

Post Reproductive Health

British Menopause Society Factsheet: HIV and the menopause

Journal:	<i>Post Reproductive Health</i>
Manuscript ID	PRH-19-008
Manuscript Type:	Clinical practice
Date Submitted by the Author:	01-Feb-2019
Complete List of Authors:	Tariq, Shema; University College London
Keyword:	HIV, Perimenopause, Postmenopause
Abstract:	Not applicable

SCHOLARONE™
Manuscripts

1
2
3 DECLARATIONS
4
5

6 1. Conflicting interests

7 ST has previously received a travel bursary funded by Janssen-Cilag through the British HIV
8 Association, and speaker honoraria and funding for preparation of educational materials from
9 Gilead Sciences. ST is also a member of the steering group of SWIFT, a networking group for
10 people involved in research in HIV and women, funded by Bristol Myers Squibb
11

12 2. Funding

13 Between March and December 2018, ST received salary support through a UCL/Wellcome
14 Institutional Strategic Support Fund Flexible Support Awards (204841/Z/16/Z). Prior to this she
15 was funded by an National Institute of Health Research (NIHR) postdoctoral fellowship (PDF-
16 2014-07-071). This manuscript presents views expressed of the author and not necessarily
17 those of the NHS, the NIHR or the Department of Health.
18

19 3. Ethical approval

20 Not applicable
21

22 4. Guarantor

23 Dr Shema Tariq
24

25 5. Contributorship

26 This factsheet was written by ST.
27

28 6. Acknowledgements

29 Parts of this factsheet are based on findings from the PRIME Study. The author would like to
30 thank the PRIME Study Team (Dr Fiona Burns, Dr Richard Gilson and Professor Caroline Sabin),
31 the PRIME Expert Advisory Group, clinical collaborators and all PRIME participants.
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3 British Menopause Society Factsheet
4

5 HIV and the menopause 6 7

8 Dr Shema Tariq

9 Mortimer Market Centre, UK

10 Off Capper Street London WC1E 6JB

11 United Kingdom of Great Britain and Northern Ireland

12 T: 7714759196 F: 7714
13
14
15
16
17

18 Introduction 19

20 Over the past two decades, antiretroviral therapy (ART) has transformed HIV into a long-term
21 condition with normal life expectancy for people stable on treatment.
22

23 In 2016, 10,350 women living with HIV aged 45-56 (the age when women usually go through the
24 menopause) attended HIV clinics in the UK. This is nearly half of all women attending for HIV care in
25 the UK, and is five times the number in 2006¹.
26

27 As the number of women living with HIV reaching their midlife grows, we are beginning to
28 understand the importance of addressing their healthcare needs during the menopause.
29
30

31 What is the impact of the menopause on women living with 32 HIV? 33 34 35

- 36 • The menopause transition can have multi-dimensional impacts on the health and well-being
37 of women living with HIV.
- 38 • There is conflicting evidence on the association between HIV and earlier age at menopause².
- 39 • HIV infection is associated with an elevated risk of osteoporosis and cardiovascular disease,
40 both of which are particularly increased among postmenopausal women living with HIV^{3,4}.
- 41 • Women living with HIV aged 45-60 are more likely to report sexual problems than their HIV-
42 negative counterparts¹.
- 43 • Women living with HIV aged 45-60 report high levels of menopausal symptoms including hot
44 flushes, urogenital symptoms, and psychological symptoms¹.
- 45 • Women living with HIV may find it hard to distinguish HIV-related symptoms from
46 menopausal symptoms, leading to anxiety¹.
- 47 • Among women living with HIV, menopausal symptoms are associated with psychological
48 distress¹ and decreased adherence to ART (which is important in terms of women's own
49 health, and also the prevention of HIV transmission to others)⁵.
- 50 • Use of systemic and topical hormone replacement therapy (HRT) is very low among women
51 living with HIV (8% and 3% respectively) despite the high prevalence of symptoms¹.
52
53
54
55
56
57
58
59
60

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.
- 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) are not contraindicated in HIV.
- The use of transdermal HRT is preferred in women living 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.

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

- Nearly half of women living with HIV in a recent national study stated they did not have enough information about the menopause, leaving many feeling under-prepared¹.
- 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 clinics¹.

Resources

For healthcare providers:

BHIVA/BASHH/FSRH guidelines for the sexual & reproductive health of people living with HIV (draft): <http://www.bhiva.org/documents/Guidelines/SRH/Consultations/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

www.thebms.org.uk

For women:

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

AIDSMap factsheet on HIV and menopause: www.aidsmap.com/Menopause-and-HIV/page/3117291/

www.womens-health-concern.org

www.menopausematters.co.uk/

Key references

1. Tariq, S. (2018). Menopause in women living with HIV in England: findings from the PRIME Study. Retrieved from <https://www.ucl.ac.uk/iph/research/sexualhealthandhiv/prime-study/PRIMEPDFs/primereport>
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. Solomon, D., Burns, F., Gilson, R., Rolland, A., Sabin, C.A., Sherr, L., Tariq, S. (2018). The association between severe menopausal symptoms and adherence to antiretroviral therapy in women living with HIV. *AIDS 2018*; Amsterdam.