WOMEN'S HEALTH FACTSHEET

Sleep Problems During Menopause

Understanding disrupted sleep, possible causes and appropriate support

The short version

Difficulty falling asleep, repeated waking and early waking are common during perimenopause and menopause. Night sweats may contribute, but sleep problems often have several causes. Pain, anxiety, bladder symptoms, medicines, sleep apnoea, restless legs and established insomnia can all be involved. Persistent sleep difficulty deserves assessment rather than being accepted as an unavoidable part of menopause.

What can disrupted sleep look like?

Falling asleep	Lying awake for a long time, feeling physically tired but mentally alert, or becoming anxious about whether sleep will happen.
Staying asleep	Waking repeatedly because of sweating, temperature changes, pain, needing the toilet, noise, worry or for no obvious reason.
Early waking	Waking much earlier than intended and being unable to return to sleep, sometimes alongside low mood or anxiety.
Unrefreshing sleep	Spending enough time in bed but waking exhausted, with headache, poor concentration, irritability or daytime sleepiness.
Daytime effects	Reduced memory, slower reactions, low mood, increased pain, cravings, difficulty working or driving, and less capacity for exercise or self-care.

Possible contributors

Menopause-related

- Hot flushes and night sweats
- Mood or anxiety changes
- Joint, muscle or migraine pain
- Vaginal, urinary or bladder symptoms

Other causes

- Sleep apnoea or restless legs
- Long-term pain or illness
- Medicines, alcohol or stimulants
- Stress, shift work or caring demands

Sleep disorders that should not be missed

Sleep apnoea	Breathing repeatedly stops and starts during sleep. Signs include loud snoring, gasping, choking, witnessed pauses, repeated waking, morning headache and severe daytime tiredness. It can be serious if untreated.
Restless legs	An uncomfortable urge to move the legs, usually worse during rest or at night and temporarily relieved by movement. Iron deficiency, medicines and other conditions may contribute.
Chronic insomnia	Ongoing difficulty falling asleep, staying asleep or waking early, together with daytime impairment. It can continue even after the original trigger has improved and usually needs a structured approach.
Other conditions	Thyroid disease, depression, anxiety, reflux, pain, bladder disorders, medication effects, narcolepsy and other sleep disorders may require assessment or referral.

Arrange a GP assessment

Seek advice if breathing stops and starts during sleep, there is gasping or choking, loud snoring with severe daytime tiredness, troublesome restless legs, sleep difficulty has lasted for months, or poor sleep is making daily life hard to cope with. A sleep-clinic referral may be appropriate.

Foundations that may help

Timing	Keep a regular wake time and go to bed when sleepy. Avoid routinely extending time in bed to chase lost sleep, as this can make sleep more fragmented.
Wind-down	Create a calm transition before bed. Reduce stimulating work, upsetting content and bright screens where practical, while choosing a routine that is realistic for your household.
Bedroom	Use layers, breathable bedding, ventilation or a fan for temperature changes. Aim for a dark, quiet and comfortable environment, using an eye mask or earplugs if suitable.
Daytime	Seek daylight and suitable activity during the day. Be cautious with late naps if they make night-time sleep harder, but adapt advice to illness, disability and safety needs.
Food and drink	Notice whether late caffeine, alcohol, large meals, reflux triggers or too much fluid close to bed affect you. Avoid unnecessary restrictions when no pattern is present.

Treatment options

Treatment should target the cause or combination of causes. A qualified professional can help distinguish menopause-related waking from insomnia or another sleep disorder.

Menopause treatment	HRT may improve sleep directly or by reducing hot flushes and night sweats. The choice of HRT must be individualised after discussing benefits, risks and medical history.
Menopause-specific CBT	NICE recommends considering menopause-specific CBT for sleep problems associated with vasomotor symptoms, alongside other options or when other options are unsuitable or not preferred.
CBT for insomnia	CBT-I is a structured treatment for chronic insomnia. It addresses sleep-related thoughts, habits and timing and may be delivered face-to-face or digitally.
Treating other causes	Sleep apnoea may require CPAP or another specialist treatment. Restless legs, pain, bladder symptoms, reflux, mood problems and medicine effects need appropriate assessment and management.
Sleep medicines	Prescription or pharmacy sleep aids may sometimes be used for a limited period, but they do not cure the cause and can cause drowsiness or other side effects. Check suitability with a pharmacist or prescriber.

Use a short sleep record

For one or two weeks, note bedtime, estimated time to sleep, awakenings, final wake time, naps, night sweats, pain, bladder trips, caffeine, alcohol, medicines and next-day functioning. Keep it approximate - clock-watching can increase anxiety. The record may help a clinician identify patterns.

Safety comes first

Do not drive or operate machinery when sleepy. Seek urgent medical help for severe breathing difficulty, chest pain, confusion or another medical emergency. If a medicine or sleep aid causes concerning drowsiness or other effects, obtain professional advice.

Questions for an appointment

- Could night sweats, pain, mood, bladder symptoms or a medicine be contributing?
- Do my symptoms suggest sleep apnoea, restless legs or chronic insomnia?
- Would menopause treatment, menopause-specific CBT or CBT-I be appropriate?
- What should be reviewed, and when would sleep-clinic referral be considered?

How Health Matters UK can support you

Health Matters UK can help you organise a sleep and symptom record, identify practical barriers, understand general sleep-health information and prepare questions for a clinical appointment. We do not diagnose sleep disorders, prescribe treatment or replace a GP, menopause specialist or sleep clinic.

One manageable next step

Choose one change to test for seven nights, such as a consistent wake time, cooler bedding or moving caffeine earlier. Record whether it makes a meaningful difference. If breathing, severe tiredness, pain or persistent insomnia is involved, arrange assessment rather than relying only on self-help.

Women's health matters to us

Poor sleep is not a lack of discipline. It can affect health, safety, work, relationships and the ability to cope. We believe women deserve to have persistent sleep problems investigated and supported with compassion and evidence-informed care.

Important information

This factsheet provides general education and does not replace personalised medical advice, diagnosis or treatment. Do not stop prescribed medicine or begin sleep medication or supplements without checking suitability. Seek medical assessment for suspected sleep apnoea, severe daytime sleepiness or persistent sleep difficulty.

Evidence, sources and review

Prepared to Health Matters UK's Evidence & Editorial Standards using current NHS, NICE and British Menopause Society information. External guidance remains the responsibility of its issuing organisation.

- NHS. Menopause symptoms, treatment and things you can do. nhs.uk/conditions/menopause-and-perimenopause/
- NHS. Insomnia. nhs.uk/conditions/insomnia/
- NHS. Sleep apnoea. nhs.uk/conditions/sleep-apnoea/
- NICE. Menopause: identification and management (NG23), updated 2026. nice.org.uk/guidance/ng23
- British Menopause Society. Managing sleep disturbance during the menopause transition, 2025. thebms.org.uk

Published: November 2026 Version: 1.0 Review due: November 2027, or sooner if guidance changes

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