Understanding and managing sleep problems during menopause

Why sleep matters

Most adults need around 7–9 hours of sleep each night. Although the need for sleep does not reduce as we age, many women find that getting sufficient, good quality sleep becomes more difficult during midlife and menopause. Poor sleep can have knock on effects on other areas of health and can impact on other menopause symptoms. As well as feeling fatigued during the daytime, poor sleep can also affect mental health, memory, concentration, heart health and bone health.

Types of sleep disturbance

Sleep problems are very common in the menopause transition (affecting around 40–56% of women). These may include:

- difficulty falling asleep
- waking often during the night
- waking too early in the morning
- poor or unrefreshing sleep
- restless legs or other movement disorders
- breathing problems such as snoring or sleep apnoea

Chronic insomnia

Chronic insomnia is one of the most common sleep disorders during menopause. It is defined as difficulty getting to sleep, staying asleep, or waking too early, at least three nights a week for three months or more, with symptoms such as tiredness, low mood, or poor concentration during the day.

Why does sleep change in menopause?

Falling estrogen levels affect sleep directly, as well as indirectly through symptoms such as hot flushes, night sweats, mood changes, joint aches and bladder problems. Other factors include aging, stress, lifestyle habits and underlying sleep disorders such as restless legs syndrome or sleep apnoea (which are both more common from menopause onwards).

What can help?

Lifestyle and self-help

Healthy habits can make a difference:

- go to bed and get up at the same time every day
- avoid caffeine after lunchtime and limit alcohol
- exercise regularly, but not too close to bedtime
- use your bed for sleep and sex only
- keep your bedroom cool, dark and quiet
- build a relaxing wind-down routine (bath, book, music)
- avoid screens and heavy meals in the hour before bed

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If you can't sleep, get up after 20 minutes and do something relaxing until you feel sleepy again.

There is more information and advice about dealing with sleep problems on the ***NHS Every Mind Matters*** website.

Hormone Replacement Therapy (HRT)
HRT can improve sleep. It can help directly by improving hormone levels and also by reducing hot flushes and sweats. If HRT helps other symptoms but sleep disturbance is still a problem, it may be worth reviewing the type of progestogen taken as part of your HRT. Using natural micronised progesterone orally may help to improve your sleep, although other progestogens do not seem to have the same benefit. Your healthcare professional can help you decide which type of HRT is right for you.

Vaginal estrogen
If sleep is disturbed by a change in bladder function leading you to be woken by the need to pass urine overnight, the use of vaginal estrogen can improve bladder function and hence improve sleep.

Non-hormonal treatments
If HRT is not suitable or is not preferred, other treatments may help:

- Cognitive Behavioural Therapy for Insomnia (CBT-I) is the most effective treatment for chronic insomnia and can be carried out in person, in groups or online. It can take about 6 weeks and can be effective during menopause. Digital apps are available including Sleepful, Sleepio and Sleepstation.
- Medications such as certain antidepressants, gabapentin or clonidine may reduce hot flushes and can then improve sleep.
- Melatonin is licensed for short-term use in people over 55 years of age (up to 13 weeks).
- Daridorexant, a licensed sleep medicine, can help with chronic insomnia and is recommended if CBT-I is not appropriate or useful.
- Newer treatments (neurokinin B receptor antagonists, such as fezolinetant and elinzanetant) show promise for improving sleep.

Restless legs

Restless Legs Syndrome (RLS) causes uncomfortable sensations in the legs, often in the evening or at night. Movement can temporarily relieve symptoms. It is more common after menopause. If you have RLS, ask your healthcare professional for a blood test to check your ferritin level (iron stores), as low iron can be a cause. Other treatments, including medications, are available if symptoms are severe.

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Sleep apnoea

Sleep apnoea is when breathing repeatedly stops and starts during sleep. It is more common in menopause and may cause loud snoring, morning headaches, fatigue, or mood changes. Not all women with sleep apnoea snore. If suspected, your healthcare professional may arrange a sleep study and treatment such as Continuous Positive Airway Pressure (CPAP); a machine that helps keep the airways open during sleep.

When to seek help

If poor sleep is affecting your quality of life, talk to your healthcare professional. Help is available, including effective treatments for chronic insomnia, restless legs and sleep apnoea. You don't have to put up with poor sleep.

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This Women's Health Concern fact sheet provides information and guidance, to be used in consultation with your own healthcare professional. It has been developed by the medical advisory council of the British Menopause Society and it will be updated when guidance changes and/or new data becomes available.

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