MARIPOSA
MENOPAUSE SPECIALISTS

THE GUIDE

Rage monster, or a puddle of tears?

Snapping at something small. A wave of anxiety with no trigger you can name. Feeling flat for days. Crying at an old photo of one of your babies. If that has you wondering what happened to your personality, start here: your mood isn't betraying you. Your hormones are moving — and mood is one of the first places it shows.

Your mood isn’t betraying you. Your hormones are moving.

If you’ve quietly wondered whether you’re losing your grip — whether this new anxiety, this flatness, this sharpness is just who you are now — you’re far from alone, and you’re almost certainly wrong about it. Mood swings, new anxiety, and irritability during this transition are common, real, and tied to something happening in your body. Here’s why it happens, what genuinely moves the needle, and the honest line for when it’s worth pushing for more.

WHY THIS ACTUALLY HAPPENS

Estrogen isn’t just a reproductive hormone. It’s mood chemistry.

Here’s the mechanism almost no one explains. Estrogen **modulates serotonin and GABA** — the very brain chemistry that mood medications target. So when estrogen moves, the systems that hold your mood steady move with it. This isn’t a metaphor and it isn’t weakness. It’s the same wiring, being tugged from underneath.

And it’s the **swings, not just the eventual drop,** that hit hardest. That’s why early perimenopause — when estrogen is spiking and crashing rather than declining smoothly — often feels like the most emotionally turbulent stretch of the whole transition. If you had a rough time with postpartum mood or PMDD earlier in life, you may be more sensitive to this shift, too. That’s a documented pattern, not a coincidence, and not a character flaw.

THE NUMBERS, STRAIGHT UP

This is a season, not a life sentence.

A few things worth saying plainly, because the honesty is what makes the reassurance trustworthy. **Depression risk rises measurably during the menopause transition itself** — even in women with zero prior history — and the risk is highest *during* the transition, not after it.[12]

There's also a loop worth naming: anxiety and depressive symptoms in this window have their own independent effect on **focus and memory**, meaning a rough mood stretch can make brain fog worse, and vice versa — not really "two problems," but one tangle feeding itself.[3] (If the fog is loud for you too, see our Brain Fog guide.) And here's the part to hold onto: once hormones stabilize in postmenopause, mood symptoms tied to the transition itself **tend to ease for most women.** This is a season, not a life sentence.

WHAT ACTUALLY HELPS

Because the mood has drivers, it has levers.

The most freeing thing to understand is that this is rarely one problem with one fix. It's usually several drivers stacked together — and each one you address hands a little of yourself back. A specialist's job is to pull those apart with you rather than shrug at the whole pile.

Hormone therapy, where it fits

For women in the window close to their final period, hormone therapy is the most effective treatment for the hot flashes and sleep disruption that make mood so much worse — and some women notice a more direct mood lift, too.[4] Whether it fits you depends on your history, your symptoms, and your goals. That's worth a real conversation with your Mariposa Specialist, not a slogan handed to you on the way out the door.

Sleep

Mood and sleep feed each other constantly during this transition. When sleep falls apart, mood usually follows — so defending sleep isn't a soft suggestion, it's one of the strongest levers you have. See our Sleep guide for the full breakdown.

Movement

Aerobic exercise has genuine evidence behind it for mood in this window — not as a vague "go for a walk," but as a real, physiological lever that works on the same serotonin and stress-hormone systems being disrupted by hormonal change. It doesn't need to be intense to count. Consistency beats intensity here.

Meditation or prayer

Both work on the same nervous-system-calming pathway, just through different doors — one contemplative, one often spiritual. For a lot of women, the one that already fits your life is the one worth leaning into, rather than adding a brand-new practice from scratch. Research on mind-body practices during menopause specifically has shown real improvement in mood and anxiety, with consistency over weeks mattering more than any single session.[5]

Easing off alcohol

Alcohol is a depressant, plainly. It can feel like it takes the edge off in the moment, but it disrupts sleep and tends to produce a rebound rise in anxiety as it wears off — which stacks poorly on top of hormonal mood swings already in motion. This isn't about never having a drink. It's about noticing whether it's quietly become a nightly mood-management tool, since that's usually the point where it's making the underlying problem harder to see and treat.

Stress regulation and real connection

Therapy or counseling and actual social connection both have evidence behind them here, too. This isn't a "just relax" platitude: stress hormones and reproductive hormones are genuinely tangled together right now, so calming one helps calm the other.

Supplements worth knowing about

None of these are prescriptions, and none should be started without looping in your Mariposa Specialist — especially alongside other medications.

- **Magnesium glycinate** — supports the same GABA calming pathway affected by hormonal change; a reasonable, low-risk starting point for anxiety and irritability.
- **Ashwagandha** — an adaptogen with research showing it can lower cortisol and ease anxiety; it can mildly affect thyroid hormone levels, so worth a check-in if you're on thyroid medication.[6]
- **Omega-3s** — beyond the brain and heart benefits covered elsewhere in this series, there's real research linking omega-3 intake to mood stability specifically.[7]

Name it out loud

Simply knowing this is hormonal — not personal, not permanent — takes some of the power out of it. A lot of women say that just understanding *why* they feel this way makes the feeling itself easier to ride out.

Which of these matter most for you, and in what order, is exactly what a first visit sorts out — matched to your body, not to a one-size protocol.

LET'S TALK ABOUT THE RAGE

"That was the rage — not really about the dishes."

Irritability doesn't quite cover it, and most guides skip right past this one, so let's not. A lot of women describe something sharper during this transition — a sudden, visceral anger that feels disproportionate to whatever set it off, and genuinely unfamiliar if it's not how you normally operate. If you've snapped harder than the moment called for and then felt confused or ashamed afterward, you're not alone, and you're not losing your temper as a personality trait. This has a real hormonal basis — the same fluctuating-estrogen-and-serotonin mechanism behind the rest of it, just showing up as heat instead of flatness.

Knowing that doesn't make it okay to take out on the people around you. But it does mean the answer isn't "just calm down" — it's the same toolkit as the rest of this guide (sleep, hormone support where it fits, stress regulation), plus giving yourself permission to name it as it's happening: *"that was the rage, not really about the dishes."* A lot of women find that a five-second pause to name it in the moment takes some of the charge out of it, even before anything else has had time to help.

WHEN TO GET MORE HELP

Reassurance isn't the same as ignoring it.

Everything above is meant to steady you, and it should. But steadiness and vigilance aren't opposites — a good specialist holds both. Ordinary hormonal mood turbulence is real, but so is clinical depression, and from the inside they're not always easy to tell apart. So here's the honest line, so you know which side you're on and can stop guessing.

The everyday version tends to come in waves — it rises and eases, it tracks with your worst-sleep and worst-symptom stretches, and it sits alongside the rest of your menopause picture. What deserves more than watchful waiting is different: low mood that is **constant rather than coming in waves**, mood that is **affecting your ability to function**, or **any thoughts of not wanting to be here.** That isn't "just menopause," and it isn't something to wait out. That's worth an urgent, direct conversation with your Mariposa Specialist or another trusted provider — soon, not eventually.

If you're having thoughts of suicide or self-harm, please reach out right now — you don't have to navigate this alone. Call or text the **988 Suicide & Crisis Lifeline** (call or text **988**), or go to your nearest emergency room. Reaching out isn't an overreaction; it's the bravest, most ordinary thing you can do for yourself.

You don't need to sort any of this alone, and you don't need to wait until you're certain. Bringing your mood to someone who takes it seriously is how you get to put the worry down. See what a first visit looks like →

REFERENCES

1. Freeman EW, et al. "Associations of hormones and menopausal status with depressed mood in women with no history of depression." Archives of General Psychiatry.
2. Study of Women's Health Across the Nation (SWAN) — Depression and Menopause research summary.
3. Greendale GA, et al. "Menopause-associated symptoms and cognitive performance: results from the Study of Women's Health Across the Nation." American Journal of Epidemiology, 2010.
4. The 2022 Hormone Therapy Position Statement of The Menopause Society, Menopause, Vol. 29, No. 7.
5. Mind-body therapies for sleep disturbances, depression, and anxiety in menopausal women: a systematic review and meta-analysis of randomized controlled trials, Frontiers in Public Health, 2025.
6. NIH Office of Dietary Supplements — Ashwagandha Health Professional Fact Sheet.
7. Research on omega-3 fatty acid intake and mood regulation; saffron (Crocus sativus) clinical trial data for mild-to-moderate mood symptoms.