

# Is It Menopause or Is It Me: Achy Joints

Experts explain the link between hormonal shifts and that pain in your shoulder or knee.

By Lisa Arbetter Published: Feb 11, 2026 10:54 AM EST

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**Snap! Crackle! Pop!** What was once the calling card of a childhood cereal is now the soundtrack of your aching joints. And it's time you listened more closely.

A painful knee or a stiff shoulder can signal age-related wear and tear, osteoarthritis, or even an autoimmune disease. But for many women, perimenopause is likely part of the mix, too.

The tricky part is that all of these conditions tend to show up around the same time, making them hard to tell apart and diagnose. Even more maddening? "You can have more than one thing going on," says [Jocelyn Wittstein, MD](#), an orthopedic surgeon and associate professor at Duke University. Here's how to parse your aches and pains and get some relief.

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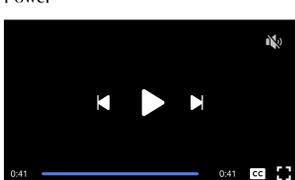
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## What Hormones Have to Do with It

Estrogen plays a **powerful role in joint health**, supporting cartilage, bone, and the cells that keep joints functioning smoothly. As estrogen levels fall, joints can become more inflamed and cartilage becomes more vulnerable to breakdown.

That hormonal shift plays out in two striking patterns: Women tend to develop knee osteoarthritis earlier than men, and **frozen shoulder**—a painful stiffness that can last for years—disproportionately affects women in their 40s to 60s. But you can experience joint pain anywhere: elbows, wrists, hips, ankles, etc.

With knee osteoarthritis, the early signs can be subtle. "Activities that used to be fine now cause aching and maybe some mild swelling," Dr. Wittstein says. "People start saying, 'I can't tolerate the things I used to.'" (Medical imaging doesn't always offer much clarity at this stage, either. X-rays are often normal, and MRIs may show only very early cartilage thinning.) Meanwhile, frozen shoulder is...exactly what it sounds like: The angry, inflamed joint can become deeply painful and difficult to move.

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But just as these joint changes can't *all* be chalked up to aging, Dr. Wittstein cautions against assuming hormones are the whole story. "We don't want everything to get lumped into 'This is just menopause' and miss something treatable," she says. That includes autoimmune diseases like rheumatoid arthritis and lupus—which disproportionately affect women—as well as meniscus tears, cartilage defects, and fractures.

How to proceed? Talk to an orthopedist in order to rule out treatable injuries and to get specific treatment recommendations. You might also be referred to a physical therapist to strengthen the muscles surrounding your joints, or a rheumatologist to test for any potential autoimmune problems. Also, raise the issue with your ob-gyn or internist and ask how menopause treatment could help (more on that below).



## Aching for Relief

With midlife joint pain, the goal isn't reversal—it's relief and slowing progression. "We can't make cartilage thicker," Dr. Wittstein says. "These aren't reversible processes." What *does* help is taking stress off the joint and strengthening the structures that support it. Here are some places to start:

**Move smart.** Strength training is essential for joint support, helping protect cartilage and stabilize movement. But it's time to rethink high-impact workouts, too. Swapping running or tennis for lower-impact options like cycling, swimming, or rowing can reduce pain without sacrificing fitness.

**Lose a little weight, gain a lot of relief.** Even modest weight loss can significantly reduce stress on joint cartilage—and for many women, that alone can ease symptoms.

Some newer weight-loss medications may offer additional benefits as well. In a 2024 [study](#) published in *The New England Journal of Medicine*, overweight adults taking the GLP-1 semaglutide (used in Ozempic and Wegovy) not only lost weight but also reported less knee pain. Researchers suggested the improvement may result from more than weight loss alone, possibly involving semaglutide's effects on inflammation—though they emphasized this connection is still being studied.

**Use targeted treatments when needed.** Physical therapy can help restore strength, mobility, and mechanics. For knee pain, injections with **platelet-rich plasma, or PRP** (which uses your own blood to help kick-start the healing process), or **hyaluronic acid** (which can help lubricate the joint to reduce pain) may offer symptom relief. Frozen shoulder is different: Steroid injections can be **especially effective** in reducing inflammation, often preventing the typical one-to-two-year course of pain and stiffness.

## Can Hormone Therapy Help?

Hormone therapy isn't FDA-approved to treat joint pain—but the connection is hard to ignore. "Anecdotally, many women report less joint pain after starting hormone therapy," Dr. Wittstein says.

Large studies support that link. In a 2014 study published in the journal *Menopause* that looked at 10,739 postmenopausal women, those taking estrogen reported significantly less joint pain than those on a placebo. The opposite pattern shows up in breast cancer care: Therapies that suppress estrogen, like **aromatase inhibitors**, commonly cause joint and muscle pain and frozen shoulder.

"There's probably a constellation effect," Dr. Wittstein says. Estrogen reduces inflammation, progesterone can modulate pain, and testosterone (which some women take off-label) can affect arthritis risk, she says. When taken as HT, the hormones may work together to indirectly ease joint pain.

For now, hormone therapy prescribed for hot flashes and night sweats may offer the side benefit of joint pain relief.

But the best thing you and your doctor can do is listen. Your throbbing joints aren't just signs you're getting old. They may also be saying, "Welcome to the Change."

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