

QUALITY STANDARDS

Menopause

A guide for women and
gender-diverse people

OCTOBER 2025

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.

TERMS WE USE IN THIS GUIDE

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

Gender-diverse people include Two-Spirit, trans, nonbinary, and intersex people who may experience menopause.

Hot flashes are unwanted feelings of heat that start in the chest and rise upward. They usually last about 3 to 4 minutes. Sometimes they come with feelings of anxiety, or your heart may start beating quickly or pounding.

Menopause happens when you stop 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. During this time, you may 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.

Postmenopause is the time after menopause, lasting until the end of life.

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



Quality Statement 1: Clinician Knowledge and Skills

What the standard says

Women and gender-diverse 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 to care for you during menopause. This includes identifying the symptoms of menopause, offering treatment options, and helping you stay healthy during this stage of life. They should care for you in a way that takes your culture, values, and beliefs into account. They should also know when to refer you to a clinician with expertise in menopause, or to ask for their advice.

You should not have to look elsewhere for information or care. If you do not have a primary care clinician and usually get care in other settings (such as a walk-in clinic or a virtual care), ask the clinician you are seeing about how you can access menopause care.

DID YOU KNOW?

During menopause, your body and hormone levels are 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 is a good idea to keep up with recommended tests, including regular monitoring to check for high blood pressure, high cholesterol, and diabetes. It is also important to get screened for breast cancer and cervical cancer.



Quality Statement 2: Identification and Assessment of Perimenopause and Menopause

What the standard says

Starting at age 40, women and gender-diverse people 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 about whether you are having symptoms of menopause. They should describe all of the possible symptoms so that you can talk about what you are experiencing and decide together if you are in perimenopause or menopause. For most people, symptoms are enough to identify perimenopause or menopause. Blood tests or imaging are not needed.

Note: Some people may experience menopause before they turn 40. Speak to your clinician if this is a concern for you.

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 may change over time. They may last for a short time or a long time. Your race or ethnicity may affect when you start having symptoms and how intense they are. 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 or mental health, such as depression or anxiety
- Aches and pains in your joints or muscles
- Lower sex drive
- Trouble sleeping
- Changes in your body weight or shape
- Problems with concentration or memory (often called “brain fog”)

These symptoms can affect your daily life, including relationships, family life, and work. You may not feel like yourself. It may feel uncomfortable to talk about your symptoms, but there are ways to treat them so that you feel better.



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

What the standard says

Starting at age 40 or earlier, women and gender-diverse people receive evidence-based information about perimenopause and menopause from their clinician.

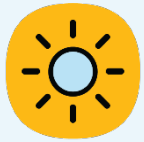
What this means for you

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, symptoms you may have, how menopause can affect your heart and bones, how to care for your health during menopause, and treatment options. They should also talk to you about birth control in case you need it, because you can still get pregnant during perimenopause.

WHAT CAN I DO TO TAKE CARE OF MYSELF?

There are things you can do to take care of your health during perimenopause and menopause. Not all of these will be possible for everyone, but try to do what you can:

- Stay within a healthy weight range for your height and age
- Maintain a healthy blood pressure level
- Stop smoking
- Stop drinking alcohol, or drink less
- Do some regular physical activity
- Do some resistance training to keep your muscles and bones strong
- Eat a diet high in fibre, protein, and healthy fats
- Get enough sleep



Quality Statement 4: Management of Vasomotor Symptoms

What the standard says

Women and gender-diverse 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 treat them, your clinician should offer you menopausal hormone therapy. If you cannot take it or do not want to take it, they should offer you other options. Your clinician should assess your overall health so that 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 your symptoms do not improve, talk with your clinician to see if you can try something else.

The cost of medications or other treatments should not stop you from getting the care you need. Your clinician can tell you about free or low-cost options.

ABOUT MENOPAUSAL HORMONE THERAPY

There is a lot of inaccurate information about menopausal hormone therapy. This is partly because, in the early 2000s, the results of a large study said that menopausal hormone therapy led to a higher risk of heart disease and breast cancer. But researchers have learned more since then. We now know that those findings were incorrect; they overstated the risks because of the age of the people included and the way the results were analyzed.

What you should know

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

- It is safe to use for most people (your clinician will check if it is right for you)
- It is effective for treating 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 pain during sex

If you don't want to take menopausal hormone therapy or you can't take it for medical reasons (called a "contraindication"), there are other treatment options, including other medications and non-drug treatments.

You can find a full list of contraindications for menopausal hormone therapy in the quality standard (quality statement 4). But if you have a contraindication, you can still talk with your clinician about menopausal hormone therapy: people with certain contraindications may be able to use it.

Compounded bioidentical hormones

You may have heard or read about *compounded bioidentical hormones*. Some say that they are "natural" or "safer," but there are no studies to show how well they work or if they are actually safe. They are not recommended for treating menopause symptoms, and they are not covered by most insurance plans. Ask your clinician about treatment options that are approved by Health Canada and may be more cost-effective or covered by insurance.

Note: Some treatments approved by Health Canada are called "bioidentical hormones," and they are safe to use. Treatments called "*compounded bioidentical hormones*" are not.



Quality Statement 5: Management of Non-vasomotor Symptoms

What the standard says

Women and gender-diverse people experiencing non-vasomotor symptoms during perimenopause and menopause (including those related to genitourinary syndrome of menopause, sexual health, mental health, sleep, and cognition) are offered evidence-based treatment options.

What this means for you

Hot flashes are not the only symptom of perimenopause and menopause. Other symptoms include vaginal dryness, mood changes, joint and 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 is best for you.

WHAT IS GENITOURINARY SYNDROME OF MENOPAUSE?

Vaginal dryness, pain during sex, and 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 needed for sexual and reproductive health. Low estrogen levels affect the tissues in the genital and urinary areas (i.e., the vulva, vagina, urethra, and bladder). Other symptoms of perimenopause and 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

Women and gender-diverse 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.

WHEN MIGHT MY CLINICIAN REFER ME TO SOMEONE ELSE?

- If you have been treating your symptoms but they are not getting better, or you are having bothersome side effects
- If you have symptoms, but you cannot take menopausal hormone therapy
- If your clinician is unsure whether you are experiencing menopause before age 40
- If you have symptoms and you have taken gender-affirming hormone therapy

Suggestions on what to discuss with your clinicians

Ask your clinicians:

- When does perimenopause start? How long can it 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?
- How can menopause affect any pre-existing conditions I have?
- 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?
- Are there free or low-cost treatment options?
- How might my gender identity affect my menopause care?
- How will we know if I need to see a clinician with expertise in menopause?

Share with your clinicians:

- 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

The [Menopause HUB](#), a collaboration between the Canadian Menopause Society and the Society of Obstetricians and Gynaecologists of Canada, offers a range of [publications](#) and [videos](#) on common menopause symptoms and treatments.

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

The [Complete Guide to Menopause](#), by the Gynaecology Quality Improvement Collaboration, provides information and patient handouts about perimenopause and menopause, including symptoms, treatments, and hormone therapy.

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. It also has other [resources](#) to support you during perimenopause and menopause.

[Power in the Pause](#), from the Black Women's Health Imperative, offers resources on perimenopause, menopause myths, and menopause advocacy.

The [Menopause Fact Sheet](#), from the Native Women's Association of Canada, provides a brief overview of perimenopause and menopause from an Indigenous lens.

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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ISBN 978-1-4868-9193-1 (PDF)

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