

HIV care of cisgender women living with HIV attending a sexual health clinic in regional New South Wales: a focus on comorbidity and preventative health management.

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Background

Women living with HIV (WLWH) require holistic care that incorporates management of age-related comorbidities, sexual, reproductive and psychosocial health into routine HIV care. Australian HIV management guidelines have recently been updated to include specific recommendations for WLWH. We conducted an audit of HIV care of cisgender WLWH attending Holden Street Clinic (HSC) to identify gaps and areas for improvement in management.

Methods

All cisgender WLWH who attended HSC for HIV care between February 2025 and April 2026 were included. Records were retrospectively analysed for age, latest HIV-1 viral load result, current antiretroviral regimen, menopausal status, contraception (pre-menopausal women), cardiovascular risk assessment, statin use and bone fracture assessment (WLWH over age 40), cervical and anal cancer screening and interpersonal violence screening.

Results

28 cisgender WLWH were included in the analysis representing 11.1% of the total HIV cohort. The median age was 52 years (IQR: 30-74), half (14/28) were premenopausal and all but one (96.4%) were virally suppressed. The most common antiretroviral regimen was bictegravir/tenofovir alafenamide/emtricitabine (12/28, 42.9%). Among premenopausal women, contraception use was reported in under half (6/14, 42.9%), methods of which included condoms (4/14, 28.6%), long-acting reversible contraception and permanent methods (1/14, 7.1% each). Among WLWH over age 40, cardiovascular risk was documented in one quarter (7/26, 26.9%), most (19/26, 73.1%) were prescribed statins and 5/26 (19.1%) had bone fracture risk assessment. All WLWH were offered cervical screening and none had record of anal cancer screening. Screening for interpersonal violence occurred in 7/26 (26.9%) women.

Conclusion

This audit highlights the need for systematic management of age-related comorbidities and sexual, reproductive and psychosocial health affecting WLWH. Our audit showed areas for improvement in HIV care including addressing cardiovascular and bone health in women over age 40, contraception in premenopausal women, anal cancer screening and screening for interpersonal violence. Further research is required to identify barriers to implementing targeted preventative strategies in WLWH living in regional areas.

Disclosure of Interest Statement

The authors declare no conflict of interest.