

# **WOMEN LIVING WITH HIV IN AUSTRALIA: IDENTIFYING AND MANAGING THEIR REPRODUCTIVE, AGE-RELATED, AND PSYCHOSOCIAL HEALTH NEEDS IN A METROPOLITAN SEXUAL HEALTH SERVICE**

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## **Background:**

Aging WLHIV are significantly impacted by menopause, comorbidities, and mental illness, yet international and Australian guidance on screening and management of WLHIV is scarce. This clinical audit aimed to identify patterns in the reproductive, age-related, and psychosocial health outcomes of WLHIV attending our metropolitan sexual health service, and to identify gaps in clinical management.

## **Methods:**

A retrospective clinical audit of all cisgender women who attended our sexual health service for routine HIV care during 2021-2022.

## **Results:**

Twenty-seven patient files were examined. At most recent testing, most women had well-controlled HIV with CD4 count >500 cells/mm<sup>3</sup> (70.4%) and viral load <200 copies/mL (100%). Median age was 44 years. Half of women (48.1%) were age 45 years and older, of whom 46.2% were postmenopausal and 30.8% did not have menopause status recorded. Most women (70.4%) had no audited comorbidities. In the prior 12 months most women had their blood pressure (70.4%), total cholesterol (77.8%), glycated haemoglobin (HbA1c) (77.8%), estimated glomerular filtration rate (eGFR) (96.3%), and liver function tests (LFTs) (96.3%) measured. Smoking and alcohol intake was documented for less than half of women (48.1%, 44.4%). In women age 45 years and older, absolute cardiovascular disease risk was calculated in 15.4%, but none had a Fracture Risk Assessment Tool (FRAX) score or cognitive screen performed in the prior 12 months. One-fifth (18.5%) had a documented history of depression or anxiety. Of those screened, half (50.0%) disclosed past intimate partner violence (IPV) and one-third (37.5%) disclosed current IPV.

## **Conclusion:**

Understanding current practices in managing WLHIV is of utmost importance, as is the need for Australian guidelines on preventive screening and management of WLHIV. Our service has since implemented a reference tool to guide routine monitoring of WLHIV with sections dedicated to reproductive health, menopause symptoms, psychological wellbeing, and IPV screening.

## **Disclosure of interest statement:**

None to disclose.