Sleep problems in menopause linked to hot flashes, depression, and may not last

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Sleep disruptions are one of the most commonly reported complaints among menopausal women. A new study of middle-aged women found that sleep problems vary across the stages of menopause, yet are consistently correlated with hot flashes and depression.

The findings suggest that addressing those risk factors may also address sleep disruptions, as well as give women hope that their sleep symptoms may not last past the menopausal transition, said Rebecca Smith, a professor of pathobiology at the University of Illinois at Urbana-Champaign. Smith conducted the study with Jodi Flaws and Megan Mahoney, professors of comparative biosciences at Illinois.

"Poor sleep is one of the major issues that menopausal women seek treatment for from their doctors," Mahoney said. "It's a huge health care burden, and it's a huge burden on the women's quality of life. Investigating what's underlying this is very important."

The Illinois group used data from the Midlife Women's Health Study, which followed 776 women aged 45-54 in the greater Baltimore area for up to seven years. The women provided annual surveys and blood samples so that the researchers could track sleep disruptions, other menopausal symptoms and hormone levels as women transitioned from pre- to post-menopause.

To track poor sleep, the surveys asked questions about the frequency of insomnia, restless sleep and sleep disturbances.
"Self-reporting is not as precise as a clinical sleep trial, but we think it's more helpful for most women because it's more accurate to their experience," Smith said. "For a woman going through menopause, it might not matter if she's been diagnosed with clinical insomnia; it's whether she feels like she has insomnia that matters to her."

The study found no correlation between the likelihood of reporting poor sleep before menopause, during menopause and after menopause. This means that, for many women in the study, their reported sleep problems changed as they transitioned to different stages of menopause. For example, women who had insomnia during menopause were not more likely to have insomnia after menopause.

"That's a hopeful thing for women who feel like their sleep has gone downhill since they hit the menopause transition: It might not be bad forever," Smith said. "Your sleep does change, but the change may not be permanent."

In analyzing the surveys for any other symptoms or factors that might be associated with poor sleep, the researchers found that hot flashes and depression were strongly correlated with poor sleep across all stages of menopause.

Those two risk factors vary in reported frequency across menopausal stages, which might help explain why poor sleep also varies across the stages, the researchers said.

"It indicates that when dealing with sleep problems, physicians should be asking about other symptoms related to menopause, especially looking for signs of depression and asking about hot flashes," Smith said. "Sleep disturbances in menopause are part of a bigger picture that physicians should be looking at."
To further study factors affecting sleep in menopause, Mahoney is partnering with Carle Foundation Hospital in Urbana, Illinois, to recruit women for a study on how endocrine-disrupting chemicals in the environment might affect menopause symptoms. Such chemicals are found in a variety of plastics and household goods, and women are exposed to them every day, Mahoney said.

"We know that they can disrupt hormones in animal studies, and we know that humans are exposed to them, so we're asking the question, how much are menopausal women being exposed to these chemicals and are they related to their sleep problems?"


Provided by University of Illinois at Urbana-Champaign

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