

Managing menopause: choosing what works for you

Name: _____

Date: _____

Supporting evidence-based decisions to manage:

Hot flushes
Night sweats



Urinary (pee)
problems



Vaginal dryness
Painful sex



Reduced
sexual desire



These are some of the common symptoms of perimenopause and postmenopause.

Use the [‘What’s bothering you’ checklist](#) to work out other symptoms relevant to your experience that may also need to be managed.

[What’s
bothering
you?](#)



About menopause

During perimenopause, estrogen and progesterone hormone levels start to change. Eventually, the ovaries stop working and regular menstrual bleeding ends (menopause). It can occur naturally or result from surgery or another medical treatment. Many people will experience symptoms during this time.

Perimenopause

- Usually starts mid to late 40s
- Pregnancy still possible, consider contraception
- Menopausal symptoms often start during this time

Menopause

- This is your final menstrual period
- Average age in Australia is 51 years
- Usually happens between ages 45 to 55 years

Postmenopause

- Symptoms can continue for years
- Bleeding after menopause needs to be checked
- Risk of heart disease, bone loss and breast cancer increase as a person gets older

Talk about your symptoms

Managing menopausal symptoms is not one-size-fits-all, and treatments may need to change as you move from perimenopause to postmenopause. Be careful with information from unverified websites or social media, as it is not always accurate or might not be appropriate for you. Get the facts. Talk with your health professional about treatment options that are tailored to suit you and your current needs.

What matters to you?

Facts about the different treatments are important – so are your needs and values. When talking with your health professional, think about following questions.

Which symptoms can you manage and which are distressing or disruptive?

What treatments have you tried before and did they help?

Would you prefer to try options other than menopausal hormone therapy (MHT)?

Would you like to try MHT?

Do you need more information on risks and side effects?

Is there anything else that matters to you about managing menopause?

What else your doctor will want to know





To help you focus on the most appropriate treatments for your situation, your doctor will ask about:

- your periods
- if you have a uterus
- your general health
- your medicines and any existing conditions (cancer, diabetes, osteoporosis, heart disease)
- your lifestyle
- contraception needs
- family history



What are your options?

There are many options you can discuss with your health professional. To be comfortable with your decision, it is important to consider the benefits and risks of available treatments.

Menopausal hormone therapy (MHT/HRT)	Non-hormone treatments	Self-care
<p>Pills/tablets, patches and gels</p> <p>Very effective for hot flushes, night sweats and urogenital issues. May help with other symptoms as well. Long-term health benefits include improved bone health and may reduce risk of heart disease.</p> <p>A progestogen is added to protect the uterus (if you have one) from unwanted effects of estrogen.</p> <p>Safety</p> <p>Risks associated with MHT use (including blood clots, stroke and breast cancer) are low, vary for each individual and should be discussed with your doctor.</p> <p>Possible side effects</p> <p>Early side effects from MHT may include breakthrough bleeding, bloating and breast tenderness. These are usually related to the type or dose of hormone, are often short-lived and can be managed with your doctor.</p> <p>Vaginal creams or inserts</p> <p>For anyone with urinary or vaginal symptoms. Intravaginal estrogen or DHEA (prasterone) can be used alone or in combination with systemic MHT long-term for most people.</p> <p>Vaginal lubricants and moisturisers can also help with vaginal dryness and painful sex.</p>	<p>Some medicines can help relieve hot flushes and night sweats. They include:</p> <ul style="list-style-type: none"> • fezolinetant • some antidepressants • oxybutynin • gabapentin <p>Discuss the suitability of each of these for you with your doctor.</p> <p>Non-medicine options like hypnosis and cognitive behavioural therapy (CBT) can reduce how often hot flushes and night sweats happen, and how severe they are.</p> <p>Supplements and traditional treatments are popular. However, there is not a lot of research on how well they work and how safe they are as the main treatment for menopausal symptoms.</p> <p>Let your health professional know if you are taking any of these as they can have side effects or interact with other medicines.</p>	<p>Clinical experts recommend self-care actions for everyone entering or going through menopause to support general physical and mental wellbeing.</p> <p>Actions include having good nutrition, staying active, reducing alcohol, stopping smoking and reducing stress.</p> <p>Can help reduce some menopausal symptoms or lower the risk of some health conditions developing after menopause, such as cardiovascular disease, decreased bone density, diabetes, and certain cancers.</p>
 Menopausal hormone therapy	 Non-hormone treatments for menopause	 Complementary medicines and therapies
 Looking after yourself		

Testosterone therapy only has enough evidence to support its use for the loss of sexual desire causing distress in postmenopause.

✓ Making a decision

Do you feel you have enough information to move forward with a decision on how to manage your menopausal symptoms? Remember, there are no right or wrong decisions, and you can always change treatment if you feel it is no longer what works best for you.

I'm interested in talking more about: (tick all that apply)

MHT

Non-hormonal medicines

Non-medicine options

Self-care actions

Quality Use of Medicines ALLIANCE



Endorsed by:  AUSTRALASIAN MENOPAUSE SOCIETY



For fact sheets, videos and more about menopause, menopausal symptoms and treatments.



Information is available in community languages and for First Nations people.

Helping consumers and health professionals make safe and wise decisions about medicines and diagnostics. Funded by the Australian Government through the Quality Use of Diagnostics, Therapeutics and Pathology Program.

© Medcast 2026. Published March 2026. ABN 11 166 955 433. Reasonable care is taken to provide accurate information at the time of creation. This information is not intended as a substitute for medical advice and should not be exclusively relied on to manage or diagnose a medical condition. Medcast disclaims all liability (including for negligence) for any loss, damage or injury resulting from reliance on or use of this information. Read [here](#) for further information.