

Is It Perimenopause? The Odd Symptom Map

Burning tongue, a metallic taste, urine that smells different, itchy ears, buzzing in the limbs, air you cannot quite catch. These are the symptoms women do not mention to anyone, and they are the ones least likely to be connected to the transition by the person across the desk. Here is how to sort them: what is usually hormonal, what must be ruled out, and what has a treatment that works.



1 Start from the right question

Not "can perimenopause cause this", because the answer is almost always yes and it leads nowhere. Ask instead: what else could cause this, has it been ruled out, and is there anything that treats it. That is the order this guide follows, and it is the order a good appointment follows.

Most of the odd symptoms below have little or no trial evidence of their own. Where the evidence is thin I say so rather than filling the gap with confidence.

2 The urinary and vaginal cluster has the best treatment of them all

Urine that smells stronger, going more often, urgency, stinging without an infection, repeated infections, dryness, discomfort during sex. These belong together under one name, genitourinary syndrome of menopause, and unlike most things in this guide they respond to a specific treatment: local vaginal estrogen.

A 2026 review of the evidence and guidelines describes vaginal estrogen as an evidence-based but underused strategy for preventing recurrent urinary tract infections in peri- and postmenopausal women, supported by randomized trial data and guideline recommendations, while noting it is not in the approved labelling, which is part of why it gets offered so rarely. It acts locally, and it is a different conversation from systemic hormone therapy.

3 Burning tongue and metallic taste: real, named, and not imaginary

Burning mouth syndrome is a recognised condition, it occurs predominantly in postmenopausal women, and it is diagnosed when the mouth looks normal and the blood tests are clear. Being told there is nothing wrong is not the same as being told it is nothing.

A 2026 systematic review concluded the condition is multifactorial, that no single cause can be identified, and that vulnerable populations include postmenopausal women. Before accepting that diagnosis, the things worth excluding are iron and B12 deficiency, thyroid disease, dry mouth from medication, and candida.

4 Buzzing, tingling and crawling skin: check the simple things first

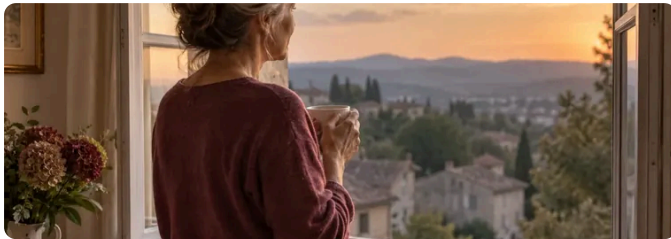
Internal vibrations, pins and needles, the sensation of something moving on the skin. These do appear in the transition and they are also the classic presentation of a deficiency that is cheap to test and cheap to correct.

B12 deficiency produces tingling, numbness and balance problems, and it is more likely on long-term metformin or acid-reducing medication and in vegetarian and vegan diets. Ferritin matters here too. Neither has a trial in this specific symptom, which is exactly why they should be measured rather than assumed.

5 Air hunger and a racing heart: get the heart cleared, then treat the anxiety loop

The feeling of not getting a full breath, often with a thumping heart, is frightening and common in the transition. It is also the presentation of several things that are not hormonal.

Thyroid disease, anaemia, asthma and heart rhythm problems all produce this. Get them excluded first, properly, and do not accept a shrug. Once they are excluded, treat it as the vasomotor and anxiety loop it usually is, and the mood guide covers what helps.



The map

Find your symptom, see what else it can be, and what to ask for.

What you have	Rule out first	If that is clear
Urine smells different, urgency, repeat infections	Infection, diabetes, dehydration, medication	Ask specifically about local vaginal estrogen for genitourinary syndrome of menopause
Burning tongue or mouth	Iron, B12, folate, thyroid, dry mouth from medication, candida	Burning mouth syndrome: ask for referral to an oral medicine specialist rather than living with it
Metallic taste	Medication, dental work, reflux, zinc status	Usually settles; saliva production and oral dryness are the practical targets
Tingling, buzzing, crawling skin	B12, ferritin, thyroid, blood sugar, nerve compression	Common in the transition and usually intermittent; worsening or one-sided is not
Air hunger, palpitations	Thyroid, anaemia, asthma, heart rhythm	Treat as the vasomotor and anxiety loop; see the Calm Reset guide
Itchy ears, itchy skin	Eczema, fungal infection, thyroid, liver	Dryness from falling estrogen; barrier creams rather than steroids as a first move
Dizziness on standing	Blood pressure, anaemia, dehydration, inner ear, medication	Stand up slower, salt and fluids if blood pressure runs low, review medication with a doctor

The appointment that gets somewhere

Ten minutes is short. These four things use it well.

- ☐ Bring a written list of symptoms with the month each one started. The pattern is the evidence, and it is more informative than a single blood draw on an arbitrary day of your cycle.
- ☐ Ask for ferritin, TSH with free T4, and B12 by name, and ask for the actual numbers rather than the word normal.
- ☐ Ask directly: could this be perimenopause, and if not, what are we ruling out and how.
- ☐ If you have urinary or vaginal symptoms, raise local vaginal estrogen by name. It is the most under-offered treatment in this entire guide.

Not perimenopause until proven otherwise

These do not belong in a symptom diary. They belong in an appointment, quickly.

- ☐ Bleeding after your periods have stopped for twelve months, or bleeding between periods that is new.
- ☐ Chest pain, fainting, or a racing heart that does not settle when you rest.
- ☐ Symptoms on one side of the body only: weakness, numbness, drooping, vision loss.
- ☐ A lump, unexplained weight loss, or a fever that keeps coming back.
- ☐ Headache unlike any you have had before, especially sudden.

Three things women in this situation get told

Your tests are normal, so there is nothing wrong. Normal means the common causes were excluded, which is useful and is not the same as an explanation. Burning mouth syndrome, for instance, is defined by normal examination and normal tests, and a 2026 systematic review treats it as a real condition with no single identifiable cause. Ask what the next step is rather than accepting the end of the conversation.

Vaginal estrogen is the same risk as hormone therapy. It is a local treatment, and the 2026 review of the evidence calls it evidence-based but underused for preventing recurrent urinary infections in peri- and postmenopausal women, supported by randomized data and guidelines. The reason it is rarely offered has more to do with outdated labelling than with what the trials show. Raise it by name, and raise it again if the first answer is vague.

It is all perimenopause, so there is nothing to do but wait. Three of the symptoms in the map above have specific, effective treatments, and four of them have common non-hormonal causes that are cheap to test for. Waiting is a decision, and in this case it is usually the wrong one. The transition explains a great deal. It is not a reason to stop looking.

The rest of it is a book



This is the short version of a long argument: midlife symptoms are chemistry, not character, and almost all of them have something that helps. Estrogen Left the Chat: Biohacking Menopause goes through sleep, weight, mood, brain fog and hormones the same way, with the trial, the number, and what to do with it.

[See the book on Amazon](#)

I am a nutrition specialist, not a physician. This is education, not medical advice or a diagnosis. The red flag list above is not exhaustive, and anything new, severe, one-sided or worsening belongs with a doctor today rather than with a guide.

Sources

1. Vaginal estrogen for urinary tract infection prevention: Gynecologic and Obstetric Investigation, 2026. doi:10.1159/000553344
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