The three hormones

What each one does, what changes, and why it matters.

Three hormones change across this transition. They change in different ways, on different timelines, and they cause different problems.

Oestradiol

What it does. The main form of oestrogen in your reproductive years. Its receptors sit in the brain, bone, joints, skin, gut, blood vessels, bladder and vaginal tissue, which is why one hormonal change produces symptoms that appear completely unrelated.

What changes. It does not simply decline. It fluctuates, often dramatically, and at times can be higher than it ever was before, before it eventually falls.

Why that matters. Your body is not adjusting to a lower level. It is adjusting to unpredictability. This is why perimenopause often feels harder than menopause itself.

Progesterone

What it does. Produced after ovulation. It breaks down into allopregnanolone, which acts on the same GABA-A receptors as benzodiazepines and alcohol, providing a calming input to your nervous system each month.

What changes. As ovulation becomes less reliable, progesterone falls earlier and more consistently than oestradiol does.

Why that matters. A calming input your nervous system has relied on for decades becomes unreliable. This is a large part of why anxiety arrives from nowhere and does not match anything happening in your life.

Testosterone

What it does. Women produce it too, and androgens are essential for normal female sexual anatomy and physiology. It contributes to libido.

What changes. It declines gradually with age rather than dropping at menopause, so it is not a menopause event in the same way.

Why that matters. Less than the internet suggests. Randomised trials have not demonstrated benefit for cognition, mood, energy or musculoskeletal health. The one established indication is distressing low sexual desire.

> **THE SINGLE THING TO REMEMBER**
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> The most disruptive hormone is not the one that is dropping. It is the one that has stopped being predictable.

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