BRAIN FOG:
You know, the thing when you try to remember what’s-her-name.
84% OF WOMEN SAID MENOPAUSAL SYMPTOMS INTERFERED WITH THEIR LIVES.
—WOMEN'S HEALTH COLLECTIVE CANADA

PERI-WHAT-NOW?
YOUR COMPLETE GUIDE TO A MAJOR LIFE STAGE THAT NO ONE TOLD YOU ABOUT

THE SYMPTOMS ARE talked about in bewildered tones between friends, and tentatively broached with doctors. Mood swings. Insomnia. Super-periods. Peeing when you cough. The increasing inability to recall the name of your only child, or any word, really. The general feeling that you, your body and your mind are totally out of whack — also where the HELL are my keys?

Maybe you’ve heard of perimenopause — the sometimes decade-long life stage that precedes menopause and messes with nearly every aspect of your life. But how do you know if you are in it? The answer a lot of women seem to get is, “Who can say?”

Let’s get some facts out of the way. Fact: Menopause is diagnosed when you’ve gone 12 straight months without a period. The average age for a woman to go through it is 52. Fact: Perimenopause encompasses the years before menopause, when hormone shifts get increasingly wild, and general chaos can ensue. Fact: Most women know very little about perimenopause, if they’ve heard about it at all.

This massive blindspot in women’s health was perfectly skewered recently on the hilarious Baroness von Sketch TV show. A 40ish woman and her friends nervously debate what could be behind symptoms such as getting a bit flush in a restaurant, not being able to recall whether she’s read a book and flying into an unexplained rage at the drop of a hat. “Is it...perimenopause?” the friend asks. “No...no...no” the woman says, not quite believing herself to be that old. “I wear a jean jacket. I still drink out of a mason jar. But...is it?”

Women aren’t the only ones who feel lost navigating this stage, says Dr. Renee Morissette, a family physician and certified menopause practitioner who works at the Women’s Mid-Life Health Program of Saskatchewan. “I think, unfortunately, a lot of healthcare professionals [are too]. Menopause just doesn’t get the attention it deserves, even in healthcare.”

The Baroness sketch reflects this absurd reality too; it ends with the woman asking her doctor “Is it perimenopause?” “I don’t know, is it?” he says. “It could be. There’s not really much research. I mean, who really cares, right?”

The spot reflects an ugly truth: Women’s health has a long history of being ignored. In the case of perimenopause, this can mean silently suffering through symptoms, for a number of years, without so much as a pamphlet to get you through. “It’s a huge part of your life that’s affected,” says Morissette. “If you are lost, that can just be horrible.”

Here, then, is a primer on what is possibly the least-discussed life stage ever.
NINE THINGS YOU DIDN’T KNOW (AND MIGHT FORGET) ABOUT PERIMENOPAUSE

BY DANIELLE GROEN

NO. 1
YOUR HORMONES WILL GO HAYWIRE

Estrogen serves a bunch of different functions in our bodies: At normal levels, it keeps our heart healthy, our bones strong, our minds sharp and our cholesterol in check. It also (no surprise!) plays an important role in our menstrual cycles. For most of our reproductive years, our ovaries produce estrogen to develop the uterine lining to support pregnancy, while progesterone, typically produced during ovulation, is used to control that growth. No pregnancy?

MENOPAUSE IS IDENTIFIED in the rear-view mirror: It’s only after a woman has gone a full year without a period that she’s considered menopausal. The time before that – stretching, on average, over four years but potentially up to a decade – is the chaotic and annoyingly unpredictable stage known as perimenopause. That’s when we can experience all the flushed, foggy, oily, moody, sleep-sabotaging symptoms of menopause without the benefit of at least getting to ditch our tampons. No two women undergo perimenopause exactly the same way, but many of us will want to strap in tight. Here’s a road map to what lies ahead.

HOT GOSS
After 50 years of studying the physiology of hot flashes, no one has nailed down the cause.
Estrogen and progesterone levels both drop, the lining sheds and you reach for a carton of ice cream.

But as women age, our ovaries don’t make estrogen or progesterone in the same way. And that throws the whole delicate system out of whack, causing estrogen to spike at certain times and plummet at others. “You get these fluctuations — sometimes higher, sometimes lower — as your overall estrogen levels drop over the perimenopausal period,” says Dr. Lindsay Shirreff, obstetrician and gynecologist at Mount Sinai Hospital in Toronto. “And it’s the fluctuation in estrogen that leads to all those bothersome symptoms.”

**THINGS ARE GOING TO GET DAMP**

Here’s what we do know: A sudden onslaught of sweatiness — known by sunrise as hot flashes and by sunset as night sweats — will be experienced by as many as 55 percent of perimenopausal women, making it one of the most common symptoms. We know each episode tends to last between three and 10 minutes, and can occur daily, even hourly, for certain women but just occasionally for others. Sometimes you might feel a little warm, and sometimes you can be left soaked.

Here’s what we don’t know: what exactly provokes these wretched spells. The best guess is that hormonal changes tell the hypothalamus — that’s the part of the brain that helps control temperature — that the body is too hot, which triggers copious sweating, a trick to cool us down. But even after roughly 50 years of studying the physiology of menopausal hot flashes, no one has nailed down the actual cause.

**THERE WILL BE BLOOD**

During perimenopause, your menstrual cycle will likely become irregular. Some women might experience a spike in estrogen, causing the uterine lining to become thicker, and a drop in progesterone, which can lead to unrestrained lining growth. The result? “So much heavy bleeding,” says Dr. Nese Yuksel, a professor with the faculty of pharmacy and pharmaceutical sciences at the University of Alberta. Other women

An incomplete history of pop culture tackling “the change,” and the long, winding road to it, lovingly known as “the change before the change.”

The Golden Girls
Our favourite lanai-loving women made waves when they brought menopause talk to prime time. In an episode called “The End of the Curse,” a doctor has to inform Blanche that she isn’t pregnant, she’s just going through menopause. Look on the bright side, Dorothy says, no more cramps! The slam dunk comes courtesy of Sophia: “You just grow a beard.”

Oprah
Many now-perimenopausal women first heard tell of it via — who else? — Oprah. In 2002, she wrote about the lack of information and preparation she got from her own doctors. “Of the five doctors I’d visited, two were female. Neither had asked whether I, then age 47, might be nearing one of the major markers of a woman’s life.” One doctor dismissed her symptoms completely. “I asked him, could I be entering menopause? ‘Well, if it’s menopause, ma’am,’ he said, chuckling, ‘you’re definitely in the wrong place! I don’t know a thing about that.’”

Workin’ Moms
References to perimenopause in TV and film are rare, but actor Catherine Reitman may win for the most creative use of the word in her CBC show, Workin’ Moms, calling it the “sexypause.” “Peri—king-menopause” — possibly more likely to be co-opted by the show’s fans — was also used to great effect.

Ada Calhoun
The American writer has joined ranks with Caitlin Moran and others to become an outspoken voice for the perimenopausal masses. From her book, Why We Can’t Sleep: Women’s New Midlife Crisis: “Sometimes my own perimenopausal moods are more rage than anxiety. I woke up the other day and noticed that my husband had placed a couple of champagne corks on top of a picture frame. It made me want to start breaking things. What is this, a goddamned student house?”
might experience the opposite, with lighter bleeding. More than a quarter of perimenopausal women surveyed by the University of Michigan in 2014 had at least three periods in six months that went on for – brace yourself – 10 days or more. A whopping 91 percent of women had between one and three super periods over a span of three years. For most women, the time between cycles lengthens over perimenopause, giving the lining a greater chance to build up before its dramatic exit. But some women will see their periods get closer and closer together as a result of that hormonal imbalance.

**NO. 4**

**THERE COULD BE BABY**

“Yes, women can still get pregnant in perimenopause,” Yuksel says. The general quality and number of our eggs may be declining during this time, but there’s always that unforeseen overachiever. If you choose a hormonal contraceptive to avoid a surprise pregnancy, there is another bonus: Certain types of oral contraceptives and progestin IUDs can also be treatments for heavy periods.

**NO. 5**

**BUT THERE MIGHT NOT BE SEX**

Maybe it’s a drop in the hormones that once upon a time caused us to feel frisky. Maybe it’s that perimenopausal women are 40 percent more likely than their younger selves to experience frequent pain during sex, most often as a result of vaginal dryness. Maybe it’s — remember? — all that sweating. “There are lots of things that contribute to a loss in women’s libido,” Shirreff says. “It’s definitely a common complaint.”

But while 75 percent of women surveyed by the Study of Women’s Health Across the Nation (SWAN) say sex is moderately to extremely important to them, a collapsed sex drive can be seen by society — and doctors — as inevitable at this time. “There’s this idea that you should have low libido, like, ‘Look at you: You’re so busy looking after everybody, your children, your parents, your job,’” Yuksel says. “There can be a lot of gender bias, unfortunately, toward women’s health and sexuality. Generally, people don’t feel comfortable talking about vaginas.” But it’s critical to steel yourself and have this conversation, she says, because there are treatments available for perimenopausal symptoms.

**NO. 6**

**YOU’LL FEEL LIKE A TEENAGER AGAIN**

Mood swings? Oh, very much so. Up to 70 percent of perimenopausal women confessed to being irritable (according to researchers at McMaster University and the University of Toronto), while women who entered perimenopause with low levels of anxiety saw their likelihood to feel high anxiety triple (a 10-year multi-ethnic study from SWAN). “Women who have a history of clinical or postpartum depression are more predisposed to feeling depression at this time, but even women without that history can feel out of control,” Yuksel says. In fact, an eight-year study from the University of Pennsylvania found that women who had never experienced a depressive episode before were four times more likely to do so during perimenopause.

Then there’s the acne: Falling estrogen levels can result in a rise in androgens, which trigger excess sebum, causing pimples to erupt across your face. There’s also the listlessness: More than half of perimenopausal women are fighting fatigue. And then there’s, god help us, the hair: The Cleveland Clinic found increased facial hair growth occurs. It’s the triumphant return of puberty, only this time...

**NO. 7**

**YOU WON’T SLEEP LIKE A TEENAGER AGAIN**

There’s a decent chance you don’t sleep well already: At some point, one in four women will experience symptoms of insomnia. But during perimenopause, that rate jumps as high as 42 percent — after all, it’s hard to enjoy eight hours of blissful slumber when you keep waking up sweaty in the middle of the night. Decreasing estrogen makes it more difficult to fall (and stay) asleep, and it’s also associated with sleep-disordered breathing. In fact, a 2018 study in the Nature and Science of Sleep found that women transitioning into menopause are more likely to suffer from serious sleep apnea.
IT’S A “S**TSTORM” OF HORMONES, SAID SINGER ALANIS MORISSETTE, ABOUT BREASTFEEDING HER BABY WHILE GOING THROUGH PERIMENOPAUSE.

— bloating, bowel discomfort, abdominal pain — are more common in perimenopausal women, regardless of whether they actually have IBS.

You also might notice your pelvic floor isn’t feeling its usual self. As muscles and ligaments stretch and weaken, especially in women who’ve given birth, over time they no longer provide enough support for the uterus, leading to pelvic organ prolapse. Good news: Mild prolapse doesn’t require treatment. Better news: A study of participants in the Women’s Health Initiative found that spontaneous regression is common, especially for mild prolapse.

BARONESES GET PERIMENOPAUSE TOO

Three questions with Baroness Von Sketch’s Aurora Browne:

Why do you think the Baroness Von Sketch spot about perimenopause felt so iconic right away?
There was an extra easiness to making it, because nobody makes sketches about perimenopause. There are so many weird, “What am I? Where am I?” feelings you have when you go through this — and it shouldn’t be weird. Half the people in the world go through this, but few talk about it.

Is there anything about perimenopause that still catches you by surprise?
I have a nine-year-old, and we never intended to have more kids. Last fall, when we were in pre-production for season five, I was 47, and I think my body was squeezing out the last egg or something, because I’ve never been more pregnant. I was texting my husband, saying, “Look, we just have to have another baby.” So that was a surprise. I did not think I had that much juice left in my baby-wanting machine.

You tweeted asking women to post their experience with perimenopausal periods in one GIF. Were you surprised by the enthusiastic response?
My followers tend to be women in my demographic. I was pretty sure they’d find fun ways to express this experience. I was delighted. We often say humour is what we use to show other people they’re normal, but there’s lots of times I use humour to show myself there are other people like me. That I’m okay.

—Christina Vardanis

YOU’LL FORGET WHAT #9 IS

Start tying strings around your fingers — and maybe your phone, your keys and your kid. “Brain fog is incredibly common during perimenopause,” Yuksel says. In the 2016 Seattle Midlife Women’s Health Study, nearly three-quarters of women said they had problems summoning names, while half struggled to remember where they put things, what they just said, what they just heard and what they were, at that precise moment, meant to be doing.

“Forgetfulness and difficulty thinking clearly is related to a drop in estradiol around the time of perimenopause.” Shirreff explains. Estrogen, the most potent of our three estrogen hormones, is a crucial part of memory formation and cognitive function; as it goes, so does our concentration and recall. You might think that hot flashes, sleep disturbances, depression and anxiety would compound these problems, but nope: A six-year analysis from SWAN found they don’t account for the fog of perimenopause. Our brain works in mysterious ways.

Just as mysterious? Our brain’s ability to bounce back. A separate four-year analysis from SWAN confirmed once women transition fully into menopause, brain function rebounds to its premenopausal state. That’s not to say, however, that we should all suffer through cognitive disturbances — or mood swings, or super periods or pelvic organ prolapse — until perimenopause passes and order is restored. “More research and conversation is needed about perimenopause, and one part of the misinformation is that there aren’t options to help,” Yuksel says. “There’s a physiological reason for all of this, and there are evidence-based treatments available too.”
Is this the same thing as hormone replacement therapy?
Many experts now use the term hormone therapy instead of hormone replacement therapy. “The word replacement suggests that something is gone that’s supposed to be there,” says Mattatall. But perimenopause and menopause are natural parts of aging, even if they come with difficult symptoms, she points out. “There was a historical misogynist view that older women are supposed to be hormonally like they were in their 20s,” she says. That’s unfair, she adds. “There’s nothing wrong with you in menopause. If you have these symptoms, we have therapies that can help.”

Is it harmful?
It has risks and benefits, and these vary from person to person. Hormone therapy is safe and effective for some, but requires in-depth discussions with a doctor.

In the past, many women took hormone therapy as they got older, not for specific symptoms. But studies have shown that hormone therapy is better suited for women who have symptoms of perimenopause or early menopause. Ideally, you should use the lowest dose for the shortest possible time, says Mattatall.

Why is there so much confusion?
Hormone therapy is complicated, and figuring out how and where it works best has been a long process.

Estrogen was initially prescribed to treat menopause — not so much the symptoms but the aging process itself, says Dr. Wendy Wolfman, the director of the Menopause Clinic at Mount Sinai Hospital, a professor of obstetrics and gynecology at the University of Toronto and the first clinical chair in mature women’s health. “The goal was to make women feel younger and be more sexually responsive,” she says. Estrogen use began to increase in the 1970s.

But in 2002, results from the Women’s Health Initiative, a U.S. study of more...
than 160,000 post-menopausal women, raised the alarm. An analysis showed that post-menopausal women who’d been taking hormone therapy for approximately five years had an increased risk of heart attacks, strokes, clots in the legs and breast cancer. “Women came off the therapy in droves,” says Wolfman.

We now know that the picture is more complex: Women 59 years old and younger in the study did not have significant increases in cardiovascular disease and strokes, though there are lingering questions about breast cancer risk. At the same time, younger women benefited the most in terms of relief of symptoms from perimenopause and menopause. But this history created a stigma around hormone therapy, says Wolfman.

What’s the current recommendation? Most major women’s health organizations now recommend hormone therapy for women with symptoms of perimenopause, as well as women in menopause who are in their 50s, or those whose menopause ended within 10 years. It is not recommended for women with a history of breast cancer.

What are my options? Talk to a doctor about your symptoms. Irregular bleeding should be investigated to rule out other medical concerns, such as cancer and fibroids, which both become more common with age.

Certain types of birth control pills and hormonal IUDs can be good first-line hormone therapies for many women in perimenopause to help with symptoms, especially heavy or irregular menstrual cycles. There’s the added benefit of contraception; women in their 40s are one of the highest-risk groups for unintended pregnancy, notes Wolfman.

Hormones can also come in the form of oral tablets, patches or transdermal gels. For women whose main symptoms are vaginal discomfort, there are localized therapies specifically for the vagina, in the form of creams, rings and tablets. For those who have symptoms during certain points in their cycle, physicians might add other medications or hormones for a few days a month on top of or instead of birth control. If the symptoms are primarily around mood, for example, other medications or cognitive behavioural therapy may be helpful, says Wolfman. There’s no one-size-fits-all approach. “It becomes an individual decision based on a woman’s personal risk, her family history and goals. So it’s a long discussion.”

**Dr. Renee Morissette**, a certified menopause practitioner at the Women’s Mid-Life Health Program of Saskatchewan, explains.

**Consume strategically**

“Adding more fruits and vegetables into your diet, making sure you get adequate protein and optimizing your calcium and vitamin D intake help promote a general sense of well-being. Minimizing caffeine and alcohol are huge for improving sleep, mood, hot flashes and incontinence. But listen, when you’re feeling bad because of your symptoms, it’s going to be more tempting not to abide by these guidelines. As with all these changes, it’s baby steps. When you notice that drinking one cup of coffee a day instead of three, for example, means you’re sleeping better or you have fewer hot flashes or you’re going to the bathroom less, it will help reinforce that behaviour. It’s a bit of trial and error, but knowing what your triggers are is a big first step.”

**Make a move**

“At first, women might notice that when they’re more active, they get more hot flashes. But studies do show that women who get into a regular exercise routine — let’s say, 150 minutes per week, split up however you like — have fewer hot flashes, sleep better, have a higher sex drive and have a better sense of well-being. High-intensity interval training has a bit more benefit than some other forms of exercise, especially for weight maintenance. Weight training using light weights or resistance bands is especially important for bone health. But anything that gets your heart rate up is good.”

**Be mindful**

“Stress can be a humongous trigger for symptoms. But we’re seeing in studies that the meditation practice of mindfulness is great for stress reduction, and practising mindfulness has been linked to fewer hot flashes and better sleep, which leads to better mood and even better sex.”

**Please, just moisturize your vagina**

“More than 60 percent of women in the later years of menopause experience vaginal dryness. This is something you can solve without ever talking to a doctor! Drugstore vaginal moisturizers can help quite a bit — look for ones with hyaluronic acid, which are particularly effective.” — Rebecca Philips

**THESE LOW-KEY CHANGES CAN ALSO HELP**

—initions or cognitive behavioural therapy around mood, for example, other medi-

—actor Whoopie Goldberg

“THERE WAS NO PHONE CALL, TELLING ME WHAT WAS COMING.” — ACTOR WHOOPIE GOLDBERG

“Adding more fruits and vegetables into your diet, making sure you get adequate protein and optimizing your calcium and vitamin D intake help promote a general sense of well-being. Minimizing caffeine and alcohol are huge for improving sleep, mood, hot flashes and incontinence. But listen, when you’re feeling bad because of your symptoms, it’s going to be more tempting not to abide by these guidelines. As with all these changes, it’s baby steps. When you notice that drinking one cup of coffee a day instead of three, for example, means you’re sleeping better or you have fewer hot flashes or you’re going to the bathroom less, it will help reinforce that behaviour. It’s a bit of trial and error, but knowing what your triggers are is a big first step.”

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LET’S GO BACK TO THE PEE THING FOR A SECOND

BY KATE RAE

IT’S EASY TO dismiss peeing, a little bit, some of the time (only when I sneeze...or cough...or run), as a minor inconvenience, but it’s a slippery slope, and no one likes dealing with these kinds of surprises. So what’s really going on?

This kind of peeing falls under the “stress urinary incontinence” umbrella – and it can be a real bummer, especially when you’re trying to amp up your exercise to boost your mental and physical health. It’s largely caused by a weak pelvic floor, the hammock of muscles, ligaments and fascia that hangs out just below your bladder. Aging, past or current pregnancies and being overweight can cause these bungee cords to soften and slacken.

The problem can start with your urethra, says Michele Fraser, a Toronto-based pelvic floor physiotherapist. It has a mucosal lining that makes the tube’s sides stick together. But a lack of estrogen – a factor during perimenopause and menopause – causes everything to dry up, including the urethra, so it loses some of its Velcro ability and leaves you with leaks.

Another cause is pelvic organ prolapse, in which your bladder (cystocele prolapse), rectum (rectocele prolapse) and/or uterus (uterine prolapse) lose their footing and collapse toward and into the vagina. If your bladder prolapses, it will hang below your urethra, not above it (think water in a slumped balloon), and cause both leaking and a feeling of never being empty.

So what to do? First, keep a diary of when it’s happening. Then make an appointment with a pelvic floor physiotherapist.

At your initial appointment, expect a lot of awkward questions. “I always tell new clients, ‘Listen, I talk about pee, poo and sex all day,’” says Fraser. “Nothing surprises me.” Next, there’s an internal exam, either inside the vagina or the anus, or both, so the physiotherapist can map out your pelvic floor, identifying its weakness and its tensions. (This won’t happen, obviously, if your examination is virtual, where the assessment will be based on you sharing your symptoms.)

And then comes the Plan – the capital P is intentional, because it involves more than banging out a few simple “squeeze-like-you’re-stopping-a-pee” Kegels at a traffic light. One cue Fraser uses, for example, is, “Imagine a flaxseed at the tip of your urethra. Now imagine pulling it up inside, like an elephant drinking water with its trunk.”

Doing these exercises, possibly in combination with other tools, such as using localized estrogen to help improve the integrity of the tissue, should help in most cases, Fraser says.
"THINK OF THE TRANSITION TO PERIMENOPAUSE...LIKE PUBERTY IN REVERSE." SAYS DR. JENNIFER GUNTER

YOU CAN STILL WORK OUT. JUST BE PEE-PARED

Pelvic-floor physiotherapist Michele Fraser is very clear that there is no easy “do this, don’t do that” solution when it comes to working out. It’s not the exercise necessarily, but how you’re doing it and whether your core and intra-abdominal muscles (which are intimately connected to your pelvic floor) are being used properly. That said…

Getting close to the danger zone

Anything high-impact can cause trouble, as can holding in your breath (it creates pressure in the intra-abdominal space). Lifting heavy weights overhead can also be tough, and sports that involve a lot of changes in direction and stop-start movement (like hockey and tennis) can overload your pelvic floor too.

Sure, wear whatever

Walking, swimming and cycling are typically considered “safe” activities, as they put very little strain on your bladder. But everyone is different, and any activity over time can cause your muscles to weaken — and your bladder to fill up too. So while you may feel great at the beginning of the hike, you may be surprised by the end.

Maybe take some extra precautions

Due to their lack of bouncy, sudden movements, Pilates and yoga may seem like innocuous forms of exercise, but they can be troublemakers: If you’re doing crunches or 100s, you can be putting pressure on your bladder, while chaturanga (a yoga push-up) and navasana (boat pose) can cause you to overgrip and spill.

Consult your doctor if you’re experiencing leakage.

WORTH A SHOT

Leak-free undies for your perimenopause survival kit

Knix

Frustrated by the lack of products to help women manage post-partum leakage, Toronto’s Joanna Griffiths created Knix, the OG leak-proof underwear, which absorbs up to eight teaspoons of liquid. From $34, knix.ca

Newex

This Quebec-based brand, run by Fanny Maude Théberge and her partner, Steve Leduc, makes performance underwear (and shorts, capris and leggings) that can absorb up to 10 teaspoons of fluid. From $35, newex.ca

Speax

Undies from New York City-based Speax by Thinx come in four colours and cuts (high-waist, hip-hugger, bikini and thong), and hold up to eight teaspoons of liquid. The company also offers a 60-day money-back guarantee. $52 per pair or 3 for $138, shethinx.com

While these can be life-savers, they’re not long-term solutions. Consult your doctor if you’re experiencing leakage.

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