When Hormones Affect How You Feel

A practical guide to hormones, emotions, energy, sleep and everyday wellbeing. Hormones are chemical messengers that travel through the blood and help coordinate many body functions. Their effects depend on the hormone, timing, individual sensitivity and wider health context.

> Important distinction: Dopamine and serotonin are primarily discussed as neurotransmitters in the brain, although they also have roles elsewhere in the body. They are not simply interchangeable with circulating hormones, and there is no single “happy hormone” that explains how someone feels.

Stress and alertness: cortisol, adrenaline and noradrenaline

Cortisol helps regulate daily energy availability and the body’s response to stress. Its levels normally change across the day. Adrenaline and noradrenaline support rapid alertness, changes in heart rate and readiness to act. Persistent stress can affect sleep, concentration, irritability and physical tension, but those experiences alone do not establish an abnormal hormone level.

Reproductive hormones: oestrogen, progesterone and testosterone

Oestrogen influences reproductive tissues, bone health and brain processes; levels can fluctuate across menstrual cycles and life stages. Progesterone rises after ovulation and changes in pregnancy; some people notice changes in sleep, mood or physical comfort as levels shift. Testosterone contributes to sexual function, muscle and bone health in people of all sexes. The relationship between levels and mood is complex and individual.

Sleep and daily rhythm: melatonin

Melatonin is released in relation to the light–dark cycle and helps signal biological night. Shift work, light exposure, travel and irregular routines can alter sleep timing. Difficulty sleeping can have many causes; melatonin is only one part of the picture.

Thyroid hormones: T3 and T4

Thyroid hormones help regulate metabolism and influence temperature, heart rate, energy and cognition. Too little or too much thyroid hormone can sometimes resemble anxiety, low mood, fatigue or concentration difficulties. Assessment typically involves a clinical history and blood tests rather than symptoms alone.

Appetite and energy: insulin, ghrelin and leptin

Insulin helps manage blood glucose. Ghrelin participates in hunger signalling, while leptin helps signal longer-term energy stores. Appetite and eating patterns are also affected by sensory experiences, access to food, medications, stress, illness and routines. No one hormone determines eating behaviour.

Understanding patterns across life stages

Hormones naturally change over time. The impact of a change is not the same for everyone, and emotional symptoms may have several overlapping causes.

Puberty and adolescence

Puberty brings changes in sex hormones alongside sleep timing, physical development, identity, relationships and school or social demands. Some young people notice stronger emotions, different sensory tolerance or fatigue. Predictable routines, privacy, age-appropriate explanations and non-judgemental support can help.

Menstrual cycles and premenstrual changes

Some people notice cyclical changes in mood, energy, sleep, pain, appetite or concentration. Tracking symptoms over at least two cycles can help show whether there is a repeated pattern. Severe cyclical mood symptoms deserve assessment; premenstrual dysphoric disorder (PMDD) is a recognised condition, not simply “normal hormones”.

Pregnancy and after birth

Hormonal shifts, sleep disruption, physical recovery and changes in responsibilities can all affect wellbeing. Persistent anxiety, depression or distress during pregnancy or after birth should be discussed with a healthcare professional. Sudden severe confusion, psychosis-like experiences or thoughts of harm need urgent help.

Perimenopause and menopause

Fluctuating and then declining ovarian hormone levels may coincide with changes in menstrual patterns, hot flushes, sleep, mood, concentration and sensory comfort. These experiences vary widely. Treatment and support options depend on age, medical history, preferences and symptoms; a GP or menopause clinician can discuss them.

Other contexts worth considering

Hormone-related changes can also arise with thyroid conditions, diabetes, adrenal or pituitary disorders, medication changes, hormone treatment and other medical circumstances. Not every change in how someone feels is caused by hormones, and neurodivergence, burnout, grief, pain, illness and environmental demands may also matter.

An illustrative pattern map

What changes?	What might be noticed?	What else could contribute?
Sleep	Waking often, later sleep, fatigue	Light, stress, pain, routines
Energy	Afternoon dips, restlessness	Meals, illness, activity, demands
Mood	Irritability, anxiety, tearfulness	Overload, relationships, trauma
Focus	Brain fog, distractibility	Sleep loss, ADHD, medication
Body	Temperature, appetite, heart rate	Environment, thyroid, illness

Practical support for everyday life

Support is most useful when it responds to what a person is actually experiencing, rather than assuming every difficulty has the same cause. Small, sustainable adjustments often matter more than an idealised routine.

When emotions feel more intense

Reduce avoidable demands where possible. Use short, clear communication and allow time to respond. If emotions are escalating, prioritise a safe environment and a supportive presence rather than insisting on immediate problem-solving. Afterwards, consider what happened before the change and what helped recovery.

When sleep is disrupted

Try consistent wake times where feasible, comfortable light levels, a wind-down routine and a sleep environment that meets sensory needs. If night sweats, pain, breathing problems or persistent insomnia are involved, seek assessment. Avoid treating melatonin or other supplements as universally suitable.

When concentration and memory are affected

Externalise tasks using visible reminders, one-step instructions, calendar prompts and reduced multitasking. Plan demanding work for periods of greater energy when possible. A change in cognition that is new, worsening or interfering with daily functioning warrants a medical conversation.

When appetite, eating or sensory tolerance change

Keep accessible familiar foods and drinks available, build in flexible meal options and reduce pressure around eating. Consider hydration, sensory texture preferences and practical preparation demands. If food restriction, rapid weight change, dehydration or difficulty managing blood glucose is present, seek appropriate professional support.

When the body feels unsettled

Notice whether temperature, heart rate, dizziness, pain or fatigue is part of the experience. Gentle movement, rest, comfortable clothing and sensory adjustments may help some people. These approaches are supportive, not substitutes for assessing concerning physical symptoms.

Supportive communication

> Helpful phrases: “Would you prefer quiet, company or practical help?” “We can reduce the demands for now.” “You do not have to explain everything immediately.” “What has changed recently, and what would make today easier?”

When to seek medical advice

Arrange a routine appointment for persistent or significant changes in mood, cycles, sleep, energy, weight, thirst, temperature tolerance or heart rate, especially if new or worsening. A clinician may review symptoms, medication, history and relevant tests. Seek urgent help for severe confusion, chest pain, fainting with concerning symptoms, suicidal crisis or sudden severe deterioration. In the UK, call 999 for an emergency or NHS 111 for urgent non-emergency advice.

My hormone and wellbeing support plan

Use this page to notice patterns and communicate needs. It is not a diagnostic test. You can complete it in writing, verbally, digitally or with support.

1. What have I noticed?

Consider changes in emotions, energy, sleep, focus, appetite, temperature, pain, menstrual patterns or sensory tolerance.

Changes I have noticed: _____

_____

When they tend to happen: _____

_____

What was happening around me: _____

_____

2. My early warning signs

Examples might include needing more quiet, becoming unusually tired, feeling tearful, having trouble finding words or noticing changes in sleep.

_____

_____

3. What helps me feel supported?

Sensory or environmental adjustments: _____

_____

Food, hydration, rest or practical help: _____

_____

Communication and support preferences: _____

_____

4. My next manageable step

One adjustment I can try this week: _____

Someone I could ask for support: _____

A question for a GP or clinician: _____

5. A simple pattern record

Date / time	What I noticed	Possible context	What helped
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remember: Hormones may be one part of your experience. Your feelings are real, and support can address practical needs even while the cause is being explored. This guide is educational and does not replace personalised medical advice.