



Chronic Pain At Midlife

World Menopause Day 2026

A World Menopause Day factsheet from the
International Menopause Society

www.worldmenopauseday.com



Does pain seem to affect more of your life than it used to? Maybe it's your joints. Maybe it's your head. Maybe it's more than one type of pain at once. If so, you're not imagining it. And you're not alone. For many women, pain becomes more noticeable around the time of menopause. This factsheet explains why. It also covers what can help, and what's worth raising with your doctor.

What you need to know

- Chronic pain is common in midlife. It becomes more likely during the menopause transition.
- It often shows up as more than one type of pain at once – for example, joint pain and migraine together, or pelvic pain and tiredness.
- This pain is real. It has physical causes, even when scans or blood tests look normal.
- There is no single fix. But there are things that can help.
- It's worth asking your doctor for a plan, rather than accepting pain as something to just live with.



Women are up to 70% more likely than men to experience chronic pain.

Source: IMS 2026 White Paper

Almost 3 in 4 women experience joint or muscle pain during perimenopause.

Source: IMS 2026 White Paper

Fibromyalgia is around 3 times more common in women than in men.

Source: IMS 2026 White Paper

Migraine is a leading cause of disability in women aged 15–49.

Source: IMS 2026 White Paper

A few words explained

Chronic pain means pain that lasts, or keeps coming back, for more than three months.

Central sensitization is a change in how your nervous system works. Over time, it can become more sensitive. It starts to react more strongly to things that would not normally hurt as much. This is a real, physical change in your nerves. It is not a sign that anything is being imagined.

Musculoskeletal syndrome of menopause is a term for a group of changes linked to falling estrogen entangled with the aging process. These changes can include joint pain, stiffness, and, for some women, weaker muscles.

Why is this happening to me now?

Falling estrogen affects your nerves, joints and muscles. It also affects how your brain processes pain signals. At the same time, many women deal with poor sleep, low mood or hot flushes. All of these can make pain feel worse.

For some women, pain conditions they already had change during this time. Sometimes they improve. Sometimes they get worse. For other women, pain appears for what feels like the first time.



What kinds of pain are more common at midlife?

Joint and muscle pain

This is the most common type of pain at midlife. It can affect your hands, knees, hips, neck or back. It often comes with stiffness, especially in the morning.

Migraine

For many women, migraine becomes more frequent, or more severe, in the lead-up to menopause. This is often linked to changing hormone levels. For some women, migraine improves after menopause.

Pelvic pain

This can include period-type pain that continues after your periods have stopped. It can also include pain during sex, or bladder discomfort. It is common. It is also treatable.

Widespread pain and fatigue

Some women have pain in several places at once. This can come with tiredness, poor sleep and trouble concentrating. This pattern is sometimes called fibromyalgia.

These types of pain often overlap. Having more than one does not mean anything has been missed. It reflects how connected these systems are in the body.

What can I do to help myself?

Movement can help, even when it feels like the last thing you want to do. Regular activity, especially strength-based exercise, is one of the most helpful things for joint and muscle pain over time.

Sleep and stress are part of the picture too. Poor sleep can make pain feel worse. Pain can make sleep harder. So improving one often helps the other.

Be careful with online "miracle" fixes. Many supplements and detox products for menopause pain are not well supported by evidence. They can also be expensive, for little or no benefit. Talk to your doctor before trying something new.

Give changes time to work.

Lifestyle changes tend to help gradually, not overnight.



What treatments might help?

There is no single treatment that works for everyone. This is not a sign that anything is wrong with you. Chronic pain at midlife usually needs more than one type of care.

Hormone therapy (MHT or HRT) can ease many menopause symptoms. For some women, this also improves how pain feels overall. However, the evidence does not show that it reliably treats joint or muscle pain on its own. Your doctor can help you weigh this up – this is especially true if you have a history of migraine or endometriosis.

Physiotherapy can help with joint, muscle and pelvic pain.

Talking therapies, such as CBT, can help you manage the impact of pain on daily life. This does not mean your pain is not real – it means you're getting support to live well with it and find your own way to try to ease it.

Medication may also be used, alongside these other approaches.

What should I watch for?

Go back to your doctor if:

- Your pain is new, or has changed in a way that worries you.
- Pain is stopping you doing things that matter to you – work, exercise, sleep, or time with people you care about.
- You feel your pain is not being taken seriously.

You know your body best. If something doesn't feel right, it is always reasonable to ask for a proper conversation about it.

What can I expect?

Many women find that a mix of treatments helps over time. This can improve both pain and quality of life. Pain may not go away completely. But it can get easier to manage. Being heard and taken seriously is often the first step. That is a fair thing to expect from your care.

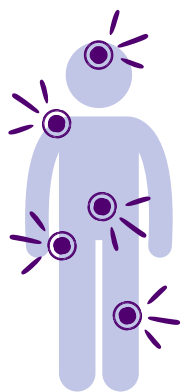
Questions to ask your healthcare provider

- ☐ Could my pain be connected to menopause?
- ☐ Is it possible I have more than one thing going on, rather than just one diagnosis?
- ☐ What non-hormonal options are there, alongside or instead of MHT/HRT?
- ☐ Could I be referred to a physiotherapist, or a pain specialist?
- ☐ What can I do myself, and what's best left to treatment?

Where to learn more

[International Headache Society](#)

[International Society for the Study of Vulvovaginal Disease \(ISSVD\)](#)



About World Menopause Day

World Menopause Day is held every year on 18 October. Founded by the International Menopause Society (IMS) in 2009, it is a global awareness day that shines a spotlight on the challenges facing women during the menopause transition and highlights advances in research, education, and resources. As the founder of World Menopause Day, IMS sets the annual theme, commissions and publishes the White Paper, and creates resources to support women, healthcare professionals, and communities worldwide.

Sources

Primary source: IMS 2026 White Paper, Chronic Pain at Midlife (Mailis, Ang, Di Renna, et al., Climacteric, 2026)

Supplementary source: Nappi RE. "Women are born with pain built in" – what this means to the modern menopause narrative (2026 editorial), used only for the two points noted in-text on individualized MHT decisions in migraine and endometriosis.



Date prepared: September 2026 | Scheduled review: September 2027