



Talking Therapies  
**Workbook...**

LTC No. 8

# Managing low mood and worry with the menopause

A self-help guide

 **0300 365 2000**

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This workbook refers to women, but we acknowledge the need to be inclusive of the fact that menopause also affects transgender men and those who identify as non-binary and were assigned female at birth and the distress this can lead to.



Work through the above contents and tick once completed.

# Introducing menopause

**Menopause is a natural part of a woman's lifecycle when hormone levels decline with age. Periods become less frequent and eventually stop, and pregnancy is no longer possible.**

## What happens in the menopause?

Menopause usually occurs between the ages of 45 and 55 and symptoms can come on gradually but last for several years. A woman's period stops when their ovaries produce less reproductive hormones (oestrogen, progesterone and testosterone) and no eggs are released.

If you've had a hysterectomy and your ovaries have been removed, you will immediately reach menopause (known as surgical menopause). This can also occur after breast cancer treatment due to reduced oestrogen levels.

## Why is menopause relevant to anxiety and depression?

Changing hormone levels can negatively impact on your mood and many women may notice significant emotional changes.

This comes at a time of life when there can be further stressors and circumstances that may take their toll on how you are feeling, and it is often a time that many women reevaluate their life.

Typically, this can include:

- **Relationship problems**, the ending or starting of romantic relationships, and maintaining friendships
- **Parenting** children and perhaps grown children leaving or returning home;
- **Financial difficulties**; work demands or career changes
- **Ageing parents** or caring for elderly loved ones
- **Getting older** in a society that values youth and dealing with the stigma that surrounds ageing.

### Perimenopause or menopause?

The term menopause is often used when a woman's period starts to change and they notice symptoms as a result, however, this is in fact "perimenopause".

Perimenopause is a transition period that can last for months or years before menopause. Menopause is reached when you haven't had a period for one year.

# Physical symptoms of menopause

Everyone's experience of menopause is unique. Some people don't report any changes, but the majority of women experience symptoms at some point. These symptoms can fluctuate daily and last for many years. This can impact the individual and those around them, including partners, family, friends and colleagues.

## Common physical symptoms

It's helpful to be aware of possible physical changes to help prepare for the impact it may have on your daily life and wellbeing. Symptoms are wide-ranging and vary from person to person but may include:

- Irregular periods
- Hot flashes - sudden and intense feelings of heat, often around the upper body/face
- Night sweats
- Sleep disturbances including insomnia
- Fatigue
- Skin changes - dry and itchy
- Weight gain
- Headaches / migraines
- Muscle aches and joint pain
- Hair loss or thinning
- Vaginal, bladder and sexual issues – including dryness, discomfort, infections, lack of bladder control, low libido and pain during intercourse
- Other: sore breasts; dry eyes; gum problems; changes in hearing



### The above list is not exhaustive!

Some women will experience many of these symptoms, and others just a few (or none at all), and this may change over time. And these symptoms can have a significant negative impact on your overall mental health.

# Psychological symptoms of menopause

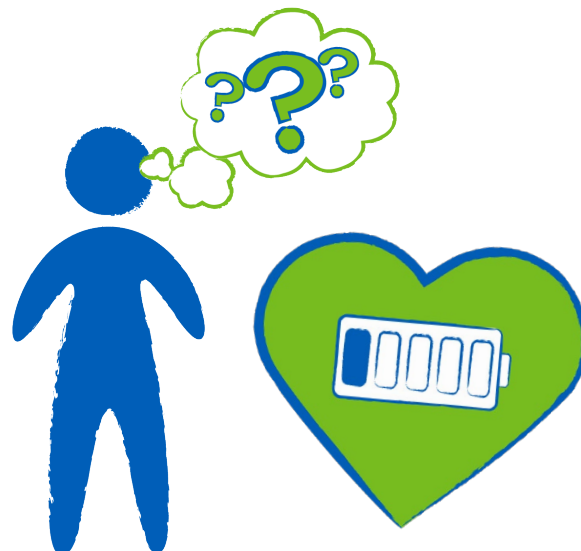
In addition to physical symptoms, you may also notice significant changes to your mental health, emotions, motivation and thinking.

Physical symptoms may cause you to feel distressed, or menopause itself can cause these changes. Many people are aware of and perhaps prepared for the physical symptoms, particularly hot flashes and night sweats, but often aren't aware of the impact on their mental health.

## Common psychological symptoms

- **Low mood**, feeling unhappy, or depressed
- Feelings of **worry**, or feeling tense, nervous, or anxious
- Cognitive difficulties including **brain fog** and problems with memory, concentration and verbal fluency
- **Lack of motivation** or loss of interest in things you usually enjoy
- Intense or fluctuating emotions including **mood swings**, irritability and tearfulness
- **Loss of confidence**, reduced self-esteem, or poor body image
- Suicidal ideation

These symptoms can appear for people who have never experienced mental health difficulties previously or can worsen for those with current difficulties or who have had past problems.



# Psychological symptoms of menopause

## Possible consequences of psychological changes

These psychological changes can impact many different aspects of your life:

- Your **performance at work** may suffer if you lack motivation and drive
- **Relationships** can become challenging if your mood is unpredictable, and you may avoid social situations which can be due to a combination of low self-esteem, **low mood** or anxiety.
- While this is understandable, withdrawing from seeing friends and family can often add to **feelings of isolation** and lower your mood further. And your usual ways of managing stress may no longer work for you.
- Difficulties with how you think such as **forgetting words or names**, having difficulty "getting words out", retaining information, and losing your train of thought, can feel shameful or **embarrassing for some** of us and these are often symptoms that make it difficult to continue working.
- Physical changes can significantly affect **the way you view yourself** and how attractive you feel. This might include weight and body shape changes, hair loss or dullness, dry skin etc. These changes may impact your self-identity and ideas of worth or value, leading to lowered self-esteem.



# Treatments for problem menopause symptoms

**Menopause is a normal life transition, but some women may seek treatment for problematic symptoms. There are pharmacological and non-pharmacological treatment methods to help manage how you are feeling.**

## Medication based treatment

Pharmacological treatment uses prescription medications and drugs to treat menopause symptoms. This can include hormones or non-hormonal options including vaginal lubricants and moisturisers. Hormone Replacement Therapy (HRT) is a well-known treatment which can be effective for reducing hot flushes and night sweats, and improves sleep, emotional wellbeing, and sexual function. However, HRT is not recommended in some instances, for example, women with a breast cancer history, and is not an option all women would like to take. It is important that individuals discuss their own symptoms and treatment options with their GP as they will know their medical history best.



## Non-medication based treatment

National guidelines used by the NHS – from the National Institute for Health and Care Excellence – (NICE) recommend Cognitive Behavioural Therapy (CBT) as an effective treatment for low mood, sleep difficulties and distress related to living with menopause-associated symptoms..

This does not mean symptoms of the menopause are “mental” or “all in your head” but that CBT has been found to reduce how much women are bothered by their symptoms and the frequency and severity of them.



# Introducing CBT for low mood and worries

**Cognitive Behavioural Therapy (CBT) is a practical type of psychological therapy that can help you to break your difficulties down so they feel more manageable and enable you to make changes that will have a positive impact on your mood.**

CBT can help you to feel better when living with low mood and worries by exploring your thoughts and beliefs around the menopause experience and your symptoms.

Menopause can often be accompanied by feelings of shame, and social embarrassment and sometimes it is known as a taboo topic which can stop people seeking support.

Some of us find it difficult to have open conversations for this reason. Culture can play a part in this as well as language barriers (there isn't a word for menopause in some languages).

Since mid-life can be a stressful time, women often look for ways to reduce stress and improve their wellbeing around this time.

Despite menopause often being associated with negative views around aging and declining health, some of us experience it as a positive time in life where it has enabled change and freedom from social roles that are no longer necessary.

NHS Talking Therapies can help by supporting you to:

- Identify and attempt to change these negative associations
- Normalise negative feelings
- Help you to reduce low mood and worries





# Introducing CBT for low mood and worries

## The role of CBT

The following are key components of CBT for depression and anxiety for people living with menopause:

- **Psychoeducation** provides knowledge that can empower people to better navigate this phase of their life, normalise symptoms and helps to identify expectations.
- **Behavioural strategies** can help people to adopt healthy lifestyle changes to improve symptoms such as hot flashes, night sweats and sleep difficulties.
- **Cognitive restructuring** can help to identify and challenge thoughts and beliefs associated with menopause and menopause associated symptoms such as beliefs about self-worth or worries in relation to living with hot flashes.
- **Skills** in dealing with potential long-term changes and lifestyle adaptations, such as stress management and managing symptom triggers; engaging in regular exercise to improve low mood; and developing healthy sleeping habits.



# Introducing CBT for low mood and worries

## The five aspects of CBT

**CBT shows us the links between five main areas that influence what we think, feel and do:**

- **Situation** - a problem, event or difficult situation in any aspect of your life
- **Thoughts** - things going through your mind
- **Feelings** - the emotions you might be experiencing
- **Physical reactions** - the physiological sensations or symptoms in your body
- **Behaviour** - the actions you might/might not engage in

Each of these different areas often affects the others. The way in which you think about a problem can affect how your body reacts physiologically and emotionally. It can also alter what you do about it or how you behave.

For example, you might notice a change in your body shape and feel low about this. This might mean you are less motivated to eat healthily and do exercise. As well as a possible impact on your physical fitness and body, this may lower your mood further and make you feel less motivated. This demonstrates a **vicious cycle** of how our thoughts and behaviours can change our bodies and emotions.

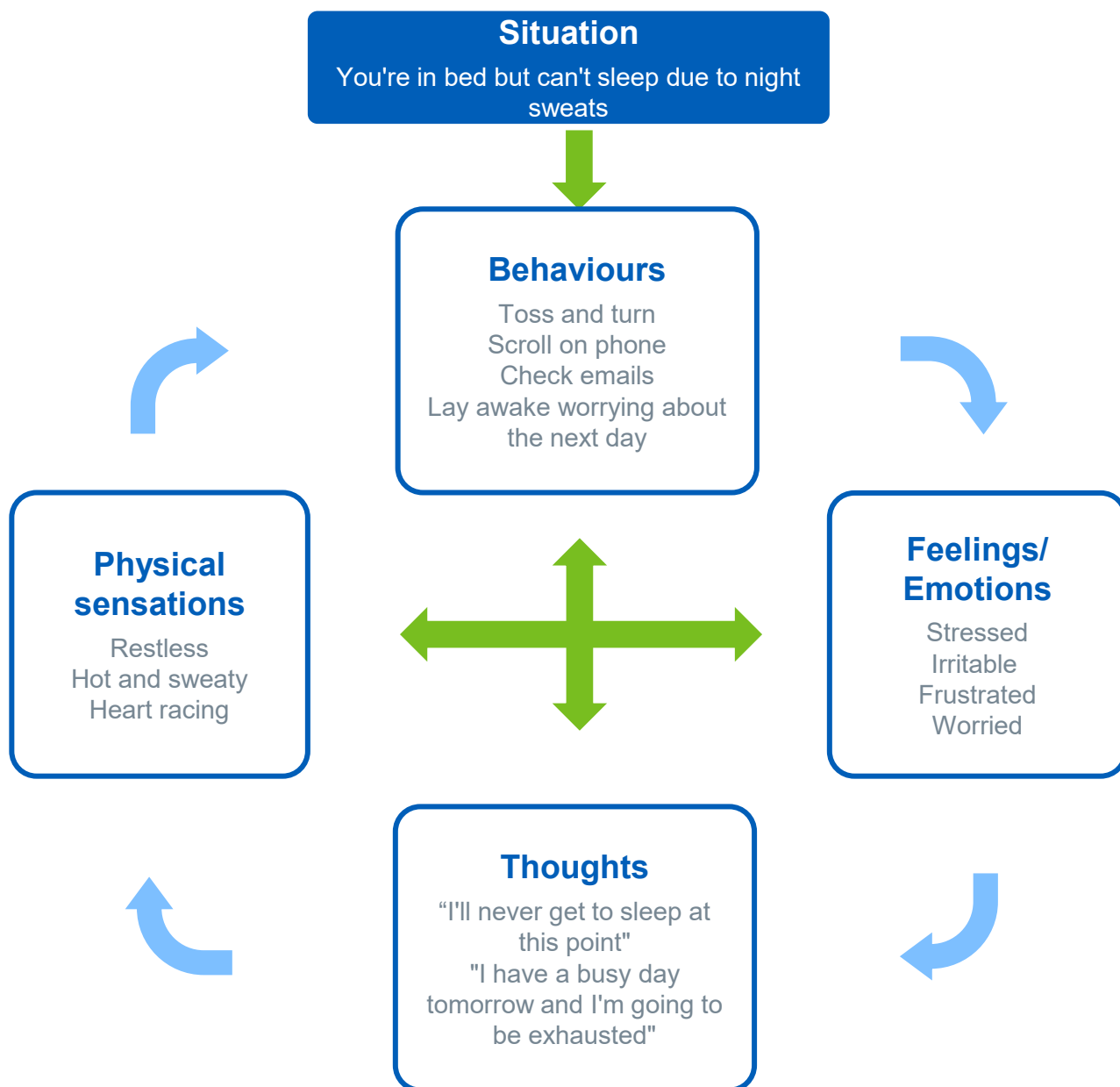
A simple way of showing this process is in the following slide using a diagram known as the "hot-cross bun".



# Example of a CBT cycle for menopause

Here is an example CBT cycle for worries around hot flushes and night sweats which highlights how the five areas influence each other.

Hot flushes and night sweats can be triggered by stimulants, such as coffee, hot drinks, spicy foods, alcohol, stress, changes in temperature, or activities. If you keep a diary of your symptoms and note down what was happening just before, you might be able to identify triggers to help you make small changes and gain some control. Often worries around hot flushes and night sweats include social embarrassment and shame, sleep disturbances which can worsen symptoms of brain fog and memory difficulties and increase anxieties around other symptoms; lack of control and distressing or catastrophising thoughts such as my "body is letting me down", "this will never end", "I can't cope", and "this is out of control".

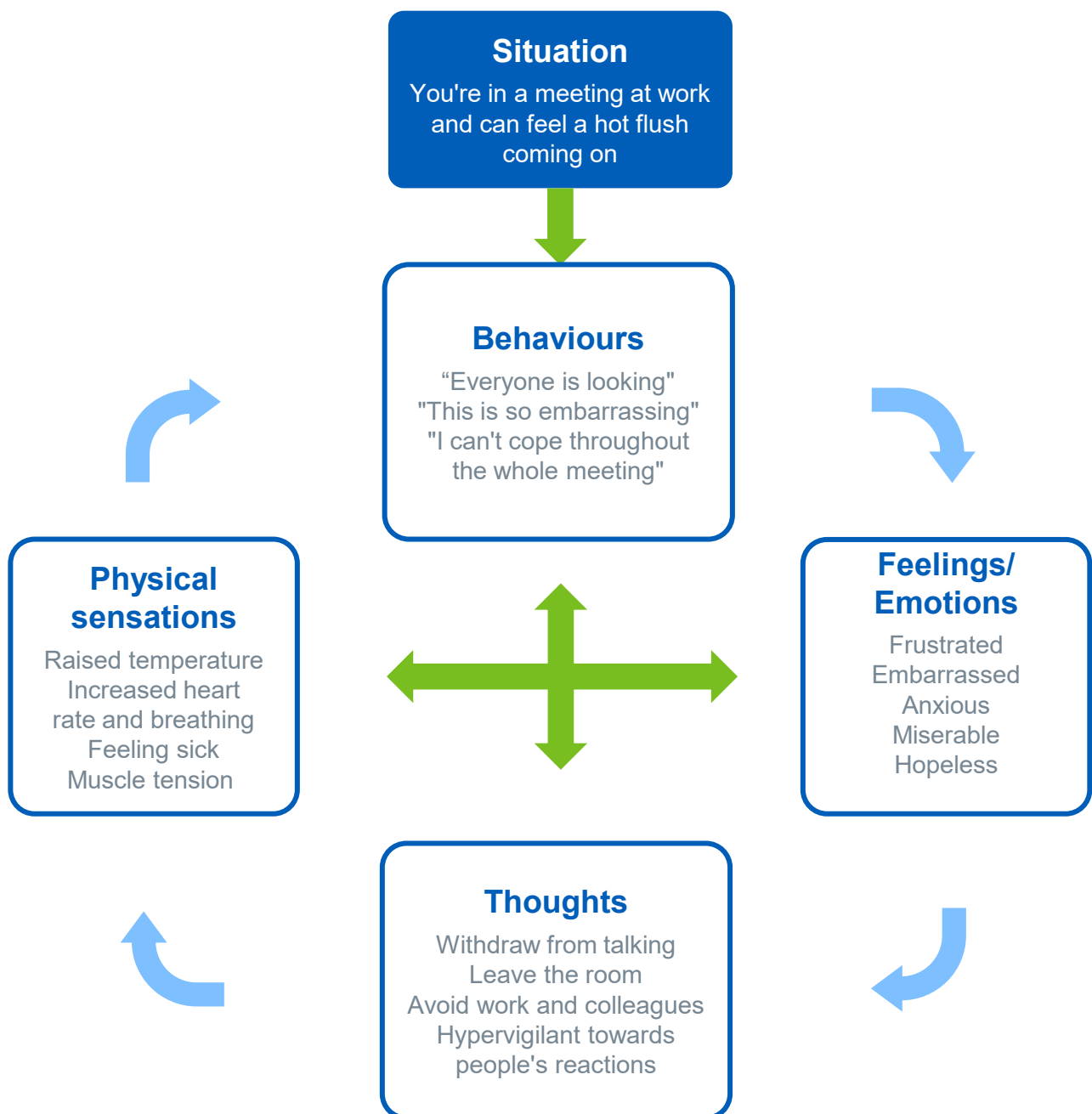


# Let's consider the following situation...

Here is another example of a CBT cycle, this time around how you may react to a hot flush during the day.

This cycle may result in someone noticing symptoms of hot flushes more. This negative cycle may then worsen, and symptoms may become more frequent.

How might you react in a similar situation?



# Notes

A series of 20 horizontal dotted lines for taking notes.

# Further resources



## Workbooks

**Centre for Clinical Interventions (CCI)** - <https://www.cci.health.wa.gov.au/>

A range of detailed resources and PDF workbooks available to download for free focusing on a range of depression and anxiety related difficulties.

**Northumberland, Tyne and Wear NHS** – <https://web.ntw.nhs.uk/selfhelp/>

Self-help guides free to download by PDF and print on a range of difficulties including anxiety and depression.

## Smartphone apps (found on Apple and Google Play store)

**WRAP** – Wellness recovery action app

**Mood Tools** – Depression aid

**Fear Tools** – Anxiety kit

**Insight Timer** – Meditation app

## Websites

**Mind** – <https://www.mind.org.uk/>

**Mental Health Foundation** - <https://www.mentalhealth.org.uk/>

**NHS** - <https://www.nhs.uk/mental-health/>

# Useful contacts...



## Talking Therapies:

**0300 365 2000**

(Open 8am to 8pm Monday to Thursday  
8am to 5pm Friday)

Email:

[talkingtherapies@berkshire.nhs.uk](mailto:talkingtherapies@berkshire.nhs.uk)

## Other contacts:

Berkshire Crisis Team:

**0800 129 9999**

(24 hours, specialist service for  
immediate mental health crisis)

Samaritans:

**116 123**

(24 hours, confidential listening service)

NHS Direct / out of hours:

**111**

(24 hours, physical and mental  
health concerns)

**In an emergency always call 999**

