FITNESS & EXERCISE

How to Keep Moving Through Menopause

Exercise can support sleep, mood and long-term health, but the evidence leaves room to choose movement that works with your changing days.

Your body moved the goalposts

You slept badly, woke hot and now the workout that once cleared your head feels like another demand. Menopause can make familiar movement feel unfamiliar-not because exercise has stopped mattering, but because your energy, mood and sleep may no longer cooperate on command.

During the menopausal transition, changing estrogen and progesterone levels can bring hot flashes, night sweats, disrupted sleep and mood changes. Periods may become irregular, heavier or lighter. Poor sleep can lead to fatigue and memory problems, so a difficult workout may begin hours before you put on your exercise clothes.

This transition can last several years. Menopause itself is reached after 12 months without a period, most commonly between ages 45 and 55. The loss of estrogen can also reduce bone density and raise cholesterol levels, increasing the risks of osteoporosis, heart disease and stroke. Movement therefore sits in two timeframes: how you feel today and the health you want to protect later.

Regular exercise may help you sleep better, improve your mood and lower the risk of many age-related diseases. That is a useful foundation, but it is not a promise that every session will ease every symptom. Menopause is variable. Your approach to exercise is allowed to be variable too.

Exercise helps, but not everywhere

The broad advice is encouraging: keep moving. The precise evidence is less complete. General menopause guidance recommends regular exercise for sleep, mood and long-term health, while research on psychological and physical approaches suggests yoga may be at least as effective as other exercise for relieving menopause symptoms. That does not establish yoga-or any other activity-as the single best choice.

Exercise should not be sold as a reliable cure for hot flashes. Hormone therapy is the most effective therapy for menopausal hot flashes, although it carries risks and is not suitable for

everyone. Non-hormonal medicines may also be used. If hot flashes or night sweats are severely disrupting your life, forcing harder workouts is not the only option.

Mood has stronger exercise evidence, although it is not specific to menopause. A 2023 review of 41 studies involving 2,264 adults with depression or elevated depressive symptoms found that exercise improved those symptoms compared with no exercise. Effects became smaller when the analysis was limited to studies with a low risk of bias, and the trials varied considerably in their methods.

That distinction matters. Exercise may support a difficult mood, but menopause-related irritability is not automatically depression, and movement does not replace medical care when low mood becomes persistent or interferes with daily life. The evidence gives exercise a legitimate role. It does not ask it to do every job.

Exercise belongs in menopause care, but it should not have to carry menopause care alone.

There is no secret menopause workout

You may encounter confident instructions to lift, run, stretch or practise yoga as though researchers have settled the perfect menopause formula. The supplied evidence does not support that certainty. It supports exercise generally and yoga as one reasonable option, but it does not identify a universally superior menopause programme or prescribe a particular intensity, duration or timetable.

Memory concerns deserve the same restraint. Menopause-related sleep loss can contribute to fatigue and memory problems. Separately, a 2025 umbrella review covering 133 systematic reviews, 2,724 randomised controlled trials and more than 258,000 participants found that exercise improved general cognition, memory and executive function across ages and populations.

Those findings remained significant after lower-quality reviews were excluded, and benefits were seen even with light-intensity exercise. But this was not a menopause-specific analysis, and improvements in memory and executive function were greater among children and adolescents than among adults and older adults. It is evidence for movement as part of cognitive health-not proof that a workout will erase menopause-related brain fog.

The useful freedom here is that you do not need to locate a hidden "correct" activity before beginning. Yoga has some evidence for symptom relief. Aerobic and resistance exercise have evidence in other health contexts. The choice can turn on what feels possible when sleep, temperature and mood are changing, rather than on a claim that one format has cracked menopause.

Pain and low mood change the choice

Sometimes the obstacle is not motivation but pain. If chronic low back pain is part of the picture, two large reviews offer some direction, although neither focused on menopause. A 2022 analysis of 118 trials found that most forms of exercise improved pain and disability compared with control conditions. Pilates, mind-body, core-based and strength exercise performed particularly well, depending on the outcome.

A 2020 review reached a similar broad conclusion, finding that Pilates, resistance, stabilisation or motor-control exercise and aerobic exercise appeared among the more effective options for chronic non-specific low back pain. But the researchers rated the combined evidence as low quality, noting substantial variation among studies and few trials with a low risk of bias.

Stretching alone did not improve pain in those reviews. That does not make stretching worthless as a personal preference; it means the trials did not support presenting it as an effective stand-alone answer for chronic low back pain. If pain or disability is shaping what you can do, choosing a form of exercise with relevant evidence is more useful than chasing a generic menopause workout.

There is also a point where this stops being a lifestyle puzzle. If symptoms are severe, affect daily life or do not improve with lifestyle changes, speak with a health care provider. Hormone therapy and non-hormonal treatments may be considered according to your symptoms, medical history and preferences; hormone therapy has benefits and risks and is not appropriate for everyone.

Monday takes a yoga mat

For the next week, make the goal smaller than "get fit through menopause." Choose one form of movement that does not require you to defeat every symptom first. Yoga is a defensible starting point because the available menopause evidence suggests it can be at least as effective as other exercise for relieving symptoms, while psychological and physical approaches such as yoga generally have good safety records.

On Monday, put a yoga mat in the place where you are most likely to notice it and use it for a familiar yoga practice. The mat is not a cure, and yoga is not compulsory. It is simply a concrete way to turn broad advice about exercise into something you can begin without pretending the research has identified a perfect menopause plan.

Pay attention to the barrier rather than judging the session. If night sweats left you exhausted, that matters. If low mood or back pain made movement difficult, that matters too. These are

not character flaws; they are information about which kind of support you may need alongside exercise.

Exercise belongs in menopause care, but it should not have to carry menopause care alone. This week, let the mat represent one manageable decision: keep moving in a way your current body can meet, and ask for medical help when symptoms are bigger than lifestyle changes.

Where this comes from

- Menopause

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/menopause.html
- Hormone Therapy for Menopause

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/hormonetherapyformenopause.html
- Menopausal Symptoms: In Depth | NCCIH

  National Center for Complementary and Integrative Health · https://www.nccih.nih.gov/health/menopausal-symptoms-in-depth
- Physical exercise in pregnancy: benefits, risks and prescription.

  Journal of perinatal medicine, 2022 · https://pubmed.ncbi.nlm.nih.gov/34478617/
- Effectiveness of exercise for improving cognition, memory and executive function: a systematic umbrella review and meta-meta-analysis.

  British journal of sports medicine, 2025 · https://pubmed.ncbi.nlm.nih.gov/40049759/
- Best Exercise Options for Reducing Pain and Disability in Adults With Chronic Low Back Pain: Pilates, Strength, Core-Based, and Mind-Body. A Network Meta-analysis.

  The Journal of orthopaedic and sports physical therapy, 2022 · https://pubmed.ncbi.nlm.nih.gov/35722759/
- Exercise as medicine for depressive symptoms? A systematic review and meta-analysis with meta-regression.

  British journal of sports medicine, 2023 · https://pubmed.ncbi.nlm.nih.gov/36731907/
- Which specific modes of exercise training are most effective for treating low back pain? Network meta-analysis.

  British journal of sports medicine, 2020 · https://pubmed.ncbi.nlm.nih.gov/31666220/