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Menopause and Long COVID

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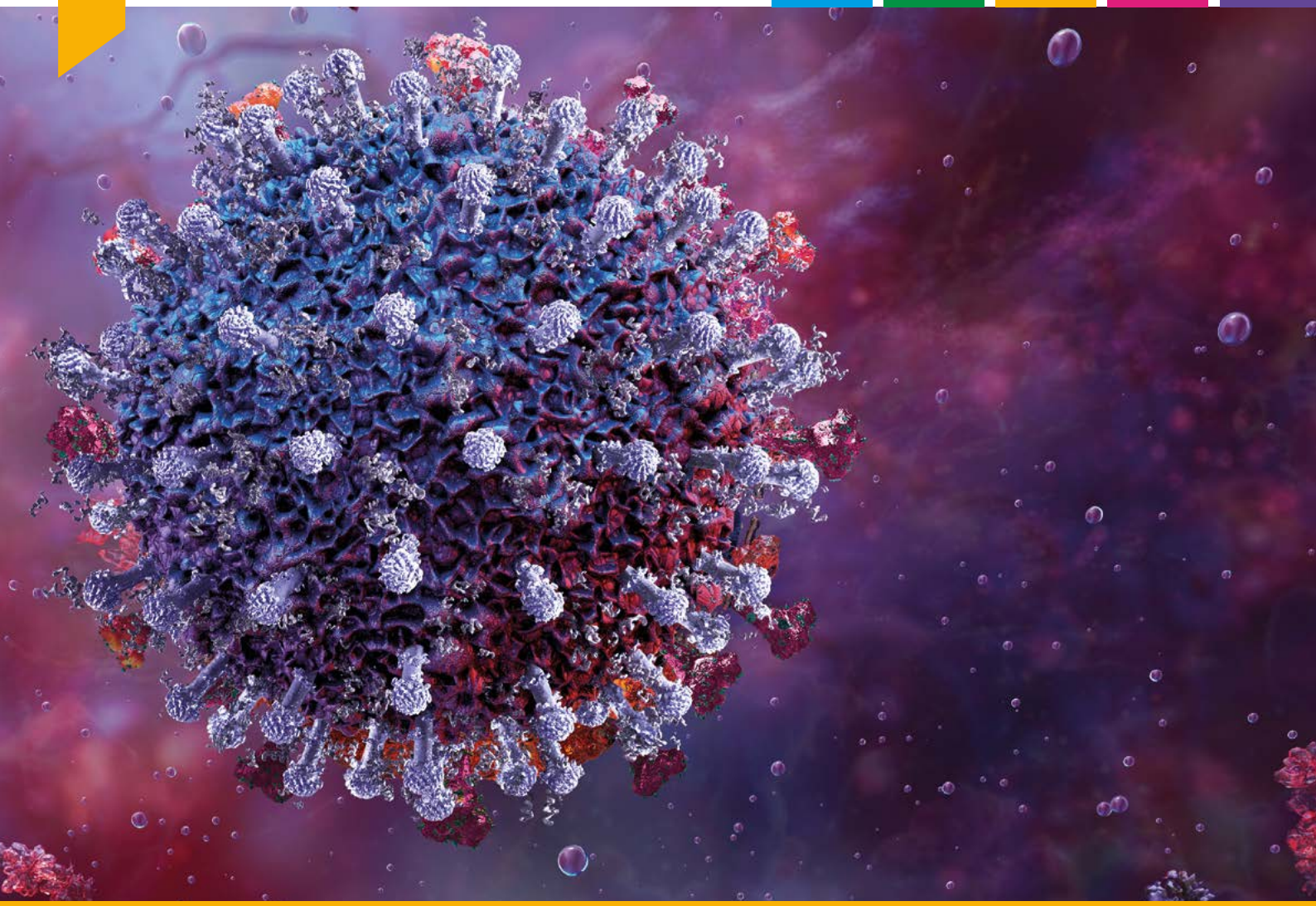

The specialist authority for menopause & post reproductive health

British Menopause Society

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This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact **corporate.communications@rcn.org.uk**

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Notes

It is recognised that care may be provided by registered nurses and midwives, health care support workers, assistant practitioners, nursing associates and student nurses and midwives, and trainee nursing associates. For ease of reading, the generic terms 'nurse', 'nursing' and 'nurses' are used throughout this document, unless specified.

The RCN recognises and embraces our gender diverse society and encourages this guideline to be used by and/or applied to people who identify as non-binary, transgender, or gender fluid.

The RCN also recognises that not all those born female, or male will identify with the same gender nouns, but for ease of reading use the term woman and where appropriate acknowledge non-binary terms.

Introduction

Women are disproportionately affected by Long COVID, and as the peak incidence occurs between the ages of 35-49, there may be overlap with symptoms of perimenopause and menopause. There is also overlap in the type of symptoms so that it can be difficult to distinguish the cause. It should be noted that knowledge and evidence around Long COVID is an emerging and changing landscape as new research is conducted and a greater understanding of the illness becomes more apparent. Information on self-reported coronavirus (COVID-19) infections and associated symptoms, for England and Scotland: November 2023 to March 2024 can be found at: **ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/selfreportedcoronaviruscovid19infectionsandassociatedsymptomsenglandandscotland/november2023tomarch2024**

COVID-19 is an infectious disease caused by the SARS-CoV-2 virus (WHO, 2025a). Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However, some will become seriously ill and require medical attention. (WHO, 2025a). It primarily affects the respiratory system, but it can also impact other parts of the body.

Acute COVID-19 can present with a wide range of severity, from asymptomatic to critical illness. Most people with mild COVID-19 begin feeling better within one to four weeks of symptom onset and typically make a full recovery within three months. However, for some, the effects can last much longer, or new symptoms may emerge over time. This condition is often referred to as Long COVID (also known as post-COVID-19 syndrome or post COVID-19 condition).

- COVID-19 Rapid Guideline: managing the long-term effects of COVID-19: **nice.org.uk/guidance/ng188/chapter/1-Identification**
- **who.int/news-room/fact-sheets/detail/post-covid-19-condition-(long-covid)**

In 2024, the National Academy of Sciences published an alternative definition of Long COVID, which can be found at: **ncbi.nlm.nih.gov/books/NBK605675**. They also note that a positive covid test is not necessary to be diagnosed with Long COVID.

It is estimated that at least one in 20 of the UK population are currently living with Long COVID, adversely affecting their day-to-day activities, relationships and ability to work. Self-reported Long COVID is particularly common in females aged 45-64 with health and social care workers being disproportionately affected (ONS, 2024), and an estimated 15% of cases persist for at least 12 months (Global Burden of Disease Long Covid Collaborators, 2022). Dimpy et al., (2025) has also shown that in the USA, women especially in their 40s-50s are more likely than men to develop Long COVID symptoms and analysis of data finds the highest risk is in the 40-54 age group (the perimenopause/menopause group).

Menopause and Long COVID share a range of overlapping symptoms, such as fatigue, difficulty concentrating/ cognitive dysfunction/brain fog, shortness of breath, and muscle aches. This can make it difficult to differentiate between the two and offer tailored support.

This guidance, based on available evidence and clinical expertise, aims to outline principles of assessment, diagnosis, management and support to facilitate self-help and recovery.

Definitions

Menopause: when a woman stops having periods as she reaches the end of her natural reproductive life. This is not usually abrupt, but a gradual process during which women experience perimenopause before reaching post-menopause (NICE, 2024a).

Premature ovarian insufficiency (POI): is a condition where there is fluctuation and a decline in ovarian function in women younger than 40 years resulting in a hypo-estrogenic state with elevated gonadotrophins and oligomenorrhoea/ amenorrhoea. This is associated with both short-term and long-term effects of oestrogen deficiency including infertility, increased morbidity and mortality.

Early menopause: describes menopause that occurs between the age of 40-45 years.

Surgical menopause: follows surgical removal of both ovaries. This results in immediate menopause and more intense symptomatic presentation and estrogen deficiency effects.

Medical menopause: following treatment such as chemotherapy, radiotherapy for cancer or other medication to regulate the cycle, for treatments such as endometriosis can also result in immediate and more intense menopause symptoms.

Acute COVID-19: signs and symptoms for up to 28 days.

Ongoing Symptomatic COVID-19: signs and symptoms from four weeks up to 12 weeks

Post-COVID-19: syndrome: where symptoms develop during SARS-CoV-2 infection with persist beyond 12 weeks and cannot be explained by an alternative diagnosis. (NICE 2024)

Long COVID: describes the experience of symptoms that continue or develop after acute COVID-19. It includes both ongoing symptomatic COVID-19 (from four to 12 weeks) and post-COVID-19 syndrome (12 weeks or more).

Signs and symptoms

Due to the overlap between symptoms of menopause and Long COVID, careful clinical assessment is key to diagnosis and treatment, recognising that it can be extremely difficult to determine the cause. It is particularly important to listen to the patient's unique experience and elicit which symptoms are the most problematic, to personalise and develop an appropriate management plan.

Table 1 outlines some of the more prevalent symptoms, however this list is not exhaustive. Long COVID symptoms are listed according to current data on how commonly they are reported to the ONS. More detail is available at: **ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/datasets/alldatarelatingtoprevalenceofongoingsymptomsfollowingcoronaviruscovidw19infectionintheuk**. The menstruation and sexual dysfunction symptoms are reported from Characterising Long COVID in an international cohort: seven months of symptoms and their impact at: **sciencedirect.com/science/article/pii/S2589537021002996?via%3Dihub**

Table 1: Common symptoms

Common symptoms of perimenopause/ menopause	Common symptoms of Long COVID
• Hot flushes/night sweats. • Night waking/insomnia. • Low mood. • Increased anxiety. • Fatigue. • Difficulty concentrating/brain fog/cognitive dysfunction. • Genitourinary symptoms of the menopause. • Itchy skin. • Dry eyes/skin/hair/nails. • Irregular periods/Heavy menstrual bleeding (symptoms of perimenopause). • Joint aches/pains. • Loss of libido. • Headaches/migraines.	• Fatigue. • Difficulty concentrating/brain fog/cognitive dysfunction. • Muscle/joint aches/pains. • Breathlessness. • Worry/anxiety/low mood. • Trouble sleeping. • Memory loss/confusion. • Headache. • Cough. • Runny nose. • Vertigo or dizziness. • Loss of smell/taste. • Palpitations. • Chest pain. • Sore throat. • Abdominal pain/diarrhoea/nausea or vomiting. • Worsening menstrual symptoms. • Sexual dysfunction. • Feeling hot/cold. • Speech and language difficulties. • Orthostatic intolerance. • Worsening of symptoms after even minor physical, mental, emotional, or sensory exertion.

Investigation and criteria for referral to specialist services

Specialist Long COVID services are available; however, service provision varies across the UK according to perceived need and local commissioning decisions. Most patients will begin this journey via the primary care route (Maxwell et al., 2022).

Patients may be referred to specialist Long COVID services based on clinical diagnosis alone in the absence of a previous positive SARS-Cov-2 test. A referral is typically made when symptoms such as fatigue, breathlessness, pain, cognitive difficulties, or psychological distress persist and require further investigation or support beyond primary care. Referral requirements of individual services vary, but typically pertinent clinical examination findings, a chest x-ray and results of specific blood tests are needed in addition to outlining the symptoms and request for support.

The service should be structured around multidisciplinary one-stop clinics, designed to provide comprehensive assessment and management in a single setting. These clinics may be led by a doctor or by a team of specialists, including nurses and allied health professionals such as physiotherapists and occupational therapists. Ideally the team will include a care coordinator who can guide patients through the pathway and act as a consistent point of contact.

Long COVID services provision should offer direct access to diagnostics and specialist input without the need for multiple separate referrals. They can provide tailored rehabilitation based on individual needs, covering physical recovery (commonly including management of breathlessness and fatigue, dizziness, palpitations and pain), neuropsychiatric input and psychological support, as well as educational or vocational rehabilitation where appropriate.

Referrals to secondary care, mental health services, and community or voluntary sector organisations may also form part of the package of care. Upon discharge, patients should receive a personalised self-management plan to support ongoing recovery, however it is recognised that service provision varies greatly throughout the UK (Maxwell et al., 2022).

Management and support

The underlying principle of the management of both Long COVID and menopause is holistic assessment and person-centred care that is tailored to the individual. Perimenopause and menopause status should be considered for women who present with symptoms of Long COVID, as part of the routine assessment. The support should also include signposting to evidence-based websites and information.

It may not always be possible to distinguish which condition is causing the symptoms. In such cases, a trial of hormone replacement therapy (HRT) may be indicated to relieve symptoms, alongside management of Long COVID symptoms. If a woman was perimenopausal prior to COVID-19, it may be a reasonable assumption that the symptoms could be attributed to the menopause. As with many areas there is an absence of evidence for treating Long COVID with hormones, so treatments should be on clinical diagnosis and monitored.

Table 2 outlines some proposed management of menopause symptoms, while **Table 3** focuses on management of the symptoms of Long COVID. Multidisciplinary assessment services are recommended to enable comprehensive assessments by a team of specialists, including medical teams in respiratory, neurology, psychiatry, as well as nurses, physiotherapists, occupational therapists, and clinical psychologists. This helps tailor the treatment to individual needs.

Table 2: Management of menopause

Symptoms	Menopause management
Lifestyle advice	Smoking cessation/alcohol reduction/exercise/ advice/nutrition weight management/reasonable adjustments at work. **nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit** **nhs.uk/better-health/drink-less** **nhs.uk/live-well/exercise**
Vasomotor symptoms (VMS) (hot flushes, night sweats palpitations)	Assess lifestyle, diet, alcohol and smoking. **selfcareforum.org/menopause** **thebms.org.uk/wp-content/uploads/2023/06/19-BMS-TfC-Menopause-Nutrition-and-Weight-Gain-JUNE2023-A.pdf** **womens-health-concern.org/help-and-advice/menopause-wellness-hub** Consider a trial of HRT for those with VMS. If symptoms are due to menopause, HRT is likely to bring relief: **thebms.org.uk/wp-content/uploads/2022/12/04-BMS-TfC-HRT-Guide-NOV2022-A.pdf** If unable to take HRT then consider prescribed alternatives: **thebms.org.uk/wp-content/uploads/2022/12/02-BMS-TfC-Prescribable-alternatives-to-HRT-NOV2022-A.pdf** Explore the option of cognitive behavioural therapy (CBT:) **thebms.org.uk/wp-content/uploads/2022/12/01-BMS-TfC-CBT-NOV2022-A.pdf**
Vasomotor symptoms, mood changes	CBT/talking therapy. HRT. BMS (2025) *Cognitive Behaviour Therapy for the Management of Hot Flushes and Night Sweats*: **thebms.org.uk/wp-content/uploads/2021/11/2022-CBT-courses-programme-and-information.pdf**

Insomnia	Managing sleep disturbance through the menopause transition. **thebms.org.uk/publications/tools-for-clinicians** Sleepstation - sleep improvement and insomnia course: **sleepstation.org.uk** **nhs.uk/conditions/insomnia**
Vaginal dryness, genitourinary symptoms, menopause	Vaginal- local estrogen. Vaginal moisturisers. Vaginal lubricants. Systemic HRT. **nice.org.uk/guidance/NG23** **pcwhs.co.uk/resources/57/genitourinary_syndrome_of_the_menopause_gsm**
Bleeding issues	Consider hormones to regulate - 52mg levonorgestrel intrauterine device, contraception, sexual health screening and cervical screening. Consider referral if heavy, bleeding in between periods, bleeding after sex. **nice.org.uk/guidance/ng88**
Consideration of referring to specialist clinics if necessary	Difficulty in controlling symptoms. Uncertainty around the correct treatments. Failure of treatments. Complex medical problems. Hormone sensitive cancers or genetic risks – personal or familiar high risk of breast cancer. Personal risk coronary heart disease/stroke. Before surgical menopause. History of using gender affirming hormones. Primary Ovarian Insufficiency (POI).
Long-term health risks	CVD screening and education, bone health.

Table 3: Management of Long COVID

Symptoms	Management of Long COVID
Self-management	Empowering patient self-management is a fundamental part of Long COVID treatment programmes. A range of self-management resources are available such as these short videos (**youtube.com/playlist?list=PLcaVWbSw-0R1-Cactd7LZy-hM6HjR1RYI**) co-designed by Long COVID patients to support others with their recovery. For example, COVID-19 Rehabilitation Programme, if appropriate: **nuffieldhealth.com/about-us/our-impact/healthy-life/covid-19-rehabilitation-programme**
Physiotherapy	Focuses on improving physical function and managing symptoms like breathlessness and fatigue. This can include tailored exercise programs and breathing exercises. Caution needs to be exercised where patients present with Long COVID has PEM or PESE or are exercise intolerant. Exercise may cause exacerbation of symptoms.
Occupational therapy	Helps individuals manage daily activities and improve their quality of life. This may involve strategies for energy conservation such as pacing and adapting tasks to reduce fatigue.
Vocational rehab	Supports individuals whose ongoing symptoms are affecting their ability to work, helping them to return to, remain in, or adapt their work roles safely and sustainably.

Mental health support	Psychological therapies are available to help manage anxiety, depression, and other mental health issues associated with Long COVID. NHS Talking Therapies for anxiety and depression (**nhs.uk/nhs-services/mental-health-services/find-nhs-talking-therapies-for-anxiety-and-depression**) is an excellent service that can be accessed by self-referring online or being referred by a GP or other health professional.
Specialist clinics	Long COVID services should be designed to provide comprehensive assessment and management in a single setting wherever possible, however service provision is very variable across the UK. Referrals to secondary care, mental health services, and community or voluntary sector organisations are made as needed.
Third sector, social prescribing	Referrals to community or voluntary sector organisations can be made by the health care professional and from Long COVID services as needed. Patients can also self-refer to programmes offered outside the NHS. For example COVID-19 Rehabilitation Programme, if appropriate: **nuffieldhealth.com/about-us/our-impact/healthy-life/covid-19-rehabilitation-programme**

Currently there is a lack of robust research into the role of treating Long COVID with oestrogens and HRT so this cannot be the primary reason for prescribing. However, if someone with Long COVID has menopause symptoms and is perimenopausal, it would be reasonable to trial HRT, if clinically appropriate, and assess its effectiveness on menopause symptoms determine which of the symptoms may be menopause and which are Long COVID.

With menopause symptoms, vaginal symptoms may need treating locally in additional to systemic HRT. Changes in lifestyle which include smoking cessation, alcohol reduction, weight management, optimising nutrition and increasing physical activity, when able and where appropriate, underpin the management of both menopause and Long COVID.

Peer support can offer valuable emotional connection, validation, and shared coping strategies for individuals living with Long COVID. It should be recognised that Long COVID is a complex and fluctuating condition, and peer support groups, if not evidence based, may inadvertently reinforce misinformation and/or amplify distress.

The challenges of access to health care for people living with Long COVID (Tuck et al., 2024) means that support groups are important for individuals, and health care professionals should be able to advise patients to look for peer support groups in which emotional safety, inclusivity, and respect for diverse experiences are prioritised.

It is also advisable to investigate the credentials of people making recommendations about treatments and look carefully at the evidence supporting any suggestions to ensure that the advice is based on sound evidence. It is always important to encourage patients to check with their healthcare team before trying anything new. Accessible, helpful resources that are co-designed by patients for patients with input from Long COVID health care professionals are often a good place to start. For example: **youtube.com/playlist?list=PLcaVWbSw-0R1-Cactd7LZy-hM6HjR1RYI** and **shh-uk.org/is-long-covid-a-disability**

In 2022, the Society of Occupational Medicine published guidance which summarised the tests recommended for people presenting with Long COVID, which is available at: **som.org.uk/sites/som.org.uk/files/Long_COVID_and_Return_to_Work_What_Works.pdf**

Long COVID and disability

Although Long COVID is not a recognised disability, the impact of long-term breathlessness, fatigue, insomnia and lack of concentration/cognitive dysfunction can be extremely disabling and has been recognised as such by employment tribunals.

If symptoms experienced affect the ability to work, then patients should be advised and encouraged to speak to their line manager and occupational health team to explore reasonable adjustments. It may be that a reasonable adjustment would be to consider time off work to engage with recovery and rehabilitation programs. There may be a role for a phased return to work, hybrid working to reduce travel time or additional support such as equipment. Any adjustments will need to be personalised depending on symptoms, trajectory of improvement and work requirements.

The RCN Health Ability Passports could be used to support discussions (there is also a video from a nurse on living with Long COVID): **rcn.org.uk/Get-Help/Member-support-services/Peer-support-services/Health-Ability-Passport**. Additional support may be found through vocational rehabilitation services and occupational therapy.

The Society of Occupational Medicine has resources to support those returning to work: **shh-uk.org/society-of-occupational-medicines-returning-to-work-with-long-covid-resources**

Recommendations for further research

Women's health is under researched and only receives approximately 3% of research budget, however women are overrepresented in this group, and the reasons for this are unclear. There is a need to explore this further and understand if there is a relationship between female hormones and vulnerability to infection with COVID.

Suggestions for where further evidence is required, include:

- standardised agreed definitions of Long COVID, agreed biomarkers to enable comparative studies
- exploration of effective prevention mechanisms for contracting Long COVID or preventing Long COVID
- exploration into the impact of Long COVID and the extremes of ages
- exploration of the role of racial background and the impact and experience of Long COVID.

Conclusion

Long COVID is a complex multifaceted condition where the symptoms of infection from COVID-19 persist longer that 12 weeks. There is wide variation in the range and intensity of symptoms which may be exacerbated by underlying health conditions. Symptoms such as breathlessness, fatigue, insomnia, brain fog, muscle aches and mood changes may cause distress and negatively impact on quality of life and ability to work. It can also be exacerbated or relapse by repeated infections, different times of menstrual cycle (a few days before period and during cycle), activity (physical, emotional, cognitive).

There is a recognised overlap between the symptoms of long COVID and the symptoms of menopause, and indeed, other long-term health conditions and it can be difficult to determine what symptoms are caused by Long COVID and what might be caused by menopause, or what might be a combination of both. Long COVID is a diagnosis of exclusion, ruling out other causes and the potential impact of menopause should be part of this assessment. Care and management need to be highly individualised and requires a multi professional approach to ensure that support is tailored to the individual.

The advent of Long COVID is relatively new, and there is currently a lack of research on prevention and management, which is needed to enhance care and support. Evidence supports the concerns that women and those who work in health and social care are disproportionately affected, leading to challenges in the workplace of those with these long-term effects, consequently employment support is as important as the management of symptoms.

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Useful resources

Elearning for health care: **e-lfh.org.uk/programmes/long-covid**

Hormone imbalance and the role of HRT: **youtube.com/live/N-iqwwdC-D4?si=S9VEmOnTki45GFqs**

Long COVID Nurses and Midwives UK (LCNMUK): **teamlcnmuk.wixsite.com/lcnmuk/trusted-partners**

Long COVID SOS: **longcovidsos.org**

Menopause and Cancer: **menopauseandcancer.org**

Menopause Matters: **menopausematters.co.uk**

Menopause Support: **menopausesupport.co.uk**

NHS England Long COVID Framework for Nursing: **england.nhs.uk/long-read/long-covid-a-framework-for-nursing-midwifery-and-care-staff**

NHS information: **nhs.uk/conditions/menopause/help-and-support**

Queen's Nursing Institute *Living with Long COVID*: **qicn.org.uk/wp-content/uploads/2022/11/Living-with-Long-Covid-2022.pdf**

Queen's Nursing Institute Long COVID Support Group: **qicn.org.uk/nursing-in-the-community/long-covid-nurse-group**

Supporting Healthcare Heroes UK: **shh-uk.org/about**

The Daisy Network: **daisynetwork.org**

Women's Health Concern: **womens-health-concern.org**

RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

Women are disproportionately affected by Long COVID, and as the peak incidence occurs between the ages of 35-49, there may be overlap with symptoms of perimenopause and menopause. This guidance, based on available evidence and clinical expertise, aims to outline principles of assessment, diagnosis, management and support to facilitate self-help and recovery.

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