The one page

The whole argument in about five minutes. Print it, screenshot it, leave it somewhere. You have permission to copy this page as many times as you want.

WHAT IS HAPPENING TO HER

Her ovaries are winding down, erratically rather than smoothly. Estrogen is not falling in a straight line, it is swinging, and the swings cause most of the trouble. This phase is perimenopause. It starts years before periods stop, and the average woman reaches menopause at 52.

This is not a mood. It is not a phase of your relationship. It is an endocrine event with about seventy recognized symptoms, and she is probably experiencing a dozen of them at once.

WHAT YOU ARE PROBABLY SEEING

Hot flashes and night sweats. Bad sleep. Shorter fuse. Tears that arrive without a reason either of you can name.

WHAT YOU ARE PROBABLY NOT SEEING

Joint pain that makes her feel eighty. Brain fog frightening enough that she has privately wondered about her memory. A heart that races at two in the morning. Sex that hurts. Needing to pee constantly, and infections that keep coming back. A kind of anxiety that sits in the body rather than in the thoughts.

She has not told you about most of these. Not because she is hiding them, but because saying them out loud makes them real, and because she has likely already been dismissed once by somebody in a white coat.

THE FOUR THINGS THAT MATTER MOST

One. Your instinct to fix it is misfiring. Most of what she is describing has no fix available to you. Offer a solution to something unsolvable and she hears that you would like the conversation to end. Ask which she wants: do you want me to help think about this, or just to know about it. Then do that one. This question does more than anything else in this book.

Two. Not all of it is hormonal, and saying it is will cost you. Some of what looks like moodiness is a fair response to an arrangement that was never fair. What changed is not her reasonableness, it is how much she can absorb. Asking whether it is her hormones, mid-disagreement, ends the discussion rather than the problem. Retire that question.

Three. If sex hurts, that is a medical problem with a treatment. It is not a verdict on you and not something she should be enduring. Vaginal estrogen works where it is applied, and a history of breast cancer is not an automatic no. Lubricant and vaginal moisturizer are different products and she probably has only one. Pelvic floor physical therapy should be an automatic referral for pain with sex and usually is not.

Four. This is happening to you too, and that is allowed. You are not sleeping either. Being turned down repeatedly, even when you understand exactly why, wears on a person. There is grief in this that nobody names. You are permitted to have feelings about it. You are not permitted to hand her the bill.

WHAT TO ACTUALLY DO THIS WEEK

Ask her the question from point one, once, and then do what she says.

Turn the thermostat down further than feels reasonable and put another blanket on your side.

Offer to come to her next appointment, and if you go, say out loud how long this has been going on. Patients are heard better when a second person confirms the timeline.

Pick up one recurring thing that she currently has to remember, and own the remembering, not just the doing.

Touch her in a way that is not a question.

IF SHE IS BEING DISMISSED

A normal blood test does not rule this out. For a woman over 45 with these symptoms, this is diagnosed from the symptoms, not the labs. Being told she is too young is not a final answer either. The Menopause Society keeps a free directory at menopause.org with a telehealth tab that finds someone licensed in your state. Most clinicians get very little training in this. It is a curriculum gap, not a conspiracy, and going elsewhere is reasonable.

THE SHORT VERSION OF THE SHORT VERSION

She is not being difficult. She is not gone. She is unwell in a way that is treatable, and tired in a way that is fair.

Most of this gets better with treatment. The rest gets better when somebody believes her.