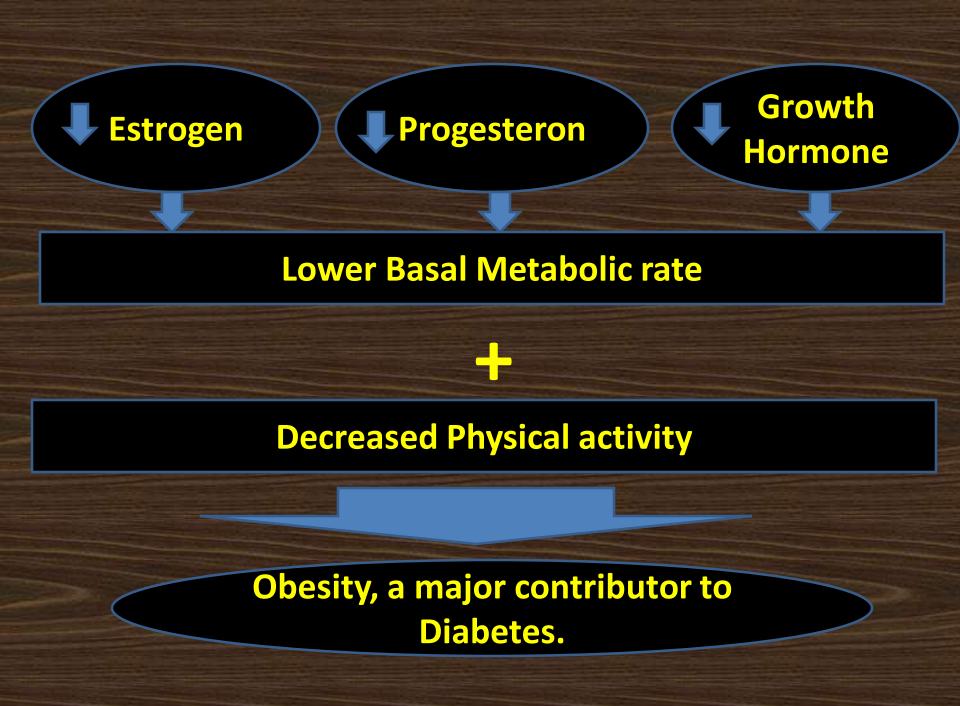
Diabetes at menopause - does it make a difference



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2-3 times increased risk of heart disease.

Post
Menopausal
Diabetic patient

Fluctuations in estrogen and progesterone

Fluctuation in sugar levels: Episodes of hypoglycemia

Difficulty in controlling diabetes

Low estrogen levels



Quick utilisation of sugar.



Low estrogen in menopause

Extreme fatigue and drowsiness; REM sleep affected

More vulnerable to stress, depression, and anxiety

Increases severity of diabetes

Weight gain at menopause transition

Increases need for insulin or oral diabetes medication



Urinary and vaginal infections

Low estrogen level

Diabetic neuritis



Dry, painful vagina

Low estrogen level

Sexual dissatisfaction

HRT in diabetes with menopause

HRT decreased glucose disposal by 17% compared with no change with placebo.

HRT did not affect body composition, body fat distribution, IL-6, leptin, or adiponectin

Cooper BC, Burger NZ, Toth MJ, et al. Insulin resistance with hormone replacement therapy: Associations with markers of inflammation and adiposity. Am J Obstet Gynecol 2007;196;123.e1-123.e7.

There is a lack of evidence around the use of HRT in women with Type I diabetes.

Editorial Group: Cochrane Metabolic and Endocrine Disorders Group

Women with combined ERT have significantly lower levels of fasting plasma glucose and HbA1C

Dramatic reduction in plasma total cholesterol and lowdensity lipoprotein

Increased HDL

Women on HRT have lesser chance of developing Diabetes

Women on HRT have better controlled diabetes

Oral HRT and Vitamin C and E supplementation in 20 diabetic Post menopausal women

only HRT treatment in 20 diabeti c post menopausal women

Significant fall in urea, uric acid, creatinine, total bilirubin, conjugated bilirubin, AST, ALT, LDH values.

The HRT and VCE supplementations may strengthen the antioxidant defense system and they may play a role in preventing kidney and liver diseases of postmenopausal women with Type 2 diabetes.

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