

Menopause

Generally the onset of menopause occurs at about the age of 50, although women with type 1 diabetes may experience this earlier. Menopause raises the same issues for women with or without diabetes.

Menopause is an important milestone in a woman's life and is associated with many other life changes such as the children leaving home. To maintain a sound health program it is worthwhile consulting your doctor to review life-style issues, check blood pressure, blood fats, and blood glucose. Your doctor will probably set up a schedule of regular health checks, including mammograms and pap smears. You can also discuss the question of whether or not to use hormone replacement therapy (HT) with your doctor.

Should I take Hormone Therapy?

This is an individual decision for each woman to discuss with her doctor. Among the benefits to be considered are the relief of menopausal symptoms, prevention of osteoporosis and vaginal and bladder problems in later life. The disadvantages may be having to take pills or other forms of medication long term, and possibly having to continue with monthly periods.

Will HT upset my diabetes?

The oestrogen in HT can be taken by mouth, as an implant under the skin or as a preparation absorbed through the skin (patch or cream).

If the womb has not been removed (hysterectomy) another hormone, a progestogen, should be taken to protect the lining of the uterus and prevent cancer. However progestogen can cause insulin resistance if taken continuously and, as a result, diabetes may need to be increased. If a progestogen is taken in a cycle different amounts of medication at different times of the cycle may be required.

Are there benefits or risks with HT and diabetes?

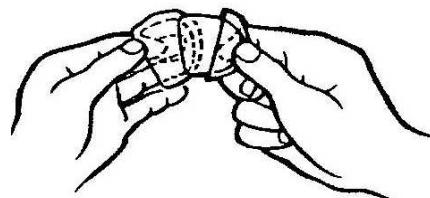
There are pros and cons:

Pro

The protection that oestrogen offers against osteoporosis is equally relevant for women with and without diabetes. Vaginal dryness and infections can occur after the menopause – these are reduced or prevented by HT.

Oestrogen will also help to prevent bladder problems which can be especially troublesome to women with diabetes because of their vulnerability to urinary tract infections (eg cystitis).

Women who have had a heart attack are not advised to take HT because of a study that showed an increased risk of further heart attack if HT was started.



HT patch

Con

Most women express some concern about any link between HT and breast cancer. However the benefits of HT often outweigh a small increase in risk of breast cancer.

(see www.yourcancerrisk.harvard.edu)

What else can I do?

Cardiovascular disease

Check your risk factors (family history, smoking history, lifestyle, blood pressure, cholesterol and other blood fats). Tackle the correctable risk factors and consult with your doctor about low dose aspirin (eg specially coated 100mg tablets that do not irritate the stomach. Note: low dose aspirin does not interfere with medication for diabetes.

Osteoporosis

Consult your doctor regarding the need to check bone density and discuss the risk factors for osteoporosis (family history, previous fractures, slight stature). A healthy exercise program is important, as is an adequate intake of calcium.

Before the menopause about 1000mg of calcium per day is required and after menopause, this rises to 1300mg per day. Low fat dairy products are an excellent source of calcium. If specific treatment is required for bone loss there are effective medications available.

Vagina and bladder

Vaginal creams and tablets containing oestrogen can be used as substitutes for HT to prevent vaginal dryness and bladder symptoms. Unlike oral tablets or skin patches of HT these have no effect on the rest of the body

For more information

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