

## Health problems & ageing

# Menopause and HIV

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## Key points

- The menopause is a natural part of each woman's ageing process.
- Knowing what symptoms to expect during the menopause can help you deal with the experience.
- Hormone replacement therapy (HRT) can help if symptoms interfere with your daily life.

The menopause is a natural part of ageing that usually happens to women between the ages of 45 and 55. Periods usually become less frequent over a few months or years,

before they stop altogether.

The menopause is caused by a change in the balance of the body's sex hormones, which occurs as you get older. The female reproductive organs called ovaries produce less of a hormone called oestrogen and no longer release an egg every month. After this, you are no longer able to get pregnant naturally.

Every woman experiences the menopause differently, but most women will have some symptoms. Some women have severe symptoms that can have a significant impact on their everyday life. Common symptoms include hot flushes, night sweats, joint and muscle pain, vaginal dryness, mood changes and a **lack of interest in sex**.

'Perimenopause' refers to the time of change leading up to your last menstrual period. To be precise, the menopause begins after you have had your last period.

In the UK, the average age for a woman to reach menopause is between 50 and 52. Some women experience the menopause earlier or later. Some women reach menopause before the age of 40 – this is known as premature ovarian insufficiency. Often, there's no clear cause for this.

In addition, some medical treatments and procedures can cause menopause. This includes chemotherapy and radiotherapy to treat cancer, as well as surgery to remove the

ovaries.

## Menopause in people living with HIV

Some studies suggest that women living with HIV may experience the menopause a little earlier and may experience more severe symptoms than other women. HIV or the immune system's response to it may have an impact on the ovaries and the production of hormones that affect the experience of menopause. However, research on this is limited and these conclusions are not definitive.

Treatments to lessen the symptoms during the menopausal transition are the same for women with HIV as for other women. HIV treatment works well in women going through the menopause.

## Symptoms

The first sign of the menopause is usually a change in the normal pattern of your periods. There may be longer gaps between periods, and they may be unusually light or heavy. Eventually, you'll stop having periods altogether.

Knowing what else to expect during the menopause can help you deal with symptoms which you experience. Sometimes women are unsure whether a problem is linked to their HIV treatment, HIV itself or the menopause.

# Glossary

symptom

hormone

therapy

effectiveness

association

It's common to have some of these symptoms for a few years before your periods stop (the perimenopause). They may continue for around four years after your last period, although some women have them for longer. During this time, symptoms can come and go.

The duration and severity of these symptoms vary from woman to woman. If you find symptoms bothering or that they have an impact on your daily life, it's worth telling your doctor. The main aim of treatments for the menopause is to lessen these symptoms.

- Hot flushes – short, sudden feelings of heat, usually in the face, neck and chest, which can make you sweaty.
- Night sweats – hot flushes that occur at night.
- Difficulty sleeping.
- Reduced interest in sex (low libido).
- Problems with memory and concentration.

- Vaginal dryness and pain, itching or discomfort during sex.
- Mood changes, such as low mood or anxiety.

Changing hormone levels can result in other body changes, which may have an impact on your health in the long term. Women lose about 10% of their bone mass during the menopause process, increasing the risk of the bone-thinning disease **osteoporosis and bone fractures**. Women living with HIV may be more likely to lose bone mass than other women after the menopause.

There is also evidence that oestrogen deficiency is the cause of some chemical changes in the body which make women after the menopause more vulnerable to **heart disease and stroke**.

## Diagnosis and monitoring

Your GP should be able to tell that you have started the menopausal transition based on your symptoms, pattern of periods and age.

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Tests aren't usually needed to diagnose menopause. But if you are under the age of 45 and in some other circumstances, a blood test might be used to check your level of follicle-stimulating hormone (FSH) – high levels may be a sign of the menopause.

## Treatment and management

If you are troubled by the symptoms of menopause or if they interfere with your day to day life, then treatments are available. The aim of treatments is to relieve symptoms and improve your quality of life.

**Hormone replacement therapy (HRT)** is the main treatment. As symptoms such as hot flushes, vaginal dryness and osteoporosis are related to low levels of the hormone oestrogen, HRT relieves symptoms by replacing oestrogen levels that naturally fall in menopause.

Guidelines from the National Institute for Health and Care Excellence (NICE) recommend HRT for women with hot flushes. Although there have been some concerns about HRT being linked with an increased risk of breast cancer and heart disease, this applies mostly to women taking particular types of HRT over a long period of time.

NICE concluded that the benefits of HRT outweigh the risks. As well as lessening symptoms, HRT helps with muscle strength and lowers the risk of bone problems.

The benefits and risks of HRT in HIV-negative women are thought to apply to women with HIV as well. It's useful to tell the doctor who is prescribing your HRT about your HIV treatment as the dose of your HRT may need to be adjusted. HRT is usually prescribed by your GP but your HIV doctor or HIV pharmacist can give you advice on this too.

For most women, combination HRT containing two hormones (oestrogen and progestogen) is suitable. Different forms of HRT combine different amounts of these two hormones, and your GP can help you find the form of HRT that is best for you. The lowest effective dose should be taken. While HRT is available in tablets, other forms such as implants, skin patches, and a gel to rub into the skin may be less likely to raise the risk of blood clots.

If you have had a hysterectomy, oestrogen-only HRT is recommended. If you have had the menopause before the age of 40, HRT is always recommended.

**Vaginal oestrogen.** To relieve vaginal dryness, oestrogen can be administered directly to the vagina using a vaginal cream, tablet or ring. This releases a small amount of oestrogen (the equivalent of one hormone tablet a year) which raises local hormone levels but does not affect the whole body.

**Non-hormonal treatments** may help. These include cognitive behavioural therapy (to help with low mood or anxiety), testosterone supplements (to help with low libido) and

clonidine (to help with hot flushes and night sweats).

Regular exercise, reducing your intake of caffeinated drinks and reducing your intake of alcohol can all also help reduce symptoms.

While some women use the herbal product St John's Wort to relieve hot flushes and night sweats, this can reduce the effectiveness of some anti-HIV drugs – ask your HIV doctor or pharmacist if it is safe for you to use.

Similarly, the herbal product black cohosh can have an impact on the liver. If your doctor knows you are taking black cohosh, he or she can keep an eye on your liver function.

**Bone health.** As well as managing the symptoms associated with the menopausal transition, it's also important to take care of your bone health in the years after menopause. The British HIV Association recommends that HIV doctors regularly check the bone health of all women with HIV who have gone through the menopause. This is because both HIV and the menopause raise the risk of bone problems.

Regularly getting some weight-bearing **exercise**, stopping **smoking**, drinking less **alcohol**, including calcium in your **diet** and getting enough vitamin D are lifestyle changes that can improve your bone health. For more information, read NAM's factsheet ***Bone problems and HIV.***



# Information and support

For more information, you may find the following websites helpful: [www.womens-health-concern.org](http://www.womens-health-concern.org), [www.managemymenopause.co.uk](http://www.managemymenopause.co.uk) and [www.menopausematters.co.uk](http://www.menopausematters.co.uk).

This page was last reviewed in February 2017. It is due for review in February 2020.

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## Acknowledgements

Thanks to the British Menopause Society, Dr Nneka Nwokolo and Dr Shema Tariq for their advice.

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