Better Nights Ahead:
Reclaiming Sleep in Midlife

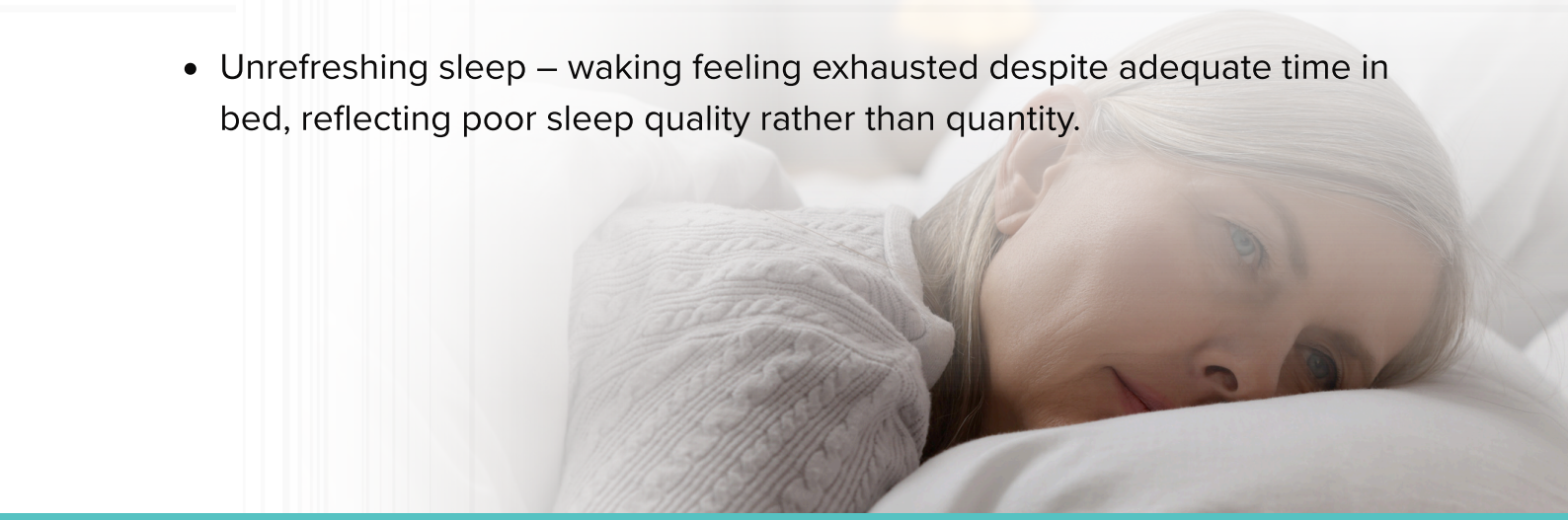
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Sleep disturbance is one of the most common and disruptive symptoms during the menopausal transition, affecting up to **60% of women**, compared with roughly half that rate before perimenopause. Around **1 in 4 women experience clinical insomnia**, with significant impacts on mood, energy, work performance, relationships, and overall health.

While many women attribute these changes solely to hormones, sleep disruption in midlife is often multifactorial and should be assessed holistically rather than assumed to be “just menopause”.

THE MOST COMMON SLEEP PROBLEMS IN MENOPAUSE:

- Difficulty falling asleep (sleep-onset insomnia) – often described as feeling “tired but wired,” where the mind remains active despite physical exhaustion.
- Frequent night waking – multiple awakenings overnight, sometimes associated with hot flushes or night sweats, but not always. May also be caused by nocturia- needing to pass urine frequency overnight.
- Early morning waking – waking earlier than desired and being unable to return to sleep, resulting in shortened sleep duration.
- Unrefreshing sleep – waking feeling exhausted despite adequate time in bed, reflecting poor sleep quality rather than quantity.



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SLEEP DISORDERS MORE COMMON IN MIDLIFE:

- Obstructive Sleep Apnoea (OSA) affects approximately 24% of midlife women, though it is often underdiagnosed as symptoms may present as fatigue rather than obvious breathing pauses.
- Restless Legs Syndrome (RLS) affects around 3–4% of women, causing uncomfortable sensations in the legs and an urge to move, particularly at night.

WHY SLEEP BECOMES DISRUPTED: THE UNDERLYING CAUSES

- Hormonal changes: Declining and fluctuating oestrogen and progesterone can disrupt circadian rhythms and reduce the natural sleep-promoting effects of these hormones.
- Vasomotor symptoms: Hot flushes and night sweats are strongly linked to sleep fragmentation and night waking.
- Sleep-disordered breathing: Snoring and sleep apnoea become more common after menopause and may present as insomnia or fatigue.
- Restless legs syndrome: More frequent during midlife and disruptive to sleep onset and maintenance.
- Mood changes: Anxiety and depression can both worsen sleep and be exacerbated by poor sleep.
- Life stressors: Caring responsibilities, relationship changes, and work pressures often intensify sleep difficulties.

Importantly, the strongest predictor of menopausal sleep problems is a history of poor sleep prior to perimenopause.



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WHAT POOR SLEEP FEELS LIKE:

- A “tired but wired” feeling at bedtime
- Difficulty switching off mentally
- Repeated awakenings throughout the night
- Early morning waking with inability to return to sleep
- Persistent fatigue despite spending enough hours in bed



WHEN SLEEP PROBLEMS ARE MORE THAN “JUST MENOPAUSE”

Although symptoms are common in midlife, objective sleep studies do not always show dramatic changes in sleep architecture. This highlights the importance of looking beyond hormones alone.

Sleep problems should be carefully assessed, particularly when:

- Symptoms are severe or persistent
- There is significant daytime impairment
- There are signs of sleep apnoea or restless legs
- Standard lifestyle measures are not effective

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PREPARING FOR A GP APPOINTMENT ABOUT SLEEP:

Preparation can significantly improve the quality of care:

- Keep a sleep diary for 1–2 weeks, noting bedtime, wake time, night wakings, and perceived restfulness
- Track associated symptoms such as mood, energy, snoring, and leg restlessness
- List all medications and supplements
- Write down key questions in advance
- Be specific about symptoms (e.g. “I wake 4–5 times a night and struggle to fall back asleep”)
- Describe how sleep affects daily life, including work, mood, and safety

If concerns are dismissed, it is reasonable to ask:

- “Could this be related to menopause or another sleep disorder?”
- Request further assessment or referral if symptoms persist
- Consider a menopause-informed GP where possible



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SCREENING TOOLS AND SLEEP TESTS

Validated screening tools may include:

- **STOP-BANG** questionnaire – screens for risk of obstructive sleep apnoea (less sensitive in women but still useful)
- **Epworth Sleepiness Scale** – measures daytime sleepiness and functional impact
- **Global Sleep Assessment Questionnaire (GSAQ)** – broad screening for multiple sleep disorders. It is a 12-point scoring system ranging from 0 to 3 for each question. Scores are rated as normal (0–2), mild (3– 5), moderate (6–8), and severe (9–12).

Further investigations may include:

- Sleep studies (polysomnography), often done at home for suspected sleep apnoea
- Blood tests to assess thyroid function, iron deficiency or other underlying causes (important in restless legs syndrome)
- Referral to a sleep physician for complex or persistent cases



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TREATMENT APPROACHES: WHAT ACTUALLY HELPS

First-line (non-pharmacological)

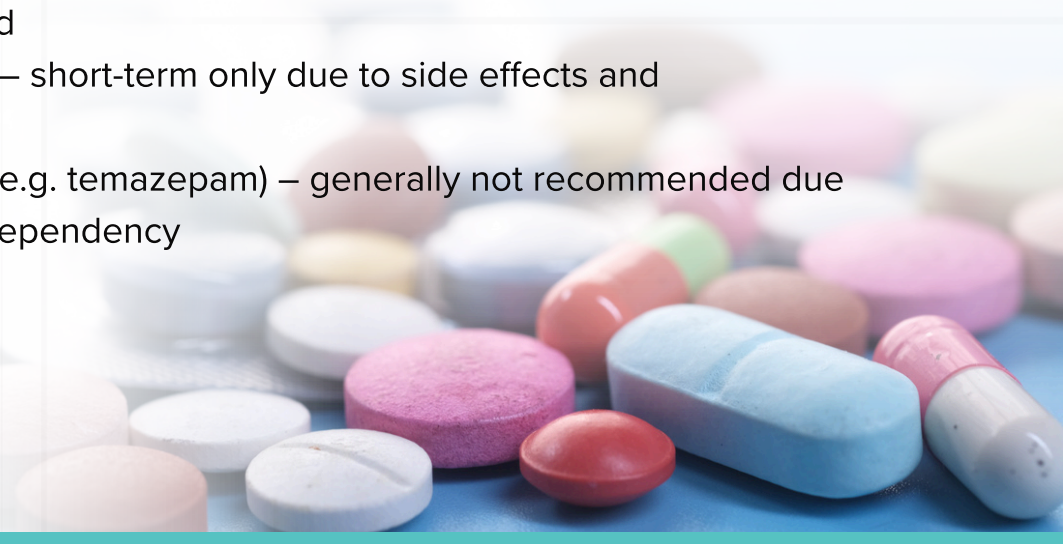
- Cognitive Behavioural Therapy for Insomnia (CBT-I): Current guidelines suggest cognitive behavioural therapy is the **first-line treatment for insomnia**. This may be complemented with short-term pharmacological intervention addressing hot flushes and night sweats, including hormonal or non-hormonal therapies

Medications GPs may consider:

- Melatonin – short-term support for sleep onset and circadian rhythm regulation
- Agomelatine – melatonin receptor agonist antidepressant with sleep-regulating effects
- Low-dose amitriptyline – off-label use for sleep, pain, migraine, or anxiety
- SSRI antidepressants or gabapentin – may reduce vasomotor symptoms, indirectly improving sleep
- Micronised progesterone (as part of MHT) – may improve sleep onset and maintenance
- Sedating antihistamines – short-term use only; may worsen restless legs in some cases

Use cautiously or avoid

- Zolpidem (Stilnox) – short-term only due to side effects and dependence risk
- Benzodiazepines (e.g. temazepam) – generally not recommended due to tolerance and dependency



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WHEN TO SEEK SPECIALIST REFERRAL

Referral to a sleep specialist is recommended if:

- Sleep apnoea is suspected
- Symptoms persist despite CBT-I and treatment of contributing factors
- Restless legs symptoms are severe or unresponsive
- Multiple or complex sleep disorders are present



ACCESSING CARE: TELEHEALTH AND REMOTE SUPPORT

Access to care has improved significantly through Telehealth:

- Menopause consultations can be conducted effectively via video appointments
- WellFemme was established as Australia's first dedicated Telehealth menopause clinic to support women nationwide
- Home-based sleep studies allow diagnosis without attending a sleep laboratory
- Pre-consultation tools (such as the WellFemme Menopausal Health Assessment) help streamline care and prioritise concerns

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WHAT TO DO AT 3AM WHEN YOU CAN'T SLEEP



DO

- Stay calm, avoid escalating worry
- Get out of bed after 20–30 minutes if not sleepy
- Use dim lighting and quiet activities (reading, gentle stretching, calm audio)
- Return to bed only when sleepy

DON'T

- Check the time repeatedly
- Use phones or bright screens
- Lie in bed feeling frustrated or awake
- Use alcohol to induce sleep
- Panic over a single poor night



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SLEEP HYGIENE THAT ACTUALLY WORKS

- Maintain consistent sleep and wake times
- Get morning sunlight within 30–60 minutes of waking
- Avoid caffeine after midday
- Limit evening alcohol intake
- Keep the bedroom cool, dark, and quiet
- Use the bed only for sleep and intimacy
- Avoid prolonged wakefulness in bed
- Establish a wind-down routine before sleep
- Use relaxation techniques (breathing, body scan, muscle relaxation)
- Address menopausal symptoms such as hot flushes
- Avoid long or late naps
- Engage in regular daytime physical activity

HELPFUL TOOLS FOR BETTER SLEEP

- Calm app – guided relaxation and sleep stories
- This Way Up – CBT-I program
- Weighted blankets – may reduce anxiety and promote calm
- Earplugs or white noise – reduce environmental disruption
- Aromatherapy – may support relaxation in some individuals



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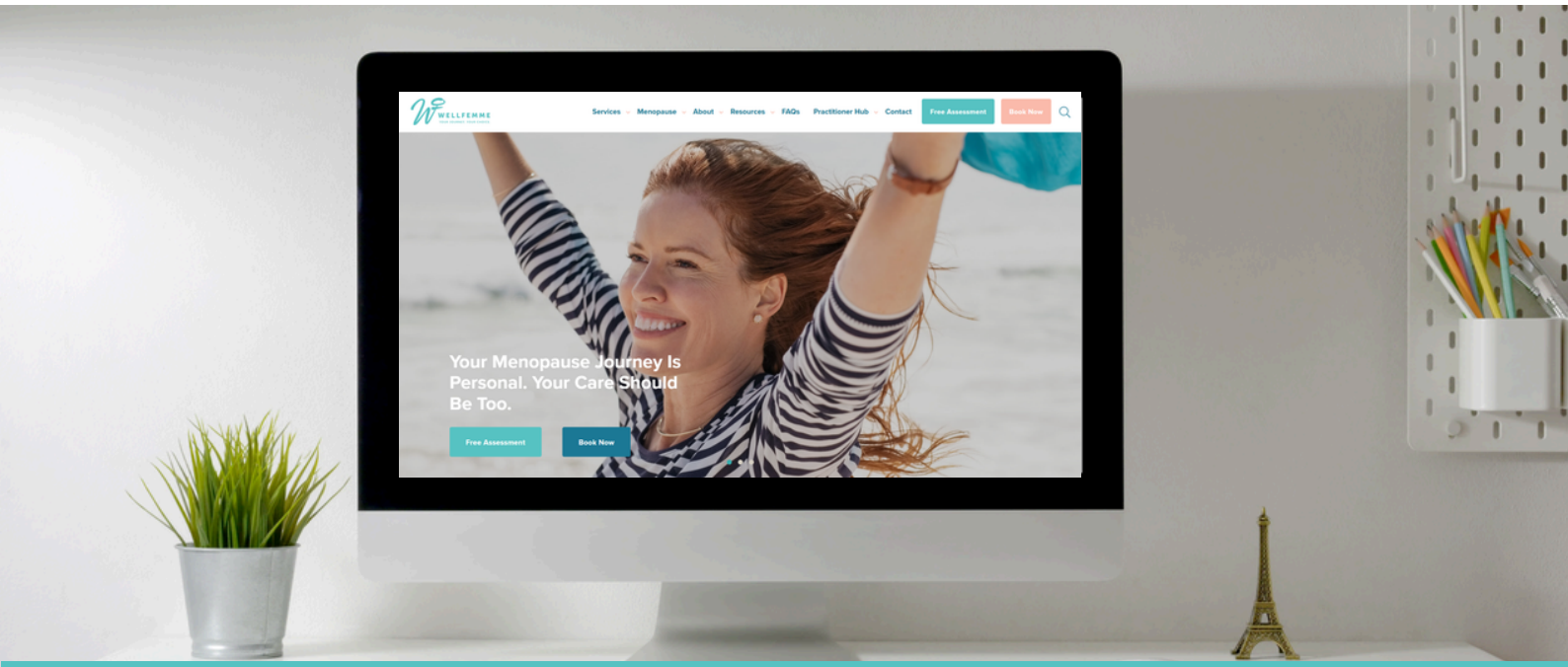
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WELLFEMME RESOURCES & SUPPORT

- **Free Menopausal Health Assessment tool** – helps identify potential treatment options and prepare for consultations
- **Australia-wide Telehealth consultations** – specialised menopause care
- **Evidence-based information** – Blogs, webinars, factsheets and more

For more information about how menopause and perimenopause might impact you, take WellFemme's free online Menopausal Health Assessment.

Scan this code to see our range of clinical services.



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