

# Transitioning through Menopause with HIV

A factsheet for women\* with HIV, HIV practitioners, gynaecologists, and other clinicians produced by the Menopause Working Group, WAVE, EACS



## Menopause in women with HIV

An increasing number of women with HIV are transitioning through menopause. Knowledge of menopause symptoms and signs is often lacking in both HIV practitioners and women themselves, and gynecologists often lack awareness and understanding of the HIV-specific aspects of menopause.

Consequently, women with HIV often receive inadequate menopause care despite a higher prevalence of symptoms that might be more severe and pronounced compared to HIV-negative women. This is especially important because women with HIV are at particular risk for osteoporosis, cardiovascular events and depression, all of which increase during the menopause transition.

## Definitions

**Perimenopause:** the period leading up to menopause before menstruation ceases

**Menopause:** permanent cessation of menstrual cycles (said to have occurred when there have been no menses for 12 months)

**Postmenopause:** the stage of life after menopause

**Premature ovarian insufficiency:** menopause occurring before age 40

**Early menopause:** menopause occurring between age 40-45

## Assessing (peri)menopause and its symptoms

- In most women transitioning through menopause, symptoms begin during the perimenopause (the period before menstruation stops) – it is therefore important to start screening for symptoms before cessation of menses.
- Hormonal tests are only needed for women with early menopause or premature ovarian insufficiency, or in women experiencing atypical symptoms, in order to exclude other causes for their symptoms.
- Menopause symptoms, HIV symptoms and side-effects of antiretroviral treatment (ART) can be difficult to distinguish. This can cause anxiety and compromise adherence to ART. Identification of the source(s) of these symptoms is key for correct management.
- The Menopause Rating Scale is a useful tool which can be used for self assessment, as well as during consultations, to monitor symptoms and treatment responses.

## Common menopause symptoms

- Hot flushes & night sweats
- Sleep disturbance
- Headaches/migraines
- Muscle aches, joint pains
- Weight gain
- Skin and hair changes
- Anxiety
- Cognitive problems «brain fog»
- Fatigue
- Low mood
- Vaginal dryness and dyspareunia
- Urinary tract symptoms
- Loss of libido

Over 34 different symptoms have been described.

## Menopause-related comorbidities

The menopause transition further increases the already elevated risk of osteoporosis, cardiovascular events and depression in women with HIV. Screening and treatment should be offered routinely.

## Management

- Treatment should be offered to all persons with menopausal symptoms
- Behavioural strategies with proven efficacy against symptoms include peer support, cognitive behavioural and mindfulness-based therapy as well as acupuncture
- There is some evidence to suggest that isoflavones and Cimicifuga (black cohosh) may provide relief from vasomotor symptoms, but the quality, purity and safety of these products may be unknown
- Vaginal estrogen has positive effects on sexual health and urogenital symptoms, and can be used in most women, including many who choose not to, or cannot use systemic menopausal hormone therapy (MHT)
- Systemic hormonal treatment improves quality of life, reduces osteoporosis, cardiovascular risk and all cause mortality (death from all causes)
- Transdermal estrogen (with progesterone if a woman has a uterus) is the preferred MHT option due to the lower thromboembolic risk
- Contraindications for MHT include current or suspected breast cancer or other estrogen-dependent cancers and undiagnosed vaginal bleeding.
- Women with premature ovarian insufficiency or early menopause should receive MHT until at least the natural age of menopause
- Drug-drug interactions between ART, hormonal and other treatments (including alternative and complementary therapies) should be assessed, and if necessary and appropriate adjustments to ART should be made to enable women to take MHT if they wish to do so

## Key recommendations

- Assess menstrual cycles and screen for symptoms regularly (e.g. annually) in women >40 years
- Use the **Menopause Rating Scale** for self and clinic assessment
- Recognise and treat or refer for treatment of premature ovarian insufficiency and early menopause
- Refer or offer treatment to all individuals with menopause symptoms
- Use the **Liverpool drug interaction checker** to identify drug-drug interactions between ART and hormonal and non-hormonal menopause treatments
- Routinely assess mental health and osteoporosis and cardiovascular risk



**Menopause Rating Scale**



**Liverpool Drug Interaction Checker**

*Although the term "woman" is used in this factsheet, we acknowledge that transgender and non-binary individuals experience menopause. This guidance also applies to them.*

Resources:

**Menopause Rating Scale:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC12914663/>; <http://www.hqlo.com/content/11/1/28>; University of **Liverpool HIV Drug Interactions website:** <https://www.hiv-druginteractions.org/>. **Peer support** – Grows Project/Sophia Forum: <https://sophiaforum.net/women-with-hiv-growing-older-wiser-and-stronger-grows/>; <https://sophiaforum.net/guide-to-menopause-for-women-living-with-hiv/>; Aidsmap Menopause & HIV Factsheet: <https://www.aidsmap.com/about-hiv/menopause-and-hiv>

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