WORLD MENOPAUSE DAY 2026 · CHRONIC PAIN AT MIDLIFE

# Why joints ache more at midlife, and what helps

Aching hips, stiff knees and sore hands are common through perimenopause and beyond. Falling oestrogen plays a part, and four everyday things can make it worse. You can influence all four.

**7 in 10** women in perimenopause have joint or muscle pain.
Lu et al., Neural Plasticity, 2020

## What makes joints ache more

### Less muscle around the joint
Muscle tends to fall through menopause, so joints have less support. Building it back gradually takes the pressure off.

### Broken sleep
After a short night the body registers pain sooner and dampens it less well.

### Long-term stress
Over time the body responds less well to cortisol, its own brake on inflammation, so inflammation creeps up.

### Insulin resistance
When insulin works less well, blood sugar and inflammation tend to run higher. Visceral fat adds inflammatory compounds of its own.

## Food and movement together

Average weight lost over 18 months, in adults with knee arthritis who were carrying extra weight:




Changing food and movement together brought **the biggest drop in pain**. Losing weight through diet also **lowered inflammation and the force through the knee**.

IDEA randomised trial, Messier et al., JAMA, 2013 (454 adults)

## Where to start

1. **Stay active**
Working muscles release anti-inflammatory compounds. On sore days, go gentler, and stop anything that makes the pain worse. Seek advice from your clinician if you're unsure what's right for you.

2. **Build muscle, step by step**
Start light, with two or three strength sessions a week, adding a little more each time. If you have a joint condition, follow the advice of your clinician.

3. **Steady your blood sugar**
Protein first at every meal, then vegetables, with carbs kept small. Make use of natural fats such as avocado, oily fish, meat, butter, nuts and seeds.

4. **Protect your sleep**
Working on night sweats and 3am waking is working on your joints.

*Rebalancing your metabolic health supports you through menopause whether you decide to use HRT or not.*

General guidance, not a diagnosis. Sources: Lu, Neural Plast 2020; Greendale, JCI Insight 2019; Lawford, Cochrane 2024; IDEA trial, JAMA 2013; Staffe, PLoS One 2019; Cohen, PNAS 2012; Veronese, Semin Arthritis Rheum 2019; Pedersen & Febbraio, Nat Rev Endocrinol 2012.

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