The menopause in women living with HIV

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Menopause in the general population

Menopause in women living with HIV

Management
  - hormone replacement therapy (HRT)
  - other considerations
NUMBER OF WOMEN ACCESSING HIV CARE BY AGE GROUP, 2004-2014 (UK)

Source: Data provided by Zheng Yin (Centre for Infectious Disease Surveillance and Control, Public Health England)
## Geographical Variation

<table>
<thead>
<tr>
<th>Region or country</th>
<th>n</th>
<th>Number of studies</th>
<th>Mean age at menopause (95% CI)</th>
<th>Heterogeneity (I-squared; %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>1,175</td>
<td>3</td>
<td>48.4 (48.1–48.6)</td>
<td>0.0</td>
</tr>
<tr>
<td>Asia</td>
<td>39,158</td>
<td>8</td>
<td>48.8 (48.1–49.4)</td>
<td>98.9</td>
</tr>
<tr>
<td>Australia</td>
<td>9,268</td>
<td>2</td>
<td>51.3 (49.8–52.8)</td>
<td>99.1</td>
</tr>
<tr>
<td>Europe</td>
<td>18,692</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latin America</td>
<td>18,073</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle East</td>
<td>7,733</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>15,690</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>109,789</td>
<td>36</td>
<td>48.8 (48.3–49.2)</td>
<td>99.6</td>
</tr>
</tbody>
</table>

Source: Schoenaker DA et al. (2014)
**Menopausal Symptoms**

- 85% of women experience symptoms\(^1\)
- Median duration = 7 years\(^2\)
- Genital symptoms can be lifelong
- Negatively impacts on work and relationships\(^3,4\)
- Reduced quality of life\(^4\) and perceived health\(^5\)

SYMPTOMS

Vasomotor

Genital

Musculoskeletal

Metabolic

Cardiovascular

Mood and cognition
POST-MENOPAUSAL LIFE SPAN
Women can expect to live 40% of their lives post-menopause.

They may spend 10% of their lives with menopausal symptoms.
HIV & THE MENOPAUSE
HIV AND THE MENOPAUSE

- Relatively under-researched
- US studies predominate
- Earlier age and possibly increased symptoms
- Symptoms under-recognised
- Use of HRT ~10%
- No robust data on current management or clinical need in Europe

Differences in HIV

- Co-existing factors
- Ovarian dysfunction
- Chronic illness
- Opportunistic infection
- Chronic inflammation
- ART
Co-existing factors
Gonadal dysfunction
Chronic inflammation
Chronic illness
Opportunistic infections
Menopausal Symptoms

- Increased vasomotor symptoms
- Increased psychological symptoms
- No difference in cognition
- No difference in sexual function

INCIDENCE OF NEW FRACTURES

Older age, white race, prior fracture, history of cocaine or IDU

Source: Sharma A et al. (2015)
THE PRIME STUDY: POSITIVE TRANSITIONS THROUGH THE MENOPAUSE
THE PRIME STUDY: POSITIVE TRANSITIONS THROUGH THE MENOPAUSE

PRIME Study

1500 HIV+ WOMEN AGED 45-60
15 CENTRES ACROSS UK
QUESTIONNAIRES AND INTERVIEWS
LONGITUDINAL FOLLOW-UP
MANAGEMENT
HORMONE REPLACEMENT THERAPY (HRT)

- HRT improves hot flushes and mood symptoms
- Improves quality of life
- Reduces risk of fragility fractures
- Oral vs. transdermal vs. topical
- Lowest effective dose for shortest duration possible
The HRT controversy: 2002

HRT danger for women

'Huge increase' in killer disease risk

Cardiovascular disease
Breast cancer
Endometrial cancer
If starting HRT <10 years after menopause...

- Breast cancer: 0
- Ovarian cancer: + 1/1000
- Thrombosis: + 5/1000
- Stroke: + 4/1000
- Coronary artery disease: - 8/1000
- Death: - 6/1000
HRT in HIV

- Probably underused
- Drug interactions
- Risks of HRT in HIV?
- No data on improvements in:
  - osteoporosis
  - cardiovascular disease
  - quality of life
  - mood
MANAGEMENT OF HIV+ WOMEN IN MIDLIFE

1. Ask
   - menstrual history
   - symptoms

2. Inform
   - what to expect
   - treatment options

3. Assess and address
   - risk of comorbidity (heart disease, osteoporosis)
   - drug interactions
4. Advise
   - lifestyle (exercise, alcohol, smoking)
   - contraception
   - breast and cervical screening

5. Offer support

6. Liaise with primary care
   - symptoms
   - is patient interested in HRT (transdermal)
It would be good to hear this earlier, then we would start noticing it in our bodies. It would be a thing that we know. Not a kind of shock. I ran time after time to my doctor asking:

‘What is this? What is this?’

You don’t know what is happening to you.

Come and teach us. Tell us more.
Key messages

- Increasing numbers of older women living with HIV
- Menopause can have physical and psychological consequences
- Under-recognised in women living with HIV
- Lack of research in Europe
- HRT can be beneficial
- Lifestyle modification
- Need for awareness and support