

## Impact of the ASHM WLHIV Australia Monitoring Tool on Health Outcomes in Women Living with HIV: An Audit at an Urban Sexual Health Centre in Sydney Australia

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### Background

Women living with HIV (WLHIV) face a complex burden of disease extending beyond viral suppression, with disproportionately higher rates of HIV-associated comorbidities and unmet needs in gender specific care, including menopause management and contraception. A 2021–2023 audit at our centre identified significant gaps in care, directly informing the development of the ASHM WLHIV Monitoring Tool. This audit evaluates whether implementation has translated into measurable improvements in care.

### Method

A retrospective file review was conducted for all WLHIV (n=28) attending routine HIV care between September 2024 and April 2026. A focused audit approach was adopted across four priority domains: cardiovascular disease risk, bone health, menopause management, and contraception.

### Results

The cohort was aged 26–73 years, with 67.9% aged over 40 and 21.4% without Medicare. Continent of origin was broadly distributed; 32.1% African, 32.1% Oceanian, 28.6% Asian, and 7.1% European. Improvements were observed across all domains. Absolute cardiovascular risk was documented in 89.5% of patients over age 40 (versus 15.4% previously), with 68.4% of eligible patients commenced on a statin. FRAX score was documented in 47.4% of patients over age 40, compared to 0% previously. Menopause was discussed with 78.6% of patients aged over 40; however, a validated screening tool was used in only 7.1%, and only 20% were commenced on menopausal hormone therapy. Contraception was discussed with 86.7% of sexually active women of reproductive age, though only 33.3% were using contraception despite most not planning pregnancy.

### Conclusions

The WLHIV Monitoring Tool has improved the comprehensiveness of care for WLHIV at our centre, particularly in cardiovascular and bone health monitoring. However, while menopause and contraception are being raised more frequently, validated screening tools remain underutilised and clinical management could improve. Future efforts should focus on embedding assessment tools into clinical workflows and ensuring timely follow up for contraceptive counselling.

**Disclosure of Interest Statement:** None