Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/advances-in-womens-health/perimenopause-sleep-issues-causes-treatment/67534/

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Perimenopause Sleep Issues: Causes and Treatment Options

Announcer:
Welcome to *Advances in Women's Health* on ReachMD. Today, Dr. Monica Christmas will share strategies for managing sleep disruption during the menopause transition. Dr. Christmas is the Associate Medical Director for the Menopause Society, an Associate Professor of Obstetrics and Gynecology, the Director of the Center for Women's Integrated Health, and the Director of the Menopause Program at the University of Chicago Medicine. Let's hear from her now.

Dr. Christmas:
Many times, sleep dysfunction during this perimenopause transition is related to the night sweats that might happen. You wake up with a sweat, and that's, for me, an easier one to manage, because I know that if I treat them with one of the agents to help manage or mitigate night sweats in particular, and that was the trigger for waking them up, then they'll sleep better.

However, we do know that there are a lot of sleep changes that happen during this transition period that actually aren't necessarily related to a night sweat. And that's when it becomes a little bit harder to manage. So really try to understand, what is the sleep disruptor? The typical thing that I often hear—and I experience it for myself as well—is that I fall asleep okay, but there's something about this 2:00 AM to 3:00 AM hour that many of us midlife women are awake, and then may have difficulty falling back asleep.

Sleep hygiene techniques often can be very helpful, too: making sure that the temperature in the person's bedroom is cool, using the bedroom just for sleep or intimacy, not falling asleep with a television or radio on in the background, because that can be disruptive. Even if we're asleep, we're still hearing that in the background, and our brains are still working. If you do wake up, don't pick up your phone or another device, because that LED lighting can actually stimulate wake areas. Or, if you're anything like me, you open up your email and that takes me down a whole another rabbit hole. Or I'll start to look at Instagram, and again, that does the same thing, and I really have difficulty falling back asleep at that point. So those strategies can sometimes help as well—making sure that we are adhering to good sleep hygiene practices.

Beyond that, obstructive sleep apnea doesn't present the same way in women, often, that it presents in men. And I can't tell you how many times I have picked up sleep apnea in some women, and that is a trigger for why they are having sleep disruption.

For someone that we've ruled out sleep apnea, and either they're not having night sweats or we've managed the night sweats and they're still having issues with sleep, although hormone therapy is not a sleeping agent, progesterone, in particular micronized progesterone, has a sleepy side effect to it. It interacts with our GABA receptors. And so, often, women will say after they started hormone therapy—even somewhat with the estrogen as well—that they felt that they slept better too, even though they're not sleeping agents.

Some of the other medications too, like the antidepressant class of drugs, as well as gabapentin, also have some somnolent side effects to them, and they may actually help with sleep as well. And the neurokinin receptor antagonist, that new class of drugs, also have been found to help improve sleep dysfunction as well.

And then I think, if we've done all of those things, cognitive behavioral therapy for insomnia is actually first-line treatment for managing insomnia issues. As well as for managing vasomotor symptoms, cognitive behavioral therapy can be used for insomnia as well.

And then, once we've done all of those things, if someone is still really impaired, then refer for additional workup to make sure that we haven't missed some other underlying medical comorbidities.

Announcer:

That was Dr. Monica Christmas exploring how to treat sleep issues during perimenopause and menopause. To access this and other episodes in our series, visit *Advances in Women's Health* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!