

Supplements for Perimenopause & Menopause

An overview of potentially helpful nutritional support options



Introduction to Supplements

Understanding Nutrition's Role in Managing Hormonal Transitions

Supplements are not a treatment for perimenopause or menopause but nutrition and certain nutritional supports can play a meaningful role in how your body manages this transition. Declining estrogen affects nearly every system in the body including bone density, cardiovascular health, mood regulation, sleep quality, and cognitive function.

This overview covers the supplements most commonly discussed in the menopause literature, what the evidence actually says, and what to keep in mind before adding anything new. As always, talk to your healthcare provider before starting any supplement, particularly if you are on menopause hormone therapy (MHT) or other medications.

The goal here is to support your body through a natural transition, not to replace medical treatment or pharmaceutical interventions when they are needed.



Calcium & Vitamin D

Foundational Support for Bone Health



Estrogen plays a critical role in maintaining bone density. As estrogen levels decline during perimenopause and menopause, bone loss accelerates significantly, increasing the risk of osteoporosis and fractures. Calcium and vitamin D are the cornerstone nutrients for bone health during this transition.

Most women require 1,200 mg of calcium daily after menopause, ideally from food sources like dairy, leafy greens, and fortified foods. Supplementation can fill gaps but should not exceed 500–600 mg per dose as absorption decreases with higher amounts.

Vitamin D is essential for calcium absorption and bone health. Deficiency is common in Canada, especially during winter months. Most women in perimenopause and menopause benefit from 1,000–2,000 IU daily, though testing your levels first is recommended. Higher doses may be needed if deficiency is confirmed.

Calcium citrate tends to be better absorbed than calcium carbonate, particularly for women on acid-reducing medications. Take calcium supplements separately from iron or high-fiber meals to maximize absorption.

Omega-3 Fatty Acids

Supporting Cardiovascular and Mood Health



Cardiovascular disease risk increases significantly after menopause as estrogen's protective effects decline. Omega-3 fatty acids, particularly EPA and DHA, support heart health by reducing inflammation, improving cholesterol profiles, and supporting healthy blood vessel function.

The evidence for omega-3s in menopause extends beyond cardiovascular health. Research suggests they may also help with mood regulation, reduce the severity of hot flashes in some women, and support cognitive function during the menopausal transition.

Good dietary sources include fatty fish like salmon, mackerel, and sardines, as well as flaxseed, chia seeds, and walnuts. Fish oil supplements are well tolerated for most people.

Dosage matters: most studies showing benefit used 1-2g of combined EPA and DHA daily. Discuss dosage with your doctor, particularly if you are on blood thinners or antiplatelet medications.

Magnesium

Promoting Better Sleep and Reducing Hot Flashes



Magnesium is involved in over 300 biochemical processes including nervous system regulation, muscle function, and sleep quality. Many women experience magnesium deficiency during menopause, and low levels can worsen common symptoms like insomnia, muscle tension, irritability, and anxiety.

Research suggests that magnesium supplementation may reduce the frequency and severity of hot flashes and night sweats, likely through its role in regulating the autonomic nervous system and stress response.

It is also one of the more effective supplements for improving sleep quality, which is frequently disrupted during perimenopause and menopause.

Magnesium glycinate or magnesium bisglycinate tend to be better tolerated than magnesium oxide, which can cause digestive upset. Typical doses range from 200–400 mg daily, often taken in the evening to support sleep.

Good dietary sources include dark leafy greens, nuts, seeds, whole grains, and legumes. If you struggle with sleep or hot flashes, magnesium is worth discussing with your healthcare provider.

ADHD SUPPLEMENTS

B Vitamins

Supporting Energy, Mood, and Cognitive Function



B vitamins, particularly B6, B12, and folate, play essential roles in energy production, neurotransmitter synthesis, and homocysteine metabolism. Deficiencies in B vitamins can contribute to fatigue, brain fog, mood dysregulation, and cardiovascular risk, all of which can be exacerbated during the menopausal transition.

Vitamin B6 is involved in serotonin and dopamine production, which makes it relevant for mood stability. Some studies suggest B6 may also help reduce PMS-like symptoms during perimenopause.

Vitamin B12 is critical for energy and cognitive function. Deficiency becomes more common with age as stomach acid production decreases, reducing B12 absorption. Symptoms of deficiency (fatigue, memory problems, and mood changes) can easily be mistaken for menopausal symptoms.

Folate supports cardiovascular health and mood regulation. Together with B6 and B12, folate helps regulate homocysteine levels, which is important for heart health after menopause.

A B-complex supplement that includes B6, B12, and folate is often a reasonable option, though testing for deficiency first is encouraged, particularly for B12.

Black Cohosh

Potentially Helpful for Hot Flashes and Night Sweats



Black cohosh is one of the most researched herbal supplements for menopausal symptoms, particularly hot flashes and night sweats. It has been used for decades in Europe and is generally considered safe for short-term use.

The evidence is mixed but cautiously supportive. Some studies show modest reductions in hot flash frequency and severity, particularly when taken for 8–12 weeks. Other studies show minimal benefit. The variability may be related to differences in product quality, dosage, or individual response.

Black cohosh does not appear to work through estrogenic mechanisms, which means it does not carry the same risks as menopause hormone therapy. However, it is not appropriate for everyone, particularly those with liver conditions, and long-term safety data beyond 12 months is limited.

Typical doses range from 40–80 mg daily of a standardized extract. Quality matters significantly with herbal supplements, so look for products that have been third-party tested. Discuss with your healthcare provider before starting, particularly if you are on other medications.



Probiotics

Supporting Gut Health, Mood, and Immunity



The gut microbiome plays a significant role in hormone metabolism, immune function, mood regulation, and inflammation. Emerging research suggests that changes in the gut microbiome during menopause may contribute to weight gain, mood dysregulation, and increased inflammation.

Probiotics, beneficial bacteria that support gut health, may help with digestive symptoms, mood stability, and immune function during the menopausal transition. Specific strains like *Lactobacillus* and *Bifidobacterium* have been studied for their potential to support estrogen metabolism and reduce inflammation.

While the evidence for probiotics in menopause is still emerging, there is broader evidence for their role in supporting overall health, particularly digestive and immune function. Many women find probiotics helpful for managing bloating and digestive changes that can occur during perimenopause.

Good dietary sources include yogurt, kefir, sauerkraut, kimchi, and other fermented foods. If supplementing, look for products with multiple strains and at least 10–20 billion CFUs (colony-forming units). Quality and viability vary significantly between brands, so choose products that have been third-party tested and stored properly.



Important Safety Considerations

Understanding Interactions and Dosage Guidelines



Supplements are not regulated the same way medications are and quality and purity vary significantly between brands. Look for products that have been third-party tested.

Some supplements interact with menopause hormone therapy and other medications commonly used during menopause. Always disclose what you are taking to your healthcare provider, particularly if you are on blood thinners, thyroid medications, or hormone therapy.

With supplements, more is not better.

Starting with one supplement at a time, at a low dose, lets you assess what is actually helping and reduces the risk of interactions or side effects.

No supplement can replace the foundational basics: adequate sleep, regular movement, protein intake, stress management, and maintaining social connections.

Menopause hormone therapy remains the most effective treatment for moderate to severe menopausal symptoms. Supplements can be helpful adjuncts but should not be seen as replacements for MHT when it is medically appropriate and desired.

Supplements for Perimenopause & Menopause

References & Supporting Evidence

The following references support the content in this guide. Where possible, peer-reviewed studies and systematic reviews have been prioritized. Supplement decisions should be made in consultation with a qualified healthcare provider, particularly when menopause hormone therapy or other medications are involved.

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This reference list is provided for informational purposes and supports the educational content in the Supplements for Perimenopause & Menopause guide. It does not constitute a systematic review or clinical recommendation. Supplement decisions should be made in consultation with a qualified healthcare provider, particularly when menopause hormone therapy or other medications are involved.

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