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Menopause Symptoms Reference Guide

Understanding Your Body. Taking Back Control.

Over 103 symptoms documented and explained. Understand why hormonal shifts trigger the changes you're experiencing, and learn which interventions actually work.

103 Symptoms Documented & Explained

What's Inside

This guide organizes menopause symptoms into 15 categories by body system.

Each section explains the hormonal cause, lists specific symptoms with descriptions, and provides evidence-based interventions that work.

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Understanding Menopause

Menopause is not a disease. It is a natural biological transition that every woman goes through. But "natural" does not mean you have to suffer through it. **There are estrogen receptors in virtually every organ and tissue in your body** — which is why declining hormones can produce such a wide and seemingly unrelated range of symptoms, from brain fog to joint pain to changes in your skin.

The menopausal transition typically spans several years and moves through distinct stages. Understanding where you are in this process helps you anticipate what's coming and take proactive steps to manage your health.

Perimenopause

The transition phase where hormones begin to fluctuate. Usually starts in your mid-40s and lasts 4-10 years. This is when most symptoms first appear.

Menopause

Officially reached after 12 consecutive months without a period. Average age is 51. Your ovaries have stopped releasing eggs.

Postmenopause

The years after menopause. Estrogen levels remain low. Many symptoms improve over time, but some — like bone loss and heart risk — require ongoing attention.

The Hormones Behind It All

Estrogen is the primary driver of menopausal symptoms. It maintains over 400 functions in the body — from brain chemistry and bone density to skin elasticity and cardiovascular protection. **Progesterone** supports sleep, mood stability, and uterine health. **Testosterone** — yes, women produce it too — influences libido, energy, and muscle mass. When all three decline, the effects are felt head to toe.

01 Vasomotor Symptoms

The most common symptoms of menopause, affecting up to 75% of women. Caused by fluctuating estrogen levels disrupting the hypothalamus — your body's thermostat. More than half of women experience these symptoms for nearly 12 years.

WHY THIS HAPPENS

Declining estrogen destabilizes the hypothalamic thermoregulatory center, narrowing the thermoneutral zone and triggering inappropriate heat-dissipation responses.

Hot Flashes

Sudden waves of intense heat spreading across the face, neck, and chest, often accompanied by flushing and sweating. Episodes last 1–5 minutes.

Night Sweats

Hot flashes that occur during sleep, drenching bedding and disrupting rest. A leading cause of chronic sleep deprivation in midlife women.

Cold Flashes & Chills

Sudden sensations of cold or shivering that may follow a hot flash or occur independently as the body overcorrects its temperature.

Heart Palpitations

A racing, pounding, or fluttering heartbeat that affects up to 47% of menopausal women. Usually benign but can feel alarming.

WHAT ACTUALLY WORKS

HRT (estrogen therapy) is the gold-standard treatment, reducing hot flash frequency by up to 75%. Lifestyle strategies include layered clothing, cooling pillows, avoiding triggers (alcohol, spicy food, caffeine), and stress management.

02 Sleep and Energy

Sleep disruption impacts up to 47% of perimenopausal and 60% of postmenopausal women. Estrogen and progesterone both support quality sleep, and their decline — combined with night sweats and rising cortisol — creates a perfect storm of exhaustion.

WHY THIS HAPPENS

Falling estrogen and progesterone reduce sleep-promoting neurotransmitters (GABA, serotonin) while rising cortisol at bedtime keeps the nervous system activated.

Insomnia

Difficulty falling asleep, staying asleep, or both. Often worsened by racing thoughts driven by hormonal anxiety.

Fatigue & Low Energy

Bone-deep exhaustion that goes beyond ordinary tiredness. Affects three out of four women during the menopausal transition.

Early Waking

Consistently waking at 3–5 a.m. and being unable to fall back asleep, often linked to cortisol rhythm disruption.

Sleep Apnea

Brief pauses in breathing during sleep that become more common as progesterone — which helps maintain airway muscle tone — declines.

Restless Legs Syndrome

An irresistible urge to move the legs, especially at night, linked to changes in dopamine regulation during menopause.

Nightmares & Vivid Dreams

Unusually intense or disturbing dreams related to hormonal shifts affecting REM sleep patterns.

WHAT ACTUALLY WORKS

Progesterone therapy improves sleep quality and duration. Sleep hygiene practices — consistent bedtime, cool bedroom, no screens — are essential. CBT-I (cognitive behavioral therapy for insomnia) is highly effective.

03 Mood and Emotional Health

Hormonal fluctuations don't just affect your body — they profoundly impact your brain chemistry. Estrogen modulates serotonin, dopamine, and norepinephrine, which is why mood changes can feel so sudden and overwhelming during this transition.

WHY THIS HAPPENS

Estrogen directly influences serotonin and dopamine production. Its decline reduces these 'feel-good' neurotransmitters while simultaneously increasing cortisol sensitivity.

Anxiety

New or worsening worry, nervousness, or a sense of unease that can range from mild to debilitating.

Depression

Persistent low mood, loss of interest in activities, and feelings of hopelessness linked to neurotransmitter disruption.

Irritability & Rage

Sudden flashes of anger or frustration that feel disproportionate to the situation. One of the most commonly reported mood symptoms.

Mood Swings

Rapid, unpredictable shifts between emotional states — tears one moment, laughter the next.

Panic Attacks

Episodes of intense fear with physical symptoms like racing heart, shortness of breath, and dizziness.

Feeling of Doom or Dread

A pervasive sense that something terrible is about to happen, even without a clear cause.

Social Anxiety & Withdrawal

Increased discomfort in social situations and a tendency to isolate, often linked to reduced confidence.

Lack of Motivation

Difficulty finding the drive to start or complete tasks that previously felt manageable.

Reduced Self-Esteem

Feeling less confident or capable, often compounded by physical changes and societal messaging about aging.

Increased Sensitivity to Stress

Situations that were once manageable now feel overwhelming as stress resilience decreases.

Sudden Tears

Crying easily or unexpectedly, sometimes without an identifiable emotional trigger.

WHAT ACTUALLY WORKS

HRT can significantly stabilize mood by restoring neurotransmitter balance. SSRIs/SNRIs may be appropriate for some women. Therapy (CBT), regular exercise, mindfulness, and social connection are powerful complementary tools.

04 Cognitive and Neurological

Brain fog is real — not imagined. Estrogen receptors are densely concentrated in the hippocampus and prefrontal cortex, the brain regions responsible for memory and executive function. When estrogen drops, cognitive processing can slow noticeably.

WHY THIS HAPPENS

Estrogen supports cerebral blood flow, glucose metabolism in the brain, and the growth of neural connections. Its decline impairs all three pathways simultaneously.

Brain Fog

A feeling of mental cloudiness, slow thinking, and difficulty processing information clearly.

Difficulty Concentrating

Trouble maintaining focus on tasks, reading, or conversations for sustained periods.

Memory Lapses

Forgetting names, appointments, or why you walked into a room. Short-term memory is most affected.

Word-Finding Difficulty

Knowing what you want to say but being unable to retrieve the right word — the 'tip of the tongue' phenomenon.

Lack of Focus

A scattered feeling where the mind jumps between thoughts without completing any single train of thought.

Increased Clumsiness

Coordination issues, bumping into things, or dropping objects more frequently than usual.

ADHD Symptoms

New or worsening attention-deficit symptoms, as estrogen decline affects dopamine pathways that regulate attention.

WHAT ACTUALLY WORKS

HRT supports cognitive function by restoring estrogen's neuroprotective effects. Mental stimulation (puzzles, learning new skills), regular aerobic exercise, adequate sleep, and omega-3 fatty acids all support brain health.

05 Musculoskeletal Health

Nearly half of menopausal women report joint and muscle symptoms. Estrogen is essential for maintaining cartilage, bone density, and muscle elasticity — its decline accelerates wear-and-tear that can significantly impact mobility and quality of life.

WHY THIS HAPPENS

Estrogen maintains joint lubrication, cartilage integrity, and bone mineral density. It also has anti-inflammatory properties. Declining levels increase systemic inflammation and accelerate bone and muscle loss.

Joint Pain

Aching, stiffness, or swelling in joints — especially hands, knees, hips, and spine. Often worse in the morning.

Joint Stiffness

Reduced range of motion and a feeling of tightness, particularly after periods of inactivity.

Frozen Shoulder

Progressive stiffness and pain in the shoulder joint that can severely limit arm movement.

Muscle Aches & Cramps

Generalized muscle soreness, tension, or sudden cramping unrelated to physical exertion.

Muscle Loss (Sarcopenia)

Gradual loss of muscle mass and strength, accelerated by declining estrogen and testosterone.

Osteoporosis & Bone Loss

Women can lose up to 20% of bone density in the 5–7 years after menopause, increasing fracture risk.

Hip & Shoulder Pain

Specific joint pain in weight-bearing and rotator cuff areas, common sites of hormonal joint deterioration.

TMJ Dysfunction

Jaw pain, clicking, or difficulty chewing linked to hormonal changes affecting the temporomandibular joint.

WHAT ACTUALLY WORKS

HRT slows bone loss and may reduce joint inflammation. Weight-bearing exercise and resistance training are critical for preserving bone and muscle. Calcium, vitamin D, and magnesium supplementation support skeletal health.

06 Skin, Hair and Nails

Your skin loses approximately 30% of its collagen in the first five years after menopause. Estrogen supports collagen production, skin hydration, and hair follicle health — its decline is visible in ways that can affect both appearance and comfort.

WHY THIS HAPPENS

Estrogen stimulates collagen and elastin synthesis, maintains skin thickness, and regulates sebaceous gland activity. Declining estrogen also shifts the androgen-to-estrogen ratio, affecting hair growth patterns.

Dry, Itchy Skin

Loss of moisture and natural oils makes skin feel tight, flaky, and persistently itchy.

Hair Thinning & Loss

Diffuse hair loss across the scalp as follicles shrink and growth cycles shorten.

Unwanted Hair Growth

New facial or body hair (chin, upper lip, chest) as the relative increase in androgens takes effect.

Acne

Hormonal breakouts, often along the jawline and chin, driven by androgen dominance.

Brittle Nails

Nails that crack, peel, split, or develop ridges due to decreased keratin production.

Wrinkles & Sagging

Accelerated loss of collagen and elastin leads to fine lines, deeper wrinkles, and loss of skin firmness.

Melasma & Pigmentation

Dark patches on the face, often triggered by hormonal changes combined with sun exposure.

Burning Scalp

A painful, tingling, or burning sensation on the scalp without visible cause.

Eczema, Psoriasis & Rosacea Flares

Pre-existing skin conditions may worsen as the immune-modulating effects of estrogen diminish.

Hives

Unexplained itchy welts that appear and disappear, linked to histamine sensitivity changes.

WHAT ACTUALLY WORKS

Topical estrogen and systemic HRT can improve skin thickness and hydration. Hyaluronic acid, retinoids, and SPF are essential. Biotin and collagen supplements may support hair and nail health.

07 Cardiovascular Health

Heart disease is the leading cause of death in women, and menopause is a critical inflection point. Estrogen helps maintain healthy blood vessels, favorable cholesterol levels, and anti-inflammatory protection — all of which decline after menopause.

WHY THIS HAPPENS

Estrogen promotes vasodilation, supports HDL ('good') cholesterol, and reduces arterial plaque formation. Its loss leads to increased LDL, arterial stiffness, and higher blood pressure.

Heart Palpitations

Awareness of heartbeat — racing, pounding, or skipping — that can be frightening but is usually benign.

Irregular Heartbeat

Arrhythmias or extra beats that may become more frequent during hormonal fluctuations.

Blood Pressure Changes

New or worsening hypertension as blood vessels lose estrogen-mediated flexibility.

High Cholesterol

Shifts in lipid profiles — rising LDL and triglycerides, declining HDL — that increase cardiovascular risk.

Increased Heart Disease Risk

The cumulative effect of metabolic, vascular, and inflammatory changes post-menopause.

WHAT ACTUALLY WORKS

HRT initiated within 10 years of menopause has been associated with a 25–50% reduction in fatal cardiovascular events. Heart-healthy diet, regular cardio exercise, stress management, and monitoring blood pressure and cholesterol are essential.

08 Weight and Metabolism

Weight gain during menopause is incredibly common — women transitioning through menopause burn roughly 250–350 fewer calories per day than before. The frustrating part: it can happen even without any change in diet or exercise habits.

WHY THIS HAPPENS

Declining estrogen shifts fat storage from hips and thighs to the abdomen. Lower testosterone reduces muscle mass (which burns more calories at rest). Insulin sensitivity also decreases.

Weight Gain

Gradual or sudden increase in body weight, particularly resistant to previous weight-loss strategies.

Abdominal Fat ('Meno Belly')

Increased visceral fat around the midsection, even in women who were previously slim-waisted.

Slowed Metabolism

A measurable decrease in basal metabolic rate as muscle mass declines and hormonal efficiency drops.

Weight Fluctuations

Unpredictable swings in weight unrelated to diet changes, often driven by water retention and hormonal shifts.

Blood Sugar Dysregulation

Increased insulin resistance that can lead to energy crashes, cravings, and elevated diabetes risk.

Metabolic Syndrome

A cluster of conditions — high blood pressure, high blood sugar, excess abdominal fat, abnormal cholesterol — that increase disease risk.

WHAT ACTUALLY WORKS

HRT can help redistribute fat and improve insulin sensitivity. Strength training preserves muscle mass and metabolic rate. A protein-rich, anti-inflammatory diet and consistent movement are foundational strategies.

09 Digestive Health

Estrogen receptors line the entire gastrointestinal tract, influencing motility, gut barrier function, and the microbiome. When estrogen declines, digestive symptoms that were never an issue before can suddenly appear.

WHY THIS HAPPENS

Estrogen modulates gut motility, bile production, and intestinal permeability. Its decline can slow digestion, alter the gut microbiome, and increase sensitivity to certain foods.

Bloating

Persistent abdominal distension and discomfort, often worse after meals or in the afternoon.

Acid Reflux & Heartburn

Increased stomach acid or weakened esophageal sphincter tone causing burning and discomfort.

Constipation

Slower gut motility leading to infrequent, difficult, or incomplete bowel movements.

Gas & Flatulence

Increased intestinal gas production related to changes in gut bacteria and digestive efficiency.

Nausea

Waves of queasiness unrelated to food intake, sometimes triggered by hormonal surges.

IBS-Like Symptoms

Alternating constipation and diarrhea, abdominal cramping, and increased gut sensitivity.

Food Cravings & Appetite Changes

Intense cravings (especially for sugar and carbs), increased hunger, or loss of appetite.

Food Sensitivities

New intolerances to foods that were previously well-tolerated, linked to gut barrier changes.

WHAT ACTUALLY WORKS

Probiotics and a fiber-rich diet support gut health. Smaller, more frequent meals can reduce bloating. HRT may improve gut motility. Identifying and avoiding trigger foods helps manage symptoms.

10 Sexual and Reproductive Health

Sexual health changes are among the most common yet least discussed symptoms of menopause. They cause significant distress for one in seven midlife women, but they are also among the most treatable symptoms.

WHY THIS HAPPENS

Estrogen maintains vaginal tissue thickness, lubrication, and blood flow. Testosterone supports libido and arousal. The decline of both hormones directly impacts sexual function and comfort.

Vaginal Dryness

Thinning and drying of vaginal tissue (vaginal atrophy) that causes discomfort, itching, and irritation.

Low Libido

Decreased sexual desire or interest, often compounded by fatigue, mood changes, and physical discomfort.

Pain During Intercourse

Dyspareunia caused by vaginal dryness, tissue thinning, and reduced elasticity.

Irregular Periods

Unpredictable cycle length, flow, and timing as ovarian function winds down.

Heavier or Lighter Periods

Dramatic changes in menstrual flow — from flooding to barely-there — as hormone levels fluctuate.

Bacterial Vaginosis

Changes in vaginal pH and microbiome increase susceptibility to infections.

Bladder Spasms

Involuntary bladder contractions causing urgency and discomfort, linked to tissue thinning.

WHAT ACTUALLY WORKS

Vaginal estrogen (creams, rings, tablets) is highly effective for local symptoms. Systemic HRT and testosterone therapy can restore libido. Lubricants and moisturizers provide immediate relief. Pelvic floor therapy strengthens supporting muscles.

11 Urinary Health

The urinary tract shares embryological origins with the reproductive tract, and both are highly sensitive to estrogen. As estrogen declines, the tissues of the bladder and urethra thin and weaken, leading to symptoms that can significantly impact daily life.

WHY THIS HAPPENS

Estrogen maintains the thickness and elasticity of urethral and bladder tissue, supports the pelvic floor muscles, and helps maintain the acidic pH that protects against infection.

Urinary Incontinence

Involuntary urine leakage — stress incontinence (with coughing, sneezing, exercise) or urge incontinence (sudden, intense need to urinate).

Frequent Urination

Needing to urinate more often than usual, including multiple times during the night (nocturia).

Urinary Urgency

A sudden, compelling need to urinate that is difficult to defer, even when the bladder isn't full.

Urinary Tract Infections

Recurrent UTIs as thinning tissue and pH changes reduce the body's natural defenses against bacteria.

Overactive Bladder

A combination of urgency, frequency, and sometimes incontinence caused by involuntary bladder muscle contractions.

WHAT ACTUALLY WORKS

Vaginal estrogen is the first-line treatment for urinary symptoms of menopause. Pelvic floor exercises (Kegels) and physical therapy strengthen supporting muscles. Bladder training techniques can reduce urgency and frequency.

12 Sensory and Neurological

Some of the most surprising and unsettling symptoms of menopause fall into this category. From electric shocks to phantom smells, these neurological symptoms are caused by estrogen's role in nerve function and sensory processing.

WHY THIS HAPPENS

Estrogen protects nerve fibers, supports neurotransmitter function, and modulates pain perception. Its decline can cause misfiring of sensory nerves and altered processing of sensory information.

Electric Shock Sensations

Sudden, brief jolts of pain or buzzing that feel like an electric shock, often in the head or limbs.

Tingling Extremities

Pins-and-needles sensations in the hands, feet, arms, or legs without an obvious cause.

Burning Mouth & Tongue

A persistent burning, scalding, or tingling sensation in the mouth, lips, or tongue.

Tinnitus

Ringing, buzzing, or humming in the ears that may be new or worsened by hormonal changes.

Vertigo & Dizziness

A spinning sensation or unsteadiness that can occur suddenly and affect balance.

Headaches & Migraines

New or worsening headaches, particularly hormonal migraines tied to estrogen fluctuations.

Blurred Vision & Dry Eyes

Changes in vision clarity and reduced tear production as estrogen-dependent eye tissues are affected.

Phantom Smells

Smelling odors that aren't there (phantosmia), linked to changes in olfactory nerve processing.

Crawling Sensations (Formication)

The feeling of insects crawling on or under the skin, caused by nerve misfiring.

Hot Feet

Burning or warmth in the feet, especially at night, related to peripheral nerve changes.

Internal Tremors

A vibrating or trembling sensation inside the body that isn't visible externally.

WHAT ACTUALLY WORKS

HRT can reduce neurological symptoms by stabilizing nerve function. B-vitamins support nerve health. Specific treatments exist for migraines, vertigo, and tinnitus. Always consult a physician to rule out other causes.

13 Respiratory and Immune

Lung function declines more rapidly during the menopause transition, and the immune system undergoes significant changes. Women may develop new allergies or experience flare-ups of existing immune conditions.

WHY THIS HAPPENS

Estrogen has anti-inflammatory and immune-modulating properties. Its decline can trigger immune dysregulation, increased histamine sensitivity, and reduced respiratory muscle tone.

Shortness of Breath

Feeling winded during activities that previously caused no difficulty, linked to declining lung function.

New or Worsening Allergies

Developing sensitivities to substances that never caused problems before, or existing allergies becoming more severe.

Autoimmune Flare-Ups

Worsening of conditions like rheumatoid arthritis, lupus, or thyroid disease during hormonal shifts.

Dry or Itchy Eyes

Reduced tear production and increased eye irritation as mucous membranes thin.

Skin Rashes & Hives

Unexplained rashes or welts linked to increased histamine release and immune changes.

WHAT ACTUALLY WORKS

HRT may help modulate immune function and reduce inflammation. Antihistamines can manage allergy symptoms. Staying hydrated, using humidifiers, and supporting gut health (which influences immunity) are helpful strategies.

14 Oral and Dental Health

Over half of women over 40 report changes in their teeth and gums. Even oral tissues have estrogen receptors, so hormonal decline increases the risk of gum disease, tooth sensitivity, and other oral health problems.

WHY THIS HAPPENS

Estrogen maintains oral mucosa integrity, supports saliva production, and helps regulate the oral microbiome. Bone loss from declining estrogen can also affect the jawbone that supports teeth.

Bleeding Gums

Gums that bleed easily during brushing or flossing, a sign of hormonal gingivitis.

Burning Mouth Syndrome

A chronic burning or tingling sensation in the mouth, tongue, or lips without visible cause.

Dry Mouth

Reduced saliva production that increases the risk of cavities, gum disease, and oral discomfort.

Bad Breath

Persistent halitosis linked to dry mouth and changes in the oral microbiome.

Tooth Sensitivity

Increased sensitivity to hot, cold, or sweet foods as gum recession exposes tooth roots.

Gum Disease

Progressive periodontal disease that can lead to tooth loosening and loss if untreated.

WHAT ACTUALLY WORKS

Regular dental check-ups become even more important during menopause. Saliva substitutes and staying hydrated help with dry mouth. HRT may improve oral tissue health. Calcium and vitamin D support jawbone density.

15 Breast Changes

Hormonal fluctuations during perimenopause can cause breast tissue changes that range from mildly uncomfortable to quite painful. These changes are usually benign but should always be discussed with your healthcare provider.

WHY THIS HAPPENS

Fluctuating estrogen and progesterone levels cause breast tissue to swell, retain fluid, and become more sensitive. As hormone levels eventually decline, breast tissue composition shifts from glandular to fatty tissue.

Breast Pain & Tenderness

Aching, soreness, or sharp pain in one or both breasts, often cyclical but sometimes constant.

Breast Size Changes

Breasts may increase or decrease in size as tissue composition changes.

Sore Nipples

Heightened nipple sensitivity or pain, sometimes accompanied by itching.

Breast Swelling

Temporary enlargement and heaviness, often related to fluid retention during hormonal surges.

WHAT ACTUALLY WORKS

A well-fitted, supportive bra can reduce discomfort. Evening primrose oil may help some women. HRT can stabilize hormonal fluctuations that cause cyclical breast pain. Always report new breast changes to your doctor for proper screening.

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Ready to Feel Like Yourself Again?

Your hormones started it. We help fix it.

Exia's doctors look at the full picture and build a personalized HRT plan around all of your symptoms — not just the obvious ones. Real doctors. Real care. For everything you're feeling.

GET MY PERSONALIZED PLAN

1

Easy Online Visit

Share your symptoms and history. 10 minutes. No commitment.

2

Relief, Delivered

Treatment ships discreetly to your door in days.
hrt.exiahealth.com

3

Ongoing Support

Your doctor adjusts your plan and is always available.

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