# Episode 7 – Wide awake

**Announcer:** This conversation has been made possible by the New South Wales Government's Menopause Awareness Campaign.

**Sarah White:** Hello and welcome. I'm your host Sarah White from Jean Hailes for Women's Health. When people think of menopause, they think of hot flushes, but there are so many other symptoms. In this series, we hear from you the things that are bothering you, the things that are confusing, and things you didn't know were symptoms at all.

Join us as we work through the Menopause Symptom Checklist.

My guest today is the CEO of the Sleep Health Foundation, Moira Junge. And here's a question that's been keeping me awake at night, Moira.

**Listener Question:** I used to sleep so well through the night, but now I only get three or four hours sleep. What is happening to me?

**Sarah White:** What is happening to me!

**Moira Junge:** And me. Yeah, I think this person's not alone, and you're not alone, Sarah. Our sleep does become more difficult to obtain, so I think what's happening is that it's a normal part of menopause. With the hormonal changes, with body temperature changes, with life pressures and stresses anyway, at this time of life.

**Sarah White:** So there's lifestyle factors going on as well.

**Moira Junge:** Lifestyle factors, so that yeah, a busy mind, a busy person, hormonal disruption, stress. I would really encourage you to not panic. But you do need to address the sleep problems because sleep is super important, as you know, we all know for our wellbeing, all aspects of our wellbeing.

So I would be making sure that you keep a regular sleep schedule. I think that you have to have some good, what we call ‘sleep hygiene’. Making sure that you're, that you de-stress and you're not on your screens too late into the night or in bed with you. That you prioritise sleep. You have a good routine where you go to bed roughly the same time every night, get up roughly the same time every morning.

It's really important to also think about morning light. I can't stress that enough that this person or all of us if we can with these routines I'm talking about, trying to get out in the morning light.

**Sarah White:** So this is when you've woken up in the morning.

**Moira Junge:** Yes.

**Sarah White:** You should be trying to get outside as soon as you can is—?

**Moira Junge:** As soon as you can, like as soon as it's daylight. So get out, walking to the tram...

**Sarah White:** So these are great tips for trying to get to sleep well, waking up well. But I keep hearing that the menopause actually affects, those hormone fluctuations wake you up in the middle of the night. So how do these things help me if I'm waking up in the middle of the night?

**Moira Junge:** Yeah. So all those things actually do help anyway. You're more likely to get a consolidated sleep, so they're—

**Sarah White:** That sounds good. Consolidated means sleeping through? Like a baby?

**Moira Junge:** Yeah! Like, but we'll all wake up, we all wake up a little bit anyway. We are always going to wake up. So try not to think that that is a problem in itself, try not to watch the clock too much. Try to understand that these things I'm talking about, like the morning light will help you sleep better and sleep 'through', I'm doing inverted commas here.

But I think it's really important to have a rule of thumb that if you've been awake, lying there for ages, what feels like 20, 30 minutes, and if you're still frustrated, to get up, unfortunately, you have to just get up and go and maybe read somewhere else. So you have this really strong association that your bed is just for sleeping, not for, you know, lying there, being sad, worried, angry, fretful about being awake. So that's a really important part of it. If it gets worse, like if you feel like you're not functioning well, definitely need to talk to your GP. Definitely need to perhaps think about sleep specific resources, either from the Sleep Health Foundation website or Jean Hailes website. Speaking to specialists about it, you know, psychologists that know about sleep, I think is really important too.

Most people don't need that level of care, though. Most people, just these sort of tips we're talking about will be enough.

**Sarah White:** Now let me ask, and this really is for a friend I promise, whose partner has now started snoring, and actually asked me, ‘Is this about menopause?’ Would it be about menopause?

**Moira Junge:** Yes. Yes.

**Sarah White:** Really?

**Moira Junge:** Yeah. And it's a really important thing that most women don't snore until menopausal age. So the risk of snoring and sleep apnoea is four times more likely in men, but once women are menopausal age, the risk is the same as men.

**Sarah White:** Sleep apnoea means...?

**Moira Junge:** So, yeah. So stopping, so apnoea is, you know, Latin for ‘absence of breathing’. So people who stop breathing in their sleep.

**Sarah White:** That sounds pretty bad.

**Moira Junge:** It's, yeah, it sounds bad, and it's very frightening when you see someone stop breathing their sleep. We all do it to a certain extent, but people who do it for many, many times per hour, say more than 15 times per hour, 20 times per hour, getting up like that, that needs treatment.

**Sarah White:** So how would I know, or how would any woman know if they're not sleeping with someone who's waking up and hearing it. Because her partner sleeps really heavily, or she's sleeping alone, or the dog doesn't care.

**Moira Junge:** That's right. So it's hard to know. There's a rip-roaring morning headache that is quite indicative of sleep apnoea and a dry mouth, sore throat sometimes from the activities of the night. The excessive daytime sleepiness is the, the more, the hallmark thing, like really sleepy. So not just tired, like tired is one thing, but it's an excessive sleepiness, like falling asleep at the traffic lights even, or falling asleep on the train, plus falling asleep on the couch at night. Which might be less, people think, oh, that's not so much of a problem. But it is. If you are, if you're falling asleep when you're unintentionally falling asleep, when you don't want to have a sleep, then that's, that's actually indicative mostly of poor sleep quality. And in a menopausal woman who's a snorer, you would have a really high chance of having sleep apnoea.

**Sarah White:** That's it from us today. We know menopause can be tough, but it's worse when you don't talk about it. To support conversations with your doctor, your colleagues, your family and friends, you can download the Menopause Symptoms Checklist on the Jean Hailes for Women's Health website, and the New South Wales Menopause Toolkit.

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Information about the podcast

This podcast series has been made possible by the NSW Government's Menopause Awareness Campaign. For help talking about menopause, download the [Perimenopause and Menopause Symptom Checklist](https://www.jeanhailes.org.au/resources/perimenopause-and-menopause-symptom-checklist) and take it with you to your next medical appointment. For more information visit: <https://www.nsw.gov.au/women-nsw/toolkits-and-resources/perimenopause-and-menopause-toolkit>

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Information about Jean Hailes for Women’s Health

Jean Hailes for Women's Health is a national not-for-profit organisation dedicated to improving the health of all women, girls and gender-diverse people. For free, evidence-based and easy-to-understand health information, visit [www.jeanhailes.org.au](http://www.jeanhailes.org.au).

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