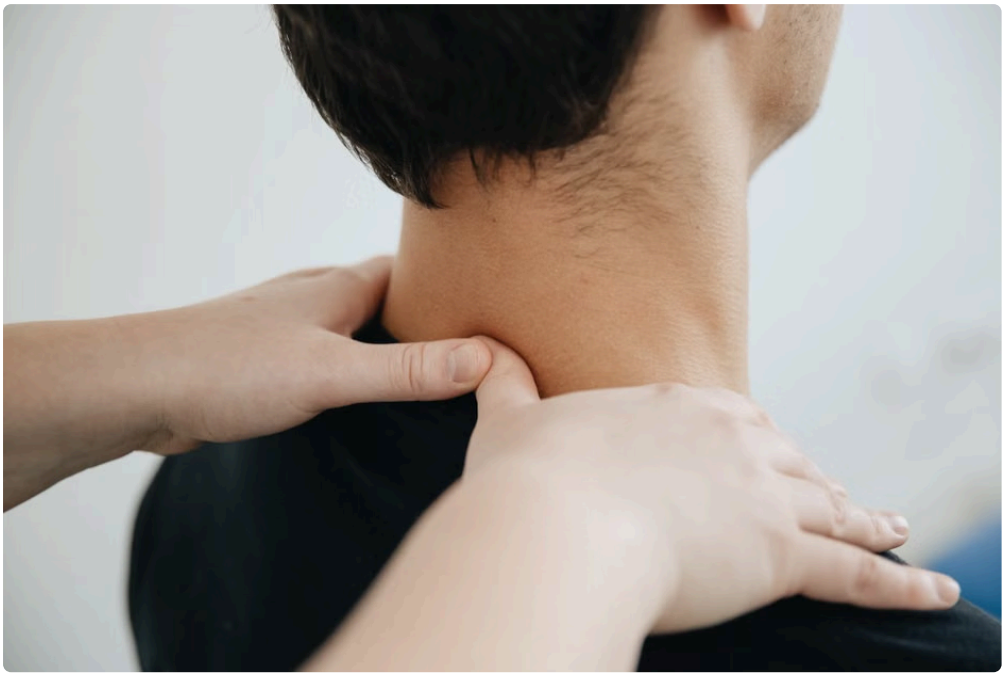
Menopause can affect far more than body temperature. Changes in sleep, mood, concentration, sexual health and pain can all have a significant impact on daily life. Some women are also curious about medical cannabis, particularly if they live with persistent pain or find that standard treatments have not helped.

But can medical cannabis replace hormone replacement therapy (HRT)? In most cases, no. HRT is an established treatment for many menopause symptoms, while evidence for cannabis as a menopause treatment remains limited. A cannabis-based medicine may be considered in certain circumstances under specialist care, but it is not a proven substitute for HRT.

This guide explains what the evidence and UK care pathways mean in practice, including when to seek NHS advice, what "cannabis alongside HRT" might involve, and why **menopause clinic supervision** matters.

Menopause symptoms are not just hot flushes

Menopause is the point when periods have stopped for 12 consecutive months. The transition leading up to it, perimenopause, can last for several years. Symptoms vary widely: some people have few, while others experience several that affect work, relationships and everyday activities.



Possible symptoms include:

- Hot flushes and night sweats
- Difficulty sleeping, including waking during the night
- Low mood, anxiety or irritability
- Problems with memory or concentration, sometimes described as "brain fog"
- Joint or muscle aches
- Vaginal dryness, discomfort during sex, or urinary symptoms
- Changes in sexual desire, headaches or palpitations

These symptoms can have other causes, too. For example, persistent pain, low mood or sleep problems should not automatically be attributed to menopause. A GP can help assess what may be contributing and discuss appropriate treatment.

Why pain deserves attention

Pain is sometimes left out of menopause conversations, even though some people report new or worsening aches during the transition. Pain can also be linked to other conditions, including endometriosis, migraine, arthritis or pelvic floor problems. It is important not to assume that cannabis—or HRT—will address every cause.

Chronic pain is common and is reported more often by women than men. Differences in health conditions, hormones, social experiences and access to diagnosis may all play a part. Pain can affect sleep, mobility, work and mental wellbeing; it deserves careful assessment rather than dismissal.

Endometriosis and delays in diagnosis

Endometriosis occurs when tissue similar to the lining of the womb grows elsewhere in the body. It can cause severe period pain, pelvic pain, pain during sex, bowel or bladder symptoms, fatigue and difficulties getting pregnant. Symptoms can overlap with other conditions, and diagnosis may take years. UK estimates commonly put the average delay at around eight years, although this varies and may change as services improve.

Long waits can mean years of managing pain without a clear explanation. If pelvic pain is severe, affects daily life, or is accompanied by painful periods, pain during sex, or bowel and bladder symptoms, speak to a GP. Depending on symptoms and examination, the GP may arrange tests, discuss initial treatment or refer to gynaecology. Suspected endometriosis may need specialist assessment; a normal scan does not always rule it out.

What are the usual NHS treatments for menopause symptoms?

Treatment depends on symptoms, health history and personal preferences. A GP or other qualified clinician can discuss benefits, risks and alternatives. For many people with troublesome menopause symptoms, HRT is the main medical treatment to consider. It replaces hormones that fall during menopause and is generally the most effective treatment for hot flushes and night sweats.

HRT can be given in different forms, including tablets, patches, gels and sprays. People with a womb usually need a progestogen as well as oestrogen to protect the lining of the womb. The best type and dose depend on individual circumstances. HRT is not suitable for everyone, and a clinician should assess relevant medical history and risks.

Other options can include:

- **Vaginal oestrogen** for vaginal or urinary symptoms. It acts mainly in the local area and may be used alone or with other treatments, depending on need.
- **Menopause-specific cognitive behavioural therapy (CBT)**, which may help with hot flushes, sleep difficulties and related distress.
- **Non-hormonal prescription medicines** in selected situations, particularly when HRT is unsuitable or not wanted. A clinician can explain which options are appropriate and their potential side effects.
- **Practical support**, such as sleep routines, identifying personal triggers and keeping active in ways that feel manageable. These steps may support wellbeing but do not replace treatment when symptoms are severe.

There is no single treatment plan that works for everyone. If one approach is not helping, a clinician may review the diagnosis, dose, type of treatment or other possible causes of symptoms.

Does medical cannabis treat menopause symptoms?

Medical cannabis is not an established or routinely recommended treatment for menopause symptoms in the UK. Research into cannabis and menopause is limited, and there is not enough high-quality evidence to show that it reliably treats hot flushes, sleep problems, anxiety, brain fog or menopause-related pain.

“Medical cannabis” refers to prescription medicines containing cannabis-based ingredients. It is different from unregulated cannabis products bought online or from other sources. These products may have uncertain contents and strength, and can carry health and legal risks.

In the UK, cannabis-based medicinal products are subject to strict prescribing rules. Specialist doctors may prescribe them in limited circumstances when they consider it clinically appropriate. NICE guidance supports particular cannabis-based products for specific conditions, such as certain forms of severe treatment-resistant epilepsy, chemotherapy-related nausea and vomiting, or muscle stiffness in multiple sclerosis. Menopause itself is not one of the established indications in that guidance.

A private service cannot guarantee that someone will be eligible for a prescription. A clinician needs to assess the person’s health, symptoms, current medicines and treatment history. A prescription may not be appropriate, even where symptoms are distressing.

Can cannabis be used alongside HRT?

Some people ask about **cannabis alongside HRT**, rather than as a replacement. This needs an individual clinical review. There is limited evidence about how cannabis-based medicines interact with HRT, and cannabis can also interact with other medicines. Depending on the product and the person, it may cause effects such as dizziness, sleepiness, impaired concentration or changes in mood. These effects could matter for driving, work and day-to-day safety.

Do not stop, reduce or change prescribed HRT—or start a cannabis product—without discussing it with a qualified clinician. Tell every healthcare professional involved about medicines and supplements you use, including products bought without a prescription.

If a specialist considers a cannabis-based medicine, they should explain the likely benefits, uncertainties, risks, monitoring arrangements and what to do if it does not help. It should not delay assessment of new or worsening pain, bleeding or other symptoms that need investigation.

What does “after two frontline therapies” mean?

You may see private services describe an assessment for people who have not benefited from treatment after trying two frontline therapies. This is not a universal NHS rule or a guarantee of eligibility for medical cannabis. It may be a service’s way of describing the treatment history a specialist wants to understand before considering an alternative.

For menopause symptoms, what counts as appropriate first-line care depends on the symptoms and the person’s medical history. HRT may be suitable for one person, while another may need a non-hormonal option or treatment for a different condition. A clinician should confirm that previous treatments were

suitable, taken as intended and reviewed appropriately, and consider whether another diagnosis needs attention.

NICE guidance does not say that everyone must fail exactly two menopause treatments before receiving specialist advice. Nor gmc-registered specialist cannabis does trying two treatments mean that cannabis will be prescribed. Decisions are made case by case.

NHS referral pathways: when to ask for more help

For many people, the first step is a GP appointment. Menopause is often identified from symptoms and menstrual changes without blood tests, particularly for people aged 45 or over. Tests may be considered in some situations, including when menopause is suspected between ages 40 and 45, or before age 40.

Ask about referral or specialist input if symptoms are difficult to manage, the diagnosis is unclear, treatment is unsuitable or has not helped, or there are complex health considerations. NICE recommends considering specialist advice in situations such as treatment not working, being unable to use HRT, or having significant risks that need specialist assessment. People with suspected premature ovarian insufficiency (menopause before age 40) need appropriate assessment and follow-up.

For possible endometriosis, a GP may start symptom treatment and arrange referral to gynaecology when symptoms persist, are severe, or affect daily life. Seek medical advice promptly for new, severe or rapidly worsening pain, or symptoms that feel different from your usual pattern.

Your situation A sensible next step Menopause symptoms are affecting daily life Discuss symptoms and treatment choices with a GP or qualified menopause clinician. HRT is unsuitable, causes problems or has not helped Ask for a review of the plan and whether specialist advice or other treatments may be appropriate. Persistent pelvic pain or painful periods Ask a GP about assessment for endometriosis or another cause, and whether gynaecology referral is needed. You are considering medical cannabis Discuss it with a qualified prescriber, including evidence, risks, interactions and monitoring.

Using online eligibility checks and video consultations

An **online eligibility check** can help you understand whether a service may be able to assess you. It is an initial screening step, not a diagnosis and not confirmation that you will receive treatment. Answer questions honestly, including about your symptoms, medical history, current medicines and previous treatments.



If the service offers a **private video consultation**, use the appointment to ask how the clinician will assess your situation, what evidence supports the proposed treatment, what alternatives are available, and how follow-up and safety monitoring work. Check that the prescriber is appropriately qualified and that your NHS GP can be kept informed, with your consent. Private care does not replace emergency or routine NHS assessment where needed.

Questions to take to an appointment

- Could something other than menopause be causing these symptoms or pain?
- What are the likely benefits and risks of HRT or non-hormonal options for me?
- How will we know whether treatment is helping, and when should it be reviewed?
- Could any of my medicines interact with a cannabis-based product?
- Would specialist menopause or gynaecology advice be helpful?

The bottom line

Medical cannabis should not be seen as a replacement for HRT. HRT remains an established option for many menopause symptoms, while evidence for cannabis as a menopause treatment is currently insufficient. If HRT is not suitable or has not helped, a clinician can review other evidence-based options and check for conditions such as endometriosis or another cause of pain.

Some specialist services offer an online eligibility check and private video consultation, but neither guarantees a prescription. Any decision about cannabis—whether instead of or alongside HRT—should follow an individual clinical assessment, with clear advice about uncertain benefits, possible harms and follow-up. If symptoms are persistent or affecting your life, ask for a proper review rather than trying to manage them alone.