

Menopause journey

Hormones in Motion: Understanding Women's Transitions Across the Lifespan

Dr Natasha Lazareski

Menopause is often described as an endpoint, a singular biological milestone marking the close of reproductive life. It is frequently framed as a hormonal deficiency state: declining oestrogen, progesterone, and testosterone leading to a constellation of symptoms.

The menopausal transition itself is characterised by increasing variability in menstrual cycle length and hormonal levels. This phase has been linked to a range of physiological and psychological symptoms, including the onset of perimenopausal depression, which has an estimated prevalence of 33.9% (95% CI: 27.8–40.0%) (Badawy et al., 2024; Harlow et al., 2012; Jia et al., 2024).

The truth is, menopause is not a stand-alone event; it is part of a lifelong pattern of hormonal fluctuation that begins at puberty and continues through the menstrual cycle, pregnancy, the postpartum period, the perimenopausal transition, and beyond.

Women do not suddenly become hormonally sensitive at midlife. They have been navigating endocrine shifts for decades. What appears to generate the greatest psychological disruption is not simply the gradual decline of oestrogen. Rather, it is the variability, the fluctuations, unpredictability, and repeated neurobiological recalibrations that destabilise mood regulation, cognitive clarity, stress responsivity, and sleep architecture.

If we view this not simply as “hormone loss,” but as sensitivity to hormonal fluctuations, a clearer and more useful narrative emerges. It shifts menopause from being seen as a sudden deficit to being understood as a continuation (or amplification) of a pattern that may have been present for years. In many cases, the signs of this sensitivity can be traced back to earlier life stages, long before midlife begins. And that reframing carries significant implications for psychological assessment, formulation, and intervention.

Hormonal Fluctuation, Not Hormonal Failure

Estrogen does not simply regulate reproduction. It modulates neurotransmitter systems, including serotonin and dopamine. It influences thermoregulation, sleep, stress reactivity, and emotional processing.

When Estrogen levels fluctuate as they do during the menstrual cycle, postpartum period, and perimenopause, neural systems recalibrate. For many women, this recalibration is manageable. For others, it is destabilising. The clinical question becomes: Why do some women experience dramatic emotional shifts while others barely notice them?

Emerging evidence suggests that a subgroup of women exhibits heightened sensitivity to normal hormonal variation. They do not have abnormal hormone levels. They have differential neurobiological responses to hormonal change.

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Individual Variability: A Person-Centred Lens

Hormonal fluctuation is a uniquely female biological experience, but the psychological response to fluctuation is deeply individual. Some women move through them with minimal psychological symptoms. Others experience marked mood instability, sleep disruption, anxiety, and cognitive fog. Understanding that response requires curiosity, not assumption. We need to explore:

- How does this particular person respond to hormonal fluctuation?
- How have her body and mind responded historically?
- What patterns can we identify?

These questions are not peripheral. They may be predictive.

Women with a history of depression are at significantly higher risk of developing perimenopausal depression, estimates suggest a 5–12-fold increased risk (Venborg et al., Mauritas 2023).

Postpartum depression similarly elevates risk.

PMS and PMDD: Early Indicators of Sensitivity

Premenstrual Dysphoric Disorder (PMDD) appears to be an especially strong predictor. Richards et al. in 2006 found that 21% of women with perimenopausal depression had a prior history of PMDD, compared with only 3% of women without such a history.

The pattern is striking. Hormonal sensitivity leaves clues. If we recognise them early, we may be able to monitor more closely, intervene earlier, and even prevent exacerbation.

More than half of women experience some degree of premenstrual syndrome (PMS). For most, symptoms are manageable.

PMDD, affecting approximately 3–8% of women, is more severe. It is characterised by intense mood symptoms confined to the luteal phase, with remission after menstruation.

Crucially, women with PMDD do not exhibit abnormal hormone levels. They exhibit heightened responsiveness to normal hormonal shifts. This distinction matters.

PMDD may function as an early marker of neurobiological sensitivity, one that can resurface decades later during perimenopause.

ADHD and Hormonal Modulation

Research by Dorani et al. (2021) identified elevated rates of hormone-related mood symptoms among women with ADHD.

Estrogen enhances dopaminergic activity. When estrogen fluctuates, dopamine regulation may be destabilised. For women with ADHD, this can intensify:

- Executive dysfunction
- Emotional dysregulation
- Sleep disturbance
- Burnout

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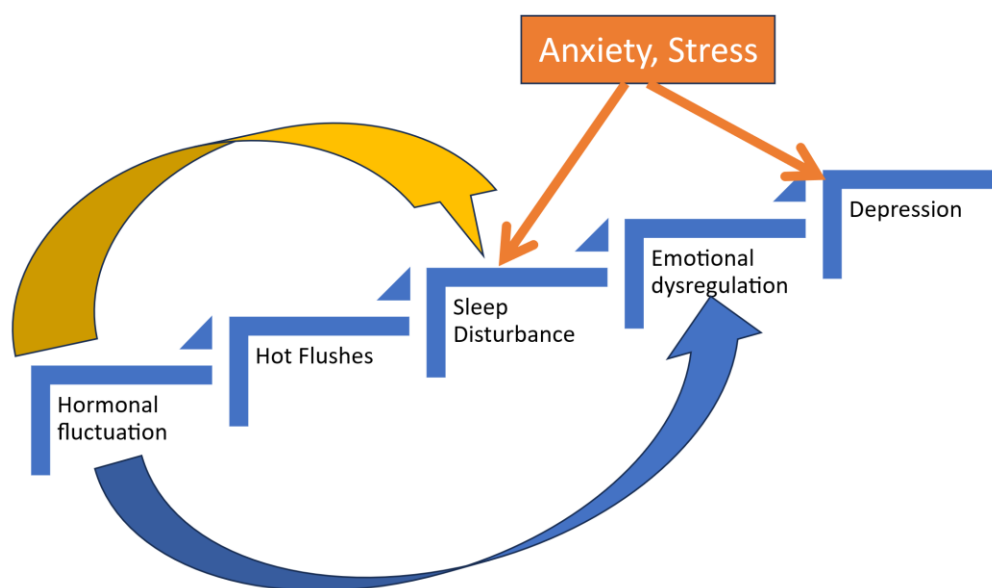
Many women first receive an ADHD diagnosis during perimenopause, not because ADHD suddenly emerges, but because longstanding compensatory strategies falter under hormonal variability.

This reinforces a central idea: hormonal transitions amplify pre-existing vulnerabilities.

Sleep and Anxiety: The Amplifiers

Hormonal instability can significantly disrupt sleep, particularly through thermoregulatory changes and vasomotor symptoms such as night sweats. Research suggests a cascade effect (see figure below): hormonal fluctuation contributes to hot flashes, which disturb sleep, which in turn increases vulnerability to depressive symptoms (Zandg et al., 2024; Caruso et al., 2019).

Anxiety often precedes depression during perimenopause. Heightened physiological arousal, increased rumination, irritability, and a sense of inner restlessness are common. If we focus only on mood without carefully assessing sleep and anxiety patterns, our clinical formulation is likely to be incomplete.



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Beyond Symptom Reduction: Building Psychological Flexibility

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While biological factors are real, psychological processes determine how suffering unfolds.

Acceptance and Commitment Therapy (ACT) offers a framework particularly suited to hormonally sensitive transitions. The aim is not to eliminate hormonal fluctuation. That is impossible. The aim is to build psychological flexibility — the ability to stay present, open up to our inner experience, and take values-guided action, even when it's hard.