Sleep Changes for Women in Midlife—Is it Menopause or Aging?

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February 12, 2021 By Michael Breus, PhD

For a lot of women, sleep problems explode during middle age, and throughout the menopausal transition. The transition through menopause has long been associated with disruption to sleep. Sleep problems are linked to the hormonal changes of menopause, and to both the physical symptoms and psychological effects that often occur for women during menopause.

We also know that aging itself brings changes—and challenges—to sleep. Sleep architecture—the structure of our nightly rest as we move through the different stages of sleep—changes with age. Broadly speaking, we spend less time in deep sleep and more time in light sleep as we get older.

Health issues often complicate sleep as we age, everything from increasing pain and stiffness, to illness and its treatment, to weight gain.

And declining production of hormones, beyond those associated with menopause (and with andropause in men), also affect sleep. Melatonin levels drop with age, and with declining melatonin comes a lack of robustness and consistency in the body's daily circadian timing. As a result, our natural sleep-wake cycles often become less regular the older we get. We may be more apt to wake during the night (having to go to the bathroom is also a factor here), and wake earlier in the morning, and to feel sleepy during the day. Aging is a privilege, but one that often comes with a more complicated picture for sleep.

While sleeping in midlife and older age poses challenges for both men and women, menopause can create additional hardship for sleep. And there remain open questions about the long-term effects of menopause on sleep.

New research by a group of scientists in Finland sheds some light on how menopause and age may affect women's sleep. The big-picture news here is GOOD: the results of this research indicate that over the long-term, menopause does not worsen women's sleep.

There's a lot to talk about here. Let's first take a closer look at this study's intent, and its results.

How does sleep change in the menopausal transition?

For this study, scientists investigated changes to sleep architecture connected to menopause. They were interested in distinguishing between the effects of menopause and the effects of aging on sleep during the years when most women undergo the transition from pre-menopause to post-menopause. Put another way, scientists asked the question: what changes to sleep architecture can be attributed to menopause, and what changes can be attributed to aging?

The study included 57 premenopausal women, with an average age of 46 at the time the study began. Scientists observed and measured women's sleep using polysomnography, both at the start of the study and again 10 years later. They also took measurements of follicle-stimulating hormone (FSH) at the outset and the 10-year mark, to pinpoint where women were in their menopausal transitions. FSH is a hormone that stimulates production of estrogen in the ovaries. As estrogen production declines throughout perimenopause, FSH levels rise. A higher FSH is a signal that women are further along in their transition to menopause.

Their results may surprise you. This scientific analysis found that sleep did not worsen over a 10-year period as a result of menopause. Most of the changes to sleep architecture were attributable to AGE, not to menopause.

Aging 10 years was associated with changes to time spent in light sleep, and in deep sleep, as well as to changes to the time it takes to fall asleep and the time it takes to reach stage 2 sleep, the deeper of the 2 light sleep stages.

Menopause, they found, was linked only to a longer sleep latency, meaning a longer time to fall initially to sleep.

What's the takeaway for women here? While menopause may have short- and medium-term effects on sleep—remember, the study looked only at a 10-year time span—this study suggests their long-term sleep does not worsen because of menopause, and that changes to sleep architecture over the long-term are linked to aging itself.

Other recent research supports these findings. In a recent discussion of the depression symptoms of menopause and their impact on sleep, I wrote about a study that found no correlation between the likelihood of reporting poor sleep before menopause, during menopause, and after menopause. This means that women who had insomnia during menopause were not more likely to have insomnia after menopause. This latest research delivers more good news for women who may be struggling with their sleep during their transition to menopause.

Of course, this encouraging news about the long-term impact of menopause on sleep doesn't mean women don't grapple with significant sleep disruptions during the menopausal transition. Many do.

I've written extensively about the physical and psychological effects of menopause on women's sleep. You can access my full library of menopause-sleep articles here.

Here are some of the key things to know about what can happen to sleep in menopause, and what to do about it.

The sleep-disrupting symptoms of menopause

Poor, insufficient, restless sleep are common symptoms associated with menopause.

What's behind all this sleep disruption? A constellation of physical and psychological effects of the powerful biological changes underlying the menopausal transition.

Night sweats

Nighttime hot flashes are the body's response to drops in estrogen. Night sweats can make sleep uncomfortable and difficult, whether it's from waking up in the night sleep drenched in sweat and having trouble falling back asleep, or waking feeling unrested because of restless sleep caused by night sweats. For many women, hot flashes and night sweats begin during perimenopause, and tend to increase in frequency until a couple of years into post-menopause, before beginning a gradual decline.

To read the rest of this blog, click here.

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