist will help you examine your thought and behaviour patterns and help you to work on ways of changing these.

Anxiety UK offers a CBT service to its members face-to-face, over the phone or via webcam; you can find out more here: <https://www.anxietyuk.org.uk/get-help/access-therapy/>. In the unlikely event that Anxiety UK is unable to help you, we would recommend accessing therapy through referral to an NHS service via your GP. You can also find a CBT therapist via the British Association for Behavioural and Cognitive Psychotherapies (BABCP) at www.babcp.com.

Counselling

Counselling is often used to explore issues in-depth and to allow for a focus on feelings associated with anxiety. Often, the cause of your anxiety can also be explored through counselling sessions.

The most common form of counselling is known as Person Centred Counselling. This type of therapy seeks to explore the main issues from your unique perspective. Counselling is available through Anxiety UK face-to-face, via the telephone or via webcam, you can find out more here: <https://www.anxietyuk.org.uk/get-help/access-therapy/>. In the unlikely event that Anxiety UK is unable to help you, we would recommend accessing therapy through referral to an NHS service via your GP. The British Association for Counselling and Psychotherapy can also advise

on how to find a counsellor in your area at www.bacp.co.uk.

Clinical Hypnotherapy

Although clinical hypnotherapy is not a NICE approved therapy, there is plenty of anecdotal evidence available to suggest that this type of therapy is very beneficial to people experiencing anxiety. Indeed, over the years that Anxiety UK has been running its therapy services, we have consistently had positive feedback from members about hypnotherapy.

The effectiveness of Anxiety UK's hypnotherapy service has also been recently demonstrated via a study evaluating the charity's therapy service outcomes, which you can read [here](https://www.sciencedirect.com/science/article/pii/S016503272200009X): <https://www.sciencedirect.com/science/article/pii/S016503272200009X>.

Hypnotherapy is an extremely useful therapy and can help you to develop skills which enable you to cope with anxiety resulting from pregnancy and childbirth by using visualisation and other techniques.

Hypnotherapy aims to provide people with results fairly quickly. Hypnotherapists will use a variety of techniques such as visualisation, which is aimed at producing quite deep levels of relaxation.

Visualisation involves asking you to imagine a feared situation or object while you are in a deep state of relaxation. You are then asked to use positive visualisation to manage how you are feeling and to imagine the experience in a positive way. Anxiety UK offers clinical hypnotherapy to members face-to-face or via webcam, you can find out more here: [https://www.anxietyuk.org.uk/get-](https://www.anxietyuk.org.uk/get-help/access-therapy/)

[help/access-therapy/](https://www.anxietyuk.org.uk/get-help/access-therapy/). You can also find a clinical hypnotherapist in your area by visiting the Complementary and Natural Healthcare Council (CNHC) at www.cnhc.org.uk.

Acupuncture

There is some evidence for acupuncture to help with some of the symptoms in menopause including psychological symptoms such as anxiety². Acupuncture is available through Anxiety UK – find out more here:

<https://www.anxietyuk.org.uk/get-help/anxiety-uk-british-acupuncture-council-pilot-project-anxiety-uk-british-acupuncture-council-project/>

Relaxation, Meditation and Mindfulness

If you experience menopausal anxiety, it may help to learn some relaxation techniques. These can be used as a way to tolerate negative thoughts for a longer period of time which in turn, enables anxiety to be overcome through discovering that nothing bad happens even if you think about anxiety.

Anxiety UK has a number of relaxation resources and products at www.anxietyuk.org.uk to help you relax at home. Many people also find mindfulness is a powerful tool to help you to relax by focusing on your breath.

Further reading and references

The menopause at work: a practical guide for people managers.

Chartered Institute of Personnel and Development. www.cipd.co.uk, published March 2019.

Efficacy of a standardised acupuncture approach for women with bothersome menopausal

symptoms: a pragmatic randomised study in primary care (the ACOM study).

Lund, K. S., Siersma, V., Brodersen, J., & Waldorff, F. B. (2019). *BMJ open*, 9(1), e023637.

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