More Than Hot Flashes: Menopause Stages And Diabetes Management Burden

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BACKGROUND AND AIMS

Menopause is a major hormonal transition associated with metabolic and symptomatic changes that may affect insulin sensitivity, glycemic control, and diabetes self-management. As the number of women aging with diabetes continues to grow, more will experience the menopausal transition while managing their condition. Despite its potential impact on diabetes outcomes, menopause remains underexamined in diabetes research and clinical care. Understanding how menopause influences diabetes experiences and management is important for informing patient-centered care and improving health outcomes among midlife women with diabetes.

METHODS

In August 2025, women with diabetes in the US aged 40 and above (n=3,389) completed an online survey reporting menopause stage (premenopause, perimenopause, menopause, postmenopause) and diabetes type (type 1 adults [T1A], type 2 insulin-treated [T2I], or type 2 non–insulin-treated [T2NI]). Key outcomes included self-reported A1c and perceived control of diabetes management assessed (four-point scale) among other clinical markers.

FIGURE 1: Feelings Towards Managing Diabetes

(4-point scale; higher = greater effort, avg score charted)

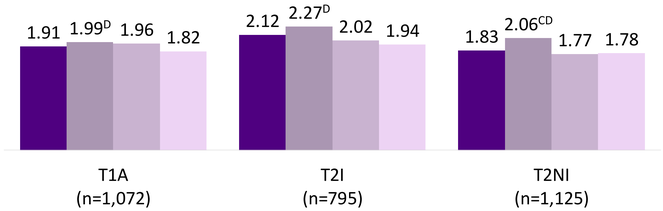


FIGURE 2: Effort Managing Diabetes

(4-point scale; higher = greater effort, avg score charted)

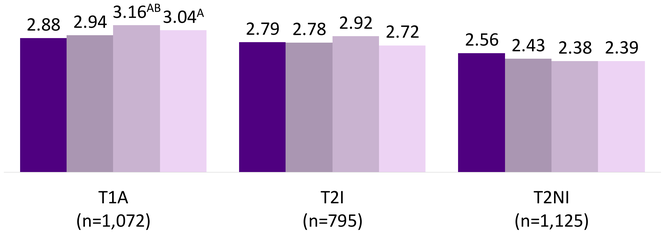


FIGURE 3: Diabetes Management Interference with Life

(4-point scale; higher = greater interference, avg score charted)

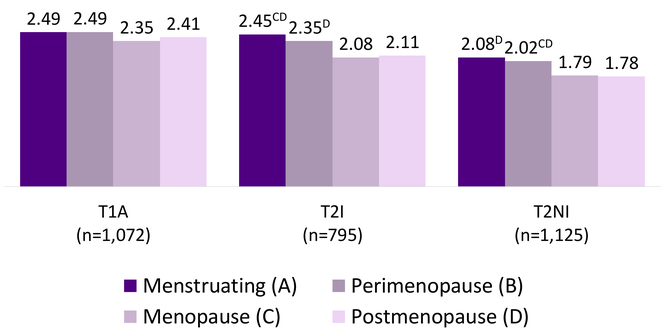


FIGURE 4: Glycemic control (HbA1c)

(Proportion of users with an A1c ≤7%)

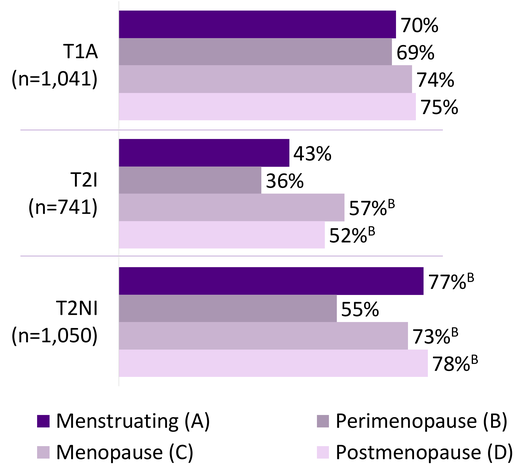
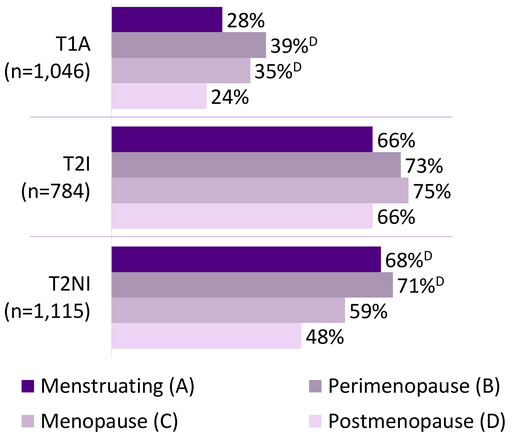


FIGURE 5: Obesity (BMI)

(Proportion of users with an BMI ≥30)



Values are significantly greater than the letter(s) listed next to them. Statistical significance tested at the 95% confidence level.

RESULTS

Among T2I and T2NI women, better glycemic control (A1c≤7) was more common in menopausal and postmenopausal stages, while an A1c>7 was more common during premenopause and perimenopause. Obesity (BMI ≥30) among T1A participants was more prevalent in perimenopausal and menopausal women. Perceived diabetes burden followed similar patterns: perimenopausal participants across diabetes types were most likely to report feeling overwhelmed by diabetes management. Menopausal and postmenopausal women with T1A more often reported that diabetes management required substantial effort, whereas premenopausal and perimenopausal participants across diabetes types more frequently reported that diabetes management greatly interfered with daily life.

CONCLUSIONS

Menopause stages are associated with differences in glycemic control and diabetes management burden among women with diabetes, with perimenopause representing a particularly vulnerable period and persistent management burden observed among postmenopausal women with type 1 diabetes. These findings underscore menopause as an underrecognized factor in diabetes management and highlight the need for stage-specific menopause-informed diabetes care.