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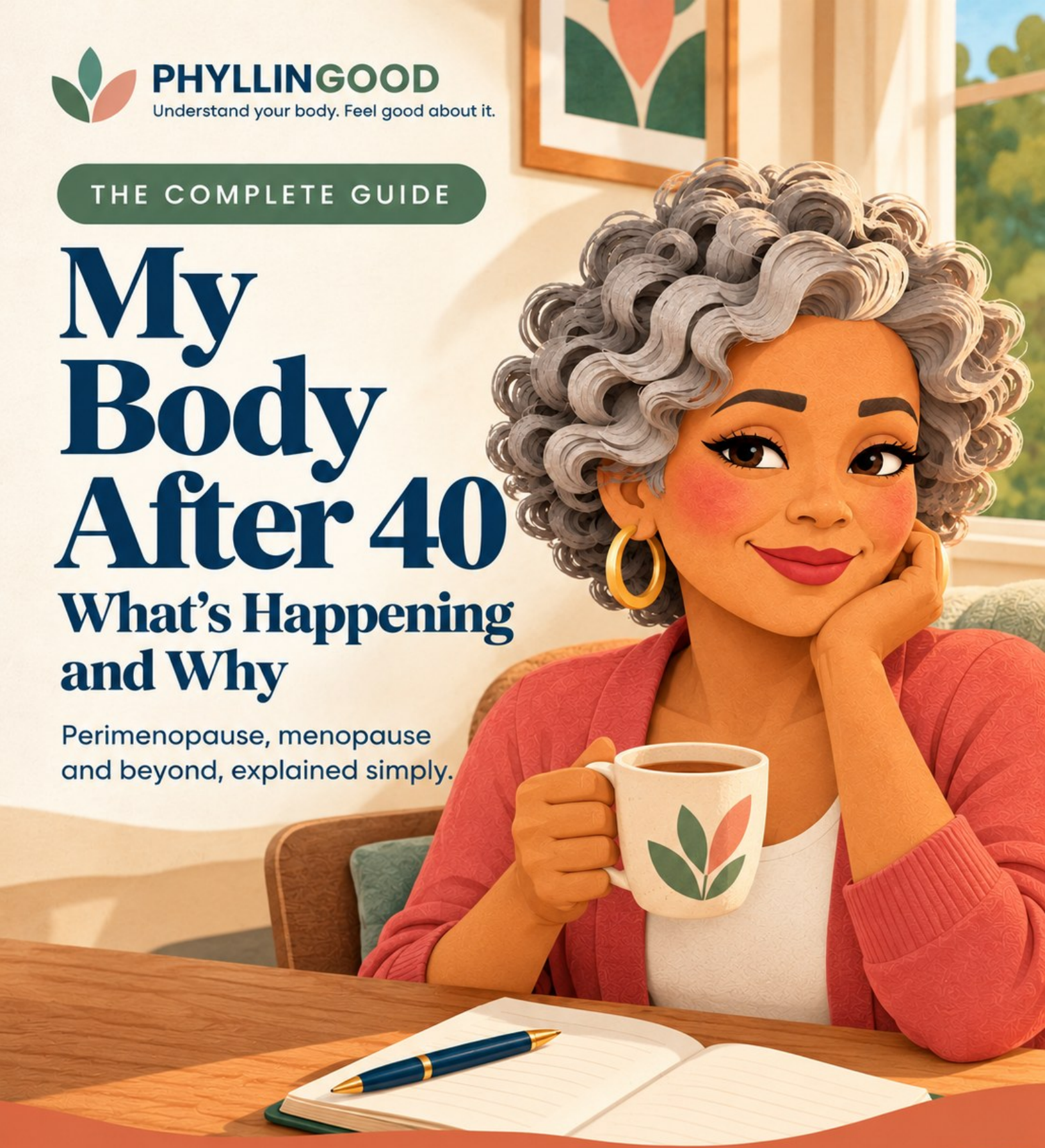
Understand your body. Feel good about it.

THE COMPLETE GUIDE

My Body After 40

What's Happening and Why

Perimenopause, menopause and beyond, explained simply.



For educational purposes only. Based on published health research. Not medical advice. Always consult your healthcare provider.

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Disclaimer. This book is for general educational and informational purposes only. It is based on research from publicly available, trusted health sources, which are listed at the back of this book. It is not medical advice and is not a substitute for advice, diagnosis or treatment from a qualified healthcare provider. The author is not a doctor or medical professional. Always talk with your healthcare provider before making decisions about your health, symptoms or treatment. If you think you may have a medical emergency, call 911 or your local emergency number.

CHAPTER 1

Welcome

Maybe you've woken up soaked in sweat. Maybe your periods have become unpredictable, or you walk into a room and forget why you came in. You're not imagining it, and you're not alone. Yet many of us were never told what to expect, or why it happens.

I believe that when you understand what's happening inside your body, it becomes a lot less frightening. And when you walk into your doctor's office with your symptoms tracked and your questions written down, you get more out of every visit.

How this book works

Every chapter follows the same steps:

- **What's happening inside:** the science, in plain words
- **What you might notice:** common signs and symptoms
- **What the research says:** key facts from trusted medical sources
- **Questions to ask your doctor:** ready to bring to your next appointment
- **Track it:** which pages of your Symptom Tracker and Doctor-Visit Kit to use

You don't have to read in order. Start with whatever is bothering you most.

> This book is for general education and personal tracking. It is not medical advice, and it can't diagnose you. Always talk with your own healthcare provider about your symptoms and treatment choices.

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CHAPTER 2

The Three Stages, and Your Changing Periods

What's happening inside

Your ovaries make estrogen and progesterone. As you get older, they make less estrogen, but the drop isn't smooth. In the years before menopause, hormone levels go up and down unpredictably. Those swings cause many of the changes women notice in their 40s.

Stage 1: Perimenopause. Usually starts in your mid-40s, though it can begin as early as your mid-30s or as late as your mid-50s. It lasts about four years on average, and for some women up to eight to ten. Periods often become irregular. You can still get pregnant, so keep using birth control until your doctor says it's safe to stop.

Stage 2: Menopause. The point when you've gone **12 months in a row with no period, not even spotting.** The average age in the U.S. is **52**, usually between 45 and 55.

Stage 3: Postmenopause. Everything after that, for the rest of your life. Many symptoms ease, but lower estrogen affects your bones and heart, which is why they get their own chapters.

Early menopause is menopause before age 45, and **premature menopause** is at 40 or younger. Removing both ovaries brings on menopause right away. If your periods stop before 40, ask your doctor about testing.

What you might notice

- Periods that come earlier, later, heavier, lighter, or not at all for a while
- Hot flashes, night sweats and trouble sleeping
- Mood changes and lower sex drive
- Vaginal dryness and needing to urinate more often

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When bleeding needs a doctor

During perimenopause, see your provider if you have:

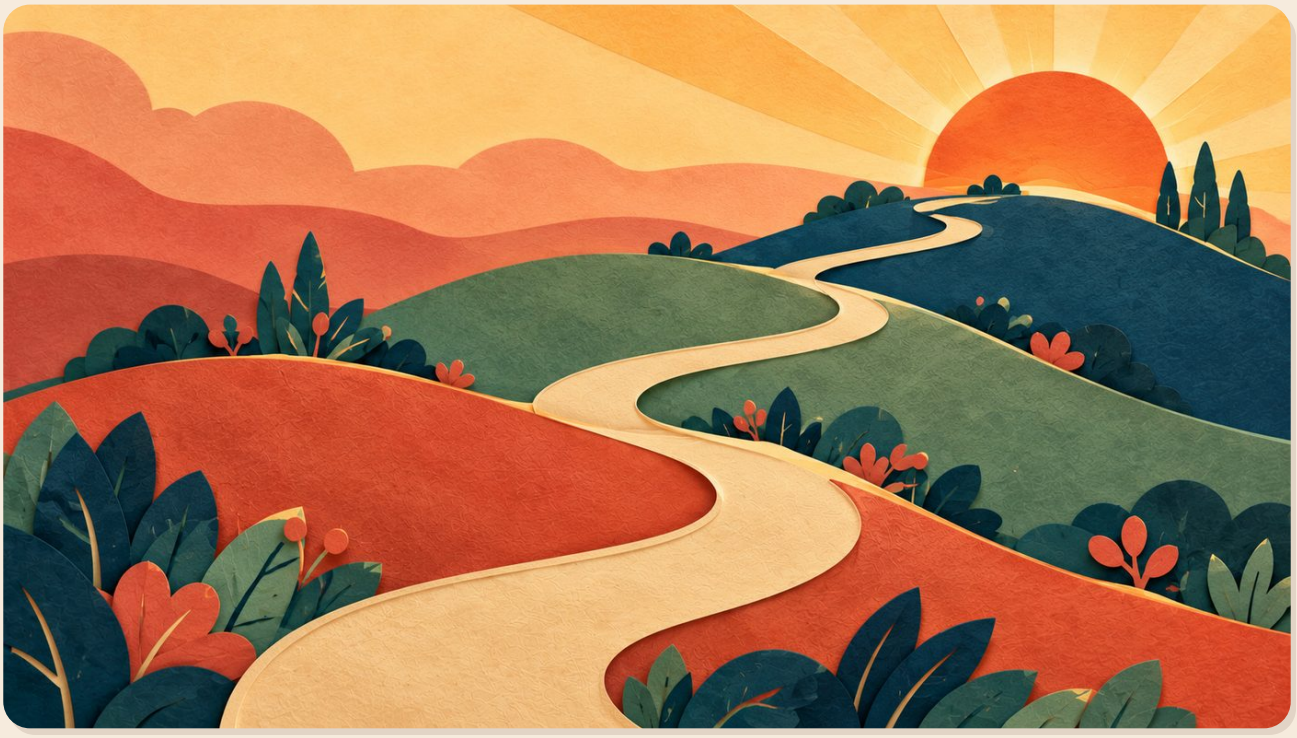
- Very heavy periods or large clots, or you soak a pad or tampon every one to two hours
- Periods lasting several days longer than usual, or coming less than 21 days apart
- Spotting between periods, or bleeding after sex

> **After menopause, any bleeding, even a few spots, should be checked by a doctor.** Most of the time it isn't cancer. In one review, about 9% of women with bleeding after menopause had endometrial cancer. But bleeding is the most common early warning sign of uterine cancer, and finding it early matters.

Questions to ask your doctor

- Which stage do you think I'm in?
- Could my symptoms have another cause?
- Are my bleeding changes something we should check?
- When is it safe to stop birth control?

> **Track it:** Period Tracker and the Monthly Symptom Check.



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CHAPTER 3

Hot Flashes and Night Sweats

What's happening inside

Deep in your brain, the **hypothalamus** works like a thermostat, keeping your core temperature in a comfortable range. Estrogen helps keep it steady. As estrogen falls, a group of nearby brain cells becomes overactive, and the comfortable range becomes **narrower**.

Now a tiny rise in temperature, one you'd never notice, sets off the alarm. Blood vessels near your skin open wide (that's the flush), your heart beats faster, and you sweat. Afterward you may feel chilled.

What you might notice

Sudden heat in your chest, neck and face, flushed skin, a fast heartbeat, sweating, and then chills. A hot flash usually lasts **1 to 5 minutes**. At night it's called a **night sweat**, and it can cost you sleep.

What the research says

- Up to **74%** of women in perimenopause have hot flashes.
- In the SWAN study of 1,449 women, frequent hot flashes and night sweats lasted a typical **7.4 years**, and **10.1 years** for Black women.
- Common triggers include warm rooms, hot drinks and stress.

What helps: hormone therapy is the **most effective** treatment. For most healthy women under 60, or within 10 years of menopause, its benefits outweigh the risks. Non-hormone options with good evidence include CBT, clinical hypnosis, weight loss, certain prescription medicines, and **fezolinetant (Veozah)**, a newer pill that calms the overactive brain cells.

Fans, layers and avoiding triggers can make you more comfortable. But The Menopause Society found these, along with paced breathing, yoga and herbal supplements, haven't been shown to reduce how often hot flashes happen.

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Questions to ask your doctor

- Am I a good candidate for hormone therapy?
- What non-hormone options would fit me?
- What are the risks and benefits for someone like me?

> **Track it:** Weekly Log (hot flashes, night sweats and possible triggers).



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CHAPTER 4

Sleep

What's happening inside

Several things can disrupt sleep at once: **night sweats** waking you up, **mood changes** from shifting hormones, **sleep apnea** (breathing that stops and starts during sleep, which becomes more common after menopause), and **restless legs**.

What you might notice

Trouble falling or staying asleep, waking up drenched in sweat, and feeling tired during the day. Loud snoring, gasping at night or morning headaches can be signs of sleep apnea.

What the research says

- Up to **46%** of women have sleep difficulties in the years before menopause, and about **half** have sleep disorders after.
- Sleep apnea affects about **a quarter** of women before menopause and **more than a third** after.

What helps: CBT for insomnia (CBT-I) is the first-line treatment. Hormone therapy can reduce night sweats and the sleep problems they cause. Treating sleep apnea, restless legs or mood problems can make a big difference. A cool, dark room and limiting alcohol and caffeine help set you up for better rest.

Questions to ask your doctor

- Could sleep apnea, night sweats or my mood be behind this?
- Should I be tested for sleep apnea?
- Would CBT-I help me, and where can I find it?

Track it: Weekly Log (hours slept and times you woke up).

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CHAPTER 5

Mood, Anxiety and Brain Fog

What's happening inside

Estrogen also works in the brain, where it affects the chemical messengers that help regulate mood. When it swings, mood can swing too. Poor sleep, hot flashes and midlife stress add to the load.

What you might notice

Irritability, new or stronger anxiety, feeling low, trouble concentrating, and forgetting words or names, often called "brain fog."

What the research says

- In studies, **45% to 68%** of women in perimenopause reported raised depressive symptoms, compared with **28% to 31%** before perimenopause. Women who've had depression before are at higher risk.
- Antidepressants, CBT and other talk therapies are the treatments with good evidence for midlife depression.
- In a study of **2,362** women, learning dipped during perimenopause but **returned to pre-menopause levels afterward**. For most women, brain fog appears to be temporary.

> **If you feel hopeless or have thoughts of harming yourself,** call or text **988** (the Suicide and Crisis Lifeline), or tell your doctor or someone you trust right away.

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Questions to ask your doctor

- Are my mood changes related to perimenopause, or could it be something else?
- What treatment would fit me: talk therapy, medication or something else?
- Could poor sleep be affecting my memory?

> **Track it:** Weekly Log (mood and energy) and the Monthly Summary.



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CHAPTER 6

Bones, Joints and Muscles

What's happening inside

Bone is living tissue, constantly broken down and rebuilt. Estrogen keeps that process in balance. After menopause, bone breaks down faster than it's rebuilt, and bones can become thin and fragile. This is called **osteoporosis**.

Falling estrogen also brings more joint and muscle aches and a loss of muscle. In 2024, researchers named this the **musculoskeletal syndrome of menopause**.

What you might notice

Early bone loss has **no symptoms**. Later signs include back pain, losing height, and bones that break easily. Joint aches, morning stiffness and feeling weaker are common.

What the research says

- Women lose about **25%** of their bone mass between menopause and age 60.
- About **27%** of women 65 and older have osteoporosis.
- An estimated **70%** of women have joint and muscle symptoms during this time.
- **Bone density screening** is recommended for all women 65 and older, and for younger women after menopause who are at higher risk.

What helps:

- **Calcium:** 1,200 mg a day for women over 50, ideally from food
- **Vitamin D:** 600 IU a day, or 800 IU after age 70
- **Strength training** 2 or more days a week, plus walking and balance exercises
- Not smoking, and limiting alcohol

See your doctor if joints are swollen, red or warm, or if pain keeps getting worse. Ask before starting supplements.

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Questions to ask your doctor

- Should I have a bone density test?
- Am I getting enough calcium and vitamin D?
- What strength training is safe for me?

> **Track it:** Health Snapshot (bone density date) and the Monthly Symptom Check.



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CHAPTER 7

Heart, Weight and Metabolism

What's happening inside

Estrogen helps protect your heart. As it falls, cholesterol can become less healthy, blood vessels less flexible, and blood pressure and blood sugar can creep up.

Your body also changes **what it's made of**. The rate of fat gain roughly doubles, muscle starts to decline, and fat shifts toward the belly, which is linked to heart disease and diabetes.

What you might notice

Usually nothing from the heart changes, which is why checkups matter. You may notice your waist changing even if your weight hasn't changed much.

> **Heart attack signs in women** can include chest discomfort, pain in the upper back or neck, heartburn, nausea, extreme tiredness, dizziness or shortness of breath. **Call 911 right away.**

What the research says

- **Heart disease is the leading cause of death for women** in the U.S., about 1 in 5 women's deaths.
- Menopause is a time of accelerated heart disease risk, and early menopause raises risk.
- In the SWAN study, fat gain sped up and muscle declined from the start of the transition until about two years after the final period, then leveled off.

What helps: know your blood pressure, cholesterol and blood sugar numbers. Get at least **150 minutes a week** of moderate activity, plus strength training twice a week. Eat plenty of vegetables, fruit, whole grains and protein. Don't smoke, and limit alcohol. There's no proven "menopause diet," so be cautious of products that promise to "balance your hormones."

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Questions to ask your doctor

- Are my blood pressure, cholesterol and blood sugar where they should be?
- What is my heart disease risk?
- What exercise would be best for me?

> **Track it:** Health Snapshot (your numbers, weight and waist).



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CHAPTER 8

Vaginal and Bladder Changes

What's happening inside

The tissues of the vagina, vulva and bladder need estrogen to stay thick and moist. When estrogen falls, they can become thinner, drier and easily irritated. Doctors call this **genitourinary syndrome of menopause (GSM)**. Unlike hot flashes, it tends to **get worse over time without treatment**.

What you might notice

Dryness, itching, pain during sex, needing to urinate more often or more urgently, burning when urinating, and more frequent urinary tract infections.

What the research says

- Signs of GSM can be found in up to **90%** of postmenopausal women when examined.
- Only about **1 in 4** women ever discusses these symptoms with a provider, and most go untreated.

What helps: vaginal moisturizers and lubricants for mild symptoms, and **low-dose vaginal estrogen** (a cream, tablet or ring), the main prescription treatment. Because the dose is low and stays mostly local, research hasn't found the same risks as higher-dose hormone pills. Other options exist for women who can't use estrogen.

Your doctor has heard it all before. If it's hard to say out loud, write it on your question list and hand it over.

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Questions to ask your doctor

- Could my symptoms be from low estrogen?
- Could my repeat UTIs be related?
- Is low-dose vaginal estrogen safe for me?

> **Track it:** Monthly Symptom Check.



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CHAPTER 9

Treatment Options to Discuss With Your Doctor

This is an overview to help your conversation, not a recommendation. The right choice depends on your symptoms, your health history and what matters to you.

Hormone therapy

- **Systemic hormone therapy** (pill, patch and other forms) treats whole-body symptoms like hot flashes. **Low-dose vaginal estrogen** mainly treats vaginal and bladder symptoms.
- If you still have a uterus, a **progestogen** is added, because estrogen alone raises the risk of uterine cancer.
- It's the **most effective** treatment for hot flashes and night sweats, and it can help sleep and vaginal dryness.
- **Timing matters:** for most healthy women under 60, or within 10 years of menopause, benefits outweigh risks.
- **Possible risks** include blood clots (lower with patches and vaginal forms), stroke, breast cancer with longer combined use, and gallstones.
- It generally **isn't advised** if you've had breast or uterine cancer, a heart attack or stroke, blood clots, or liver disease, or if you have bleeding that hasn't been checked.

> **A recent change:** in November 2025, the FDA announced it would remove the strongest "boxed" warning about heart disease, breast cancer and dementia from hormone therapy labels. The uterine cancer warning stays on estrogen-alone products. The risks above still matter, so this is a good reason for an up-to-date conversation with your doctor.

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Non-hormone options with good evidence

CBT, clinical hypnosis, weight loss, certain antidepressants (SSRIs and SNRIs), gabapentin, oxybutynin, fezolinetant (Veozah), and a stellate ganglion nerve block. Supplements and herbs are not proven to treat menopause symptoms and aren't regulated like medicines.

Questions to ask your doctor

- Am I a good candidate for hormone therapy? Which type and form, and why?
- What are my personal risks?
- What non-hormone options would suit me?
- How long might I need treatment?

> **Track it:** Medication List, and keep using your tracker after starting any treatment.



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CHAPTER 10

Screenings and Your Appointment

Screenings checklist

These are general recommendations from the U.S. Preventive Services Task Force. Your doctor may suggest different timing based on your history.

- **Mammogram:** every 2 years, ages 40 to 74
- **Cervical cancer:** ages 30 to 65, a Pap test every 3 years, an HPV test every 5 years, or both together every 5 years. After 65, ask whether you can stop.
- **Colorectal cancer:** ages 45 to 75. Ask which test is right for you.
- **Bone density:** all women 65 and older, and younger women after menopause who are at higher risk
- **Blood pressure, cholesterol and blood sugar:** ask how often, based on your results

If you have a strong family history, ask whether any screening should start earlier.

Making the most of your appointment

Before: track your symptoms for a few weeks, rank them, and fill in your Health Snapshot, Medication List and Family History. When you book, say you'd like to discuss menopause symptoms.

At the visit: start with your top three concerns, hand over your tracker, use your question list, be honest about everything, and take notes or bring someone who can.

If you feel brushed off, calmly say, "These symptoms are affecting my daily life. What options do we have?" You can always ask for a specialist or a second opinion.

After: review your notes, schedule any follow-ups, and keep tracking.

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A final word

Midlife brings a lot of changes, but it's also a time when many women feel stronger and more themselves than ever. You deserve to feel heard, informed and well cared for. I hope this book helps you get there.

With warmth,

Phyllis
PhyllinGood



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Sources

Every fact in this book comes from these publicly available sources. Links were checked in October 2026.

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