

# Menopause and impact on glycaemic control

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GP with interest in menopause care

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# Conflicts of interest

- None

# Overview

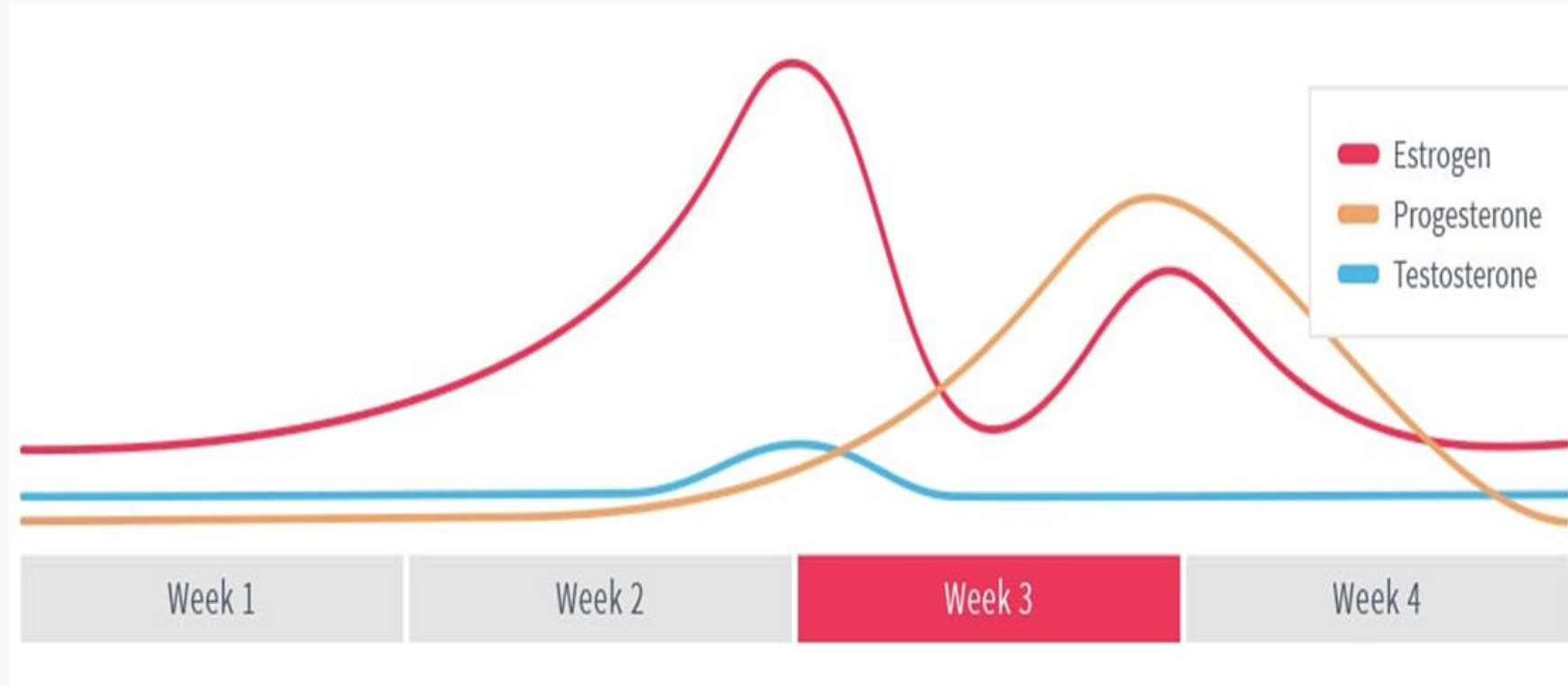
- The menopause and perimenopause
- Impact of hormones on glycaemic control
- Health risks of the menopause
- Hormone replacement therapy and menopause management
- What can we do?
- Q&A

# The menopause and perimenopause



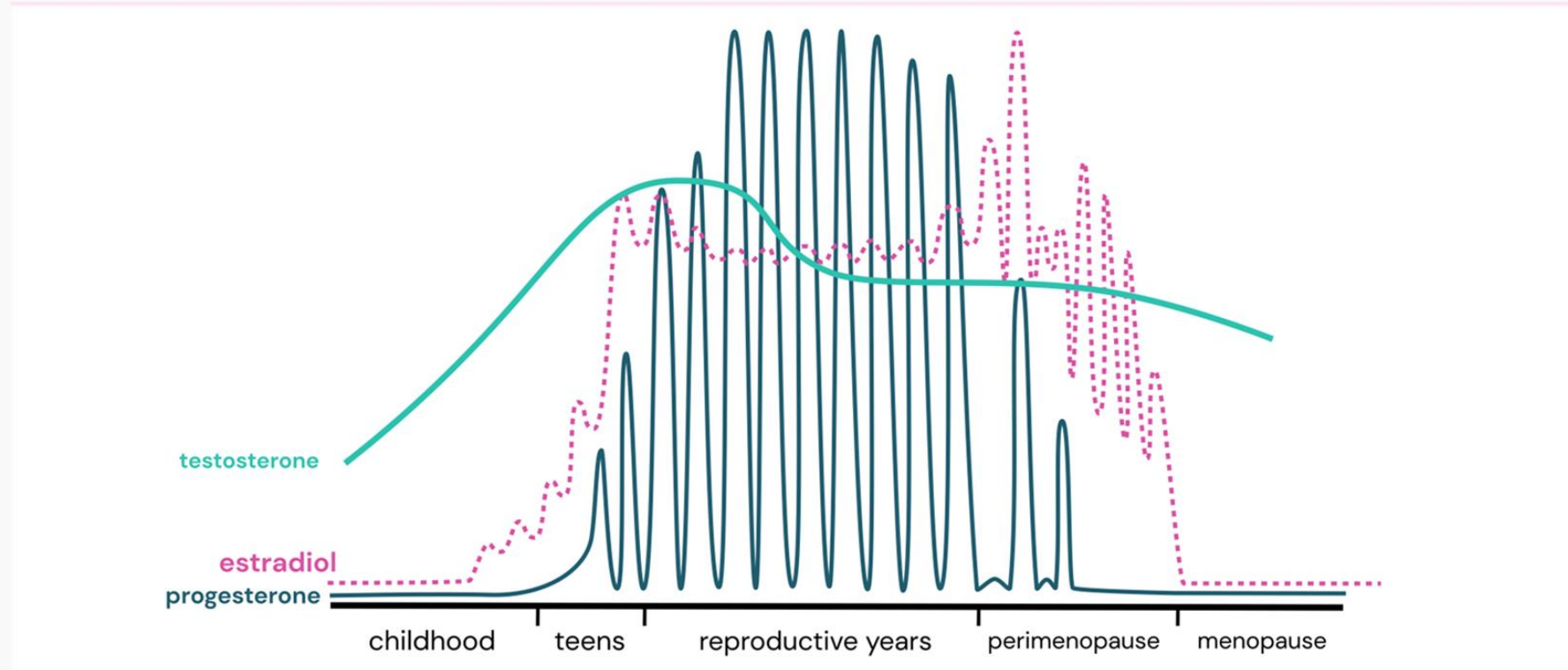
- Perimenopause
- Menopause
- Early menopause <45 yrs
- Premature ovarian insufficiency (POI) <40 yrs
- Surgical or iatrogenic menopause

# Normal menstrual cycle





# Ovarian hormones throughout lifespan



# Symptoms of menopause

- Hot flushes / night sweats
- Poor sleep
- Fatigue
- Altered menstrual cycle
- Joint and muscle pains
- Headaches
- Worsening migraine
- Dizziness
- Tinnitus
- Palpitations
- Anxiety
- Low mood
- Irritability
- Poor concentration and memory
- Weight gain
- Change in body shape
- Dry skin
- Itching
- Thinning hair
- Dry eyes
- Urinary symptoms
- Recurrent UTI
- Vaginal dryness
- and many many more.....

## Symptoms of menopause to be mindful of in diabetes

- Fluctuating blood sugar
- Weight gain
- Sleep problems
- Genitourinary infections
- Pain during sex





# Health risks of menopause



- Osteoporosis
- Osteopenia
- Sarcopenia
- Cardiovascular disease
- Type II diabetes
- Cognitive impairment
- Obesity
- Depression



# Assessment

- Symptom questionnaire
- Blood tests
  - Limited role



## Menopause Symptom Questionnaire

This can be used to monitor symptoms and is worth doing regularly to assess how symptoms change with time or with treatment.

Alternatively, download **balance** app to take the **balance** Menopause Symptom Questionnaire© and access a personal Health Report©.

Please indicate the extent to which you are bothered at the moment by any of these symptoms by placing a tick in the appropriate box:

SYMPTOMS	Not at all 0	A little 1	Quite a bit 2	Extremely 3	Comment
Heart beating quickly or strongly					
Feeling tense or nervous					
Difficulty in sleeping					
Memory problems					
Attacks of anxiety, panic					
Difficulty in concentrating					
Feeling tired or lacking in energy					
Loss of interest in most things					
Feeling unhappy or depressed					
Crying spells					
Irritability					
Feeling dizzy or faint					
Pressure or tightness in head					
Tinnitus (ringing or buzzing in the ear)					
Headaches					
Muscle and joint pains					
Pins and needles in any part of the body					
Breathing difficulties					
Hot flushes					
Sweating at night					
Loss of interest in sex					
Urinary symptoms					
Symptoms due to vaginal dryness					
SCORE					



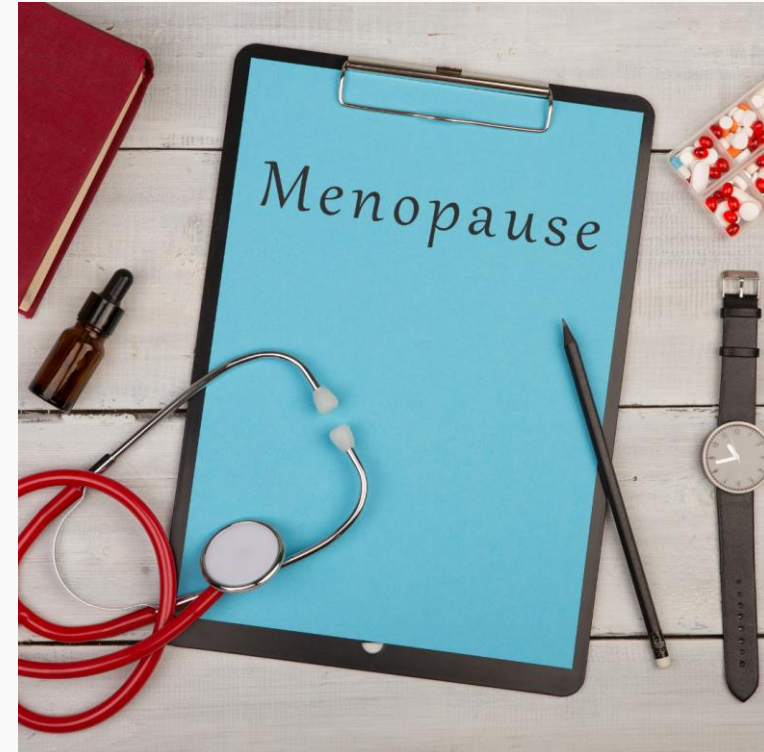
# Managing menopause



- Lifestyle
- Nutrition
- Exercise
- Sleep and relaxation
- Reducing alcohol and smoking
- CBT
- Supplements
- Alternatives to HRT
- HRT

# Considerations for diabetic women

- Check blood sugar levels more often or CGM
- Treatment adjustments
- Remember health checks



# Hormone Replacement Therapy



- No 'one size fits all'
- Numerous different preparations
- Body identical HRT **gold standard**
- Oestrogen, progesterone, testosterone
- Patches, gels, spray, tablets
- Patient factors to consider
- For majority of women benefits outweigh risks



# Genitourinary symptoms





# Why isn't HRT working?



- Dose
- Preparation
- Absorption
- Compliance
- Progesterone intolerance
- Androgen deficiency
- Symptoms multifactorial

# What can be done?

- More research needed
- Consider hormones
- Learn about hormones
- Talk about hormones
- Ask about hormones





# Ask about hormones



- Do you think your symptoms could be related to your hormones? If not, why not?
- Do you take hormonal contraception or HRT? If so, what?
- Have you had a hysterectomy and/or your ovaries removed?



# Resources

At a glance factsheet



## Diabetes and menopause

Metabolic changes that occur during menopause are associated with increased incidence of type 2 diabetes and its risk factors, while menopausal symptoms have a negative effect on a person's day-to-day life, and consequently their diabetes self-management. In women who are going through menopause, effective hormone replacement therapy (HRT) can improve a wide array of cardiometabolic risk factors as well as the risk of new-onset type 2 diabetes. This factsheet covers the relationship between menopause and type 2 diabetes and provides recommendations on optimising HRT in women with diabetes.

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**Citation:** Partridge C (2023) At a glance factsheet: Diabetes and menopause. *Diabetes & Primary Care* 25: 125–7

### Introduction

Diabetes and menopause are both cardiometabolic conditions. Low estrogen levels can affect insulin production and increase central adiposity, insulin resistance and the risk of developing type 2 diabetes.<sup>1,2</sup>

In women who are going through menopause, taking body-identical hormone replacement therapy (HRT) can reduce inflammatory markers, abdominal adiposity, insulin resistance and dyslipidaemia, and can reduce the incidence of new-onset type 2 diabetes.<sup>3</sup> In women with pre-existing diabetes, HRT has been shown to improve fasting glucose, insulin resistance, mean blood

### Menopause classification

- The average age of menopause is around 51 years and is defined as twelve months after the last menstrual period.
- The perimenopause is the time leading up to this in which people may start experiencing symptoms and changes in their periods. It often occurs from 45 years of age but can be earlier.
- Menopause before 45 years of age is known as an

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## MENOPAUSE AND DIABETES

**Hormonal changes in the perimenopause – the lead up to the menopause – can affect your blood sugar levels. This can make it harder for some women to manage their diabetes during the perimenopause.**

Menopause is usually reached when a woman has stopped having any periods for 12 months. It is caused by a fall in production of the hormone oestrogen and is a normal part of ageing, which usually occurs between ages 45 and 55.

### Is there a link between menopause and diabetes?

Changing body shape can be one of the menopausal symptoms affecting some women before and after the menopause (post menopause). This can change where your body stores fat. And in women with and without diabetes, it can cause something called insulin resistance.

Show me more

[Menopause information including support and HRT: NHS website](#)

[What causes insulin resistance and how it can be treated?](#)

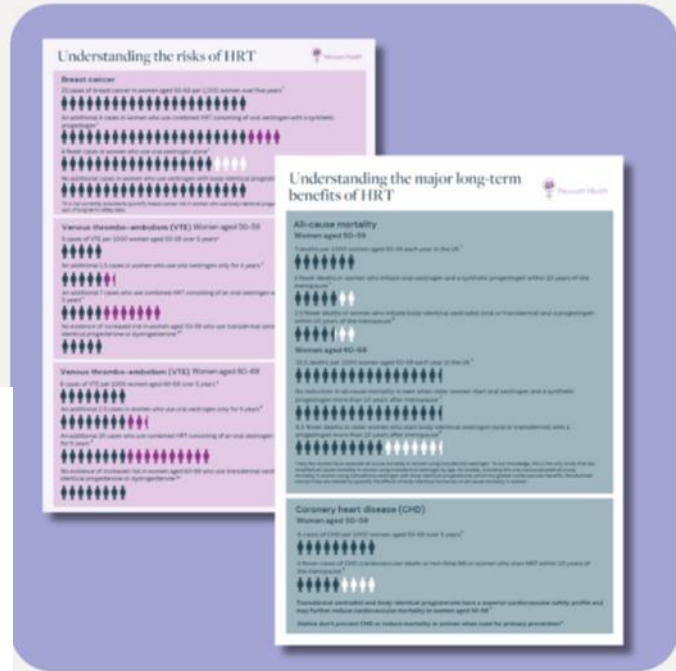
[Share your experience of menopause and diabetes on our forum - or get support](#)



# Resources



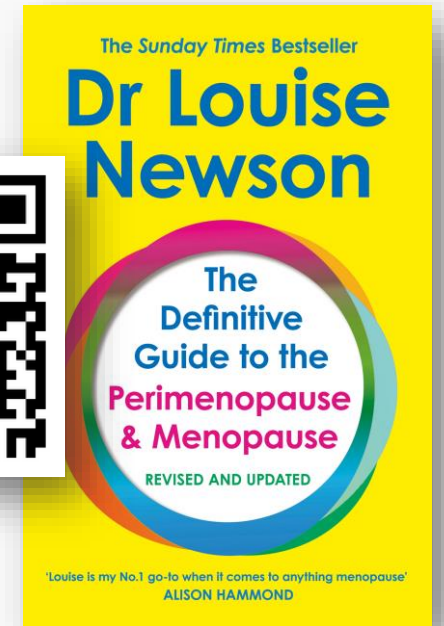
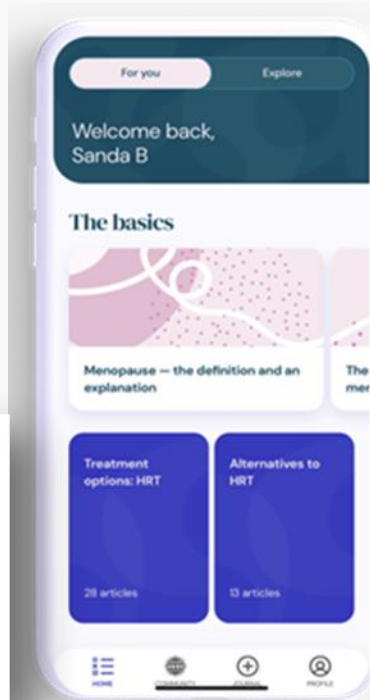
## Understanding the benefits and risks of HRT: downloadable visual aids



## HRT Easy Prescribing Guide



# Resources and further support



# Thank you!

Questions?

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