

Menopause management

Self-care

Get correct information & support

It is helpful to understand what is happening to your body at any stage of life, but especially at times of significant change such as menopause.

Discussing menopause with others can also be helpful. Partners and other family members will find it easier to support you if they understand what happens during menopause. See the websites below for more information.

Diet

A healthy diet helps to support or improve your overall health and well-being. A diet that is low in fat, sugar, salt, and processed foods, and high in fruit and vegetables, calcium, protein, and fibre can help to prevent osteoporosis and heart disease and to keep a healthy weight.

Exercise

Exercise is a critical part of self-care throughout your life and is especially important during perimenopause and after menopause.

- Cardiovascular exercise is known to improve your overall health and wellbeing, and to reduce some of the symptoms of menopause. 150-300 minutes of moderate to vigorous intensity exercise a week is recommended. This can be in any form that works for you such as a bike ride, swimming, jogging, or brisk walking.
- Resistance exercise to keep your muscles strong and healthy is also critical. Skeletal muscle has a role in regulating every part of your body's function. It affects ageing and disease progression in most systems of your body.

We know that keeping your muscles strong and healthy has a significant impact on your overall health and wellbeing and lowers your risk of chronic disease. It can also reduce the risk of osteoporosis.

Doing resistance exercise for 45 minutes on at least 2 days a week is the current recommendation. You can do this through a gym or at home.

It is recommended that you check with your GP before starting a new exercise regime and consult with a physiotherapist or exercise physiologist to get a strength training plan that suits you.

Stress Management

Using stress management techniques such as relaxation, mindfulness techniques, and exercise can help to improve your mental health and wellbeing during the menopause transition.

Doing things that you enjoy, not taking on too much, and making time for yourself are also important.

Managing hot Flashes

If you are experiencing hot flashes, it may help to predict and minimise situations that may trigger hot flashes. These may include reducing or stopping smoking, avoiding some foods (such as very spicy foods), and reducing caffeine or alcohol intake. Wearing clothing in layers so you can easily remove the top layers as needed is also helpful.

Getting professional help

Professional help for managing the symptoms of menopause can include:

- assessment
- information
- counselling
- medical treatments
- complementary or alternative therapies

What medical treatments are available?

- Menopause hormone therapy (MHT). The symptoms of menopause are caused by decreasing levels of the hormone oestrogen in your body. MHT involves replacement of oestrogen (usually along another hormone, progesterone and sometimes testosterone) and is the most effective treatment for symptoms related to the hormonal changes of menopause. MHT is also beneficial for bone health and may decrease cardiovascular disease.
- Non-hormonal menopause treatments are also available for women who for medical reasons or personal choice, wish to avoid MHT. These include some antidepressants as well as some other medications that are effective in reducing hot flashes.

The Canberra Menopause Centre

The Canberra Menopause Centre is a specialist service for women* seeking information, support, and medical management of menopause. It is staffed by experienced female doctors who have a particular interest in this area.

For more details contact us during office hours on 02 6247 3077 or email shfpact@shfpact.org.au

Visit the Canberra Menopause Centre website at shfpact.org.au/menopause-centre-of-canberra

Useful websites:

Australasian Menopause Society:

www.menopause.org.au/health-info/fact-sheets

Jean Hailes: www.jeanhailes.org.au/health-a-z/menopause

* Health information produced by SHFPACT that describes gendered health needs and issues is not intended to exclude trans and gender diverse people. Please seek advice from your health professional about health risks that relate to the interaction of biological sex, and other therapeutic intervention including hormonal medication.

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Menopause

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What is menopause?

Menopause is the stage of life when your menstrual periods stop. It occurs when your ovaries are no longer producing eggs and is a normal part of life.

When does menopause usually occur?

Menopause can occur at different ages but is usually between the ages of 45 and 55. The average age of menopause in Australia is 51 to 52. However, it can occur as late as 60.

If menopause occurs before the age of 40 it is called premature menopause. This may happen naturally or from medical treatments that affect your ovaries, such as surgery, radiotherapy, or chemotherapy, where your ovaries have been damaged or removed.

What happens during menopause?

During menopause levels of certain hormones in your body, such as oestrogen, change and decrease.

Menopause has three phases:

Perimenopause

- This is the time from the first onset of any symptoms until 12 months after your last menstrual period.
- Perimenopause can vary in length but usually lasts around 4 to 6 years.
- Symptoms can start up to 10 years before your final period.
- During perimenopause, it is common for periods to change. They may end suddenly, but more often they become irregular or heavier and longer before eventually stopping.
- Sometimes other symptoms of menopause may start before there are any change to your menstrual cycle.

Menopause

- This is the last menstrual period.

Post-menopause

- This is from 12 months after your last menstrual period. Symptoms can continue for 2 to 5 years after your last period and for some people can continue into their 60s and beyond.
- For some people, the menopause transition has little impact on their lives. However, many do experience significant symptoms which are caused by the changes in hormone levels that occur during this time.

- Some people may experience psychological, emotional, and physical symptoms severe enough to affect their health and well-being, and to disrupt their lives.
- Menopause can mean a new lease of life for you, free from concerns about periods, premenstrual syndrome, or the risk of pregnancy. However, some people find it difficult and may feel anxious about reaching this stage in their life or mourn the loss of their fertility and youth. For almost everyone, menopause is a time of significant change.

What are the symptoms of menopause?

Symptoms can vary from person to person. Most people will experience mild to moderate symptoms. Around 20% of people will experience severe symptoms.

Symptoms of menopause include:

• Hot flushes or sweats

Hot flushes may be associated with sweating, palpitations, a sudden 'wave of heat' especially around the neck and face, or a 'crawling' feeling under the skin. Sweating may be more noticeable at night, which can disturb sleep.

• Emotional and psychological changes

These vary for everyone but may include symptoms of depression, anxiety, mood swings, tiredness, lower sex drive, and poor concentration or memory.

Emotional symptoms might also be made worse by life stresses that commonly occur around the same time as menopause.

This can include caring for children; young adult children leaving home; caring for aging parents; parents' death; employment changes; and changes in your physical health or relationships.

• Vaginal changes

After menopause the lining of the vulva and vagina become thinner and less elastic, and there may be less vaginal lubrication. As a result, you may find that intercourse becomes less comfortable or less enjoyable.

• Urinary problems

Reduced elasticity in your bladder and pelvic floor muscles may affect bladder tone. This means that you may pass urine more often or experience leakage when you cough or sneeze. Urgency (feeling the need to rush to the toilet when your bladder is full) can also occur.

• Body changes

There can be body changes such as dryer and thinner skin, increased facial hair, joint pain, and loss of breast tissue.

What are some of the long-term effects of menopause?

Increased risk of cardiovascular disease

The risk of cardiovascular disease increases after menopause.

This is caused by changes in metabolism due to lower levels of oestrogen. Cardiovascular disease is a leading cause of death in Australia.

Taking care of your heart health with a healthy diet, regular exercise, keeping a healthy weight, and regular visits to your GP becomes even more important after menopause.

Increased risk of osteoporosis

Osteoporosis is thinning bones, leading to a greater chance of a fracture occurring, particularly in the hip, spine, and wrist. Loss of oestrogen after menopause is the primary cause of osteoporosis.

Factors that may increase your risk of osteoporosis include:

- Early menopause, a thin build, a history of eating disorders, excessive exercise.
- A family history of osteoporosis.
- Long-term use of some medications (for example, steroids, epilepsy medications, antacids, breast cancer treatment, and fluid tablets).
- Lifestyle factors such as smoking, high intake of alcohol or caffeine, a diet low in calcium, and lack of exercise.

Taking care of your bone health is important throughout your life and becomes particularly important in perimenopause and post menopause and includes:

- Eating a healthy balanced diet that includes foods high in calcium such as dairy products, seeds, nuts, leafy greens, tofu, salmon, and sardines.
- Doing regular exercise. Weight bearing exercise such as walking or running, as well as strength based exercise are both needed to support bone health.
- Talking to your GP. They can help you with advice about bone health and can refer you to a dietician or exercise physiologist if needed.

What about sexuality after menopause?

We are sexual beings all our lives. Interest in and feelings about sex often change in midlife. Some people notice a decreased interest in sex during perimenopause, others don't.

If sex has been meaningful and enjoyable in your younger years, it will probably continue to be so as you get older. The quality of your relationship with your partner will also affect feelings about sex. Sexuality involves more than just intercourse and is enhanced when a relationship is supportive, loving, and involves good communication.

Changes such as vaginal dryness and thinning of the vaginal walls may lead to discomfort during sex. Vaginal oestrogen cream or pessaries, lubricants, vaginal moisturisers, and menopause hormone therapy can all help with this.