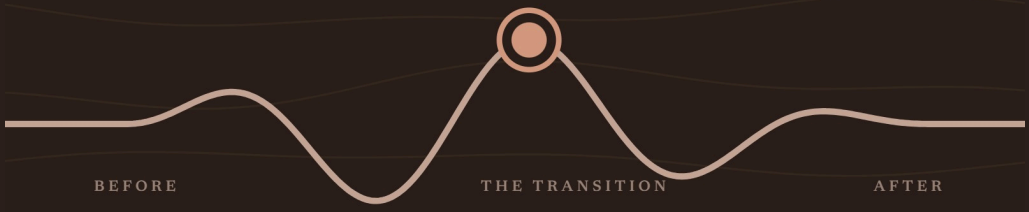
Perimenopause and Menopause

A Partner's Guide



What She's Going Through, What to Say, and How to Help – An Evidence-Based Handbook for Men and Partners

BASED ON CLINICAL GUIDELINES · EVERY SOURCE LISTED

perimenostage

A free chapter from Perimenopause and Menopause: A Partner's Guide by Perimenostage

CHAPTER 1

The Transition Nobody Briefed You On

THE SHORT VERSION

- Perimenopause is the years of change, menopause is one date confirmed after 12 months without a period, and postmenopause is everything after it.
- Much of the disruption comes while she still has periods, often starting in her mid- to late 40s.
- Hot flashes can last for years, and early or surgical menopause follows the same map on a faster schedule.
- A single blood test rarely settles where she is, so her symptoms and her cycle tell the story.
- Use the words she uses, and ask which stage she thinks fits.

Maybe someone handed you this, or you went looking for it yourself. Either way, this chapter is a good place to start. It is the first of sixteen in *Perimenopause and Menopause: A Partner's Guide*, and like every chapter in the book it is written to make sense on its own.

The chapter speaks to you, the partner, and calls the person in the transition "she." The guideline language is wider: NG23, the UK menopause guideline from the National Institute for Health and Care Excellence (NICE), addresses women, trans men, and non-binary people registered female at birth. The biology here applies to all of them, and so does most of what follows about shar-

ing a home. The couples described are composites, and none is a real person.

Often it starts with sleep. She wakes at three in the morning and lies there until the alarm. Sometimes it starts with temper, and the woman who used to shrug off small things now has a short fuse with everyone, you included. Some partners notice nothing dramatic at all, only a run of months that stopped adding up and a sense that her body is running a program nobody showed them.

Most partners were never briefed. School covered puberty, and midlife got a joke or two on television. With nothing better to go on, people explain what they see with the tools at hand: her personality, stress at work, the state of the relationship. Those explanations are usually wrong, and they make the next conversation harder. The words clinicians use are a better place to start, and they take only a few minutes to learn.

Three words that do most of the work

Perimenopause is the transition. STRAW+10, the staging report that researchers and clinicians use to name these years, describes it as a term "that means the time around menopause," starting when her cycles become irregular and ending 12 months after her final period. During these years her ovaries do not wind down smoothly. A 2021 review by Nanette Santoro and colleagues describes the stretch as one of "wide hormonal fluctuations" and "irregular menstrual patterns." For now, hold on to one word, "fluctuating." Her hormones move up and down, and her periods become unpredictable before they stop.

Menopause is a single point in time: her final menstrual period. Nobody can name that day while it is happening. It becomes official only in hindsight, once 12 months have passed without a period. NICE, whose guideline was last updated in April 2026,

tells clinicians to identify menopause when a person has not had a period for at least 12 months and is not using hormonal contraception. In everyday speech people say "menopause" for the whole experience. This book uses the word in the clinical sense, and says "the transition" when it means the years around it.

You do not need to police the words at home. If she says she is "going through menopause" at 47 while still getting periods, she is using the everyday meaning, and correcting her would win you nothing. The precise terms matter most in a doctor's office and in this book, where they keep the chapters from blurring together. One more wrinkle: the NICE definition excludes people using hormonal contraception, because the pill and some other methods change bleeding on their own. If she uses one, her periods may tell neither of you much about where she is in the transition.

Postmenopause is everything after the final period. The terms overlap for exactly one year: the 12 months after her last period are both the end of perimenopause and the start of postmenopause, because only when that year is over can anyone be sure the last period was the last. Hormones keep shifting for a while and then settle at a new, lower level. According to STRAW+10, the hormone that stimulates the ovaries keeps rising and estradiol keeps falling until roughly two years after the final period, after which both level off.

Because of how these terms work, much of the disruption comes before periods stop. STRAW+10 places symptoms, especially hot flashes and night sweats, as most likely in the late transition and the first couple of years after the final period. A partner who reasons "she still gets periods, so it can't be menopause" has the timeline backward. She can be deep in the transition with a period that still shows up, late or early or heavier than before.

The stage map clinicians use

In 2001 a group of researchers met to agree on names for the stages of reproductive aging. Ten years later a follow-up workshop in Washington, DC, revised the system, and the result is called STRAW+10. The executive summary, led by Siobán Harlow, describes the original framework this way: "The STRAW staging system is widely considered the gold standard for characterizing reproductive aging through menopause, just as the Marshall-Tanner Stages characterize pubertal maturation." The puberty comparison helps. Nobody thinks a 13-year-old's moods are a character flaw, because everyone knows there is a biological process underway with recognizable stages. STRAW+10 does the same job for midlife.

The map is built around the final menstrual period, which STRAW+10 calls Stage 0. Stages before it carry negative numbers and stages after it carry positive ones. Nobody expects you to memorize the numbers. A rough picture helps when she or her doctor uses them.

In the late reproductive years, cycles are still regular, though they may begin to run a little shorter. The early transition (Stage −2) starts when cycle length becomes variable: STRAW+10 defines this as a persistent difference of seven days or more between consecutive cycles. The late transition (Stage −1) begins with a gap of 60 days or longer without a period. The report estimates that this stage lasts on average one to three years, and hot flashes are likely to show up in it.

After the final period comes early postmenopause. Its first two substages together last about two years on average, and this is when symptoms are most likely. A further stretch of three to six years follows while hormone levels stabilize, so the whole early postmenopause runs roughly five to eight years. Late post-

menopause comes after that. The report notes that vaginal dryness and other urogenital changes become more common at this stage.

Two details in the report matter for partners. First, STRAW+10 does not use age as a criterion. It applies, in the authors' words, "regardless of age, demographic, BMI, or lifestyle characteristics," which means a stage describes what her body is doing, whatever her birthday says. Second, the main markers are bleeding patterns, which she tracks and you do not need to. Your job is to recognize the vocabulary when it comes up and to stop treating the changes as a mood she could choose to drop.

The numbers at a glance

Both questions partners ask first, how old and for how long, have answers that come as ranges. Here are the main figures and where each one comes from.

Question	What the sources say	Source
When perimenopause usually starts	In the mid- to late 40s	US Office on Women's Health, 2026
How long the transition lasts	Two to eight years before periods stop, about four for most women	US Office on Women's Health, 2026
Age at menopause	Average of 52 in the United States, usually between 45 and 58	US Office on Women's Health, 2026
How many have hot flashes or night sweats	About 50% to 75% during the transition	Crandall and colleagues, *JAMA*, 2023
How long frequent hot flashes last	A median of 7.4 years in total, and 4.5 years after the final period	SWAN, Avis and colleagues, 2015

Early menopause	About 5% of women go through it naturally, from 40 to 44	US Office on Women's Health, 2025

Every row describes a group, and she can sit anywhere in it. The hot flash figures come from the Study of Women's Health Across the Nation (SWAN), a multiethnic US study that followed more than 3,000 women at seven sites. In the 2015 analysis by Nancy Avis and colleagues, the longest durations belonged to women whose frequent hot flashes started while their periods were still regular or only beginning to change.

An older picture comes from the Massachusetts Women's Health Study, reported by Sonja McKinlay and colleagues in 1992. It followed about 2,570 women who were 45 to 55 years old in 1982 and found a median age of 47.5 at the start of perimenopause and 51.3 at natural menopause, with smokers tending to start earlier. Symptom reports in that study rose during perimenopause and fell again afterward, a pattern the authors called "transitory." Hot flashes and night sweats are the exception that tends to run long, as the SWAN figures show. The four years in the table are typical, not a limit: Santoro's 2021 review notes that the transition "can last for over a decade." If she is 44 and you assumed this was a problem for later, the ranges say otherwise. The same goes if she is 53 and you assumed it was over.

The symptoms people report can differ from the ones everyone expects. In a 2026 survey by Mayo Clinic researchers and the period-tracking app Flo, covering 17,494 women from 158 countries, hot flashes were the best-known symptom of perimenopause, recognized by 71% of respondents. Among the 12,681 respondents aged 35 or older, the most common symptoms they reported included fatigue (83%), irritability (80%), depressive mood (77%), sleep problems (76%), and anxiety (75%). These were app users who chose to answer a survey, and several authors work for the company that makes the app, so the figures show what is

common and do not give US prevalence rates. Even so, what you are most likely to see at home is exhaustion and a shorter fuse, and only sometimes a visible hot flash.

Early and surgical menopause

Some partners come to this subject because the transition arrived well before 45. NICE NG23 calls menopause between 40 and 44 early menopause and uses the term premature ovarian insufficiency for people under 40. The Office on Women's Health lists family history, smoking, chemotherapy or pelvic radiation, some autoimmune conditions, and surgery among the causes, and notes that it can also happen with no clear reason.

Surgery changes the timeline completely. When both ovaries are removed, periods stop and hormone levels drop quickly. The Office on Women's Health warns that symptoms such as hot flashes and lower desire can be strong and start right away, without the years of gradual change described above. A hysterectomy that leaves the ovaries in place is different. Periods stop, but she is not menopausal, because her ovaries keep making hormones. She may reach natural menopause a year or two earlier than she otherwise would have. STRAW+10 adds that after a hysterectomy her stage cannot be read from bleeding, so a clinician has to rely on blood tests, and a single sample can mislead.

Picture Luis, whose wife had both ovaries removed during cancer treatment. He expected a recovery from surgery and got that, and also a second set of changes nobody had mentioned: nights soaked in sweat, a body that felt foreign to her, and a grief about it that he did not know how to touch. Or picture Dana, whose wife Priya stopped having periods at 38 and spent a year being told she was too young for this. Both couples belong in this book. NICE recommends that people facing treatment likely to cause menopause be offered a chance to discuss both menopause

and fertility before and after it. The Office on Women's Health notes that early menopause brings a higher risk of heart disease and osteoporosis and can carry sadness over lost fertility. When the transition comes early, it is the same process on a compressed schedule, often with less warning and more to grieve.

Premature ovarian insufficiency also behaves less predictably than the usual transition. STRAW+10 notes that its course is "considerably more variable" and that a substantial proportion of women see their periods return after diagnosis, some with ovulation and even pregnancy. For a couple, that uncertainty can be its own strain, and it is one more reason a specialist belongs in the picture. NICE advises referral to someone with expertise in menopause or reproductive medicine whenever the diagnosis is in doubt.

Naming her stage

Partners often want a test that settles the matter. During the transition a single blood test rarely does, because hormone levels swing from week to week, and Chapter 3 explains how clinicians decide instead.

What usually helps more is a clear description of her cycle and symptoms. Perimenostage, which publishes this book, runs a free Stage Finder at perimenostage.com/partner that suggests which STRAW+10 stage fits her answers. It is hers to try if she wants to, and Chapter 13 explains what it does and what it does not do.

Shared words

With these words in common, you and she can argue less about whether something is real and talk more about what to do. Perimenopause is the years of fluctuation, menopause is one date that only becomes clear afterward, and postmenopause is the long stretch after it. STRAW+10 maps the stages in between, and early

and surgical menopause sit on the same map, arriving sooner or all at once.

Later chapters use this vocabulary freely. Part Two covers what the transition looks like at home: nights, moods, fatigue, body changes, and closeness. Before that, the next chapter explains why the hormones swing the way they do. Your first step can be small: use the words she uses, and ask her which stage, if any, she thinks fits right now.

The Full Book

Perimenopause and Menopause: A Partner's Guide has sixteen short chapters in four parts, plus a one-page list of warning signs and a full list of sources.

Get the full book on Amazon in paperback, hardcover or Kindle, or as an ebook with EPUB and PDF at perimenostage.com/partners-guide.

Part One. What Is Happening

Chapter 1. The Transition Nobody Briefed You On
Chapter 2. Why the Hormones Swing
Chapter 3. Why It Gets Missed, and What Else It Could Be

Part Two. What You Will Notice at Home

Chapter 4. Nights: Heat, Sweat, and Broken Sleep
Chapter 5. Mood, Anger, and Anxiety
Chapter 6. Fatigue, Brain Fog, and the Load You Can't See
Chapter 7. The Body Changes Nobody Mentions
Chapter 8. Desire, Pain, and Closeness

Part Three. Living and Talking Together

Chapter 9. Things Partners Say That Land Badly
Chapter 10. Conversations That Help
Chapter 11. A Household That Works for Both of You
Chapter 12. When It Gets Hard Between You

Part Four. Care, Treatment, and the Years Ahead

Chapter 13. Getting to a Good Appointment
Chapter 14. Understanding HRT
Chapter 15. Other Treatments and the Wellness Aisle
Chapter 16. After the Last Period

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