

P097 Implementing a Menopausal service for WLWH

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BACKGROUND:

The 2017 BHIVA/ BASHH/FSRH Guidelines¹ for sexual and reproductive health recommend all WLWH between the ages 45–56 undergo a proactive assessment of menopausal symptoms and receive information on the menopause and Hormone Replacement Therapy (HRT)

METHODS:

- To identify this cohort a question on menopause symptoms was added to our annual review Pro Forma
- Suitable patients were referred to in-house Menopausal clinic
- Consultation as per NICE guidance² with explanation about nature of menopause, symptoms assessment, discussion on lifestyle changes and interventions that could help, benefits and risks of HRT and long term health implications of menopause
- Drug - drug interactions with ARVs discussed and switches⁵ undertaken
- Patient information leaflet⁴ (PIL) provided
- HRT prescribing undertaken by GP
- Outcome of discussions communicated to GP to facilitate HRT prescribing
- Patient feedback sought following consultation

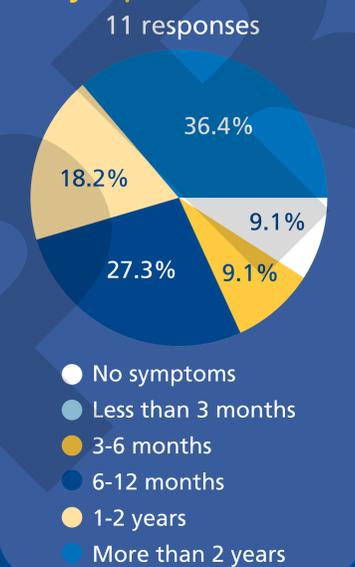
WHAT WE LEARNED:

- We found using an annual review Pro Forma useful in identifying this cohort
- A significant number (36%) of women suffered with menopausal symptoms for more than 2 years with potential negative impact on their health and well-being
- Following a menopause -focused consultation 76% made the decision to commence HRT
- We found HIV specific Menopausal information is welcomed by patients
- We were pleased that overall satisfaction with the menopausal service was high

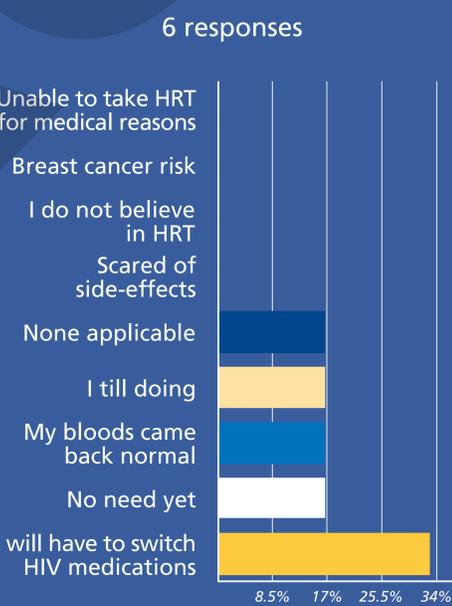
RESULTS:

- 58% Black Africa
- 26% White
- 16% did not say
- 66% were aged between 45-54 years old
- 36% of women had menopausal symptoms for over 2 years
- 76% made a decision to start HRT with majority of patients reporting symptom improvement
- 6 patients declined HRT
- 85% of women reported symptoms improvement

How long have you had menopausal symptoms for?



Why did you decide not to take HRT?



MORE RESULTS:

- Patient satisfaction with the service was high with 54% very satisfied and 36% satisfied
- 41% expressed interest in joining a peer support group with 57% favouring an on-line group.
- One patient stopped HRT because it was too expensive.

"I really liked the idea that a doctor explains everything about menopause and the benefits of taking HRT medication and also the possible side effects. This helps people to make an informed decision."

"is good service"

"I think the service is great"

"I've gained more knowledge in regards to menopause"

"Thanks"

"Excellent service by BWC"

MAJOR THEMES:

We agree with PRIME³ findings that HIV clinical services are well placed to assess need for further menopause related care and to manage HIV drug interactions to facilitate HRT.

We advocate joint management with GPs as per NICE guidance².

Patients have highlighted cost as an issue and HRT may be exempted from prescription charges in the near future.

The next step is to set up a peer support group.

MENOPAUSE AHEAD

REFERENCES:

- BHIVA/BASHH/FSRH guidelines for the sexual and reproductive health of people living with HIV infection 2008 :www.bhiva.org/SRH-guidelines-consultation.aspx
- NICE guideline NG23 Menopause : diagnosis and management updated 05 December 2019
- PRIME study (2018) Menopause in women living with HIV in England: findings from the PRIME Study.www.ucl.ac.uk/global-health/research/prime
- Sophia Forum (2020) A guide to Menopause for women living with HIV <https://sophiaforum.net/wp-content/uploads/2020/09/A-Guide-to-menopause-for-women-living-with-HIV-Sophia-Forum.pdf>
- Mammen-Tobin, A Switching Strategies for menopausal women living with HIV poster presented at 5th joint conference of BHIVA with BASHH 19-21 April 2021 DIGITAL



Acknowledgements to WLWH at BWC, it is a privilege to share the journey