

WOMEN, HORMONES AND NEURODIVERGENCE · 11.8

Menopause and Autism: Burnout, Sensory Shift and the Forgotten Cohort

The published evidence on menopause in autistic women is small but consistent: the perimenopausal transition is often substantially harder for autistic women, and the picture has its own autistic-specific shape.

FOR

Autistic women in their forties, fifties and beyond18+

AUDIENCE AGE

REVIEWED

18 May 2026

PART OF

The NeuroFX resource library

IN SUMMARY

Menopause and Autism: Burnout, Sensory Shift and the Forgotten Cohort

What we know

- **The lived experience is consistent.** Moseley 2020 "When my autism broke" and Groenman 2022 describe perimenopause as substantially more impactful for autistic women than for non-autistic women, with a recognisable autistic-specific shape.
- **The mechanism is plausible if not fully characterised.** Oestrogen has wide effects on neurotransmitter systems, sensory processing and stress regulation. Declining oestrogen plausibly destabilises systems autistic women have often been managing at the edge of capacity already.
- **Recognition is uneven.** Many autistic women in perimenopause are receiving their formal autism diagnosis at the same time as their menopausal symptoms escalate. Healthcare often misses one or both.

What the autistic-specific picture looks like

- **Sensory sensitivity goes up.** Sounds, lights, textures, smells, temperatures become more aversive. Environments that were tolerable before become intolerable.
- **Masking capacity collapses.** The cognitive effort that masking required becomes unsustainable. Many women describe being unable to mask convincingly after years of doing so successfully.
- **Burnout accelerates sharply.** Previously manageable autistic burnout becomes deep and slow to recover from. Some women need months or years of substantial environmental change to recover.
- **Cognitive and mood symptoms intensify.** Brain fog, word-finding difficulty, attention difficulty, low mood, anxiety. The autistic mortality picture (Hirvikoski 2016) is concentrated in midlife; this is a high-risk mental health window worth taking seriously.
- **"Feeling like a different person" is common.** Some women experience this as loss; some as a kind of permission to unmask that they did not have before.

How we can help

- **GP for the HRT conversation, with explicit framing.** Bring the cognitive, sensory and burnout symptoms into the consultation, not just the hot flushes and sleep. Reference NICE NG23 and BMS guidance if useful. Specialist menopause clinic referral where the picture is complex.
- **Environmental redesign is often the bigger long-term lever.** Reducing sensory load at home, reducing social demand, building in genuine recovery time. The perimenopausal version of burnout recovery often needs to be more substantial and longer-lasting than at other life stages.
- **First-time autism assessment where the picture has not been recognised.** Many autistic women receive their formal diagnosis at perimenopause. NeuroFX offers adult autism assessment where helpful.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP if you are in perimenopause with worsening cognitive, mood, sensory or burnout symptoms; ask about HRT specifically and reference NICE NG23 if useful. A menopause specialist clinic referral may be useful where the picture is complex. For acute mental health crisis at any point in the perimenopausal transition, Samaritans 116 123, NHS 111 mental health option, or 999 / A&E for immediate risk; the elevated mortality picture in autistic adults (Hirvikoski 2016) is a real reason to take low mood and suicidal ideation in this window seriously. NeuroFX is not a menopause service but offers adult autism assessment where the picture has not yet been formally recognised.

SOURCES

Moseley 2020 Autism; Groenman 2022 Autism; Lai 2015; NICE NG23; BMS; NAS

NEXT STEPS**Speak to NeuroFX**

Private ADHD and autism assessment for adults and children aged 6 and upwards.
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