



Perimenopause, also known as menopausal transition, is the period preceding menopause and marks the beginning of the decline in ovarian function. It usually occurs between the ages of 40 and 50, with an average age of 47, and can last several years before menopause is officially reached. Perimenopause is characterized by gradual hormonal changes and specific symptoms, which can have a significant impact on a woman's quality of life.

Hormonally, perimenopause is characterized by a gradual decrease in the production of estrogen and progesterone by the ovaries. This hormonal decline is linked to the gradual exhaustion of the ovarian reserve, i.e., the stock of primordial follicles present in the ovaries since fetal life. With age, the number and quality of follicles decrease, resulting in a lesser response to pituitary gonadotropins (FSH and LH) and an alteration of ovarian function.

Anecdote: During a consultation, Sophie, 45 years old, complains of irregular cycles and hot flashes. Her mother reached menopause at 52, and she worries about whether she is already in perimenopause. Her gynecologist explains that the symptoms she describes are indeed suggestive of a menopausal transition, but that there is a great interindividual variability in the age of onset and the duration of perimenopause. She proposes a hormonal assessment to evaluate her ovarian reserve and adapt her management.

The clinical signs of perimenopause vary from one woman to another, but typically include:

- Menstrual cycle disorders: shortening or lengthening of cycles, irregular or anovulatory cycles, modification of the abundance of periods (spaniomenorrhoea or menorrhagia)
- Vasomotor symptoms: Hot flashes, night sweats, palpitations, headaches
- Mood disorders: irritability, anxiety, emotional instability, sleep disorders, decreased libido

- Skin-mucous membrane modifications: vaginal dryness, dyspareunia, urinary disorders (incontinence, infections), modification of the skin and appendages (dry skin, wrinkles, hair loss)

Example: For several months, Marie, 48 years old, has been experiencing increasingly spaced and irregular cycles, with sometimes very abundant periods. She frequently wakes up at night in a sweat and feels more irritable and anxious, which affects her personal and professional life. During a routine visit, her gynecologist suggests possible perimenopause and offers suitable solutions to better manage this transition: dietary hygiene advice, relaxation techniques, low-dose hormonal menopause treatment (HRT) to regulate cycles and alleviate vasomotor symptoms.

It is important to note that perimenopause is a gradual process and that symptoms can fluctuate over time, with periods of respite and more difficult moments. Some women will experience a relatively mild menopausal transition, while others will be more symptomatic and require medical management. There is no consensus definition of perimenopause, but it is generally considered to begin with the appearance of cycle disorders or suggestive symptoms, and end one year after the date of the last period (confirmed menopause).

Example: During a follow-up consultation, Julie, 51 years old, wonders whether she is still in perimenopause or has reached menopause. Her last period was 10 months ago, but she still has hot flashes and night sweats. Her gynecologist explains that we can only talk about confirmed menopause after 12 consecutive months of amenorrhea (absence of periods). He suggests she continue her low-dose hormonal treatment to support her until menopause and alleviate her vasomotor symptoms.

The management of perimenopause should be personalized and adapted to the needs and preferences of each woman. It relies on a holistic approach, combining dietary hygiene measures (balanced diet, regular physical activity, stress management), symptomatic treatments (progestogens to regulate cycles, low-dose HRT to alleviate vasomotor symptoms), and psychological support if necessary. Some women will opt for a natural approach, with dietary supplements (phytoestrogens, vitamins), or alternative medicines (acupuncture, homeopathy), while others will prefer a traditional hormone treatment.

Anecdote: During a workshop on perimenopause, Sophie, a naturopath, presents various natural approaches to better manage this transition period: a diet rich in phytoestrogens (soy, flax, sage), adaptogenic plants to regulate stress (ashwagandha, rhodiola), essential oils to reduce hot flashes (clary sage, geranium). She stresses the importance of holistic and individualized management, in addition to or as an alternative to traditional hormone treatments.

Perimenopause is also a fertile period for the screening and prevention of aging-related pathologies. A regular cervical smear is recommended to detect precancerous lesions of the

cervix, mammography to screen for breast cancer, and bone densitometry to assess the risk of osteoporosis. Blood tests (cholesterol, blood sugar) can also be proposed to detect possible cardiovascular risk factors. Supplementation with calcium and vitamin D is often advised to prevent bone loss linked to estrogen deficiency.

Example: During a prevention consultation, Marie's gynecologist, who is 50 years old, proposes a complete perimenopause check-up: smear test, mammography, bone densitometry, lipid and glucose assessment. She explains the importance of these tests for early detection of potential pathologies and to adapt her management. She also advises her to supplement her diet with calcium and vitamin D to preserve her bone capital, and to engage in regular physical activity to maintain her muscle mass and prevent weight gain.

Points to remember:

1. Perimenopause is the transition period to menopause, typically occurring between the ages of 40 and 50 and may last several years.
2. It is characterized by a gradual decline in the production of estrogen and progesterone by the ovaries, resulting in hormonal changes and specific symptoms.
3. Clinical signs of perimenopause include menstrual cycle disorders, vasomotor symptoms (hot flashes, night sweats), mood disorders, and skin-mucous membrane changes.
4. The management of perimenopause should be personalized and may combine dietary hygiene measures, symptomatic treatments (progestogens, low-dose HRT), natural approaches, and psychological support.
5. Perimenopause is a prime time for the screening and prevention of age-related hormonal diseases, such as gynecological cancers, osteoporosis, and cardiovascular diseases.
6. Calcium and vitamin D supplementation, along with regular physical activity, are recommended to maintain bone health and prevent weight gain during this transition period.