

The 40s+ Wellness Checklist

Wisdom & Menopause Guide



Your Journey to Vibrant Health
in Your 40s and Beyond

Presented by
Divakars Speciality Hospital

A passion for womens quality healthcare, Bangalore
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Table of Contents

After opening this document in Microsoft Word, right-click here and select 'Update Field' to generate the table of contents.

Welcome to Your 40s!	4
Understanding Your Body's Natural Transition	5
What is Perimenopause?	5
Common Signs You Might Experience	5
Your Annual Health Check-Up Checklist	6
Essential Screenings to Schedule	6
Your Daily Wellness Habits	6
Nourish Your Body	6
Move Your Body Joyfully	7
Prioritize Quality Sleep	7
Care for Your Skin	7
Nurture Your Mental Well-being	7
Common Concerns & Practical Solutions	8
Hot Flashes & Night Sweats	8
Urine Leaks (Stress Incontinence)	8
Vaginal Dryness & Intimacy	8
Birth Control & Pregnancy in Your 40s	8
Your Top 25 Questions, Answered	9
Q1. Is it normal to have irregular periods in my early 40s?	9
Q2. How do I know if I'm in perimenopause or if something else is wrong?	9
Q3. Why am I gaining weight around my belly even though my diet hasn't changed?	9
Q4. Is hair loss normal during perimenopause? What can I do about it?	10
Q5. Can I still get pregnant in my 40s?	10
Q6. What exactly are hot flashes, and how long will they last?	10



Q7. Should I be worried about my bone health now?	11
Q8. Why can't I sleep properly anymore? I wake up multiple times at night.	11
Q9. I'm feeling anxious and low for no reason. Is this related to perimenopause?	11
Q10. What is brain fog, and will my memory come back?.....	12
Q11. Do I still need to see a gynaecologist after 40 if I'm done having children?	12
Q12. Is hormone therapy (HT) safe? I've heard conflicting things.	12
Q13. Why do I keep getting urinary tract infections (UTIs) now?	13
Q14. I leak urine when I cough, sneeze, or exercise. Is this normal?	13
Q15. My libido has dropped significantly. What's happening?.....	13
Q16. Should I get a thyroid test? My symptoms seem to overlap with so many things.	14
Q17. What vitamins and supplements should I actually be taking in my 40s?	14
Q18. How much exercise do I really need, and what kind is best after 40? ..	14
Q19. Is vaginal dryness permanent? Can anything actually help?	15
Q20. Can perimenopause cause heart palpitations? Should I be worried? ..	15
Q21. What foods should I eat more of now that I'm over 40?	15
Q22. How do I know if I need a mammogram? At what age should I start? .	16
Q23. Is it normal to feel joint pain and body aches in my 40s?	16
Q24. My skin has become so dry and dull. What should I do?.....	16
Q25. When should I see a doctor urgently rather than wait for my regular check-up?.....	17

Welcome to Your 40s!

Dear Friend,

Your 40s are a beautiful chapter of life, a time of wisdom, confidence, and self-discovery. As your body naturally transitions through this phase, we're here to support you with compassionate care and practical guidance.

This guide is designed specifically for you, with easy-to-follow information about perimenopause, menopause, and maintaining vibrant health in your 40s and beyond. Think of it as your personal wellness companion created with care, understanding, and deep respect for your journey.

Remember, you're not alone in this journey. We're here for you every step of the way.

With warm wishes,

Your Care Team at Divakar's Speciality Hospital





Understanding Your Body's Natural Transition

What many women don't realize is that perimenopausal symptoms can start in their early 40s or even earlier. This is completely normal and natural! Let's understand what's happening in your body.

What is Perimenopause?

Perimenopause is your body's natural transition toward menopause. It typically begins 2 to 5 years before menopause (which usually occurs around age 51). During this time, your hormone levels naturally fluctuate, and you may experience various changes.

Common Signs You Might Experience

Everyone's experience is unique, but here are some common changes women notice:

- Hot flashes or night sweats
- Sleep disturbances or feeling more fatigued
- Mood changes, anxiety, or feeling low
- Memory or concentration challenges
- Changes in your menstrual cycle (irregular periods)
- Vaginal dryness or discomfort during intimacy
- Joint or muscle aches
- Weight changes or shifts in body shape



Your Annual Health Check-Up Checklist

Regular health screenings are your best friends in your 40s! Early detection makes all the difference. Here's what you should prioritize:

Essential Screenings to Schedule

- Mammography** (for breast cancer screening)
- Cervical Cancer Screening** (Pap smear/HPV test)
- Blood Pressure Check** (cardiovascular health)
- Blood Sugar/HbA1c** (diabetes screening)
- Lipid Profile** (cholesterol levels)
- Thyroid Function Test** (TSH levels)
- Bone Density Scan (BMD/DXA)** (osteoporosis screening)
- Vitamin D Levels** (bone and immune health)
- Complete Blood Count (Hb)** (anemia screening)
- Eye & Dental Check-ups** (vision and oral health)

Your Daily Wellness Habits

The choices you make every day have a powerful impact on how you feel. Here are practical, caring suggestions to help you thrive:

Nourish Your Body

- **Eat a balanced diet** rich in fruits, vegetables, whole grains, and lean proteins
- **Include calcium-rich foods** like dairy, leafy greens, and fortified foods for bone health
- **Stay hydrated** with 8-10 glasses of water daily
- Limit processed foods, excess salt, and added sugars



Move Your Body Joyfully

- **Aim for 150 minutes of moderate exercise weekly** (walking, swimming, dancing)
- **Include strength training** 2-3 times per week to maintain muscle mass and bone density
- **Add flexibility exercises** like yoga or stretching
- *Remember: any movement is better than none! Find activities you genuinely enjoy*

Prioritize Quality Sleep

- Aim for 7-9 hours of sleep nightly
- Create a calming bedtime routine
- Keep your bedroom cool and comfortable (helps with night sweats!)
- Limit screen time before bed

Care for Your Skin

As hormone levels shift, your skin produces less natural oils. This can lead to dryness.

- **Moisturize daily** to keep skin soft and supple
- **Use sunscreen daily** (SPF 30 or higher)
- If you notice unexplained redness, itching, or burning, consult your doctor

Nurture Your Mental Well-being

- **Practice stress-reduction techniques** (meditation, deep breathing, journaling)
- Stay socially connected with friends and loved ones
- Seek professional support if you're experiencing anxiety, depression, or mood changes
- *Remember: asking for help is a sign of strength, not weakness*



Common Concerns & Practical Solutions

Hot Flashes & Night Sweats

These are among the most common perimenopause symptoms. Here's what can help:

- Dress in layers so you can adjust as needed
- Keep your bedroom cool at night
- Avoid triggers like spicy foods, caffeine, and alcohol
- Practice deep breathing when a hot flash starts
- Talk to your doctor about hormone therapy or other treatments if symptoms are severe

Urine Leaks (Stress Incontinence)

Many women experience minor urine leaks in their 40s. While it's common, you don't have to live with it!

- Practice pelvic floor exercises (Kegels) daily
- Maintain a healthy weight
- **Don't be embarrassed to discuss this with your doctor—effective treatments are available!**

Vaginal Dryness & Intimacy

Changes in hormone levels can affect vaginal moisture and comfort during intimacy.

- Use water-based lubricants
- Consider vaginal moisturizers
- Ask your doctor about local estrogen therapy if needed

Birth Control & Pregnancy in Your 40s

Important reminders about reproductive health:

- **Continue birth control until menopause** if you don't wish to become pregnant (defined as 12 months without a period).
- If trying to conceive in your 40s, seek fertility counseling early time matters more at this age



- Pregnancy over 40 requires closer monitoring but can be safe with proper prenatal care

Your Top 25 Questions, Answered

These are the real questions women in their 40s ask us every day. We've answered each one with care, honesty, and practical guidance you can act on right away.

Q1. Is it normal to have irregular periods in my early 40s?

Absolutely. Irregular periods are one of the earliest signs of perimenopause. Your cycles may become shorter or longer, lighter or heavier, and you may skip months entirely. This is caused by natural fluctuations in estrogen and progesterone levels. However, if you experience very heavy bleeding (soaking through a pad every hour), bleeding between periods, or bleeding after intercourse, consult your gynaecologist to rule out other causes.

Q2. How do I know if I'm in perimenopause or if something else is wrong?

Perimenopause typically presents with a combination of symptoms: irregular periods, hot flashes, sleep disturbances, mood changes, and brain fog. However, many of these symptoms overlap with thyroid disorders, anaemia, or vitamin deficiencies. A comprehensive health check - including thyroid function tests (TSH, T3, T4), complete blood count, and hormone panels, can help your doctor differentiate between perimenopause and other conditions. Don't self-diagnose; get tested.

Q3. Why am I gaining weight around my belly even though my diet hasn't changed?

This is extremely common after 40. Declining oestrogen levels cause your body to redistribute fat towards the abdomen. Additionally, your metabolism naturally slows with age, and you may lose muscle mass (which burns more calories at rest). The solution is a combination approach: increase protein intake (especially at breakfast), add strength training 2–3 times per week to build muscle, stay hydrated with 2–3 litres of



water daily, and focus on fibre-rich whole foods. Crash dieting doesn't work, sustainable lifestyle changes do.

Q4. Is hair loss normal during perimenopause? What can I do about it?

Yes, many women notice thinning hair or increased shedding during perimenopause due to hormonal changes. Declining oestrogen and rising androgen levels can affect hair follicles. However, always get your thyroid checked, as hypothyroidism (very common in women over 40) is a major cause of hair loss. Also check your iron, ferritin, vitamin D, and B12 levels. Eating a protein-rich diet, managing stress, avoiding harsh chemical treatments, and using a gentle sulphate-free shampoo can help. If hair loss is significant, consult a dermatologist for targeted treatment.

Q5. Can I still get pregnant in my 40s?

Yes, pregnancy is possible during perimenopause as long as you are ovulating, even if your periods are irregular. Fertility does decline significantly after 40, but unplanned pregnancies can and do happen. Continue using birth control until you have gone 12 consecutive months without a period (which confirms menopause). If you are actively trying to conceive after 40, seek fertility counselling early, as time is a critical factor and options like IVF may be discussed.

Q6. What exactly are hot flashes, and how long will they last?

Hot flashes are sudden waves of heat that spread across your upper body and face, often accompanied by sweating, a rapid heartbeat, and flushing. They typically last 1–5 minutes each. The perimenopausal hot flash phase usually lasts 2–5 years on average, though some women experience them for much longer. Triggers include spicy foods, caffeine, alcohol, stress, and warm environments. Dressing in layers, keeping your room cool, practicing deep breathing, and staying hydrated can help. If they severely disrupt your life, speak to your doctor about hormone therapy or other medications.



Q7. Should I be worried about my bone health now?

Yes, your 40s are the time to get proactive about bone health. Women reach peak bone density by their mid-30s, and bone loss accelerates dramatically in the first 4–8 years after menopause due to declining oestrogen. Get a baseline Bone Mineral Density (BMD/DXA) scan, especially if you have risk factors like a family history of osteoporosis, a small body frame, or smoking. Prioritise calcium-rich foods (dairy, leafy greens, ragi), vitamin D supplementation, and weight-bearing exercise like walking, jogging, or resistance training.

Q8. Why can't I sleep properly anymore? I wake up multiple times at night.

Sleep disturbances are one of the most frustrating perimenopause symptoms. Fluctuating hormones affect your body's thermoregulation (causing night sweats) and disrupt your sleep-wake cycle. Strategies that help: maintain a consistent sleep schedule, keep your bedroom cool (22–24°C), avoid screens for 1 hour before bed, limit caffeine after 2 PM, and practice relaxation techniques like meditation or gentle yoga. If you're waking up drenched in sweat, discuss treatment options with your doctor. Recent research suggests women in perimenopause may actually need 8–10 hours of sleep.

Q9. I'm feeling anxious and low for no reason. Is this related to perimenopause?

Very likely, yes. Oestrogen and progesterone directly influence serotonin and other brain chemicals that regulate mood. As these hormones fluctuate during perimenopause, many women experience anxiety, irritability, sadness, or even panic attacks, often for the first time in their lives. This is not "all in your head", it's a biological response to hormonal shifts. Talk to your doctor about it. Strategies include regular exercise (a natural mood booster), mindfulness meditation, adequate sleep, and social connection. If symptoms are severe, cognitive behavioural therapy or medication may be recommended.



Q10. What is brain fog, and will my memory come back?

Brain fog means difficulty in concentrating, forgetfulness, and mental sluggishness is a very real perimeopause symptom. Oestrogen plays a key role in cognitive function, and its fluctuation can temporarily affect memory and focus. The good news: for most women, this improves significantly after the menopausal transition stabilises. In the meantime, prioritise sleep (this is the number one factor), stay physically active, challenge your brain with puzzles or new learning, eat omega-3 rich foods, and reduce multitasking. If brain fog is severe or worsening, have your thyroid and vitamin B12 levels checked.

Q11. Do I still need to see a gynaecologist after 40 if I'm done having children?

Absolutely, and this is very important. Regular gynaecological visits become even more crucial after 40. You'll need continued cervical cancer screening (Pap smear/HPV test), breast cancer screening (mammograms), pelvic examinations, and monitoring for conditions that become more common with age, such as fibroids, ovarian cysts, endometrial issues, and pelvic floor disorders. Your gynaecologist is also your best resource for managing perimenopause symptoms, discussing hormone therapy, and monitoring overall reproductive health.

Q12. Is hormone therapy (HT) safe? I've heard conflicting things.

Modern research has clarified a lot of the confusion around hormone therapy. For healthy women experiencing moderate to severe menopausal symptoms, HT is generally considered safe and effective when started within 10 years of menopause or before age 60. It effectively relieves hot flashes, sleep disturbances, vaginal dryness, and also helps protect bones. Your doctor will assess your individual risk factors, including your personal and family history of breast cancer, blood clots, and heart disease, before recommending HT. It's not for everyone, but for many women it significantly improves quality of life. Always discuss this with your gynaecologist rather than relying on internet information.



Q13. Why do I keep getting urinary tract infections (UTIs) now?

Declining oestrogen levels thin the vaginal and urethral tissues, making them more vulnerable to infection. This is called genitourinary syndrome of menopause. To reduce UTI risk: stay well hydrated, don't hold your urine for long periods, urinate after intercourse, maintain good hygiene (wipe front to back), and consider probiotic foods or supplements. Your doctor may also recommend topical (local) oestrogen therapy, which can significantly reduce recurrent UTIs by restoring tissue health. This low-dose local treatment carries minimal systemic risk.

Q14. I leak urine when I cough, sneeze, or exercise. Is this normal?

Stress urinary incontinence is extremely common in women after 40, but it is not something you should simply accept. Weakened pelvic floor muscles (from childbirth, hormonal changes, or age) are the main cause. The first-line treatment is pelvic floor physiotherapy and regular Kegel exercises. Maintaining a healthy weight also reduces pressure on the bladder. In more severe cases, your doctor may recommend vaginal pessaries, laser treatments, or minimally invasive surgical procedures. Please don't feel embarrassed to discuss this, effective treatments are available.

Q15. My libido has dropped significantly. What's happening?

A decrease in sexual desire is common during perimenopause and can be caused by multiple factors: hormonal changes (declining oestrogen and testosterone), vaginal dryness making intimacy uncomfortable, fatigue, stress, body image concerns, and mood changes. Addressing these one by one helps: water-based lubricants and vaginal moisturisers for dryness, local oestrogen therapy if needed, regular exercise (boosts both mood and desire), open communication with your partner, and stress reduction. If the change is significant and distressing, your doctor can evaluate whether hormonal or other treatments may help.



Q16. Should I get a thyroid test? My symptoms seem to overlap with so many things.

Yes, every woman over 40 should get a thyroid function test as part of her annual check-up. Thyroid disorders, particularly hypothyroidism are remarkably common in women over 40 and their symptoms (fatigue, weight gain, hair loss, mood changes, irregular periods, feeling cold) closely mimic perimenopause. A simple blood test measuring TSH, free T3, and free T4 can detect thyroid issues. If both thyroid dysfunction and perimenopause are present, treating both conditions properly will dramatically improve how you feel.

Q17. What vitamins and supplements should I actually be taking in my 40s?

While a balanced diet should be your foundation, most women over 40 benefit from: Vitamin D (1000–2000 IU daily, as deficiency is extremely common in India), Calcium (1000–1200 mg daily through diet and supplements combined), Omega-3 fatty acids (for heart and brain health), Magnesium (helps with sleep, mood, and muscle cramps), and Vitamin B12 (especially if you're vegetarian). Get your blood levels tested before starting high-dose supplements. Avoid taking random supplements without your doctor's guidance, as more is not always better.

Q18. How much exercise do I really need, and what kind is best after 40?

Aim for at least 150 minutes of moderate aerobic exercise per week (brisk walking, swimming, cycling, dancing). Equally important and often neglected is strength training 2–3 times per week. After 40, you lose approximately 1% of muscle mass per year, and strength training is the most effective way to counter this, boost metabolism, protect bone density, and improve balance. Add flexibility work like yoga or stretching. Start where you are; even 10 minutes of daily walking makes a difference. The best exercise is one you enjoy and will do consistently.



Q19. Is vaginal dryness permanent? Can anything actually help?

Vaginal dryness during perimenopause is caused by declining oestrogen and is very common, but it is highly treatable. Water-based lubricants provide immediate relief during intimacy, while vaginal moisturisers (used 2–3 times per week) can improve day-to-day comfort. For more persistent dryness, local (vaginal) oestrogen therapy- available as creams, tablets, or rings is extremely effective with minimal systemic absorption. Regular sexual activity or stimulation also helps maintain vaginal health by improving blood flow to the tissues. Do not suffer in silence, this is one of the most easily treated menopausal symptoms.

Q20. Can perimenopause cause heart palpitations? Should I be worried?

Yes, heart palpitations (feeling like your heart is racing, fluttering, or pounding) are a recognised perimenopause symptom caused by hormonal fluctuations affecting the heart's electrical system. They can be alarming but are usually harmless. However, since cardiovascular risk increases after 40, it's important to get evaluated, especially if palpitations are accompanied by chest pain, dizziness, or shortness of breath. Your doctor may recommend an ECG, blood pressure check, and thyroid test. Reducing caffeine, alcohol, and stress can often help.

Q21. What foods should I eat more of now that I'm over 40?

Focus on: protein-rich foods at every meal (dal, paneer, eggs, fish, chicken, legumes) to maintain muscle mass; calcium-rich foods (milk, curd, ragi, leafy greens, sesame seeds) for bones; fibre-rich foods (whole grains, vegetables, fruits) for digestive health and blood sugar control; omega-3 rich foods (flaxseeds, walnuts, fatty fish) for heart and brain health; and phytoestrogen-containing foods (soy, flaxseeds, sesame) which may mildly help with menopausal symptoms. Limit refined sugar, processed foods, excessive salt, and reduce caffeine and alcohol.



Q22. How do I know if I need a mammogram? At what age should I start?

Current guidelines recommend that women should begin regular mammography screening from age 40. If you have a family history of breast cancer (especially a mother, sister, or daughter diagnosed before 50), you may need to start earlier and may also require additional screening such as MRI. Get a mammogram once every 1–2 years as advised by your doctor. Monthly breast self-examination is also important, look for lumps, changes in size or shape, skin dimpling, nipple discharge, or any unusual changes. Early detection saves lives.

Q23. Is it normal to feel joint pain and body aches in my 40s?

Yes, joint stiffness and body aches are very common during perimenopause. Oestrogen has an anti-inflammatory effect on joints, and as levels decline, many women experience increased joint pain, stiffness (especially in the morning), and muscle aches. Regular gentle exercise, maintaining a healthy weight, omega-3 fatty acids, and staying active throughout the day all help. However, if joint pain is severe, persistent, or accompanied by swelling, get evaluated for arthritis, vitamin D deficiency, or thyroid issues. Don't just dismiss it as "getting old."

Q24. My skin has become so dry and dull. What should I do?

As oestrogen levels drop, your skin produces less collagen and natural oils, leading to dryness, thinning, and loss of elasticity. A good skincare routine becomes essential: moisturise daily (look for hyaluronic acid, ceramide-based products), use sunscreen (SPF 30+) every day, stay hydrated, eat antioxidant-rich fruits and vegetables, and consider adding a retinol product at night (start slowly). Avoid harsh soaps. If you experience unexplained redness, itching, or rashes, consult a dermatologist - it could be related to hormonal changes or an underlying condition.



Q25. When should I see a doctor urgently rather than wait for my regular check-up?

Seek medical attention promptly if you experience: very heavy or prolonged bleeding (soaking a pad every hour for several hours), any bleeding after 12 months without periods (post-menopausal bleeding), a lump in your breast or underarm, persistent pelvic pain, unexplained weight loss, blood in your urine or stool, sudden severe headaches or vision changes, chest pain or shortness of breath, signs of depression or thoughts of self-harm, or any symptom that feels sudden, severe, or dramatically different from your usual experience. Trust your instincts, it's always better to be safe.

IMPORTANT MEDICAL DISCLAIMER

This guide is provided for educational and informational purposes only. It is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition or treatment.

Never disregard professional medical advice or delay in seeking it because of something you have read in this guide. If you think you may have a medical emergency, call your doctor or emergency services immediately.

The information in this guide is based on current medical knowledge and best practices as of the publication date. Medical information changes rapidly, and individual circumstances vary. Your healthcare provider is your best source for personalized medical advice.

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