



Increasing Global Awareness of Early Menopause Symptoms and Women's Mental Health Needs

The menopause transition and symptoms like mood, sleep and cognitive disorders begin earlier than previously understood and can precede menstrual changes, says reproductive psychiatrist [Dr. Karen Horst](#), making it challenging for providers to recognize and treat the mental health needs of these patients.

The findings were part of a recently published review paper on [menopause and mental health](#) co-authored by Dr. Horst. The menopause and mental health specialist was recently invited to travel to the Kingdom of Bhutan to serve as a visiting professor, educating OB/GYNs, residents and other providers on how to help women through the menopause transition.

"It all started back in November when I met with two OB/GYNs visiting from Bhutan," explained Dr. Horst, an assistant professor in both the department of Obstetrics and Gynecology and the Menninger Department of Psychiatry and Behavioral Sciences at Baylor College of Medicine.

"They were here [to observe](#) different divisions in Baylor's OB/GYN department and had an interest in menopause, including mood effects, sleep disruption and the use of Cognitive Behavioral Therapy for insomnia (CBT-I), something we offer here. One [study](#) found CBT-I was by far the most effective treatment for menopausal insomnia, beating out hormone therapy, exercise, yoga, two different antidepressants, and omega-3 fatty acids," noted Dr. Horst.

"They were particularly interested in menopause and mental health and came back to meet with me again while they were here to learn more," she added.

That second meeting led to an invitation to share her knowledge with Bhutanese physicians and students through their [International Lecture Series](#), a program featuring virtual lectures from recognized specialists in the field of OB/GYN.

In April, Dr. Horst gave her virtual talk. The topic – “The brain in menopause: sleep, mood and cognition” – generated a strong interest for more information and guidance on menopause interventions. “After the talk, I was invited to come to Bhutan as a visiting professor,” said Dr. Horst.

“The big message for all providers today is that insomnia, mood changes, and cognitive dysfunction are some of the earliest changes that occur in the menopause transition – and they can happen without obvious changes in the menstrual cycle,” she emphasized.

“Many providers don’t know that women in their early 40s commonly start having mood and cognitive issues that seemingly come out of nowhere. They are suddenly irritable, depressed, anxious, easily overwhelmed, and not thinking as clearly.”

“There are profound brain changes that occur during the menopause transition,” said Dr. Horst. “Women experience an abrupt decline in short-term memory and verbal recall. They feel forgetful, not sharp, and it can be both disturbing and embarrassing. The good news is, research shows that after the transition women feel sharper again, more like their baseline.”

“Patients go to the doctor and report ‘not feeling like myself,’” continued Dr. Horst. “They leave feeling dismissed by providers who don’t recognize these vague symptoms might be early menopause transition.”

“Women need hope that things will get better. They need to know treatments are available. But first you have to identify the cause,” she emphasized.

“With [these new findings](#), we’re arming doctors with the knowledge they need to be able to compassionately say this is a very real thing you’re going through. Nearly every cell in your body is going through a transition as your sex hormones change. Your heart, your bones, even your skin. It’s everywhere, but you don’t have to feel miserable.”

“We have many effective, evidence-based therapies today,” added Dr. Horst, “with hormone therapy being the most underutilized for mental health complaints during the menopause transition.”

Dr. Horst will travel to Bhutan in the fall of 2025, but it won’t be her first time visiting the region. “When I was in college, I wanted to study Tibetan medicine and religion and the interface between those two,” said Dr. Horst. “I learned Nepali and went with a group of students and professors to Nepal for six months, living with a Tibetan family in a refugee settlement up in the mountains. It’s wonderful to be returning to the region to teach medicine.”