
POSTER ABSTRACT

Living Through Two Transitions: How Chronic Illness Shapes Women's Experiences and Management of Menopause

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Background: Menopause is a natural stage in a woman's life, marking the permanent end of menstruation as ovarian function declines. Many experience this stage while managing chronic conditions such as diabetes, arthritis, or cardiovascular disease. These overlapping experiences shape how women perceive menopause, their quality of life, and the strategies they use to manage symptoms. Understanding this relationship is essential for improving support and tailoring interventions.

Approach: To explore how chronic conditions influence women's experiences of menopause, a structured online questionnaire was developed and distributed using the EU Survey Platform. The survey incorporated the SF-36 health questionnaire to measure quality of life in areas such as general health, physical functioning, pain, physical limitations, and energy-fatigue.

Participants also answered questions about attitudes toward medication and hormone replacement therapy (HRT), exercise and diet habits, sources of menopause-related information, and who they speak to about menopause. The study collected 359 responses from women aged 34 to 68 years, representing a broad range of marital status, education, employment, and income. To examine differences between women with and without chronic conditions, independent T-tests were used. Subgroup distributions were approximately normal, making this approach appropriate. While the study did not involve direct intervention, the findings offer valuable insights to inform co-designed support strategies.

Results: Statistically significant differences were found across several SF-36 domains. Women living with chronic conditions reported lower scores compared to healthy menopausal women in:

- General health: 58.56 vs 70.49
- Physical functioning: 76.31 vs 82.77
- Physical limitations: 67.42 vs 75.48
- Pain: 59.54 vs 69.42
- Energy-fatigue: 42.90 vs 48.90

These findings indicate a notable reduction in quality of life among women with chronic illnesses.

The analysis also showed lower scores in exercise habits among women with chronic conditions (13.32 vs 14.33), suggesting reduced physical activity levels, likely due to physical limitations associated with their illnesses. Furthermore, women with chronic conditions were more likely to draw on their personal experience of managing illness when seeking support for menopausal symptoms (4.07 vs 3.74). All these differences were statistically significant.

Interestingly, despite these challenges, many women showed adaptive coping strategies. Over time, they adjusted their expectations of health and daily life, using the skills and resilience they developed while managing their chronic conditions to navigate menopause. While low exercise levels were common across both groups, women with chronic conditions faced additional barriers to staying active.

Implications: These findings highlight the complex interplay between chronic illness and menopause, showing that chronic conditions can worsen quality of life during this transitional stage. However, they also reveal women's capacity for self-management and adaptation. For health systems and international stakeholders, these insights emphasize the importance of integrated, person-centered care that supports both chronic disease management and menopausal health.

Developing tailored interventions—such as accessible exercise programs, practical self-management resources, and peer-support networks—could help improve quality of life for women in this situation. Policies and educational strategies that recognize and build on women lived experience can make care more relevant and effective across different health systems globally.