

# HIV and the menopause

## Introduction

Antiretroviral therapy (ART) has transformed HIV into a long-term condition with normal life expectancy for people stable on treatment.

In 2018, 11,100 women living with HIV aged 45-56 (the age when women usually go through the menopause) attended HIV clinics in the UK. This is over a third of all women attending for HIV care in the UK, and is a 5-fold increase over 10 years.<sup>1</sup>

As the number of women living with HIV reaching midlife grows, it is becoming increasingly important to address their healthcare needs during menopause.

## What is the impact of menopause on women living with HIV?

- The menopause transition can have multi-dimensional impacts on the health and well-being of women living with HIV.
- There is conflicting evidence on the association between HIV and earlier age at menopause.<sup>2</sup>
- HIV infection is associated with an elevated risk of osteoporosis and cardiovascular disease, both of which are particularly increased among postmenopausal women living with HIV.<sup>3,4</sup>
- Women living with HIV aged 45-60 are more likely to report sexual problems than their HIV-negative counterparts.<sup>5</sup>
- Women living with HIV aged 45-60 report high levels of menopausal symptoms.<sup>6</sup>
- Women living with HIV may find it hard to distinguish HIV-related symptoms from menopausal symptoms, leading to anxiety.<sup>1</sup>
- Among women living with HIV, menopausal symptoms are associated with decreased adherence to ART (which is important in terms of women's own health, and also the prevention of HIV transmission to others), and missed HIV clinic appointments.<sup>1</sup>
- Use of systemic and topical hormone replacement therapy (HRT) is very low among women living with HIV despite the high prevalence of symptoms.<sup>6</sup>

## What are the key points about managing the menopause in women living with HIV?

- National HIV guidelines recommend baseline assessment of menstrual cycle within HIV clinics, and annual review thereafter, as well as assessment of menopausal symptoms in those aged >45 (or those assessed as being postmenopausal).
- As in women without HIV, laboratory investigations (such as follicle-stimulating hormone, FSH) are not routinely indicated in women living with HIV aged over 45 years with menstrual irregularity and/or vasomotor symptoms, especially if a woman has well-controlled HIV on ART.<sup>7</sup>
- The majority of women living with HIV with menopausal symptoms can be managed in general practice (as is the case for women without HIV), with liaison with a woman's HIV clinician.
- Management of menopause in women living with HIV should be informed by NICE guidelines on menopause.
- HRT (either systemic or topical) is not contraindicated in HIV.
- The use of transdermal HRT is preferred in women living with HIV due to the lower risk of gastrointestinal side effects and thromboembolic events.
- There may be drug interactions between systemic HRT and some ART regimens. This can result in increased progestogen and reduced oestrogen levels, necessitating HRT dose titration. HIV clinics and the Liverpool Drug Interactions website are good sources of information.

# HIV and the menopause

## What support do women living with HIV need through the menopause?

- Nearly half of women living with HIV in a national study stated they did not have enough information about the menopause, leaving many feeling under-prepared.<sup>7</sup>
- Midlife women living with HIV should be provided information on menopause and symptom management (see resources for HIV specific leaflets).
- Research has found that peer-support (support from other women living with HIV) can help women during the menopause transition. This may be accessed via local third sector organisations or HIV clinics, with new programmes being developed specifically for older women living with HIV (see resources).

## Resources

### **For healthcare providers:**

BHIVA/BASHH/FSRH guidelines for the sexual & reproductive health of people living with HIV (draft): <https://www.bhiva.org/file/zryuNVwnXcxMC/SRH-guidelines-for-consultation-2017.pdf>

Liverpool HIV Drug Interactions HRT chart: [https://liverpool-hiv-hep.s3.amazonaws.com/prescribing\\_resources/pdfs/000/000/028/original/TS\\_HRT\\_2017\\_Nov.pdf?1520609847](https://liverpool-hiv-hep.s3.amazonaws.com/prescribing_resources/pdfs/000/000/028/original/TS_HRT_2017_Nov.pdf?1520609847)

[www.thebms.org.uk](http://www.thebms.org.uk)

### **For women:**

Positively UK: <http://positivelyuk.org>

GROWS Project (support for older women living with HIV): <https://sophiaforum.net/index.php/women-with-hiv-growing-older-wiser-and-stronger-grows/>

AIDSMAP factsheet on HIV and menopause: [www.aidsmap.com/Menopause-and-HIV/page/3117291/](http://www.aidsmap.com/Menopause-and-HIV/page/3117291/)

A Guide to menopause for women living with HIV: <https://sophiaforum.net/wp-content/uploads/2020/09/A-Guide-to-Menopause-for-Women-Living-with-HIV-Sophia-Forum.pdf>

[www.womens-health-concern.org](http://www.womens-health-concern.org)

[www.menopausematters.co.uk/](http://www.menopausematters.co.uk/)

# HIV and the menopause

## Key References

1. Solomon, D., Sabin, C. A., Burns, F., Gilson, R., Allan, S., de Ruiter, A., . . . Tariq, S. (2021). The association between severe menopausal symptoms and engagement with HIV care and treatment in women living with HIV. *AIDS Care*, 33(1), 101-108.
2. Tariq, S., Delpech, V., & Anderson, J. (2016). The impact of the menopause transition on the health and wellbeing of women living with HIV: a narrative review. *Maturitas*, 88, 76-83. doi:10.1016/j.maturitas.2016.03.015
3. Finnerty, F., Walker-Bone, K., & Tariq, S. (2017). Osteoporosis in postmenopausal women living with HIV. *Maturitas*, 95, 50-54. doi:http://dx.doi.org/10.1016/j.maturitas.2016.10.015
4. Solomon, D., Sabin, C. A., Mallon, P. W. G., Winston, A., & Tariq, S. (2018). Cardiovascular disease in women living with HIV: a narrative review. *Maturitas*, 108, 58-70. doi:10.1016/j.maturitas.2017.11.012
5. Toorabally, N., Mercer, C. H., Mitchell, K. R., Blell, M., Burns, F., Gilson, R., . . . Tariq, S. (2020). Association of HIV status with sexual function in women aged 45–60 in England: results from two national surveys. *AIDS Care*, 32(3), 286-295. doi:10.1080/09540121.2019.1653436
6. Okhai, H., Sabin, C. A., Haag, K., Sherr, L., Dhairyawan, R., Burns, F., . . . Tariq, S. (2021). Menopausal status, age and management among women living with HIV in the UK. *HIV Med*. doi:10.1111/hiv.13138
7. Tariq, S., Okhai, H., Severn, A., Sabin, C.A., Burns, F., Gilson, R., . . . Miller, R. (2021) Biomarkers of ovarian ageing in postmenopausal women living with HIV: a prevalence study. BHIVA/BASHH Spring Meeting 2021, Virtual. <https://www.bhiva.org/file/6091178219915/AbstractBook2021.pdf>

*Author: Dr Shema Tariq, Postdoctoral Clinical Research Fellow & Honorary Consultant HIV/Sexual Health UCL Centre for Clinical Research in Infection and Sexual Health in collaboration with the medical advisory council of the British Menopause Society.*

PUBLICATION DATE: SEPTEMBER 2021

REVIEW DATE: SEPTEMBER 2024



For further details – please visit

[www.thebms.org.uk](http://www.thebms.org.uk) or telephone **01628 890 199**

