



FREE GUIDE

PERIMENOPAUSE ESSENTIALS & GLOSSARY

What is happening in your body – and the words you'll hear

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How to use this guide

Part 1 explains what perimenopause is, when it starts and how to recognise it. Part 2 is a plain-language glossary of the terms you will hear – look up any word in the A–Z index at the end, where every term is clickable.

Perimenopause essentials

What is happening in your body

UNDERSTANDING PERIMENOPAUSE

Perimenopause is the transition leading up to menopause, when your ovaries gradually produce fewer hormones. Every woman goes through it. This natural process can bring physical, emotional and even spiritual changes as your body moves towards the end of your reproductive years.

During perimenopause you still have periods, but your cycles change. At first they often become shorter; later, towards the end of perimenopause, they may become longer and more irregular as your hormone levels fluctuate. The transition ends when you have gone 12 consecutive months without a period – the point we call menopause.

THE LIFECYCLE STAGES

Reproductive years	Perimenopause	Menopause	Postmenopause
Regular cycles, ovulation, active fertility	Hormones fluctuate, symptoms begin – typically lasts 4–10 years	One single day – 12 months without a period	Everything after that one day – for the rest of your life

Perimenopause is not a disease – it is a biological transition. Interestingly, in Chinese medicine menopause is called the “second spring”.

DID YOU KNOW?

Perimenopause can bring over 100 possible symptoms. My own [symptom checklist](#) lists 117 of them – physical, mental and emotional, spiritual, and those that touch your sense of identity. They include brain fog, anxiety, low mood, mood swings, sleep problems, weight changes, joint pain and fatigue – not to mention hot flushes and night sweats.

They happen because oestrogen receptors exist throughout your entire body, including your brain. As your hormone levels shift, many systems are affected at the same time.

You cannot avoid perimenopause – but you do not have to suffer.

HOW IS PERIMENOPAUSE RECOGNISED?

There is no single blood test for perimenopause. It is recognised by looking at your symptoms, the changes in your menstrual cycle and, where useful, how your hormones shift over time. Because hormone levels can swing from day to day, one blood test can look completely “normal” even when you are clearly in perimenopause.

And here is something many women are never told: even if you have no symptoms at all, if you are in your 40s your body is still changing. Your bones may be losing density, and changes may be happening in your blood vessels and your brain. That is why it is worth paying attention to this stage of life, whether or not you feel any different.

WHEN DOES IT START – AND HOW LONG DOES IT LAST?

Typical age

Perimenopause usually begins between the ages of 45 and 50, on average around 47 – although some women notice changes as early as their late 30s.

The role of family history

Genetics play a significant part in timing. If your mother went into perimenopause in her mid-40s, you may follow a similar pattern – so it is well worth asking her, or other women in your family, about their experience.

How long it lasts

Perimenopause typically lasts 4–10 years, and sometimes longer. For some women it is brief; for others, it unfolds gradually. Support, nutrition and lifestyle changes can make this phase feel far smoother – and even empowering.

Risk factors for early perimenopause

- High stress – a high-pressure job, or juggling career and family life
- Smoking, a diet high in sugar and refined carbohydrates, and a sedentary lifestyle
- A family history of early menopause
- Surgery on the womb or ovaries

THE FIRST SIGNS

The first sign many women notice is a change in their menstrual cycle. Periods can become shorter, heavier or lighter, or you may start to skip months. If your cycle has been regular for years and suddenly your period is several days early or late, that can be an early sign of perimenopause.

But the most common first signs often go beyond your periods – and they are easily missed. Many women do not recognise them as hormonal and simply put them down to stress, especially when they begin in their 30s or early 40s.

01 Sleep problems

Difficulty falling asleep, or waking at 3am for no obvious reason.

02 Mood changes

More irritability, tearfulness, anxiety or low mood.

03 Brain fog

Trouble concentrating, losing words, memory lapses – even feeling tired when driving longer distances.

04 Fatigue

Feeling more tired in general, despite enough rest.

05 Physical aches

Joint pain, frozen shoulder and strange, unexplained aches.

06 Later symptoms

Heart palpitations, hot flushes, night sweats and a lower sex drive usually appear later in the transition.

When you notice your body reacting differently to food, stress or exercise, these are your body's early messages that your hormones are shifting. You do not have to accept them as "normal", or as signs of ageing or stress.

SMALL SHIFTS IN YOUR 30S

Women in their 30s who are entering early perimenopause often have symptoms that go unrecognised, simply because nobody expects them at this age. Common early signs include heavier PMS, changes in sleep, irritability, bloating and brain fog. Some women describe simply feeling "off" – not quite themselves.

SIGNS OF PERIMENOPAUSE IN YOUR 40S

Metabolism

Many women notice changes in their metabolism, including increasing insulin resistance and unexpected weight gain – particularly around the middle – even when their diet and exercise have not changed. You might find it much harder to lose weight than before.

Your body

Physical changes are common too: more frequent injuries, persistent aches and joint pain, slower muscle recovery and a stiffness that was not there before. Sleep problems, night sweats and hot flushes may begin to appear, though their intensity varies.

Your mind and emotions

Mental and emotional shifts are just as important to recognise. Many women experience more anxiety, mood swings, low mood, irritability or brain fog. You may notice changes in your focus, your memory or your emotional reactions that feel unfamiliar.

PERIMENOPAUSE AND YOUR MENTAL HEALTH

Perimenopause can have a significant impact on your mental health. Hormonal fluctuations – particularly falling oestrogen and progesterone – directly affect brain chemistry and neurotransmitters such as serotonin and dopamine, which regulate mood and emotions.

Many women experience more anxiety, low mood or depression, irritability, mood swings, or simply feeling overwhelmed. Brain fog, difficulty concentrating and memory problems are common too. And disturbed sleep can make all of these worse, creating a challenging cycle.

Want to go deeper? Read my blog posts:

- [“Is My Life Over?” Anxiety, Low Mood and the Mental Weight of Perimenopause](#) – why your mood can change so much, and what helps
- [ADHD and Perimenopause: Why So Many Women Are Diagnosed Later in Life](#) – when focus and overwhelm turn out to be ADHD that perimenopause has unmasked

You cannot avoid perimenopause – but you do not have to suffer

I can help you understand where you are in your journey and support you through this transition – so that you come out of it stronger, healthier and more confident. Perimenopause can truly be your time to thrive.

Perimenopause & menopause glossary

The terms that often confuse us

The conversation around hormonal transition is full of medical words that no one properly explains. Here is a plain-language guide to the key terms – so you can understand what is happening in your body and advocate for yourself with confidence.

STAGES

01

Perimenopause

The transitional period before menopause, when hormone levels begin fluctuating. It can start as early as your mid-30s and typically lasts 4–10 years, sometimes longer. Most symptoms – hot flushes, mood changes, brain fog – happen here.

Peri means “around”. You are still having periods, but they may be irregular.

02

Menopause

Technically just one day – the point at which you have gone 12 consecutive months without a period. It can only be confirmed in retrospect. The average age in the UK is 51, but it varies widely.

You cannot know it is “the day” until a full year has passed with no period.

03

Postmenopause

Every day after that one-day marker. Oestrogen and progesterone stay consistently low. Symptoms may ease for some women, but the body keeps changing – bone, heart and brain health all need attention.

HRT can still be beneficial and protective in this phase.

Want to go deeper? Read my guide [HRT & You](#)

04

Premature menopause / POI

Premature ovarian insufficiency (POI) means menopause before the age of 40. It is not simply “early” – the ovaries stop working reliably, although occasional ovulation may still happen.

Affects around 1% of women under 40, and is often under-diagnosed.

05

Early menopause

Menopause between the ages of 40 and 45. Genetics play a part, but so can smoking, chronic stress, poor sleep, diet and environmental factors.

Your lifestyle can influence when your ovaries slow down – it is never too early to look after them.

Surgical menopause

Menopause caused by the surgical removal of both ovaries. Hormones drop overnight rather than gradually, so symptoms are often sudden and intense.

A hysterectomy that keeps the ovaries does not cause immediate menopause – but it may arrive earlier.

Want to go deeper? Read my guide [HRT & You](#)

HORMONES EXPLAINED

Oestrogen (estrogen)

The primary female sex hormone, with receptors in virtually every organ – brain, heart, bones, skin and gut. As it declines in perimenopause, over 100 different symptoms can emerge. There are three main types: oestradiol (E2), oestrone (E1) and oestriol (E3).

Oestradiol is the most potent form – and the one used in most body-identical HRT.

Want to go deeper? Read my guide [HRT & You](#)

02

Progesterone

Works alongside oestrogen to regulate the menstrual cycle. It is often the first hormone to decline in perimenopause, causing irregular periods and sleep problems. Micronised (body-identical) progesterone is the preferred form in HRT.

Low progesterone often causes poor sleep, anxiety, heavy periods and mood dips.

Want to go deeper? Read my guide [Sleep in Perimenopause](#)

03

Testosterone

Not just a “male hormone” – women produce it too, and it matters enormously. It supports brain function, energy, libido, muscle and motivation. Women need roughly a tenth of the male dose.

Often the missing piece when oestrogen and progesterone alone feel incomplete. For me, it brought the most dramatic improvement in focus and energy.

Want to go deeper? Read my guide [HRT & You](#)

04

DHEA

A hormone made mainly by the adrenal glands, which the body can convert into oestrogen and testosterone. It declines with age and chronic stress.

Vaginal DHEA (prasterone) is one treatment for vaginal dryness.

05

SHBG

Sex hormone-binding globulin – a protein that carries sex hormones in the blood. Only the “free”, unbound hormone is active, so SHBG affects how much testosterone is actually available to you.

High SHBG can make normal testosterone levels behave like low ones.

06

Cortisol

The primary stress hormone. In functional medicine, the term “cortisol steal” (or “pregnenolone steal”) describes how chronic stress pulls resources towards cortisol, at the expense of oestrogen, progesterone and testosterone. It is a helpful way to picture how stress disrupts your whole hormonal system.

Stress, in effect, “steals” from your sex hormones.

07

Melatonin

Most people think of it only as a sleep hormone, but it is also a powerful antioxidant. Blue light, late nights and chronic stress all suppress it – which disrupts sleep and, in turn, every other hormone.

Protecting your sleep is protecting your hormones.

Want to go deeper? Read my guide [Sleep in Perimenopause](#)

Insulin

Released when blood sugar rises. Chronically high insulin (insulin resistance) disrupts the entire hormonal cascade. Stable blood sugar is one of the most powerful levers for hormonal health.

Insulin resistance can masquerade as perimenopause – and also makes it worse.

TESTING & DIAGNOSIS

DUTCH test

Dried Urine Test for Comprehensive Hormones. Unlike blood tests, it measures hormone metabolites in dried urine – showing how much of each hormone your body has actually processed, and through which pathways. Standard blood tests can come back “normal” even when you are clearly symptomatic.

Your blood tests can say “normal” while DUTCH shows how low your levels really are.

AMH – anti-Müllerian hormone

A marker of ovarian reserve – roughly how many eggs remain. It is often used before IVF or egg freezing. AMH does not tell you when menopause will arrive, but gives a general indication of your fertility window. It declines gradually with age.

Low AMH does not mean infertility, but it signals a narrowing window.

03

FSH – follicle-stimulating hormone

Produced by the pituitary gland to signal the ovaries to produce oestrogen. As the ovaries become less responsive, FSH rises – which is why high FSH is linked to perimenopause. But FSH fluctuates wildly in perimenopause, making it unreliable on its own.

One FSH reading cannot diagnose perimenopause – context always matters.

04

HOMA-IR

Not a separate test, but a calculation from your fasting glucose and fasting insulin. It estimates how insulin resistant you are – often years before your glucose rises.

Ideally below 1.0; above about 2.5 suggests insulin resistance.

05

Omega-3 index & omega-6 to omega-3 ratio

Two different measures from one blood test. The omega-3 index shows how much EPA and DHA (omega-3 fats) are in your red blood cells – 8% or higher is considered optimal. The ratio compares omega-6 to omega-3: typical Western diets have 15–20 times more omega-6, which drives inflammation. Because omega-6 is everywhere in our food, getting closer to balance means deliberately eating far more omega-3 than most of us naturally do – oily fish several times a week and, often, a good-quality supplement. I take 2–4g (2,000–4,000mg) of EPA and DHA a day myself, which is much more than one standard capsule – check the right dose with your doctor, especially if you take blood thinners.

Aim to bring your ratio as close to 1:1 as you can – at least below 4:1.

TREATMENTS & INTERVENTIONS

01

HRT – hormone replacement therapy

A broad term for replacing the hormones your body no longer produces in adequate amounts. HRT can use synthetic or body-identical hormones – I personally recommend only body-identical. Starting before 60, or within 10 years of menopause, offers the greatest protection for your heart and bones.

Most effective when started early – in perimenopause, not after symptoms become severe.

Want to go deeper? Read my guide [HRT & You](#)

02

Body-identical hormones

Also called bioidentical hormones – these have exactly the same molecular structure as the hormones your body makes. Oestradiol gels, patches or sprays and micronised progesterone capsules are examples.

Not the same as the synthetic hormones used in older HRT.

Want to go deeper? Read my guide [HRT & You](#)

Transdermal

Absorbed through the skin – as a gel, cream, spray or patch.

Transdermal oestrogen goes straight into the bloodstream rather than passing through the liver first, as tablets do.

At standard doses, transdermal oestrogen does not carry the higher risk of blood clots seen with tablets.

Want to go deeper? Read my guide [HRT & You](#)

SYMPTOMS & CONDITIONS

Vasomotor symptoms

The medical term for hot flushes and night sweats. Fluctuating oestrogen disrupts the brain's temperature centre (the hypothalamus), which temporarily "misfires".

Night sweats are not overheating – they are a neurological response to oestrogen withdrawal.

Want to go deeper? Read my guide [Sleep in Perimenopause](#)

Brain fog

Difficulty concentrating, forgetting words, poor working memory – recognised perimenopause symptoms caused by falling oestrogen and testosterone. The brain is rich in oestrogen receptors, and cognition genuinely suffers as levels drop.

Not early dementia – though it can feel that way. Often dramatically improved with HRT.

Want to go deeper? Read my guide [HRT & You](#)

03

Genitourinary syndrome of menopause (GSM)

Vaginal dryness, pain during sex, urinary urgency and recurrent urinary infections, caused by falling oestrogen. Unlike hot flushes, it does not go away on its own.

Local vaginal oestrogen is very safe and highly effective.

Want to go deeper? Read my guide [HRT & You](#)

04

Musculoskeletal syndrome of menopause

A newly named cluster of symptoms – joint pain, stiffness, muscle loss, frozen shoulder and declining bone density – linked to falling oestrogen.

Strength training and adequate protein are your best allies.

05

Osteopenia & osteoporosis

Osteopenia means lower-than-normal bone density; osteoporosis means bones have become fragile and more likely to break. Bone loss speeds up in the years around menopause. Both are measured with a DEXA scan.

Strength training, protein, vitamin D and HRT all protect your bones.

06

PCOS / PMOS

Polycystic ovary syndrome – recently renamed polyendocrine metabolic ovarian syndrome (PMOS) to better reflect its hormonal and metabolic roots. At its core, it involves insulin resistance and hormonal imbalance.

The “cysts” are actually follicles, not true cysts.

07

Insulin resistance

When cells stop responding efficiently to insulin, the pancreas produces more of it. Chronically high insulin worsens hormonal imbalance and increases inflammation. It is closely linked to PCOS and has also been linked to endometriosis.

A pre-diabetic state – but reversible with diet and lifestyle changes.

NUTRITION, LIFESTYLE & ENVIRONMENT

01

Polyphenols

Plant compounds found in colourful fruits, vegetables and berries. They feed beneficial gut bacteria, which support neurotransmitter production and help clear used hormones through the gut.

Eat the rainbow – colour means polyphenols, and polyphenols mean a happier microbiome.

02

Cruciferous vegetables

Broccoli, cauliflower, cabbage, Brussels sprouts and kale. They contain compounds (like DIM and indole-3-carbinol) that support the liver's oestrogen detoxification pathways – helping your body clear used hormones instead of recirculating them.

In one study, two months of daily broccoli sprout extract improved liver function markers.

03

Omega-3 fatty acids

EPA and DHA – found in oily fish (sardines, herring, salmon) and fish oil supplements. Essential for brain cell membranes, reducing inflammation and hormonal signalling. The plant form (ALA, from flaxseed) is poorly converted by the body.

The brain is around 60% fat, and DHA is one of its key building blocks. Omega-3 is not optional for women's health.

04

Glycaemic index (GI)

A measure of how quickly a food raises blood sugar. Low-GI foods – whole grains, legumes, most vegetables – cause a gradual rise. High-GI foods – white bread, sugary drinks, processed snacks – cause rapid spikes that trigger insulin surges and cortisol responses.

Protein at every meal slows carbohydrate absorption and stabilises blood sugar.

05

Xenoestrogens / BPA

Chemicals found in plastics, pesticides and some cosmetics that mimic oestrogen and disrupt hormonal signalling. BPA (bisphenol A) can leach from some plastics, especially when heated.

Filtered water, glass bottles and organic food reduce your exposure significantly.

06

Endocrine disruptors

Substances that interfere with your hormonal (endocrine) system. Xenoestrogens are one type; others include certain pesticides, heavy metals and chemical additives. Even low-level chronic exposure can have cumulative effects.

Your gut, liver and hormones are deeply interconnected.

A note on testing: blood vs DUTCH

Standard blood tests measure the hormones circulating in your blood on that particular day. In perimenopause, levels can swing from day to day – which is why so many women with genuine symptoms are told “your levels are normal”.

The DUTCH test measures hormone metabolites in dried urine, showing how much of each hormone your body has actually processed, and how your cortisol changes across the day. If your symptoms are real but your blood tests say otherwise, this distinction matters.

Remember

Understanding the vocabulary means you can ask better questions, challenge dismissive responses and make genuinely informed decisions about your own body.

My symptom checklist lists 117 possible symptoms of perimenopause. If something feels off, it may well be hormonal – and you deserve to be taken seriously.

With love, Dr Kamila 

A-Z index

Tap any term to jump straight to it.

AMH – anti-Müllerian hormone	Musculoskeletal syndrome of menopause
Body-identical hormones	Oestrogen (estrogen)
Brain fog	Omega-3 fatty acids
Cortisol	Omega-3 index & omega-6 to omega-3 ratio
Cruciferous vegetables	Osteopenia & osteoporosis
DHEA	PCOS / PMOS
DUTCH test	Perimenopause
Early menopause	Polyphenols
Endocrine disruptors	Postmenopause
FSH – follicle-stimulating hormone	Premature menopause / POI
Genitourinary syndrome of menopause (GSM)	Progesterone
Glycaemic index (GI)	SHBG
HOMA-IR	Surgical menopause
HRT – hormone replacement therapy	Testosterone
Insulin	Transdermal
Insulin resistance	Vasomotor symptoms
Melatonin	Xenoestrogens / BPA
Menopause	

Where to go next

Free monthly Q&A – Ask Dr Kamila

All your perimenopause questions answered in one place – every third Wednesday of the month at 7pm UK time, online. No cost, no pressure.

Finding Joy in Perimenopause Academy

A live, intimate group exploring body, mind and soul – hormones, psychology and identity – together with other women.

Exclusive 1:1 Mentoring

Personal guidance across hormones, psychology and identity – starting with a free connection call.

Guides to go deeper

[HRT & You](#) – what every woman in perimenopause deserves to know about HRT.

[Sleep in Perimenopause](#) – why you wake up at 3am, and what your body is actually asking for.

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