

Sleep, Strength & the Menopause

Reclaiming Rest, Energy, and Vitality Through Midlife

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The Changing Landscape of Sleep

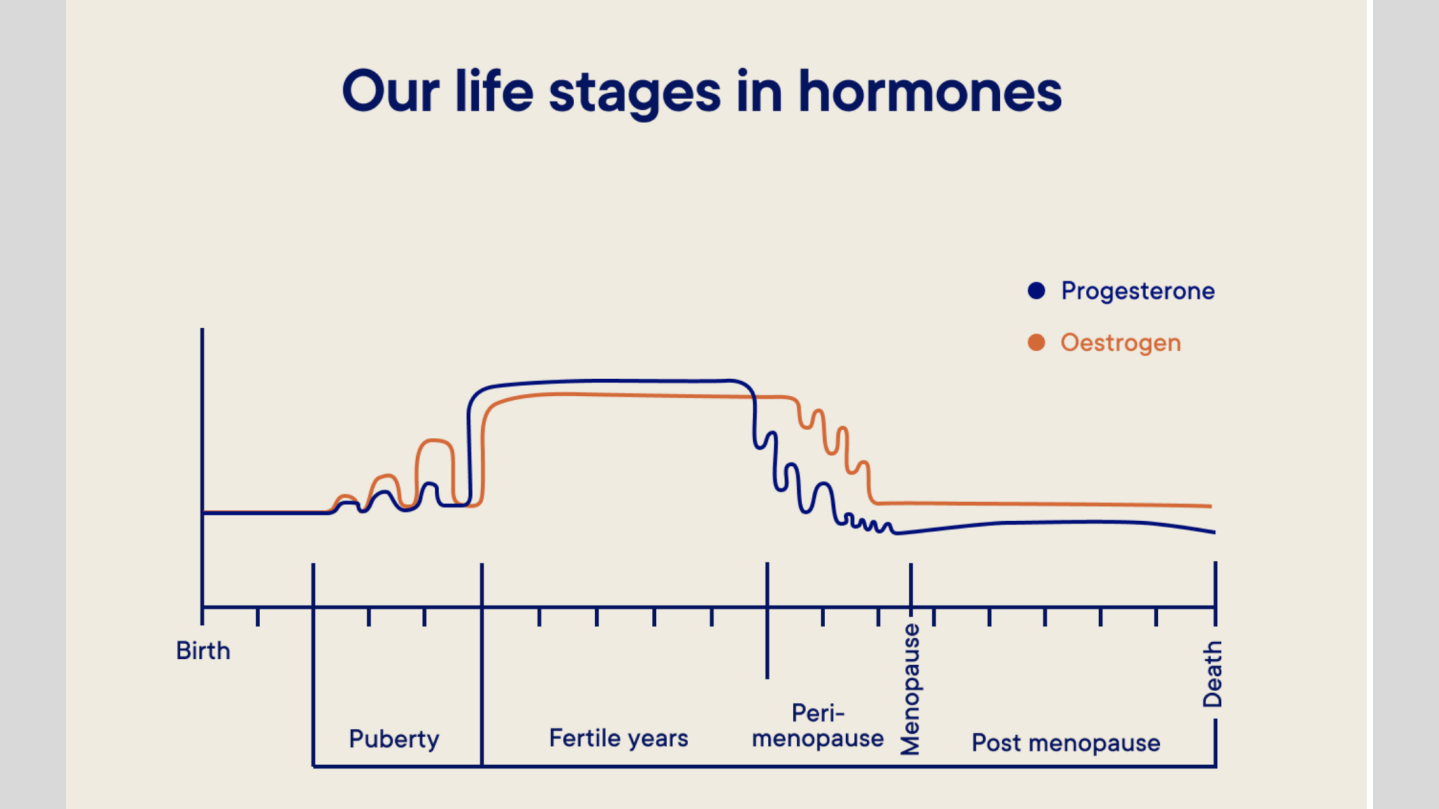
Sleep in midlife isn't broken — it's transforming. The hormonal choreography that once lulled you into rest each night begins to change tempo. Oestrogen and progesterone, once steady conductors of calm, start to fluctuate — and with them comes a different rhythm of rest.

You may find yourself awake at 3 a.m., mind whirring, body hot, heart racing — wondering where your old sleep has gone. But this isn't a failing. It's your biology adjusting to a new regime.

What's Really Going On

- **Drop in oestrogen** → temperature dysregulation, serotonin and melatonin changes
- **Drop in progesterone** → less GABA activation (your brain's natural calming signal)
- **Cortisol and melatonin** lose synchrony → night-time alertness and anxiety surges
- **Circadian rhythm** may advance → earlier awakenings and fragmented sleep

💜 *Understanding this gives you back control — because knowledge calms the nervous system.*

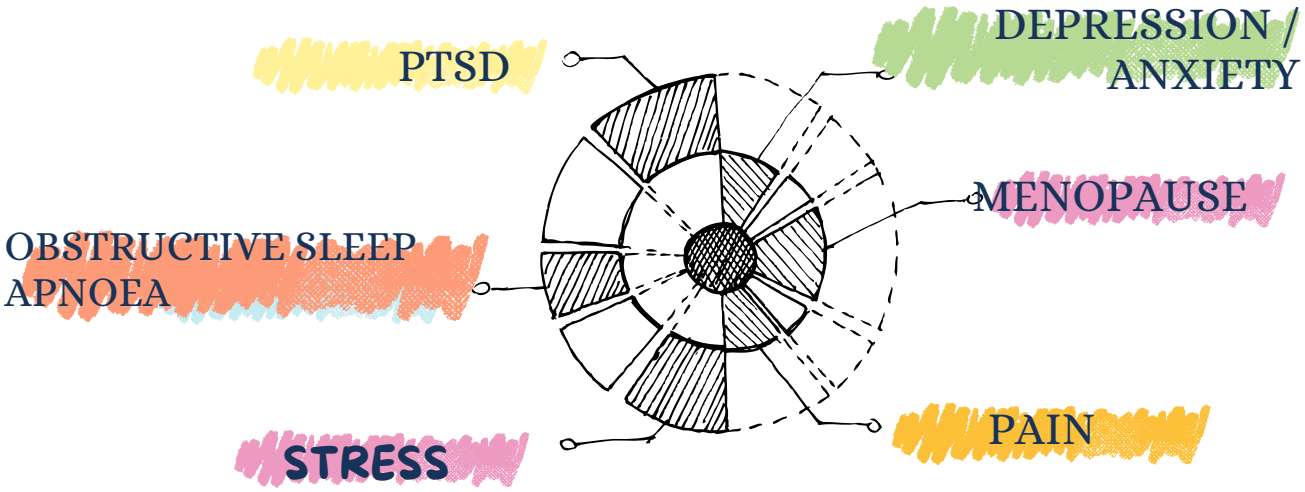


Common Sleep Issues

Insomnia - Defined as difficulty falling asleep, staying asleep or waking too early for 3 nights a week over a period of 3 months with no other cause e.g medications, drugs, alcohol.

There are often factors that contribute towards -

INSOMNIA



In perimenopause and menopause there is a significant amount of women who suffer from it.



Cognitive Behavioural Therapy for Insomnia is the worldwide gold standard and uses the brains abilty, with practice, to alter both our sleep thoughts and sleep behaviours.

Some ideas to help -

Bed is for sleep and sex only

One hour wind down before bed - no screens or electronics

If lying in bed awake then get out of bed and only go back when you are sleepy.



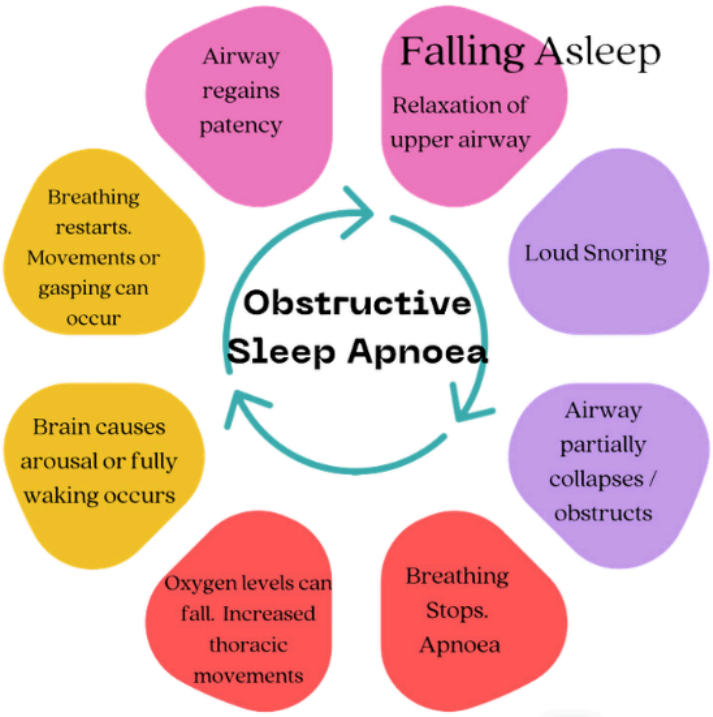
When Tiredness Isn't Just Hormonal

Not all fatigue in menopause is purely hormonal. Several medical conditions can mimic or worsen menopausal tiredness.

Obstructive Sleep Apnoea (OSA)

OSA becomes more common after menopause due to hormonal changes affecting muscle tone in the upper airway.

- **Typical signs:** loud snoring, witnessed pauses in breathing, morning headaches, dry mouth, or daytime sleepiness.
- **Why it matters:** Untreated OSA fragments sleep, raises blood pressure, increases heart risk, and worsens fatigue and mood.
- **When to seek help:** If you snore regularly or feel unrefreshed despite long sleep hours, request a home sleep study via your GP or sleep clinic.



Hot Flashes: Oestrogen withdrawal causes the brain to become more reactive to temperature shifts. This causes it to initiate the cooling processes, like sweating, to lower core body temperatures — leading to hot flashes and night sweats. Thus leading to night wakings and disrupted sleep. Of women with severe hot flashes, nearly 44% meet the clinical criteria for chronic insomnia

Before the hot flash, body temperature rises and blood flow increases to the face, creating a heating sensation causes waking.

It is documented that Vasomotor Symptoms, VMS, affect 75 - 85% of menopausal women with up to one third continue 10 years after perimenopause.



Restless Leg Syndrome: Includes a tingling, pins and needles or the feeling of something crawling over you or fizzy water. Often relieved by getting up and walking. Women are twice and likely to experience RLS and menopause increases occurrence and severity. No real understanding of why nor the best treatment for it but thought to be linked to changes in oestrogen or iron deficiency. Ferritin levels should always be checked. Low-normal ferritin levels <75 ng/mL.

Lifestyle modifications, including avoiding exacerbating factors, such as caffeine and alcohol, maintaining regular exercise, and adhering to sleep hygiene practices, are strongly encouraged. Cognitive behavioral therapy for insomnia has also been highlighted as an effective adjunct therapy, reflecting its utility in addressing the common comorbidities of sleep disturbance in patients with RLS.

Other fatigue factors

- **Thyroid dysfunction:** fluctuating thyroid hormones can mimic menopause.
- **Iron or B12 deficiency:** common in perimenopause due to menstrual blood loss or poor absorption.
- **Anxiety and depression:** both reduce sleep efficiency and energy levels.

💡 *Tiredness in menopause is multifactorial — understanding the cause is the first step toward effective treatment.*

Your Midlife Sleep Reset

. **Anchor your mornings:** Wake up at a consistent time and get natural light within 30 minutes.

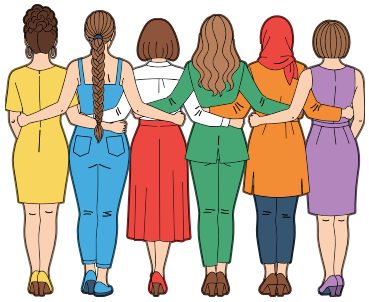
. **Move with purpose:** Strength training 3× per week; yoga or stretching on rest days.

. **Evening ritual:** Allow 30 minutes to wind down. Reduce light, heat, and stimulation.

. **Cool your core:** Keep your bedroom around 18–20 °C, use breathable bedding, and stay hydrated.

. **Mind management:** Journal for release, not rumination. Reframe "what if I don't sleep?" into "my body knows how to rest when it feels safe."

💜 *Sleep isn't a switch to flick — it's a tide to catch. The calmer the sea, the smoother the drift.*



Hormone Replacement Therapy (HRT) & Sleep

Current **NICE (NG23)** and **British Menopause Society** guidelines recognise that HRT can play a significant role in improving sleep and quality of life when menopausal symptoms are disruptive.

How HRT Supports Sleep

- **Oestrogen replacement** helps stabilise temperature regulation, reducing night sweats and hot flushes.
- **Progesterone** (especially micronised progesterone) can have a calming, sleep-promoting effect due to its action on GABA receptors in the brain.
- **Transdermal oestrogen** (patch, gel, or spray) tends to offer smoother hormone delivery and may reduce sleep disruption compared to oral forms.

Clinical Guidance

- HRT is considered safe for most healthy women under 60 or within 10 years of menopause onset.
- Combined oestrogen–progesterone therapy is used if you still have a uterus.
- Regular review (every 12 months) is advised to ensure the lowest effective dose for symptom control.
- Always discuss individual risk factors (family history, cardiovascular health, clotting risk) with your GP or menopause specialist.

HRT doesn't replace good sleep habits — but for many women, it can create the hormonal foundation that allows CBT-I, exercise, and recovery strategies to finally work as intended.



Move, Don’t Overdo

Exercise is one of the most powerful hormonal regulators we have — but in midlife, intensity needs intelligence. Strength training becomes medicine for metabolism, mood, and sleep.

Why Strength Training Beats Aerobics in Menopause

Emerging evidence shows that **resistance training** offers superior benefits to aerobic exercise for women in midlife and beyond:

- 🦴 **Bone density:** Lifting weights stimulates osteoblast activity, protecting against osteoporosis.
- 💪 **Muscle mass & metabolism:** Preserves lean tissue, improving insulin sensitivity and energy regulation.
- 🧠 **Mood & sleep:** Improves serotonin and BDNF (brain-derived neurotrophic factor), promoting more restorative sleep.
- 💧 **Hot flush control:** Regular strength training has been shown to reduce vasomotor symptoms through better thermoregulation and vascular tone.

Aerobic exercise still matters — for cardiovascular health and endurance — but it should **complement**, not dominate, your routine. Three weekly strength sessions with lighter aerobic movement (e.g. brisk walking, cycling, swimming) on alternate days provides the best balance.

When & How to Train

- **Morning or midday:** best for strength and cardio — supports circadian stability
- **Evening:** focus on stretching, mobility, yoga or gentle Pilates
- **Avoid:** high-intensity training close to bedtime (can spike cortisol and delay sleep onset)

Try this: After training, spend two minutes slowing your exhale to twice the length of your inhale. It teaches your nervous system to shift from *doing* to *resting*.

🌿 Supplements That Support Sleep & Hormone Balance

Always check with your GP or pharmacist before starting new supplements, especially if you take prescribed medication.

Magnesium (glycinate / threonate)

Calms the nervous system and supports muscle recovery.⚠️ Avoid with certain antibiotics or heart medications.

Vitamin D3 + K2

Supports hormone health, bone density, and immune function.⚠️ Avoid high doses with calcium tablets or digoxin.

Omega-3 (EPA/DHA)

Reduces inflammation and supports brain and cardiovascular health.⚠️ May increase bleeding risk if on anticoagulants.

Saffron Extract (Crocus sativus)

May improve mood, hot flushes, and sleep quality.⚠️ Avoid with SSRIs or blood-thinning medication.

Ashwagandha

An adaptogen that helps lower evening cortisol and improve recovery.⚠️ Avoid if taking sedatives, thyroid medication, or pregnant.

💬 *Supplements can be helpful allies — but they sit best on a foundation of balanced routines, nutrition, and recovery.*

✍️ Reflections & Notes

What feels different about my sleep this month?

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One thing I'll change this week:

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Which supplements or routines feel realistic for me?

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📘 Further Reading & Resources

- **The Menopause Charity** – up-to-date information and support
- **My Menopause Centre** – symptom tools and clinical advice
- **Huberman Lab:** *The Science of Sleep & Hormones* episode
- **NHS Menopause & Sleep Advice** – evidence-based recommendations

💻 *For consultations and resources, visit* **www.ashbysleepsolutions.co.uk**