The specialist authority for menopause & post reproductive health

British Menopause Society

HIV and the menopause

Introduction

Menopause affects anyone born with ovaries. This includes cisgender women, transgender men and gender non-conforming people. This BMS Tool for Clinicians refers to cisgender women as there is a lack of data and literature on menopause in transgender men and gender non-conforming people living with HIV.

Improved access to effective antiretroviral therapy (ART) has transformed HIV into a long-term condition with normal life expectancy for people stable on treatment. Consequently, menopause is an increasingly important focus of medical care for women living with HIV.

In 2024, 28,648 women living with HIV aged 35-64 years (the age group when women may experience menopausal-related symptoms and/or be peri or postmenopausal) attended HIV clinics in England; this is over 80% of all women attending for HIV care in England.[1]

Estrogen decline results in cardiometabolic disturbance and immune activation, which may be exacerbated by HIV infection, resulting in an increased risk of long-term conditions such as cardiovascular disease (CVD), osteoporosis and metabolic dysfunction–associated steatotic liver disease (MASLD). Furthermore, the overlap between HIV-related and menopause-related symptoms may prevent individuals and their clinicians from identifying menopause as a cause. Peri and post menopause therefore represents an opportunity to assess and address risk of long-term conditions, and to optimise health and wellbeing more broadly.

What is the impact of menopause on people living with HIV?

- The menopause transition can have multi-dimensional impacts on the health and well-being of people living with HIV.[2]
- There is conflicting evidence on the association between HIV and earlier age at menopause, although premature ovarian insufficiency is more prevalent in women living with HIV than those without HIV.[3]
- Women living with HIV aged 45-60 report high levels of menopausal symptoms.[4]
- HIV infection is associated with an elevated risk of osteoporosis especially among postmenopausal women.[5]
- HIV may have a greater impact on CVD risk in women than men[6], with evidence that current CVD risk scores (which do not account for menopause status) underestimate risk in women living with HIV.[7]
- Women living with HIV aged 45-60 are more likely to report sexual problems than those without HIV.[8]

Copyright © 2025 British Menopause Society. All rights reserved.
Permission granted to reproduce for personal and educational use only. Commercial copying and distribution is prohibited.

- 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.[9]
- Use of systemic and topical hormone replacement therapy (HRT) is low among women living with HIV despite the high prevalence of symptoms.[4]

What are the key points for managing menopause in people 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).
- Bone fragility risk assessment, as determined by the FRAX score and National Osteoporosis Guideline Group (NOGG) guidance, should be undertaken every 3 years in those who are postmenopausal.
- CVD risk assessment with QRISK3 should be undertaken annually in all those aged ≥40 years, with modifiable risk factors addressed.
- Individuals living with HIV aged ≥40 years should be offered a statin for primary prevention of CVD irrespective of lipid profile or estimated CVD risk given data demonstrating a significant reduction in major adverse cardiovascular events. This should be recommended by HIV clinicians due to the potential for drug interactions with some antiretrovirals.[10]
- As in people without HIV, laboratory investigations (such as follicle-stimulating hormone, FSH) are not routinely indicated in people living with HIV aged over 45 years with menstrual irregularity and/or vasomotor symptoms if they have well-controlled HIV on ART.[11]
- Management of menopause in people 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 people 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 estrogen levels, necessitating HRT dose titration. HIV clinics and the Liverpool Drug Interactions website are good sources of information.
- The majority of people living with HIV with menopausal symptoms can be managed in general practice (as is the case for people without HIV), with liaison with an individual's HIV clinician.

What support do people living with HIV need through the menopause transition?

- In a national study, nearly half of women living with HIV stated that they did not have enough information about the menopause, leaving many feeling under-prepared.[4]
- People living with HIV should be provided with information on menopause and symptom management (see Resources for HIV specific leaflets).

Copyright © 2025 British Menopause Society. All rights reserved.
Permission granted to reproduce for personal and educational use only. Commercial copying and distribution is prohibited.

- 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 programmes specifically for older women living with HIV (see Resources).

Resources

For healthcare professionals

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:
www.hiv-druginteractions.org/prescribing_resources/hiv-ts-immunosuppressants

British Menopause Society: www.thebms.org.uk

For individuals living with HIV

A guide to menopause for women living with HIV:
https://sophiaforum.net/guide-to-menopause-for-women-living-with-hiv/

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/

Women's Health Concern: www.womens-health-concern.org

Menopause Matters: www.menopausematters.co.uk/

Positively UK: http://positivelyuk.org

References

1. UK Health Security Agency (2025). New HIV diagnoses, AIDS, deaths and people in care in England data tables, 2015 to 2024. https://www.gov.uk/government/statistics/hiv-annual-data-tables (accessed 17 November 2025).
2. Tariq, S (2025). Menopause: an opportunity to optimize health and well being for people with HIV. *Current Opinion in HIV and AIDS* 20(4):p 388-395, July 2025.
3. Van Ommen CE, King EM, Murray MCM. (2021). Age at menopause in women living with HIV: a systematic review. *Menopause*; 28:1428–1436.
4. 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
5. Finnerty, F., Walker-Bone, K., & Tariq, S. (2017). Osteoporosis in postmenopausal women living with HIV. *Maturitas*, 95, 50-54.

Copyright © 2025 British Menopause Society. All rights reserved.
Permission granted to reproduce for personal and educational use only. Commercial copying and distribution is prohibited.

6. 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.
7. Grinspoon SK, Zanni MV, Triant VA, et al. Performance of the pooled cohort equations and D:A:D risk scores among individuals with HIV in a global cardiovascular disease prevention trial: a cohort study leveraging data from REPRIEVE. *Lancet HIV* 2025; 12:e118–e129.
8. 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.
9. 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.
10. Grinspoon SK, Fitch KV, Zanni MV et al.; REPRIEVE Investigators. Pitavastatin to prevent cardiovascular disease in HIV infection. *N Engl J Med* 2023; 389: 687–699.
11. Tariq S, Okhai H, Severn A, et al. Follicle-stimulating hormone in postmenopausal women living with HIV: a prevalence study. *HIV Med* 2022; 23:434–440.

Author: Dr Shema Tariq, Principal Clinical Research Fellow (Institute for Global Health, University College London) & Honorary Consultant in HIV and Sexual Health (The Mortimer Market Centre, Central and North West London NHS Foundation Trust) in collaboration with the medical advisory council of the British Menopause Society.

REVIEWED: DECEMBER 2025

This BMS Tool for Clinicians will be updated when guidance changes and/or new data becomes available.

Copyright © 2025 British Menopause Society. All rights reserved.
Permission granted to reproduce for personal and educational use only. Commercial copying and distribution is prohibited.

Reg Charity No: 1015144 Company Reg No: 02759439