

# THRIVING THROUGH CHANGE

## PERIMENOPAUSE, SEXUAL HEALTH, AND BREAST CANCER

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Midlife is a time of tremendous physical and emotional change for women. Perimenopause, sexual health concerns, and breast cancer might seem like separate experiences—but they often overlap in powerful ways.

For some, perimenopause begins gradually in the 40s, bringing hormonal changes that affect mood, sleep, sexual health, and identity. For others, a breast cancer diagnosis before menopause can abruptly trigger early menopause through surgery or medical treatments. These shifts can profoundly impact mental health, body image, and intimate relationships.

This June, we're exploring behavioral health strategies to help women navigate these intertwined journeys with resilience, self-compassion, and hope.



### PERIMENOPAUSE: EMOTIONAL RESILIENCE AMID HORMONAL SHIFTS

Perimenopause, the transitional phase leading up to menopause, typically begins in a woman's late 40s, but can start earlier. During this time, hormone levels fluctuate, and menstrual periods may become irregular, heavier, lighter, or more spaced out. Menopause is defined as the point when you've gone twelve consecutive months without a menstrual period. These hormonal shifts can affect not just the menstrual cycle, but also mood, sleep, and self-perception. Mood swings, anxiety, and even depressive episodes are common. According to recent data, women in perimenopause are up to twice as likely to experience depressive symptoms compared to premenopausal peers (Mishra et al., 2018; Freeman et al., 2021).

While perimenopause often occurs naturally in midlife, it's important to remember that some women experience early menopause because of medical treatments such as chemotherapy, hormonal treatments, or surgical removal of the ovaries for breast cancer. These sudden hormonal changes can make emotional and physical symptoms even more intense.

Women commonly report challenges with:

- Mood instability and irritability
- Hot flashes and sleep disruption
- Body image concerns due to physical changes
- Brain fog or difficulty concentrating
- Fatigue and low energy
- Joint aches and pains
- Decreased libido or changes in sexual desire
- A sense of feeling "not like myself"

If these changes are interfering with your daily life, there are effective strategies that can help.



### Mental health strategies that help:

- **Cognitive Behavioral Therapy (CBT)** has been shown to significantly reduce depressive and anxiety symptoms in midlife women by helping reframe negative thought patterns (Hunter et al., 2016).
- **Mindfulness-Based Stress Reduction (MBSR)** improves emotional regulation, reduces psychological distress, and enhances quality of life among women in menopause (Boekhout van Solinge et al., 2021).
- **Mind-body therapies** like yoga and tai chi have demonstrated improvements in anxiety, depression, and sleep quality during the menopause transition (Cramer et al., 2018; Wang et al., 2023).
- **Antidepressant medications** can be helpful for moderate to severe depression or anxiety, and may also reduce hot flashes and improve sleep.
- **Menopausal hormone therapy (MHT)** may help stabilize mood and reduce emotional symptoms when started around the time of menopause, particularly in women with significant hormonal fluctuations.

### Resources

- [Resources for Women Experiencing Menopause](#)
- [Menopause Preparedness Toolkit: A Woman's Empowerment Guide](#)
- [The Menopause Guide](#)
- [The Stay Juicy Podcast](#)



## SEXUAL HEALTH AND INTIMACY: NAVIGATING WITH COMPASSION

Whether driven by the natural hormonal shifts of perimenopause-or caused by breast cancer treatments that bring on early menopause-sexual health concerns are common but too often hidden from conversation. Changes in libido, discomfort during intimacy, and body image concerns can affect relationships and self-esteem for many women navigating midlife health transitions.

### Evidence-based Approaches Include:

- Sex therapy and psychoeducation have been effective in improving sexual satisfaction and communication between partners during midlife (Kingsberg et al., 2020).
- Pelvic floor physical therapy is shown to improve sexual function and reduce pelvic pain in peri- and postmenopausal women (Moreno et al., 2019).
- Vaginal lubricants, moisturizers, and local estrogen therapy are first-line treatments for genitourinary syndrome of menopause (GSM), with improvements in comfort and function (Portman & Gass, 2014).

For individuals with a history of breast cancer, treatment choices, especially those involving hormones, may require a more tailored approach. Local estrogen therapy, for example, may not be recommended for everyone. It's important to talk with your healthcare provider about safe and effective options that work for your specific medical history and preferences.

These experiences deserve empathy, not shame. Engaging in honest conversations with healthcare providers and partners is a crucial step toward healing and fulfillment.

### UCHealth Resources:

- [Resources for Women's Sexual Health](#)
- [Women's Sexual Health Consultation Service](#)



## BREAST CANCER AND MENTAL HEALTH: FROM DIAGNOSIS TO SURVIVORSHIP

For many women, a breast cancer diagnosis comes during midlife—sometimes overlapping with the hormonal shifts of perimenopause. For those diagnosed before menopause, cancer treatments such as chemotherapy, hormonal treatments, or surgery can induce early menopause. This sudden transition can compound the emotional and physical challenges of cancer, affecting mental health, sexual health, and overall well-being.

The emotional toll of a breast cancer diagnosis is profound. Nearly 1 in 3 women with breast cancer experience anxiety, depression, or post-traumatic stress symptoms, particularly during treatment and early survivorship (National Cancer Institute [NCI], 2022).

### Common behavioral health challenges include:

- Coping with a cancer diagnosis and the physical/emotional demands of treatments
- Adjusting to changes in appearance, identity, or physical functioning
- Navigating fears of recurrence and uncertainty about the future
- Experiencing changes in roles and relationships, including shifts in family dynamics, intimacy, or caregiving responsibilities
- Dealing with disruptions to work, routines, or financial stability
- Grieving losses associated with fertility, body image, and the disruption of life plans

### Supportive Interventions

- **Cognitive Behavioral Therapy (CBT)** and **meaning-centered therapy** have been found to reduce psychological distress, enhance coping, and improve quality of life in patients with cancer (Kissane et al., 2004; Greer et al., 2010).
- **Group therapy and survivorship programs** offer emotional connection and practical tools for processing cancer experience (Andersen et al., 2014).
- **CBT for Insomnia (CBT-I)** is highly effective in improving sleep disturbances during and after treatment, which are linked to anxiety and depression (Savard & Morin, 2001).
- **Psychiatric medications**, such as antidepressants or anti-anxiety medications, may be helpful for individuals experiencing moderate to severe emotional distress. These can be tailored to each person's medical history and may play an important role alongside therapy and support groups.



## RESOURCES AND SUPPORT AT WBHW AND BEYOND

Perimenopause, sexual health concerns, and breast cancer are deeply personal and sometimes isolating experiences—but they are also interconnected. Whether these transitions happen gradually or arrive suddenly due to medical treatments, they can profoundly impact mental health, relationships, and a woman's sense of self.

The **Colorado Center for Women's Behavioral Health and Wellness (WBHW)** offers patient-centered care with psychologists, psychiatrists and other behavioral health providers who coordinate closely with oncologists and gynecologists to support patients through these transitions. Whether navigating menopausal mood shifts or recovering from cancer treatment, patients benefit from a multidisciplinary approach.

### WBHW Services Include:

- Integrated behavioral health within OB/GYN
- Individual psychotherapy (CBT, trauma-focused)
- Individual psychiatric medication management
- Menopause education workshops (Sign up [here](#))

### National and Local Resources:

- [UCHealth Supportive Oncology Services](#)
- [UCHealth Breast Cancer Information](#)
- [UCHealth Diane O'Connor Thompson Breast Center](#)
- [Cancer Support Community](#)
- [National Coalition for Cancer Survivorship](#)
- [North American Menopause Society \(NAMS\)](#)
- [American Cancer Society](#)



## YOU ARE NOT ALONE

Behavioral health support is not a luxury — it's a **lifeline** during times of change. Whether you're facing mood swings during perimenopause or navigating life after breast cancer, your mental health deserves **validation, care, and expertise**.

We see you. We support you. We're here to help you **thrive through change**.



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