

Managing your diabetes

The following advice will help you to control your blood glucose levels, manage the symptoms of the menopause, and reduce the health risks associated with diabetes and the menopause.

- **Keep active:** weight-bearing physical activity helps to keep bones strong, is good for your heart health, helps your insulin to control your blood glucose more effectively and can help you to sleep better.
- **Eat a healthy diet:** cut down on refined and processed foods and increase your fruit, vegetable and wholegrain intake. This will help to control weight gain, reduce swings in blood glucose levels and is good for heart health. Legumes (peas and beans), soy foods and flaxseeds contain plant chemicals that act like oestrogen in the body.
- **Ensure your diet contains sufficient vitamin D and calcium:** these are essential for strong bones. Sunshine is good for bone health too!
- Cut down on caffeine and alcohol: both can disturb sleep and make hot sweats worse. Alcohol is high in calories, so cutting down or cutting it out will help you to lose weight.
- Stop smoking: smoking significantly increases your risk of heart disease and bone weakness.
- **Discuss your diabetes treatment with your diabetes team:** some tablets cause low blood glucose levels which feel like hot sweats. Some tablets may increase your risk of bone fractures. If you are taking these, there may be safer alternatives available.

Summary

- Having diabetes and going through the menopause can be challenging.
- Understanding how the change in your hormones can affect your blood glucose levels can be helpful.
- Having diabetes may increase the health risks associated with the menopause, particularly heart disease and bone problems.

Useful resources

As well as the advice given in this leaflet, you may find the following information available on these websites useful:

- www.trend-uk.org/resources
- www.diabetes.org.uk
- www.menopausematters.co.uk
- www.manageymenopause.co.uk
- www.womens-health-concerns.org



Diabetes and the menopause

Living with diabetes and also going through the menopause can be challenging. Knowing what to expect and following the advice in this leaflet may help you to manage both conditions. It can also guide you to know what to discuss with your doctor or nurse regarding the best treatment for you, your diabetes and menopausal symptoms.

- **What is the menopause?**
- **The menopause and diabetes**
- **Treatment**
- **Managing your diabetes**
- **Useful resources**

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What is the menopause?

The menopause occurs when menstrual periods have stopped for at least one year. "Going through the menopause" usually refers to the years leading up to the menopause. During this time (the peri-menopause), the female sex hormones involved in producing an egg from the ovaries each month fluctuate and gradually decrease. The pattern of your periods may change. They may be irregular, sometimes more frequent and heavier but at other times lighter and less regular.

Typically, troublesome physical and emotional symptoms experienced by many women at this time include:

- Hot flushes and night sweats
- Problems with sleeping
- Vaginal dryness
- Loss of libido
- Mood swings
- Anxiety
- Palpitations
- Depression
- Irritability
- Loss of confidence
- Tiredness
- Weight gain, especially around the waist
- Urinary and vaginal infections.



The menopause and diabetes

Female sex hormones (oestrogen and progesterone) can influence how effectively your body responds to insulin. Insulin is the hormone that controls blood glucose levels. As oestrogen levels fall, your body becomes less responsive to the effects of the insulin you produce (or inject). This is called insulin resistance. The fluctuations in hormone levels can therefore make it difficult to control your blood glucose levels, sometimes swinging from high to low levels for no apparent reason. You may find that you gain weight during the menopause. This will also make your insulin less effective.

The fall in female hormones associated with the menopause can increase the risk of heart disease and bone fractures. Unfortunately, having diabetes also increases the risk of these health problems. The advice given in this leaflet can help you to reduce your risk.

The symptoms experienced by many women during the menopause may be confused with the symptoms of low blood glucose ("hypos"). Hypos are a side effect of certain diabetes tablets and insulin and should be treated with glucose. Check with your pharmacist to see if you are taking a treatment that causes hypos if you are not sure. You may need to test your blood glucose more frequently, to confirm you are hypo, otherwise you may consume a lot of glucose inappropriately leading to hyperglycaemia (high blood glucose) and weight gain.

Vaginal dryness is a common symptom of the menopause, making sexual intercourse uncomfortable. In women with diabetes, high blood glucose levels over time can damage the nerves to the vagina causing thinning and inflammation of the vaginal walls. This can cause problems with sexual arousal and enjoyment.

Treatment

If menopausal symptoms are affecting your quality of life, your doctor may recommend hormone replacement therapy (HRT). There are two types of HRT:

- Oestrogen replacement only: this is suitable for women who have had a hysterectomy.
- Oestrogen and progestogen combined replacement.

Having diabetes does not necessarily mean you cannot use HRT. However, there are a number of risks associated with HRT. Your doctor will help you to assess whether the risks outweigh the potential benefits for you. Benefits can include reduced risk of hip fractures as well as improvement in menopausal symptoms. Oestrogen-only HRT may improve insulin sensitivity and help with blood glucose control.

Urinary and vaginal infections can be more common in menopausal women but those with high blood glucose levels are more likely to suffer from these. Getting some help to control your diabetes will reduce the frequency of these infections.

Vaginal symptoms can be improved by administering local oestrogen which is available as vaginal tablets, pessaries, cream or a vaginal ring. Lubricants can make sexual intercourse more comfortable but does not treat the underlying problem.

You can still get pregnant during the peri-menopause. You should use contraception for at least one year after your periods stop over the age of 50 and for 2 years if you are under 50.