

Peaceful Nights, Powerful Days

A Sleep Guide for Perimenopause and Beyond

Many women experience a shift in sleep quality during perimenopause—a time when hormone levels, especially estrogen and progesterone, begin to decline. This guide explores the physiological and psychological reasons behind these changes and a range of strategies—from lifestyle adjustments to therapeutic techniques—to help improve sleep through this transition and beyond.



Understanding Sleep Disruptions in Midlife

WHAT HAPPENS DURING PERIMENOPAUSE?

- **Hormonal Shifts:** In your 40s or early 50s, the body undergoes significant changes. Estrogen helps regulate sleep cycles and body temperature, while progesterone acts as a natural sedative. As these hormones decline, sleep often becomes fragmented.
- **Prevalence:** Research indicates that between 40–69% of women experience sleep troubles during this transition stage.

COMMON SLEEP CHANGES

- Difficulty staying asleep
- Waking up too early
- More fragmented, less restful sleep
- Night sweats or overheating
- Racing mind

HOW PERIMENOPAUSAL SLEEP DIFFERS

- **Frequent Awakenings:** Unlike earlier life, where difficulties might include trouble falling asleep, many women now wake frequently during the night or have early morning awakening unable to get back to sleep.
- **Restorative Sleep Impairment:** Even if they spend the same amount of time in bed, their overall sleep is more fragmented, the quality of sleep drops—resulting in less deep, restorative sleep and more periods of wakefulness.



The Underlying Causes



PHYSIOLOGICAL FACTORS

1 Hormone Changes

- **Estrogen:** Its decline not only affects temperature regulation but also disrupts neurotransmitter function (such as serotonin), which can influence sleep patterns. A decline in estrogen can lead to hot flushes, night sweats, and increased sleep fragmentation.
- **Progesterone:** This hormone has a natural calming and sedative effect. As levels drop, women may experience more difficulty falling asleep.

2 Hot Flushes and Night Sweats

- Although these symptoms are well known, studies suggest that only about one-third of nighttime awakenings are directly linked to hot flushes.¹

3 Melatonin and Cortisol

- Natural sleep signals weaken as melatonin production drops with age, and rising cortisol (stress hormone) can further interfere with sleep.

PSYCHOLOGICAL FACTORS

- **Mood Changes:** Increased stress, anxiety, and even depression are common during perimenopause, which can worsen sleep quality. Sleep and mood have a bi-directional relationship—when sleep suffers, anxiety tends to rise.
- **Sleep Anxiety:** Worrying about sleeplessness can create a self-reinforcing cycle, where the fear of not sleeping leads to further sleep disruption.
- **Overall Wellbeing:** Poor sleep affects not only mood but can also impact cognitive functions such as memory, alertness, and even work performance.

HEALTH RISKS BEYOND POOR SLEEP

- **Cardiovascular Health:** Disrupted sleep is linked to higher risks of heart disease.
- **Weight Gain:** Poor sleep alters the way your body processes nutrients, making it more prone to storing fat.
- **Cognitive Function:** Lack of quality sleep can impair memory and thinking.
- **Sleep Apnea:** The risk of conditions like sleep apnea increases after menopause, further complicating sleep quality.



¹ Maki,P., Panay,N. & Simon, JA. (2024) Sleep disturbance associated with the menopause, Menopause: The Journal of The Menopause Society. Vol. 31, No. 8, pp. 724-733

Strategies to Reclaim Better Sleep

MEDICAL AND THERAPEUTIC OPTIONS

Hormone Replacement Therapy (HRT):

- May improve sleep, especially for those experiencing significant hot flushes and night sweats.

Cognitive-Behavioral Therapy for Insomnia (CBT-I):

- An effective, long-lasting and proven non-drug treatment that helps restructure thoughts and behaviors that undermine sleep quality.
- CBT-I is evidence-based, gold standard treatment for insomnia and ongoing sleep-challenges.
- Research shows CBT for Menopausal Insomnia (CBT-MI) improves insomnia severity and vasomotor symptoms in peri- and postmenopausal women.²
- Mindfulness-based variations of CBT-I are also available.

Medications:

- Sleep Medications: These can provide short-term relief but often become habit-forming and have undesirable side effects.
- Antidepressants: Sometimes prescribed for concurrent sleep disturbances and mood disorders.



² Arentson-Lantz, E. et al. (2025). Cognitive Behavioral Therapy for Menopausal Insomnia (CBT-MI) Improves Insomnia Severity and Vasomotor Symptoms in Peri-and Postmenopausal Women. *Sleep*, 48 (Supplement_1), A249-A249.

Strategies to Reclaim Better Sleep/2

LIFESTYLE AND ENVIRONMENTAL ADJUSTMENTS

1 Sleep Hygiene Practices

- **Routine:** Maintain consistent sleep-wake times—even on weekends.
- **Bed Routine:** Reserve your bed for sleep (and sex), and establish a 60-minute wind-down period before bed.
- **Avoid Screens and Stimulants:** Reduce screen time and alcohol, and avoid caffeine 8 hours before bedtime.

2 Mindfulness and Relaxation Techniques

- **Relaxation & Deep Breathing:** Techniques such as mindfulness, progressive muscle relaxation and deep breathing can help reduce the stress that disrupts sleep.

3 Exercise and Dietary Considerations

- **Regular Activity:** Exercise regularly—but avoid high-intensity workouts close to bedtime.
- **Nutritional Supplements:** Consider supplements like magnesium (glycinate) to promote relaxation and better sleep.

4 Optimising Your Sleep Environment:

- **Cool and Comfortable Room:** Keep your bedroom cool, dark, and quiet.
- **Practical Tweaks:** Use layered bedding and breathable pajamas. Keeping a cool drink or an ice bottle handy might relieve discomfort from hot flushes.
- **Light Exposure:** Adequate natural light especially in the morning and during the day reinforce your body's natural sleep-wake cycle.

Embracing a Holistic Approach

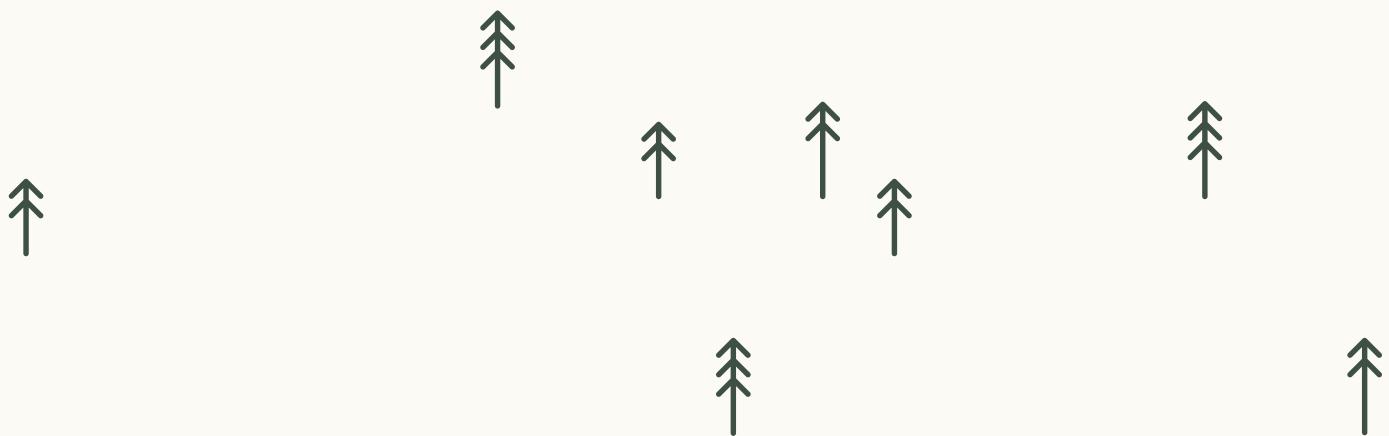
THE BIGGER PICTURE

Sleep problems during perimenopause and menopause do not occur in isolation—they often interact with other midlife challenges such as caregiving, career pressures, and personal transitions. Recognising and addressing these interconnected aspects through a combination of medical, psychological, and lifestyle interventions can pave the way for not only better sleep but improved overall health.

SEEKING PROFESSIONAL SUPPORT

If sleep issues persist despite lifestyle and environmental adjustments:

- **Talk to your Doctor:** Look for a GP or specialist who understands perimenopause and menopause and discuss your sleep problems with them. Not all doctors have up-to-date training in this area, so it's important to find someone who does.
- **Consult a Sleep Specialist:** A healthcare provider who is a trained in Cognitive Behavioral Therapy for Insomnia (CBT-I) and who understands the intricacies of perimenopause-related sleep changes can guide you through personalised solutions.
- **Therapeutic Programs:** Whether through individual sleep therapy sessions or structured programs, help is available.



Conclusion

Restoring sleep during perimenopause and menopause involves understanding the complex interplay of hormonal changes, psychological factors, and lifestyle habits.

By implementing effective sleep practices, embracing stress management strategies, and exploring both medical and therapeutic options, you can reclaim restorative sleep. Remember, although this phase comes with challenges, it is also a transition that does not have to define your long-term well-being.

Better sleep is possible, and support is available to help you navigate this journey.



Better Sleep During Perimenopause Program

A New Sleep Program for Women in Perimenopause

This evidence-based program is tailored specifically for women dealing with sleep challenges during perimenopause and beyond.

WHAT'S INCLUDED

75-minute Sleep Assessment

In-depth exploration of your sleep history, patterns, and goals.

One-on-One Sessions with Mags Helles, Sleep Therapist

Individualised support grounded in evidence-based techniques such as CBT for Menopausal Insomnia (CBT-MI).

Take-Home Materials

Lesson summaries, reflection prompts, and guided exercises to support lasting change.

PROGRAM HIGHLIGHTS

- Build life-long skills for sleeping well throughout perimenopause and beyond
- Understand and shift unhelpful thoughts and behaviours that undermine rest
- Use CBT-MI and mindfulness techniques to address the physical, emotional, and psychological aspects of sleep challenges
- Gain more restful sleep

WHAT YOU'LL LEARN

- Identify and address the causes of disrupted sleep and build healthy, sustainable sleep habits
- Recognise and shift unhelpful thoughts and beliefs about sleep
- Learn what to do during nighttime awakenings to support better sleep continuity
- Quiet your mind and ease nighttime anxiety
- Practice relaxation techniques to prepare your body and mind for rest
- Develop a sleep schedule tailored to your needs
- Manage daytime fatigue and stress to improve sleep at night
- Prevent long-term insomnia with personalised strategies

More than a sleep program—this is a pathway to rest, resilience, and renewal.

Meet Mags

Margrethe (Mags) Helles is a Clinical Sleep Therapist based in Wānaka. She holds Master's degrees in Psychology and Philosophy, and specialises in CBT-I and mindfulness-based therapies.

She has trained with leading sleep experts and delivers practical, evidence-based strategies grounded in behavioural science. She collaborates with leading sleep researchers in Australia and focuses on translating science into real-world support.

Mags' own experience with sleep disturbances during perimenopause has deepened her commitment to making evidence-based sleep resources and support accessible to all women over 40—empowering them to thrive through these transitions.

Her work focuses on three core goals:

- Improving sleep health at both individual and organisational levels
- Bridging the gap between research and real-world practice
- Educating on behavioural and cognitive sleep tools to foster lasting change



Get in Touch

For questions, or to learn more about the Better Sleep During Perimenopause Program or individual therapy:

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Appointments available
in person or online

