

Prediabetes Weekly Newsletter



Cortisol, Menopause & Belly Fat

What Studies Really Show.

Hi Reader,

If you've hit midlife and noticed your shape changing – especially around your middle – you are not imagining it. Many women in perimenopause and postmenopause tell me, “I’m doing what I’ve always done, but my belly keeps growing. Is it my cortisol?”

This newsletter walks you through what research actually shows about cortisol, menopause, and weight gain – with a special focus on prediabetes risk.

Is it really “all cortisol”?

You'll often hear that menopausal belly fat is just “high cortisol” or “adrenal fatigue.” The reality is more complex – and more hopeful. Menopausal weight gain is driven by a *cluster* of changes: dropping estrogen, shifts in where you store fat, aging, insulin resistance, stress, sleep, and lifestyle. Cortisol is an important amplifier, not the only cause.

1. Menopause changes *where* you store fat

As women move from perimenopause into postmenopause, the scale might only creep up a little – but fat is redistributed from hips and thighs to deep abdominal (visceral) fat around the organs.

Key points from recent studies:

- After menopause, women tend to carry more visceral fat and show changes in both subcutaneous and visceral fat that are linked to poorer insulin sensitivity and higher prediabetes risk.

- Long-term data show that rising intra-abdominal fat during the transition is tightly associated with inflammation and higher cardiovascular risk.
- Reviews published in recent years confirm that falling estrogen is a major driver pushing fat towards the abdomen, especially in the context of higher calorie intake, lower movement, stress, and local hormonal changes inside fat tissue.

For someone with prediabetes, this is a big deal: visceral fat is strongly associated with insulin resistance and higher blood sugars, even when body weight doesn't look "that different."

2. Cortisol: not just "how high," but *where* it acts

Most women ask, "Are my cortisol levels too high?" Studies suggest a more subtle story.

Blood cortisol in postmenopausal women is often in the normal range. What changes is how much cortisol is activated *inside* tissues like belly fat and the liver.

Research highlights:

- Postmenopausal women show higher activity of an enzyme called 11 β -HSD1 in fat and liver.
- 11 β -HSD1 converts inactive cortisone into active cortisol locally, effectively boosting cortisol's impact in those tissues even when blood levels are normal.
- Higher 11 β -HSD1 activity in fat has been linked to larger waist circumference and more central fat.
- There are also links between this enzyme and estrogen signalling, suggesting that the drop in estrogen after menopause alters how fat tissue handles cortisol.

Think of it like this: after menopause, your belly fat and liver become better "cortisol amplifiers." They don't necessarily need a high blood cortisol reading to drive more fat storage and insulin resistance.

3. Aging, cortisol and insulin resistance: the "double hit"

For a prediabetes audience, the intersection of cortisol and insulin is crucial.

Recent clinical and review work shows:

- As women age and lose estrogen, insulin resistance tends to worsen. A gradual age-related tilt in cortisol regulation adds fuel to the fire by promoting higher liver glucose output and reduced insulin sensitivity.
- This mix – more visceral fat, more local cortisol activation, and more insulin resistance – sets the stage for prediabetes and type 2 diabetes if lifestyle doesn't adapt.
- Some analyses suggest that when hormone therapy is used appropriately, it can reduce insulin resistance and moderate central fat gain in healthy postmenopausal women, though this always requires an individual risk–benefit discussion with a clinician.

So cortisol is part of a broader hormonal environment that nudges blood sugar upward, rather than a lone villain you can “fix” with one supplement.

4. Stress, sleep and the “adrenal fatigue” narrative

The term “adrenal fatigue” is popular online, but it's not how endocrinologists describe the system. Still, the lived experience – “I'm more stressed, I sleep worse, and my belly is growing” – does match what we see clinically.

What science supports:

- The menopause transition is linked with higher perceived stress and more sleep disruption. These clusters travel together with weight gain and metabolic changes.
- Central obesity is strongly tied to adverse changes in lipids, glucose, and insulin resistance. Stress-related behaviours (overeating, late-night snacking, less movement, disrupted sleep) likely matter as much as cortisol levels themselves.

You are not imagining that stress and sleep changes make weight and blood sugars harder to manage in midlife. The pathway just works through behaviour, tissue-level hormone activity, and fat distribution rather than a single “bad lab result.”

5. What you can actually *do* about it

Here are evidence-aligned levers that matter for women with (or at risk of) prediabetes:

1. Focus on your waist, not just weight
 - Waist circumference and waist–hip ratio are stronger predictors of metabolic risk in midlife than scale weight alone.
 - Even modest reductions in visceral fat can produce disproportionately positive effects on insulin sensitivity.

2. Deliberately support insulin sensitivity
 - Prioritise meals that blunt glucose spikes: less refined carbohydrate, more fibre, adequate protein, and healthy fats.
 - Strength training and regular movement are powerful for preserving muscle, improving insulin sensitivity, and nudging visceral fat down.
 3. Treat sleep and stress as metabolic tools
 - Aim for a consistent sleep window, exposure to morning light, and a wind-down routine.
 - Use stress-regulation strategies you can stick with (breath work, brief movement “snacks,” mindfulness, boundaries around work and screens). These may indirectly “calm” your HPA (stress) axis and reduce stress-driven eating.
 4. Have a personalised discussion about hormones and meds
 - For some women, hormone therapy or other medications (e.g., for blood sugar) may be appropriate allies.
 - The right choice depends on your health history, risk factors and preferences, so this is a shared decision with your healthcare team – not a one-size-fits-all fix.
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Call to action: your next small step

If you're navigating menopause and worried about prediabetes, you don't need to “fix your cortisol” in isolation. You need a clear, science-based plan that targets visceral fat, supports insulin sensitivity, and respects what your body is going through.

Here are two actions you can take this week:

1. Measure your waist (at the level of your belly button) and note the number – this is a more meaningful marker than weight alone.
2. Choose one evening habit that sabotages your sleep or eating (e.g., scrolling in bed, grazing after dinner) and experiment with a calmer, more supportive alternative for the next 7 days.

If you'd like help turning this into a personalised prediabetes-friendly strategy for menopause, hit reply with “MENOPAUSE PLAN” and I'll send you details about my next program and resources.

Warmly,

Jackie

P.S. Know a friend who blames “her cortisol” for stubborn belly fat? Forward this email – it might help her see the bigger, more hopeful picture.

Menopause, Cortisol & Prediabetes

Action Checklist for Midlife Metabolic Health

Use this as a structured reset - not a perfection test.

1 Understand What's Changing (Awareness Layer)

- I understand that menopause shifts fat storage toward the abdomen (visceral fat).
 - I know that visceral fat is strongly linked to insulin resistance and prediabetes risk.
 - I recognise that cortisol is an amplifier - not the sole cause - of belly fat gain.
 - I understand that tissue-level cortisol activity can increase even if blood cortisol is "normal."
 - I accept that midlife metabolic change is biological - not a personal failure.
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2 Track What Matters (Measurement Layer)

- I have measured my waist circumference at belly-button level.
- I understand my waist measurement is a stronger metabolic marker than scale weight alone.
- I know my recent HbA1c and/or fasting glucose (within 6–12 months).
- I am monitoring trends, not obsessing over daily fluctuations.

 Goal: Shift focus from "weight" to metabolic risk markers.

3 Support Insulin Sensitivity (Foundational Layer)

- I prioritise fibre-rich, minimally refined carbohydrates.
- I include adequate protein in meals (especially breakfast and lunch).
- I incorporate healthy fats to moderate glucose spikes.
- I limit late-evening high-carb snacking.
- I move most days (walking, cycling, or similar).
- I include strength/resistance training at least 2× per week.

 Reminder: Muscle is protective in midlife. It directly improves insulin sensitivity.

4 Reduce Visceral Fat Drivers (Leverage Layer)

- I aim for consistent sleep (7–9 hours where possible).
- I have a regular sleep window (not wildly variable).
- I get morning light exposure most days.
- I have a wind-down routine at night (reduced screens, dim lighting).
- I identify stress triggers that drive overeating or inactivity.
- I use at least one stress-regulation tool consistently (breathing, short walks, mindfulness, journaling, boundaries).

 The goal is not “lower cortisol at all costs.”
It is stabilising the system that amplifies cortisol’s effects.

5 Check the Bigger Picture (Clinical Layer)

- I have discussed prediabetes risk with my healthcare provider.
 - I have reviewed whether hormone therapy is appropriate for me.
 - I understand that hormone therapy is individualised, not automatic.
 - I know that medications for glucose management may be appropriate in some cases.
 - I feel empowered to ask questions and engage in shared decision-making.
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6 7-Day Metabolic Reset Experiment

Choose ONE to trial this week:

- Replace late-night scrolling with a 20-minute wind-down routine.
- Stop eating 2–3 hours before bed.
- Add two short strength sessions this week.
- Increase fibre at one meal daily.
- Take a 10-minute walk after dinner.
- Reduce one obvious stress-driven habit (grazing, wine, doom-scrolling).

Consistency > intensity.

Red Flags to Review

Pause and seek medical review if you notice:

- Rapid unexplained weight gain
 - Severe sleep disturbance
 - Recurrent dizziness or hypoglycaemia
 - New metabolic symptoms
 - Significant mood changes
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Reframe: What This Is Really About

Midlife metabolic change is not:

- “Adrenal fatigue”
- A single bad cortisol lab result
- A willpower failure

It is:

- Fat redistribution
- Estrogen decline
- Tissue-level hormone shifts
- Changes in insulin sensitivity
- Sleep and stress interactions

And those are modifiable - with the right levers.

Your Two Immediate Actions

- ① Measure your waist circumference today.
- ② Choose one evening habit to improve for the next 7 days.

Small structural shifts outperform extreme overhauls.

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