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Is It Menopause or Is It Me?: Electric Shock Sensations

Sudden, sharp jolts under the skin may be a neurological symptom of hormonal change. Here's what could be causing them.

By Lisa Arbetter | Published Aug 12, 2026 10:31 AM EDT

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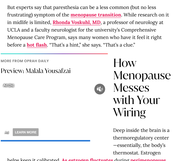

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Zzzzzzzzt! Out of nowhere, a jolt of electricity shoots through your head, chest, arm, or leg. It's not enough to animate Frankenstein's monster, but it does spark panic. Before you can ask Claude, "Am I dying?" it's gone—leaving you to wonder WTF just happened and whether it's coming back.

Doctors group these zaps under the term paresthesia, which covers nerve sensations such as tingling, burning, and pins and needles. Most of us have experienced a temporary version—say, when a leg falls asleep after sitting cross-legged or a shock shoots up your arm after you hit your funny bone. In those cases, a nerve has been compressed or irritated, and the sensation usually disappears once the pressure is relieved.

But experts say that paresthesia can be a less common (but no less frustrating) symptom of the menopause transition. While research on it in midlife is limited, Rhonda Voskuhl, MD, a professor of neurology at UCLA and a faculty neurologist for the university's Comprehensive Menopause Care Program, says many women who have it feel it right before a hot flash. "That's a hint," she says. "That's a clue."

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Deep inside the brain is a thermoregulatory center—essentially, the body's thermostat. Estrogen helps keep it calibrated. As estrogen fluctuates during perimenopause, that system can misread your temperature and suddenly kick on the body's cooling response: sweating, flushing, and the familiar rush of a hot flash.

That rapid temperature shift may make nerves misfire. Heat is known to affect nerve conduction, and lower estrogen has been linked to slower signaling—two clues that hormonal swings could help set off a zap. Neurologists see a more dramatic version of heat's effect in multiple sclerosis, when warmth can worsen electric shock sensations caused by nerve damage.

Serotonin may be part of the story, too. Estrogen influences the brain's serotonin system, which may help explain why mood can shift when hormone levels fall sharply—as with PMS, postpartum, and perimenopause. But mood isn't the only thing serotonin affects. Abrupt changes in serotonin signaling can also produce electric shock sensations, similar to the brain zaps some people experience when they quit certain antidepressants too abruptly.

When It Might Be Something Else

There's no test that can pin paresthesia on menopause, so the pattern matters. A compressed or irritated nerve, for example, usually sends the sensation along one specific pathway (like down one arm or leg), and may be triggered by movement or position.

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Nerve problems caused by diabetes, thyroid disease, or a vitamin B12 deficiency usually feel different. Tingling, burning, or numbness often starts in both feet, sticks around, and may gradually move up the legs. Certain medications can cause similar sensations.

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A zap that's more likely related to menopause is over almost as soon as it begins, doesn't follow a predictable path, and often shows up around a hot flash.

If yours lingers, comes with numbness, worsens, or otherwise doesn't fit that pattern, talk to your doctor. Your PCP can run blood tests to help rule out things like vitamin deficiencies and diabetes, while a neurologist can check for a compressed or damaged nerve.

How to Turn Down the Current

No treatment has been studied specifically for menopausal electric shocks. But because the zaps appear to be connected to hot flashes, reducing the hot flashes may help.

Hormone therapy is the most effective treatment for hot flashes, in part because it helps steady the brain's temperature-regulating system. Whether it's appropriate for you depends on your symptoms, age, health history, and individual risk factors, so the decision should be made with a clinician who knows your medical history. If hormones aren't an option—or simply aren't for you—nonhormonal treatments for hot flashes are also available.

Dr. Voskuhl also points to stress reduction and regular exercise as ways to support the nervous system more broadly. Exercise improves circulation and increases BDNF, a growth factor that helps protect nerve cells. It likely won't stop a zap on command, but it's still good for the brain and nerves.

The best news: The shocks probably won't last forever. Dr. Voskuhl says hot flashes fade within three to five years for many women as hormone fluctuations settle down, and she expects the zaps to fade, too.

Midlife gives us plenty of reasons to panic. At least this one appears to have an expiration date.

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Lisa Arbetter is a writer, editor, and content consultant with bylines in Real Simple, Oprah Daily, and Vanity Fair. She lives in Manhattan with her family and their dog Sissy, who is indeed a very good boy. Midlife insomnia has given her time to finally try writing a novel.

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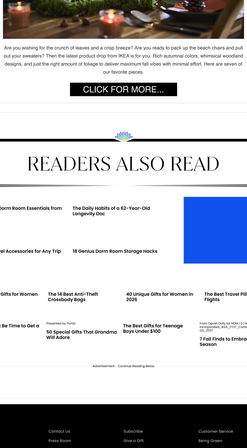

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