

WOMEN'S HEALTH AFTER 40

Perimenopause, Menopause

& Healthy Aging

Understand the changes. Protect your health. Know when to seek care.

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**A practical guide for
women entering
midlife and beyond.**

What changes after 40?

Hormones

Estrogen and progesterone become less predictable during the menopause transition.

Body composition

Muscle can decline with age, while weight and fat distribution may change.

Bones & heart

Bone health, blood pressure, cholesterol and glucose deserve more attention in midlife.

BRAIN CHECK: Which change do women talk about most, and which one gets overlooked?

Premenopause, perimenopause, menopause, postmenopause

Premenopause

Reproductive years before the menopause transition.

Perimenopause

Cycles and symptoms may change; pregnancy is still possible.

Menopause

Reached after 12 straight months without a menstrual period.

Postmenopause

The years afterward; long-term bone, heart and metabolic health remain important.

BRAIN CHECK: Can someone be in perimenopause and still have regular-looking periods?

What estrogen and progesterone do

Estrogen

Supports reproductive tissues and contributes to bone, skin, vaginal and cardiovascular health. Levels fluctuate during perimenopause and later decline.

Progesterone

Produced after ovulation. As ovulation becomes less regular, progesterone patterns change too, contributing to cycle and symptom changes.

BRAIN CHECK: Why can symptoms vary from month to month instead of declining in a straight line?

Why the 40s can feel unpredictable

- Perimenopause is a transition, not an on/off switch.
- Estrogen may rise and fall unpredictably before settling at lower postmenopausal levels.
- Progesterone can decline as ovulation becomes less consistent.
- Symptoms may involve temperature regulation, sleep, mood, periods, vaginal tissues and more.

BRAIN CHECK: Which symptoms might be mistaken for stress or simply 'getting older'?

The symptom spectrum is broader than hot flashes

Temperature

Hot flashes, night sweats

Sleep & energy

Insomnia, fatigue

Mind & mood

Irritability, anxiety, low mood, brain fog

Periods

Irregular, heavier, lighter, closer or farther apart

Sexual & urinary

Dryness, discomfort, urgency

Body changes

Weight distribution, muscle, skin and hair changes

Menstrual changes and bleeding red flags

- Perimenopause can bring skipped periods and changes in flow or cycle length.
- Very heavy bleeding, persistent bleeding, dizziness or symptoms of anemia deserve medical evaluation.
- Any vaginal bleeding after 12 months without a period should be evaluated.
- Pregnancy remains possible during perimenopause.

BRAIN CHECK: What is the one bleeding pattern after menopause that should never be ignored?

Metabolism, weight and muscle

- Age-related muscle loss can reduce strength and affect energy needs.
- Fat distribution may shift toward the abdomen during midlife.
- Resistance training helps preserve muscle and function.
- Protein-rich foods, regular movement, sleep and realistic portions support healthy body composition.
- Focus on strength, waist trends, energy and metabolic health, not only the scale.

Protect bone and muscle as health assets

- Estrogen decline contributes to faster bone loss around and after menopause.
- Weight-bearing activity and resistance training support bone and muscle.
- Calcium and vitamin D needs should be met through food and supplements when appropriate.
- Balance and fall-prevention work become increasingly important.
- Bone-density screening timing depends on age and personal risk.

Midlife is a cardiovascular checkpoint

Blood pressure

Know your numbers and measure correctly.

Cholesterol

Review the full lipid profile and overall cardiovascular risk.

Blood sugar

Screen based on age, history and risk factors.

Movement

Aim for regular aerobic activity plus strength work.

Nutrition

Emphasize minimally processed, fiber-rich foods.

Sleep & tobacco

Protect sleep and avoid tobacco exposure.

Sleep, mood and concentration interact

- Night sweats can fragment sleep and worsen fatigue, irritability and concentration.
- A regular sleep schedule, cool environment and limiting late caffeine or alcohol may help.
- Brain fog can be supported with reminders, routines and less multitasking.
- Persistent anxiety, depression or sleep problems deserve appropriate clinical care.

Genitourinary symptoms are common and treatable

- Vaginal dryness, burning, irritation and pain with sex may occur.
- Urinary urgency, discomfort or recurrent urinary symptoms can also develop.
- Moisturizers and lubricants may help some symptoms.
- Local prescription treatments are available when appropriate.
- Symptoms do not need to be endured silently.

Visible changes can reflect age and hormone shifts

- Skin may become drier and less elastic as collagen and hydration change.
- Hair may become thinner or drier, while some women notice increased facial hair.
- Sun protection, gentle skin care, adequate nutrition and hydration remain useful basics.
- Sudden or severe hair loss should be assessed for other causes.

Build a midlife plate that supports long-term health

Protein

Include a quality protein source across meals to support muscle.

Plants & fiber

Vegetables, fruits, beans and whole grains support cardiometabolic health.

Healthy fats

Nuts, seeds, fish and unsaturated oils can fit a heart-supportive pattern.

BRAIN CHECK: What is one familiar cultural food you could pair with more protein or vegetables?

Food first, supplement to fill a real gap

- Vitamin D and calcium are important for bone health; individual needs vary.
- Vitamin B12 needs may require attention with age, diet patterns or certain medications.
- Magnesium is obtained from many foods; supplements are not automatically necessary.
- Iron should not be taken routinely unless there is a reason such as deficiency or clinician guidance.
- Supplements can interact with medications, so review them with a qualified healthcare professional.

Lifestyle care is foundational

Move

Be physically active most days.

Strengthen

Include resistance training regularly.

Eat well

Choose mostly minimally processed foods.

Sleep

Protect a consistent sleep routine.

Connect

Maintain social support and mental well-being.

Avoid tobacco

Reduce cardiovascular and cancer risk.

Match treatment to symptoms, risks and preferences

- Start with the symptom or health concern that most affects daily life.
- Review medical history, bleeding history, uterus status and cardiovascular or cancer risks.
- Options may include lifestyle strategies, nonhormonal medicines, local vaginal therapy or systemic hormone therapy.
- Treatment should be individualized and reassessed over time.

What to know about menopausal hormone therapy

- Systemic hormone therapy is an effective treatment for hot flashes and night sweats.
- It can also help prevent bone loss while it is being used.
- For people with a uterus, progesterone or another progestogen is generally needed with systemic estrogen to protect the uterine lining.
- Personal history, route, dose, timing and preferences affect the risk-benefit discussion.
- Unexplained bleeding and certain cancer, clotting, cardiovascular or liver histories require careful evaluation.

Nonhormonal and local treatments also exist

- Some prescription nonhormonal medicines can reduce hot flashes.
- Vaginal moisturizers and lubricants can support dryness and sexual comfort.
- Low-dose vaginal estrogen and other prescription local therapies may be options for genitourinary symptoms.
- Sleep, mood and sexual-health concerns can be treated directly when needed.

Your midlife health checklist

- Know your blood pressure, cholesterol and blood sugar status.
- Review menstrual changes and report abnormal bleeding.
- Protect bone and muscle with strength and weight-bearing activity.
- Prioritize sleep, nutrition, movement and tobacco avoidance.
- Discuss persistent menopause symptoms instead of simply enduring them.
- Keep preventive screenings and routine health visits up to date.

BRAIN CHECK: What is one action you can start this week?

Five ideas to remember

1

The 40s can bring real physiologic and hormonal changes.

2

Perimenopause can begin before periods stop.

3

Bone, muscle, heart and metabolic health deserve attention.

4

Symptoms are treatable with hormonal and nonhormonal options.

5

The best plan is individualized, evidence-informed and reviewed over time.

Reliable resources used in the source presentations

- World Health Organization — Menopause fact sheet
- American College of Obstetricians and Gynecologists — The Menopause Years; Hormone Therapy for Menopause
- The Menopause Society — Patient education and treatment resources
- Cleveland Clinic — Perimenopause and vitamin-timing education
- Harvard Health — Perimenopause education
- Cedars-Sinai and Keck Medicine of USC — Women's health in the 40s
- Stanford Lifestyle Medicine — Nutrition and supplement education

Educational use only. This presentation does not replace individualized medical advice, diagnosis or treatment.