

The Calm Reset

The rage that arrives over nothing, the dread at 4pm, the fuse that used to be long. This is not a personality change and it is not something to wait out. Here is what the trials in women in the transition actually show, including the one that prevented depressive symptoms before they started, and the herb that keeps being sold for this with no evidence behind it.



1 Know which of the two things is happening

There is irritability that tracks with sleep, heat and the week of your cycle, and there is a low mood that sits on everything regardless. They need different help. The first responds to the levers below. The second needs a doctor, and it is common enough in the transition that asking is not an overreaction.

The transition is a window of raised vulnerability to depressive symptoms, which is exactly why one of the trials below set out to prevent them rather than to treat them after the fact.

2 Hormone therapy is a real option here, and it was tested for this

Not as a mood supplement, and not for everyone. But if you are in the transition, having symptoms, and depressive feelings are building, this is a conversation worth having with a doctor who knows menopause rather than one who will tell you it is your age.

In a randomized trial in JAMA Psychiatry, 172 women with a mean age of 51 were given transdermal estradiol with micronized progesterone or placebo for a year. In the placebo group, 32.3 percent scored in the clinically significant range for depressive symptoms at least once, against 17.3 percent on hormone therapy, an odds ratio of 2.5. This was prevention in women not depressed at the start.

3 Steady the blood sugar, because a crash reads as anxiety

Protein at breakfast, protein at lunch, and something after the bigger meals. A glucose crash produces a surge of adrenaline, and adrenaline at 4pm with no obvious reason is indistinguishable from anxiety from the inside.

The evidence here is on the glucose rather than on the mood: light walking after eating lowered post-meal glucose and insulin in a 2022 meta-analysis, and bodyweight breaks matched it in a Diabetes Care trial. Treat it as a two-week experiment on yourself and judge by how 4pm feels.

4 Move, at a dose that is lower than you think

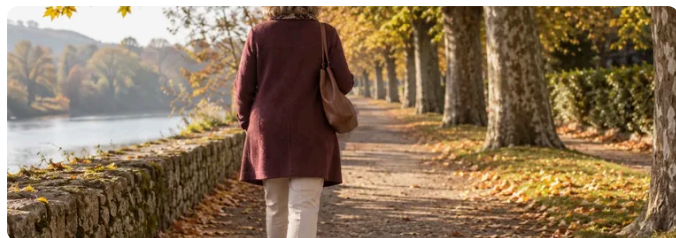
Something most days rather than a punishing three times a week. Walking, yoga, tai chi, swimming. The point is regularity, not intensity, and the evidence does not reward heroics.

A 2026 network meta-analysis of exercise for anxiety and depressive symptoms in postmenopausal women found exercise generally better than control, with mind-body training ranking highest for both outcomes and a dose-response that favoured moderate weekly amounts rather than the largest. The authors note some comparisons rest on limited evidence, so treat the ranking as a hint and the general direction as solid.

5 Fix the nights, then judge the mood

Irritability after a broken night is not a mood disorder, it is sleep debt with a short fuse attached. Give the sleep protocol two weeks before you conclude anything about your mental health, and note that the two feed each other in both directions.

In the pooled MsFLASH analysis of four trials, CBT for insomnia and yoga both improved menopause-related quality of life, and escitalopram improved the psychosocial part specifically. Several routes work, which is the useful part.



Which one is it, and what to do first

Be honest with the left column. Most women in the transition have some of both, and that is normal.

What you notice	Most likely	First move
Snapping at people, then feeling awful, mostly late in the day or after a bad night	Hormonal irritability plus sleep debt	Sleep protocol and blood sugar for two weeks, then reassess
Dread or flatness that is there when you wake and does not lift	Depressive symptoms, which the transition makes more likely	Make a doctor's appointment this month, and say the word depression out loud
Anxiety that arrives in waves with heat, racing heart or breathlessness	Vasomotor symptoms being felt as panic	Treat the hot flashes as the target, including hormone therapy if appropriate
Rage in the week before a period, settling after	Cyclical, progesterone-related	Track two cycles before changing anything, then take the pattern to the appointment

In the moment, when the edge rises

None of this is profound. It works because it interrupts the chemistry before the argument starts.

- ☐ Leave the room. Not forever, for four minutes. The surge has a half-life and it is shorter than the conversation you are about to have.
- ☐ Move something: stairs, a walk to the end of the street, anything that uses legs. It burns off the stress chemistry in real time rather than talking you out of it.
- ☐ Cold water on the wrists and face. Cheap, fast, and it borrows the same reflex that calms a racing heart.
- ☐ Say it plainly, out loud or to yourself: this is hormonal, it will pass in twenty minutes, and I do not have to act on it now.
- ☐ Write the thing down rather than saying it. If it still matters tomorrow, say it tomorrow, better.

Make an appointment, not a plan, if

- ☐ The flatness is there on waking most days for two weeks or more.
- ☐ You have stopped wanting things you used to want, including people.
- ☐ You are drinking more than you want to be, most evenings.
- ☐ You have thoughts of harming yourself. This one is urgent, today, not next month.
- ☐ The irritability is damaging relationships you care about, regardless of what is causing it.

Three things sold to women in exactly this state

Black cohosh will settle it. A Cochrane review of the trials concluded that there is insufficient evidence to support black cohosh for menopausal symptoms. It is the most widely sold herb in this category and it has been studied repeatedly. Insufficient evidence after that many trials is itself an answer, and it is not a promising one.

Antidepressants are admitting defeat. In the MsFLASH programme escitalopram improved both hot flashes and the psychosocial part of menopause-related quality of life, which is why it appears in menopause guidelines rather than only in psychiatry ones. Deciding against it is a reasonable choice. Not knowing it was tested in this population is not a choice at all, it is missing information.

It will sort itself out when your periods stop. The vulnerability window is the transition itself, which is why the prevention trial above recruited women during it rather than after. Some women do settle afterwards. Spending three years white-knuckling a treatable problem on the promise of a finish line is not a plan, and nobody gives those years back.

The rest of it is a book



This is one chapter's worth. Estrogen Left the Chat: Biohacking Menopause covers mood, sleep, weight, brain fog and hormones the same way: what was tested, on whom, the number, and what to do with it this week.

[See the book on Amazon](#)

I am a nutrition specialist, not a physician. This is education, not medical advice or a diagnosis, and nothing here is a reason to start or stop a prescribed medicine. If you have thoughts of harming yourself, contact your doctor or an emergency service today.

Sources

1. Transdermal estradiol and progesterone for prevention of depressive symptoms: JAMA Psychiatry, 2018. doi:10.1001/jamapsychiatry.2017.3998
2. Exercise for anxiety and depression in postmenopausal women, network meta-analysis: Frontiers in Psychiatry, 2026. doi:10.3389/fpsy.2026.1782372
3. MsFLASH pooled analysis of four trials: Menopause, 2020. doi:10.1097/GME.0000000000001597
4. Black cohosh for menopausal symptoms: Cochrane Database of Systematic Reviews, 2012. doi:10.1002/14651858.CD007244.pub2
5. Walking breaks and post-meal glucose: Sports Medicine, 2022. doi:10.1007/s40279-022-01649-4
6. Bodyweight activity breaks in place of walking: Diabetes Care, 2016. doi:10.2337/dc15-2336