Perimenopause Focus:
Misunderstood and Misdiagnosed, Survey Reveals Hidden Crisis

Introduction

Women's health is reaching a pivotal moment. High-profile conversations about menopause are finally breaking decades of silence with influential voices like Gwyneth Paltrow, Oprah Winfrey, and Halle Barry sharing their experiences and demanding better support. Yet, the preceding stage of perimenopause continues to be overlooked by the medical community.

Unlike menopause, which has a definitive starting point, perimenopause is a moving target that can be extremely difficult to recognize. Hormone fluctuations may appear and vanish unpredictably for a decade or more before menopause begins. These fluctuations can cause a range of symptoms that manifest differently in each person, too frequently resulting in women struggling with emotional turmoil and physical discomfort without clear explanation or medical support.

To uncover the true state of perimenopause preparedness, Biote commissioned the Perimenopause Focus survey of 1,005 U.S. women ages 30 to 60 years.

This comprehensive survey confirms that the majority of women are navigating perimenopause without adequate preparation or guidance. Many report feeling unprepared and blindsided by unexpected symptoms, only to encounter healthcare providers who dismiss their concerns or fail to connect these symptoms to hormonal changes. The struggle to find knowledgeable healthcare support is further exacerbated by mood and cognitive symptoms, underscoring the urgent need for physicians who are trained to recognize and effectively treat the full scope of perimenopause.

Perimenopause: What Women Wish They Knew

In the United States, the average age of menopause is 51. Perimenopause, the time before menopause, can begin as early as ten years prior. As estrogen levels surge and dip, they trigger physical and mental symptoms that can severely impact quality of life. There are over 30 different symptoms that come from hormonal imbalance, and each woman's experience is unique, making it very challenging to diagnose perimenopause without a blood test of hormone levels.

Unsurprisingly, **85% of survey respondents did not feel informed and knowledgeable about perimenopause** early in this stage. When asked specifically what they wished they had known sooner:

56% **of respondents wished they knew symptoms could start earlier than expected**

41% **wish they had known there are treatment options available**

37% **wish they knew perimenopause can last for years**

Knowledge gaps extend to symptom severity as well, with **37% of women** surveyed wishing they knew that perimenopause **symptoms could be severe and disruptive.** Estrogen and progesterone shifts can impact everything from sleep and mood to cardiovascular and musculoskeletal health. This includes sleep disruptions, cognitive changes, emotional health, physical discomfort, sexual and reproductive health, and more. Symptoms can occur in clusters, vary in intensity, and last for years. Without proper recognition or support, this can wreak havoc on family life, work, and emotional well-being.

The Hidden Mental Health Crisis

The mental health impact of perimenopause represents one of healthcare's most significant knowledge gaps. **More than one-third (35%) of respondents** wish they had known that **perimenopause can affect mental health,** not just physical well-being. This lack of awareness can have significant consequences.

Nearly half (45%) of respondents report that perimenopause symptoms

have negatively impacted their emotional, social, or mental health, with **an additional 21% unsure of the impact.** Significantly, **more than half of respondents** have been diagnosed and treated by their PCP or OB/GYN for either depression, mood swings, anxiety, or panic attacks since the onset of their perimenopause symptoms.

Research confirms what women have long experienced: the impact of perimenopause can extend far beyond physical symptoms. Large-scale studies have found that women are 1.5 to 2 times more likely to experience depressive symptoms during perimenopause compared to their "premenopause" years, or all of the reproductive years before perimenopause begins. The risk is even higher for women with no prior mental health history as they are 2 to 4 times more likely to develop depression during this stage of life.

Nearly 4 In 10 Women Believe They Were Misdiagnosed

Even more alarming, **39% of those who were diagnosed and prescribed medication** by their provider for conditions such as depression **believe they were misdiagnosed.** These women have been told by their providers that they should be treated for a condition but thought: **"I don't have that... I think it's something else."**

This disconnect is a frequent and fundamental challenge in women's healthcare. Cognitive and mental symptoms are less recognized and more difficult to identify than physical symptoms. When both patients and providers are unfamiliar with perimenopause, these hormonal symptoms are easily misattributed to other conditions.

The confusion is understandable given the significant overlap between perimenopause and depression symptoms. Some of the 30 symptoms of perimenopause and menopause brought on by these hormonal changes include sleep disruptions, anxiety, changes in appetite, fatigue, trouble concentrating, and mood disturbances – all of which are also symptoms of depression.

This overlap is more extensive than many realize. Seven of the eight conditions on the Patient Health Questionnaire depression scale (PHQ-8), a diagnostic and severity measure for depressive disorders, may actually be caused by perimenopause or menopause rather than clinical depression.

Recent data from the CDC shows that women are more than twice as likely as men to take prescription antidepressants. While these medications may suppress certain symptoms, they don't address the underlying hormonal imbalance at the root of the problem. This approach can leave women with persistent symptoms and lead to additional issues.

Where Healthcare Fails Women: The Conversation That Never Happens

Adding to these concerning findings, only **37% of women surveyed report having proactive and satisfactory conversations about perimenopause with their healthcare provider.** This means that nearly two-thirds of women are failing to get medical guidance throughout this transition. A further breakdown reveals that 37% reported no conversations at all, and the remaining 26% of women fall somewhere in between with inadequate or incomplete information during this stage.

Despite perimenopause symptoms starting as early as their 30s,

46% **of Millennial women (ages 30-44) were not proactively asked by their providers if they've experienced perimenopause symptoms**

29% **of Gen X women (ages 45-60) were not proactively asked**

Even on the occasions when these conversations do take place, the quality often falls short of patient expectations. The data reveals a troubling reality: nearly **one in five women (19%)** who had spoken with their provider about perimenopause symptoms felt their concerns weren't taken seriously or fully addressed.

This is not a minor disconnect. This is symptomatic of women's health, an area that has been under-researched and sidelined for decades. Too frequently, women who report symptoms are told "it's just stress, or "it's just part of getting old," or "it should go away soon." Active listening, validation, and responsive action are fundamental to delivering effective care. When these elements are missing, women are forced to turn to online searches or friends and family for validation that the healthcare system failed to provide.

Among respondents who were unsatisfied with their attempts to speak to their provider about perimenopause:

65% **felt their concerns weren't fully addressed**

26% **said their providers did not take their concerns seriously**

9% **were told to speak with someone else about their concerns**

The Medical Education Deficit

Inadequate provider conversations, unfortunately, reflect a much larger systemic problem in medical training. Consider the educational gaps that create this reality:

- Only 31% of OB/GYN residency programs include a dedicated menopause curriculum.
- There are only 1,300 North American Menopause Society (NAMS)-certified practitioners in the entire United States.
- No standardized menopause education requirements exist for medical students.

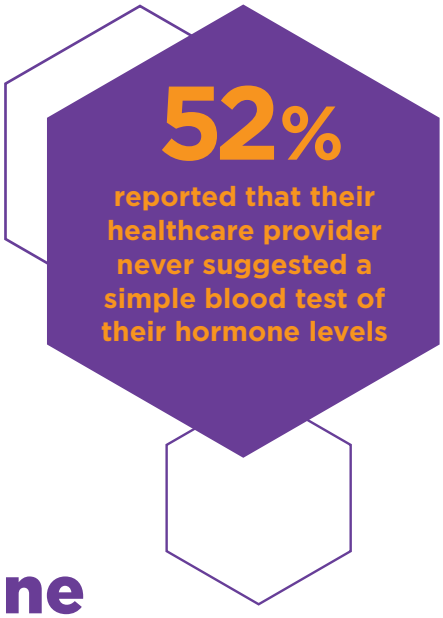
Without consistent education standards, women's healthcare becomes an unpredictable experience where treatment quality and outcomes vary dramatically based on provider knowledge rather than evidence-based care standards.

The consequences can be profound. Access to a knowledgeable, well-trained healthcare provider determines if women navigate this life transition with confidence and comprehensive support or face it unprepared and untreated. This disparity can impact long-term health outcomes, healthcare costs, and overall quality of life.

Basic Diagnostics Falls Through The Cracks

Perhaps more telling, however, is what happens when testing does occur: among respondents who had their hormone levels tested, **33%** had no meaningful follow-up discussion with their provider to interpret the results. This breakdown includes **16%** who were simply told their results were "normal" with no further discussion, and **17%** who received no follow-up communication at all.

This exposes a critical breakdown in the diagnostic process. During perimenopause, hormone levels fluctuate dramatically, and while appearing in normal range one day, they may be significantly different the next. These tests can be a valuable diagnostic tool, but only within context and with professional interpretation. Otherwise, they are simply lab numbers disconnected from the experiences and symptoms of the patient.



When Evidence-Based Medicine Doesn't Reach Patients

More than two in five women surveyed (41%) wished they had known that treatment options were available for perimenopause symptoms, showing that even when treatment options exist, women often remain uninformed about these choices.

The Menopause Society recognizes hormone therapy as FDA-approved first-line therapy for symptoms like severe hot flashes, and other evidence-based treatments and lifestyle interventions can provide meaningful symptom relief. Yet, despite these options, **nearly half (46%) of respondents** experiencing perimenopause symptoms reported that they had **never been offered any treatment** by their healthcare provider.

Turning To Google Instead Of Doctors

Where healthcare providers fall short, women become their own researchers. Survey data shows that women are more likely to learn about perimenopause from **Google (43%)** or **family members (43%)** than from their **PCP or OB/GYNs (26%).**

Significantly fewer Millennials report learning about perimenopause from their provider, which points to a reliance on alternative sources like online platforms, social media, family, or peers. As Millennials are entering the perimenopausal age, the lack of provider-led education is driving them to take research into their own hands, but can also risk delaying recognition and management of symptoms.

41% **of Gen X women (45-60) learned about perimenopause from their PCP or OB/GYN**

18% **of Millennial women (30-44) learned about perimenopause from their PCP or OB/GYN**

Women's self-directed research spans multiple digital platforms:

- Health and medical websites **(37%)**
- Social media platforms **(29%)**
- News articles **(13%)**

The Path Forward: Transforming Perimenopause Care

Perimenopause affects half the population with symptoms that can impact quality of life, mental health, and long-term well-being. The findings from this survey point to a clear and urgent gap in how perimenopause is discussed, diagnosed, and treated in clinical practice.

The demand for knowledgeable care is overwhelming: **nearly all (92%) of respondents** believe it's important for them to have access to a knowledgeable physician, with **67%** saying it's "very important." While many women turn to online platforms, peers, and media to understand changes to their bodies, they still depend on healthcare providers for validation, accurate diagnosis, and effective solutions.

Closing this healthcare gap requires action on two fronts. The medical community must transform how healthcare providers are educated about women's hormone health. This requires:

- Mandatory perimenopause and menopause training in medical schools;
- Continuous professional development as new research emerges in diagnosis and treatment; and
- Advanced training in hormone testing interpretation and patient communication strategies.

When providers gain a deep understanding of this transition, the effects extend far beyond individual appointments. These clinicians become advocates who elevate the standard of care across the healthcare system.

Simultaneously, women need the tools and confidence to seek out knowledgeable providers. **One in four respondents admitted they wish they knew how to better advocate for themselves with doctors.** Informed patients can:

- Ask targeted, specific questions about their symptoms;
- Request appropriate hormone testing and interpretation;
- Confidently walk away from providers who dismiss or minimize their symptoms and experiences; and
- Demand the quality of care they deserve.

Together, this collaboration will not only improve patient outcomes but also revolutionize how our healthcare system serves women during one of their most critical life transitions.

Methodology

Biote commissioned a survey of 1,005 women who work full or part-time in the United States in August 2025. Respondents ranged in age from 30 to 60 years.

For more information or to view the full survey results, please contact info@biote.com.

About Biote

Biote is transforming healthy aging through innovative, personalized hormone optimization and therapeutic wellness solutions delivered by Biote-certified medical providers. Biote trains practitioners to identify and treat early indicators of aging conditions, an underserved global market, providing affordable symptom relief for patients and driving clinic success for practitioners.