

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

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- In particular, women with HIV, who have been underrepresented in research in the past.
- Involvement of women in clinical trials critical in providing gender specific evidence-based care.

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Introduction

Data on women ageing with HIV in Australia are limited

Experience of menopause in women with HIV in Australia largely unknown

Important to understand

- Menopausal symptoms impact quality of life
- Menopause is associated with higher risk of age-related co-morbidities



Background

Women represent small proportion of those living with HIV in Australia

- 14% of an estimated 30,010

A significant number are of menopausal age

~1740/4110 (42%) women with HIV in Australia aged over 50 years (2024)

Increased from ~30% in 2017

Background

PRIME study UK (Tariq et al 2018)

High prevalence of menopause symptoms in women living with HIV aged 45-60

- 89% somatic symptoms, 68% urogenital, 78% psychological

Women felt underprepared for menopause

Low numbers on menopausal hormone therapy (MHT)

- 8% of those with somatic symptoms

Survey of 13 healthcare providers across Australia (Giles et al 2019)

- 21% of 484 women with HIV postmenopausal
- Approx 50% reported symptoms
- Small proportion (17%) on treatment



Objective

Describe the characteristics documented in medical records of women living with HIV who attend The Alfred Hospital, Monash Medical Centre (MMC) and Melbourne Sexual Health Centre (MSHC) for primary HIV care

Primary Aims:

Identify menopausal status of women

Proportion of women reported to have menopausal symptoms

Number of women receiving MHT

Secondary Aim:

Identify proportion of women with appropriate co-morbidity screening

Methods

Clinical care databases used to identify cisgender women currently in care
(attended at least once 1/7/2022 – 1/7/2024)

Exclusion criteria:

Age <18 years

Only ever attended once

Transferred to another service or died

Ethics approval from The Alfred HREC with waiver of consent

Methods

Medical record review:

- Demographic information (age, country of birth, place of HIV diagnosis)
- Menopausal status (STRAW+10 criteria)
- Menopausal symptoms
- Prescription of or documentation of use of MHT
- Documentation of co-morbidity screening results
 - cervical screening test (CST)
 - mammogram
 - cardiovascular disease (CVD) risk
 - fracture risk (FRAX)
 - Bone mineral density (DEXA) scan

Results

462 women across 3 sites

- 207 MSHC (~12% patient population)
- 144 The Alfred (~15% patient population)
- 111 MMC (~24% patient population)

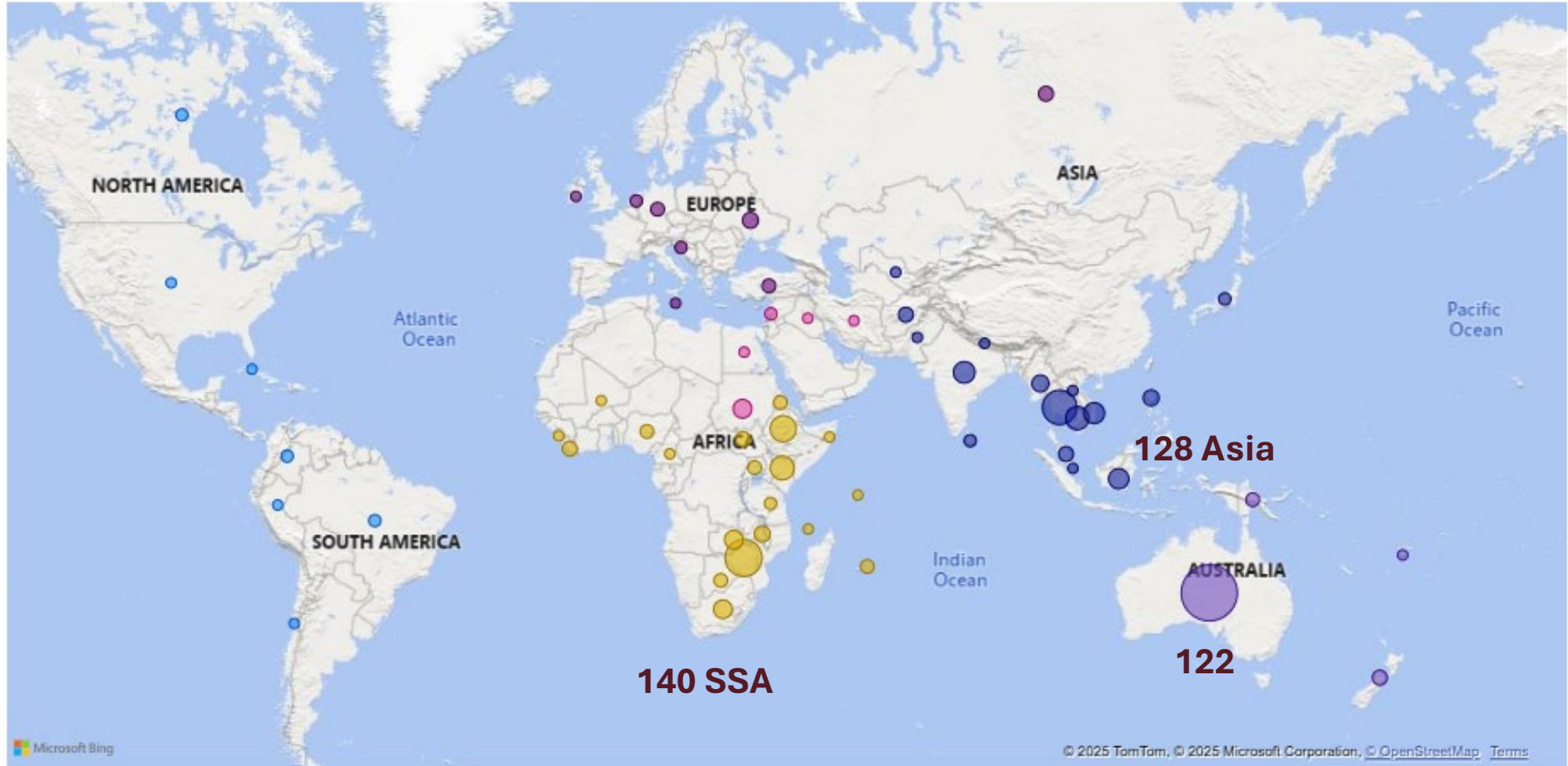
Median age 47 years (20-85, IQR 39-56)

271 (59%) age \geq 45



Country of birth

Broad Region ● Americas ● Asia ● Europe ● North Africa / Middle East ● Oceania ● Sub-Saharan Africa



342 (70%) born overseas

Of those born overseas, 158 (46%) diagnosed with HIV in Australia

Results

Menopausal Status	N (%)	Age range (years)	Number with symptoms	Number on MHT
Premenopausal	147 (32)	20-54	2 (1%)	0
Perimenopausal	49 (11)	34-58	28 (57%)	6 (21%)
Postmenopausal	144* (31)	45-85	35 (24%)	16 (46%)
Unknown	122 (27)	29-58	5 (4%)	2

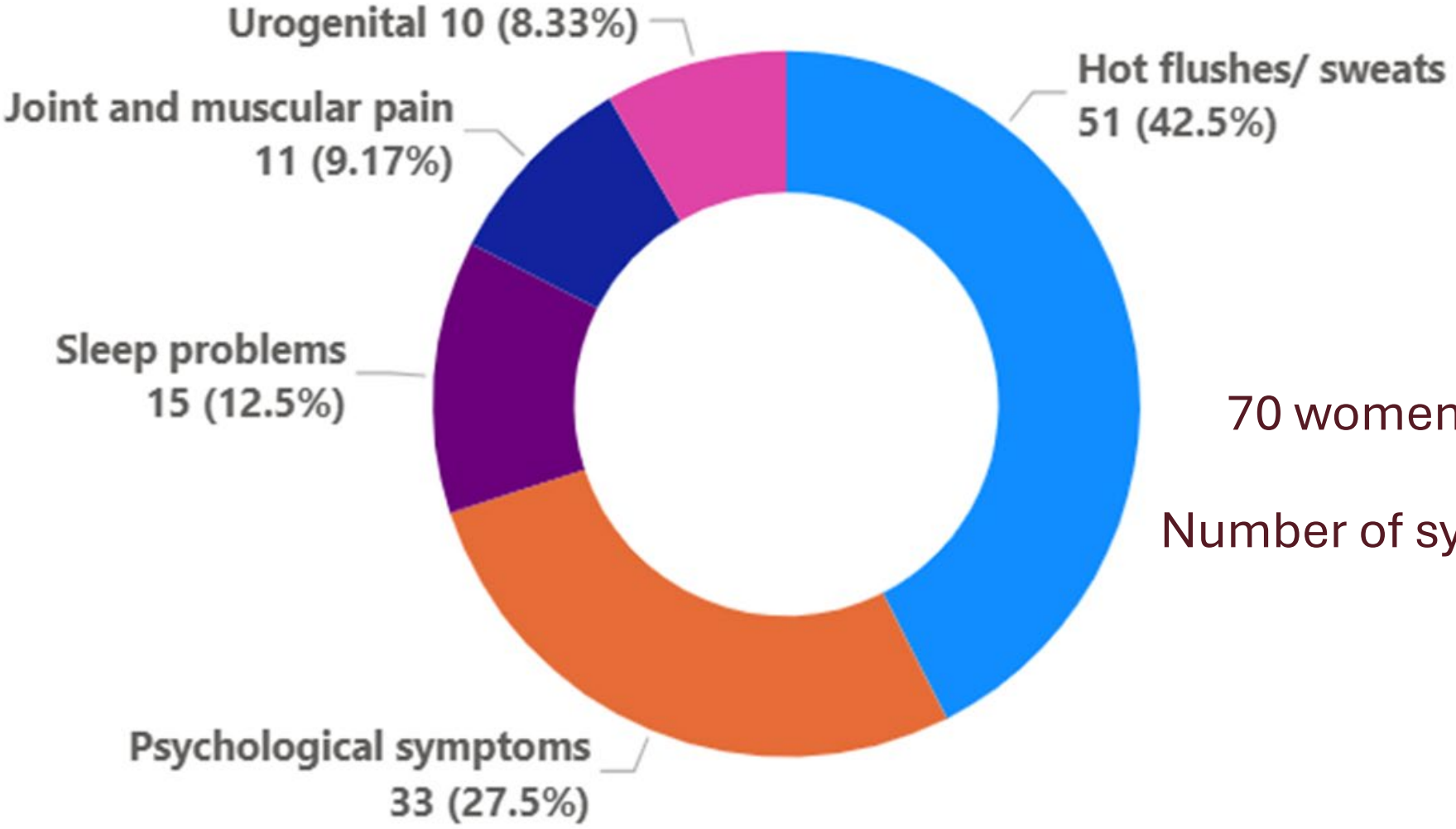
*Post menopausal defined as age >58 years for 40 women

266 women aged 40-58 years

89 (33%) had unknown menopausal status



Results - symptoms



70 women reported symptoms
Number of symptoms reported = 1-5

Description of MHT

Prescribed MHT	N=24
Oestrogen type	
Transdermal oestrogen	19 (79%)
Oral oestrogen	4
Unknown	1

Clinician Prescribing MHT	
GP	7
HIV clinician	3
Gynaecologist	5
Endocrinologist	1
Unknown	8
HIV clinician type	
S100 GP	0
Sexual health physician	3
ID physician	0

Comorbidity screening

Screening test	Who to screen	Number in cohort requiring screening	Number screened
CST	All women with HIV ≥ 21 years	461	298 (65%) completed 63 (14%) discussed
Mammogram	All women ≥ 50 years	194	61 (31%) completed 43 (15%) discussed 6 age < 50
CVD risk	Women $\geq 45^*$ years	271	137 (45%) 29 age 35-44 years 8 age < 35 years
FRAX	Women ≥ 40	344	17 (5%)
DEXA	All women ≥ 70 years Other indications	12	6 (50%) 63 < 70

*women ≥ 35 with diabetes

Discussion

Heterogeneous population

- 65 countries of birth
- Sub-Saharan Africa most common region of birth

Median age 47 years (58% aged 40-58)

Menopausal status unknown for 33% of those 40-58 years

Due to lack of documentation in clinical notes



Discussion

- Comorbidity screening poorly documented in clinical notes
- CST was most reliably documented (65% in last 3 years)
 - may have improved with introduction of self collected specimens
- 45% ≥ 45 had CVD risk calculated
 - ?influenced by REPRIEVE study results
- Only 1/3 of women had documentation of mammogram
- FRAX rarely calculated - 17 (4%) of all women
- **Only 86 (19%) women had all recommended screening documented**



Limitations

- Retrospective audit relied on clinician documentation
- Not recorded \neq not done
- Some screening results not easily accessible (Breastscreen and CST)
 - rely on patient report
- Patient comorbidities not collected (diabetes, other risks for FRAX, DEXA)



Conclusions

Large number of women living with HIV potentially peri/post menopausal

Assessment of menstrual cycle and menopausal symptoms needs to be routine

Identify those perimenopausal

- time when risk factors for chronic disease change
- symptoms may impact quality of life

Opportunity

- provide lifestyle recommendations and modify risk factors
- treat bothersome symptoms and improve quality of life
- prevent osteoporosis in those at risk



Community summary slide

Menopause is a normal part of ageing for all women

- Menopausal symptoms are common – talk to your doctor about them
- MHT can help manage symptoms and improve quality of life
- Other options available in those who can't have MHT

Risk factors for chronic disease change around perimenopause

- Accelerated bone loss, ↑risk CV disease(central adiposity, ↑lipids, ↑risk diabetes)
- Talk to your doctor about screening for co-morbidities
- Lifestyle important – stop smoking, reduce alcohol, eat healthily to maintain ideal weight, exercise more (high intensity resistance & impact exercise for muscles and bones)

