# Menopausia en mujeres que viven con VIH

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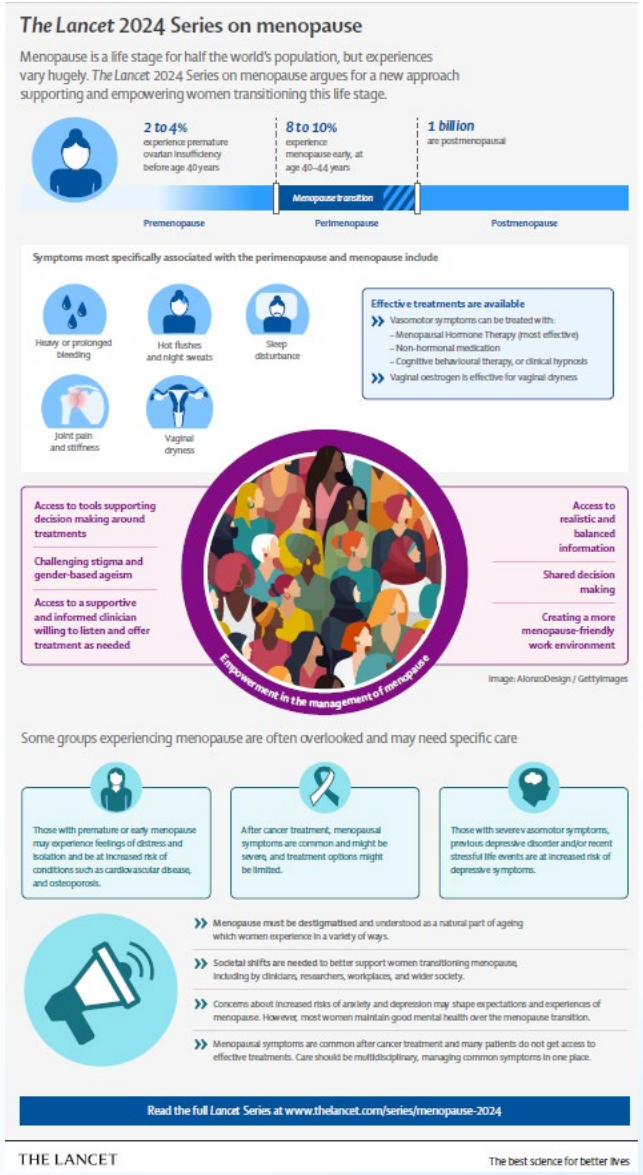
# Hablemos de menopausia

MÓNICA CEBERIO BELAZA | 05 MAY 2024 - 05:40 CEST

Hay tantas menopausias como mujeres. Pero también existen denominadores comunes: casi todas se sienten desprotegidas. Reivindican más investigación, más información, más acompañamiento en la sanidad pública, en fin, más normalidad. Aitana Sánchez-Gijón, Elena Anaya, Edurne Pasaban y otras mujeres hablan de su experiencia


The Lancet 2024 Series on menopause
Menopause is a life stage for half the world's population, but experiences vary hugely. The Lancet 2024 Series on menopause argues for a new approach supporting and empowering women transitioning this life stage.
2 to 4% experience premature ovarian insufficiency before age 40 years
8 to 10% experience menopause early, at age 40–44 years
1 billion are postmenopausal
Menopause transition
Premenopause
Perimenopause
Postmenopause
Symptoms most specifically associated with the perimenopause and menopause include
Heavy or prolonged bleeding
Hot flushes and night sweats
Sleep disturbance
Joint pain and stiffness
Vaginal dryness
Effective treatments are available
Vasomotor symptoms can be treated with:
– Menopausal Hormone Therapy (most effective)
– Non-hormonal medication
– Cognitive behavioural therapy, or clinical hypnosis
Vaginal oestrogen is effective for vaginal dryness
Access to tools supporting decision making around treatments
Challenging stigma and gender-based ageism
Access to a supportive and informed clinician willing to listen and offer treatment as needed
Empowerment in the management of menopause
Access to realistic and balanced information
Shared decision making
Creating a more menopause-friendly work environment
Image: AlonzoDesign / GettyImages
Some groups experiencing menopause are often overlooked and may need specific care
Those with premature or early menopause may experience feelings of distress and isolation and be at increased risk of conditions such as cardiovascular disease, and osteoporosis.
After cancer treatment, menopausal symptoms are common and might be severe, and treatment options might be limited.
Those with severe vasomotor symptoms, previous depressive disorder and/or recent stressful life events are at increased risk of depressive symptoms.
Menopause must be destigmatised and understood as a natural part of ageing which women experience in a variety of ways.
Societal shifts are needed to better support women transitioning menopause, including by clinicians, researchers, workplaces, and wider society.
Concerns about increased risks of anxiety and depression may shape expectations and experiences of menopause. However, most women maintain good mental health over the menopause transition.
Menopausal symptoms are common after cancer treatment and many patients do not get access to effective treatments. Care should be multidisciplinary, managing common symptoms in one place.
Read the full Lancet Series at www.thelancet.com/series/menopause-2024
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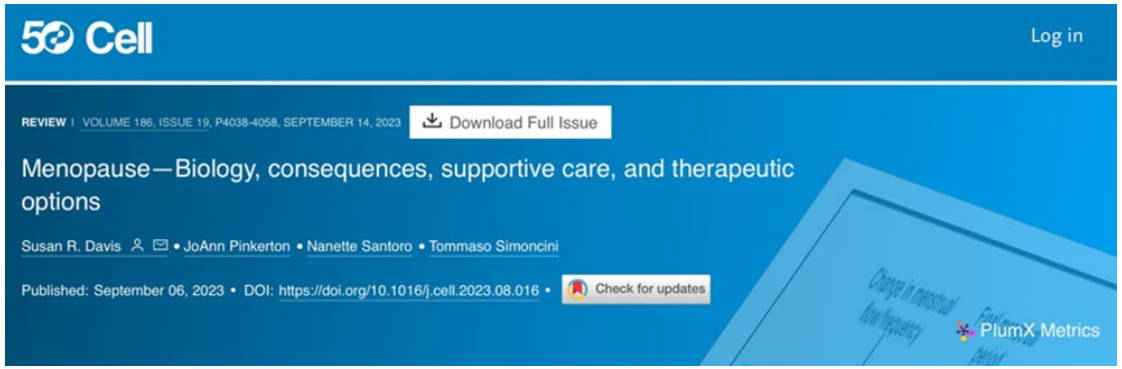
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REVIEW | VOLUME 186, ISSUE 19, P4038-4058, SEPTEMBER 14, 2023
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Menopause—Biology, consequences, supportive care, and therapeutic options
Susan R. Davis • JoAnn Pinkerton • Nanette Santoro • Tommaso Simoncini
Published: September 06, 2023 • DOI: https://doi.org/10.1016/j.cell.2023.08.016 •
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# *The Lancet* 2024 Series on menopause

Menopause is a life stage for half the world's population, but experiences vary hugely. *The Lancet* 2024 Series on menopause argues for a new approach supporting and empowering women transitioning this life stage.

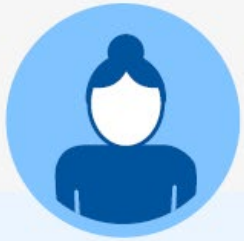

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Image: AlonzoDesign / GettyImages

## Some groups experiencing menopause are often overlooked and may need specific care

Those with premature or early menopause may experience feelings of distress and isolation and be at increased risk of conditions such as cardiovascular disease, and osteoporosis.

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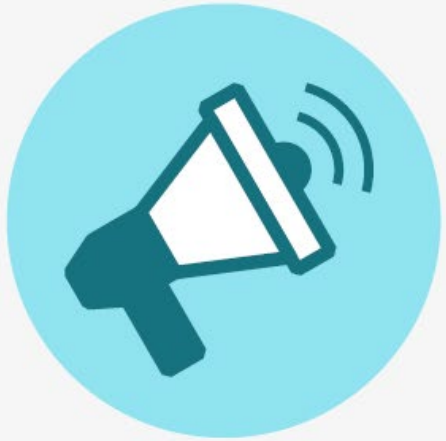
Those with severe vasomotor symptoms, previous depressive disorder and/or recent stressful life events are at increased risk of depressive symptoms.



- **Menopause must be destigmatised** and understood as a natural part of ageing which women experience in a variety of ways.
- **Societal shifts are needed** to better support women transitioning menopause, including by clinicians, researchers, workplaces, and wider society.
- Concerns about increased risks of anxiety and depression may shape expectations and experiences of menopause. However, most women maintain good mental health over the menopause transition.
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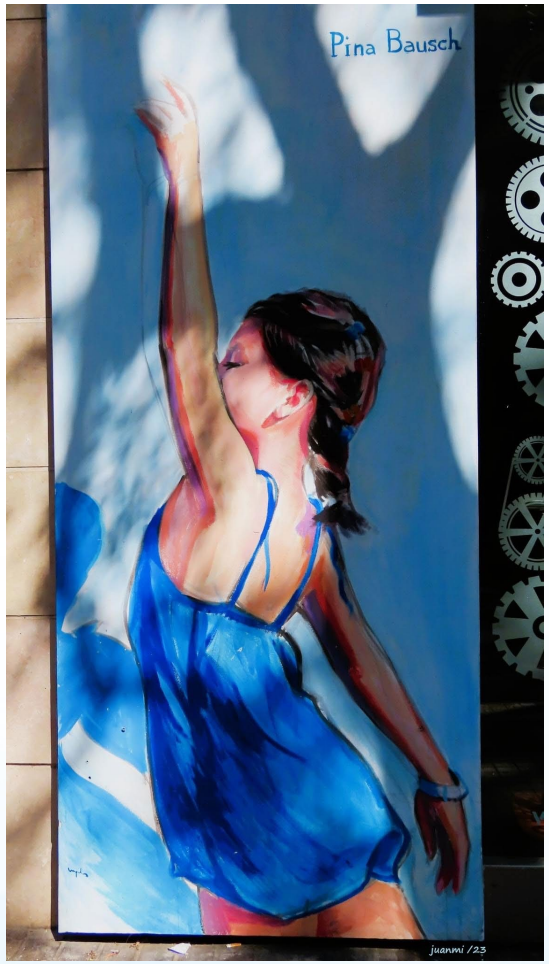
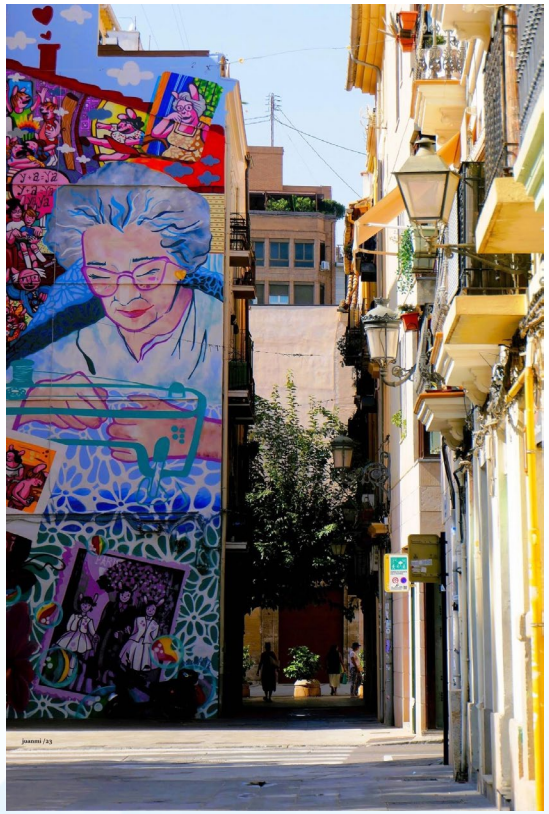
Read the full *Lancet* Series at www.thelancet.com/series/menopause-2024

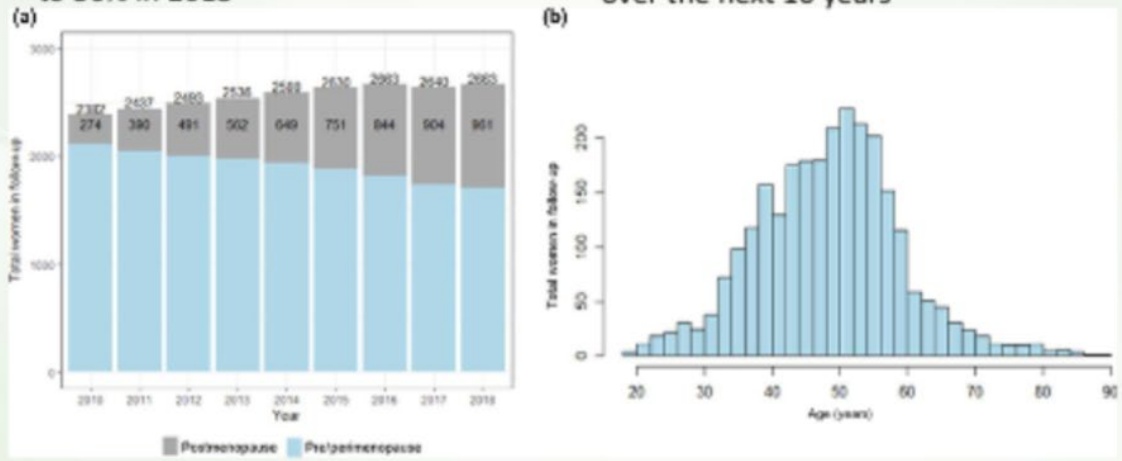




**Vamos a hablar de menopausia en mujer con VIH**


# In high income countries one third of women living with HIV are of menopausal age

Proportion of postmenopausal women tripled from 11.5% in 2010 to 36% in 2018

31% are between 39 and 49 years old and transitioning through menopause over the next 10 years




Source: Hachfeld A, Atkinson A, Stute P, Calmy A, Tarr PE, Darling K, Babouee Flury B, Polli C, Sultan-Beyer L, Abela IA, Aebi-Popp K; Swiss HIV Cohort Study (SHCS). Women with HIV transitioning through menopause: Insights from the Swiss HIV Cohort Study (SHCS). HIV Med. 2022 Apr;23(4):417-425. doi: 10.1111/hiv.13255. Epub 2022 Feb 22. PMID: 35194949; PMCID: PMC9306735.

# Life after menopause



Karoline Aebi-Popp, PD, MD, MAC
University Hospital Bern, Switzerland

"Fertility, which typically ends in a woman's mid-40s, occupies less than half of her adult life.

And then, if she's lucky, she has 30 or 40 years in which to do something else"

## The Secret Power of Menopause

Why the end of fertility doesn't mark the start of decline—and may even help explain our success as a species.

By Liza Mundy

# ¿Qué preguntas nos podemos hacer?

- ¿Qué es la menopausia?
- ¿Es más precoz en las mujeres con VIH?
- ¿Es más sintomática?
- ¿Hay tratamiento?

# ¿qué es la menopausia?

- Se refiere al fin de la menstruación
- Se considera que ocurre 12 meses después del último periodo
- Normalmente es un proceso gradual, pero también puede ser brusco: tras cirugía o tratamiento
- Fases:
  - Premenopausia: los estrógenos protegen frente a ECV, osteoporosis, Alzheimer e insulinresistencia
  - Perimenopausia: los síntomas inician pero normalmente no se reconocen porque aún los periodos son regulares. Pueden empezar  a los 40 años
  - Menopausia: paran las menstruaciones
  - Postmenopausia: problemas de salud a largo plazo

# Lo que sí tenemos claro en cuanto a menopausia y VIH

Antiviral Therapy 2020; 25:335–340 (doi: 10.3851/IMP3380)

Short communication

## Effectiveness and safety of antiretroviral treatment in pre- and postmenopausal women living with HIV in a multicentre cohort

*Belén Alejos[1], Inés Suárez-García[2,3], Jose Ignacio Bernardino[4], José Ramón Blanco[5], Maria Peñaranda[6], Azucena Bautista[7], Félix Gutiérrez[8], Inma Jarrín[1], Victoria Hernando[9]*, the CORIS cohort[†]*

AIDS CARE
2021, VOL. 33, NO. 1, 101–108
https://doi.org/10.1080/09540121.2020.1748559

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## The association between severe menopausal symptoms and engagement with HIV care and treatment in women living with HIV

Danielle Solomon[a], Caroline A. Sabin[a], Fiona Burns[a,b], Richard Gilson[a], Sris Allan[c], Annamiek de Ruiter[d,e], Rageshri Dhairyawan[f], Julie Fox[d], Yvonne Gilleece[g,h], Rachael Jones[i], Frank Post[j], Iain Reeves[k], Jonathan Ross[l], Andrew Ustianowski[m], Jane Shepherd[n] and S. Tariq [a]

Received: 3 November 2021 | Revised: 29 March 2022 | Accepted: 13 April 2022
DOI: 10.1111/jgs.17838

Journal of the American Geriatrics Society

## Earlier menopause is associated with higher risk of incident frailty in community-dwelling older women in England

Gotaro Kojima PhD[1] | Yu Taniguchi PhD[2] | Reijiro Aoyama PhD[3] | Tomohiko Urano MD, PhD[4]

## Menopausal hormone therapy for women living with HIV

*Elizabeth Marie King, Jerilynn C Prior, Neora Pick, Julie van Schalkwyk, Mary Kestler, Stacey Tkachuk, Mona Loutfy, Melanie C M Murray*

*Lancet HIV* 2021; 8: e591–98

## Undertreated midlife symptoms for women living with HIV linked to lack of menopause discussions with providers

Elizabeth M. King, MD[1,2]; Angela Kaida, MSc, PhD[2,3]; Ulrike Mayer, PhD[2]; Arianne Albert, PhD[2]; Rebecca Gormley, MPH[3,4]; Alexandra de Pokomandy, MD[5]; Valerie Nicholson[3]; Claudette Cardinal[3,4]; Shaz Islam[6]; Mona Loutfy, MD, MPH[6,7]; Melanie C. M. Murray, MD, PhD[1,2,8]

**JAIDS Journal of Acquired Immune Deficiency Syndromes Publish Ahead of Print**
**DOI: 10.1097/QAI.0000000000002897**



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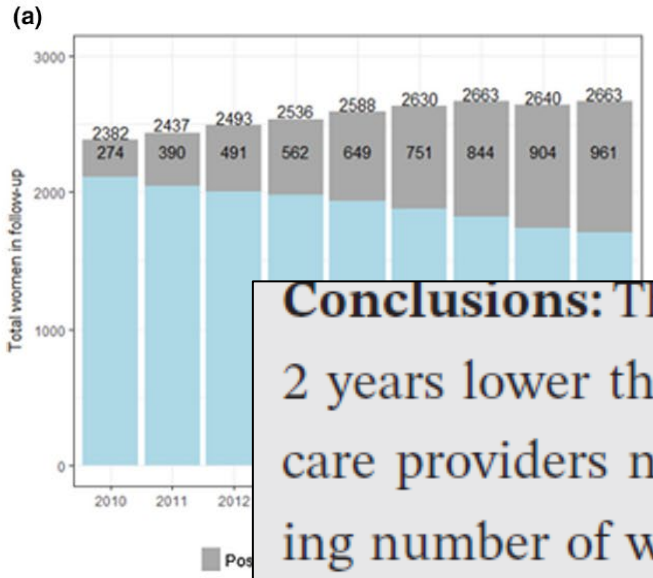
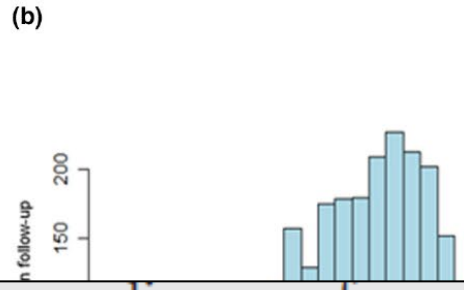
# Women with HIV transitioning through menopause: Insights from the Swiss HIV Cohort Study (SHCS)



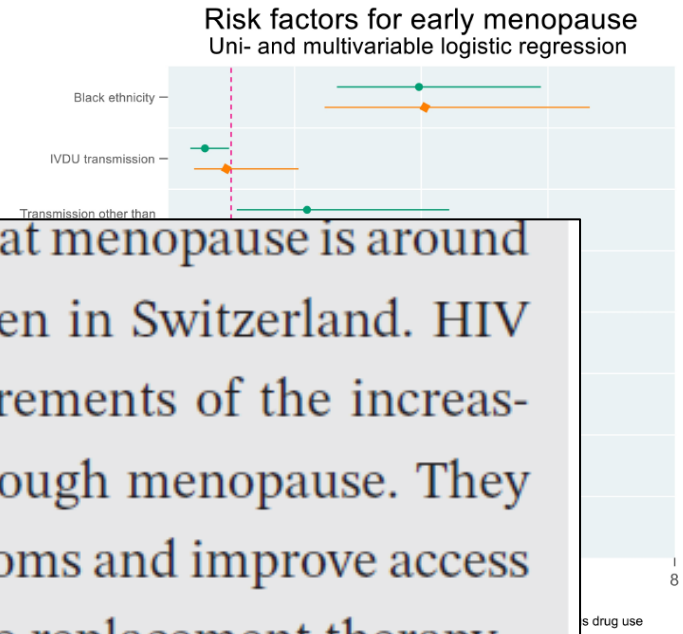




FIGURE 1 Demographic
postmenopausal women over

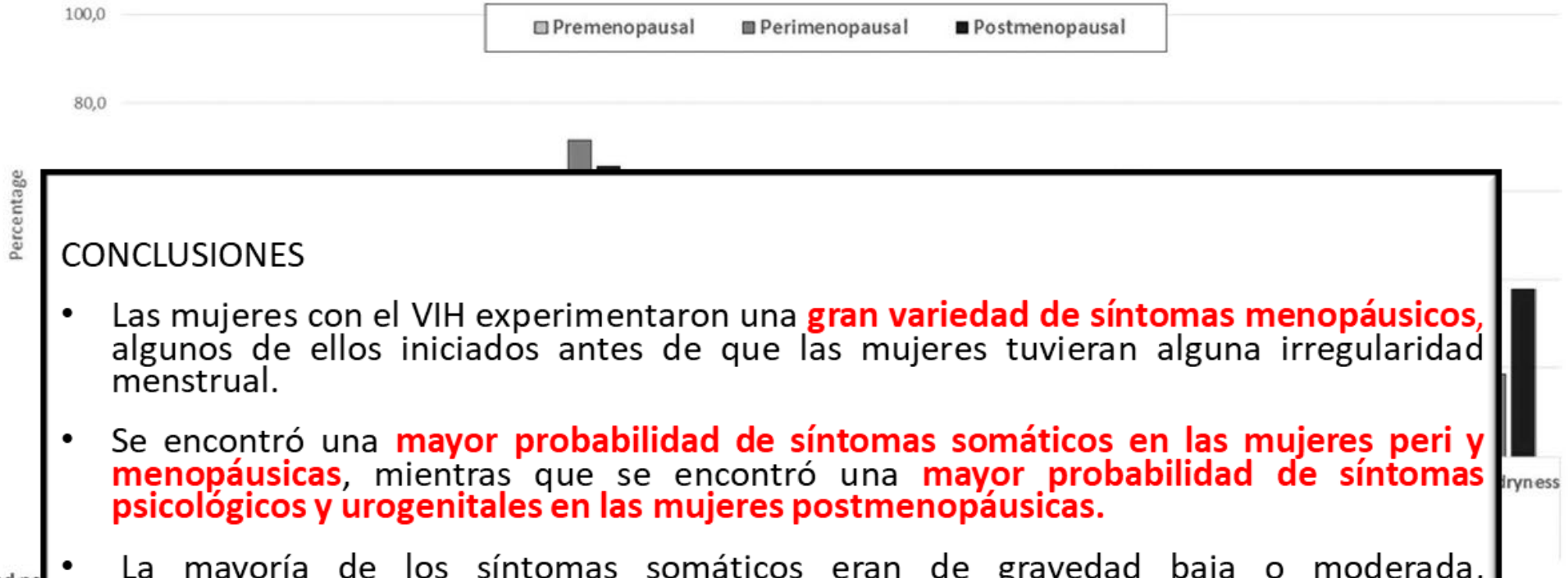
**Conclusions:** The median age of women living with HIV at menopause is around 2 years lower than that reported for HIV-negative women in Switzerland. HIV care providers need to adapt their services to the requirements of the increasing number of women living with HIV transitioning through menopause. They should be able to recognize menopause-associated symptoms and improve access to bone mineral density measurement as well as hormone replacement therapy.

**Results:** Of all women i
tripled from 11.5% ($n$ = 274) in 2010 to 36.1% ($n$ = 961) in 2018. The median age at menopause was 50 years. Early menopause (< 45 years) occurred in 115 (10.2%) women and premature ovarian insufficiency (POI) (< 40 years) in 23 (2%) women. Early menopause was associated with black ethnicity (52.2% vs. 21.6%, $p < 0.001$), but not with HIV acquisition mode, CDC stage, viral suppression, CD4

HACHFELD ET AL. *HIV Medicine*. 2022;23:417–425.

# ¿Cómo experimentan la menopausia las mujeres que viven con el VIH? Síntomas según la edad reproductiva en una cohorte multicéntrica.

**Suarez-Garcia et al. BMC Women's Health (2021) 21:223 https://doi.org/10.1186/s12905-021-01370-w**




## CONCLUSIONES

- Las mujeres con el VIH experimentaron una **gran variedad de síntomas menopáusicos,** algunos de ellos iniciados antes de que las mujeres tuvieran alguna irregularidad menstrual.
- Se encontró una **mayor probabilidad de síntomas somáticos en las mujeres peri y menopáusicas**, mientras que se encontró una **mayor probabilidad de síntomas psicológicos y urogenitales en las mujeres postmenopáusicas.**
- La mayoría de los síntomas somáticos eran de gravedad baja o moderada, probablemente debido a la buena situación clínica e inmunológica de estas mujeres.

Number and pe

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Pre-menopausal (N= | | | | | | | | | | | 6%) |
| Peri-menopausal (N | | | | | | | | | | | 19%) |
| Post-menopausal (N=137) | 65 (47%) | 31 (23%) | 80 (58%) | 90 (66%) | 70 (51%) | 59 (43%) | 49 (36%) | 87 (64%) | 49 (36%) | 35 (26%) | 52 (38%) |
| P-value | **0.032** | 0.124 | 0.198 | **0.032** | 0.145 | 0.402 | 0.078 | 0.058 | 0.415 | 0.129 | **0.002** |

**Fig. 1** Percentage of menopausal symptoms for each specific domain (psychological, somatic and urogenital) according to menopausal status

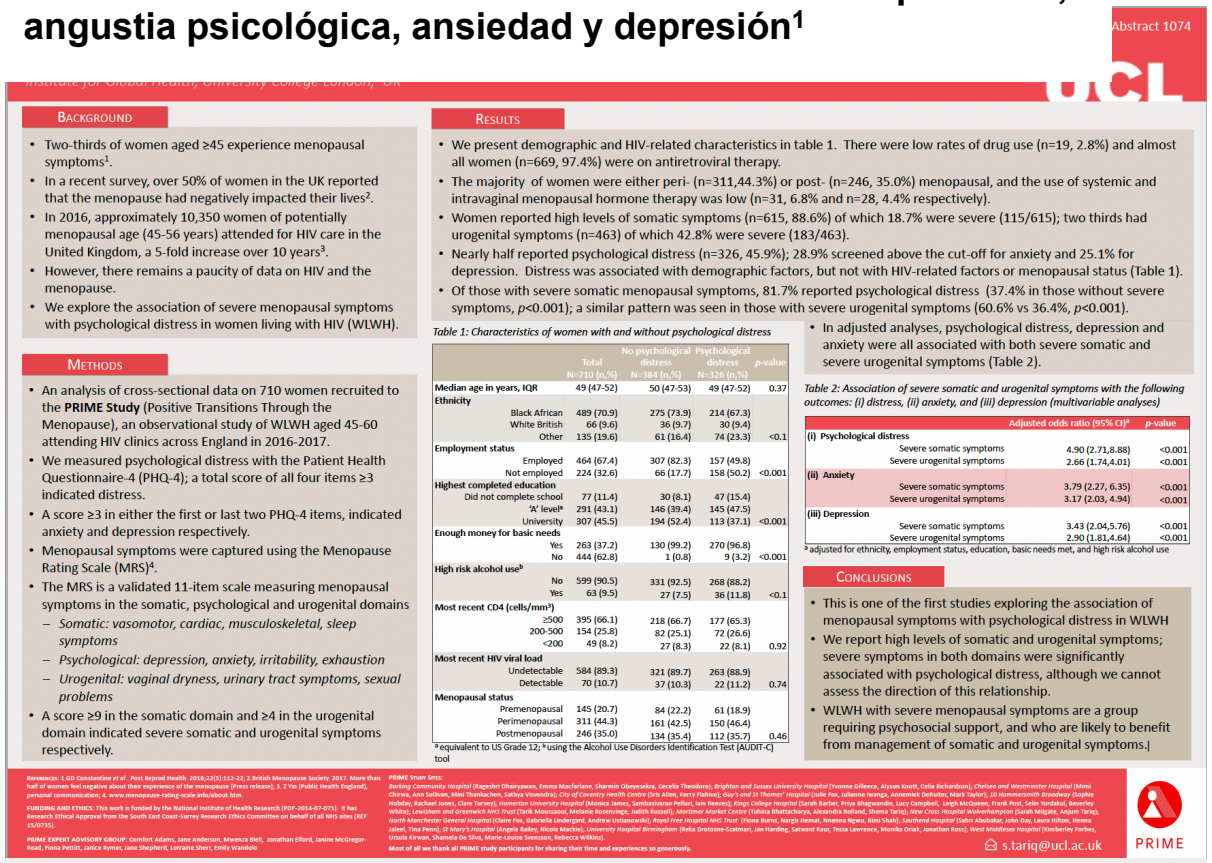
La asociación entre los síntomas graves de la menopausia y el compromiso con la atención y el tratamiento del VIH en mujeres con VIH Solomon D et al.AIDS Care. 2021 Jan;33(1):101-108.

PRIME: Estudio observacional sobre el impacto de la menopausia en 869 mujeres con VIH (45-60 años)

- Valoración de 11 ítems:
  - Dimensiones psicológicas, somáticas y urogenital.
  - Adherencia al TAR en la última semana.
  - Adherencia a la consulta en los últimos 12 meses.

- CONCLUSIONES:
  - La mujeres con síntomas severos (28%) mayor tasa de adherencia subóptima al TAR (OR: 2)
  - Seguimiento clínico subóptimo (OR: 1,5)
  - Relación con la carga viral

## Se demuestra la asociación entre síntomas menopáusicos, angustia psicológica, ansiedad y depresión[1]



Abstract 1074

UCL

Institute for Global Health, University College London, UK

**Background**

- Two-thirds of women aged ≥45 experience menopausal symptoms[1].
- In a recent survey, over 50% of women in the UK reported that the menopause had negatively impacted their lives[2].
- In 2016, approximately 10,350 women of potentially menopausal age (45-56 years) attended for HIV care in the United Kingdom, a 5-fold increase over 10 years[3].
- However, there remains a paucity of data on HIV and the menopause.
- We explore the association of severe menopausal symptoms with psychological distress in women living with HIV (WLWH).

**Methods**

- An analysis of cross-sectional data on 710 women recruited to the **PRIME Study** (Positive Transitions Through the Menopause), an observational study of WLWH aged 45-60 attending HIV clinics across England in 2016-2017.
- We measured psychological distress with the Patient Health Questionnaire-4 (PHQ-4); a total score of all four items ≥3 indicated distress.
- A score ≥3 in either the first or last two PHQ-4 items, indicated anxiety and depression respectively.
- Menopausal symptoms were captured using the Menopause Rating Scale (MRS)[4].
- The MRS is a validated 11-item scale measuring menopausal symptoms in the somatic, psychological and urogenital domains
  - *Somatic: vasomotor, cardiac, musculoskeletal, sleep symptoms*
  - *Psychological: depression, anxiety, irritability, exhaustion*
  - *Urogenital: vaginal dryness, urinary tract symptoms, sexual problems*
- A score ≥9 in the somatic domain and ≥4 in the urogenital domain indicated severe somatic and urogenital symptoms respectively.

**Results**

- We present demographic and HIV-related characteristics in table 1. There were low rates of drug use (n=19, 2.8%) and almost all women (n=669, 97.4%) were on antiretroviral therapy.
- The majority of women were either peri- (n=311,44.3%) or post- (n=246, 35.0%) menopausal, and the use of systemic and intravaginal menopausal hormone therapy was low (n=31, 6.8% and n=28, 4.4% respectively).
- Women reported high levels of somatic symptoms (n=615, 88.6%) of which 18.7% were severe (115/615); two thirds had urogenital symptoms (n=463) of which 42.8% were severe (183/463).
- Nearly half reported psychological distress (n=326, 45.9%); 28.9% screened above the cut-off for anxiety and 25.1% for depression. Distress was associated with demographic factors, but not with HIV-related factors or menopausal status (Table 1).
- Of those with severe somatic menopausal symptoms, 81.7% reported psychological distress (37.4% in those without severe symptoms, $p<0.001$); a similar pattern was seen in those with severe urogenital symptoms (60.6% vs 36.4%, $p<0.001$).

*Table 1: Characteristics of women with and without psychological distress*

| | Total N=710 (n %) | No psychological distress N=384 (n %) | Psychological distress N=326 (n %) | p-value |
|---|---|---|---|---|
| Median age in years, IQR | 49 (47-52) | 50 (47-53) | 49 (47-52) | 0.37 |
| Ethnicity | | | | |
| Black African | 489 (70.9) | 275 (73.9) | 214 (67.3) | |
| White British | 66 (9.6) | 36 (9.7) | 30 (9.4) | |
| Other | 135 (19.6) | 61 (16.4) | 74 (23.3) | <0.1 |
| Employment status | | | | |
| Employed | 464 (67.4) | 307 (82.3) | 157 (49.8) | |
| Not employed | 224 (32.6) | 66 (17.7) | 158 (50.2) | <0.001 |
| Highest completed education | | | | |
| Did not complete school | 77 (11.4) | 30 (8.1) | 47 (15.4) | |
| 'A' level[a] | 291 (43.1) | 146 (39.4) | 145 (47.5) | |
| University | 307 (45.5) | 194 (52.4) | 113 (37.1) | <0.001 |
| Enough money for basic needs | | | | |
| Yes | 263 (37.2) | 130 (99.2) | 270 (96.8) | |
| No | 444 (62.8) | 1 (0.8) | 9 (3.2) | <0.001 |
| High risk alcohol use[b] | | | | |
| No | 599 (90.5) | 331 (92.5) | 268 (88.2) | |
| Yes | 63 (9.5) | 27 (7.5) | 36 (11.8) | <0.1 |
| Most recent CD4 (cells/mm³) | | | | |
| ≥500 | 395 (66.1) | 218 (66.7) | 177 (65.3) | |
| 200-500 | 154 (25.8) | 82 (25.1) | 72 (26.6) | |
| <200 | 49 (8.2) | 27 (8.3) | 22 (8.1) | 0.92 |
| Most recent HIV viral load | | | | |
| Undetectable | 584 (89.3) | 321 (89.7) | 263 (88.9) | |
| Detectable | 70 (10.7) | 37 (10.3) | 22 (11.2) | 0.74 |
| Menopausal status | | | | |
| Premenopausal | 145 (20.7) | 84 (22.2) | 61 (18.9) | |
| Perimenopausal | 311 (44.3) | 161 (42.5) | 150 (46.4) | |
| Postmenopausal | 246 (35.0) | 134 (35.4) | 112 (35.7) | 0.46 |

[a] equivalent to US Grade 12; [b] using the Alcohol Use Disorders Identification Test (AUDIT-C) tool

- In adjusted analyses, psychological distress, depression and anxiety were all associated with both severe somatic and severe urogenital symptoms (Table 2).

*Table 2: Association of severe somatic and urogenital symptoms with the following outcomes: (i) distress, (ii) anxiety, and (iii) depression (multivariable analyses)*

| | Adjusted odds ratio (95% CI)[a] | p-value |
|---|---|---|
| (i) Psychological distress | | |
| Severe somatic symptoms | 4.90 (2.71,8.88) | <0.001 |
| Severe urogenital symptoms | 2.66 (1.74,4.01) | <0.001 |
| (ii) Anxiety | | |
| Severe somatic symptoms | 3.79 (2.27, 6.35) | <0.001 |
| Severe urogenital symptoms | 3.17 (2.03, 4.94) | <0.001 |
| (iii) Depression | | |
| Severe somatic symptoms | 3.43 (2.04,5.76) | <0.001 |
| Severe urogenital symptoms | 2.90 (1.81,4.64) | <0.001 |

[a] adjusted for ethnicity, employment status, education, basic needs met, and high risk alcohol use

**Conclusions**

- This is one of the first studies exploring the association of menopausal symptoms with psychological distress in WLWH
- We report high levels of somatic and urogenital symptoms; severe symptoms in both domains were significantly associated with psychological distress, although we cannot assess the direction of this relationship.
- WLWH with severe menopausal symptoms are a group requiring psychosocial support, and who are likely to benefit from management of somatic and urogenital symptoms.

References: 1. GD Constantine et al . Post Reprod Health. 2016;22(3):122-22; 2 British Menopause Society. 2017. More than half of women feel negative about their experience of the menopause [Press release], 3. 2 Yin (Public Health England), personal communication; 4. www.menopause-rating-scale.info/about.htm.

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PRIME Study Sites: Barking Community Hospital (Nageshri Dhairyawan, Emma Macfarlane, Sharmin Obeyesekra, Cecelia Theodore), Brighton and Sussex University Hospital (Yvonne Gilleece, Alyson Knott, Celia Richardson), Chelsea and Westminster Hospital (Mimi Chirwa, Ann Sullivan, Nimi Thanbalchen, Sathya Vaseendra), City of Coventry Health Centre (Jos Allen, Kerry Flahive), Guy's and St Thomas' Hospital (Julie Fox, Julianne Nwogu, Annemieke Dehaeter, Mark Taylor), St Hammersmith Broadway (Sophie Hobday, Rachael Jones, Clare Turvey), Homerton University Hospital (Monica James, Sambasivarao Pelluri, Ian Reeves), Kings College Hospital (Sarah Barber, Priya Bhagwanjee, Lucy Campbell, Leigh McGuinn, Frank Post, Selin Yurdakul, Beverley White), Lewisham and Greenwich NHS Trust (Tarik Moussaoui, Melanie Rosenvinge, Judith Russell), Mortimer Market Centre (Tuhina Bhattacharya, Alexandra Rolland, Shoma Tariq), New Cross Hospital Wolverhampton (Sarah Milgate, Anjum Tariq), North Manchester General Hospital (Claire Fox, Gabriella Lindergard, Andrew Ustianowski), Royal Free Hospital NHS Trust (Fiona Burns, Nargis Hemat, Nneoma Ngwu, Rimi Shah), Southend Hospital (Sabri Abubakar, John Day, Laura Hilton, Heena Jaleel, Tina Penn), St Mary's Hospital (Angela Bailey, Nicola Mackie), University Hospital Birmingham (Reka Orotsone-Szatmari, Ian Harding, Satwant Kaur, Tessa Lawrence, Monika Oriak, Jonathan Ross), West Middlesex Hospital (Kimberley Forbes, Ursula Kirwan, Shamela De Silva, Marie-Louise Svensson, Rebecca Wilkins).

Most of all we thank all PRIME study participants for sharing their time and experiences so generously.

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PRIME

| | Adjusted odds ratio (95% CI)[a] | p-value |
|---|---|---|
| **(i) Psychological distress** | | |
| Severe somatic symptoms | 4.90 (2.71,8.88) | <0.001 |
| Severe urogenital symptoms | 2.66 (1.74,4.01) | <0.001 |
| **(ii) Anxiety** | | |
| Severe somatic symptoms | 3.79 (2.27, 6.35) | <0.001 |
| Severe urogenital symptoms | 3.17 (2.03, 4.94) | <0.001 |
| **(iii) Depression** | | |
| Severe somatic symptoms | 3.43 (2.04,5.76) | <0.001 |
| Severe urogenital symptoms | 2.90 (1.81,4.64) | <0.001 |

# Comorbilidades observadas con el envejecimiento en las personas con VIH que pueden empeorar con la menopausia

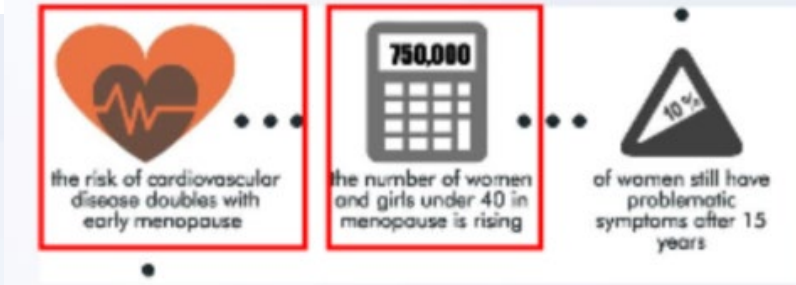







- Bone fractures / osteoporosis [5,6]
- Cardiovascular disease [1-3]
- Cancer (non-AIDS) [4]
- Liver disease [7]
- Renal disease [8]
- Cognitive decline [9]
- Frailty [10]
- Non-AIDS infections [11]

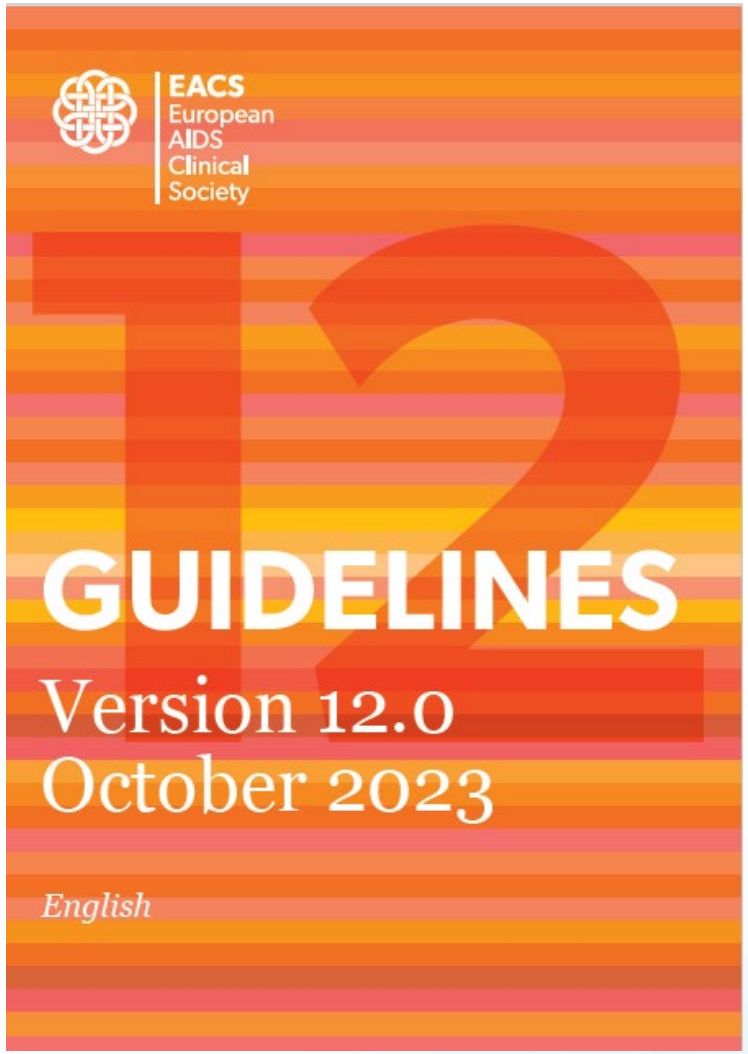
1. Klein D, et al. J Acquir Immune Defic Syndr. 2002;30:471-477. 2; Hsue P, et al. Circulation. 2004;109:316-319. 3. Grinspoon SK, et al. Circulation. 2008;118:198-210. 4. Patel P, et al. Ann Int Med. 2008;148:728-736. 5. Triant V, et al. J Clin Endocrinol Metab. 2008;93:3499-3504. 6. Arnsten JH, et al. AIDS. 2007 ;21:617-623. 7. Odden MC, et al. Arch Intern Med. 2007;167:2213-2219. 8. Choi A, et al. AIDS. 2009;23(16):2143-49. 9. McCutchan JA, et a. AIDS. 2007 ;21:1109-1117. 10. Desquilbet L, et al. J Gerontol A Biol Sci Med Sci. 2007;62:1279-1286; Sogaard OS, et al., Clin Infect Dis. 2008; 47:1345-53.





1 de cada 3 mujeres presentarán ansiedad-depresión

- ¿qué podemos hacer?




## Menopause

### Education

Healthcare providers should present accessible information on menopause to women and encourage the use of self-assessment tools (eg. Menopause Rating Scale (MRS), Greene Climacteric Scale (GCS), see also Mental Health, Depression: Screening and Diagnosis, Anxiety Disorders: Screening and Diagnosis

### Screening

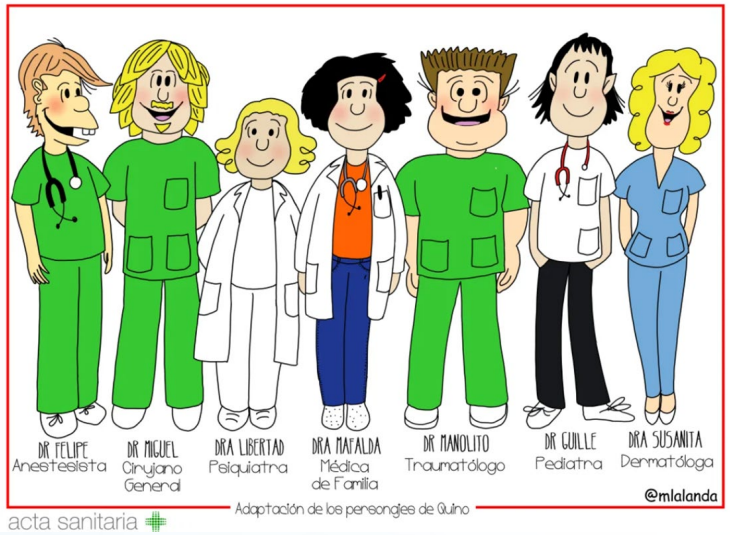
We recommend yearly, pro-active assessment of menopausal symptoms in women living with HIV aged > 40 years using a validated menopause symptom questionnaire, such as the MRS or GCS

# El problema es que

## Health care providers do not feel comfortable treating menopause in women living with HIV

- Survey in the UK showed that 97% of primary care providers had concerns treating menopausal women with HIV (1)
- HIV treated in Infectious Disease Clinic: little knowledge about menopause (2)
- Fear of drug drug interaction, fear of pill burden
- Little guidance on treatment in the context of ageing and HIV

Source: 1.Chirwa M, Ma R, Guallar C, Tariq S. Managing menopause inwomen living with HIV: a survey of primary care practitioners. Post Reprod Health 2017; 23: 111–15. 2.Lakshmi S,er al. AIDS Care 2018 3.Duff PK et al. Menopause 2018; 25: 531–37.



# Comorbidities and menopause assessment in women living with HIV: a survey of healthcare providers across the WHO European region

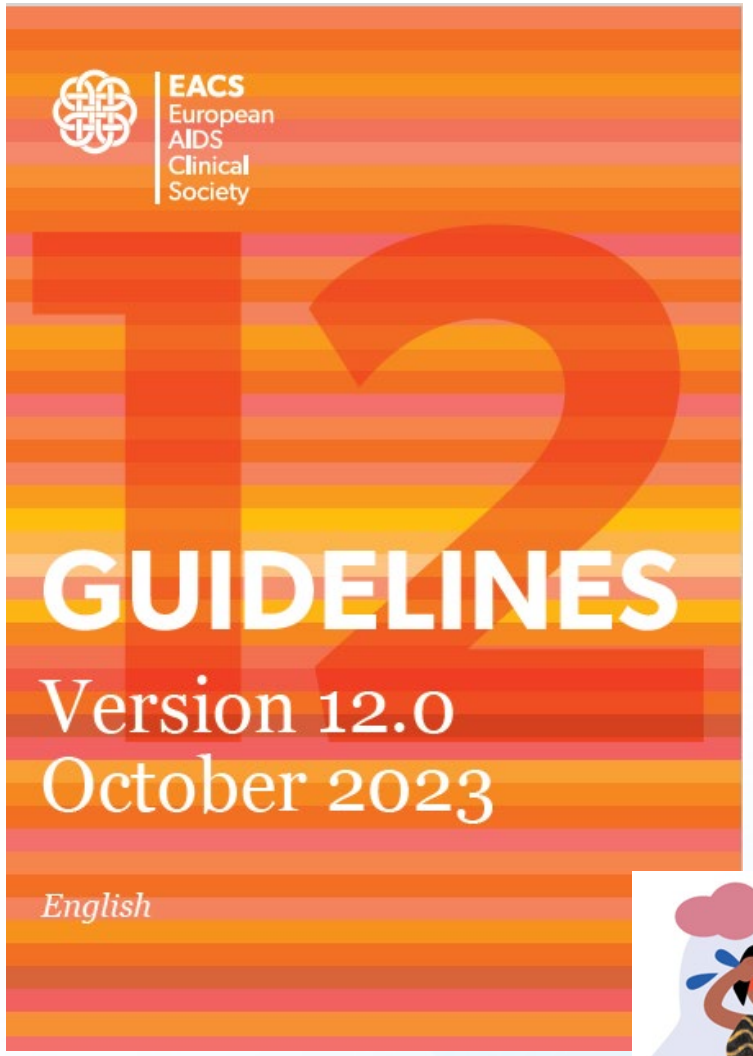
Umbelina Caixas[a], Shema Tariq [b], Judit Morello[c], Gordana Dragovic[d], Giota Lourida[e], Anna Hachfeld[f]* and Nneka Nwokolo [g,h]* for the Women Against Viruses in Europe (and WAVE) Working Group

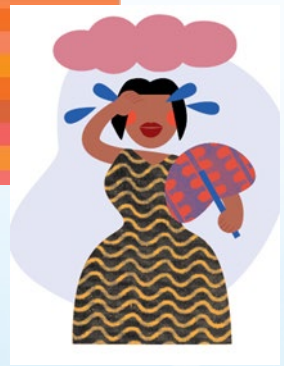
[a]Centro Hospitalar Universitário de Lisboa Central (CHULC), Lisbon, Portugal; [b]Institute for Global Health, University College London, London, UK; [c]iNOVA4Health, NOVA Medical School|Faculdade de Ciências Médicas, NMS|FCM, Universidade Nova de Lisboa, Lisbon, Portugal; [d]Department of Pharmacology, Clinical Pharmacology and Toxicology, Faculty of Medicine, University of Belgrade, Belgrade, Serbia; [e]Evaggelismos General Hospital, Athens, Greece; [f]Department of Infectious Diseases, Bern University Hospital, University of Bern, Bern, Switzerland; [g]Chelsea and Westminster Hospital, London, UK; [h]ViiV Healthcare, Brentford, UK

- Survey among 121 HCP in 25 European ( WHO) countries
- Regular screening for CVD and DM , less so for mental and sexual health
- 67 % and 59% asked for menstrual patterns and menopausal symptoms respectively WLWH 45-54yo
- 44% stated that they were not confident assessing menopausal status and/or symptoms
- 89% asked for specific guidelines

guidelines. In conclusion, we found that whilst metabolic risk factors and poor mental health are regularly screened for, psychosocial and sexual well-being and menopausal symptoms could be improved. This highlights the need for international recommendations and clinician training to ensure the health of this population.

AIDS CARE
2024, VOL. 36, NO. 1, 107–114
https://doi.org/10.1080/09540121.2023.2216008



## Menopause

### Education

Healthcare providers should present accessible information on menopause to women and encourage the use of self-assessment tools (eg. Menopause Rating Scale (MRS), Greene Climacteric Scale (GCS), see also Mental Health, Depression: Screening and Diagnosis, Anxiety Disorders: Screening and Diagnosis

### Screening

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### Treatment for menopausal women

i Topical (vaginal) hormone replacement therapy (HRT) should be considered in all women given the positive effects on sexual health and urogenital symptoms

ii Systemic HRT should be considered in women experiencing vasomotor, mood or urogenital symptoms.

iii Transdermal estrogen (with progesterone if a woman has a uterus) is the preferred HRT option due to the lower thromboembolic risk. See Drug-drug interactions between HRT and ARVs

iv Women with premature ovarian insufficiency should be offered HRT until at least the expected age of menopause (eg. aged 50-52 years) to reduce longer term morbidity and mortality risk

# Menopausal hormone therapy for women living with HIV

## *Panel 1:* Overview of MHT in women living with HIV

- MHT is effective and safe for the treatment of problematic night sweats and hot flushes (collectively referred to as vasomotor symptoms) in healthy women early in menopause (ie, 1 year or more and less than 10 years without menstrual flow)
- Menopausal women living with HIV frequently have vasomotor symptoms and, even when highly symptomatic, are rarely offered MHT
- Primary ovarian insufficiency (ie, menopause onset at an age younger than 40 years) and early menopause (ie, menopause onset at an age younger than 45 years) are more common in women living with HIV—these women are missing years of ovarian hormones and most likely will benefit from MHT
- Increasing life expectancy for women living with HIV means more women are entering midlife and experiencing symptoms that negatively affect quality of life
- Pragmatic controlled trials of MHT with women living with HIV as partners and participants are urgently needed to assess effectiveness and safety

MHT=menopausal hormone therapy.

| | Health outcomes of women living with HIV | Effect of menopausal hormone therapy |
|---|---|---|
| Vasomotor symptoms | Approximately 70% of women have hot flushes, and half reported flushes as moderate to severe | Reduces moderate to severe hot flushes in 64% of women |
| Early menopause and primary ovarian insufficiency | High rates of early menopause and primary ovarian insufficiency in women living with HIV | Mitigates effects of shorter lifetime exposure to estradiol and progesterone |
| Prevention of fracture* | Fracture prevalence higher in women living with HIV than age-matched population-based controls | Preserves bone mineral density and reduces risk of fracture |

*In conjunction with numerous lifestyle interventions and other bone-strengthening therapies for prevention of fragility fracture.

***Table 1:*** **Indications for menopausal hormone therapy related to health risks of menopausal women living with HIV**

## *Panel 2:* Contraindications to menopausal hormone therapy

**General contraindications**

- Unexplained vaginal bleeding
- Acute or severe liver dysfunction
- History of stroke
- Coronary heart disease
- Dementia
- Hypertriglyceridaemia (more than two times upper limit of normal)
- Oestrogen-dependent cancer
- High venous thromboembolism risk

**Relative contraindication**

- Older than 60 years, and more than 10 years since menopause onset

# Herbal drugs

*Sage herb (Salvia officinalis), Lemon balm (Melissa officinalis), Valerina officinalis, Black cohosh (Cimicifuga racemosa), Fenugreek (Trigonella foenum-graecum), Black cumin (Nigella sativa), Vitex (Vitex agnus-castus), Fennel (Foeniculum vulgare), Evening primrose (Oenothera biennis), Ginkgo biloba, Alfalfa (Medicago sativa), Hypericum perforatum, Panax ginseng, Pimpinella anisum, Licorice (Glycyrrhiza glabra), Passiflora incarnata, Red clover (Trifolium pratense) and Glycine soja*

## Shown to be effective with different mechanisms

St John s Wort reduces drug levels of antirtetroviral therapy (by induction of CYP3A)

Check DDIs also for other "herbal drugs" (e.g. ginkgo, hops)

Source: Kargozar R, Azizi H, Salari R. A review of effective herbal medicines in controlling menopausal symptoms. Electron Physician. 2017 Nov 25;9(11):5826-5833. doi: 10.19082/5826. PMID: 29403626; PMCID: PMC5783135

# A GUIDE TO MENOPAUSE FOR WOMEN LIVING WITH HIV

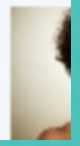
## Are there any lifestyle changes that will help my menopause?

Absolutely, follow these five principles and you'll be on the right track:

1. **Exercise** – love it or loathe it our bodies need it. Being active is so important during the perimenopause and menopause – for our bone strength, muscle mass, heart health, our mood, and keeping weight-gain in check. A good mix of aerobic (cardio), weight bearing and resistance exercises can help, preferably those you enjoy doing – be that walking/jogging, dance classes or Pilates.
2. **Diet and supplements** – the main principles are to eat a balanced diet with lots of fruit, vegetables, wholegrains, fish and poultry – and easy on the red meat. Eat less processed foods, less sugar and less refined carbohydrates. A diet rich in calcium, vitamin D, magnesium, omega 3 oils, and fermented foods that act as probiotics will help your nutritional and gut health through your menopause. If you think your diet does not contain enough of these vitamins and minerals, you can take them as a supplement, taking into account any potential interactions with your HIV medications. Vitamins and minerals in food do not interact with your meds but when in supplements they might reduce the effectiveness of the medication, so always check first.
3. **Cutback on alcohol, tobacco or other recreational drugs** – they can make your symptoms worse.
4. **Take time to do things you enjoy.** As well as exercise, find leisure activities that make you feel good and help you relax and unwind.
5. **Look after your mental as well as physical health**. This might mean planning in time to socialise – or much-needed time on your own – sharing with others about how you feel, or finding a menopause buddy who is going through similar experiences – whatever helps you feel closer to having a sense of balance.

### Nutrition

- Plant-predominant dietary-pattern
- Think "right carbs, good fats"
- Phyto-oestrogens
- Gut microbiome
- Gut-brain axis



WE ARE HERE

OLDER WOMEN WITH HIV

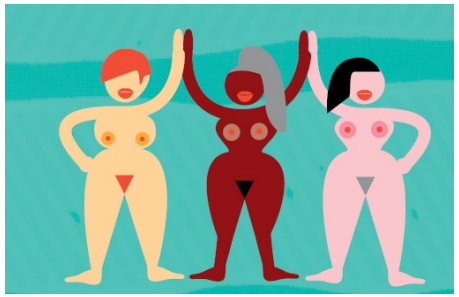
### Sleep

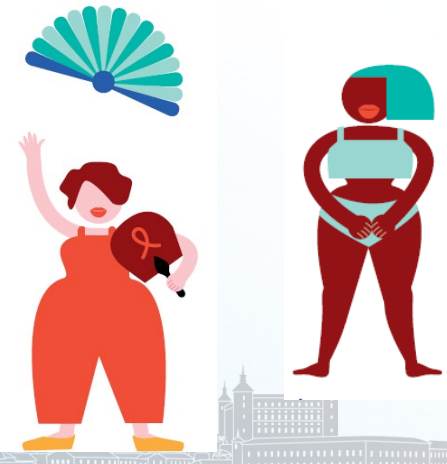
- Comfortable sleep environment
- Sleep hygiene
- Cognitive behavioural therapy for insomnia (CBTi)

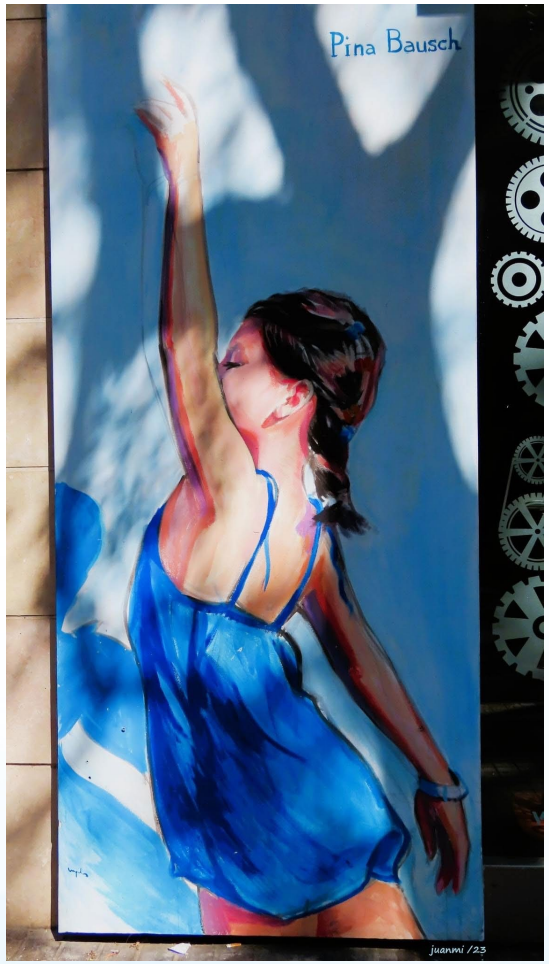
seisida
SOCIEDAD ESPAÑOLA INTERDISCIPLINARIA DEL SIDA

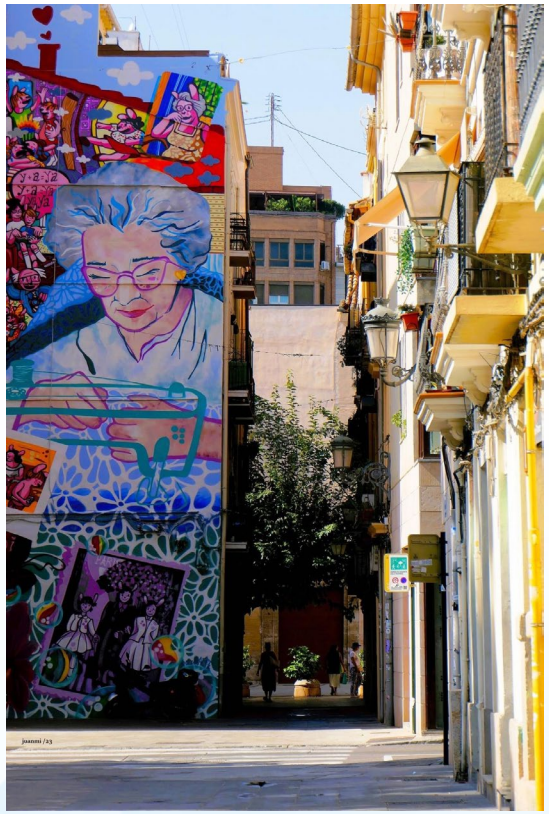
# Salud sexual. Pérdida de la líbido


- Iniciar la conversación: ¿cómo es tu vida sexual?
- Indetectable= intransmisible, involucrar a la pareja
- Ofrecer estrógenos vaginales, lubricantes, soporte psicosexual
- Testosterona: fuera de ficha técnica para mejorar la líbido en aplicación transdérmica





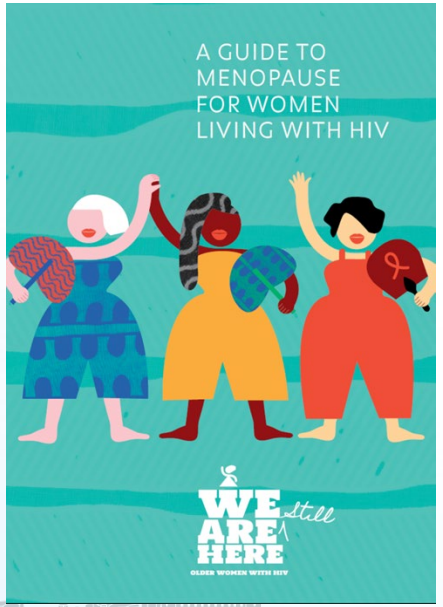




## Conclusiones y camino a seguir

# El cuidado de las mujeres con VIH y menopausia

- Se trata de un reto y una oportunidad
- Alta prevalencia de síntomas con impacto claro en calidad de vida
- Importante conocer la posibilidad de la terapia hormonal, que está infrautilizada en general y en mujeres con VIH en particular
- Se deben manejar bien las interacciones
- Acciones claves: ofertar estrógenos locales, THS, DEXA, valorar riesgo cardiovascular y asesorar en bienestar sexual
- Necesidad de guías específicas para las mujeres con VIH




'We Are Still Here' is a campaign by and for older women living with HIV. Our aim is to highlight our experiences and priorities. We are calling for:

- Opportunities to pass on our experiences
- Peer networks for older women
- Holistic services and standards of care

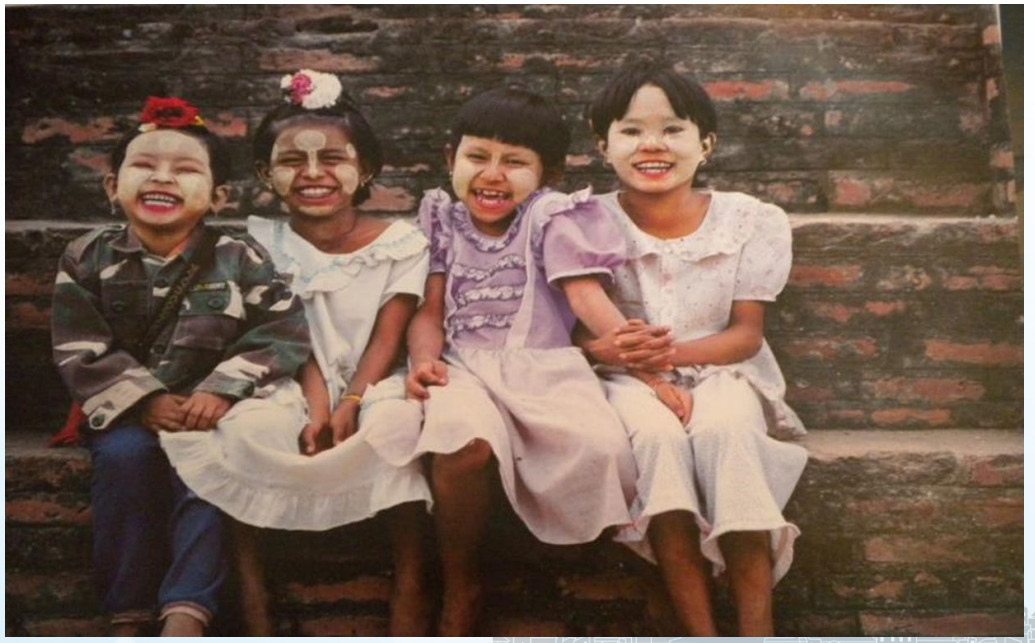
The menopause is a natural process that all women will experience. Every woman's experience of her menopause is different. Women find that they have many questions and can often lack access to comprehensive answers, information and support. This resource has been co-developed by women living with HIV who contributed questions about the menopause that were answered by an HIV clinician and menopause specialist.

www.sophiaforum.net

# Nuestro equipo multidisciplinar



juanmi /21




gracias
thanks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