Sleep, Mood and Cognition in the Menopause Transition

Key Talking Points · eight points for patient conversations

POINT 01

40 to 56% of women report sleep problems during the menopause transition.

Compared with about 31% in late premenopause. In an eight-year longitudinal study of over 3,000 women, waking during the night was the single most common complaint.

POINT 02

Hot flashes and sleep disruption are closely linked — treating one often helps the other.

Women with moderate-to-severe hot flashes were almost three times more likely to report frequent nighttime awakenings. This is why vasomotor symptom treatment frequently improves sleep as a secondary effect.

POINT 03

MHT is not FDA-approved for mood, and shouldn't be proposed for that purpose alone.

Multiple studies found no significant mood benefit in non-depressed postmenopausal women. The picture is different for women with depressive symptoms during the transition, where evidence is more supportive.

POINT 04

One trial found a real preventive mood benefit — in a specific population.

172 women on transdermal estrogen plus intermittent progesterone had depressive symptoms in 17.3% of cases versus 32.3% on placebo over one year, with the effect strongest in early perimenopause specifically.

POINT 05

Cognition research is genuinely mixed — and timing may explain why.

The WHIMS trial, in women over 65, found MHT associated with worse cognitive decline. Studies applying the critical window hypothesis, looking at women starting within 5 years of menopause, found reduced Alzheimer's risk instead.

POINT 06

MHT should not be prescribed solely to prevent memory loss or Alzheimer's.

The evidence doesn't support that specific use, even though several trials confirm it doesn't harm cognition in younger postmenopausal women with symptoms. That's a meaningful, precise distinction to make with patients.

POINT 07

Sleep apnea affects up to two-thirds of postmenopausal women and is often missed.

47 to 67% of postmenopausal women have obstructive sleep apnea. Restless leg syndrome is also more common in women and can worsen after menopause independent of hormone status — both deserve screening alongside vasomotor symptoms.

POINT 08

Sleep, mood, and cognition share a biological root, not three separate problems.

Sex steroids act throughout the central nervous system. That's why these three symptom domains so often present together during the transition, and why one conversation about hormones can meaningfully touch all three.

RESEARCH SOURCE CITATION

TITLE	Cognition, Mood and Sleep in Menopausal Transition: The Role of Menopause Hormone Therapy
AUTHORS	Gava G, Orsili I, Alvisi S, Mancini I, Seracchioli R, Meriggiola MC
SOURCE	Medicina (Kaunas)
PUBLISHED	October 2019
URL	https://doi.org/10.3390/medicina55100668