

QUALITY STANDARDS

Menopause

A guide for people
in perimenopause
or menopause

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Ontario
Health

Ontario Health is committed to improving the quality of health care in the province in partnership with patients, clinicians, and other organizations.

To do that, Ontario Health develops quality standards. These are documents that outline what high-quality care looks like for conditions or processes where there are large differences in how care is delivered, or where there are gaps between the care provided in Ontario and the care patients should receive. These quality standards set out important steps to improve care. They are based on current evidence and input from an expert committee that includes patients, care partners, clinicians, and researchers.

This patient guide accompanies the quality standard on [menopause](#). It outlines the top 6 areas where clinicians can take steps to improve care for people in perimenopause or menopause. The patient guide also includes suggestions on what to discuss with your clinicians, as well as links to helpful resources.

Top 6 areas to improve care for people in perimenopause or menopause



Quality Statement 1: Education for Clinicians

What the standard says

People experiencing perimenopause and menopause receive care from a clinician who has the knowledge and skills needed to provide evidence-based menopause care. Clinicians stay current with the knowledge and skills needed to provide evidence-based menopause care.

What this means for you

Your primary care clinician should have the knowledge and skills they need to provide menopause care. You should not have to look to other sources for information or care. Your clinician may get advice from a menopause specialist or refer you to a specialist if needed.

TERMS WE USE IN THIS GUIDE

“Menopause” is the stage of life after you have stopped having periods. A person reaches menopause after they have not had a period for 12 months in a row. For most people, menopause happens between the ages of 45 and 55 years, but it can happen earlier because of surgery, medical treatment, or some medical conditions.

“Perimenopause” is the time leading up to menopause, when you begin to notice changes in your menstrual cycle and other symptoms that can affect your daily life and well-being. You can be in perimenopause for up to 10 years.

A “hot flash” is an unwanted feeling of heat that starts in the chest and rises upward. It usually lasts about 3 to 4 minutes. Sometimes it comes with feelings of anxiety, or your heart may start beating quickly or pounding.

“Clinicians” are health care professionals who provide care to patients, including doctors, nurses, nurse practitioners, pharmacists, physiotherapists, psychologists, and registered dietitians.



Quality Statement 2: Identification and Assessment of Perimenopause and Menopause

What the standard says

Starting at age 40, people who will experience perimenopause and menopause are asked about menopause-associated symptoms to enable the early identification and assessment of perimenopause and menopause.

What this means for you

If you are aged 40 years or older, your clinician should ask you about whether you have any menopause symptoms. They should list all of the possible symptoms for you, so that you can talk about what you are experiencing and decide together whether you might be in perimenopause or menopause. For most people, identification of perimenopause or menopause is based on symptoms. Blood tests or imaging are not necessary.

WHAT ARE THE SYMPTOMS OF PERIMENOPAUSE OR MENOPAUSE?

Symptoms can begin during perimenopause, or in menopause after your periods have stopped. You may have many symptoms or none, and they can be different for everyone. They can be mild or severe, and they can last for a short time or a long time. Some of the symptoms include:

- Changes in your menstrual cycle, such as irregular periods
- Hot flashes or night sweats (called “vasomotor symptoms”)
- Vaginal dryness or pain during sex
- Pain or discomfort when you pee, or feeling the need to pee urgently
- Frequent bladder infections
- Effects on your mood, such as depression or anxiety
- Aches and pains in your joints or muscles
- Lower sex drive
- Trouble sleeping
- Changes in your body shape, or weight gain
- Problems with concentration or memory (often called “brain fog”)

These symptoms can affect your daily life, including your relationships, your family life, and your work. It may feel uncomfortable to talk about your symptoms, but there are ways to treat them, and you deserve to feel better.



Quality Statement 3: Evidence-Based Information for People Experiencing Perimenopause or Menopause

What the standard says

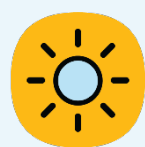
Starting at age 40, people who will experience perimenopause and menopause receive evidence-based information about perimenopause and menopause from their clinician.

What this means for you

If you are aged 40 years or older, your clinician should give you reliable information about perimenopause and menopause. The information should include what menopause is, the symptoms of perimenopause and menopause, the potential effects of menopause on your heart and bones, ways to care for your health during menopause, and treatment options for any symptoms you may have.

DID YOU KNOW?

During menopause, your body is changing quickly, and that can affect your long-term health. Menopause can affect your bone density, blood pressure, cholesterol levels, blood sugar levels, and more. It's a good idea to keep up with recommended tests, including regular monitoring to check for high blood pressure, high cholesterol, and diabetes, as well as screening for breast cancer and cervical cancer.



Quality Statement 4: Management of Vasomotor Symptoms

What the standard says

People experiencing vasomotor symptoms during perimenopause and menopause are offered menopausal hormone therapy as first line treatment, following an assessment of risks, benefits, contraindications, and individual needs and preferences. People who have contraindications to menopausal hormone therapy or who do not desire it are offered other evidence-based treatment options, including non-hormonal medications and nonpharmacological treatments.

What this means for you

If you are having hot flashes or night sweats and you would like to receive treatment, your clinician should offer you menopausal hormone therapy. If you cannot take menopausal hormone therapy or prefer not to take it, your clinician should offer you other treatment options. Your clinician should assess your overall health so you can work together to choose the treatment option that is best for you.

Your clinician may ask you how bothersome your symptoms are. Whether or not a symptom is bothersome is entirely up to you. If your hot flashes or night sweats affect your quality of life, your clinician should offer you treatment. If you try a medication and you are not feeling well on it or do not notice improvement in your symptoms, talk with your clinician to see if you can try something else.

ABOUT MENOPAUSAL HORMONE THERAPY

There is a lot of misinformation about menopausal hormone therapy. This is partly because of a large study published in the early 2000s that linked menopausal hormone therapy to higher risk of heart disease and breast cancer. But since then, research has shown that those findings were incorrect because of the age of the population they looked at and the way the results were analyzed.

Here are some things to know about menopausal hormone therapy that are backed by up-to-date evidence:

- It is safe to use
- It is an effective treatment for hot flashes and night sweats
- It can help prevent bone density loss and osteoporosis, and lower your risk of broken bones
- It can help improve symptoms such as vaginal dryness or discomfort during sex

If you don't want to take menopausal hormone therapy or you can't take it for medical reasons, other options are available to treat your symptoms, including other medications and non-drug treatments.

Note: You may have heard about “compounded bioidentical hormones.” They are sometimes marketed as “natural” or “safer,” but there are no studies to show how well they work or if they are safe. They are not recommended for treating menopause symptoms.



Quality Statement 5: Management of Non-Vasomotor Symptoms

What the standard says

People experiencing non-vasomotor symptoms (including those related to genitourinary syndrome of menopause, sexual health, mental health, sleep, and cognition) during perimenopause and menopause are offered evidence-based treatment options and have their contraceptive needs addressed.

What this means for you

Hot flashes are not the only symptom of perimenopause and menopause. Other symptoms include vaginal dryness, mood changes, joint or muscle pain, pain during sex, trouble sleeping, weight changes, and brain fog. Your clinician should offer a safe and comfortable environment for you to talk about your symptoms. They should talk with you about treatment options so that you can work together to choose what that is best for you. You can still get pregnant during perimenopause; your clinician should talk to you about contraception options in case you need them.

WHAT IS GENITOURINARY SYNDROME OF MENOPAUSE?

Vaginal dryness, pain during sex, or frequent bladder infections make up a group of symptoms called “genitourinary syndrome of menopause.” During perimenopause and menopause, your estrogen levels get lower. Estrogen is a hormone that is necessary for your sexual and reproductive health, and low estrogen levels affect the tissues in the genital and urinary areas (i.e., the vulva, vagina, urethra, and bladder). Other symptoms of perimenopause or menopause usually get better over time, but genitourinary syndrome of menopause usually continues or gets worse unless it is treated.



Quality Statement 6: Appropriate Referral to a Clinician With Expertise in Menopause

What the standard says

People experiencing perimenopause or menopause receive assessment and treatment from their primary care clinician and, if clinically indicated, are referred to a clinician with expertise in menopause.

What this means for you

Your primary care clinician may need to ask for advice or refer you to another clinician who specializes in menopause. This is usually an obstetrician-gynecologist, but it might also be an endocrinologist or another primary care clinician. Before they refer you, your primary care clinician should assess you thoroughly and offer you treatment so that you do not have to wait to manage your symptoms. If you would like to ask for a referral, talk to your primary care clinician.

Suggestions on what to discuss with your clinicians

Ask your clinician(s):

- When does perimenopause start? How long can perimenopause last?
- How will I know if I'm in perimenopause?
- How will I know if I'm in menopause?
- What are the common symptoms of perimenopause or menopause?
- How can I manage hot flashes?
- How can I manage other common symptoms, like joint or muscle pain, mood changes, trouble sleeping, or brain fog?
- What can I do to reduce vaginal dryness or pain during sex?
- How can menopause affect my heart, bones, and overall health?
- What screening or tests are needed to monitor my health during perimenopause or menopause?
- What lifestyle changes can I make to stay healthy?
- What are the benefits and risks of menopausal hormone therapy?
- How would we choose the type of menopausal hormone therapy that is best for me?
- What non-hormonal treatment options are available? What are their benefits and risks?
- How will we know if I need to see a clinician with expertise in menopause?

Share with your clinician(s):

- Any symptoms you are having that could be related to perimenopause or menopause
- Any side effects you have from treatments
- Anything about your care that you do not understand
- Any other health concerns you have

Learn more

Menopause Quick 6 Menopause Management Tools offers the [MQ6 Menopause Assessment Tool](#), which asks questions about your symptoms.

The Menopause Foundation of Canada offers a [Menopause Symptom Tracker](#) to help you keep track of your symptoms, as well as other [resources](#) to support you during perimenopause and menopause.

The Menopause Society offers a search tool to help you [find a certified menopause practitioner](#) in your area.

The [Gynaecology Quality Improvement Collaboration](#) provides a wide range of resources, including [handouts](#) and videos. It also provides guides on understanding menopause, menopause symptoms and treatments, and navigating hormone therapy.

The Canadian Menopause Society offers a range of [publications](#) and [videos](#) on menopause topics, including frequently asked questions and a vaginal symptoms checklist.

[Menopause and U](#), from the Society of Obstetricians and Gynaecologists of Canada, offers reliable information on menopause and treatments. It also provides information on menopause-related health concerns such as [osteoporosis](#).

The [Heart and Stroke Foundation](#) offers information on ways to take care of your heart during perimenopause and menopause.

[Menopause Info](#), from the International Menopause Society, offers terminology guides, videos, podcasts, and fact sheets in multiple languages.

Need more information?

If you have any questions or feedback about this guide, please contact us at QualityStandards@OntarioHealth.ca or 1-877-280-8538 (TTY: 1-800-855-0511).

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@OntarioHealth.ca

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