Published on *The Well Project* (http://www.thewellproject.org)

Menopause and HIV [1]

Submitted on Aug 12, 2015

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What Is Menopause?

Menopause is a normal part of a woman's life. Often called "the change of life," it refers to that point in time when a woman's menstrual periods stop. Perimenopause is the time of transition leading up to a woman's final menstrual period; it involves a series of bodily changes that can last from one to several years. Once your body has completed these changes, and you have not had your period for 12 months in a row, you have passed through menopause.

Women usually experience menopause between the ages of 38 and 58; the average age is 51. There is some evidence that women living with HIV (HIV+) may experience menopause earlier. However, the symptoms of menopause appear to be the same for both women living with HIV and HIV-negative women.

The changes of menopause begin when your ovaries (female reproductive organs containing eggs) naturally begin to slow down the making of the female sex hormones [2], estrogen and progesterone. When you near menopause, estrogen levels drop. You stop having regular cycles and eventually you can no longer get pregnant.

*Click above to view or download this fact sheet as a **PDF slide presentation** [3]*

Symptoms and Conditions Related to Menopause

A woman can usually tell she is getting close to menopause because her periods start changing. During this time of perimenopause, hormone levels rise and fall unevenly, and you may experience symptoms such as:

- Increasingly irregular periods [4]:
  - Change in frequency (how often)
  - Change in duration (how long)
  - Change in amount (lighter or heavier)
- Hot flashes
- Night sweats
- Mood swings
- Depression [5]
- Irritability
- Vaginal dryness
- Forgetfulness
- Trouble sleeping
- Fatigue (extreme tiredness)
- Lack of sexual desire
- Skin changes including: thinner skin, wrinkling, and acne

Women living with HIV who experience sweats at night may be misdiagnosed as having menopause-related hot flashes, when in fact their sweats may be the result of HIV infection. Vaginal dryness can be mistaken for a yeast infection. It is important to keep track of your cycles and report any changes to your health care provider to avoid a wrong diagnosis or hormonal treatments that may not be necessary. For more information about menstrual problems and HIV, see The Well Project's article, Menstrual Changes [4].

Women living with HIV may experience changes in their menstrual cycles even if they are not going through menopause. Speak to your health care provider if you are having any of the symptoms described above to find out if they are related to HIV, menopause, or some combination. It may be helpful to have your hormone levels checked as well.

There are also some serious medical concerns that can develop after menopause, including:

- Osteoporosis (bone loss) [6]
- Cardiovascular (heart) disease [7]
- Urinary incontinence, including more frequent urination or involuntary loss of urine (leaking)

Hormone Replacement Therapy (HRT)

Many women want to replace the estrogen their body is no longer making because it relieves the symptoms of menopause. However, care must be taken in replacing estrogen. Taking estrogen without progesterone increases the risk of uterine cancer. If a woman has had her uterus (womb) removed, she can take estrogen by itself. This is called estrogen replacement therapy or ERT. Women who still have a uterus usually take a combination of estrogen and progesterone. This is called hormone replacement therapy (HRT).

Although HRT used to be regularly recommended to relieve menopausal symptoms and reduce bone loss, long-term use of HRT is now questionable. Research has shown that HRT can increase women's risk for breast cancer, heart disease, and stroke. HRT may be appropriate for a short time to relieve menopausal symptoms that do not respond to other therapies. Estrogen and progesterone are available in patches, creams, and vaginal rings; these may be an alternative to the pill form of HRT and may not carry the same risks.

To figure out if HRT is right for you, talk with your health care provider about all the risks and benefits. When deciding about HRT, it is important to tell your provider about any drugs or other treatments you are taking.

Sometimes, HIV drugs can reduce the effectiveness of hormones, including birth control [8] pills containing estrogen and progesterone. Estrogen can also cause lower levels of HIV drugs and put you at risk for a rising viral load [9] and HIV drug resistance [10]. Generally, however, women living with HIV and taking HIV drugs have good results using birth control pills and other hormonal contraceptives. See The Well Project's article on Hormones and HIV [2] for more information.

Alternative Treatments

There are other therapies available to treat menopausal symptoms. However, these may also have unwanted side effects or interact [11] with HIV drugs. Many complementary therapies are not regulated by the US Food and Drug Administration (FDA) and therefore are not held to the same requirements for evidence of effectiveness as standard therapies. If you choose alternative therapies it is *best to consult a skilled practitioner and let your regular health care provider know exactly what you are doing.*

Other treatments may include:

- Traditional Chinese Medicine (e.g., acupuncture, Chinese herbs)
- Herbal or botanical supplements (e.g., soy, red clover, dong quai, kava, ginseng)
- Antidepressant drugs and/or counseling
- Mindfulness training

Keeping Healthy after Menopause

Your risk of bone loss [6], bone fractures, heart disease [7], and other conditions goes up as you age. Women living with HIV may face a higher risk of these diseases if they are experiencing metabolic changes, such as high cholesterol and triglycerides [12], and glucose (sugar) related problems [13].

Things you can do to stay healthy after menopause:

- Eat a healthy diet (see The Well Project's article on nutrition [14])
- Have your bone health checked and ask your health care provider if you need specific treatment to prevent bone loss:
    - Calcium supplements (the U.S. Food and Drug Administration recommends that women under 50 take at least 1000 mg of calcium daily and that women over 50 take at least 1200 mg of calcium daily). Calcium supplements may interfere with certain HIV drugs, so it is important to speak to your health care provider before taking them.
    - Prescription drugs to prevent bone loss (e.g., Fosamax, Actonel, or Boniva)
- Have your vitamin D level checked and take supplements as instructed by your provider
- Quit or try to cut down on smoking [15]
- Use alcohol moderately (no more than one drink per day)
- Be physically active:
    - Do some aerobic, or cardiovascular activity for 30 minutes five times a week (e.g., brisk

walking) to prevent cardiovascular disease
    - Include muscle-strengthening activity two times a week to prevent bone loss (for more information, see The Well Project's article on physical activity [16])
- Have a mammogram every one to two years (experts differ on how often women should get a screening mammogram; talk with your health care provider to make the right choice for you)
- Continue to have a GYN exam [17] at least once a year with a cervical cancer screening test (for those who have a uterus)
- Remind your regular health care provider to check your cholesterol and triglycerides regularly

Taking Care of Yourself

Each woman experiences the transition or "change" of menopause differently. It is important to remember that menopause is a normal, natural process. Menopause may signal the end of your fertility, but it is not the end of your femininity or sexuality. Some women experience symptoms that are mild and tolerable. For others, the symptoms are so severe that they impact quality of life. Decisions about treatment options are yours to make. Discuss your concerns and questions with your health care provider. He or she can help you weigh the risks and benefits.

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- HIV aging [27]
- HIV women [28]
- HIV older women [29]
- HIV hormones [30]
- HIV menopause treatment [31]

Additional Resources

Select the links below for additional material related to menopause.
Go With the Flow (POZ) [32]
Aging and HIV [33]
Menopause: Time for a Change (National Institute on Aging) [34]
The North American Menopause Society [35]
Menopause (womenshealth.gov) [36]
Five Solutions for Menopause Symptoms (NAMS) [37]
Menopause and the risks and benefits of hormone therapy (CATIE) [38]
What is Perimenopause, Menopause, & Postmenopause? (Cleveland Clinic) [39]
Menopausal Symptoms and Complementary Health practices (NCCAM) [40]
Hormone Replacement Therapy: Is It Right for You? (Mayo Clinic) [41]

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[32] http://www.poz.com/articles/hiv_menopause_menstruation_2447_17995.shtml

[33] http://www.thewellproject.org/hiv-information/aging-and-hiv
[34] http://www.nia.nih.gov/health/publication/menopause-time-change/staying-healthy
[35] http://www.menopause.org/
[36] http://www.womenshealth.gov/menopause/index.html
[37] http://www.menopause.org/for-women/menopauseflashes/menopause-symptoms-and-treatments/five-solutions-for-menopause-symptoms
[38] http://www.catie.ca/en/treatmentupdate/treatmentupdate-189/bone-health/menopause-and-risks-and-benefits-hormone-therapy
[39] http://my.clevelandclinic.org/disorders/menopause/hic-what-is-perimenopause-menopause-postmenopause.aspx
[40] http://nccam.nih.gov/health/menopause/menopausesymptoms
[41] http://www.mayoclinic.org/diseases-conditions/menopause/in-depth/hormone-therapy/art-20046372