A free guide from Dr. Leott

*Wait...*

# That's a Menopause Thing?

The weird, frustrating, very real changes nobody warned you about.

*Filed under: things nobody warned you about*

**3:17 a.m. • itchy ears • disappearing nouns • surprise chin hair**

*Yeah. You're not imagining it.*

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# Yeah. This Is a Real Thing.

*Maybe you expected hot flashes. Maybe you were even prepared for your periods to get a little weird.*

But nobody mentioned waking up at 3:17 a.m. for no apparent reason. Or walking into a room and forgetting why you're there. Or suddenly needing reading glasses, moisturizer, lubricant, patience and a fan.

And then there are the really strange ones: Itchy ears? Heart palpitations? A shoulder that suddenly won't cooperate? Words disappearing in the middle of a sentence? Your waistline apparently making independent decisions?

Yep. Midlife hormone changes can affect far more than your period and your internal thermostat.

*You are not imagining the changes.*

> But (and this matters) not every symptom that appears in midlife is automatically menopause. Medications, thyroid problems, iron deficiency, sleep problems, stress, metabolic changes and other health conditions can look surprisingly similar.

That's why the goal isn't to blame everything on hormones. It's to connect the dots.

# The Usual Suspects

*The Menopause Symptoms Everybody Talks About*

**Hot flashes**
Why is it suddenly 147° in here?

**Night sweats**
Nothing says restful sleep like changing your pajamas at 2 a.m.

**Period changes**
Heavier. Lighter. Closer together. Farther apart. Surprise appearances. Apparently your uterus has stopped using a calendar.

**Sleep changes**
Falling asleep may be harder. Staying asleep may be harder. And some women develop the remarkably specific talent of waking up at 3 a.m. Every. Single. Night.

**Mood changes**
More irritable. More emotional. More anxious. Less tolerant of nonsense. Why is there so much nonsense!

**Vaginal dryness & painful sex**
Common? Yes. Something you simply have to put up with? No.

**Changes in libido**
Desire may increase, decrease, disappear for a while, or become considerably more complicated.

These are real symptoms. But they're only the beginning of the story. Because menopause apparently didn't get the memo that it was supposed to stick to hot flashes.

# Wait... THAT'S a Menopause Thing?

Hormone receptors aren't limited to your ovaries. So when estrogen, progesterone, and other hormones begin changing, the effects can show up in some surprisingly unexpected places.

### *Itchy skin — and yes, sometimes itchy ears*

Changes in estrogen can affect skin moisture and sensitivity. So if you've recently considered scratching the inside of your ear with a car key... let's not. But you're not the only one.

### *Hair thinning — and surprise facial hair*

Why is the hair disappearing from my head and reappearing on my chin? Changes in the hormonal environment around menopause can contribute to changes in hair growth. Some women notice thinning or shedding on the scalp while simultaneously discovering a few new, decidedly unwelcome facial hairs. Because apparently they didn't disappear. They just relocated. Significant or sudden hair loss is worth discussing with your healthcare provider—there are other possible causes too.

### *Heart palpitations*

Some women notice pounding, fluttering or a suddenly racing heart during the menopause transition. Important: New or concerning palpitations deserve medical evaluation. Don't automatically chalk them up to menopause.

### *Joint aches and stiffness*

Suddenly everything creaks when you stand up? Changes around menopause may contribute to musculoskeletal aches and joint symptoms. The sound effects when getting off the couch remain optional.

### *Dry eyes*

Hormonal changes can affect the surface of the eye and tear production.

### *Burning mouth or strange mouth sensations*

Burning, tingling, altered taste or dry-mouth symptoms can occur around menopause—and they're rarely on anyone's list of things to expect.

### *Tinnitus*

Some women report new or changing ringing or buzzing in their ears during the menopause years. But tinnitus has many possible causes, so it deserves evaluation rather than an automatic hormone diagnosis.

### *Urinary urgency & recurrent UTI-like symptoms*

Estrogen changes can affect tissues around the vagina, urethra and bladder. That can contribute to symptoms like urinary urgency, frequency, discomfort and recurrent UTI-like symptoms. And while we're talking about bladder changes: if you've ever sneezed and thought, "Well… that was unfortunate," you're in very good company. Urinary leakage can become more common in midlife too, although it isn't necessarily caused by the same thing. The vaginal and urinary changes related to declining estrogen are part of something with a truly terrible name: Genitourinary Syndrome of Menopause (GSM). Whoever named it was clearly not in marketing.

### *Brain fog & disappearing words*

You know the word. You can describe the word. You've used the word approximately 4,000 times. And now… Gone. Changes in attention, memory and word retrieval are commonly reported during the menopause transition, especially when sleep has also gone sideways.

*The point isn't that every weird thing happening to your body is menopause. The point is that menopause affects a lot more of the body than most women were ever told.*

# Wait... My Muscles, Bones, and Joints, Too?

*Apparently, menopause didn't get the memo that it was supposed to stick to hot flashes.*

Maybe your knees have started complaining when you climb stairs. Your shoulders feel stiff for no obvious reason. Getting up off the floor requires a little more planning than it used to. Or you've noticed that the muscles you once took for granted seem to be quietly disappearing.

Welcome to another part of menopause that nobody warned you about.

Estrogen does much more than regulate reproduction. It also influences muscles, bones, joints, tendons, and other connective tissues.

As estrogen levels decline, changes in these tissues can become more noticeable. Researchers increasingly recognize these changes as part of what is sometimes called the **Musculoskeletal Syndrome of Menopause**.

And while not every ache, pain, or change in strength is caused by menopause, hormonal changes may be one piece of the puzzle.

### *Your Muscles: Use Them or Lose Them*

Muscle mass and strength naturally change as we age, but declining estrogen may contribute to changes in muscle health during and after menopause. You might notice that carrying groceries feels harder, climbing stairs takes more effort, or activities that used to be easy require a little more work.

Here's something important: Muscle isn't just about looking toned. Muscle helps support metabolism, blood sugar regulation, balance, mobility, and independence as we age. And the good news? Your muscles can respond to training at virtually any age.

*Dr. Leott's Tip: Give your muscles a reason to stay.*

Resistance training, whether with weights, resistance bands, or your own body weight, helps preserve and build strength. Even simple activities like carrying groceries, doing chair squats, or practicing a farmer's carry can be a starting point.

## Your Joints: Why Am I Suddenly So Stiff?

If your knees, hips, hands, or shoulders seem to have developed opinions of their own, you're not alone. Joint pain and stiffness are commonly reported during the menopause transition.

Estrogen influences inflammation, connective tissues, and joint function. Changes in estrogen may contribute to discomfort, although arthritis, injuries, medications, and other conditions can also play a role.

Sometimes menopause isn't the entire explanation. It may be one reason you're noticing a problem now.

*Dr. Leott's Tip: Keep moving.*

Regular movement helps maintain joint mobility and the strength of the muscles supporting your joints. Walking, swimming, cycling, and appropriate strengthening exercises can all help.

Persistent, swollen, or worsening joint pain deserves medical evaluation rather than an automatic menopause diagnosis.

## Your Bones: The Changes You Can't Feel

Unlike aching joints or tired muscles, bone loss usually doesn't announce itself. You don't feel your bones getting thinner.

But declining estrogen accelerates bone loss around menopause, increasing the risk of osteoporosis and fractures later in life. And those fractures can have serious consequences for mobility, independence, and quality of life.

# Your Bones, Fascia, and the Bigger Picture

*Dr. Leott's Tip: Don't wait for a fracture to think about bone health.*

Weight-bearing activities such as walking, stair climbing, and dancing, along with resistance training, help support bone health. Adequate calcium, vitamin D, and protein matter, too. Depending on your age and risk factors, a bone density test may be appropriate.

Menopausal Hormone Therapy can also help prevent bone loss in appropriately selected women. As with any treatment, the decision depends on your individual health history, risks, and goals.

## *Your Fascia: Wait... What's Fascia?*

Here's one more tissue you probably weren't thinking about when you first heard the word menopause. Fascia is the connective tissue network that surrounds and supports your muscles, organs, nerves, and other structures. It helps tissues move and glide as your body moves.

Researchers are exploring how hormonal changes may influence fascia and other connective tissues. But we're still learning how much of the stiffness and discomfort women experience during menopause can be attributed specifically to these changes. In other words, fascia may be part of the story, but we shouldn't blame every mysterious ache on it.

*Dr. Leott's Tip: Move in different ways.*

Activities such as yoga, Pilates, tai chi, gentle stretching, and regular walking can help maintain mobility, balance, and flexibility. You don't have to become a yoga instructor. Just give your body opportunities to move.

## *The Bigger Picture*

Muscles support joints. Bones provide structure. Connective tissues help everything work together. And hormones, nutrition, medications, physical activity, sleep, and aging can influence how well those systems function.

That's why I encourage women to look beyond individual symptoms.

Menopause may have changed the rules, but you can still build strength, protect your bones, and maintain mobility for years to come.

*And remember... It's all connected.*

# Okay, So What the Heck Is Going On?

Here's where menopause gets confusing. Your hormones don't simply decline in a nice, straight, orderly little line. They can fluctuate. A lot. Especially during perimenopause.

Estrogen may rise and fall unpredictably. Ovulation becomes less consistent, which changes progesterone patterns. Eventually, as menopause approaches and passes, estrogen and progesterone settle at much lower levels.

And those hormones weren't just hanging around your reproductive system waiting to manage your period. Their effects reach throughout the body including your brain, bones, muscles, skin and connective tissue, vagina and urinary tract, cardiovascular system and metabolism.



estrogen & progesterone, roughly speaking (teal = the bumpy ride; dotted orange = the general downward trend)

That helps explain why menopause can look very different from one woman to another. One woman is throwing the covers off all night. Another can't remember the name of the person she's known for 15 years. Another suddenly has aching joints, anxiety and a belly that seems to have arrived without filling out a change-of-address form. And another woman? Barely a hot flash.

*Not everything that happens after 40 is menopause.*

Fatigue, weight changes, poor sleep, anxiety, brain fog, low libido and even palpitations can have more than one possible contributor. Hormonal changes may be part of it. But so can medications, thyroid problems, iron deficiency or anemia, sleep problems, blood sugar and metabolic changes, stress and life circumstances, and other health conditions. And sometimes it's three things piled on top of each other wearing a menopause trench coat.

Menopause may have changed the rules. That doesn't mean hormones explain everything. The goal is to figure out what's actually contributing to your symptoms.

# Your Labs Were “Fine”? That's Cute.

You still feel exhausted. Your sleep has gone sideways. Your body is changing. Your brain occasionally refuses to retrieve nouns. But your labs were “fine.”

*Here's the thing: “fine” isn't the end of the conversation.*

Labs can be an incredibly useful part of understanding what's happening in midlife. They can help uncover health problems that may look like menopause, identify changes worth watching, and give you and your healthcare provider valuable information about your overall health.

But labs are one piece of the puzzle—not the whole game.

*One number is a snapshot. A trend tells a story.*

Don't look only at this year's results. If you have them, pull out last year's. And the year before that. Look at how things have changed over time: blood sugar or A1C, cholesterol or triglycerides, thyroid markers, iron status, vitamin D, and liver and kidney function.

A result can fall within a laboratory's “normal” range and still have changed considerably from your previous results. That doesn't automatically mean something is wrong. But it may give you a better question to ask.

Now add the most important piece: YOU. Think about what was happening when those numbers began changing. Did your periods become heavier? Did your sleep fall apart? Did your weight or waistline start changing? Did you notice more fatigue, brain fog or loss of strength? Did palpitations appear? Did you start, stop or change a medication or supplement? Do the changes in your labs line up with changes you've noticed in your body? That doesn't prove one caused the other. But now you have something much more useful to discuss than: “My labs were normal, so I guess everything is fine.”

### What About Hormone Testing?

Hormone testing can be useful in the right situation. But during perimenopause, hormones can fluctuate. Sometimes considerably. A single hormone level may not neatly answer the question: “Is this perimenopause?” Your age, menstrual pattern, symptoms, medical history, medications and other laboratory findings may all be important pieces of the picture.

**THE BIG PICTURE**

*Labs* + *Trends* + *Symptoms* + *History*

That's a much better picture than any one number.

*Dr. Leott's Tip:*

Keep copies of your lab results. Don't just look for the red H's and L's. Compare your results from year to year and make note of what was changing in your health at the time. Your lab history can become a surprisingly useful timeline of your health.

# Don't Forget What's in the Medicine Cabinet

*Before You Blame the Hormones... Check the Medicine Cabinet.*

Here's something that doesn't get talked about nearly enough: Menopause symptoms and medication side effects can look surprisingly similar. Fatigue. Brain fog. Poor sleep. Weight changes. Low libido. Dryness. Mood changes. Constipation. Dizziness. Sound familiar?

You may have been taking a medication for years with no obvious problem. Then your body changes, another medication gets added, your sleep changes—or several things happen at once. Suddenly, it's harder to tell what's causing what.

And it's not just prescription medications. Over-the-counter medicines, supplements, herbal products, sleep aids and hormones all belong in the conversation.

Sometimes the answer isn't "add something else." Can't sleep? Add a sleep supplement. No energy? Add something for energy. Weight changing? Add a metabolism product. Feeling anxious? Add something for that. Pretty soon you've got a supplement cabinet that requires its own ZIP code.

Before adding something new, ask: When did this symptom start? What else changed around that time? Did I start, stop or change the dose of anything? Could two things I'm taking be working against each other? Am I taking more than one product containing the same ingredient? Could something I'm treating as a menopause symptom have another explanation?

> This does NOT mean: Stop Your Medications. Please don't. Prescription medications can be important—and sometimes lifesaving. The point is to periodically look at the whole picture with your healthcare team, especially when something changes.

Because sometimes you don't need more. You need to understand what you already have.

*Dr. Leott's Medicine-Cabinet Check:*

Make one complete list of everything you use: prescription medications, OTC medications, vitamins, supplements, herbs, hormones, and occasional sleep, pain or allergy products. And don't forget the things you take "only when I need them." They count too.

Bring that list to your doctor or other healthcare provider. And review it with your pharmacist. Your pharmacist can be especially helpful at spotting duplicate ingredients, medication side effects that may overlap with your symptoms, drug–drug and drug–supplement interactions, timing or dosing issues, and things worth discussing with your prescriber.

**One list. Everything you take. Reviewed as a whole.**

*Menopause can contribute. Medications can contribute. Sleep can contribute. Stress can contribute. Metabolic and other health changes can contribute. And sometimes several things are happening at once. That's why connecting the dots matters.*



# How to Speak Up Without Getting Shrugged Off

*You Waited Three Months for This Appointment. Let's Make It Count.*

You waited for the appointment. Then you waited in the waiting room. Then you waited in the exam room. And now you finally have an actual human in front of you. Let's not waste the 7 minutes.

One of the easiest ways to get nowhere is to start with: "I just don't feel like myself." It may be completely true—but it doesn't give your healthcare provider much to work with. Instead, walk in with specifics.

**Pick Your Top 3.** Choose the three symptoms affecting you the most. For each one, know: What is happening? When did it start? How often does it happen? How much is it affecting your life? What else changed around the same time?

Give them the timeline—not your autobiography.

**INSTEAD OF**

"I'm tired all the time and something just feels off."

**TRY**

"For the past four months, I've been waking several times a night, my daytime fatigue has gotten much worse, and my periods have become heavier and closer together. Could these changes be related, and what else should we rule out?"

**If You're Wondering About Menopause, Say So.** "I'm wondering whether I could be in perimenopause. Do my symptoms and menstrual changes fit that picture?" Or: "Could menopause be contributing to these symptoms—and are there other causes we should consider?" Or: "I'd like to talk about my options for managing these symptoms."

**Bring Your Receipts.** Not literal receipts. We're not auditing Target. Bring your symptom timeline, medication/supplement list, recent lab results—and older results if you have them—and a few specific questions you want answered.

**And If You Still Feel Dismissed?** Ask:

- "What else could be causing this?"
- "What would make you want to investigate this further?"
- "If we're not testing or treating this now, what should I watch for?"
- "When should we follow up?"

If you're repeatedly unable to have a productive conversation about symptoms that are significantly affecting your life, seeking another qualified healthcare professional for a second opinion is reasonable.

> *Dr. Leott's Tip:*
> Don't downplay your symptoms to make the appointment more comfortable. Be accurate. Be specific. Ask questions. You're not there to prove you have menopause. You're there to figure out what's going on.

# Okay. So What Can I Actually Do About It?

Here's the good news: You have options. Menopause isn't something you have to "tough out." And treatment isn't one-size-fits-all. What makes sense depends on your symptoms, health history, medications, risks, priorities—and what you actually want help with.

### Menopausal Hormone Therapy

For appropriate women, menopausal hormone therapy can be an effective treatment for symptoms such as hot flashes and night sweats, and it can also help with genitourinary symptoms. It also has important effects on bone. But hormone therapy isn't simply: "Menopause? Here are some hormones." The type, dose, route, timing and symptoms all matter. So do your health history and individual risk factors.

*Hormones are an option—not a moral position. You don't get bonus points for taking them. And you don't get bonus points for avoiding them. The goal is an informed decision that's appropriate for you.*

### Nonhormonal Prescription Options

Hormones aren't the only medical treatment available. There are prescription nonhormonal options for certain menopause symptoms, including hot flashes and night sweats. Some women prefer them. Some women can't or don't want to use systemic hormone therapy. And sometimes treating one particularly disruptive symptom makes an enormous difference.

### Don't Forget Vaginal & Urinary Symptoms

Dryness, painful sex, urinary urgency and recurrent urinary symptoms deserve their own conversation. There are both hormonal and nonhormonal approaches—and women sometimes suffer with these symptoms for years because nobody told them: You can actually treat this.

### Lifestyle Matters. No, That Doesn't Mean “Just Try Yoga.”

Sleep. Strength training. Nutrition. Alcohol. Smoking. Stress. Physical activity. All of these can influence health during and after menopause. But lifestyle advice shouldn't become another way of dismissing symptoms. “Eat better and exercise” is not a complete menopause plan.

### What About Supplements?

Some supplements may be useful in particular circumstances. Others have limited evidence. Some interact with medications. And “natural” does not automatically mean safe, effective—or necessary. Before adding another bottle, ask: What am I taking this for? Is there reasonable evidence it helps? Could it interact with anything I'm already taking? How will I know if it's working? And my favorite: Do I actually need it?

> *The Takeaway:*
> You don't need every option. You need the right options for you. Start with the symptoms affecting your life the most. Understand your health history. Review your medications and supplements. Look at relevant labs and trends. Then have a conversation about benefits, risks and reasonable choices.

*Menopause changed the rules. That doesn't mean you're out of options.*

# You're Not Imagining This

*And Now You Know What to Do Next.*

If there's one thing I hope you take away from this guide, it's this: The changes you're noticing deserve to be taken seriously.

Yes, menopause can cause some surprisingly weird symptoms. Yes, hormones can affect much more than periods and hot flashes. And yes, sometimes the thing you've been wondering about really can be connected to menopause.

But don't stop there. Not every symptom is hormonal. Not every "normal" lab means there's nothing worth discussing. Not every new symptom needs another supplement. And you shouldn't have to become an amateur endocrinologist at 2 a.m. just to figure out what to ask your doctor.

## Start Here

1. Pay attention to patterns.
2. Look backward as well as forward.
3. Review everything you're taking.
4. Identify your top three concerns.
5. Ask better questions.

Not just "Is this menopause?" but: "What could be contributing to this—and what are my options?"

You know your body. Now give yourself better information to work with.

> You don't need to chase every symptom. You don't need to try everything. And you certainly don't need another internet stranger telling you that one supplement will "balance your hormones."

*You need the pieces of your health looked at together. That's where things start making sense.*

# Connect the Dots: Your Midlife Health Snapshot

Sometimes the most useful question isn't “Is this menopause?” It's “What else might be contributing?”

Your symptoms, medications, supplements, laboratory results, and lifestyle changes may tell a more complete story when you look at them together. Use this worksheet to organize your thoughts before your next healthcare appointment.

## 1 WHAT AM I NOTICING?

Start with the three symptoms or health changes bothering you most.

| My top concerns | When did it start? | How is it affecting my life? |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |

## 2 WHAT ELSE CHANGED?

Think back to when these symptoms began:

- ☐ Menstrual cycle or hormonal changes
- ☐ Stress or major life events
- ☐ New medications or dose changes
- ☐ Changes in an existing health condition
- ☐ Sleep patterns
- ☐ Weight, appetite, or physical activity
- ☐ New supplements or over-the-counter products
- ☐ Something else: _____

Did any of these changes happen around the same time?

_____

_____

## 3 WHAT ABOUT MY MEDICATIONS, SUPPLEMENTS, AND LABS?

**Medications and supplements:** Have I started, stopped, or changed anything? Am I taking products that might overlap or interact?

**Laboratory results:** Have any results changed over time? Are there trends or findings I want to discuss?

## 4 WHAT DO I WANT TO ASK?

My three most important questions for my healthcare provider:

> *Dr. Leott's Reminder:*
> You're not trying to diagnose yourself. You're gathering information that can help you and your healthcare team make better decisions.
>
> Bring this worksheet, your current medication and supplement list, and relevant laboratory results to your appointment.

*Menopause changed the rules. Let's connect the dots.*

# Your Next Step: Keep Connecting the Dots

Menopause changed the rules. That doesn't mean you have to figure everything out on your own.

If this guide has helped you recognize a few things you didn't know could be connected to menopause, I hope it's also encouraged you to ask better questions about your health.

Because understanding what's happening is the first step toward making informed decisions. And sometimes, you want to dig a little deeper.

*Want to Understand Menopause Beyond the Hot Flashes?*

### Hot Flashes & Cold Truths

Menopause is about much more than hot flashes and missed periods. This book takes a deeper look at hormonal changes, symptoms, treatment options, and the questions women should be asking about their health.

*Confused by Your Laboratory Results?*

### A Pharmacist's Guide to Understanding Your Hormone and Menopause Lab Results

Ever been told your labs were “normal” when you knew something wasn't quite right? Learn what common laboratory tests measure, why trends matter, and how to have more productive conversations with your healthcare provider about your results.

*Wondering Why Managing Your Weight Feels Different Now?*

### The Menopause Weight Loss Reality in the GLP-1 Era

Midlife weight management involves more than eating less and moving more. Explore the relationships among hormonal changes, metabolism, muscle health, and today's weight-loss medications, including GLP-1 therapies.

*Wish Your Partner Understood Menopause a Little Better?*

### The Man's Guide to Menopause FREE

A practical, occasionally humorous guide to help husbands and partners understand what's happening and how they can offer meaningful support. Because a little understanding can go a long way.

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*Need Help Connecting Your Own Dots?*

## Midlife Health Clarity Consultation

Sometimes your symptoms, medications, supplements, laboratory results, and health history don't fit neatly into separate boxes. That's where my pharmacist's perspective can help.

In a private consultation, we'll look at the bigger picture, identify questions worth exploring, and help you prepare for more informed conversations with your healthcare team.

**Explore Dr. Leott's books, free resources, and consultations at DrLeott.com.**

# About Dr. Leott

*Scan to see the book on Amazon →*

Leott Ferlita Lowdermilk, Pharm.D., is a pharmacist, author, certified menopause and perimenopause coach, and women's health educator with more than 35 years of experience.

She helps women understand the connections among hormones, medications, supplements, laboratory results, metabolism, and healthy aging.

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***Dr. Leott | The Pharmacist Who Helps Women Connect the Dots***

*Menopause changed the rules.*