

# Your Journey with Perimenopause or Menopause



For more information scan this QR code or go to [myhealth.alberta.ca/perimenopause-menopause-pathway](https://myhealth.alberta.ca/perimenopause-menopause-pathway)

Perimenopause is the phase of life where the body starts to change leading up to menopause. Menopause is the phase of life after periods have stopped for 12 months in a row. The hormone changes that accompany this time of life are normal but may result in a wide range of symptoms that affect your whole-person health. Your healthcare team can help you manage these symptoms.

You are the most important part of your healthcare team. This guide will help you to know what to expect as you work with your team to manage your journey with perimenopause or menopause. If you have any questions along the way, please ask your healthcare team.

## Before your appointment [\(Page 7\)](#)

- **Track your symptoms.** There are many symptoms that people may experience in this phase of life. Examples of common symptoms include hot flashes, trouble sleeping, night sweats, fatigue, period changes, and mood swings.
- Consider bringing a family member or friend to support you.



Whole-person health

## Visit your healthcare provider [\(Page 8\)](#)

- Your healthcare provider needs to hear from you at every visit to understand who you are and what matters to you.
- The [MQ6](#) is an example of a tool that you can fill out prior to your appointment to help you start the conversation.
- Record and share all your symptoms and concerns. This may include physical, emotional, spiritual, financial, or social concerns.
- Your tests and assessments will vary depending on your symptoms and health history. They may include a physical exam and lab tests.
- Measuring hormone levels is not routinely recommended because hormone levels fluctuate, making a single test unreliable.

## Review your test results [\(Page 11\)](#)

- You may find your test results on MyHealth Records or MyChart ([myhealth.alberta.ca/myhealthrecords](https://myhealth.alberta.ca/myhealthrecords))
- It's important to talk with your healthcare provider to understand your test results and plan next steps together.

## Review your treatment & management options [\(Page 11\)](#)

Talk with your healthcare provider about different management and treatment options. Recommendations may include:

- Exercise regularly and eat healthy foods with calcium and protein.
- Establish a good sleep routine.
- Stop or decrease smoking, vaping, and alcohol use.
- Start any prescribed menopause hormone therapy or non-hormonal medications.

Your healthcare provider may need advice from a specialist or may suggest you see another healthcare provider (referral).

## Keep taking care of yourself [\(Page 27\)](#)

Keep advocating for your whole-person health.

### Important Tips:

Need a family doctor?

[ahs.ca/findadoctor](https://ahs.ca/findadoctor)

Need a translator?

Let your healthcare provider know

Need health advice?

Call Health Link at 811

Need to find programs and services in your community?

Call 211 or visit [ab.211.ca](https://ab.211.ca)



Primary Care  
Alberta

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## How to use this resource

The information provided in this resource is based on validated evidence from a variety of sources, including healthcare professionals in Alberta, peer-reviewed journals, current clinical guidelines, validated patient resources, and specialty care recommendations. It is intended as general health information and should not replace the clinical judgment or advice of a qualified healthcare provider. This resource does not address the unique needs of individual patients. Always consult with your healthcare team and follow their recommendations for your specific care.

## Whole-person health

The whole-person health approach will help you and your healthcare team better manage your health condition. It is drawn from the teachings of the medicine wheel.

Whole-person health means thinking about all parts of your health and wellness. All of these parts are connected and influence each other. It's important to be aware of your personal needs in each part and to share that information with your healthcare team.

- **Physical:** your specific health conditions and how well your body works
- **Financial and Social:** your ability to meet your housing, transportation, food, and health needs, feeling supported to manage your daily life, and having meaningful relationships
- **Spiritual:** your beliefs, sense of connection, and purpose
- **Emotional:** how you think, feel, and cope with life events

Whole-person health also reminds us that we are all connected and work together: you, your support systems, and your healthcare providers. Your healthcare providers could be your doctor, nurse practitioner, or a team that comes together with you to plan and organize your care.

Your healthcare provider needs to understand who you are and what matters to you. This helps to build trust. But it can be hard to know what to share or what to say. Try starting by asking yourself:

**“What are the things in my life that are important to me?”**

**“What are the things in my life that may be affecting my health and well-being?”**



The symptoms of perimenopause and menopause are very common, but many people find them difficult to talk about. Your healthcare provider understands this and is there to support you. Here are some examples of things you may want to talk about with your healthcare provider:

### **Physical**

"Lack of sleep is making it hard for me to do my job."

"Joint pain is making it hard for me to exercise."

"Sex is uncomfortable, and it is affecting my relationship with my partner."

"My periods are heavy and irregular, so I hesitate to go out."

### **Financial and Social**

"I'm worried I won't be able to get to all of my appointments."

"I need my daughter with me as a translator."

"Incontinence products, like pads, are very expensive and I can't afford them."

"I'm worried that I am going to lose my job."

### **Emotional**

"I'm lonely and have no one to talk to."

"I am worried that this brain fog will make my co-workers think that I am not capable of doing the job."

"I can't seem to manage stress as well as I used to. I'm drinking too much alcohol to cope."

"My hot flashes are so uncomfortable and embarrassing, I am scared to go out with friends."

### **Spiritual**

"It's important that I follow my cultural beliefs."

"How can I include my culture's foods and family recipes in my nutrition plan?"

"It's important that my religious practice of fasting is respected and brought into my care."

"My symptoms are affecting my willingness to go to my place of worship."



## What is perimenopause and menopause?

Perimenopause and menopause are natural phases of life. Every person is unique and will experience these phases of life in their own way.

**Note:** This pathway is for everyone who experiences perimenopause and menopause. This includes women, trans men, Two-Spirit, nonbinary, and intersex people assigned female at birth.

### Perimenopause

Perimenopause is the period of transition, before menopause, when your body starts to change. It usually begins in your mid 40s but can start earlier or later and can last 2 to 8 years. Changes during perimenopause occur because your hormone levels, especially estrogen, start to go up and down (fluctuate).

Early in perimenopause, if your periods have been regular, you may notice that the length of time between your periods can vary by 7 or more days. You may or may not have symptoms during this time.

Later in perimenopause you may go for 60 or more days without a period. You are more likely to have symptoms during this time.

#### **Pregnancy:**

**Although your periods may start to get shorter and more irregular, you can still get pregnant during perimenopause. If you want to avoid pregnancy, use some form of birth control. Think about taking a pregnancy test if you have missed a period and you are not sure it is due to perimenopause or menopause.**

### Menopause

Menopause begins when you haven't had a period for 12 months in a row. Most people reach menopause between the ages of 45 and 55. Once you have entered menopause, you are no longer able to get pregnant naturally.

#### **Natural menopause:**

Natural menopause occurs when your body transitions to menopause without any medical intervention. This most commonly happens in your 40s or 50s. However, 1 to 2 out of 100 people may experience premature menopause (menopause before the age of 40). Premature menopause may require different management than natural menopause.

#### **Medical or surgical treatments that induce (cause) menopause:**

Certain medical or surgical treatments can affect how your ovaries function and may trigger the start of menopause. Menopause caused by medical or surgical treatments can be permanent (not reversible) or temporary (reversible). Menopause symptoms can occur even if menopause is caused by a treatment. Talk to your healthcare provider to understand how a treatment may affect you and what can be done to manage any menopause symptoms.



Surgery induced menopause includes surgery that removes both ovaries. Menopause caused by this type of surgery is not reversible and symptoms may be more severe. Talk with your healthcare provider about starting [menopause hormone therapy](#) if you have had both ovaries removed and are under the age of 45.

Medical treatments that induce menopause include chemotherapy and radiation therapy to treat or prevent cancer (not reversible) and medications that suppress hormones (reversible).

During and after the menopause transition, your risk for some health issues may increase:

- Osteoporosis: People lose bone mass faster during and after the transition to menopause, which may increase your risk of fracture.
- Cardiovascular disease (high blood pressure and high cholesterol): Menopause can increase your risk of heart attacks and stroke. Estrogen plays an important role in keeping blood vessels healthy and cholesterol levels down. When estrogen drops during menopause, this natural protection fades. Also, some menopause symptoms, such as weight gain and sleep issues, can further raise your risk of cardiovascular disease.
- Genitourinary syndrome of menopause (GSM): Low levels of estrogen in the pelvic area can result in vaginal dryness, painful sex, burning, urinary tract infections, and irritation in the genital area.

## Symptoms of perimenopause and menopause

Up to 4 out of 5 people may experience a variety of symptoms and changes during this phase of life, including:

- hot flashes and night sweats
- headaches or migraines
- dizziness
- dry mouth and gums
- changes to teeth
- changes in body odor
- heart palpitations (heart beating fast or irregularly)
- period changes
- weight gain and muscle loss
- joint and body aches
- fatigue
- hair changes
- dry and itchy skin and eyes
- vaginal dryness, burning or itching
- bladder control issues
- urinary tract infections
- decreased desire for sex (lower libido)
- experiencing discomfort or pain during sex
- mood swings
- anxiety, depression, and panic attacks
- not feeling like yourself and low confidence
- trouble sleeping
- trouble finding words or trouble remembering things (brain fog)



Symptoms that you experience during perimenopause may shift as you transition into menopause. Some symptoms of perimenopause may fade, some may stay the same, and others may become more bothersome. Menopause symptoms may last for 7 years on average but can last much longer.

Having an IUD and other procedures or conditions that affect your period may make it difficult to tell if you are in perimenopause or menopause. This does not mean you aren't having symptoms of perimenopause or menopause.

## Before your appointment

Everyone will have their own unique journey with perimenopause and menopause. This is a natural phase of life and there are [lifestyle measures](#) that can help manage your symptoms. Many people require additional support to manage symptoms. Depending on your symptoms, you may need to plan for multiple appointments with your healthcare team. Your healthcare provider understands that the symptoms you are experiencing may be hard to talk about, and they are there to support you.

Here are a few tips to help you get ready for your appointments with your healthcare provider:

- Access menopause resources to help improve your understanding of perimenopause and menopause like [Menopause and U](#) and [Canadian Menopause Society](#).
- The [MQ6](#) is a short questionnaire with 6 questions that you can fill out before your appointment to help you start the conversation with your healthcare provider.
- Write down your symptoms. A symptom tracker, like the [Health Quality Alberta Symptom Tracker](#) or the [MenoPause Symptom Tracker](#), can help you remember what symptoms you're feeling, when they started, how often they happen, and what makes them better or worse.
- Try some [lifestyle measures](#) to help with your symptoms and document their effectiveness.
- Write down a list of your questions and concerns. When you're done, read your list and mark the most important things.
- Make a list of the prescription and non-prescription (over-the-counter) medicines you use, including any vitamins, herbs, and supplements.
- Ask someone you trust to go with you to your appointment. They can help you ask questions, write down instructions, and remember explanations.
- Proactive health screening is important. Make sure your health screening, such as cervical screening and mammograms, are up to date.



## Helpful tools and resources

- To get the most out of your visit, plan to write notes during the visit or see the Alberta Health Services **My Care Conversations app** ([ahs.ca/careapp](https://ahs.ca/careapp)) website for more information about recording your conversation with your healthcare provider.







Your healthcare provider will review your history of symptoms and what tends to make your symptoms better and worse. They may ask how often, how long, and how severe your symptoms are. They may also ask how your symptoms impact the things you do every day like taking care of yourself, your job, your relationships, and the things you like to do. Having a complete symptom tracker will be helpful.

### What should I share with my healthcare provider?

- How are your symptoms affecting important aspects of your life? For example, your job, relationships, and activities?
- What has worked for you in the past to manage your symptoms?
- What do you expect from your healthcare team?
- What outcome are you hoping for?

There are lots of things in your life that can impact how you manage your health. It's important to talk about these things with your healthcare provider because they all play a role in your health and well-being. Examples include:

- problems with money, housing, and access to transportation
- alcohol or drug use
- not enough support or help
- childhood experiences
- good or bad experiences with the healthcare system

### You are the most important part of your healthcare team.

If you don't understand what your healthcare team is telling you, let them know right away. Be open and honest. You might say:

**"This is new to me. Could you please explain it slowly, using language that is easier to understand?"**

**"It sounded like you said that I should... Did I understand that correctly?"**

**"Can you show me a picture or model to help me understand?"**



### Helpful tools and resources

- Making the most of your appointment: [myhealth.alberta.ca/health/pages/conditions.aspx?Hwid=hw226888](https://myhealth.alberta.ca/health/pages/conditions.aspx?Hwid=hw226888)
- Working with your healthcare team: [hqa.ca/info](https://hqa.ca/info) (Health Quality Alberta)





## Tests and assessments

Your healthcare provider may need to do some tests and assessments to help find the cause of your symptoms and rule out other health problems. It is important that you understand why a test is being recommended. You always have the choice to go through with a test or decline. If you need more information to help you decide, talk with your healthcare provider. Depending on your symptoms, these may include:

### Height, weight, and blood pressure

Your healthcare provider will need to monitor your height, weight and blood pressure for many reasons:

- Your healthcare provider may need your height and weight when prescribing certain medications.
- Changes in height can be an early sign of osteoporosis.
- Blood pressure helps your health care provider monitor for high blood pressure and understand your risk for stroke, heart attack, and kidney disease.
- Having extra weight is common in midlife and may increase the severity of hot flashes and other menopause symptoms.
- Measurements like height and weight may help your health care provider assess for other health risk factors.

### Lab tests

Depending on your symptoms, you may be asked to get a blood test. These tests can help your healthcare provider look for other causes for your symptoms. Results of the tests may also help your provider decide which types of medications are safe to prescribe. Examples of blood tests include:

- Blood lipid panel to assess risk factors for heart disease. Learn more about [cholesterol and triglycerides tests](#).
- Complete blood count (CBC), electrolytes, and thyroid stimulating hormone (TSH) to assess for anything that could be causing fatigue or other symptoms.
- Creatinine (kidney function) and liver function. These tests help your healthcare provider decide which medications are safe for you.
- Pregnancy test (Beta-HCG)
- Hemoglobin A1C (HbA1c) to screen for type 2 diabetes. Learn more about the [hemoglobin A1C test](#).

#### **Hormonal testing is not usually recommended for perimenopause or menopause symptoms**

because hormone levels fluctuate significantly during perimenopause and menopause. These day-to-day changes make a single blood test unreliable so it does not help your healthcare provider determine what treatment would be best for you and does not help with monitoring medication doses. Diagnosis and treatment of perimenopause and menopause is based on your age, history, changes in your periods, and your symptoms. Hormone testing may be useful if you are under 45 to investigate if you have a condition called premature or early menopause.



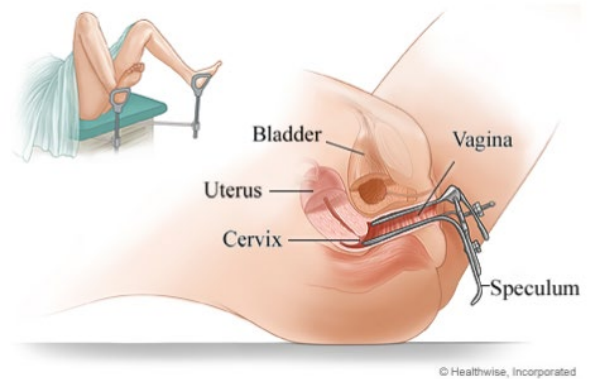
## Pelvic exam

This is done to check your pelvic organs. Your healthcare provider may need to do this exam to better understand the cause of pelvic symptoms.

### What to expect:

- You may feel pressure during the exam, but it shouldn't hurt.
- You will get undressed from the waist down, including taking your underwear off.
- You will get a sheet or gown to cover yourself.
- Your healthcare provider will look for any obvious lesions (cuts, sores, polyps, or growths) on the area around your vagina (vulva).
- Your healthcare provider will gently put an instrument called a speculum in your vagina. The speculum makes it easier to see the vagina and cervix.
- Your healthcare provider will feel with their hands internally and externally for the shape and position of your reproductive organs.

**Pelvic Exam With Speculum**



To prepare yourself for a pelvic exam, see [Having Your First Pelvic Exam](#).

### Pap test or cervical screening test

The pap test or the cervical cancer screening test can be done during a pelvic exam. During this test, cells are gently removed from your cervix and tested for cancer cells or the human papillomavirus (HPV). Talk with your healthcare provider about what cervical cancer screening schedule would be best for you.

Learn more about the [pap test](#) and the [cervical screening test](#).

## Mammogram

Mammograms are x-rays that screen for breast cancer. They are usually done every 1 to 2 years between the ages of 45 and 74. You may need to start getting mammograms at a younger age, or continue past the age of 74, depending on your risk of breast cancer.

Learn more about [mammograms](#).

People with dense breasts may also need a breast ultrasound to see the breast tissue better. This can be booked at the same time as the mammogram. Ask your healthcare provider if you need this test.

Talk with your healthcare provider about what breast cancer screening schedule would be best for you.



## Review your test results

Always discuss your results with your healthcare provider. Medical terms can be hard to understand. And even common words like “positive” or “negative” might mean something different for medical tests. Ask your healthcare provider for explanations and examples to make sure you fully understand.



You might ask:

“What does this mean for me?” or “Is there a current concern? If so, what is it?”



## Helpful tools and resources

You may find some of your results and health information using secure online tools:

### **MyHealth Records**

See your lab results, immunizations, and some other results with a MyHealth Records account. Sign up at [myhealth.alberta.ca/myhealthrecords](https://myhealth.alberta.ca/myhealthrecords).

### **MyChart**

See your health information, manage your Alberta Health Services appointments, and interact directly

with some members of your healthcare team. Learn more at [ahs.ca/mychart](https://ahs.ca/mychart).



## Review your treatment and management options

Symptoms of perimenopause and menopause are common. People may need support to deal with symptoms. If your symptoms are affecting the quality of your life and your ability to do the activities you enjoy, there are options that can help.

Treatment choices and management recommendations will depend on your symptoms, your goals, and other health care issues you are experiencing. Discuss all treatment options with your healthcare provider to make the best decisions for your health.

### **Lifestyle changes for all symptoms**

There are a lot of things that you can do that may help you feel better and age in healthier way.

#### **Physical activity**

##### **Why is physical activity important?**

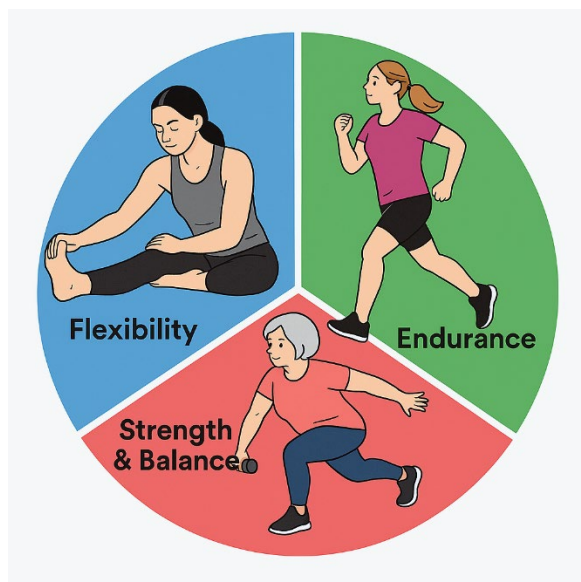
- helps your body and mind stay healthy as you age
- may improve sleep quality and help manage some menopause symptoms



- strengthens your bones and muscles
- reduces swelling and joint pain and may help heal injuries
- improves your heart health and blood flow
- lowers stress levels
- helps manage weight
- keeps you strong and independent
- improves balance and reduces the risk of falls

Many people experience muscle and joint pain during perimenopause and menopause. Pain can make exercise feel harder and less desirable, but the right kind of exercise can help. Exercise decreases inflammation and helps to heal injuries that are causing your pain. Talk with your healthcare provider about what kind of exercise program would be safe and effective for you.

### What types of exercises should you do?



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#### Endurance:

- activities that make you breathe harder and improve the health of your heart and lungs
- aim for at least 2.5 hours each week
- examples: brisk walking, hiking, cycling, swimming, and Zumba

#### Flexibility:

- keeps your muscles loose and your joints moving easily
- examples: yoga, Tai Chi, Pilates, or simple daily stretches

#### Strength and balance:

- activities that improve strength, posture, and balance
- helps prevent bone loss
- try them at least two times every week
- examples: weightlifting, resistance bands, kettle ball exercises

## How to add more movement into your day:

- Talk to your doctor before starting a new activity program.
- Pick activities you enjoy so you'll want to keep doing them.
- Start slowly and build up time and effort gradually.
- Move whenever possible: take the stairs, walk more, and sit less.
- Check out [Fitness: Getting and Staying Active](#) and the [Canadian 24-Hour Movement Guidelines](#) for ideas.
- Visit the [Alberta Healthy Living Program](#) website for local exercise classes.

Sessions as short as 10 minutes spread out through the day are a great way to incorporate more activity into your life.

## Healthy eating

### Why is healthy eating important?

- Helps to improve or maintain general health and bone health. Healthy foods supply the nutrients you need for healing and growth.
- Helps with weight management.
- Reduces the risk of chronic illnesses such as heart disease, diabetes, and cancer.
- A healthy diet may help with perimenopause and menopause symptoms.

### Weight gain in midlife?

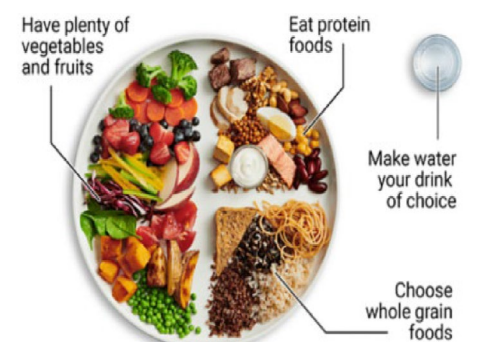
Weight gain in midlife is very common. There are many reasons for this:

- After the age of 30, people start losing muscle mass. Muscle burns calories, so less muscle means that fewer calories are being burned when you are resting.
- The drop in estrogen levels encourages the body to store fat in the abdomen.
- Stress, decreased physical activity, and less sleep may also lead to weight gain.

For more information on weight gain during menopause, and how to manage weight gain in midlife, visit: [MenoNote: Midlife Weight Gain](#).

### What is part of a healthy diet?

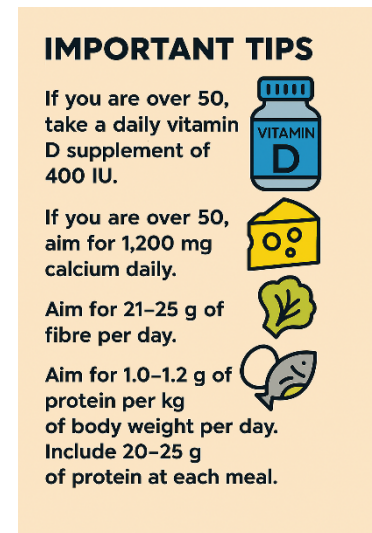
- Eat a variety of healthy foods each day to meet your energy needs as guided by [Canada's food guide](#).
- Incorporate a Mediterranean style of eating that emphasizes lots of fresh or frozen vegetables, beans, lentils, fish, nuts, and olive oil.
- For a healthy eating plan to lower cholesterol, visit: [The Portfolio Diet](#).



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## How to incorporate a healthy diet into your day:

- Eat fresh or frozen fruit and vegetables.
- Prioritize protein.
- Get enough fibre. Fibre supports digestion and helps manage cholesterol and blood sugar.
- Eat whole grain foods.
- Reduce [processed foods](#) and foods that are high in sugar, salt, and saturated fats.
- Make water your main drink.
- Get enough calcium.
- Get enough vitamin D.
- Find accurate and reliable nutrition information on [how to choose and prepare healthy food](#).
- For tips on how to incorporate more protein, fibre, calcium and protein into your diet, visit: [Nutrition Education | Alberta Health Services](#).
- [The Alberta Healthy Living Program](#) offers workshops on healthy eating in menopause.



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## Mental well-being:

### Why is mental well-being important?

- Perimenopause and menopause brings not only physical changes but also emotional and psychological challenges that can significantly affect a person's quality of life. Having better mental well-being will help you better manage these changes.

Not all changes to mental health are due to perimenopause and menopause. If you have concerns, talk to your healthcare provider.

### What is mental well-being?

- feeling positive emotions like happiness, contentment, or calm
- coping with stress and life's challenges in healthy ways like exercising or talking with friends and family
- maintaining fulfilling relationships and social connections
- having a sense of purpose and direction
- feeling confident and in control of your thoughts and emotions



Generative AI (Copilot Chat) was used to create and edit this image.

For more information on menopause and mental health, visit:

[Menopause Topics: Mental Health](#) and [MenoNote: Menopause and Depression](#).





## How to improve or sustain mental well-being:

Try exploring different ways to relax your mind. Options include:

- breathing techniques
- practicing mindful meditation
- keeping a journal to write down stressful events
- spending time with friends, family, and pets
- doing volunteer work
- listening to music
- participating in cognitive behavioural therapy (a type of talk therapy)
- using personal wellness or relaxation apps

Cognitive behavioural therapy (CBT) has been shown to help with symptoms of mood, sleep and even hot flashes.

Some people are more sensitive to hormone changes. If you have a history of conditions like pre-menstrual syndrome (PMS) or post-partum depression, you may be more likely to experience mood changes in this phase of life. Let your healthcare provider know if you have a history of being hormone sensitive.

## Avoid or reduce potentially harmful substances

### Why avoid potentially harmful substances?

- Using harmful substances is linked to poorer health outcomes.
- Limiting or eliminating these substances can have a positive impact on your health today and for years to come.

### What are examples of common, potentially harmful substances and their effects in menopause?

- Drinking alcohol has been shown to make hot flashes, sleep, and mood worse.
- Drinking alcohol can also increase the risk of falls and fractures, breast cancer, and heart disease.
- Smoking has been shown to make symptoms worse and increases the risk of serious health conditions such as heart disease, osteoporosis, and fractures.

### How to get support:

- For more information on how to lower your risk from drinking, visit: [alcohol and your health](#), or talk with your healthcare provider.
- If you smoke or vape, think about reducing or quitting. This can be challenging, so talk to your healthcare provider about stop-smoking programs or visit [Tobacco, Vaping & Cannabis Program](#). These programs can increase your chances of quitting for good.





## Improve the quality of your sleep

Many people find it harder to get a good sleep during perimenopause and menopause.

Everyone requires a different amount of sleep to feel rested. It is important to consider your daytime functioning when determining if you are getting enough rest.

### Why is good quality sleep important?

Poor sleep has a real impact on your health. Not enough sleep can:

- increase your risk of high blood pressure, heart attack and stroke
- increase your risk for diabetes
- cause weight gain due to hormones that control your appetite
- cause fatigue and mood changes

### What can cause poor sleep?

The first step to managing sleep issues is identifying what is preventing you from getting a good sleep. Examples may include:

- underlying problems like [obstructive sleep apnea](#).
- depression and anxiety
- hot flashes
- restless legs
- environmental noises
- chronic insomnia
- poor sleep habits (sleep hygiene), including caffeine intake and screen time

### What is good quality sleep?

- For most people, a quality sleep is 7-9 hours of sleep each night. This can vary, as some people may need more, others less.
- Not waking up more than 1 or 2 times a night.
- Feeling rested when you wake up and having enough energy to function well.
- Falling asleep within 30 minutes of going to bed.

### How to improve your sleep:

- Ask your healthcare provider if you are on any medications that might keep you awake.
- If you're having trouble sleeping due to hot flashes or night sweats, the best treatments are menopause hormone therapy and a type of talk therapy called cognitive behavioural therapy (CBT).
- If you have chronic insomnia, there is a special form of CBT for insomnia (CBT-I). It helps you change habits and thoughts that affect your sleep.

To help improve the quality of your sleep, you can also follow good sleep habits (called sleep hygiene):

- Use your bedroom only for sleep and sex.
- Have a consistent calming sleep routine that helps you to relax. Examples include breathing exercises, low light reading, and relaxation exercises.

- Get up at the same time each morning.
- Avoid or limit napping.
- Avoid screens for an hour before bed.
- Avoid caffeine for at least 4 to 6 hours before bedtime.
- Avoid alcohol or drugs as they can affect the quality of your sleep.
- Go to bed only when you are sleepy.
- If you do not fall asleep within 20 minutes, get up and go to another room. Do a calming activity until you feel sleepy.
- Keep your bedroom cool, dark, and quiet.
- Get outside during the day. Sun exposure can help reset your body's sleep and wake cycles.
- Reduce fluid intake 1 to 2 hours before bedtime to prevent you from needing to use the toilet during the night.

For more information on sleep, visit: [Sleep well without sleeping pills](#).

#### **Natural sleep aid products and non-prescription medications**

There are some popular natural remedies used for sleep, such as magnesium, melatonin, and cannabis. Although these sleep aids may help a bit, the research on their effectiveness is not strong or reliable. Some people also use Benadryl and other over-the-counter sleep medications that contain diphenhydramine. Although these medications may give you short-term relief, there are risks and side effects with these medications and they are not effective for chronic insomnia. Talk with your healthcare provider if you are considering any of these medications or products.

## **Healthy relationships**

### **Why are healthy relationships important?**

- Many people feel alone during menopause. Loneliness has been shown to be harmful to your health.

### **What is the relationship between healthy relationships and menopause?**

- Healthy relationships can play a significant role in improving the menopause experience by supporting both your physical and emotional well-being.

### Healthy relationships help your overall health by:

- having emotional support from others who understand you
- reducing stress by spending time with others
- encouraging healthy habits

### How can I make or maintain healthy relationships?

- spend time with supportive friends and family members
- join a social group
- volunteer
- talk with your family, friends and partner about what you are going through



Generative AI (Copilot Chat) was used to create and edit this image.

### Management of specific symptoms:

#### Hot flashes and night sweats:

The following strategies to manage hot flashes and night sweats are supported by evidence:

- menopause hormone therapy
- cognitive behavioural therapy (CBT) (a type of talk therapy)
- clinical hypnosis
- weight loss
- certain non-hormonal medications

Menopause hormone therapy has been shown to be the most effective way of managing these symptoms. Your healthcare provider may prescribe this as a gel, a patch applied to the skin, or in pill form. For more information on menopause hormone therapy, see the [Medication](#) section below.

There are also some non-hormonal medication options that can be prescribed if menopause hormone therapy is not the right choice for you.

For more information on non-hormonal treatments for hot flashes and night sweats, visit: [MenoNote: Nonhormone Treatments for Hot Flashes and Night Sweats](#).

There are other common strategies that people use to cope with hot flashes and night sweats. Examples include avoiding certain foods, dressing in breathable fabrics, and using fans and other cooling products. Although these strategies are safe to try, they are not supported by research.

#### Genital and urinary symptoms:

Genital and urinary symptoms during perimenopause and menopause include:

- vaginal dryness, burning or itching
- bladder control issues
- urinary tract infections
- decreased desire for sex (lower libido)
- experiencing discomfort or pain during sex

## Measures to try:

- Use water-based or silicone-based vaginal lubricants when you have sex. Some lubricants can be irritating so avoid lubricants that have flavours, colours, “warming lubricants”, and lubricants that contain solvents or preservatives like parabens and propylene glycol. Examples of non-irritating lubricants include: Uberlube, Astroglide, Probe, Slippery Stuff, and K-Y Liquid.
- If you are experiencing vaginal dryness, try over-the-counter vaginal moisturizers. Examples of effective vaginal moisturizers are: Good Clean Love, RepaGyn, Replens, Cleo, Zestica, Mae, and Gynatrof.
- Soap is not needed for cleaning the area around your vagina (vulva). Rinse your skin with warm water and pat the area dry with a soft towel. If you do need a cleanser, choose a gentle cleanser that is labelled hypoallergenic such as Cetaphil or Aveeno.
- Avoid spending a long time in hot water.
- Do not use products that may cause vaginal irritation like bar soap, shower gel, products with essential oil, and bubble bath.
- Try a shallow bath with warm water and unscented Epsom salts.
- If you use menstrual products, use 100% cotton pads, tampons, or a menstrual cup.
- Wear 100% cotton underwear and loose clothing.
- Do not wear underwear when sleeping.
- Consider trying [pelvic floor exercises](#) (kegel exercises).
- Consider pelvic floor physiotherapy. Many people need help learning how to do pelvic floor muscle training properly. Seeing a pelvic floor physiotherapist is a great way to get the support you need.
  - You do not need a referral to go to a private pelvic floor physiotherapy clinic. If you need help finding a clinic, call the AHS Rehabilitation Advice Line at 1-833-379-0563 (Monday to Friday, 9 a.m. to 5 p.m.).
  - You can search for pelvic floor physiotherapy resources using the Adult Community Rehabilitation website: [Adult Community Rehabilitation](#).
  - In Alberta, you can also attend free [Pelvic Health Physiotherapy webinars](#).
- Your healthcare provider may recommend vaginal estrogen or another medication to help manage your genital and urinary symptoms. See more on these [medications](#) below.

Before using vaginal lubricants or moisturizers, test a small amount on your skin and watch for a reaction for 24 hours.

For more information on genital and urinary symptoms, visit: [MenoNote: Genitourinary Syndrome of Menopause](#).

For information on female urinary incontinence, check out the [Your Journey with Female urinary Incontinence](#) patient pathway.

## A word of caution:

- You may have heard or seen advertisements promoting special treatments for urinary incontinence (like laser therapy) or special devices (like incontinence treatment chairs).

- If you see an advertisement for urinary incontinence treatment that you are interested in, talk to your doctor first. There is often little to no evidence that these options are effective, and they can be very expensive to try.

### **Mood, sleep, and memory:**

#### **Measures to try:**

- cognitive behavioural therapy has been shown to help with symptoms of mood and sleep
- practice [good sleep habits](#)

Your healthcare provider may recommend [medications](#) to help manage your mood or sleep. These are effective across all life stages and can be tailored to you. These may include:

- menopause hormone therapy if mood, sleep and memory are affected by other menopause symptoms
- antidepressant medications for mood
- antidepressant medications and other medications for sleep
- cognitive behavioural therapy

Not all changes to sleep and mood are due to menopause. Discuss with your healthcare provider if you have any mental health concerns.

### **Sexual symptoms:**

Sexual health concerns, such as a decreased desire for sex (low libido) or decreased enjoyment of sex, are common during perimenopause and menopause. Changes to your sexuality can be caused by the presence of other symptoms during the menopause transition like vaginal dryness, hot flashes and night sweats, fatigue, and mood changes. These symptoms can affect the quality of your life and your relationships.

#### **Measures to try:**

- increase non sexual physical affection with your partner
- have open communication with your partner
- practice pelvic floor exercises
- use water-based vaginal lubricants when you have sex
- try over-the-counter vaginal moisturizers if you are experiencing vaginal dryness
- avoid using bubble bath, strong soaps and other products that may cause vaginal irritation
- consider sex therapy

Before using vaginal lubricants or moisturizers, test a small amount on your skin and watch for a reaction in 24 hours.

#### **Your healthcare provider may recommend:**

- vaginal menopause hormone therapy
- non-hormonal medications
- pelvic physiotherapy



## Medications

Your healthcare provider may ask if you are interested in taking medications to help with your symptoms. Asking the following questions can help you make an informed decision about your different treatment options and decide which ones will work best for you:

"What are the advantages and disadvantages of each treatment option?"

"Can I use any of these treatment options together?"

"How will this treatment make me feel? Will it have side effects?"

"What results can I expect?"

"Are there free or low-cost options?"



### Menopause hormone therapy (MHT)

Menopause hormone therapy are prescription medications that replace the hormones produced in the ovaries such as estrogen and progesterone. This was once called hormone replacement therapy but menopause hormone therapy (MHT) is now the preferred term as it is more accurate.

Menopause hormone therapy may be used to help manage hot flashes and night sweats and issues with your vulva, vagina, or bladder (genitourinary symptoms). MHT may also be considered to prevent bone loss if you are at higher risk for osteoporosis.

The two hormones used in MHT are estrogen and progestogen.

It is important that your healthcare provider is aware of your past medical history as there are certain conditions where hormone therapy should not be used.

#### Compounded bioidentical hormone therapy:

The word "bioidentical" or "body identical" are words used by businesses trying to market compounded hormones. Compounded means that a medicine has been customized by mixing, combining, or altering ingredients into a specific combination that isn't usually made commercially. Compounded bioidentical hormone therapy medications are **not approved by Health Canada**. They present safety concerns because they are not regulated and there are no uniform standards for making these products. **There is also no evidence to show that this type of hormone therapy is safe or effective for most people.** There are bioidentical hormones that are **not** compounded and are safe to use. It is important to talk with your healthcare provider if you are considering compounded bioidentical hormone therapy or any other medication.

Types of hormone therapy	
Systemic menopause hormone therapy	Local menopause hormone therapy
<p>How it works:</p> <ul style="list-style-type: none"> <li>• The medication goes into your blood stream and travels throughout your body.</li> <li>• These medications are usually pills, patches or gels.</li> <li>• It is used to manage symptoms that affect your whole body, like hot flashes.</li> </ul> <p>Risks:</p> <ul style="list-style-type: none"> <li>• The risks of taking these medications vary depending on when you start the medication, the type of medication, your overall health, and how long you remain on the medication.</li> <li>• Systemic menopause hormone therapy is safest if you start taking the medication early in menopause. These medications should be started before the age of 60 or within 10 years of your final period.</li> <li>• When taking systemic estrogen, it is important to also take progestogens if you have a uterus.</li> </ul> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Transdermal <ul style="list-style-type: none"> <li>◦ <a href="#">estrogen gel for your skin</a></li> <li>◦ estrogen patches for your skin</li> <li>◦ patches for your skin with estrogen and progestogen</li> </ul> </li> <li>• Oral (tablets and capsules) <ul style="list-style-type: none"> <li>◦ estrogen</li> <li>◦ progestogen</li> <li>◦ combined estrogen and progestogen products</li> </ul> </li> <li>• Intrauterine progestogen (semi-systemic)</li> </ul>	<p>How it works:</p> <ul style="list-style-type: none"> <li>• The medication is applied to your vagina and only affects that area.</li> <li>• It is used to help manage genital and urinary symptoms.</li> </ul> <p>Risks:</p> <ul style="list-style-type: none"> <li>• Since very little of the medication gets absorbed in the blood stream, there are fewer risks and side effects with these types of medications.</li> <li>• Vaginal estrogen is very safe and can be started at any age.</li> </ul> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Vaginal creams, tablets, suppositories or rings</li> </ul>

Understanding the risks of systemic menopause hormone therapy:

Menopause hormone therapy is a safe and effective treatment for healthy people who start the medication before the age of 60 or within 10 years of their last period. For older people taking systemic menopause hormone therapy, there may be an increased risk of:

- stroke
- heart attacks
- blood clots
- dementia





The risk of taking systemic menopause hormone therapy may outweigh the benefits if you have a history of certain health conditions such as breast cancer, blood clots, heart disease, or severe liver disease. Talk with your healthcare team about what is best for you.

For more information on types of menopause hormone therapy, and the risks and benefits, visit:

- [Menopausal Hormone Therapy](#)
- [Hormone Therapy \(The Menopause Society\)](#)
- [MenoNote: Deciding About Hormone Therapy Use](#)
- [MenoNote: Misinformation Surrounding Hormone Therapy](#)

### **Stopping menopause hormone therapy**

There is no set time limit for using menopause hormone therapy. Talk with your healthcare provider about when is the best time to stop taking these medications based on your goals and risk factors.

### **Non-hormonal prescription medication**

Some people cannot take menopause hormone therapy because of other health conditions or because of personal preferences. Your healthcare provider may offer other medications to help manage your symptoms such as hot flashes, night sweats, sleep and mood. Ask your healthcare provider about the effectiveness and the side effects of the medications they suggest.

For more information on types of non-prescription hormone medication for hot flashes and night sweats, visit [MenoNote: Nonhormone Treatments for Hot Flashes and Night Sweats](#).

### **Natural health products and supplements**

Some people believe that certain herbal medications will help with their menopause symptoms. Examples include: black cohosh, red clover, evening primrose oil, and St. John's wort. Many products claiming to help with menopause symptoms have not been approved by Health Canada. It is important to talk with your healthcare provider if you are considering these medications as they may be harmful. Natural does not mean safe.

For more information on natural health products, visit:

- [Natural Health Products](#)
- [Making Sense of Supplements](#)





## Talk with your healthcare provider about a referral

Most menopause symptoms can be managed by you and your healthcare provider. However, depending on your symptoms, you may need a referral to another specialist such as a pelvic floor physiotherapist, gynecologist, urogynecologist, endocrinologist, or menopause specialist.

You can also make an appointment to see a pelvic floor physiotherapist on your own, without a referral from your healthcare provider.

Your specialist will meet with you to discuss your health concerns and look at your test results. The specialist may diagnose your concern, order more tests, or discuss treatment and management options with you.

You can find out more about the referral criteria for a specialist by asking your healthcare provider.

Some people choose to access a private menopause clinic. Here are some key questions to ask if you are looking for a menopause clinic:

- Does the clinic charge any fees?
- What are the menopause qualifications of the people providing the care?
- What kinds of treatments do they offer?
- Are the treatments based on evidence? For example, bioidentical compounded hormone therapy is not evidence based.

**Urogynecologist:** Specializes in treating pelvic floor conditions.

**Gynecologist:** Specializes in the diagnosis and treatment of diseases of the vulva, vagina, uterus, and ovaries.

**Pelvic floor physiotherapist:** Specializes in the pelvic floor and can offer information, treatment, and advice on managing urinary incontinence through pelvic floor training, bladder training, and biofeedback.

**Menopause specialist:** Specializes in the management of perimenopause and menopause.

**Endocrinologist:** Specializes in the diagnosis and treatment of conditions related to hormones and the glands that produce hormones.

For more information on how to assess private menopause clinics, visit: [How to Assess Virtual and Private Menopause Clinics](#).



## Helpful tools and resources

To learn about how to prepare for your specialist appointment, check out the QuRE Patient and Caregiver Journal by visiting [ahs.ca/qure](https://ahs.ca/qure).



## Start your treatment and watch your symptoms

As you try the treatment options you chose, remember that if something doesn't work the way you thought it would, think about other options and connect with your healthcare provider to find a treatment that will work for you.

### Troubleshooting questions or concerns with your medication:

Question or concern	Recommended action
How do I apply my estrogen patch or gel?	<p><b>Gel (EstroGel):</b></p> <ol style="list-style-type: none"><li>1. Apply to same area daily as prescribed by your healthcare provider, such as your arms, thighs, or abdomen.</li><li>2. Spread in a thin layer.</li><li>3. Allow 2 minutes for the gel to dry.</li><li>4. Replace bottle after 64 applications (doses).</li></ol> <p><b>Gel (Divigel):</b></p> <ol style="list-style-type: none"><li>1. Apply the full packet to your thigh. Alternate which side you apply the gel to every day.</li><li>2. Wait 1 hour before washing.</li></ol> <p><b>Patch:</b></p> <ol style="list-style-type: none"><li>1. Apply to clean, dry skin as prescribed by your healthcare provider, such as on your buttocks, abdomen, or hips. Change where you apply the patch every time. Avoid putting the patch on your breasts and on broken skin.</li><li>2. Press firmly for 10 seconds.</li><li>3. Consider switching brands if adhesion is poor.</li></ol>
What should I do when my patch falls off?	Put on a new patch and resume your original schedule.
What do I do if I miss taking my estrogen gel?	<p>If you miss your dose and you are due to take your next dose within the next 12 hours, do not apply your missed dose.</p> <p>If you miss your dose and you are due to take your next dose in more than 12 hours, apply your missed dose and then continue with your usual medication schedule.</p>
I can't get my patch to stick.	<p>When you apply the patch, make sure your skin is clean and dry. Press firmly for 10 seconds.</p> <p>You can also try swabbing your skin with an alcohol swab and let it dry before applying the patch. If you still have problems, talk with your healthcare provider.</p>
The patch is irritating my skin.	Rotate between areas where you apply the patch and avoid broken skin. See your healthcare provider if the irritation continues.



### Watch for any side effects from your medications:

There is a chance of side effects from any medication. Many people do not have side effects, or have only minor side effects that do not cause any problems. Let your healthcare provider know if you are having problems with side effects.

Vaginal bleeding is common in the first 3 to 6 months when you start menopause hormone therapy. Bleeding may also occur when you stop or change your hormone therapy. It is helpful to use a [menstrual tracker](#) during this time. Talk to your healthcare provider about bleeding, especially if bleeding continues for more than 6 months or is frequent, heavy, or if you are bleeding for a long time.

### If you notice any of the following, go to the emergency department or call 911:

- If vaginal bleeding is flowing or continuous, call 911 or go to the emergency department immediately.

### Call Health Link at 811, or call your healthcare provider if you notice any of the following:

- soaking a high-protection product like a pad, tampon, or menstrual cup every hour for more than 2 hours
- passing large clots (larger than a loonie)
- feeling dizzy, weak, feverish, or having severe abdominal pain
- signs of infection such as a fever or feeling generally unwell

### Watch your symptoms:

Watching your symptoms is important. Consider using a [symptom tracker](#) to help you remember what symptoms you are feeling, when they started, how often they happen, and what makes them better. Call your healthcare provider or Health Link at 811 if you have any concerns. You might feel like you don't want to bother your healthcare team, but no detail is too small to share. If it matters to you, it will matter to your healthcare team.

You can clarify with your healthcare team what to expect in terms of follow-up communication. Connect with your healthcare team whenever you:

- have questions
- notice your symptoms getting worse
- have problems with your medicine
- haven't gotten test results or heard back about an appointment in the time you had agreed to



## Helpful tools and resources

If you can't reach your healthcare provider and need health advice or information, call Health Link anytime, day or night, by dialing 811.





## Keep taking care of yourself

There are many different things that can impact your health and wellness. It is important to be able to work with your healthcare team to decide what is best for you, in your life, given your own unique symptoms and circumstances as you progress through this stage of life.

Many people going through perimenopause or menopause do not seek help from their healthcare providers, but support is available. Continue to advocate for your whole-person health at each appointment. Trust yourself and your experience, and track your symptoms. It is normal to require several appointments to address multiple symptoms, and your symptoms can also change over time. Ask direct questions and statements like:

- “These symptoms are affecting the quality of my life.”
- “I would like to talk about treatment options, including menopause hormone therapy.”
- “Are there non-hormonal medications that can help me with my symptoms?”
- “I would like to have a more in-depth conversation about how menopause is affecting me. What are my options to make this happen?”

There are a lot of lifestyle changes that you can make to help manage your symptoms and overall health. Remember, you don’t need to do everything all at once. Take realistic and manageable steps in your health and wellness. Consider why making a change may benefit you and the things that matter to you.





## Helpful tools and resources

### Find programs and resources in your community:

211 connects Albertans to the programs and resources they need, anytime, day or night. Whether you're looking for help with mental health, financial assistance, basic needs or other challenges, 211 is here to help you find supports. It's free, confidential, and available in over 170 languages by phone, making it easy to access help when you need it. To connect with **211 Alberta**:

- Call 211
- Text INFO to 211
- Chat or search at [ab.211.ca](https://ab.211.ca)

The **Alberta Healthy Living Program** offers free workshops, classes, and supervised exercise and nutrition services to adults living with a variety of chronic conditions and diseases. Many education classes and workshops are available province wide. Learn more by visiting [Alberta Healthy Living Program](#).

**Chronic Disease Management support:** [ahs.ca/cdm](https://ahs.ca/cdm)

**Health Information & Tools:** [myhealth.alberta.ca/Pages/HealthInfoToolsDefault.aspx](https://myhealth.alberta.ca/Pages/HealthInfoToolsDefault.aspx)

**Patient Concerns and Feedback:** [Office of Alberta Health Advocates](#)

**Ask a Dietitian a Nutrition Question:** Complete a self-referral at [ahs.ca/811](https://ahs.ca/811) or call 811 and ask to talk to a dietitian.

## Resources

There's lots of information out there, and it can be confusing to know what information is accurate and true. Here are some great resources that may be helpful for you.

### Understanding menopause:

- [Resources to help you on your menopause journey](#)
- [Menopause: A Guide for Women and Gender-Diverse People](#)
- [What is menopause? – Menopause and U](#)
- [12 Myths about menopause explained](#)
- [Introduction to Menopause - Causes and Symptoms \(PDF Download\)](#)

### Cognitive behavioural therapy:

- [Find Therapists and Psychologists in Alberta - Psychology Today](#)



### Hormone therapy:

- [Local Hormone Therapy Basics for Menopause](#)
- [Systemic Menopausal Hormone Therapy Basics](#)

### Sleep:

- [Sleep \(Heart and Stroke Foundation\)](#)
- [Sleeping Better](#)

### Sexual health:

#### Sex therapy:

- Search the [Psychology Today](#) website for therapists in your neighbourhood that offer sex therapy.
- Explore online tools and programs such as: [enjoy touch again ... and again](#) and [OMGYES.com](#). There are costs associated with these options.

### Books:

- “Come Together: The Science (And Art) of Creating Lasting Sexual Connections” by Emily Nagoski
- “Better Sex Through Mindfulness: How Women Can Cultivate Desire” by Lori Brotto

### Gender-affirming resources:

- [Resources — Skipping Stone](#)
- [Trans Lifeline](#)
- [Trans Wellness Initiative: Provider Directory](#)

### Healthy eating

- [Canada's Food Guide](#)
- [Learning About Healthy Eating During Menopause](#)
- [Nutrition Services Workshops & Classes](#)

### Exercise

- [Physical Activity Tips for Adults \(18-64 years\)](#)
- [Physical activity tips for older adults \(65 years and older\)](#)
- [Supervised Exercise](#) (for adults with chronic health conditions)

### Get help now:

- Emergency: Call 911
- Health Link: Call 811

### Mental health, addiction, and crisis support:

- 811 or [Addiction Helpline](#): 1-866-332-2322
- 811 or [Mental Health Helpline](#): 1-877-303-2642
- Crisis Text Line: Text CONNECT to 741741

#### Helpful tip

If you can't print this resource at home, ask a family member, friend, or your healthcare provider to print it for you. You can also use a computer and printer at your local library.





- Crisis Services Canada: Call or text 988, or visit [988.ca](https://988.ca)

### Community and social supports:

- 211 Alberta: Call or text 211, or visit [ab.211.ca](https://ab.211.ca)
- Family Violence Info Line: 310-1818, or visit [alberta.ca/family-violence-find-supports](https://alberta.ca/family-violence-find-supports)
- Income Support: 1-866-644-5135, or visit [alberta.ca/income-support](https://alberta.ca/income-support)

### Alberta Health Services programs:

- Home Care: [ahs.ca/homecare](https://ahs.ca/homecare)
- Find a Dietitian: [Referring Patients for Nutrition Services | Alberta Health Services](https://alberta.ca/referring-patients-for-nutrition-services)
- Health Link has Registered Dietitians available to answer nutrition questions. If a patient has a nutrition question, they can complete a self-referral at [Health Link | Alberta Health Services](https://alberta.ca/health-link) or call 811 and ask to talk to a dietitian
- Spiritual Care Services: [ahs.ca/spiritualcare](https://ahs.ca/spiritualcare)

### Primary care (family doctors and nurse practitioners):

- Find a doctor or nurse practitioner: [ahs.ca/findadoctor](https://ahs.ca/findadoctor)
- Virtual care guide: [ahs.ca/virtualhealth](https://ahs.ca/virtualhealth)

### Patient concerns and feedback:

- Office of Alberta Health/Mental Health Patient Advocates: [alberta.ca/office-of-alberta-health-advocates](https://alberta.ca/office-of-alberta-health-advocates)
  - Offers coaching to help you advocate for yourself in the health system and supports learning on how the health system works and how to navigate through it.
- Alberta Health Services Patient Relations: 1-855-550-2555, or visit [ahs.ca/patientfeedback](https://ahs.ca/patientfeedback)

## Important phone numbers

Name or clinic name:

Phone number:

Name or clinic name:

Phone number:

Name or clinic name:

Phone number:



## Notes

Use this space to take notes.

### About this Pathway

The Provincial Pathways Unit co-developed this patient pathway in partnership with patient and family advisors, primary and specialty care providers in Alberta. It is current as of January 2026.

### Authors & Conflict of Interest Declaration

This pathway was reviewed and revised by a multi-disciplinary co-design team including specialists and primary care providers from across Alberta. Membership available on request by emailing [albertapathways@primarycarealberta.ca](mailto:albertapathways@primarycarealberta.ca).

### Pathway Review Process

Patient pathways undergo scheduled review every three years, or earlier if there is a clinically significant change in knowledge or practice. The next scheduled review is February 2029. However, we welcome feedback at any time. Please send us your [feedback here](#) or email us at: [albertapathways@primarycarealberta.ca](mailto:albertapathways@primarycarealberta.ca).

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### Disclaimer

This pathway represents evidence-based best practice but does not override the individual responsibility of healthcare professionals to make decisions appropriate to their patients using their own clinical judgment given their patients' specific clinical conditions, in consultation with patients/alternate decision makers. The pathway is not a substitute for clinical judgment or advice of a qualified healthcare professional. It is expected that all users will seek advice of other appropriately qualified and regulated healthcare providers with any issues transcending their specific knowledge, scope of regulated practice, or professional competence.