MARIPOSA
MENOPAUSE SPECIALISTS

THE GUIDE

Is this perimenopause?

It can start years before your periods stop — while they're still perfectly regular — and the early signs are the ones nobody names. If you've been told you're "too young" or "fine," but you don't feel like yourself, here's how to tell.

You’re not imagining it. And you’re not too young.

The strange, scattered symptoms. The sleep that fell apart. The anxiety that arrived out of nowhere. If a doctor waved it off because your cycle’s still regular, that dismissal is the problem — not you. Perimenopause is the long on-ramp to menopause, and it’s where things feel most confusing. Here’s what’s actually going on, and how to know when it’s time to get answers.

WHAT IT ACTUALLY IS

Perimenopause is the transition — not the finish line.

Menopause is a single day: the point when you’ve gone twelve months without a period. On average that day arrives around age 51.[1] But perimenopause — the “peri” means *around* — is the long stretch of change leading up to it, and it can begin years before your periods ever stop. This is the part almost no one explains: your cycles can still be arriving right on schedule while your hormones have already started to shift underneath.

That’s what makes this stage so disorienting. The symptoms show up first, and the cause goes unnamed — because the one signpost everyone’s taught to look for, an irregular or missing period, hasn’t appeared yet. So you’re left with a scattering of changes that don’t seem to add up to anything, and a calendar that says everything’s fine. It isn’t that nothing’s happening. It’s that the thing happening doesn’t look the way you were told it would.

EARLIER — AND LONGER

It starts earlier, and lasts far longer than you were told.

The cultural image of menopause as “a rough year or two” is simply wrong — and believing it is part of why so many women blame themselves when the rough patch won’t end. Hot flashes and night sweats alone reach **roughly 3 in 4 women** (60–80%) during the transition.[2] They are not a brief inconvenience for most people who get them.

How long is “long”? The landmark Study of Women’s Health Across the Nation (SWAN) — which followed thousands of women for years — found the median duration of frequent hot flashes was **7.4 years**, and that they persisted a median of **4.5 years after the final period**.[3] For some women, symptoms stretch on for **more than a decade**.[4] Read that again: median means half of women had it longer. So if you’ve been quietly waiting for this to just pass, understand that the timeline you were handed was never realistic — and the length of what you’re feeling is not evidence that something is wrong with how you’re handling it.

THE SIGNS NOBODY NAMES

The early signs are the ones nobody names.

If you’re waiting for hot flashes to announce it, you may wait a long time — because for many women, the first signals of perimenopause aren’t hot flashes at all. They’re quieter, stranger, and easier to pin on something else. Cycles that start to shift — a little shorter, a little heavier, a little unpredictable — while still, technically, showing up. Sleep that falls apart for no clear reason. Anxiety or a low mood that arrives out of nowhere, in a woman who was never anxious before. Brain fog: the word that won’t come, the thread of thought that drops. Heart palpitations that send you looking for a cardiac cause.

Any one of these, on its own, is easy to explain away as stress, or work, or “just life.” That’s exactly why they go unconnected for so long — often for years — while each gets treated as a separate small problem instead of one shared cause. The turning point for a lot of women is simply seeing the whole list in one place and recognizing themselves in it. See the full symptom checklist →

ABOUT THAT BLOOD TEST

Why a single lab won’t confirm it.

Here’s something that trips up patients and doctors alike: in perimenopause, your hormones don’t decline in a smooth, tidy line. They swing — often wildly and unpredictably, from week to week and sometimes day to day. So a single blood test captures one moment on one day, and that moment may look perfectly “normal” even when the larger pattern is anything but. A tidy lab

result is not proof that nothing's changing; it's often just proof of what your levels happened to be doing that morning.

This is why a specialist leans on your *symptoms and their pattern over time* as the real evidence, rather than chasing a single number to a verdict. It's not that labs are useless — they help rule other things in or out. It's that in this particular transition, your lived experience, tracked across weeks and months, is frequently the more reliable signal. If you've been told your bloodwork is fine and therefore you're fine, that's a misreading of how perimenopause actually works — not a closed case.

WHAT YOU CAN DO NOW

You don't have to wait until it's "official."

There's a myth that help only begins once your periods have stopped and the label is confirmed — that until then, you white-knuckle it. The opposite is closer to the truth. Perimenopause is often when symptoms are at their most confusing *and* their most treatable, precisely because this is the window when the ground is still shifting. You don't need to earn care by getting worse first, and you don't need a finished diagnosis to start feeling better.

What you do need is someone who takes the whole picture seriously — your symptoms, your history, and the pattern over time — instead of glancing at one lab and sending you home. That's what a real evaluation is for: not to talk you out of what you're feeling, but to make sense of it and give you options. If this stage has left you second-guessing yourself, the next step isn't to push through alone. It's to bring it to someone who knows how to read it.

REFERENCES

1. Postmenopause statistics — average age of menopause is 51 (Meno Martha)
2. Vasomotor symptoms and menopause: findings from SWAN — hot flashes/night sweats affect ~60–80% of women (PMC)
3. Avis et al., duration of menopausal vasomotor symptoms over the transition, SWAN — median 7.4 years; 4.5 years after the final period (PubMed)
4. The immense burden of menopausal symptoms — duration exceeding a decade for some women (MGH Center for Women's Mental Health)