

Sleep & Lifestyle Guide

Evidence-Based Strategies for Perimenopause & Menopause

WHY SLEEP MATTERS: THE CRITICAL CONNECTION

✓ 51.6% of menopausal women have sleep disorders |

79% report poor sleep quality ✓ Night sweats increase wake-ups by 85%

25% of women 50-64 have sleep difficulties ✓ Poor sleep = 3X MORE LIKELY to have cardiovascular problems

✓ Sleep <7 hours linked to: increased mortality, heart disease, obesity, diabetes, dementia

✓ Sleep now recognised as 1 of 8 key cardiovascular health measures (American Heart Assoc.)

Benefits of addressing sleep: Reduced disease risk + improved mood, memory, energy

1. CREATE YOUR SLEEP SANCTUARY

Optimal temperature: 18-20°C (60-67°F) – body temperature must drop for sleep

- For night sweats: Bedside fan, cooling pillow, ice pack under pillow (flip to cool side)
- Cooling bedding: Natural fibers (cotton/bamboo), consider two single duvets vs one shared
 - Dark & quiet: Light-blocking curtains/eye mask, white noise machine if helpful
 - Bed for sleep & intimacy only – train your brain to associate bed with sleep

2. ESTABLISH CONSISTENT ROUTINE

(Critical for Hormone Regulation)

- Fixed sleep-wake schedule: Same time daily (even weekends) – resets circadian rhythm
- Screen curfew: No screens 1-2 hours before bed – blue light blocks melatonin (sleep hormone)
- Relaxation techniques: Meditation (20 min), deep breathing (3-4-5 breath: in 3, hold 4, out 5), progressive muscle relaxation, gentle yoga. Apps: Headspace, Calm, Insight Timer
- 15-minute rule: Not asleep in 15 min? Leave room, do something relaxing, return when drowsy
- Meal timing: Finish eating 3 hours before bed; limit fluids evening (reduces bathroom trips)
- Avoid stimulants: Caffeine (effects last 8 hours), alcohol (disrupts REM sleep), nicotine

3. DAYTIME STRATEGIES FOR BETTER NIGHTS

Morning Light Exposure (Essential!) Get 10+ min sunlight ASAP after waking – regulates melatonin cycle & circadian rhythm Exposure to light helps maintain wake state, combats morning sleep inertia

Exercise (Proven Benefits for Sleep + Overall Health)

Daily movement improves: sleep quality, fatigue, mood, bone density, heart health, dementia risk

Timing matters: Avoid strenuous exercise within 4 hours of bedtime (raises cortisol & temperature)

Best options: Walking, strength training, Pilates (30 min 3x/week reduces fatigue), yoga

Exercise = 20% lower risk of heart disease, stroke, blood clots | Adds 3 years to lifespan

Stress Management (Reduces Cortisol) 'Worry time': Schedule 15 min earlier in day to write concerns/to-do lists

Vagus nerve stimulation: Deep belly breathing (longer out-breath), humming, singing

Walking meditation: 20-min walk lowers cortisol & blood pressure

Journaling: Morning or evening – declutters mind, provides clarity

Nutrition Connection Anti-inflammatory diet: More plants, whole foods, healthy fats – may cut breast cancer risk by 50% Protein at breakfast: Stabilises blood sugar (reduces anxiety, mood swings, cravings) Stay hydrated during day;

limit evening fluid.



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4. WHEN LIFESTYLE ISN'T ENOUGH: EVIDENCE-BASED TREATMENTS

Menopausal Hormone Therapy (MHT/HRT) – Most Effective Option Dramatically improves sleep quality, especially when night sweats/hot flushes present

Micronised progesterone: Natural sedative effect, take at bedtime, increases deep (stage 3) sleep

Estrogen: Improves subjective sleep quality, reduces vasomotor symptoms, protects cardiovascular health

Additional benefits: Bone protection, reduced dementia risk, improved mood & energy

Cognitive Behavioral Therapy for Insomnia (CBT-i) – Gold Standard Non-Drug Treatment

EQUALLY effective as medication BUT with better long-term sustainability (no side effects/dependency) Includes:

Stimulus control (bed=sleep only), sleep restriction, relaxation therapy, cognitive work Available: NHS programs, sleep specialists, online CBT-i programs

Supplements & Other Options

Magnesium L-threonate: May improve sleep quality, reduce 'racing thoughts' (check quality/purity)

Melatonin (modified release): Helps circadian rhythm – production declines with age.

Crush tablets for rapid release. Timing crucial – morning light exposure enhances nighttime melatonin

SSRIs/Antidepressants (low dose): Can help hot flushes, depression, insomnia – medical supervision needed

Herbal (limited evidence): Valerian, chamomile, lavender, lemon balm – mild sedatives

ALWAYS CONSULT HEALTHCARE PROVIDER TO RULE OUT:

Sleep apnea (more common post-menopause) •

Thyroid disorders • Depression/anxiety • Restless leg syndrome Periodic limb movement disorder • Fibromyalgia •

Low iron/B12 • Other medical conditions

7-9 HOURS NIGHTLY ESSENTIAL FOR:

Cognitive function • Memory • Emotional regulation • Immune health • Hormone balance • Cardiovascular health •

Longevity

Evidence-Based References (Peer-Reviewed Research & Clinical Guidelines):

1. Haver MC. (2024). The New Menopause. Harmony/Rodale.
2. Ameratunga D et al. (2012). Sleep disturbance in menopause. Intern Med J. 42(7):742-7.
3. Australasian Menopause Society. (2018). Sleep Disturbance & Menopause. www.menopause.org.au
4. NAMS. (2015). Menopause & Sleep Problems. 5. Harper S, Bardwell E. (2021). The Perimenopause Solution. Ebury.
6. Newson L. (2023). Definitive Guide to Perimenopause & Menopause. Hodder.
7. Gates N. (2019). Feel Good Guide to Menopause. ABC Books.
8. Mansberg G. (2020). The M Word. Murdoch Books.
9. Bhatia T. (2023). The Hormone Shift. Harmony/Rodale.
10. Polo-Kantola P. (2011). Sleep in midlife. Maturitas. 68(3):224-32.
11. Kelley GA et al. (2017). Exercise & sleep: systematic review. J Evidence-based Med. 10(1):26-36.
12. Cramer H et al. (2018). Yoga for menopausal symptoms. Maturitas. 109:13-25.
13. Epstein DR et al. (2012). CBT for insomnia in older adults. Sleep. 35(6):797-805

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