Episode 1: Wait! *This* is Perimenopause?!

Hi, and welcome to Burning It Down—One Hot Flash at a Time, your guide to thriving in perimenopause. I'm Nadia, a 45-year-old queer cisgendered woman navigating the completion of my Master's degree, first-time motherhood, a new career, and yes, perimenopausal hormones, all at the same time.

You might think you know what perimenopause looks or feels like—but chances are, it's not what you had in mind. For decades, mainstream conversations about menopause have been narrow, framed primarily through white, straight, middle-class lenses, and often steeped in stigma, ageist rhetoric, and a ton of misinformation.

This podcast is about changing that narrative. We'll explore perimenopause and menopause through fresh perspectives, highlighting experiences that have historically been silenced, and offering practical knowledge to help both the people living in this stage and the therapists supporting them. We'll dive into the myths, the symptoms, the mental health impacts, and most importantly, the realities that are shaping how perimenopause is experienced today.

So grab a cup of tea, or maybe just a fan for those hot flashes, and let's start debunking myths and explaining the way it really is.

(01:29)
This project prompted me to think about the internal narrative I held around menopause. It was narrow and had multiple implicit assumptions. *I'm a perimenopausal woman, but I'm not at all who I thought a perimenopausal woman would look like.* Overall, I considered menopause a wind-down period. I assumed folks would be in their 50s or 60s, approaching retirement; the assumption that if they were children, they were grown and moved out. I also believed that this stage of a person's life correlates with some level of wealth accumulation, like home ownership, and the availability of disposable income and time—because, let's face it, time is money.

In retrospect, my impressions also reflected a white, middle-class, cisgendered, heteronormative, ageist perspective. Weird … or is it? Turns out that these aren't uncommon beliefs. Scholars, critics, and people in general are increasingly talking about the fact that current conversations about the menopausal transition are outdated. They're framed through biomedical and misogynist perspectives that centre such a narrow part of our population (Jermyn, 2023). Misogynistic in that discussions of aging among and about people assigned female at birth are primarily driven by male viewpoints that frame aging in negative, deficit-based terms. Youth is equated with beauty and desirability, whereas aging and the loss of reproductive capacity is associated with diminishing worth.

(03:00)
So, what's the story I'm *actually* living? Yes, I'm 45, but I'm *definitely* not in a wind-down period. I'm in the process of settling into a new career that finally makes me feel like I've come home. I'm mixing both my skills and my hard-earned wisdom and the outcome feels phenomenal. I'm the most excited and engaged in my career as I've ever been. I'm also a new mom to my first child. And oh my god, here I am navigating perimenopausal hormones. My wife is navigating postpartum hormones. And let me tell you, this is an intense hormonal time in our home. But I'm not the only one. The average age of first-time mothers has been steadily increasing. It's now 31 and a half in Canada and over 32 in BC (Statistics Canada, 2024a). I'm part of a growing demographic of people that are called the sandwich generation. These are people between the ages of 40 and 60 who are simultaneously caring for aging parents and their own children (Sudarji et al., 2022).

Why are people choosing to have kids so late? Well, for many of us, we simply couldn't afford to have kids in our 20s. And on top of that, we didn't want to. A 2023 survey suggested that Canadians have lots of reasons for postponing parenthood (Stone, 2023). We want to experience life, travel, find the right partner, establish some sort of

career so that we can afford said children, hopefully develop emotional maturity, pay down school debts, and maybe even try and save for a down payment on a home.

And then there's the fact that people are just living longer. Life expectancy has almost doubled since the 1900s with people now living well into their 80s (Dattani et al., 2023). We've all heard folks say that 30 is the new 20, 40 is the new 30, 50 is the new 40, and so on. Women's average life expectancy is steadily increasing, but the average age of menopause seems to be holding stable at around 51 with only slight evidence of an increasing age of onset (Mishra et al., 2024; The HER-BC Report – Women's Health Research Institute, 2020). This means one third to half of a woman's life may be spent in peri- and post- menopause **This is no wind down period.**

(05:16)
What does that mean for how different generations talk about perimenopause and menopause? The "winter is coming narrative" associated with menopause is a thing of the past. It's dead y'all. Let's bury it. RIP. The current experience of menopause is not reflected in our grandmothers' or even our mothers' experiences. Folks need to keep up. We're out here. We're hot and not only because of hot flashes, we're powerful and we're making moves. As society changes, so must the story we tell ourselves about the menopausal transition. And that's what this podcast is about. Bringing an outdated story into the present while confronting the myths and misinformation about menopause that have lingered for far too long.

I could have chosen any topic for my capstone. Why did I choose this one? Well, because there's still so much stigma around perimenopause, so it can feel difficult to talk about. And yet the best way to reduce stigma is to talk about it. So here I am, doing just that. Despite menopause being an "it" topic right now, we still have a long way to go in building awareness and educating people on what to expect and how to best advocate for themselves in a system that isn't set up to support them just yet. As I alluded to earlier, I'm talking about it because I found current mainstream discourse on perimenopause narrow and insufficient.

Experiences of perimenopause are evolving like everything else, and yet we're still kind of stuck in this old, fossilized understanding of what it is and what happens. My goal is to bring forward a more comprehensive understanding and include non-dominant perspectives. And most practically, I'm talking about it because knowledge is power. Research shows that having accurate information about the perimenopausal transition can improve quality of life for those of us going through it (Marco et al., 2025).

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Why is it important that therapists be aware of this?
In Canada in 2025, there were nearly 4 million people aged 40 to 54, and a substantial chunk of them are experiencing menopausal symptoms (Statistics Canada, 2024b). The likelihood of having a person in our office who is navigating perimenopausal challenges is high. We may be comfortable offering attention to other midlife issues, like changes in career, relationships, identity exploration, and health, but perimenopause impacts all of those areas and more. It can be like the elephant in the room, addressed infrequently, or not at all (Royikoroha, 2023).

My goal is to better equip therapists to address the under-discussed topic of perimenopause in clinical settings, so we can offer more holistic, client-centered care.

I'd like to offer some additional statistics, because I feel like numbers really help us put things in perspective. So we know around 4 million people in Canada are entering or navigating the perimenopausal transition (Menopause Foundation of Canada, 2022). While it rarely *completely* incapacitates people, it can significantly impact a person's quality of life. 75% of people experience symptoms that interfere with their daily lives. 30 to 40% report new or worsening mood swings, anxiety, or depression. Almost half said it negatively impacts their intimate relationships

with their partners. And on the more severe side, 10% of people said they may need to stop working due to unmanaged symptoms (Menopause Foundation of Canada, 2022).

Societal stigma around perimenopause and menopause is still quite high, and it leaves people feeling too ashamed or embarrassed to talk about their experiences. This results in half of people feeling unprepared for menopause and 40% feeling alone (Menopause Foundation of Canada, 2022). It's a perfect opportunity for therapists to step in and alleviate some of the aloneness felt during this time. We're not doctors, and the expectation certainly isn't that we counsel our clients on what to do, but rather to provide a space where they can be heard, validated, and supported in their experiences.

(09:25)
What is menopause?
Okay—all this talk about perimenopause and menopause and post-menopause; what *is* it? Let's start by clarifying the medical definition, because the term *menopause* has been inaccurately used as a synonym for the menopausal transition, which it's not. What does that mean?

Well, menopause is defined as the end of your period. It's the end of a person's reproductive years, and it's diagnosed retroactively 12 consecutive months without a period (Motlani et al., 2023). That means if you go 11 months and 15 days, and then you get a period, you have to restart that 12 month counter all over again, and you're not in menopause quite yet.

Perimenopause, on the other hand, is the phase leading up to that last period. This is the phase where people experience hormonal changes underlying the symptoms we often hear associated with menopause (Santoro et al., 2020). It can begin as early as 35, but usually starts in your early 40s and lasts, on average, 10 years (Motlani et al., 2023).

When I heard 10 years—because yes you heard me right, 10 years!—I was like, *what*? Why didn't anyone tell me this before? Did no one think to mention that *10 years of my life* are going to be spent in a hormonal transition? Here I was thinking menopause was one day—a one-and-done kind of situation. I have my period one day, the next, I don't. Super simple, moving on. Looking back though, I can say, oh yeah of course that doesn't make logical sense. Imagine thinking that teenage puberty only lasted one day. One day you're a preteen, the next you're a fully functioning adult. It's kind of ridiculous when you put it that way, right?

Well, it's ridiculous, *and* I can totally understand why I thought that. My experience of women's reproductive health from puberty to perimenopause has been embedded in a shroud of secrecy and shame. I remember being in high school and my friend would lean over and say, hey, dang, I just got my period, do you have an extra pad? And then we'd begin this like highly secretive mission of passing pads to one another so no one would see. Honestly, it felt like a scene from *Mission Impossible*. And since then, until now, I've found it hard to cultivate a sense of curiosity around my menstrual health while simultaneously feeling kind of embarrassed about it.

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I started to wonder when these feelings of shame started. I couldn't think of any explicit declarations. It was more insidious than that. It was the omission of the topic altogether. That's enough to make you think—oh, I guess I'm not supposed to talk about this. Then there were the subtle cues received through advertising, like *this tampon is so small* or *this pad is so thin* that no one will ever know you're carrying it. Or *here, buy these scented pads* because periods, well, yuck. I was slowly being groomed to accept societal constructs around what it meant to be a person with a uterus and a vulva. People who identified as girls didn't talk about their bodies, sex, and least of all our menstrual or reproductive health.

When I started researching for this podcast and began to discover the truth about the perimenopausal transition, I felt a little bit of that old sense of embarrassment start to creep in. But then that embarrassment quickly turned to annoyance, and then a desire to act. This time around, I'm older and wiser and I'm aware enough to recognize that my shame and embarrassment are misplaced. They're rooted in the broader institutions that continue to perpetuate shame around menstrual health and relegate it to low priority by failing to provide adequate education.

For example, people go to their doctors for support during this time, right (Menopause Foundation of Canada, 2022)? Well, the Menopause Society reports that menopause education isn't consistently integrated across residency programs in family medicine, meaning that even the doctors we turn to for assistance aren't equipped to help us with our perimenopausal transition (Canadian Menopause Society, 2024). The expectation has always been that we just grin and bear it—and do so silently.

(13:39)
When do perimenopause and menopause occur? Does each stage only happen during midlife?
Well, the answer to that is a bit more complicated than it is straightforward. Yes, most people enter perimenopause between the ages of 40 and 50 and reach menopause between 45 and 55. The average age for "natural"—and I say that in air quotes—menopause is 51 (Menopause Foundation of Canada, 2022; The HER-BC Report – Women's Health Research Institute, 2020) But this general timeline doesn't apply to everyone. There are many reasons why people experience menopause earlier.

For example, there are medical and surgical menopause. Medical menopause can be caused by chemotherapy, radiation, or ovarian suppression therapy, whether as part of a cancer treatment or gender affirming care (Menopause Foundation of Canada, 2022; Toze & Westwood, 2024) I'll discuss more of this in a later podcast. Surgical menopause occurs when both ovaries have been surgically removed. On a related topic, a person who undergoes a hysterectomy—that's the removal of your uterus, but not your ovaries—won't be pushed into menopause, because your hormones are actually produced in your ovaries, so as long as your ovaries are intact, you're not in menopause. That being said, folks who have their uterus removed do tend to enter menopause 2-3 years earlier than the average (Menopause Foundation of Canada, 2022).

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Then there are early menopause and premature menopause. Early menopause occurs in about 5-10% of the population, and this means that your period stops between the ages of 40-45. Premature menopause occurs in about 1% of the population, and this means that your period stops before the age of 40 (Menopause Foundation of Canada, 2022.; Whitcomb et al., 2018).

Premature and early menopause can happen for many reasons, often due to a combination of genetics, lifestyle, and environmental influences. Here are some factors that research has shown may play a role in early or premature menopause.

- These are in no particular order, but let's start with genetics. Genetics are considered a major factor impacting premature or early menopause (Hernández-Angeles & Castelo-Branco, 2016; Mishra et al., 2019), meaning, if you have a family history, like a mother or grandmother who have experienced premature, early, or even late menopause, your timeline might be similar.
- Age of first period— a first menstrual period at age 11 or younger increases the risk of early or premature menopause, especially if the person hasn't given birth (Mishra et al., 2019).
- Cigarette smoking: smoking is strongly correlated to premature menopause. Multiple studies found that smokers experience menopause 1-2 years earlier than non-smokers (Mishra et al., 2019; Whitcomb et al., 2018).
- Weight and body mass index—your BMI. Research suggests that BMI isn't a consistent measure for body fat or even health risk for people from different ethnic backgrounds (Heymsfield et al., 2015;

Stanford et al., 2019). So while this tool has its flaws, I still wanted to include it because weight was frequently mentioned as a cause for early menopause, or even pre-menopause. A normal BMI is between 18.5 and 24.9. Being underweight, that means having a BMI lower than 18.5 was consistently associated with premature and early menopause (Szegda et al., 2017; Fazeli et al., 2022).

- I found this one really interesting—a child of a multi-pregnancy: Being a twin or a triplet in utero increases your chances of early or premature menopause (Mishra et al., 2019).
- This last factor is complicated—race and ethnicity. There is strong evidence that race and ethnicity influence both the timing of menopause and the severity of symptoms. What's important to note, however, is that these studies don't treat race as purely a biological category. Instead, most experts believe the observed differences reflect social determinants (Harlow et al., 2022; Reeves et al., 2022). Many researchers view race as a *lived experience* that includes social, environmental, and structural factors that shape a person's lived experiences. These factors in turn affect issues like chronic stress, access to health care, socioeconomic conditions, and exposure to discrimination (Harlow et al., 2022; Reeves et al., 2022). This perspective aligns with the weathering hypothesis, which proposes that long-term exposure to social, economic, and environmental stressors, particularly those related to racism and systemic inequality, can lead to accelerated biological aging in marginalized groups (Reeves et al., 2022). I've mentioned a median age of menopause: 51. But this number is largely based on predominantly white populations. Research shows that Asian women tend to reach menopause slightly later, while Black and Latina women often experience menopause earlier, with Black women on average entering menopause 1.2 years sooner than the average (Reeves et al., 2022).

(18:39)
Let's talk about symptoms. What do they feel like and why do we get them?

But first, a note on language. In this podcast, I'll use the word *symptom* as we commonly understand it—a subjective experience, usually unpleasant or troublesome, caused by some bodily change or condition. I recognize that talking about *symptoms* implicitly frames menopause as a disorder or pathology, rather than a normal life transition. Perhaps it would be better to speak about "discomforts" of menopause rather than symptoms. But most of us are familiar with the term symptom, and it's used throughout the literature. So for clarity, I'll use it. Just know that I'm not suggesting that perimenopause is an illness that needs to be cured.

Okay, so let's dive in. Two of the most commonly talked-about symptoms are hot flashes and night sweats. That's understandable, because 50-60% of people experience them (Menopause Foundation of Canada, 2022.). Hot flashes and night sweats are known as vasomotor symptoms. But what if you're part of the 40-50% of people who never experience hot flashes or night sweats? Are you still in perimenopause? The answer is yes, absolutely. Other less-known symptoms include joint pain, poor sleep, urinary tract infections, vaginal dryness, memory loss and brain fog, dry mouth, bad breath, weight gain, and mood-related issues like anxiety and depression (Santoro et al., 2020). What I found interesting, however, is that studies show that people don't come in with a specific complaint. They usually start with vague complaints of not feeling like themselves before identifying any specific symptoms.

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Perhaps especially relevant to therapists is mood disorders, and they may be the most under-discussed issue related to perimenopause. Until recently, research on perimenopause focused primarily on vasomotor symptoms. Research on how this transition impacts mood and mental health were largely absent. But current literature suggests that the perimenopausal transition is a time of particular vulnerability for mood disturbances (Musial et al., 2021[MM1]). Here's what we know about hormones and how they impact our mental health.

When it comes to mood disorders, I'll be referencing two groups of people: those that have a previous history of a mood disorder, and those that don't. I want to acknowledge that there are many people who don't have access to

mental health services, don't want a psychiatric label, or choose not to engage with the mental health system because doing so might cause additional harm. For those folks, I would suggest tracking your symptoms before perimenopause and during to monitor for worsening symptoms and if necessary, try and seek out care that feels appropriate for you.

The other caveat here is that life circumstances such as socioeconomic status, social support, and stressors interact in complex ways that impact how our bodies change over time. In addition to this, there are countless emotional, cultural and psychological meanings associated with midlife and menopause that can contribute to mood changes. And finally, emerging research is starting to explore the impacts of systemic inflammation and structural changes to the brain as potential contributors to changes in mental health during the perimenopausal transition (Musial et al., 2021).

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Now that we've gotten those important pieces out of the way, I'd like to talk about depression and bipolar disorder.

Between 15 and 50% of women experience depressive symptoms during the menopausal transition. In 15 to 30% of perimenopausal women, they are severe enough to be regarded as a depressive disorder (Toffol et al., 2015). In addition, folks with a previous history of major depressive or bipolar disorders may be more likely to relapse during the menopausal transition (Deecher et al., 2008). For instance, some research suggests that people with a history of major depressive disorders are three times more likely to experience a major depressive episode during the menopausal transition (Musial et al., 2021).

Further study is required to understand the potential relationship between bipolar disorder and menopause. But bipolar disorder is believed to have a bimodal pattern of diagnosis—meaning it's mostly identified in two distinct age groups, with peaks in early adulthood *and* later in life between the ages of 45 and 54 (Musial et al., 2021). This later peak coincides with perimenopause, raising questions about whether the two may be related. Regardless, what is known is that folks diagnosed with bipolar do report more pronounced depressive episodes while navigating the perimenopausal transition (Musial et al., 2021).

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And then there's anxiety. Multiple studies show a significant relationship between perimenopause and anxiety (Bromberger et al., 2013; Flores-Ramos et al., 2017), and authors of a recent study predict a 40% increase in perimenopausal anxiety disorders by the year 2035(Zhang et al., 2025).

All this to say that *yes*, there is evidence of a relationship between perimenopause and mood disorders like depression and anxiety. Whether first onset or recurring, this relationship can be attributed, in part, to fluctuating hormones (Deecher et al., 2008; Musial et al., 2021).

Okay, that's enough perimenopause talk for one episode! My brain officially needs a timeout, time to step back and recharge. We've only just started peeling back the layers of what perimenopause is, when it happens, and why the story you've heard for decades might not match reality. Next time, we'll dive into what's really happening in your body and mind during this whirlwind phase that can be frustrating at times, but is ultimately life-changing. See you next time.