

SESSION 3

Diabetes and Obesity Management in Menopause

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ABOUT THE SPEAKER

Dr Itunu Johnson Sogbetun

- UK-based GP · Over 10 years' experience in women's health, sexual & reproductive health, and menopause care across NHS and private sectors
- DRCOG, DFSRH & BMS Advanced Certificate in Menopause · Member of BMS, PCWHF & RCGP Women's Health SIG
- Lead for EDI at RCGP North-West London · GP tutor and examiner at Queen Mary's University of London
- Dedicated advocate for health equity · combines personal insight with professional expertise

DISCLAIMER / DISCLOSURE

No conflicts of interest relevant to the content of this presentation.

What is Menopause?

1 End of Menstruation & Fertility

A natural stage marking the end of periods and fertility, caused by falling oestrogen and progesterone

2 Diagnosis

Diagnosed after 12 months without a period, typically between the ages of 45 and 55

3 Whole-Body Impact

Affects the whole body — not just the womb or ovaries

4 Far-reaching Effects

Can impact energy, mood, sleep, weight, bones, heart and brain function



CLINICAL PRESENTATION

Symptoms of Perimenopause & Menopause



Irregular periods



Vaginal dryness



Hot flashes



Sore or tender
breasts



Chills



Night sweats



Sleep problems



Headaches



Weight gain and
slowed metabolism



Mood changes



Thinning hair and
dry skin



Memory problems

The Hormonal Cascade: Primary Shifts



Oestrogen Drop

Disrupted temperature control (hot flushes), mood volatility, altered skin/bone health.



Progesterone Decline

Irregular cycles before cessation; significant disruption to sleep architecture.



Testosterone Lowering

Decreased baseline energy levels, reduced muscle tone, lowered libido.



Cortisol & Insulin Shift

Elevated stress response, slowed metabolic rate, increased difficulty in weight management.



PHYSIOLOGY

Why These Symptoms Happen



- **Hot Flashes**
A drop in oestrogen confuses the body's temperature control centre
- **Low Mood & Anxiety**
Hormone changes affect brain chemicals regulating mood
- **Poor Sleep**
Caused by night sweats and mood changes disrupting sleep architecture
- **Vaginal Dryness**
Less oestrogen reduces mucosal moisture and local blood flow
- **Joint Pain & Aches**
Lower oestrogen causes joint stiffness and increased inflammation



PHYSIOLOGY

Hair & Muscle Changes



- Falling oestrogen contributes to hair thinning and loss of muscle mass during menopause
 - Ageing, diabetes, obesity and nutritional deficiencies can also drive hair and muscle changes
 - GLP-1 receptor agonists may contribute indirectly through rapid weight loss and reduced lean mass
 - Hair and muscle loss are often multifactorial – making careful clinical assessment essential
- Not every symptom is due to menopause alone – consider medications, metabolic health, thyroid disease and lifestyle



PHYSIOLOGY

Metabolic Changes During Menopause



- Declining oestrogen promotes visceral fat accumulation and central obesity.
- Loss of oestrogen contributes to rising blood pressure through vascular dysfunction.
- An adverse lipid profile develops, increasing atherogenic cardiovascular risk.
- Together, these changes define the metabolic syndrome of menopause and increase the risk of diabetes, cardiovascular disease and CKM syndrome.



CLINICAL VARIATION

Menopause Experience Varies

- Symptoms vary widely — ethnicity may affect how they are experienced
- Mood changes, anxiety and low self-esteem are frequently missed or misattributed
- Vaginal dryness, palpitations and joint pain are often overlooked in routine consultations
- Some women do not experience classic hot flashes or night sweats
- Brain fog and memory loss are mistaken for normal stress or ageing





CULTURAL CONTEXT

Cultural Dimensions of Menopause

Cultural beliefs and attitudes significantly impact help-seeking behaviour

Seen as a loss of fertility and femininity, adding to social and emotional pressures

Lack of accessible, culturally appropriate knowledge about menopause and HRT hinders access to care

Menopause is stigmatised and taboo in many BAME communities

Expectations for women to endure silently and not raise health concerns

PART 2

Diabetes & Menopause

Understanding the metabolic intersection and its clinical implications for women in midlife



PATHOPHYSIOLOGY

Diabetes & Menopause

- Diabetes is a chronic condition where blood glucose levels remain persistently elevated
- Insulin helps move glucose from blood into cells for energy; diabetes develops when insulin is insufficient or ineffective
- Hormonal changes and weight gain during menopause can increase insulin resistance
- This helps explain why diabetes risk rises around midlife — and why menopausal transition is a critical period for metabolic health

KEY EVIDENCE

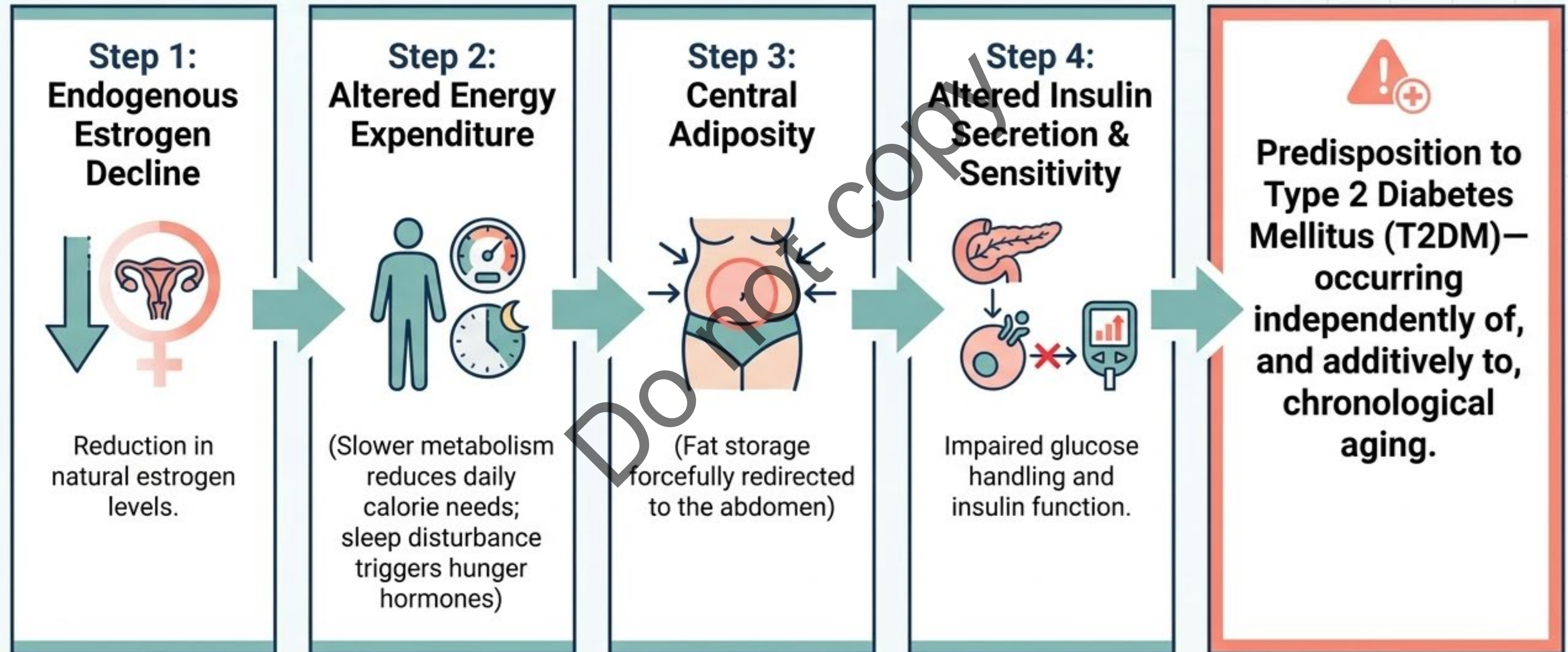
24%

**increase in the odds of Type 2 Diabetes
Mellitus associated with early menopause**

"Women who experience menopause early have a significantly higher risk of developing type 2 diabetes — highlighting the important role of reproductive ageing in long-term metabolic health."

Yazdkhasti et al., Nutrition & Metabolism, 2024

The Metabolic Crossroads: Adipose Distribution





CARDIOLOGY

Menopause & Cardiovascular Risk

- Declining oestrogen removes key cardiovascular and renal protection
- Visceral fat increases, driving central obesity and metabolic dysfunction
- Insulin resistance worsens, increasing the risk of type 2 diabetes
- Blood pressure rises and adverse cholesterol profiles emerge
- Women with diabetes face a particularly high risk of heart disease and stroke post-menopause

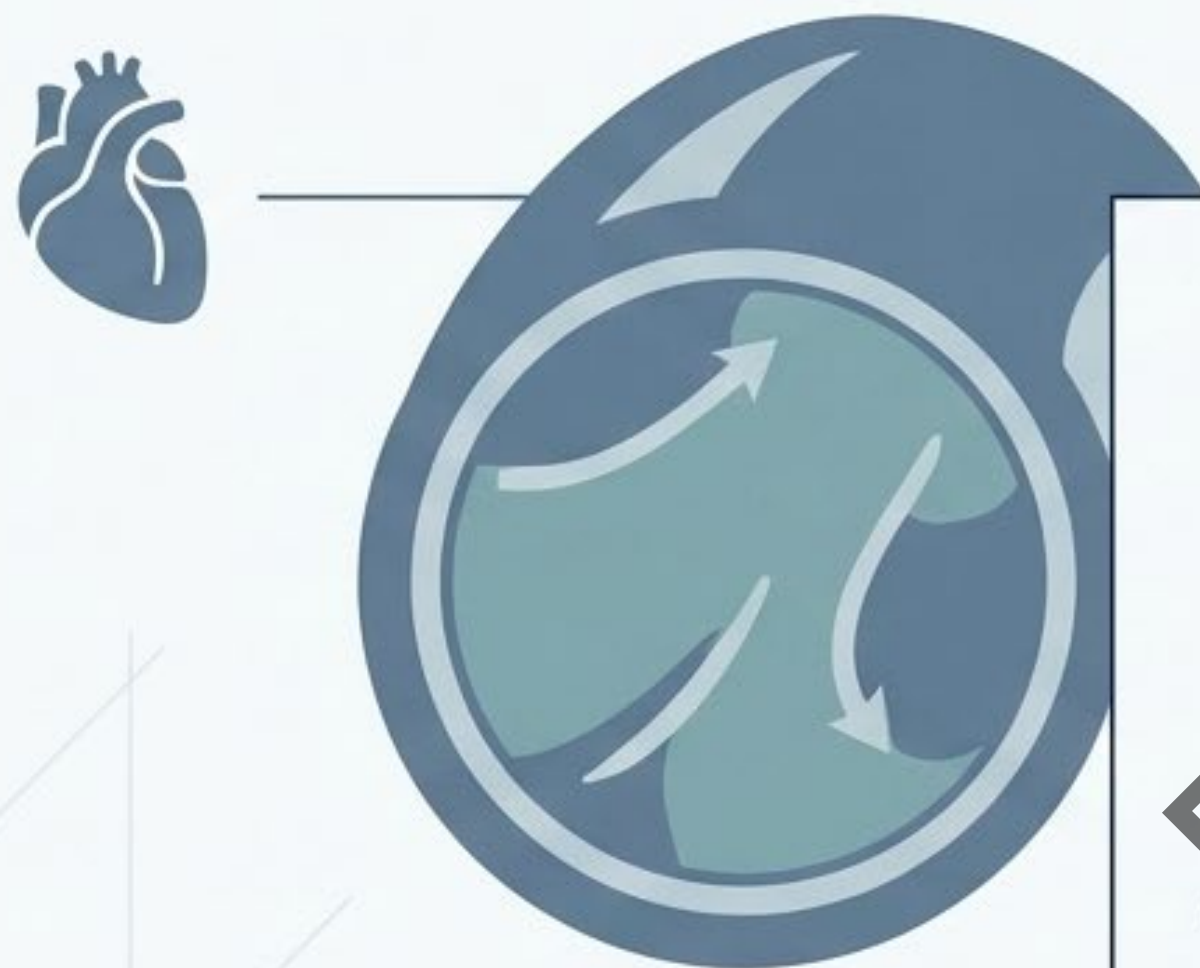
CKM Syndrome

- CKM syndrome links cardiovascular disease, kidney disease and metabolic dysfunction.
- Menopause accelerates CKM progression through oestrogen deficiency.
- Assess cardiometabolic and renal risk, not just menopausal symptoms.
- Screen early and intervene proactively.
- A multidisciplinary approach improves long term outcomes.

Accelerated Cardiovascular Risk



Pre-Menopause



Estrogen exerts a protective effect on vascular function, lipid metabolism, and glucose homeostasis.

Post-Menopause



Hormonal shift drives central adiposity, insulin resistance, dyslipidaemia, and hypertension. This accelerates atherosclerosis, raising the risk of coronary heart disease and stroke.

X11

Amplified Threat

Women with diabetes have an already elevated baseline cardiovascular risk; menopause disproportionately multiplies this baseline compared to men.



CLINICAL ACTION

A Critical Window for Intervention

- CVD risk accelerates after menopause — making this a pivotal time for clinical assessment
- Menopause is a critical window for risk stratification and preventive intervention
- Reproductive history can usefully inform future cardiovascular risk assessment
- Risk assessment guides management of lipids, blood pressure and glycaemia

Impact by Diabetes Type

Type 1 Diabetes

Primary Challenge: Volatile Dosing

Menopause frequently drives increased baseline insulin needs and complicates dosage prediction

Type 2 Diabetes

Primary Challenge: Disease Progression

Existing insulin resistance significantly worsens due to central adiposity and oestrogen loss

Prediabetes

Primary Challenge: Diagnostic Threshold

Menopause is often the catalyst that pushes blood sugar permanently into the clinical diabetic range

Across all types, chronically high blood sugar severely exacerbates menopausal symptoms — particularly vaginal dryness and recurrent urogenital infections.

SUMMARY

Diagnostic Matrix: Impact by Diabetes Type

Type	Primary Challenge	Menopausal Effect
Type 1	Volatile Dosing	Increased baseline insulin needs; complicates dosage prediction
Type 2	Disease Progression	Insulin resistance worsens with central adiposity and oestrogen loss
Prediabetes	Diagnostic Threshold	Menopause often the catalyst pushing blood sugar into diabetic range

PART 3

Managing Diabetes Through Menopause

HRT, pharmacological and lifestyle strategies for optimal management

TREATMENT

HRT: An Overview

What is HRT?

Hormone Replacement Therapy replaces declining oestrogen to relieve menopausal symptoms and support metabolic health

Usually Combined HRT

Oestrogen + progesterone; testosterone available for selected women with low libido and energy

Available Forms

Tablets · Patches · Gels · Sprays · Vaginal preparations (local vs systemic action)

In patients with diabetes and or obesity, with increased cardiovascular and thromboembolic risk, transdermal oestrogen is advised.

EVIDENCE BASE

HRT: Evidence & Benefits

In women under 60 or within 10 years of menopause, UK evidence — including NICE and British Menopause Society guidance — shows that HRT may:

- Improve endothelial function
- Have favourable effects on lipid profile
- Reduce progression of atherosclerosis
- Improve insulin sensitivity — particularly relevant in diabetes management



TREATMENT

Non-Hormonal Approaches

Medical Alternatives

- SSRIs, SNRIs, gabapentin, clonidine — for managing hot flushes and mood symptoms.
NK3 receptor antagonist: Fezolinetant for vasomotor symptoms.
- Dual NK1/NK3 receptor antagonist: Elinzanetant (emerging therapy for vasomotor symptoms and sleep disturbance).

Non-Medical Alternatives

Lifestyle changes, CBT and selected complementary therapies — noting that "natural" options have limited evidence

Tailor risk assessment to ethnicity — use lower BMI thresholds and central adiposity measures alongside standard HbA1c interpretation



Lifestyle Medicine: The 5-Pillar Approach

Nutrition	Physical Activity	Weight & Musculoskeletal	Sleep & Stress Management	Self-Monitoring
 “Eat the rainbow.” Diverse, fibre-rich whole foods prioritizing portion control and low glycaemic load.	 Daily steps combined with resistance training twice weekly to actively improve cellular insulin sensitivity.	 Gradual strength building, stretching, or yoga for metabolic health.	 Optimize for 6–8 hours. Crucial for reducing glycaemic variability and cortisol-driven insulin resistance.	 Track glucose during the transition, map symptoms, and focus on sustainable habits over extreme restriction.



EQUITY IN PRACTICE

Ethnicity & Metabolic Risk

- Women from ethnic minority backgrounds often develop T2DM at lower BMI thresholds — interpret BMI alongside central adiposity and waist circumference
- Menopausal and metabolic symptoms may be under-recognised, misattributed or normalised — leading to delayed diagnosis
- Culturally tailored dietary advice is essential — incorporate traditional foods rather than exclude them
- Adopt an individualised, culturally competent approach to assessment, risk stratification and management



PATIENT COMMUNICATION

Addressing Hormone Hesitancy

- Fear of hormones often comes from outdated or misleading information
- This fear can prevent women from accessing safe, effective treatment — allowing symptoms and insulin resistance to worsen
- Evidence shows HRT is safe for many women when properly prescribed and monitored
- Informed, balanced discussions help women make confident, empowered decisions about their care

PART 4

Culturally Responsive Care

Building equitable, patient-centred approaches to
menopause management



CLINICAL PRACTICE

Culturally Responsive Care

- **Clinical Curiosity**
Take interest in patients' lives, not just their symptoms
- **Open Communication**
Foster a safe, judgment-free space for patients to discuss concerns openly
- **Education & Awareness**
Provide clear, culturally sensitive information about causes, diagnoses and treatment
- **Trauma-Informed Care**
Respect cultural factors; understand potential minority trauma in healthcare settings
- **Symptom Recognition**
Actively listen to and acknowledge all reported symptoms
- **Shared Decision Making**
Involve women as equal partners in their care decisions



CLINICAL PATHWAY

When Standard Treatments Need Review

- 1 Consider HRT First**
HRT may improve insulin sensitivity and reduce menopausal symptoms before adding other interventions
- 2 Review Diabetes Medications**
If blood sugar remains difficult to control, review the existing diabetes medication regimen
- 3 Weight Loss Medications**
GLP-1 receptor agonists may support metabolic health and facilitate weight management
- 4 Monitor Key Markers**
Regularly monitor weight, blood pressure, blood glucose and cardiometabolic risk factors

Thank you.

Any Questions?

Do not copy



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