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# Is It Menopause or Is It Me: Vertigo

That sudden spinning sensation isn't just dizziness. Here's how hormonal shifts can hijack your balance—and what actually helps.

By Lisa Arbetter Published: Mar 11, 2026 10:21 AM EDT

SAVE ARTICLE

In your 20s, the room only swirled if you had one too many margaritas. In your 40s or 50s, that same spinning sensation can strike when you're stone-cold sober.

Vertigo—the false sensation that you or the room is moving—can be a symptom of perimenopause. One study found that 36 percent of women ages 40 to 65 attending a women's experience clinic in Japan experienced dizziness at least once a week. Yet many women, and even some doctors, don't know why it's happening or what to do about it.

## The Delicate Balance

“Vertigo isn't a disease. It's a symptom of underlying conditions affecting the vestibular system,” says neurologist **Shin Beh, MD**, the founder and director of the Beh Center for Vestibular & Migraine Disorders in Irving, Texas.

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Think of the vestibular system as your body's internal gyroscope; it's a network in the inner ear and brain that works with your eyes and muscles to track motion, gravity, and where you are in space. Its goal is to keep you steady on your feet.

Estrogen plays a surprising yet crucial role here. The hormone works throughout your vestibular system to help regulate inner-ear fluid (key for understanding your position relative to gravity and motion), maintain the tiny calcium crystals in your inner ear (which help support your balance), and influence brain chemicals like serotonin and dopamine (which regulate the system).

During perimenopause, when estrogen surges and crashes unpredictably, that finely tuned system can wobble. Suddenly, a simple head turn can feel like a spin.

## The Real Reasons You're Spinning

There are a few different conditions that can trigger vertigo during perimenopause. “The most common cause of vertigo is BPPV, or benign paroxysmal positional vertigo,” Dr. Beh says. It causes brief—usually less than 60 seconds—bursts of spinning triggered by specific head movements: rolling over in bed, looking up, bending down.



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Women develop BPPV during perimenopause at more than **three times** the rate of men the same age. Researchers largely point to hormonal swings as the reason. Estrogen helps keep the inner ear's calcium crystals stable and anchored. When levels fluctuate, those crystals can break loose and shift with even small movements, falsely signaling to your brain that you're spinning. It's unsettling and unpleasant, but not usually serious.

The second most common cause of midlife dizzy spells is vestibular migraine. And despite its name, this neurological condition can often manifest without head pain—which is why it's frequently missed.

“A migraine brain is a hot brain,” Dr. Beh says. “Everything can be overwhelming—bright lights, noise, motion, smells.” When migraine affects the brain's balance centers, the result isn't pain, it's vertigo. And unlike BPPV's fleeting spells, these episodes can last minutes to days and bring nausea, brain fog, and sensitivity to light, sound, or motion.

Vestibular migraine affects up to **3 percent of adults** and is far more common in women, particularly those in their late 30s and 40s with a history of migraine headaches or childhood motion sickness. Triggers include stress, poor sleep, weather changes, bright lights, and certain foods, such as caffeine and alcohol. But hormones play a role, too (shocker!). Estrogen helps regulate serotonin, dopamine, and CGRP—a key migraine peptide—while progesterone has a calming effect on the brain. When both decline during perimenopause, the system becomes more reactive.

Unfortunately, some less enlightened doctors chalk these issues up to anxiety. “Although anxiety can coexist with vestibular disorders and often aggravate symptoms, anxiety is not the cause,” says Dr. Beh.

Not every dizzy spell is hormonal, of course. Heart rhythm issues, blood pressure drops when standing, medication side effects (including blood pressure drugs, antihistamines, sleep aids, and some diabetes medications), and deficiencies like low vitamin D or B12 can also cause them. Ménière's disease, marked by vertigo plus hearing loss, ringing, and ear fullness, is another possibility.

## Restoring Your Balance

Your journey to equilibrium starts at the doctor's office. They can check your vitals, look for vitamin deficiencies, and get a sense of what likely is at play. Depending on the underlying issue, you may be referred to an ENT (typical for BPPV) or a neurologist (for vestibular migraine).

For BPPV, the fix is mechanical: Put the crystals back where they belong. The Epley maneuver—a series of guided head movements done in a clinician's office—works about 80 percent of the time in one session and more than 90 percent with repeat treatments. “You can literally fix it in minutes,” Dr. Beh says.

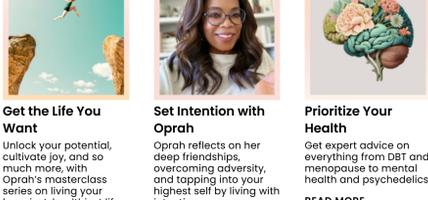
Vestibular migraine is a **chronic illness** requiring more long-term symptom management. “Routine is your best friend,” Dr. Beh says: consistent sleep, regular meals, less caffeine, and moderation with alcohol (especially red wine and dark liquors). Avoiding big swings in sugar and salt intake can help, too. Some patients benefit from supplementing magnesium, vitamin B2, vitamin D, or CoQ10 (talk to your doctor for more guidance). If lifestyle changes aren't enough to curb attacks, preventive medications can gradually calm an oversensitive nervous system—vestibular therapy—targeted exercises that retrain the balance system—can also be successful.

Hormone therapy (HT) isn't prescribed specifically for vertigo. But because symptoms often flare during menstrual shifts or perimenopause, an experienced ob-gyn can help weigh birth control or HT while monitoring risks.

The hardest part? Patience. “These treatments can take two to three months to show benefit,” Dr. Beh says. “You have to give it time.”

Thankfully, with the right treatment, most people improve. Like those margarita-fueled spins of your 20s, this ride doesn't last forever.

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**LISA ARBETTER**  
Freelance writer  
Lisa Arbetter is a writer, editor, and content consultant with bylines in *Real Simple*, *AARP*, and *Health*. She lives in Manhattan with her family and their dog Sosa, who is indeed a very good boy. Midlife insomnia has given her time to finally try writing a novel.  
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