

# Menopause: Symptoms, Managing, HRT, Treatment Options

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Menopause isn't an abrupt change. The article frames it as a gradual hormonal transition that unfolds across perimenopause, menopause, and postmenopause, with effects that can show up in the brain, bones, sleep, mood, skin, and urinary health.

## 1. Defining the Transition

Menopause is officially reached after 12 straight months without a menstrual period. The ovaries stop releasing eggs and sharply reduce estrogen and progesterone production, which is why symptoms can feel broad rather than limited to the reproductive system.

Phase	How the article describes it
<b>Perimenopause</b>	The "prologue," often lasting 4 to 10 years, with fluctuating estrogen, irregular cycles, and early symptoms.
<b>Menopause</b>	The "milestone" - a single point in time marking 12 months since the last menstrual period.
<b>Postmenopausal</b>	The "new normal," when some symptoms may ease but low estrogen can raise longer-term health risks.

## 2. Common Symptoms and Systemic Impacts

Because estrogen receptors are spread throughout the body, the article emphasizes that menopause can show up as vasomotor, cognitive, physical, sleep, and genitourinary symptoms all at once.

Category	Common symptoms
<b>Vasomotor</b>	Hot flashes, night sweats, and heart palpitations.
<b>Cognitive / Mood</b>	“Brain fog,” irritability, anxiety, and increased risk of depression.
<b>Physical</b>	Joint pain, thinning hair, skin dryness, and weight gain, especially abdominal.
<b>Sleep</b>	Insomnia, often made worse by night sweats.
<b>Genitourinary</b>	Vaginal dryness and more frequent urinary tract infections.

## 3. Biological Mechanics

The article points to the depletion of ovarian follicles as the main driver. As follicle count drops, the body’s feedback loop changes and Follicle-Stimulating Hormone (FSH) rises as the brain attempts to “nudge” the ovaries into action.

**Longer-term implications include:**

- Bone density loss, because estrogen normally slows bone resorption.
- Cardiovascular changes, because estrogen helps maintain vessel flexibility and cholesterol balance.



## 4. Management and Treatment Options

The article presents menopause management as a spectrum rather than a single fix, combining hormone therapy, non-hormonal medications, and lifestyle changes.

- **Hormone Replacement Therapy (HRT):** Replacing lost estrogen - and progesterone if the uterus is present - is described as the most effective option for vasomotor symptoms and bone loss.
- **Non-hormonal medications:** Certain SSRIs and SNRIs may help with both mood symptoms and hot flashes.
- **Lifestyle adjustments:** Strength training, calcium and vitamin D intake, and practical cooling or layering strategies are all highlighted.

## 5. The Psychological Aspect

The page stresses that menopause often overlaps with caregiving, empty-nest transitions, or peak career pressure. That overlap can make the hormonal shift feel even more disruptive, which is why mental health support is framed as part of good menopause care rather than an afterthought.

The article also notes that menopause often occurs around age 51, but can begin earlier because of genetics or medical treatment.

## HRT: The Pros and Cons

HRT is described as the “gold standard” for symptom relief, but not as a one-size-fits-all solution.

Benefits	Risks and considerations
Vasomotor control: very effective for hot flashes and night sweats.	Uterine health: progesterone is needed alongside estrogen when the uterus is present.
Bone protection: helps reduce fracture and osteoporosis risk.	Blood clot risk: oral pills carry a slightly higher clot risk than transdermal options.
Cognitive and mood stability: may help with brain fog and estrogen-related mood swings.	Breast cancer: combined therapy used long term may carry a small increase in risk.
Heart health: may be protective when started early in the “window of opportunity.”	Side effects: tenderness, bloating, and breakthrough bleeding may occur during adjustment.

## Preparing for the Consultation

The article recommends treating the appointment as a collaborative strategy session and arriving with a clearer picture of symptoms, history, and goals.

### Before the visit

- Track your cycle, even if it has become irregular.
- Write down your top three symptoms and describe how they disrupt daily life.
- Be ready to discuss family history of breast cancer, blood clots, or heart disease.

### Questions worth asking

- Am I likely in perimenopause or menopause based on my symptoms?
- Given my health history, am I a candidate for HRT?
- What would transdermal versus oral treatment mean for me specifically?
- If I do not want hormones, which non-hormonal prescriptions are most effective?

- How long should it take before I notice a meaningful difference?
- What is the plan for monitoring symptoms and adjusting dosage?

## Comparison of HRT Delivery Methods

Method	Best for	Key advantage
<b>Transdermal (Patch / Gel)</b>	Most users	Lower risk of blood clots and steadier hormone release.
<b>Oral (Pill)</b>	Convenience	Familiar, often cheaper, and may raise “good” cholesterol.
<b>Vaginal (Cream / Ring)</b>	Localized symptoms	Targets dryness and UTIs with very low systemic absorption.
<b>Progesterone (Oral)</b>	Sleep	Often taken at night and may have a sedative effect helpful for insomnia.

## A Final Thought

The page’s overall message is that for healthy people under 60, or within about 10 years of menopause, the benefits of HRT often outweigh the risks - but only in the context of personal medical history and shared decision-making.

The nutrition guidance is framed less as a rigid “diet” and more as support for cortisol balance, bone strength, and steadier blood sugar, which can also help with hot flashes.

## Menopause Power Shopping List

Category	Suggested staples
<b>Proteins</b>	Salmon, sardines, chicken breast, tofu, tempeh, eggs, plain Greek yogurt.
<b>Produce</b>	Broccoli, kale, spinach, blueberries, avocado, sweet potatoes, cauliflower.
<b>Healthy fats</b>	Walnuts, ground flaxseeds, chia seeds, extra virgin olive oil.
<b>Grains / legumes</b>	Quinoa, lentils, chickpeas, steel-cut oats.
<b>Pantry</b>	Turmeric, cinnamon, apple cider vinegar, and herbal teas.

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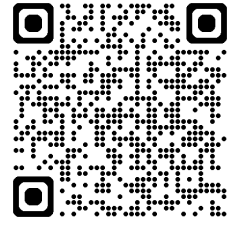
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