

HRT: managing HIV through the menopause

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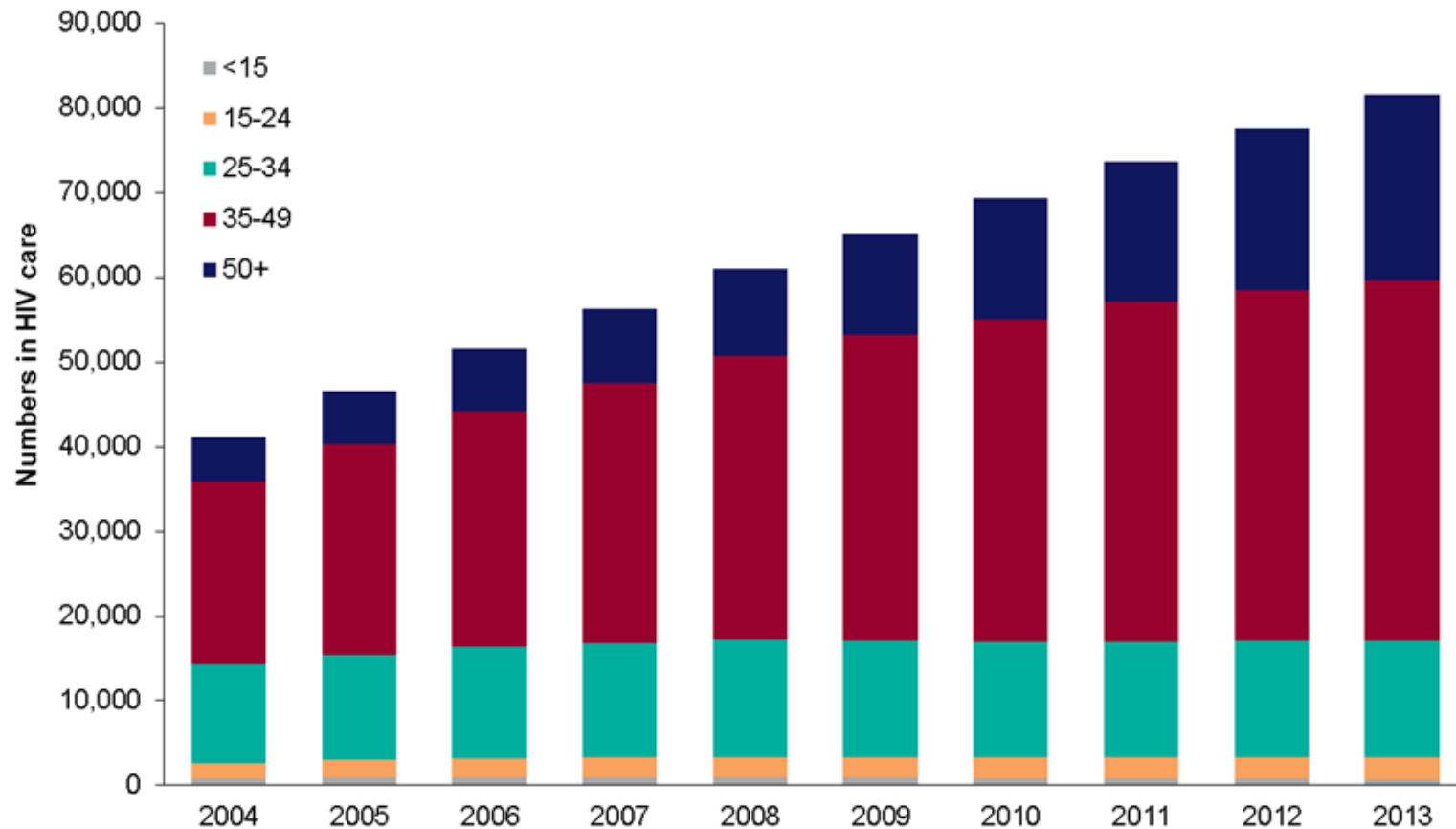
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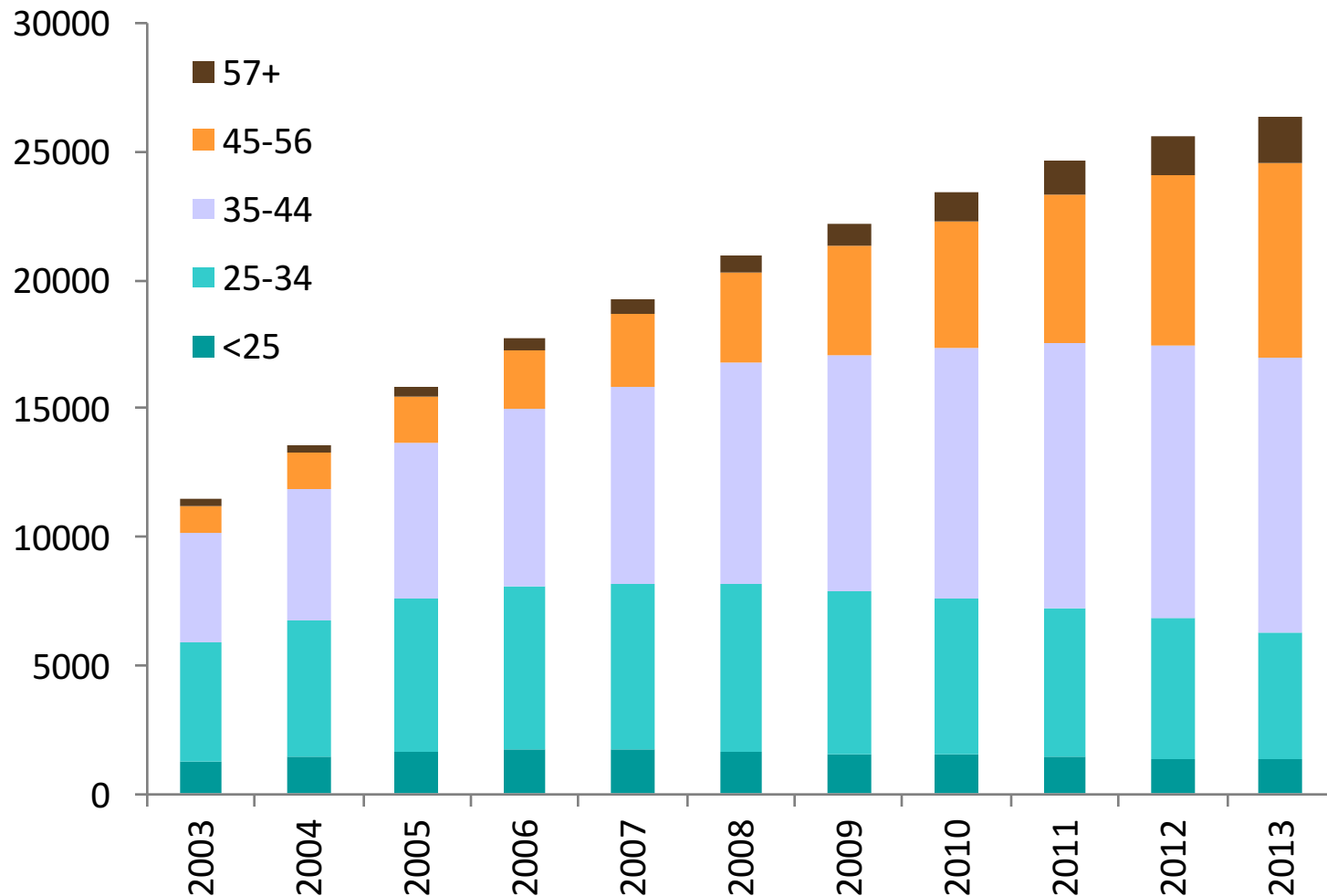
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- Epidemiology
- Menopause in the general population
- Menopause in HIV-positive women
- Management
 - HRT
 - Other considerations

NUMBER OF PEOPLE ACCESSING HIV CARE BY AGE GROUP, 2003-2013



NUMBER OF WOMEN ACCESSING HIV CARE BY AGE GROUP, 2003-2013



Source: Data provided by Graeme Rooney (Centre for Infectious Disease Surveillance and Control, Public Health England)

THE MENOPAUSE

THE MENOPAUSE



- Cessation of menstrual cycle due to loss of ovarian function
- After one year of amenorrhoea
- Spontaneous or iatrogenic

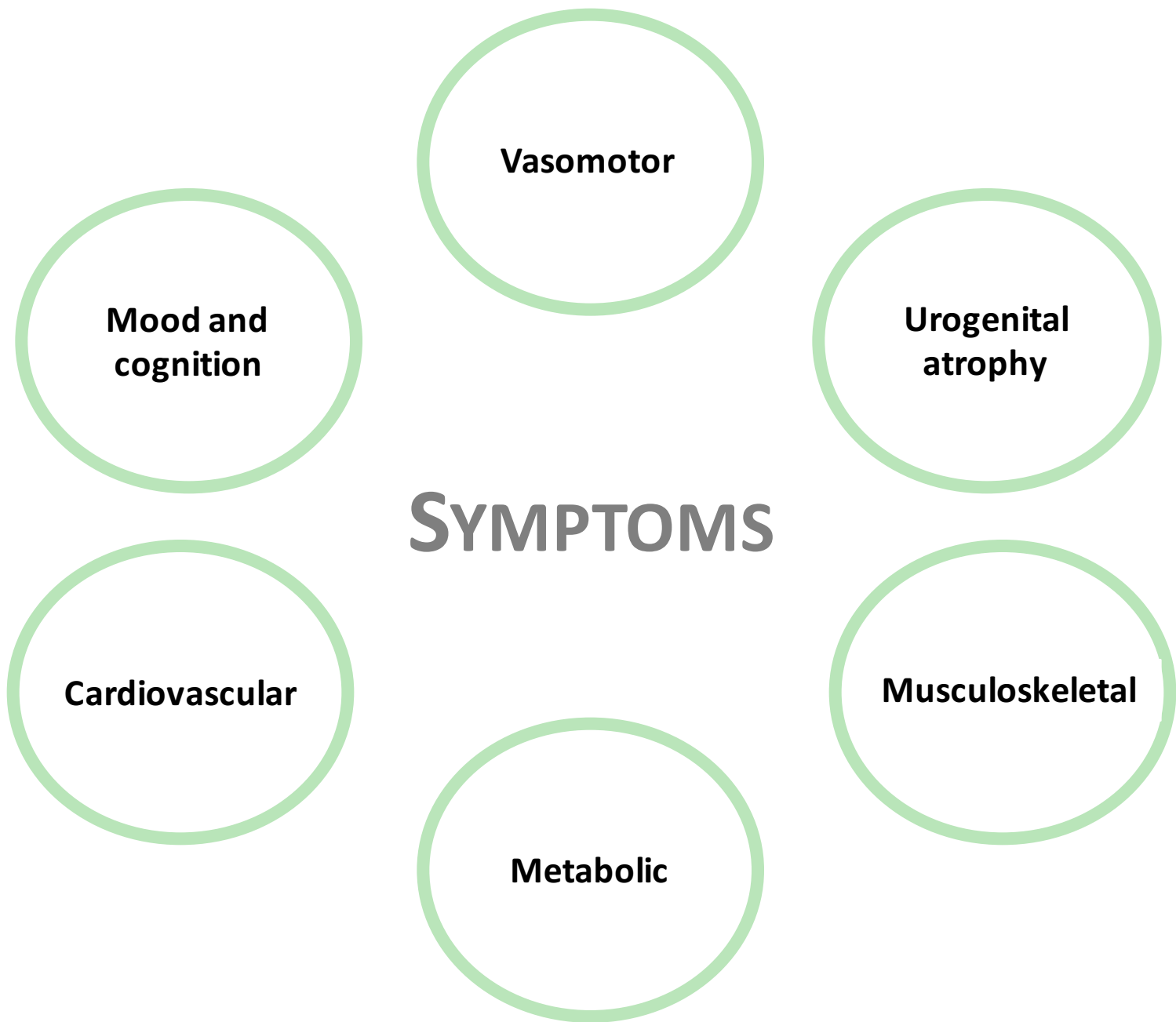
GEOGRAPHICAL VARIATION

Region or country	n	Number of studies	Mean age at menopause (95% CI)	Heterogeneity (I-squared; %)
Africa	1,175	3	48.4 (48.1–48.6)	0.0
Asia	39,158	8	48.8 (48.1–49.4)	98.9
Australia	9,268	2	51.3 (49.8–52.8)	99.1
Europe	18,692	6	<div> SOCIOECONOMIC FACTORS GENETIC FACTORS ENVIRONMENTAL FACTORS </div>	
Latin America	18,073	3		
Middle East	7,733	8		
United States	15,690	6		
Total	109,789	36	48.8 (48.3–49.2)	99.6

MENOPAUSAL SYMPTOMS



- 85% of women experience symptoms¹
- Median duration = 7 years²
- Genital symptoms can be lifelong
- Negative impact on work and relationships^{3,4}
- Reduced quality of life⁴ and perceived health⁵
- Menopause experience shaped by culture⁶



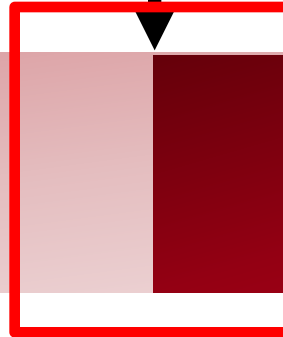
POST-MENOPAUSAL LIFE SPAN



POST-MENOPAUSAL LIFE SPAN



Final period



Women can expect to live 40% of their lives post-menopause

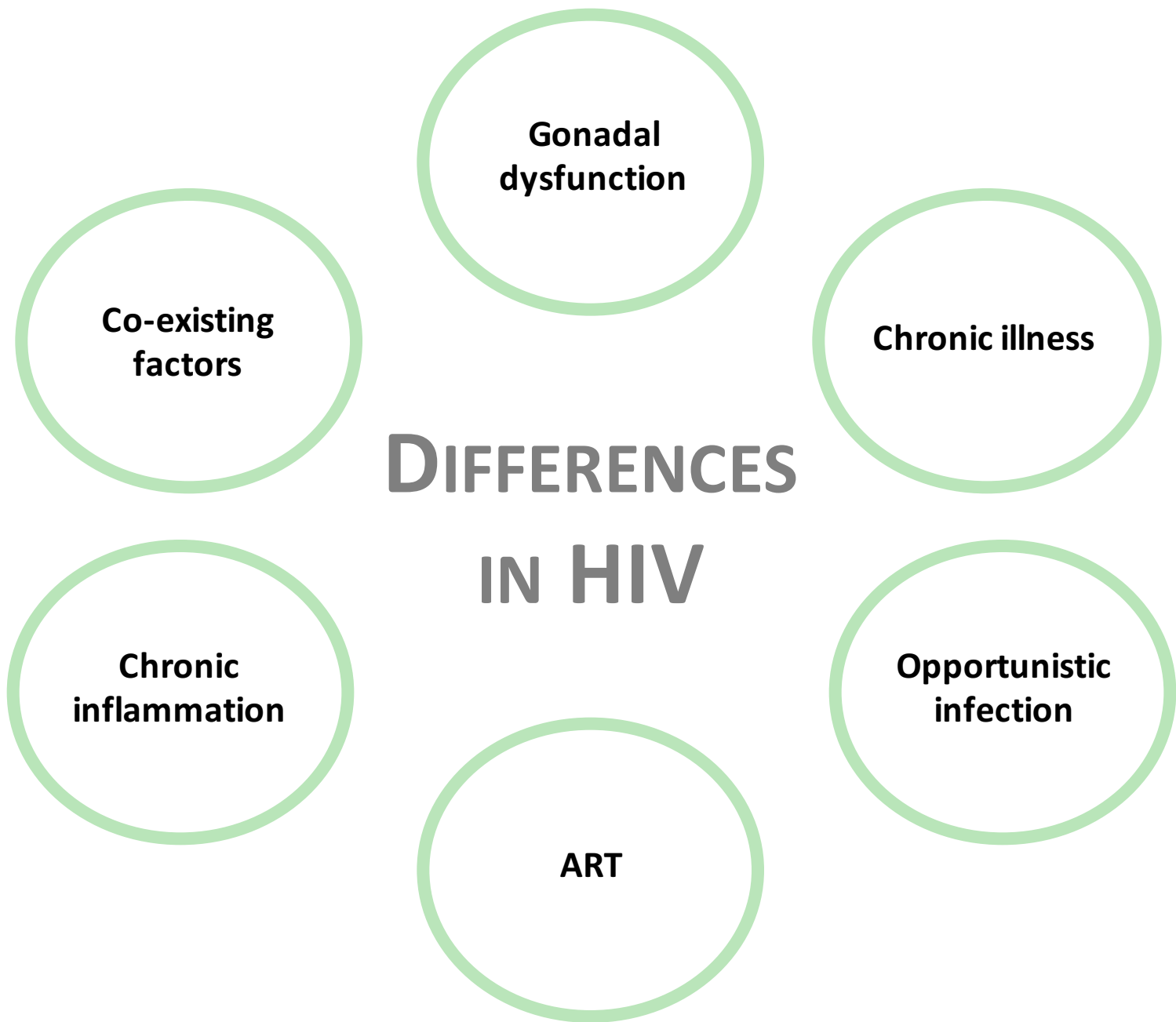
They may spend 10% of their lives with menopausal symptoms

HIV & THE MENOPAUSE

HIV AND THE MENOPAUSE



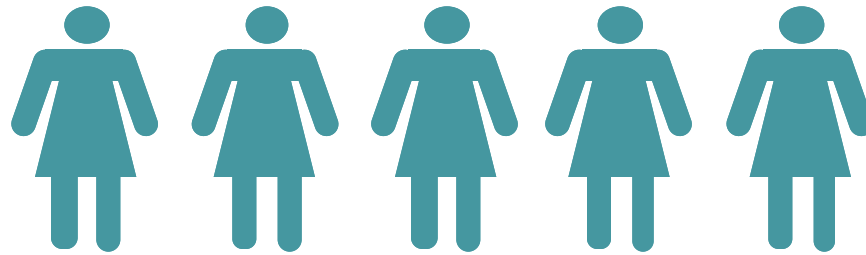
- Relatively under-researched
- US studies predominate
- Symptoms misattributed^{1,2}
- Use of HRT ~10%^{3,4}
- No robust data on current management or clinical need in UK





AGE AT MENOPAUSE

HIV-POSITIVE

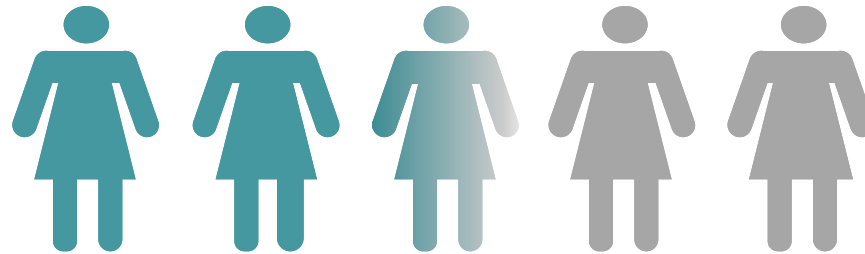


HIV-NEGATIVE



AGE AT MENOPAUSE

HIV-POSITIVE



HIV-NEGATIVE



Clark RA (2001); Fantry LE (2005); Schoenbaum EE (2005); De Pommerol M (2011);
Boonyanurak P (2012); Lui-Filho JF (2013); Willems N (2013)

AGE AT MENOPAUSE

HIV-POSITIVE
n=1063



AGE 47

HIV-NEGATIVE
n=272



AGE 48

Cejtin H (2004)

**African American
ethnicity**

**Current ART
use**

Drug use

**EARLIER
MENOPAUSE
IN HIV**

CDC Stage

Current CD4?

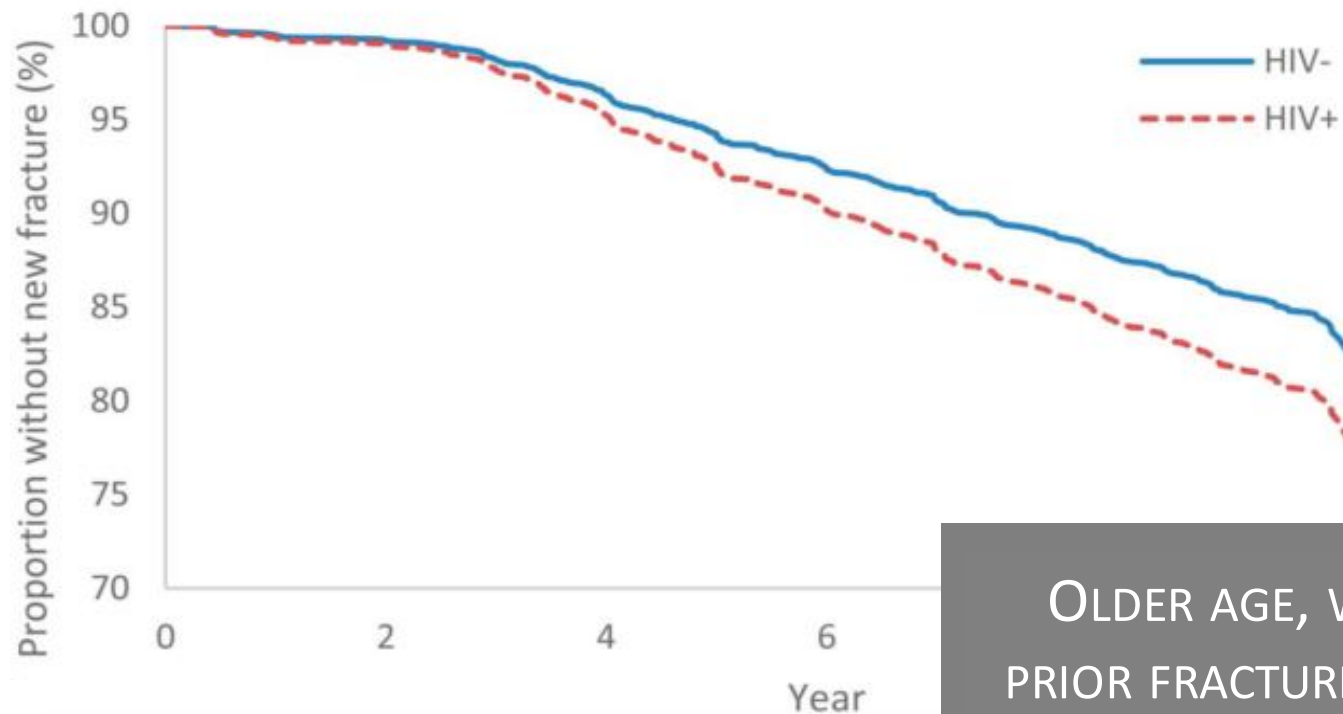
Current HIV VL

MENOPAUSAL SYMPTOMS



- Increased vasomotor symptoms^{1,2,3}
- Psychological symptoms^{3,4,5}
- No difference in cognition⁶
- No difference in sexual function^{7,8}

INCIDENCE OF NEW FRACTURES



OLDER AGE, WHITE RACE,
PRIOR FRACTURE, HISTORY OF
COCAINE OR IDU

IMMUNE FUNCTION & RESPONSE TO ART



- Oestrogen may inhibit HIV replication¹
- Oestrogen associated with increased CD4 T-cells²
- CD4 lower in post-menopausal women 3 years post-seroconversion ($p=0.09$)³
- No difference in immunological/virological response in ART-naïve women starting ART^{4,5}

Quality of life

**Engagement in
care**

**HEALTH AND
WELLBEING**

Adherence



Quality of life

Engagement in
care

Adherence

- Biological plausibility that menopause may be different in HIV
- May be associated with earlier menopause
- Possibly increased symptoms
- Likely increased complications e.g. osteoporosis
- Very little is known about impact on wellbeing

THE PRIME STUDY: POSITIVE TRANSITIONS THROUGH THE MENOPAUSE



PRIME Study



PRIME Study UCL
@Prime_UCL

The PRIME study (Positive Transitions through the MEnopause) is an NIHR-funded project looking at the menopause in women living with HIV in the UK.

UCL, London
ucl.ac.uk/prime-study

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PRIME Study UCL Retweeted

 **TerrenceHigginsTrust** @THTorguk · Oct 1

We're marking International Day of Older Persons with a special event for over 50s living with #HIV. Here's why.



There are now as many as 95,000 older people

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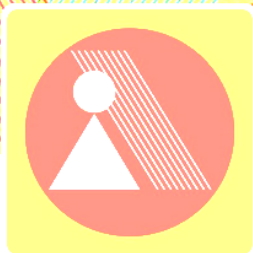
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THE PRIME STUDY: POSITIVE TRANSITIONS THROUGH THE MENOPAUSE



PRIME Study



PRIME Study UCL

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TerrenceHigginsTrust
We're marking International
for over 50s living with



1500 HIV+ WOMEN AGED 45-60
15 CENTRES ACROSS UK
QUESTIONNAIRES AND INTERVIEWS
LONGITUDINAL FOLLOW-UP

To explore the impact of the menopause on
HIV-positive women's wellbeing and
engagement with HIV care

MANAGEMENT

- Synthetic oestrogens +/- progestogen
- Large body of evidence that HRT reduces vasomotor and mood symptoms
- Improves quality of life
- Reduces risk of fragility fractures
- Oral vs. transdermal vs. topical
- Lowest effective dose for shortest duration possible

THE HRT CONTROVERSY: 2002



CARDIOVASCULAR DISEASE
BREAST CANCER
ENDOMETRIAL CANCER

BREAST CANCER RISK

	Relative risk of breast cancer	No. of extra (or less) cases/1000 over 5 years
No HRT	1	
Combined HRT	1.26	
Oestrogen-only HRT	0.73	
BMI>35	2	
≥ 2 units alcohol/day	1.5-2	

BREAST CANCER RISK

	Relative risk of breast cancer	No. of extra (or fewer) cases/1000 over 5 years
No HRT	1	0
Combined HRT	1.26	4
Oestrogen-only HRT	0.73	- 4
BMI>35	2.0	15
≥ 2 units alcohol/day	1.5 - 2	8 - 15

IF STARTING HRT <10 YEARS AFTER MENOPAUSE...



- Breast cancer 0
- Ovarian cancer + 1/1000
- Thrombosis + 5/1000
- Stroke + 4/1000
- Coronary artery disease - 8/1000
- Death - 6/1000

NICE GUIDELINES (Nov 2015)

- Discuss and inform
- Offer HRT:
 - menopause age <40
 - hysterectomy/oophorectomy
 - for symptoms (age <60)
 - transdermal if VTE risk
- Other options: lifestyle, SSRIs, CBT, lubricants, herbal



Menopause guidelines to be issued by doctors

1 June 2015 Last updated at 08:00 BST

Contra- indications

**Oestrogen
dependent
tumour**

**Undiagnosed
vaginal
bleeding/breast
lump**

**Active/recent
VTE**

**Acute liver
disease**

Pregnancy

Age >60

- Probably underused
- Drug interactions between HRT and ART
 - absence of data
 - ↓ oestrogen (PIs/NNRTIs)
 - ↑ progestogen exposure?
- Risk of CVD, VTE or malignancy in HIV?
- Improved outcomes e.g. osteoporosis, QoL, mood?

MANAGEMENT OF HIV+ WOMEN IN MIDLIFE



1. Ask

- menstrual history (clinical diagnosis)
- symptoms

2. Inform

- symptoms
- treatment options

3. Assess and address

- risk of comorbidity (CVD, osteoporosis, CIs to HRT)
- drug interactions

MANAGEMENT OF HIV+ WOMEN IN MIDLIFE



4. Advise

- lifestyle modification (exercise, alcohol, smoking)
- contraception
- breast and cervical screening

5. Offer support

6. Liaise with GP

- symptoms
- is patient interested in HRT?
- transdermal?

in partnership with...

The British Menopause Society

Norfolk & Norwich University Hospital

WELCOME

the leading site for tailored menopausal advice provided by experts

A unique opportunity for you to get menopausal advice from experts in post reproductive health that is specific to your needs.

We hope you find the 'Manage my Menopause' [questionnaire](#), 'MmM advice for you' lifestyle advice and the Manage my Menopause [handbook](#) useful.

Our aim is to highlight the changes you are going through at this time of your life, how these changes may impact on your long-term health and suggest small changes in your lifestyle. This should help to help manage your symptoms and reduce the risk of developing certain diseases in the future.

www.managemymenopause.co.uk

It would be good to hear this earlier, then we would start noticing it in our bodies. It would be a thing that we know. Not a kind of shock. I ran time after time to my doctor asking:

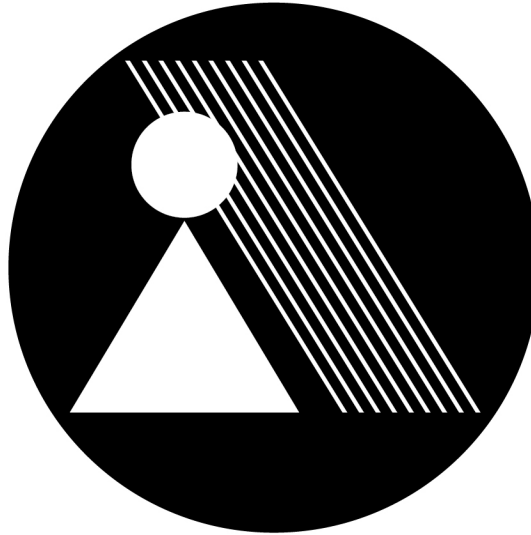
‘What is this? What is this?’

You don’t know what is happening to you.

Come and teach us. Tell us more.

CONCLUSIONS

- Increasing numbers of older women living with HIV
- Menopause can have physical and psychological consequences
- Under-recognised in HIV+ women
- Paucity of data on symptoms, morbidity and management
- Need for awareness and support



PRIME



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www.ucl.ac.uk/prime-study

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