

The menopause in women living with HIV

Shema Tariq

NIHR Postdoctoral Clinical Research Fellow & Honorary Consultant Physician
UCL/Mortimer Market Centre, London, UK



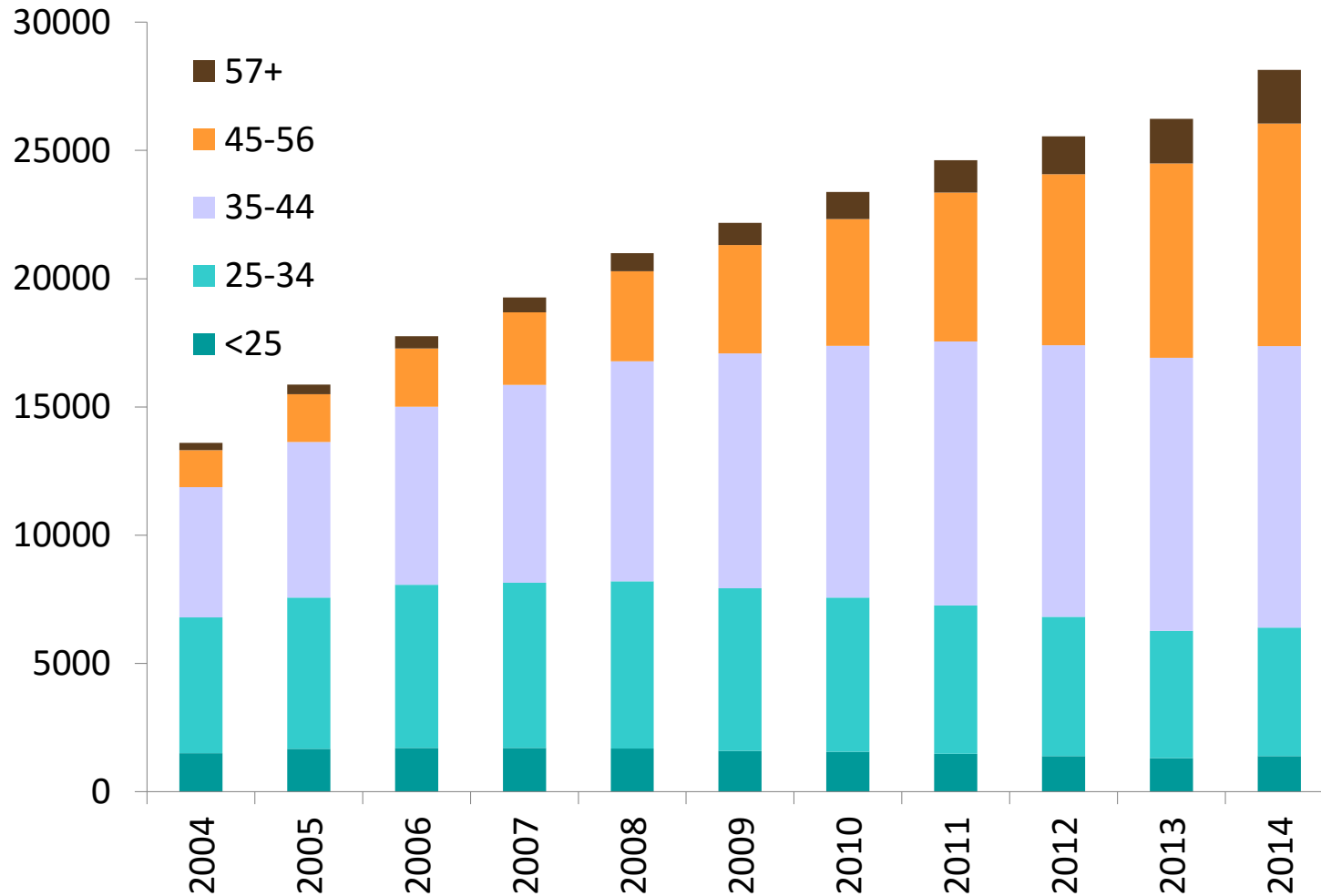
s.tariq@ucl.ac.uk



[@Savoy__Truffle](https://twitter.com/Savoy__Truffle)

- 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

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

SOCIOECONOMIC FACTORS
GENETIC FACTORS
ENVIRONMENTAL FACTORS

MENOPAUSAL SYMPTOMS



- 85% of women experience symptoms¹
- Median duration = 7 years²
- Genital symptoms can be lifelong
- Negatively impacts on work and relationships^{3,4}
- Reduced quality of life⁴ and perceived health⁵

**Mood and
cognition**

Vasomotor

Genital

SYMPTOMS

Cardiovascular

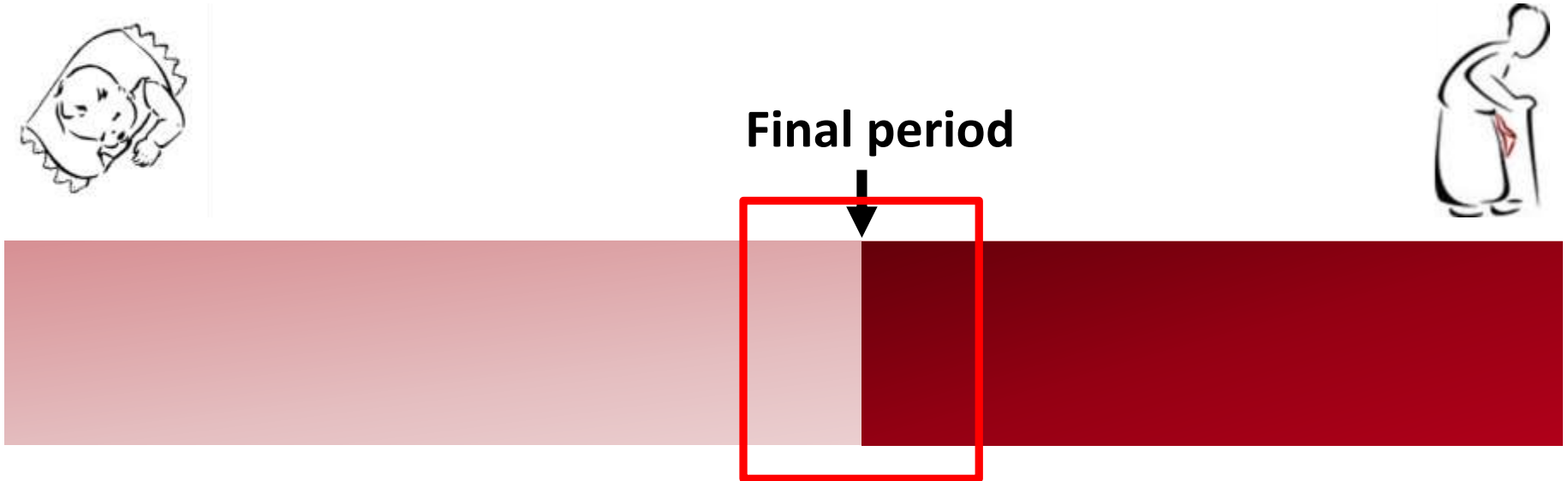
Musculoskeletal

Metabolic

POST-MENOPAUSAL LIFE SPAN



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 symptoms¹
- Symptoms under-recognised^{2,3}
- Use of HRT ~10%,^{4,5}
- No robust data on current management or clinical need in Europe

**Ovarian
dysfunction**

**Co-existing
factors**

Chronic illness

**DIFFERENCES
IN HIV**

**Chronic
inflammation**

**Opportunistic
infection**

ART

Co-existing factors

Chronic inflammation



Gonadal dysfunction

Chronic illness

Opportunistic infections

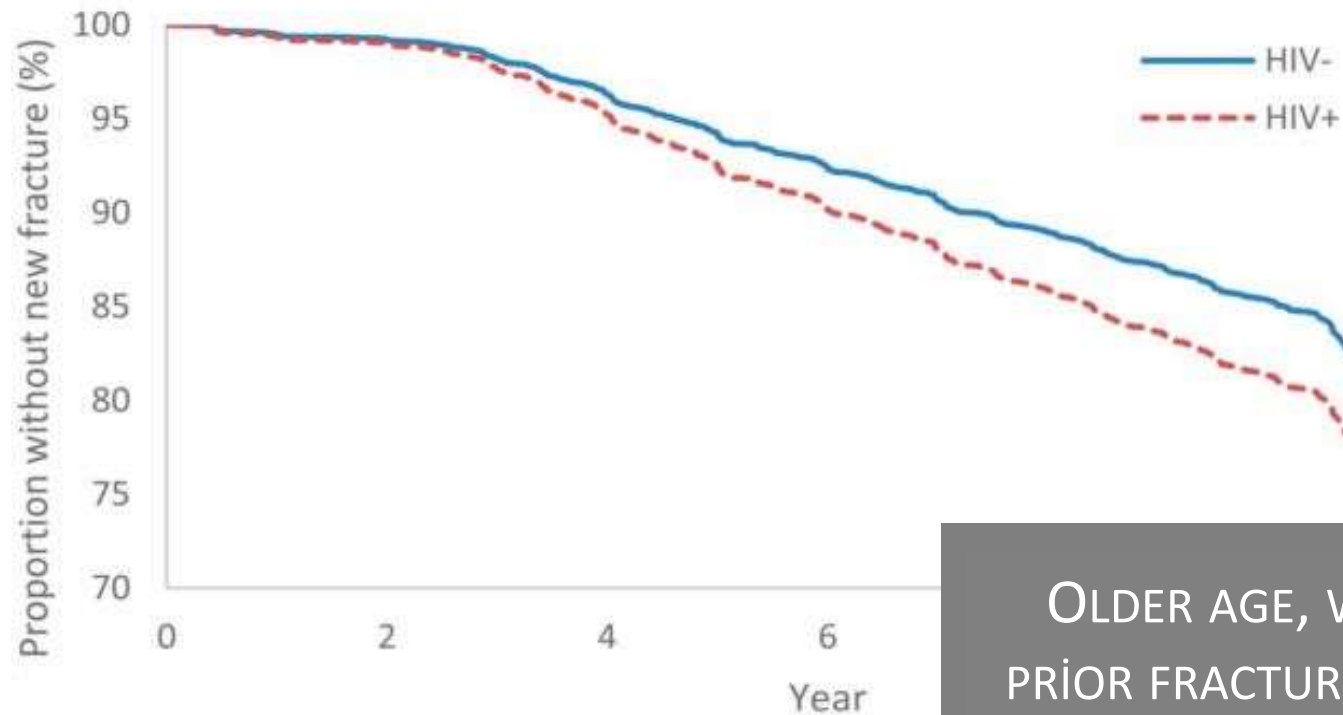
ART

MENOPAUSAL SYMPTOMS



- Increased vasomotor symptoms^{1,2,3}
- Increased psychological symptoms^{3,4,5}
- No difference in cognition⁶
- No difference in sexual function^{7,8}

INCIDENCE OF NEW FRACTURES



OLDER AGE, WHITE RACE,
PRIOR FRACTURE, HISTORY OF
COCAINE OR IDU

Quality of life

**Engagement in
care**

**HEALTH AND
WELLBEING**

Adherence

Quality of life

Engagement in
care

Adherence

THE PRIME STUDY: POSITIVE TRANSITIONS THROUGH THE MENOPAUSE



PRIME Study



PRIME Study UCL
@Prime_UCL

The PRIME study (Positive Transitions through the MEnopause) is an NIHR-funded project looking at the menopause in women living with HIV in the UK.

UCL, London
ucl.ac.uk/prime-study

TWEETS 223 FOLLOWING 245 FOLLOWERS 177 FAVORITES 33 [Edit profile](#)

Tweets Tweets & replies Photos & videos

PRIME Study UCL Retweeted

TerrenceHigginsTrust @THTorguk · Oct 1
We're marking International Day of Older Persons with a special event for over 50s living with #HIV. Here's why.



There are now as many as 95,000 older people

Who to follow · Refresh · View all

- BBC Radio 4 Today** @BBCRadio4 Today
Followed by Kilian Quinn and 1 other
- Paul Fleming** @PosEastPaul
Followed by Shema Tariq and 1 other

THE PRIME STUDY: POSITIVE TRANSITIONS THROUGH THE MENOPAUSE



PRIME Study UCL

The PRIME study (Positive Transitions through the Menopause) is an NIHR-funded project looking at the menopause in women living with HIV in the UK.

UCL, London
ucl.ac.uk/prime-study

Tweets 223
Replies 245
Retweets 177

Tweets Tweets & replies

TerrenceHigginsTrust
We're marking International
for over 50s living with



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



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

- 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

MANAGEMENT OF HIV+ WOMEN IN MIDLIFE



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



PRIME



s.tariq@ucl.ac.uk



[@Prime_UCL](https://twitter.com/Prime_UCL)



www.ucl.ac.uk/prime-study