



# HIV and Women's Health: Where Are We Now?

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# Disclosures

*I have received speaker honoraria and consultancy fees from Janssen, Gilead Sciences and ViiV Healthcare.*





Overview

Menopause

Cardiometabolic health

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# HIV and women



52% of the global  
population of people  
living with HIV are  
women



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**30371**

Women in HIV care in England

**61%**

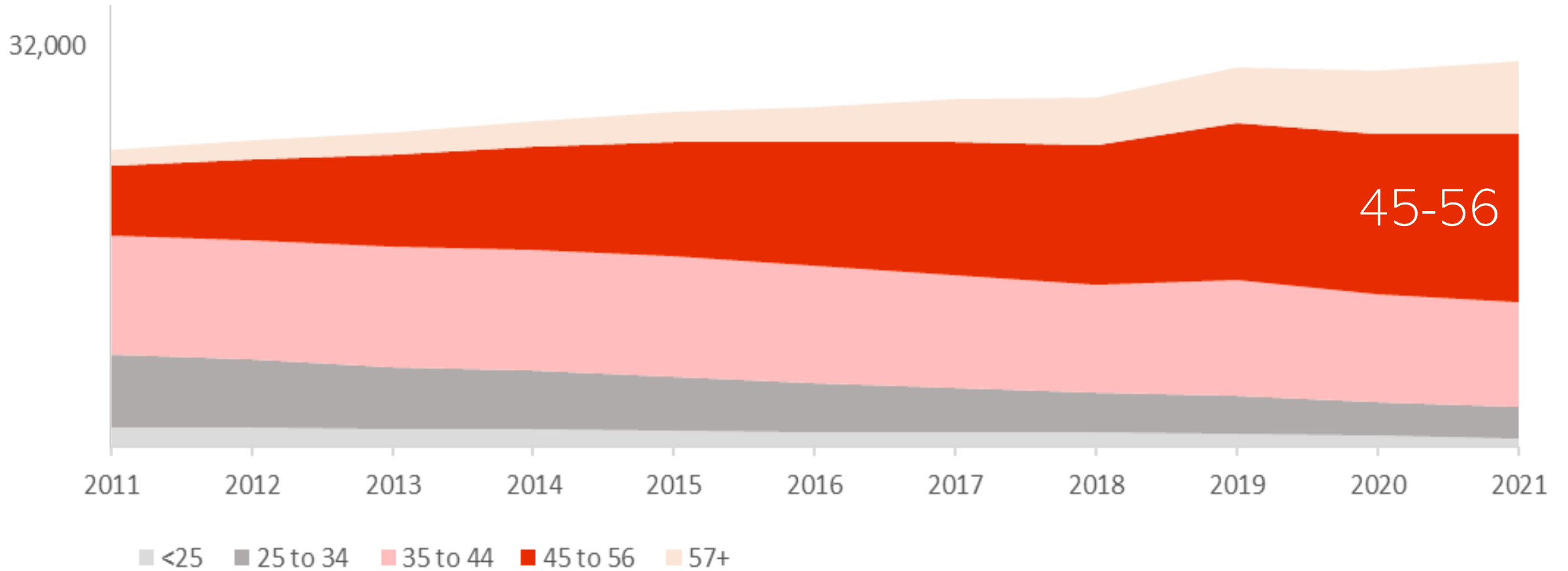
Black African ethnicity

**99%**

On ART



# Number of women accessing HIV care by age group, 2011-2021



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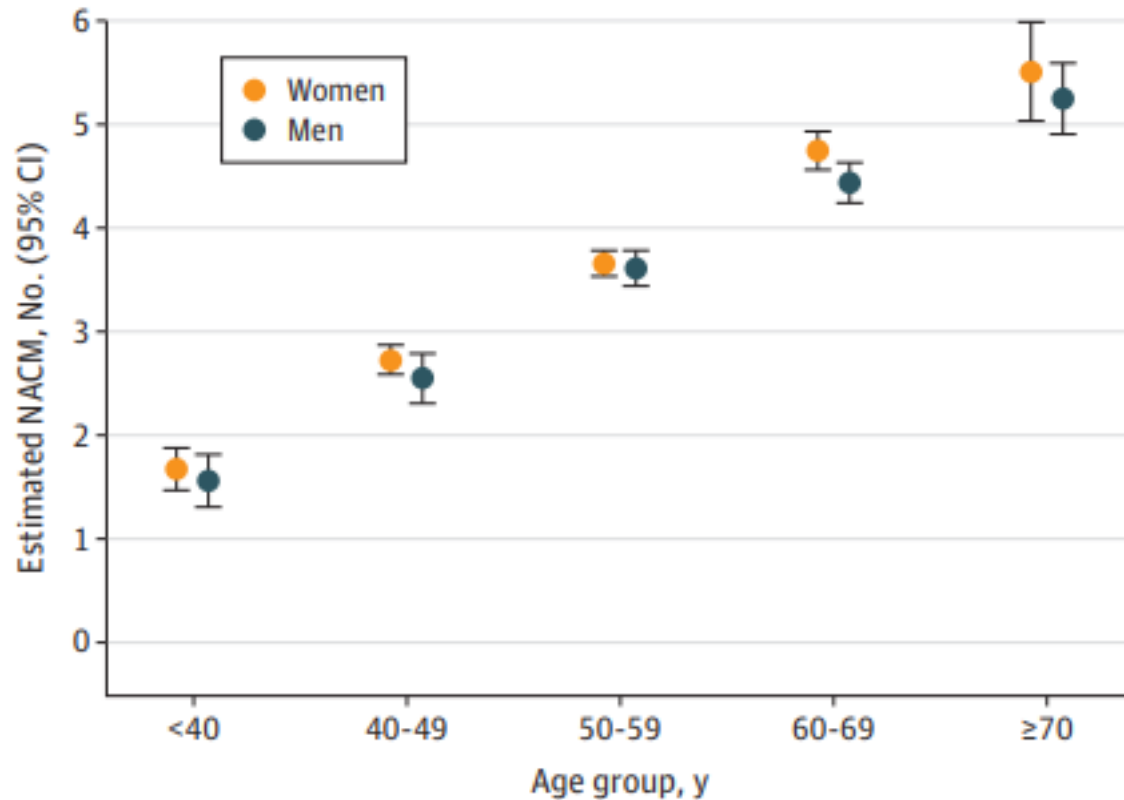
Cardiometabolic health

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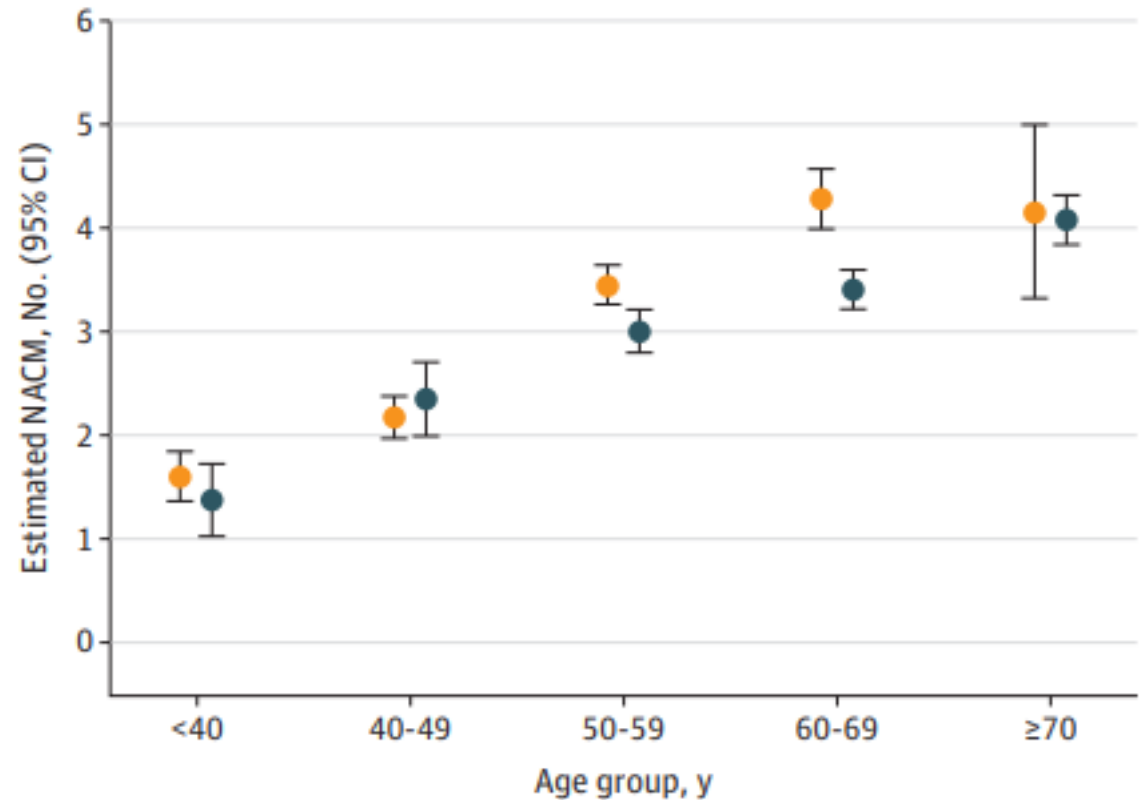
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# Mean number of Non-AIDS comorbidities

**A** Persons with HIV

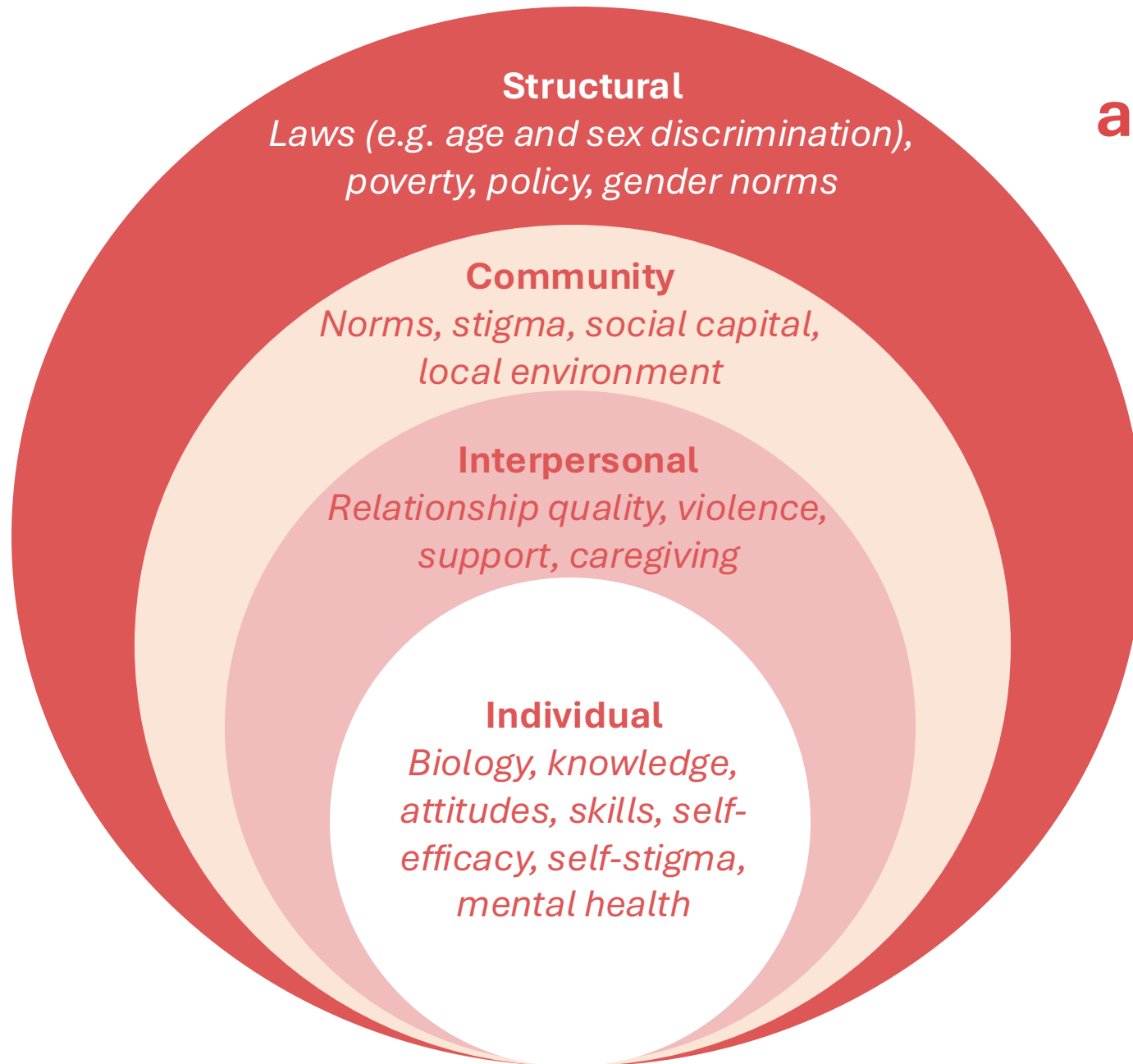


**B** Persons without HIV





# Sex and gender shape ageing at multiple levels



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# HIV and menopause

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WHAT IS THE

# MENOPAUSE?

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**The time when periods stop and people can no longer get pregnant**

# Menopause in numbers



The average age that women reach the menopause in the UK

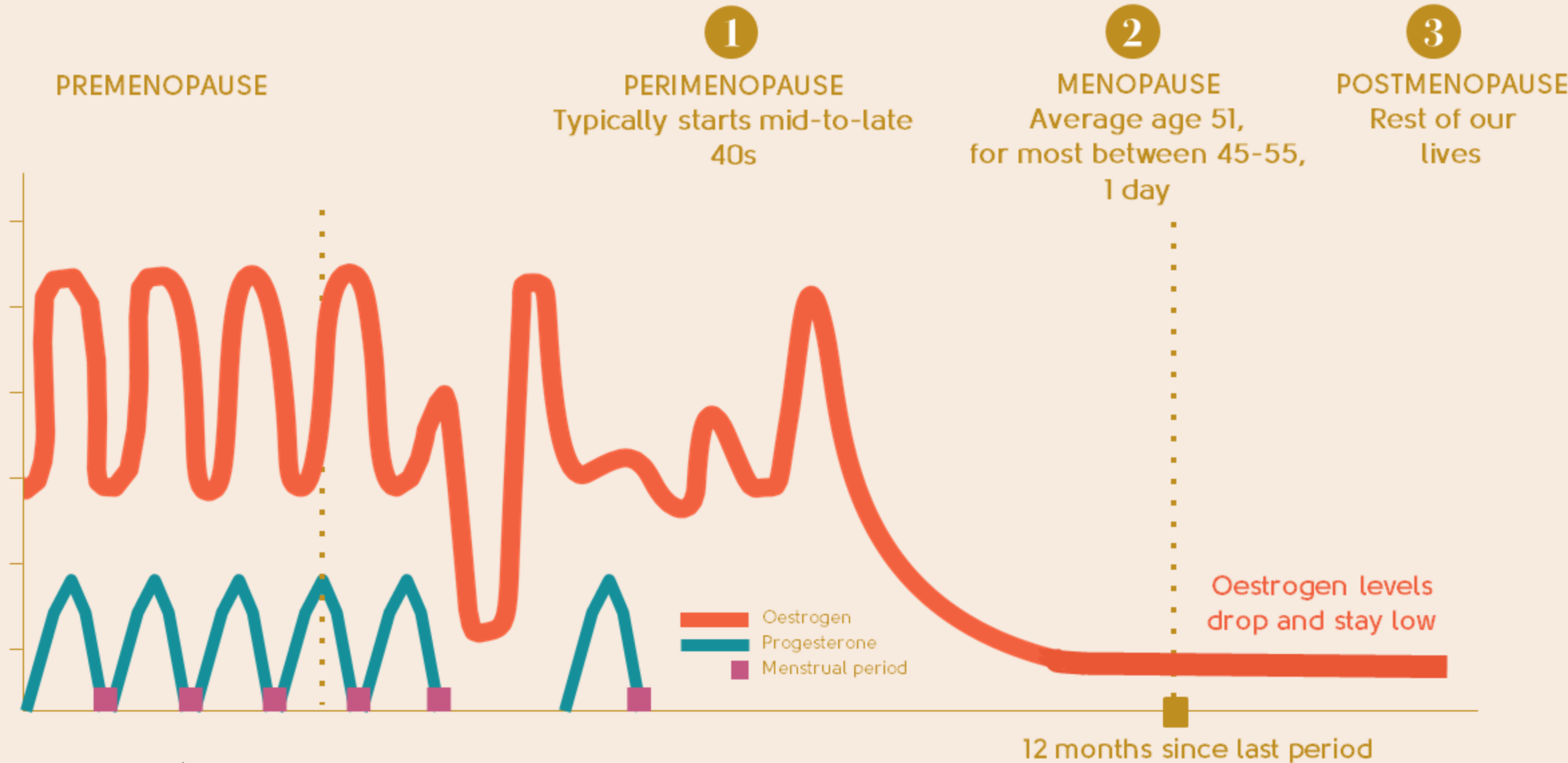


The typical length of time that menopause symptoms last



**75-80%**  
of women of menopausal age are in work

# Menopause transition







**Oestrogen is more than a reproductive hormone**

Overview

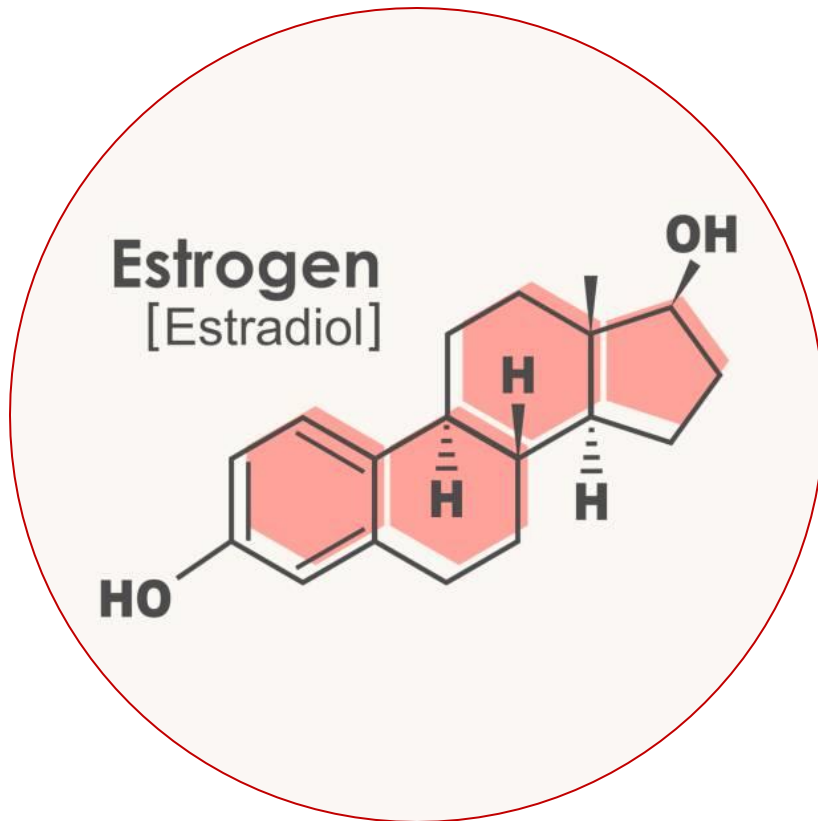
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## Estrogen effects



- Modulates immune system
- Anti-inflammatory
- Inhibits bone resorption by ↓ osteoclast activity
- Improves vascular tone and elasticity by ↑ nitric oxide production
- Regulates sleep and body temperature
- Affects fat distribution
- Increases insulin sensitivity
- Increases metabolism of triglycerides and lipids



# Menopausal symptoms

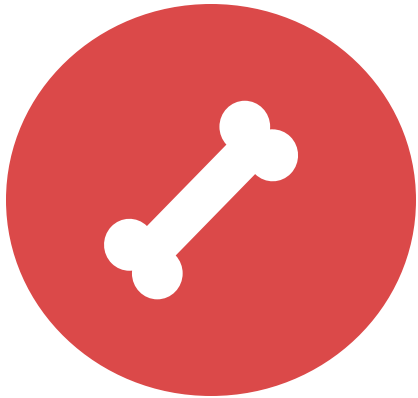
# Publications on “HIV” and “Menopause”, 2004-2024



417 in total



## Menopause and HIV



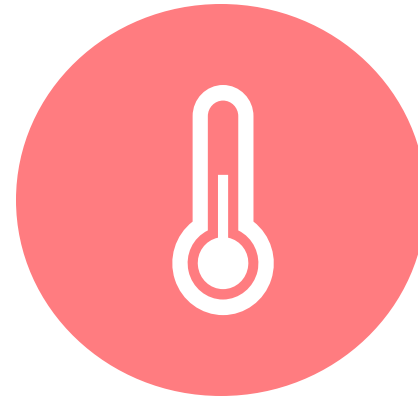
Bone disease



CVD



HIV-related



Vasomotor



Psychological



## Findings: Menopausal symptoms in women living with HIV

### Prevalence of menopausal symptoms



#### Somatic

hot flushes, palpitations, joint and muscle discomfort, sleep disturbance



#### Urogenital

vaginal dryness, urinary tract symptoms, sexual problems



#### Psychological

depression, anxiety, irritability, exhaustion



*It leaves you feeling 'what is going on here'? Is it HIV?  
Is it the menopause?*





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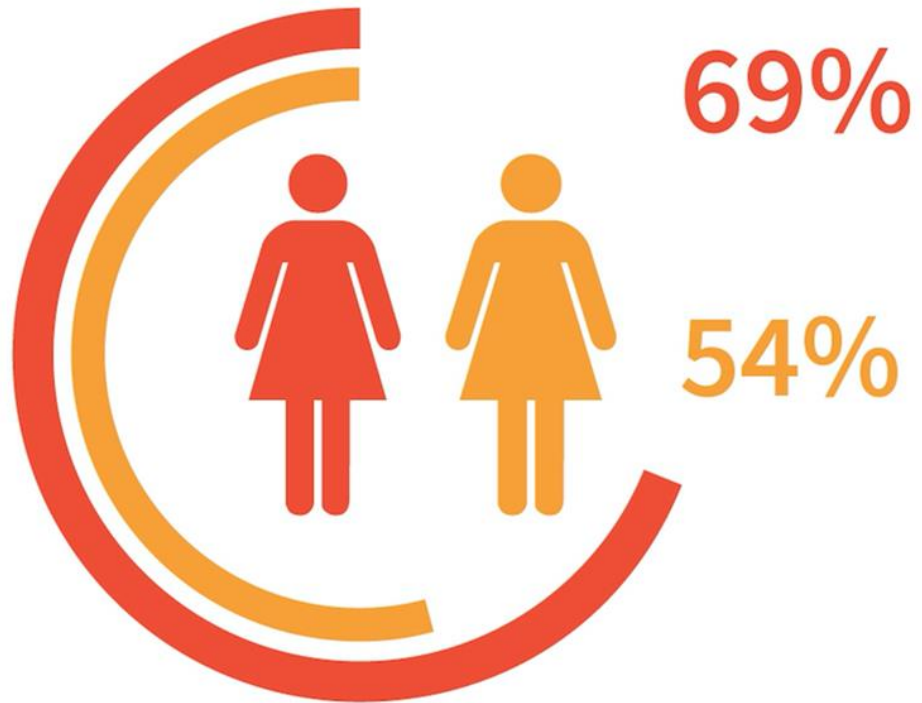
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## HIV and sexual function



**Women with HIV reporting  $\geq 1$  sexual problem in past 1 year**

**Women without HIV reporting  $\geq 1$  sexual problem in past 1 year**



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## Impact of menopausal symptoms

- Reduced adherence to ART (AOR 2.22; 95% CI 1.13, 4.35)<sup>1</sup>
- Reduced clinic attendance (AOR 1.52; 95% CI 1.01, 2.29)<sup>1</sup>
- Increased psychological distress<sup>2</sup>
- Reduced quality of life (also associated with perimenopausal status)<sup>3</sup>





HIV in the UK

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# Cardiometabolic health

**Common but preventable conditions including heart attack, stroke, diabetes, insulin resistance and non-alcoholic fatty liver disease.**



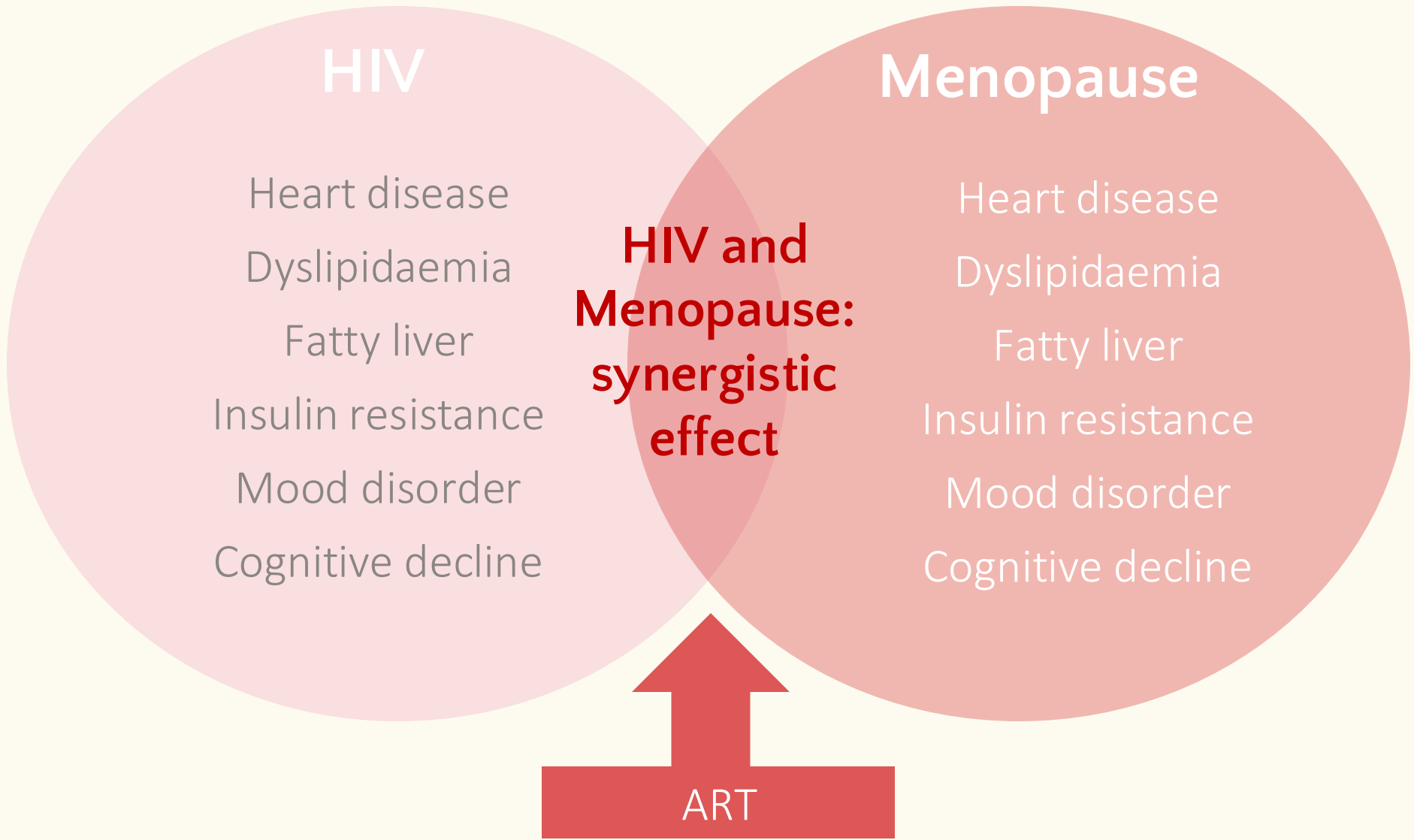
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## Weight gain

Increasingly important

40.1% obesity prevalence

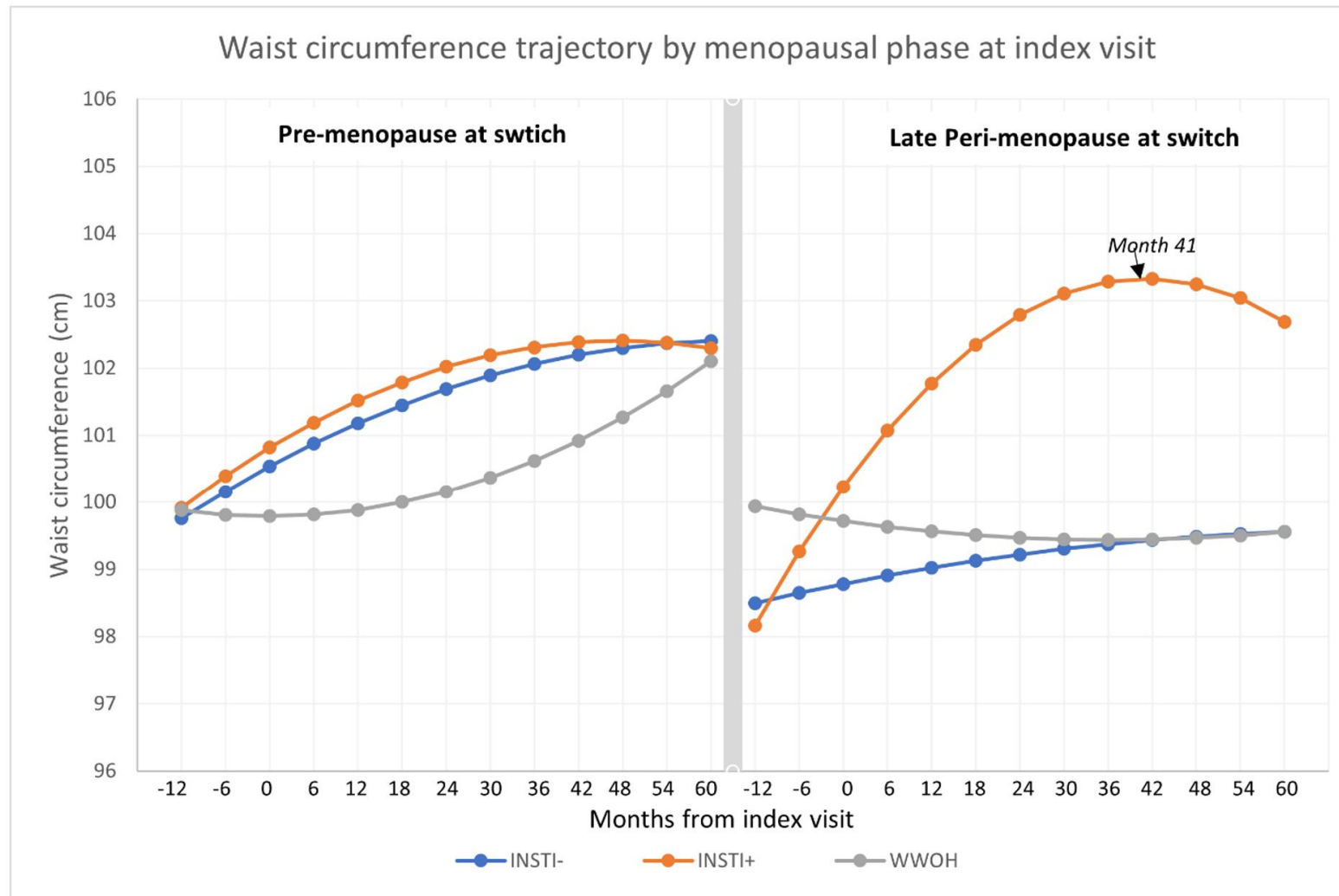
32.1% overweight prevalence

Associated with Black African and other Black ethnicities





# Accelerated changes in waist and BMI when switching to INSTI during peri- or postmenopause



\* Based on linear mixed effect model adjusted for baseline WC, age, race, site, smoking, drinking, menopausal phase, Center for Epidemiologic Studies Depression Scale, chronic kidney disease, and hypertension.



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## Why do women with HIV gain weight?

- Multifactorial
- Medication
- Obesogenic environment
- Limited physical activity (comorbidities, symptoms, poor mental health)
- Hormonal environment



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## Post-menopausal weight gain

- Relative increased androgens favours central fat accumulation
- Sarcopenia leads to reduced energy expenditure
- Estrogen depletion has wide ranging impact on metabolism
- Leptin (produced by fat tissue) inhibits appetite
- Estrogen potentiates leptin by increasing expression and sensitivity of leptin receptors in hypothalamus
- Estrogen depletion reduces leptin effects and appetite inhibition

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## Major adverse cardiac events

Increased risk of MI in HIV

REPRIEVE n=7769 (women=2419)

CVD risk score lower in women at baseline

CVD risk score reduces risk and doesn't take into account menopause

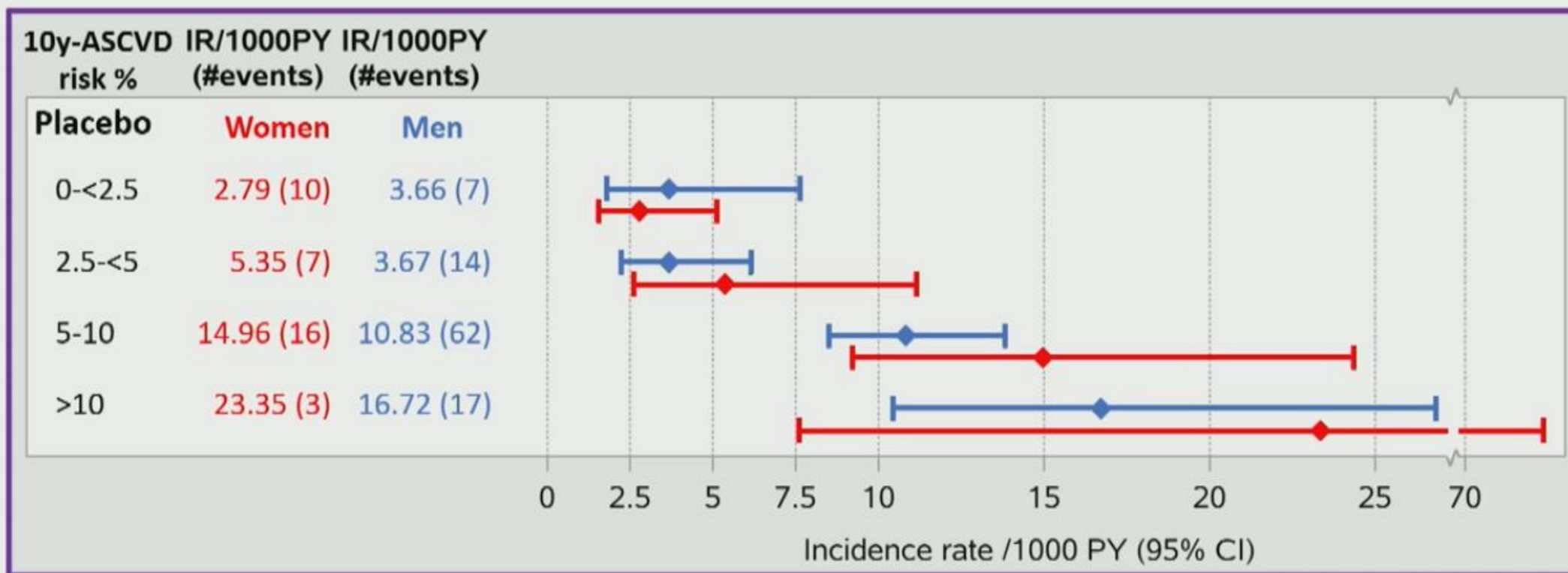
Despite lower score, incident MACE similar

CVD risk scores underestimate risk for women



REPRIEVE

# MACE Rates in PCE 10-year ASCVD Risk Subgroups by Sex in REPRIEVE





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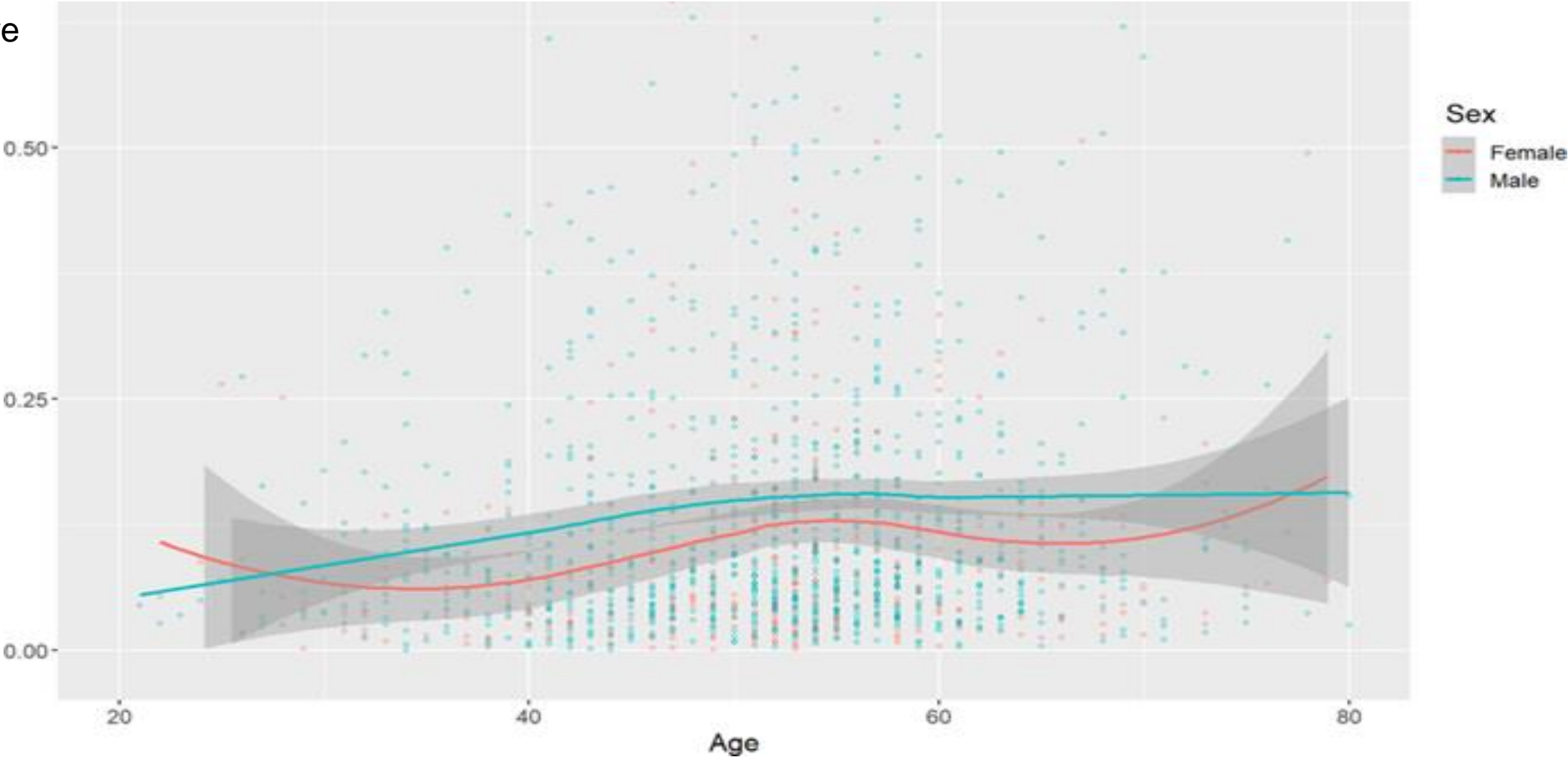
## Cardiometabolic health

- Changes in gut microbiome which predispose to cardiometabolic disease<sup>1</sup>
- Increases in carotid intima-media thickness perimenopausally<sup>2</sup>
- Increased FibroScan-AST (FAST) score during perimenopausal age<sup>3</sup>



# Metabolic dysfunction-associated steatohepatitis exhibits sex differences in people with HIV

FAST score



HIV in the UK

Menopause

HIV & menopause

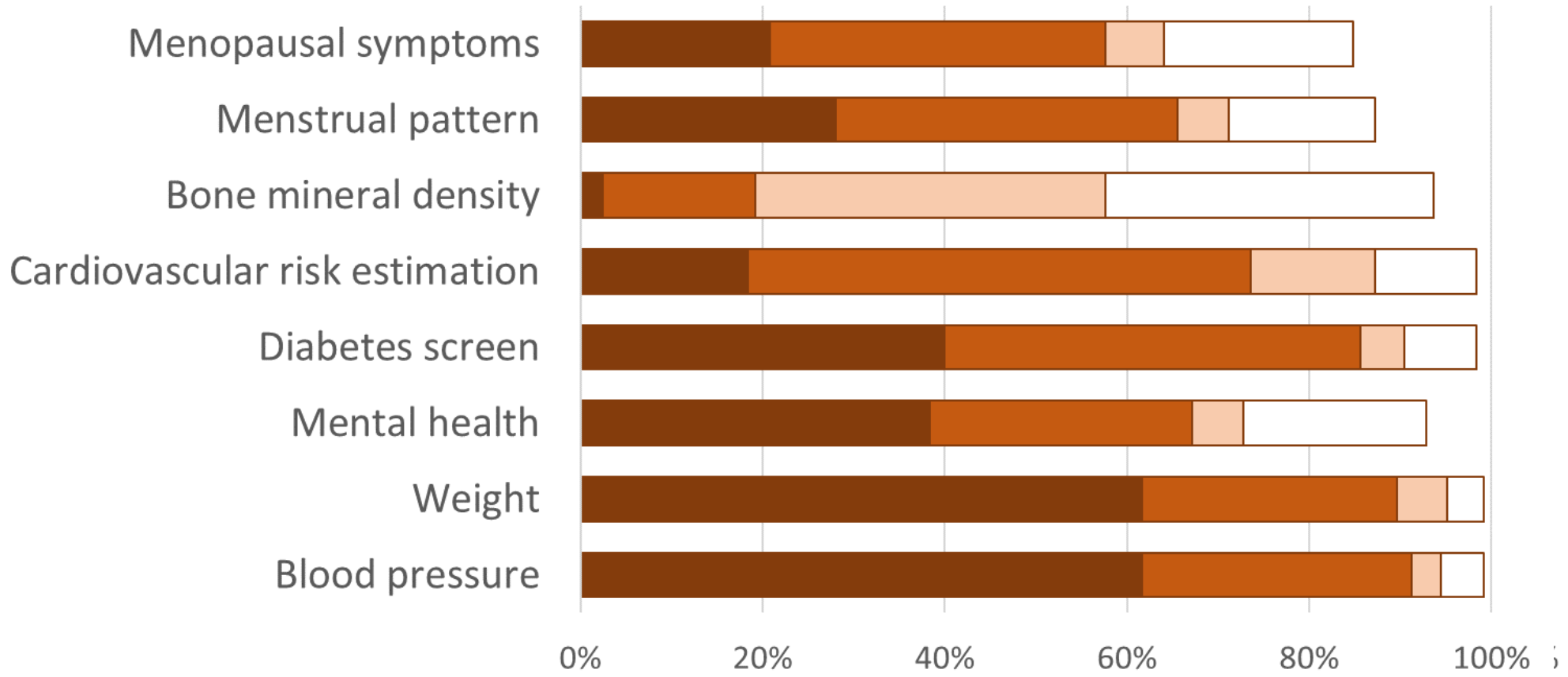
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# Support and management



## How often do you check/ask about the following in women attending your clinic for HIV care?



- At every visit
- At least once a year
- Regularly, but less often than once a year
- Only if there are reasons for concern

For menopausal symptoms and menstrual pattern, at age 45-54  
For other items, at age checked most frequently

# Confidence in:

0% 10% 20% 30% 40% 50%

Assessing menopausal status:



Assessing menopausal symptoms:



■ Not very confident    ■ Not confident at all

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**Management**



HRT



Stay active



Therapy



Healthy lifestyle



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8%

Women with **somatic** symptoms who reported currently using MHT



3%

Women with **urogenital** symptoms who reported currently using vaginal oestrogen

## Menopausal hormone therapy

- Under-used in general and in HIV
- Not contraindicated in HIV
- Improves QoL/CVD/bone health
- For vasomotor/mood symptoms
- Transdermal oestrogen
- Micronised progestogen
- DDIs can impact hormone levels but easily managed





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## Whole patient care

- Dedicated HIV and menopause clinic
- MDT with psychology input
- Menopausal status and symptoms
- Comorbidity and cancer screening
- Contraception and sexual wellbeing
- Optimise antiretroviral therapy
- Lifestyle modification
- Listen, inform, direct to support
- Liaise with GP

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*I just feel alive again.  
I feel like me.*



*Maria, 3 months after commencing HRT*



**GROWS**

GROWING OLDER. WISER AND STRONGER

**FOR ALL WOMEN WITH HIV AGED OVER 40**

Are you a woman living with HIV aged 40+?

Do you have uncertainties around ageing with HIV or questions relating to your health and wellbeing?

Would you like to speak to another woman living with HIV to explore holistic approaches for looking after your health, wellbeing and growing older with HIV?

We have trained peer mentors to support you.

For referrals, please contact...

Juddy: [juddy.otti@sophiaforum.net](mailto:juddy.otti@sophiaforum.net)

Sophia POSITIVELY UK FAST-TRACK CITIES

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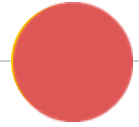


Looking ahead



Longitudinal pathogenesis studies  
Primary prophylaxis with MHT  
Long term safety of MHT  
Use of novel agents i.e. fezolinetant  
Validated tool for symptoms  
Menopause and sleep  
Evaluating peer support for menopause  
Data from high prevalence settings  
Best models of care





## Key points

- Cisgender women age differently to cisgender men
- Menopause is an important biological transition
- Potential impacts on symptoms and cardiometabolic health
- Women with HIV may face additional challenges
- Role of dedicated HIV and menopause services
- **Importance of person-centred care**



# Let's reframe HIV care for women ageing with HIV

A photograph of two women of African descent smiling broadly. The woman on the left has short, curly white hair and is wearing a red turtleneck sweater. The woman on the right has short, dark hair and is wearing a red turtleneck sweater. They are positioned in front of a background that is split diagonally from the top-left corner, with a light green area on the left and a red area on the right.

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