HEALTH BASICS

Menopause

Menopause is the final menstrual period, confirmed after 12 months without bleeding.

WHAT IT IS
The final menstrual period, confirmed after 12 months without one

WHERE IT COMES UP
Ageing, menstrual changes, contraception, and hormone-treatment discussions

WHY IT MATTERS
Changes fertility, bone health, and some healthcare decisions

WHAT IT IS NOT
Not a disease or a single blood-test diagnosis

WHO TO ASK
Primary care clinician, gynecologist, or menopause specialist

HOW IT IS CHECKED
Menstrual history; selective blood tests when timing is unclear

Overview

Menopause is a normal stage of life, not a disease. It is the point when menstrual periods permanently stop because the ovaries are no longer releasing eggs regularly.

Natural menopause is confirmed after 12 consecutive months without a period, when there is no other explanation for the bleeding to stop. This means it can only be identified after the final period has already happened.

In everyday conversation, "menopause" often describes a longer period of change. More precise terms are:

Some people reach menopause after surgery that removes both ovaries. Treatments such as chemotherapy, radiotherapy, or medicines that affect ovarian function may also bring it on earlier or pause periods. A hysterectomy removes the uterus, so periods stop, but it does not necessarily cause menopause if the ovaries remain.

- Perimenopause: the transition leading up to menopause and the following 12 months
- Menopause: the final menstrual period
- Postmenopause: the time after menopause has been confirmed

How it works

The ovaries contain follicles, which hold immature eggs. The number and activity of these follicles decline over time. Ovulation-the release of an egg-becomes less predictable and eventually stops.

The ovaries also produce hormones, including estrogen and progesterone. During perimenopause, levels of these hormones can rise and fall unevenly. After menopause, the ovaries produce much less estrogen and progesterone.

Follicle-stimulating hormone, or FSH , is made by the pituitary gland in the brain. FSH often rises as ovarian activity falls. However, levels can change from day to day during perimenopause. A single FSH result may therefore give an incomplete picture.

Pregnancy is still possible during perimenopause because ovulation can happen even when periods are irregular. Menopause can also be difficult to identify when hormonal contraception changes or stops bleeding.

Why it matters for your health

Hormonal changes during perimenopause can affect daily life. Experiences may include hot flushes, night sweats, disrupted sleep, mood changes, difficulty concentrating, headaches, or joint discomfort. Not everyone has these changes, and their intensity and duration differ.

Lower estrogen can affect tissues around the vagina, vulva, bladder, and urethra. This is called genitourinary syndrome of menopause , or GSM. It can involve vaginal dryness, discomfort during sex, urinary irritation, or repeated urinary tract infections. Unlike some changes during perimenopause, GSM may continue without treatment.

Estrogen also helps maintain bone strength. Bone loss tends to speed up around the menopausal transition. Over time, this may contribute to osteoporosis , a condition in which bones become weaker and more likely to break.

Heart and blood-vessel risk also changes with age. Blood pressure, cholesterol, smoking, diabetes, activity, and family history remain important. Menopause is one part of this wider health picture; it does not by itself mean that heart disease is present.

What can go wrong

Menopause itself is not an illness. However, some medical conditions or situations can be

mistaken for the menopausal transition or become more relevant around this time.

Unexpected bleeding needs attention. Irregular bleeding is common during perimenopause, but it may also relate to pregnancy, fibroids, polyps, thyroid conditions, medication, or changes in the uterine lining. Bleeding after menopause has been confirmed should be assessed promptly. Common causes include thinning of vaginal or uterine tissues and polyps, but clinicians also check for endometrial hyperplasia or cancer.

Menopause between ages 40 and 44 is often called early menopause . Loss of ovarian function before age 40 is called premature ovarian insufficiency , or POI. These situations require medical assessment because they may affect fertility, bones, and cardiovascular health.

Persistent vaginal or urinary changes may be due to GSM, but infections, skin conditions, pelvic-floor problems, and other causes can feel similar. An examination or urine test may help distinguish them.

Routine follow-up is appropriate for troublesome changes, uncertainty about contraception, possible early menopause, or questions about treatment.

Arrange prompt medical assessment for any bleeding after menopause, bleeding after sex, or bleeding that is becoming heavier or more frequent.

Seek urgent or emergency care for very heavy bleeding with fainting, severe weakness, breathing difficulty, or chest pain. Sudden facial weakness, arm weakness, or trouble speaking also requires emergency help.

What you can do

In a typical natural transition, you may not need a test to confirm menopause. Your menstrual history is often more useful than a one-time hormone measurement.

Practical steps include:

Blood tests may be considered when menopause is suspected unusually early, the pattern is unclear, or another condition may be affecting periods. Tests can include FSH, pregnancy testing, or thyroid testing. Hormonal contraception and some medicines can make results harder to interpret.

If changes are affecting your life, ask about the available options. Menopausal hormone therapy can be effective for hot flushes and night sweats. People with a uterus generally need a progestogen with systemic estrogen to protect the uterine lining. Local vaginal estrogen and non-hormonal treatments may be considered for vaginal or urinary changes.

The benefits and risks of treatment are personal. They are influenced by factors such as your age, time since menopause, medical history, treatment type, and whether you have a uterus. Menopausal hormone therapy is not contraception.

Ask whether you need a bone-density test. It is not automatically required for everyone at menopause; the decision is based on age and fracture risk factors. Regular weight-bearing activity, adequate dietary calcium, vitamin D, avoiding smoking, and limiting alcohol support bone and general health.

Continue the screening and health checks recommended for your age and history. Menopause does not replace cervical, breast, bowel, blood-pressure, cholesterol, or diabetes checks.

- Record period dates, bleeding patterns, and changes that affect daily life
- Take a pregnancy test if pregnancy is possible and a period is late
- List your medicines and contraceptives, including hormones
- Ask whether your age or medical history makes blood testing useful
- Report any bleeding after menopause rather than waiting for it to recur

Common questions

Do I need an FSH test?

Often, no. In people over 45 with a typical pattern of menstrual change, menopause can usually be identified from age and menstrual history. Testing may be more useful when menopause is suspected before 45, periods cannot be tracked, or another cause is possible.

Can I become pregnant during perimenopause?

Yes. Ovulation may still happen even when periods are irregular. Continue contraception until a clinician or contraception service confirms that it is reasonable to stop. Hormone therapy used for menopausal changes does not prevent pregnancy.

Does a hysterectomy cause menopause?

Removing the uterus stops menstrual bleeding. If one or both ovaries remain, they may continue producing hormones, so menopause may not happen immediately. Removing both ovaries causes an abrupt surgical menopause.

Is hormone therapy necessary?

No. Treatment is optional and should reflect how changes affect you, your preferences, and your health history. Some people use hormone therapy, some use non-hormonal treatment, and some need no treatment.

Is bleeding after menopause normal?

It is not considered part of a routine menstrual cycle and should be checked promptly. Many causes are not cancer, but an examination and sometimes imaging or a sample of the uterine lining are needed to identify the cause.

Sources

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