Understanding Perimenopause

A clear, compassionate guide to what changes, what you may notice, and where to find support.

Perimenopause is a transition, not a diagnosis. Your experience may look different from someone else's. There are ways to manage symptoms and support your long-term health.

What is perimenopause?

Perimenopause is the stage leading up to your final menstrual period and the 12 months afterwards. During this time, ovarian hormones such as oestrogen and progesterone fluctuate. This can change your periods and affect your physical and emotional wellbeing.

It commonly starts in your 40s, though it can begin earlier or later. It may last 2–10 years; around 4–6 years is typical.

When is menopause?

Menopause is confirmed after 12 consecutive months without a menstrual period. In Australia, it usually occurs between ages 45 and 55, with an average age of 51.

Your periods may change

- Cycles may become shorter, longer or less predictable.
- Bleeding may be heavier or lighter, and you may skip some periods.

Source: Australian Government Department of Health, Disability and Ageing, "Perimenopause" (updated 26 May 2026). This is an independent educational summary, not an official government publication.

Symptoms & getting answers

Some people experience few or no symptoms; others find symptoms interfere with daily life. Not every new symptom in midlife is caused by perimenopause.

Commonly reported symptoms

- Hot flushes and night sweats; difficulty sleeping
- Brain fog, mood changes or anxiety
- Joint and muscle pain; dry or itchy skin
- Vaginal dryness or irritation; urinary or bladder symptoms
- Changes in interest in sex or body-fat distribution

There is no single “normal” experience. You deserve support if symptoms are affecting your daily life.

How is it identified?

A doctor will usually consider your age, symptoms and menstrual history. For people aged 45–55, routine hormone tests are often not useful because levels fluctuate. If you are under 45 and your periods become irregular or stop, your doctor should investigate hormone levels and possible causes.

Other conditions can look similar

Your doctor may recommend tests for other explanations, such as thyroid problems or low iron, and discuss appropriate health checks.

Pregnancy is still possible

Ovulation can still happen during perimenopause, even with irregular periods. If you do not wish to become pregnant, discuss contraception with a healthcare professional.

Care, treatment & next steps

You do not have to simply put up with symptoms. Your doctor can help you consider options that suit your health and preferences.

Treatment options to discuss

- Lifestyle and behavioural strategies
- Menopausal hormone therapy (MHT), sometimes called HRT
- Hormonal contraception or non-hormonal prescription medicines
- Support for bladder symptoms, including physical therapy
- Other suitable symptom-management options

Everyday foundations

- Enjoy a varied diet with vegetables, fruit, protein, whole grains and dairy or alternatives.
- Stay active with aerobic, weight-bearing and resistance exercise suited to you.
- Build a consistent sleep routine and care for your mental wellbeing.
- Limit alcohol and caffeine if they worsen symptoms; avoid smoking and vaping.
- Stay socially connected and keep up with recommended health checks.

When to speak with a doctor

Book an appointment if symptoms worry you or affect your quality of life, or if you notice concerning menstrual changes. A clinician can check for other causes and discuss treatment. Ask about bone health, blood pressure, cholesterol and other checks relevant to you.

> Remember: This guide is general education, not personal medical advice. Treatments are not suitable for everyone. Seek advice from a qualified health professional for diagnosis and care.

PRIMARY SOURCE

Australian Government: Understanding Perimenopause | Page updated 26 May 2026.