Menopause and HIV

Submitted on Sep 6, 2018
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 have stopped. Perimenopause is the time of transition leading up to a woman's final menstrual period; it involves a series of bodily changes that can take 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 than HIV-negative women. There is also some evidence that the symptoms of menopause may be more intense for women living with HIV, but there is no definitive proof of this.

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

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, hormone levels rise and fall unevenly, and she may experience symptoms such as:

- Increasingly irregular periods:
  - Change in frequency (how often)
  - Change in duration (how long)
  - Change in amount (lighter or heavier)
- Hot flashes (suddenly feeling very hot without a good reason)
- Night sweats (sweating a lot at night)
- Mood swings
- Depression
- Irritability
- Vaginal dryness (the vagina is drier than usual, even during sex)
- Forgetfulness
- Trouble sleeping
- Fatigue (extreme tiredness)
- Lack of sexual desire
- Skin changes, including: thinner skin, wrinkling, and acne

Health care providers may think that women living with HIV who experience sweats at night have menopause-related hot flashes, when in fact their sweats may be caused by HIV. 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. This helps avoid a wrong diagnosis or hormonal treatments that may not be necessary. For more information about menstrual problems and HIV, see our fact sheet on Menstrual Changes.

Women living with HIV may experience changes in their menstrual cycles even if they are not going through menopause. Talk 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, some combination of the two, or another condition. 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)**
- **Cardiovascular (heart) disease**
- **Urinary incontinence, including more frequent urination or involuntary loss of urine**

**Hormone Replacement Therapy (HRT)**

Many women want to replace the estrogen that their body is no longer making because such a replacement relieves the symptoms of menopause. However, 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 questioned. 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 cannot be relieved with other treatments. 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 of the risks and benefits. Make sure your health care provider knows about any prescription medications,
street drugs, over-the-counter medications, alternative therapies, or other treatments you are taking before you decide whether to take HRT.

Sometimes, HIV drugs can reduce the effectiveness of hormones, including birth control pills that contain estrogen and progesterone. Estrogen can also cause lower levels of HIV drugs and put you at risk for a rising viral load and HIV drug resistance. Generally, however, women living with HIV and taking HIV drugs find that birth control pills and other hormonal contraceptives work well. See our fact sheet on Hormones and HIV for more information.

**Alternative Treatments**

There are other therapies available to treat menopausal symptoms. However, these may also have unwanted side effects or interact with HIV drugs. Many complementary therapies are not regulated by the US Food and Drug Administration (FDA) and therefore do not need to prove that they are effective in the same way as standard (conventional) 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)
- Eating foods that contain plant-based estrogens (also called phytoestrogens; e.g., soy, flax seeds)
- Herbal or botanical supplements (e.g., red clover, dong quai, kava, ginseng)
- Antidepressant drugs and/or counseling
- Mindfulness training

**Keeping Healthy After Menopause**

Your risk of bone loss, bone fractures (broken bones), heart disease, and other conditions goes up (increases) 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, and glucose-related problems.

Things you can do to stay healthy after menopause:

- Eat a healthy diet (see our fact sheet on nutrition)
- Have your bone health checked and ask your health care provider if you need specific treatment to prevent bone loss:
  - Calcium supplements (the US Food and Drug Administration recommends that women who are less than 50 years old take at least 1000 mg of calcium daily and that women over 50 take at least 1200 mg of calcium daily). Calcium supplements may make it harder for your body to absorb 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
- 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 our fact sheet on physical activity [19])
• Have a mammogram every one or 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 pelvic exam [20] with a cervical cancer screening test (for those who
  have a uterus) as often as recommended by your provider
• Remind your health care provider to check your cholesterol and triglyceride levels
  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 (ability to get pregnant), but it is not the end of your femininity or sexuality [21].

Some women experience symptoms that are mild and tolerable. For others, the symptoms are

so bad that they affect their quality of life. You are the person who should decide about

treatment options. Discuss your concerns and questions with your health care provider. He or

she can help you weigh the risks and benefits of each option.

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Additional Resources

Select the links below for additional material related to menopause.
Menopause (Office on Women’s Health) [36]
The North American Menopause Society [37]
Factsheet Menopause and HIV (aidsmap) [38]
Five Solutions for Menopause Symptoms (The North American Menopause Society) [39]
Menopause and the Risks and Benefits of Hormone Therapy (CATIE)
Menopause, Perimenopause, and Postmenopause (Cleveland Clinic)
Menopausal Symptoms: In Depth (National Center for Complementary and Integrative Health)
Hormone Replacement Therapy: Is It Right for You? (Mayo Clinic)
Go with the Flow (POZ)
Soy for Menopause: A Natural Menopausal Remedy (Consumer Health Digest)

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