

Management of menopause in women living with HIV in Victoria – a clinic audit of women seen at Alfred Hospital, Monash Health and Melbourne Sexual Health Centre

Authors:

Pierce AB^{1,2,3}, Rawson-Harris P^{1,3}, Fatima W³, Griffin E⁴, Bissessor M⁴, Krishnaswamy S^{2,3}, Hoy JF^{1,3}

1. Department of Infectious Diseases, Alfred Hospital, Melbourne, Australia
2. Department of Infectious Diseases, Monash Health, Clayton, Australia
3. Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne
4. Melbourne Sexual Health Centre, Melbourne, Australia

Background:

Data on women ageing with HIV in Australia are limited, particularly regarding those in midlife and experiencing menopause. The aim of this study is to describe the characteristics of women living with HIV who attend the Alfred Hospital, Monash Medical Centre and Melbourne Sexual Health Centre for primary HIV care. In particular, we sought to identify menopausal status, menopausal symptoms and use of menopausal hormone therapy (MHT) in these women.

Methods:

Cisgender women currently in care (defined as attending at least once between 1/7/2022 and 1/7/2024) were identified and a medical record review was conducted to identify demographic information, menopausal status, menopausal symptoms, use of MHT and documentation of related co-morbidity screening results (CST, mammogram, FRAX, DEXA, CVD risk).

Results:

A total of 462 women were identified across the 3 sites. Median age was 47 (range 20-85, IQR 39-56) and the majority (342, 70%) were born overseas. 148(32%) were premenopausal, 47(10%) perimenopausal and 145(31%) postmenopausal. Menopausal status was unable to be determined from clinical records for 122(26%). Menopausal symptoms were documented for 70 women (age range 38-85, IQR 48-57). Cervical screening was completed in the last 3 years for 298(65%), 58(30%) over 50 had documentation of a mammogram in the last 2 years, 105(39%) over 45 had a CVD risk calculated and 17(29%) over 50 had a FRAX calculated.

Conclusion:

Approximately half the women in this study were aged 40-56, yet menopausal status was unable to be determined for over a quarter of the cohort. Documentation of menstrual or menopausal symptoms was poor and significant gaps were identified in comorbidity screening. Further research is needed to understand the impact of menopause on women living with HIV in Australia. Clinical guidelines also need updating to include gender specific health needs of women with HIV and to consider the impact of menopause on comorbidity management.

Disclosure of Interest Statement:

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