Women and Diversity Health

GUIDE TO MENOPAUSE



2025

Contents

Introduction 3
Perimenopause 3
Menopause 5
- Common Symptoms Of Menopause 7
- Symptom Management 8
- Treatment 10

Postmenopause 12
Resources 14

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Introduction

Menopause is a natural event. It occurs when the ovaries cannot consistently make the hormones of reproduction called estrogen and progesterone. There is no predictable menopause journey. Each person will experience it differently and individually. Some may transition quickly with minimal support. Others may need more support personally, professionally or medically. In this document we highlight common symptoms, standard potential treatments, as well as concerning symptoms which should be discussed with your healthcare provider.

Note - Members have the right to privacy and medical confidentiality. Menopause transition is no exception. The decision to share information about your experience with colleagues or chain of command is up to you.

FOR CHAIN OF COMMAND



In a 2021 survey of over 5,000 women in five countries, 66 per cent said menopause affected them on the job, and 44 per cent said they felt too embarrassed to ask for support at work.

Women make up a substantial portion of the CAF. Learning and recognizing the challenges faced by mature women members will enable the Chain of Command (CoC) to tailor the support and management of this crucial demographic of the workforce.

Members are most productive when psychological safety at work is nurtured. Only then will members feel enabled to seek support and ask for help when facing challenges, be it menopausal or other health and wellness experiences. Feelings of safety and acceptance should be fostered on multiple levels over time. Stating that work is a safe place does not make it so.

Perimenopause

Perimenopause is also known as the menopausal transition period. It is the time when your periods start to change. The majority will experience perimenopause between ages 40-50, which can last up to 10 years. Perimenopause ends when you have not had a period for 12 months, at this point you have transitioned into menopause. It is normal during perimenopause for periods to become less predictable, the flow may be heavier or lighter, and may last more or fewer days than before. Physical vasomotor symptoms, such as hot flashes and night sweats, often appear during this phase and continue into the menopause and postmenopause phases.

If you are experiencing ANY of the below symptoms, you should speak to your healthcare provider:

- If you are under 40 and experiencing irregular periods or perimenopause symptoms
- If you are experiencing heavier periods, or bleeding during or immediately after having sex, or having unexpected bleeding in between your periods
- Any time you need support to manage your symptoms.

DID YOU KNOW ABOUT PERIOD TRACKER APPS?



By tracking your periods, it will help to inform you if there are changes occurring in your menstrual cycle. If you notice changes, bring this information to your healthcare provider to discuss if you are concerned about the irregularity or other symptoms. More data may help your healthcare provider.

Check your App store and be mindful of how your data will be tracked and shared. A paperbased calendar will work too.

Perimenopause is a time of transitions, not just for the body, but also in all aspects of your life. Perimenopause may also coincide with big life changes. This can be in your personal and/or professional life. For example, you may be deciding to retire, changing professions or being promoted into a demanding new position. When unmanaged perimenopausal symptoms are thrown into the mix, it may be difficult to make decisions with clarity. In some instances, people have ended their careers early because of severe unmanaged symptoms (such as hot flashes). If you are experiencing perimenopause symptoms that are disturbing your life, please consider discussing it with your healthcare provider.

During perimenopause, you are still fertile and at risk of unplanned pregnancies. Have a discussion with your healthcare provider about safe contraception options personalized to your health history.

Menopause

Menopause occurs when menstruation has stopped for 12 consecutive months. The average age of menopause in Canada is 51 years old. At this point, the natural decline in estrogen may lead to a range of symptoms. Symptoms may be vague, confusing, or difficult to distinguish from age-related changes or other mechanisms such as thyroid disorders and social changes mentioned above.

To clarify, perimenopause describes the months/years of irregular periods, inclusive of the 12 consecutive months without a period. When looking back, if you have not had a period for 12 months, at this point, you have reached menopause. Strictly speaking, menopause is a day in time, then immediately after this point you enter the postmenopausal phase for the rest of your life (Figure 1). The terms perimenopause, menopause and postmenopause are often used interchangeably, adding to the confusion. See Table 1 for a list of changes that may be experienced during peri/menopause.

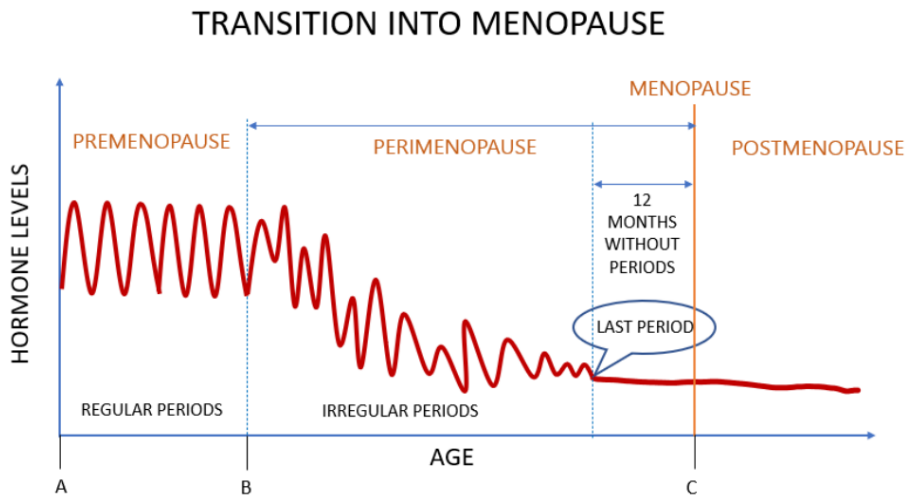


Figure 1: Graph displaying hormonal changes over time before, during and after peri/menopause. Points in the graph highlight the following: A. Start of puberty; B. Start of perimenopause (Average starting age of perimenopause is 45 years of age); and C. Menopause (Average age of menopause is 51 years of age)

Table 1: Changes that may be experienced during Peri/Menopause

Affected Systems	Perimenopause/Menopause Changes
Menstruation	Periods may change, be intermittent or have stopped
Heart	Heart palpitations Increased risk of heart disease
Vagina and Bladder	Drying and thinning of the vaginal tissues Higher frequency of urinary infections Higher frequency of urine leakage
Sexual function	Painful intercourse due to vaginal dryness Decreased desire for sex
Sleep	Increased fatigue Disrupted sleep or insomnia
Mood and Memory	Increased irritability / mood swings Symptoms of anxiety and depression Memory concerns and brain fog Difficulty concentrating
Body	Weight gain (average of 2 kg / 4.5 lbs especially in the waist) Loss of muscle mass and increase in fat tissues Thinning hair Loose and dry skin, redistribution of facial fat pads Hot flashes and night sweats
Bone	Back pain / Increase in aches and joint pains Increase in fractures Loss of height Loss of bone mineral density
Vision	Dry eyes Changes in vision
Oral health	Sensitive teeth Painful, receding gums Loose teeth Changes in taste Burning mouth syndrome

Common Symptoms Of Menopause

Hot flashes are the most common symptom of peri/menopause, affecting **up to 80%** of women studied.

They begin as a sudden feeling of heat in the upper chest and face. The hot feeling spreads through the body and lasts for two to four minutes.



Some women sweat during the flash, followed by chills and shivers. Some will feel anxiety or heart palpitations described as “heart beating out the chest.”

Hot flashes may occur once or twice a day, more often at night, or maybe as often as once per hour. It is not clear what causes these episodes.



On average, most women will have them for years, some have reported these well into their 60s.

Drinking hot beverages and eating hot or spicy foods, caffeine and alcohol can make hot flashes worse and more frequent.





Night sweats are hot flashes that occur at night. These can cause you to sweat through your clothes and disrupt your sleep, which can lead to fatigue, irritability, trouble concentrating and mood swings.

Sleep issues are common. Falling asleep or staying asleep becomes disrupted, contributing to fatigue, irritability and brain fog.





TALK TO YOUR HEALTHCARE PROVIDER IF YOU NEED SUPPORT WITH ANY OF THESE SYMPTOMS



Vaginal dryness occurs as estrogen decreases in the body. The tissue inside the vagina and urethra (tube carrying urine from bladder to the outside) becomes thin and fragile. This may lead to discomfort, itching, or pain during sex.

Depression can manifest as sadness, difficulty focusing, disinterest in enjoyable activities, and sleeping too much or too little. Those with a history of depression or anxiety are at higher risk of worsening mood.



Symptom Management

Some may seek professional treatment, others may not. If you would like to try to manage your symptoms on your own or while you wait to see your healthcare provider, see table 2 for ideas on self-management tips.

Table 2: Self-management support for menopausal symptoms

Symptoms	Self-Management Tips
Hot flashes/Night sweats	• Dress in layers and take a layer off when needed and keep the thermostat down • Put a cold, wet washcloth against the neck during hot flashes • Avoid hot drinks and spicy foods; Quit smoking
Vaginal dryness	• Use a vaginal lubricant before or during sex – the lubricant can be water-based, siliconebased, a mix of water and silicone, or oil-based (e.g., olive oil or coconut oil) • Use an over-the-counter vaginal moisturizer for dryness – these are usually used regularly and are different than lubricants, be sure to check labels or speak to a pharmacist • If the above does not work, consider speaking to your healthcare provider regarding a prescription for topical vaginal estrogen
Urinary tract infections	• Drink plenty of water and urinate whenever you feel the urge to empty • Pure cranberry juice/daily cranberry extract supplements may help prevent infections
Urinary leakage	• Depending on which type of urinary incontinence, pelvic floor physiotherapy may help reduce or reverse symptoms and improve quality of life - Speak to your healthcare provider
Sleep problems	• Get up and sleep at the same time every day, even if you did not sleep well. Taking naps can make the issue worse. Avoid caffeine in the afternoon and minimize alcohol use • Get regular physical activity (especially in the mornings or early afternoons) Keeping a healthy body mass index (BMI) between 18-24 will improve sleep

Symptoms	Self-Management Tips
Depression	• Stay active & build small habits to make bigger habits • In Canada, winter can be a tough time, around September, focus more energy on mental health maintenance to guard against the “winter blues” • Social connection builds resilience. Connect with family, friends and other people going through the same life transitions. Shared vulnerability can be comforting
Brain fog	• Forgetfulness or trouble concentrating can affect all facets of your life - mindfulness techniques and meditation may help with reducing stress and improving focus
Weight Gain	• Eat a balanced diet & keep active (150 mins a week of moderate exercise) • Look for new exercise routines that help fit your lifestyle and family needs
Osteoporosis (bone thinning)	• Aim for 1000-1200 mg of calcium & 400-2000 IU of vitamin D daily (age dependent) • Weight bearing exercise (walking, dancing, aerobic activity) is important for bone health



ARE YOU GETTING ENOUGH CALCIUM IN YOUR DIET?

Try out this calcium calculator from Osteoporosis Canada:

https://osteoporosis.ca/calciumcalculator

Treatment

Treatment for menopause symptoms can be broadly divided into hormonal and nonhormonal options.

Hormonal



Hormone Therapy (HT) previously called Hormone Replacement Therapy replaces estrogen and when needed, progesterone to help relieve the bothersome symptoms of menopause.

Estrogen is available in several forms, including skin patches, oral pills, gels, and vaginal rings, creams or tablets.

Type of estrogen	Used for	Need progesterone if you have a uterus?
Vaginal estrogen (ring, cream, tablet)	Vaginal dryness or pain during sex	**No**
Estrogen patch, pill, or gel	Hot flushes, night sweats, and other whole-body symptoms	**Yes**

Progesterone protects the lining of the uterus and reduces the risk of uterine cancer. It is available as a pill or as an intrauterine device (IUD).

IF YOU HAVE A UTERUS, ARE TAKING ESTROGEN PATCH, PILL, OR GEL, AND ARE NOT TAKING PROGESTIN/PROGESTERONE, SPEAK WITH YOUR HEALTHCARE PROVIDER.

HT is not for every peri/menopausal situation. Please have a conversation with your healthcare provider if you fall into any of these groups:

- Active or history of breast cancer
- Diagnosed coronary heart disease
- Previous history of blood clots, heart attack or stroke
- People at high risk of the above conditions

- Unexplained vaginal bleeding
- Acute liver dysfunction
- Any estrogen-dependent cancer

Non-Hormonal

For those who cannot or do not want to try HT, the below treatments provide some relief but in general are not as effective as HT.

For hot flashes and nights sweats, medications originally made for mood symptoms, at low doses show benefit for hot flashes in those who cannot or do not take estrogen. These generally fall into two classes of medications called selective serotonin reuptake inhibitor (SSRI) and serotonin/norepinephrine reuptake inhibitor (SNRI).



Gabapentin, originally for neurological conditions, may have some success at improving hot flashes/night sweats.

Consumer Accessible Supplements

These have found popularity in social media, and are available at supplement stores, not pharmacies. As with all unregulated supplements we cannot be confident in what they contain. The evidence that these supplements improve peri/menopause symptoms is limited. In addition, we cannot be certain that they are not potentially harmful.

Plant derived estrogens, also known as phytoestrogen, are found in soybeans, chickpeas, lentils, flaxseed, whole grains, fruits, vegetables and red clover. They are marketed as natural or safer alternatives to HT. However, these supplements are unregulated (which means there is no Health Canada oversight), and studies have not found plant derived estrogens to be of benefit to peri/menopause symptoms. That being said, eating a diet high in fruits, vegetables, legumes and nuts is always beneficial to overall health.

Bioidentical hormone therapy (BHT) has been promoted as natural remedies for hot flashes. These are compounded by local pharmacies into various forms such as capsules, creams, sprays and suppositories. As with all non-standardized compounding preparations, consumers cannot be confident that the preparations contain the correct purity, quality, and ingredients. Have a conversation with your healthcare provider if you would like more information.

Menopause & U takes a deep dive into bioidentical hormones in:

"The Truth About Bioidentical Hormone Therapy"

found at: https://www.menopauseandu.ca/therapies/bioidentical-hormone-therapy/



Postmenopause

Postmenopause refers to the time after menopause. It starts when periods have ceased for 12 months and lasts until the end of life. The terms can be confusing since this is how menopause is defined. Think of menopause as a point in time, whereas postmenopause describes a span of time. At this point, you are no longer ovulating. Say goodbye to the need for contraception! The menopausal symptoms you are experiencing may become milder or go away completely. However, some people continue to experience menopausal symptoms during this phase.

ADVICE FOR OPERATIONAL ENVIRONMENTS



Plan and anticipate your personal support needs based on where and when the deployment is. Some deployments will have access to the local economy, or a deployed store (PX or CANEX) while most deployments do not have this luxury.

Bring extra sanitary products in multiple formats, such as various sizes of pads, tampons, menstrual cups, and period underwear. Even if you have never had a very heavy flow, during perimenopause, this can change and catch you off guard.

Bring supplements, such as multivitamins and elemental iron, in case your diet cannot keep up with nutritional loss, such as iron from period flow.

Bring a small battery-operated personal fan, if it can be safely carried and stored, especially in hot climates.

Continue to drink plenty of water, even if doing a road move, or long flight or similar. Being dehydrated puts you at risk of urinary tract infections.

Bring extra underwear and pants in case you need to change more frequently due to hot flashes or heavy period flow. Menstrual cups/period underwear can be convenient, but access to laundry and clean water to wash them for reuse may not be possible. Tailor your menopause kit to the local conditions.

Bring body cleansing wipes if space allows and carry a few sheets in a sealable waterproof bag. Keep near the body if you are deployed in winter conditions.

Perhaps most importantly, consider identifying a supervisor or peer with whom you feel safe to share your concerns and challenges during deployment. This will help with feelings of isolation. This suggestion is very situation dependent; only do so if you think this will help.

Resources

Source	Access
Canadian Menopause Society (English only)	https://www.canadianmenopausesociety.org/
Gynecology Quality Improvement Collaboration (English only)	https://gynqi.com/understanding-menopause/
International Menopause Society IMS YouTube Channel (English only)	https://www.imsociety.org/for-women/ https://www.youtube.com/c/InternationalMenopauseSociety
The Society of Obstetricians and Gynaecologists of Canada	https://www.menopauseandu.ca
Author: Dr. Jen Gunter (Obstetrician Gynecologist)	Book: The Menopause Manifesto
Ted Talk: Dr. Jen Gunte “The Menopause Manifesto” (English only)	37 min https://www.ted.com/talks/jen_gunter_the_menopause_manifesto
Menopause Foundation of Canada (English only)	https://menopausefoundationcanada.ca/
The North American Menopause Society (English only)	https://www.menopause.org/for-women
Menstrual Calendar (English)	https://menopause.org/wp-content/uploads/default-document-library/menonote-menstrual-calendar-english.pdf
Menstrual Calendar (French)	https://menopause.org/wp-content/uploads/default-document-library/menonote-menstrual-calendar-french.pdf

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