



Hormones, Menopause and Sleep Problems

Why does perimenopause and menopause affect sleep?

There is often a combination of hormonal changes (particularly declining oestrogen leading to shifts in other hormones such as melatonin and cortisol), physical changes, and personal life factors, which can all contribute to different sleep problems. Poor sleep itself is a symptom of menopause, but equally other menopausal symptoms can indirectly cause sleep disruption.

Sleep is complex. This is why it is so important to have a good understanding of your specific experience. This way we are more likely to tackle the underlying issue and get you the right treatment and support.

What could be the cause?

Disrupted sleep-wake cycle

Melatonin plays an important role in regulating the sleep/wake cycle and promoting sleep. When melatonin is activated, it reminds the body that it's time to sleep. Melatonin declines around menopause, which disrupts the balance. This could present as difficulty falling or staying asleep.

Hot flushes and night sweats

Are you familiar with that hot and sweaty feeling you get during a heat wave? This is what flushes and sweats may feel like. For some, this is not only daytime, but commonly at night, which long term is incredibly unpleasant and disruptive to sleep.

Snoring and Sleep Apnoea

Around menopause, declining hormones can cause soft tissues in the throat to collapse. You may also experience midlife weight gain around the face and chin. Both changes can cause your airway to be partially blocked when lying down, resulting in sleep apnoea (episodes of shallow or no breathing) and symptoms of snoring, waking up choking or gasping for air, daytime sleepiness, and morning headaches, which all in turn reduce sleep quality.

Restless Leg Syndrome (RLS)

This is a common distressing condition, often worse at night. Some people describe an overwhelming urge to move the legs or an unpleasant crawling sensation. The intensity varies from person-to-person, and for some, symptoms are distressing enough to impair sleep. RLS around perimenopause occurs for a few reasons: Fluctuating (and eventually declining) oestrogen affects the chemical dopamine, which has been linked to RLS. RLS is also associated with low iron levels (commonly found in perimenopausal women experiencing heavy periods), weight gain, lack of exercise, caffeine, alcohol and smoking.

Overactive Bladder

Commonly around perimenopause you may find yourself waking up to urinate more. This could be due to pelvic floor weakness and poor bladder control. It could be you are drinking more as other symptoms such as sweats are making you thirsty. Or you may have always emptied your bladder at night, but now you are struggling to fall back asleep after doing so, something new since the menopause transition.

Joint and muscle pains

Oestrogen has many roles for our joints and bone health: reducing inflammation, maintaining muscle mass, and regulating bone growth and strength. Loss of oestrogen around menopause can lead to painful, inflamed and stiff joints, and muscle and bone weakness, which you may be more attentive to at night when resting and with fewer distractions.

Psychological symptoms

Feeling anxious or stressed can keep us tossing and turning all night. It can also lead to physical symptoms such as palpitations and sweats, which keep us awake. Stress also activates cortisol (levels of which are normally low at night). We know that higher cortisol levels are associated with poor sleep quality because cortisol suppresses other





chemicals such as melatonin and adenosine, know to help keep us calm and less alert, thus promoting longer, less fragmented sleep. Making matters worse, having existing chronic insomnia stimulates more cortisol production, creating a vicious cycle.

What can you do?

Don't focus on quantity.

People often worry they are not getting enough hours of sleep, but this may not be helpful. Having undisturbed good quality sleep for 5 hours, for example, is more beneficial than lying in bed for 8 hours, with regular periods of waking.

Develop healthy bedtime habits

Keep your room cool and dark, avoiding using screentime devices such as TVs, laptops, mobiles. These are triggers as blue light from these tricks the brain into thinking it's daytime, the body then stops releasing melatonin and disrupts the sleep cycle.

Try following a regular routine including a similar bedtime every day. It can be tempting to go to bed early when you are exhausted but is likely to result in early morning waking. If you do find yourself tossing and turning in the night, try going to another room, and do something soothing and calm. Then return to bed when you are tired again. This method helps train your brain to associate the bedroom with sleep. You may wish to try this formally, through cognitive behavioural therapy for insomnia (CBT-I) which has been shown to be an effective, evidence-based treatment.

Incorporate stress-reduction techniques in your bedtime routine. Such include meditation, a soothing bath or listening to calming music, which can help us relax and keep cortisol levels low.

Modify lifestyle habits

Regular exercise can regulate mood and sleep. You may find it beneficial avoiding exercise close to bedtime, as this can be a stimulant.

Our gut health is directly linked to stress. Eating late at night and digesting certain foods (including red meat, high fat dairy, processed and sugary foods) can put more strain on our gut, leading to bloating, higher cortisol levels, and feeling alert. Alcohol, caffeine, and tobacco are all stimulants. Caffeine is not only a stimulant, but has a long half-life, remaining in the body for 5-10 hours. It also blocks adenosine in the brain, key for sleep. You may be tempted by the temporary sedative effect of alcohol, but it is short lived and worsens overall quality and length of sleep. Alcohol, caffeine and smoking worsen mood, flushes, and bladder stimulation, indirectly keeping us awake.

Consider including foods rich in tryptophan (nuts, seeds, wholegrains, legumes) in your diet to help increase serotonin production, a precursor to melatonin.

Some supplements such as magnesium are known have a calming effect. It worth noting that there are mixed results with melatonin. This is because melatonin resets your cycle but is not a sedative, which is why it is not a surprise that it often doesn't help.

Treat the cause. This may involve taking specific medications to tackle symptoms, including HRT. You may benefit from changing to a natural progesterone in your HRT, as progesterone metabolises to a substance called allopregnanolone, known to have a sedative effect.

Finding solutions for joint and muscle issues such as supportive mattresses and good sleep posture can help take pressure off joints and reduce joint stiffness.

If you suspect you have conditions such as sleep apnoea, restless legs syndrome, or mood disorder, you may need specialist referral.

If self-help gets tough, seek help from a hormonal or sleep specialist to support you. You can book an appointment with our specialist here:

<https://berkshiremenopauseclinic.com/contact-us>

