

# Menopause Explained to Companions and Husbands

A Survival Guide for Well-Intentioned Men

---

Nouchine Hadjikhani, MD, PhD

# Introduction

## Why This Book?

Dear husband, partner, or simply confused man who Googled “my partner has gone crazy” at 2 AM: this book is for you.

If you’re reading these lines, there’s a good chance your partner is going through a period you don’t quite understand. Maybe she’s opening all the windows in the middle of winter, crying at cat food commercials, or asking if you still love her for the third time today. Maybe she’s not sleeping, your thermostat has become a battlefield, or your intimate life resembles the Sahara Desert.

Rest assured: your partner hasn’t gone crazy. She’s going through menopause.

And no, it’s not “just a phase” to endure in silence while waiting for it to pass. It’s a major transition in a woman’s life, as significant as puberty, and it deserves your attention, understanding, and support.

This book isn’t a medical course. It’s a practical guide, written in plain language, with a good dose of humor — because you’ll need it — to help you navigate this period without shipwrecking your relationship.

### Your Mission, Should You Choose to Accept It

- Understand what’s happening to her
- Support without judging
- Adapt your behavior
- Preserve your relationship
- Survive this period with your sanity intact

“Ready? Let’s go.”

Part One

# The Basics

---

# Chapter 1: What Is Menopause?

## The Official Definition

Menopause is the permanent cessation of menstrual periods. Officially, a woman is menopausal when she hasn't had her period for 12 consecutive months.

## The Reality

Imagine your partner's body is a company that has been running perfectly for 30 or 40 years. The hormones are the employees who handle everything: mood, sleep, body temperature, libido, weight, skin, hair, bones, heart... everything.

One day, the management (the ovaries) decides to gradually lay everyone off — not all at once, but one by one, unpredictably, over several years. Result: chaos. That's menopause.

### The Numbers

- Average age of onset: 51 years (but can begin as early as 45 or after 55)
- Duration of symptoms: 4 to 8 years on average
- Percentage of women affected: 100% (if they live long enough)
- Percentage of men who truly understand: approximately 12% — and we're being optimistic

# Chapter 2: Hormones for the Non-Scientist

## The Principal Players

### Estrogen — the lead actor

Regulates everything: cycles, mood, skin, bones, heart. During menopause, production drops dramatically — and the ripple effects are felt throughout the entire body.

### Progesterone — the calming hormone

Soothes anxiety, supports sleep, stabilizes mood. It disappears first, which explains the early irritability and insomnia.

### Testosterone — yes, women have it too

Governs libido, energy, and muscle mass. It also decreases, contributing to fatigue and reduced desire.

#### Why This Matters to You

— When your partner says “it’s hormonal,” she isn’t making excuses. She is telling you precisely what is happening in her body — a medical fact, not a whim.

# Chapter 3: The Three Phases

## Phase 1 — Perimenopause

Begins 2 to 8 years before menopause. Hormones start fluctuating unpredictably. Periods become irregular; moods, too. This is when you first notice “something has changed.”

## Phase 2 — Menopause

The official milestone: 12 consecutive months without a period. Symptoms are often at their peak. This is a meaningful moment — acknowledge it, mark it, show that you understand its significance.

## Phase 3 — Post-menopause

The rest of her life. Most symptoms gradually ease, though some effects — vaginal dryness, cardiovascular considerations — may persist and warrant ongoing attention.

# Chapter 4: Timing and Duration

## When It Starts

- Early menopause: before age 40 (affects 1% of women)
- Typical range: between 45 and 55 years
- Late menopause: after 55 years
- Influencing factors: genetics, smoking, surgery, chemotherapy

Duration ranges from a few months (the fortunate minority) to over ten years. Plan for the long haul — this is a marathon, not a sprint.

## Critical Reminder

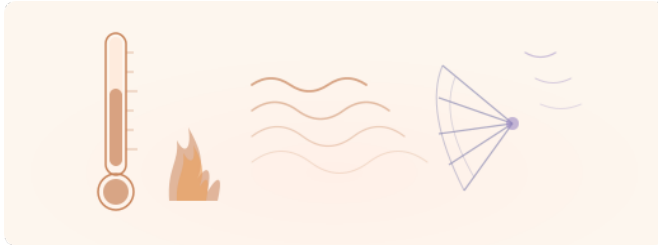
- Every woman experiences menopause differently. Your sister-in-law's easy transition tells you nothing about your partner's. Comparisons are both unhelpful and unkind.

Part Two

# The Symptom Catalog

---

# Chapter 5: Hot Flashes



## What Happens

Your partner suddenly becomes intensely hot. She sweats, flushes, opens every window regardless of season — then five minutes later she’s cold and reaching for a sweater.

## Why It Happens

Her internal thermostat (the hypothalamus) no longer receives accurate hormonal signals. It panics and triggers emergency cooling mechanisms — profuse sweating, rapid heartbeat, flushing. Frequency ranges from a few per week to more than twenty per day, each lasting 30 seconds to 10 minutes.

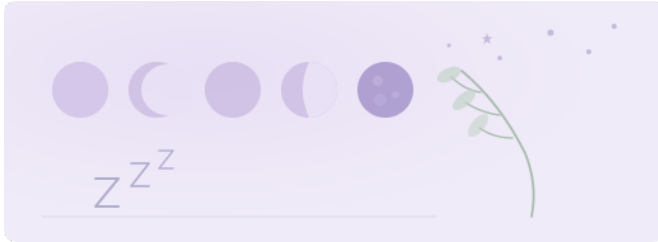
### Do

- ✓ Respect her temperature preferences without comment
- ✓ Keep cold water always available
- ✓ Install a fan or adjust the thermostat
- ✓ Offer lightweight, layered bedding

### Avoid

- ✗ “You’re exaggerating — it’s not that hot”
- ✗ Complaining about open windows or the cold
- ✗ Making remarks about her sweating
- ✗ Insisting on a fixed temperature for your comfort alone

# Chapter 6: Sleep Disruption



## What Happens

She doesn't sleep — or sleeps poorly. She wakes repeatedly, lies awake for hours, or rises at 4 AM feeling as though she ran a marathon. Chronic sleep deprivation compounds every other symptom.

## Why It Happens

Night hot flashes interrupt sleep. The loss of progesterone — the calming hormone — triggers anxiety that makes sleep elusive. Melatonin levels also decline; bladder sensitivity increases.

### Do

- ✓ Understand this is physiological, not laziness
- ✓ Keep the bedroom cool (18–20°C / 64–68°F)
- ✓ Use breathable cotton or bamboo bedding
- ✓ Consider separate beds if disruption is severe
- ✓ Offer herbal teas or a calming pre-sleep ritual

### Avoid

- ✗ "You just need to go to bed earlier"
- ✗ Complaining if her restlessness wakes you
- ✗ Dismissing her exhaustion as exaggerated
- ✗ Resisting the idea of sleeping apart if needed

## Practical Bedroom Adjustments

- Programmable thermostat or bedside fan
- Blackout curtains and white noise if helpful
- No screens, alcohol, or caffeine in the hour before bed
- A consistent sleep and wake schedule
- Pilates-inspired stretching (e.g., from the Rachel Lawrence, the Girl with the Pilates Mat: Pilates for Better Sleep | Nighttime Pilates Routine to Calm the Body available on YouTube:  
[https://youtu.be/CkNXPOx4O\\_M?si=mlUecPt7lcBVUohY](https://youtu.be/CkNXPOx4O_M?si=mlUecPt7lcBVUohY))

# Chapter 7: The Emotional Landscape



## What Happens

She cries watching a commercial, erupts over a sock on the floor, then apologizes while crying again. Joy, sadness, anger, and anxiety can succeed each other within minutes — not because she is irrational, but because her neurochemistry is in flux.

## Why It Happens

Estrogen modulates serotonin, dopamine, and noradrenaline. As estrogen declines, so does the brain's capacity to buffer emotional responses. The shock absorbers have been removed.

### Language That Helps

- Instead of "You're hysterical" → "I can see you're upset. How can I help?"
- Instead of "It's just hormonal" → "This period is genuinely hard. What would help you?"
- Instead of "You were fine yesterday" → "Every day is different. How do you feel today?"
- "I believe you." • "You're not alone." • "We'll get through this together."

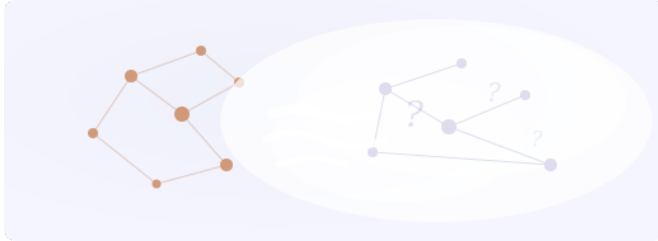
## Do

- ✓ Stay calm and patient
- ✓ Listen without immediately offering solutions
- ✓ Validate: "Your feelings make sense"
- ✓ Give her physical comfort if she wants it

## Avoid

- ✗ "Overreacting" or "in your head"
- ✗ Responding with matching intensity
- ✗ Taking every mood shift personally
- ✗ "Calm down" — it has never helped anyone

# Chapter 8: Fatigue and Brain Fog



## What Happens

She loses words mid-sentence, misplaces objects, forgets appointments, struggles to concentrate. She feels drained even after sleep — a “dead battery” quality that no amount of rest seems to resolve.

## Why It Happens

Estrogen has neuroprotective properties. Its decline affects the prefrontal cortex, hippocampus, and overall brain metabolism. Sleep deprivation and chronic stress amplify the cognitive effects significantly.

### Do

- ✓ Take her fatigue seriously — it is real
- ✓ Help her stay organized: shared calendars, reminders
- ✓ Quietly absorb more household responsibilities
- ✓ Encourage short rest periods without guilt

### Avoid

- ✗ “Just make more effort”
- ✗ Teasing her about forgetfulness
- ✗ Overloading her with requests or decisions
- ✗ Comparisons with “how she used to be”

## Practical Support

- Short naps (20–30 minutes) can restore alertness without disrupting night sleep
- Regular moderate exercise improves cognitive function
- Simplified routines and written lists reduce cognitive load
- Value her efforts visibly — she is working harder than it appears

# Chapter 9: Body Changes

## What Happens

Weight redistribution — particularly toward the abdomen. Loss of muscle tone. Skin becoming drier, hair finer, breasts changing shape. She may not recognize herself in the mirror, and this disorientation is real.

### Phrases Worth Remembering

- Rather than “You’ve gained weight” → “You’re beautiful as you are”
- Rather than “You should exercise more” → “Would you like to do something active together?”
- Rather than “That dress doesn’t fit you anymore” → “What kind of clothes would you enjoy?”
- Compliment her genuinely and specifically. Notice her efforts. Be her ally, not her critic.

# Chapter 10: Intimacy Disrupted



## What Happens

Your intimate life has changed. She may have little or no desire. Intercourse may be painful. She may withdraw from physical contact altogether — not from lack of love, but from a body that no longer behaves predictably.

## Why It Happens

Estrogen decline causes vaginal atrophy and reduced lubrication, making intercourse potentially painful. Testosterone reduction suppresses libido. Fatigue, body image concerns, and anxiety compound the picture.

### Do

- ✓ Approach the subject gently and without agenda
- ✓ Redefine intimacy: tenderness, presence, massage
- ✓ Seek medical advice together if needed
- ✓ Let her set the pace entirely

### Avoid

- ✗ Pressuring or insisting when she declines
- ✗ Taking her reluctance as personal rejection
- ✗ Abandoning all physical affection
- ✗ Comparing her desire now to desire before

“Emotional intimacy first. A couple that maintains warmth and tenderness during this period almost always rediscovers physical connection on the other side.”

Part Three

# The Partner's Manual

---

# Chapter 11: Your New Role

## From Partner to Ally

You have been promoted. You are no longer simply a companion — you are now an ally in a process you may not fully understand, but in which your engagement is crucial.

### Your New Mindset

- Think “we” rather than “she”: “We are navigating menopause”
- Patience is not passive — it is an active daily practice
- Empathy requires imagination: step into her experience, not your projection of it
- This period will pass. The relationship you tend now is the one you will have on the other side.

# Chapter 12: What to Say and What Not to Say

## Five Phrases to Retire Immediately

- “It’s all in your head” — it denies a physiological reality
- “You’re overreacting” — it invalidates her entire experience
- “Calm down” — no one has ever calmed down upon hearing this
- “It’s just hormonal” — the word “just” is the problem
- “My mother never had these problems” — each woman is entirely different

### Phrases That Make a Difference

- “I believe you.”
- “That sounds genuinely difficult.”
- “How can I support you right now?”
- “We’ll work through this together.”
- “You are still the woman I love.”

# Chapter 13: Concrete Actions

## At Home

### Creating the Right Environment

- Temperature: invest in good ventilation and bedside fans; let go of the thermostat battles
- Sleep: breathable bedding, cool bedroom, nightlight for nocturnal awakenings
- Food: adapt the shopping list (less sugar, more calcium, more protein); always have cold water available
- Reduce friction: shared digital calendar, gentle reminders, simplified routines

## Household Redistribution

Take on more without being asked. Do not keep score. Handle the logistics that drain her: the grocery run, the laundry, breakfast. These small acts of care are not trivial — they are profound.

## Crisis Management

### Do

- ✓ Hot flash: bring cold water, open windows, sit with her calmly
- ✓ Emotional storm: listen, validate, wait without fixing
- ✓ Sleepless night: do not complain; offer tea, adjust the room

### Avoid

- ✗ Suggesting she is exaggerating
- ✗ Withdrawing when she needs presence
- ✗ Treating every symptom as a problem to solve

# Chapter 14: Protecting Your Relationship

## Preservation Strategies

Redefine intimacy toward emotional connection first. Maintain your bond through shared rituals: a morning walk, a weekly dinner, a film together. Create new traditions that fit this chapter of your lives.

### When to Seek Professional Help

- Arguments have become constant and circular
- Mutual avoidance has replaced connection
- Thoughts of separation are arising
- → Couples therapist, sexologist, or specialized gynecologist — asking for help is a sign of commitment, not failure

### Your Own Well-being

- Maintain your personal friendships and activities
- Speak to someone — a trusted friend, a therapist — if you feel overwhelmed
- You cannot sustain care from an empty reservoir

Part Four

# Solutions & Resources

---

# Chapter 15: Treatments and Alternatives

## Hormone Replacement Therapy (HRT)

HRT replaces declining hormones with bioidentical or synthetic equivalents. It is the most effective treatment for vasomotor symptoms (hot flashes, night sweats), mood instability, sleep disruption, and vaginal atrophy — provided there are no contraindications such as a personal history of breast cancer.

### Benefits of HRT

- Drastic reduction in hot flashes and night sweats
- Significant improvement in sleep quality
- Mood stabilization
- Protection of bone density
- Improvement in sexual comfort and libido

### Your Role in Medical Decisions

- Encourage open discussion with her physician
- Support whatever decision she makes after consultation
- Offer to accompany her to appointments
- Research together — knowledge reduces fear

## Natural Alternatives

Phytoestrogens (soy, flaxseed, red clover), herbal remedies (sage for hot flashes, valerian for sleep, St. John's Wort for mood under medical supervision), and supplements (calcium with vitamin D, magnesium, omega-3 fatty acids, probiotics) can offer meaningful relief for some women.

# Chapter 16: Lifestyle and Wellness

## Nutrition

### Foods to Favor

- Fatty fish (omega-3 fatty acids — anti-inflammatory, mood-supportive)
- Leafy green vegetables (calcium, magnesium)
- Berries and dark fruit (antioxidants)
- Flaxseeds (phytoestrogens)
- Nuts and seeds (healthy fats, trace minerals)
- Abundant water throughout the day

## Physical Activity

Consistent moderate exercise — brisk walking, swimming, yoga, light resistance training, or dance — reduces hot flash frequency, improves sleep, elevates mood, maintains bone density, and supports weight management. The evidence is unambiguous.

### Your Role

- Suggest activities together — participation transforms exercise from duty to pleasure
- Enroll in a class jointly
- Encourage without pressure; celebrate progress without fanfare

# Chapter 17: Useful Resources

## Healthcare Professionals

Primary care physician (first point of contact), gynecologist (hormonal management, HRT prescription, gynecological surveillance), endocrinologist (complex hormonal disorders), psychiatrist (severe depression), sexologist (libido and intimacy concerns).

## Essential Examinations

### Regular Monitoring

- Hormonal panel: FSH, LH, estradiol, testosterone, thyroid (TSH)
- General health: cholesterol, blood glucose, blood pressure, weight
- Screening: annual mammography, cervical smear, bone density scan (DEXA)

## Recommended Reading

“The Wisdom of Menopause” — Dr. Christiane Northrup

“Menopause Confidential” — Dr. Tara Allmen

“The Menopause Book” — Dr. Pat Wingert

## Reliable Online Sources (USA)

North American Menopause Society ([menopause.org](http://menopause.org))

The American College of Obstetricians and Gynecologists ([acog.org](http://acog.org))

Mayo Clinic • WebMD Menopause Health Center



## Conclusion

### Five Things to Remember

#### The Essentials

- It is medical, not psychological — her symptoms are real and caused by genuine hormonal change.
- It will last — prepare for years, not months.
- Your patience is your most powerful contribution.
- Solutions exist — treatments, lifestyle, and professional support can transform the experience.
- You are on the same team — “us against the symptoms,” never you against her.

Menopause is not the end of your life as a couple. It is a transition — difficult, yes, but navigable. Many couples emerge from this period closer, more deeply known to each other, with a relationship that has proven its resilience.

Your partner needs you. Not to fix her — she is not broken. But to accompany her, to witness her, and to navigate this passage together.

“A forewarned husband is worth two... and a well-supported woman can move mountains.”

Good luck, and congratulations on your commitment.

---

Author’s Note: This guide is intended as a practical, accessible resource. It does not replace appropriate medical follow-up. Each situation is unique; consultation with healthcare professionals is essential for personalized support.

© Nouchine Hadjikhani

# Appendix: Quick Reference

## Emergency Cheat Sheet

### Do

- ✓ Hot flash → cold water, open window, remain calm and present
- ✓ Emotional crisis → listen, validate, do not attempt to fix
- ✓ Sleepless night → do not complain; adjust the room, offer tea

### Avoid

- ✗ Suggesting she is exaggerating
- ✗ Responding to her emotions with frustration
- ✗ Making comparisons or keeping score
- ✗ Withdrawing intimacy as a reaction to hers

## Warning Signs Requiring Medical Attention

### Seek Help Promptly

- Severe depression or suicidal ideation
- Excessive or irregular bleeding
- Severe chest pain or shortness of breath
- Signs of stroke or cardiac event

## Final Reminders

### Always Keep in Mind

- This is temporary — even when it feels otherwise
- Every woman is different — do not compare experiences
- Small gestures carry great weight: water, temperature, a listening ear
- Professional support is available — for her, and for you
- Your relationship can emerge stronger — many do