

This educational event is supported by unrestricted medical education grants from



HIV and the menopause (medical perspective)

Emily Clarke

Liverpool University Hospitals NHS Foundation Trust

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Consultant in genitourinary medicine and HIV clinical lead
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@dremilyrclarke



emily.clarke@liverpoolft.nhs.uk

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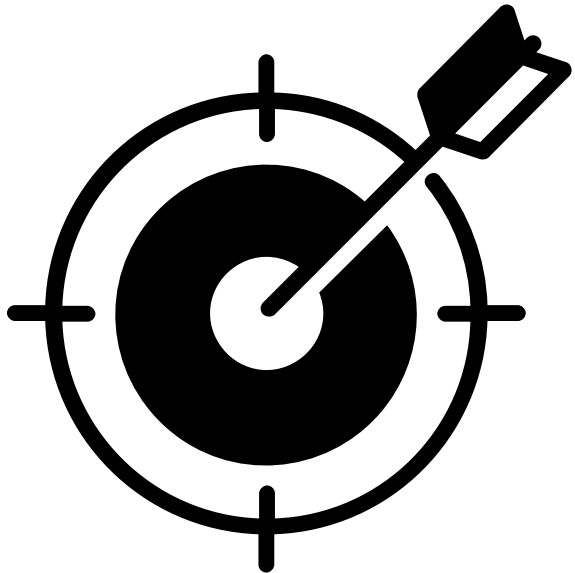
emily.clarke@liverpoolft.nhs.uk

Conflict of interest

In the last 36 months I have given talks supported by Gilead and ViiV and been on a ViiV advisory panel. I am PI on trials funded by GSK. I hold research grants from the NIHR and BHIVA. I have committee roles with BASHH, BHIVA and NICE.



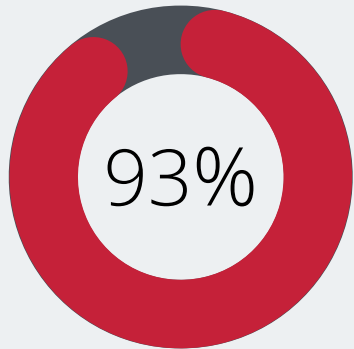
Objectives



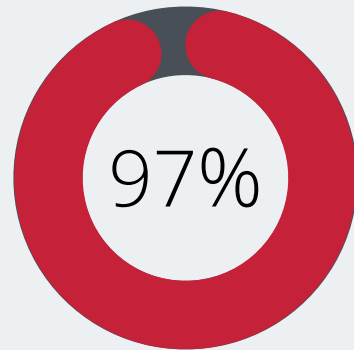
- 1 Overview
- 2 Symptoms
- 3 Co-morbidities
- 4 Menopause Hormone Therapy
- 5 Support

UNAIDS 90:90:90:90 for UK women

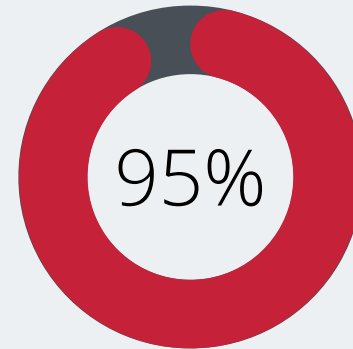
Diagnosed



On treatment



Virologically suppressed



Good health related QoL



Definitions

Menopause

Permanent cessation of menstruation due to loss of ovarian follicular activity

Diagnosis

Retrospective after 1 year amenorrhoea for which no other obvious cause is present

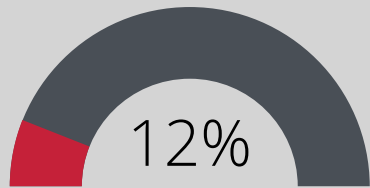
Perimenopause

Clinical, biological & endocrinological features of approaching menopause

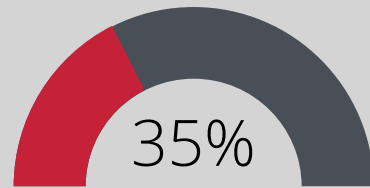


Mean age of menopause in UK is 51 years

Premature
ovarian
insufficiency
(<40 years)



Early
menopause
(40-45 years)



Increased

Cardiovascular
disease

Dementia

Menopausal
symptoms

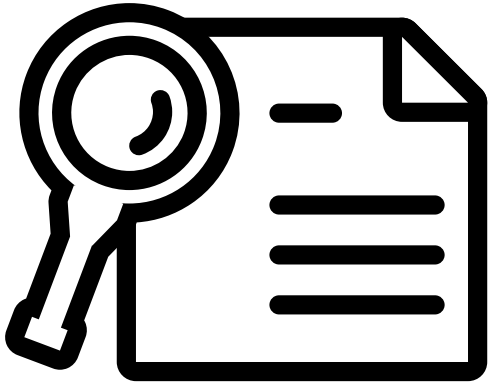
Decreased

Fertility

Bone mineral
density

Life
expectancy

Diagnosing menopause

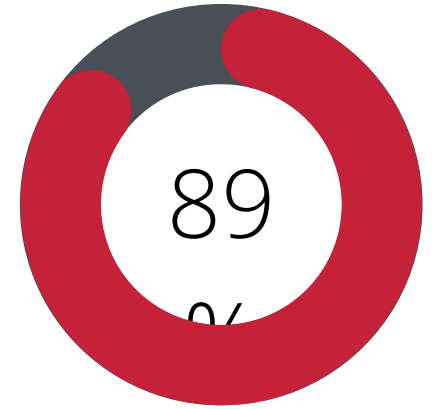


BHIVA: annual assessment
of menstrual cycle

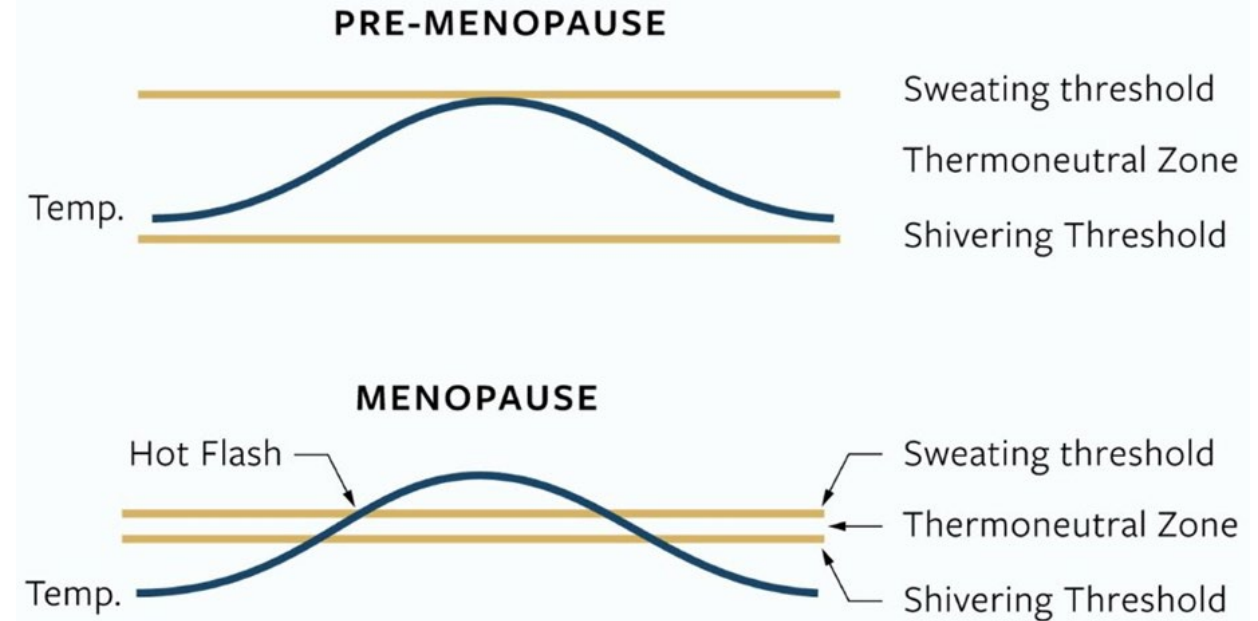
>45 years: symptoms

<45 years: consider FSH

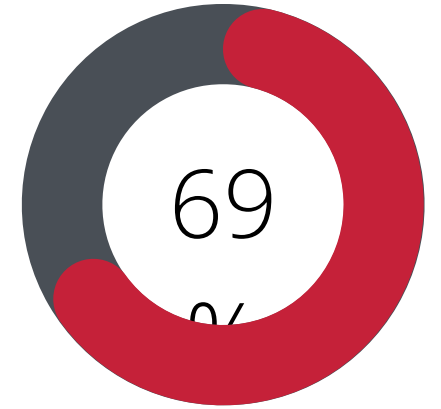
Somatic symptoms



- Hot flushes
- Night sweats
- Arthralgia
- Sleeping problems



Genitourinary symptoms

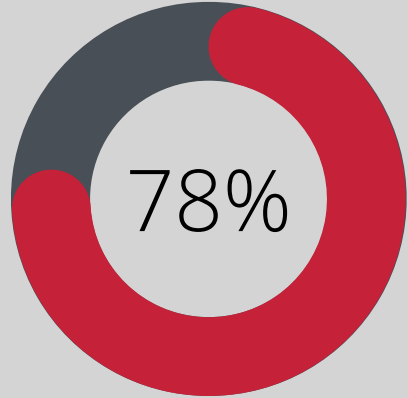


Genitourinary
syndrome of
menopause

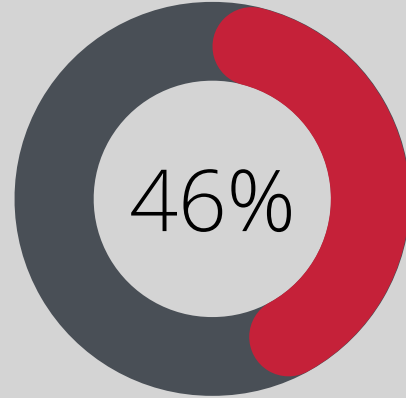
Sexual
dysfunction

Psychological symptoms

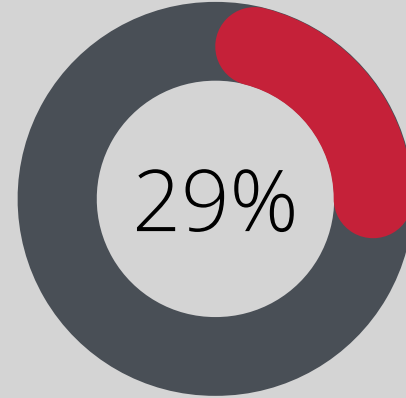
Overall



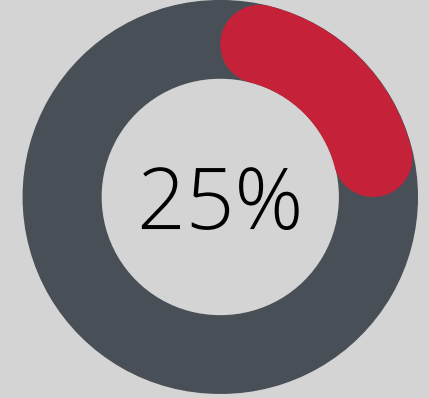
Distress



Anxiety



Depression



Asking questions

Proactive assessment of menopausal symptoms on women aged >45

- Hot flushes
- Sweats
- Sleep disturbance
- GU symptoms
- Mood changes

Menopause Rating Scale (MRS)

Which of the following symptoms apply to you at this time? Please, mark the appropriate box for each symptom. For symptoms that do not apply, please mark 'none'.

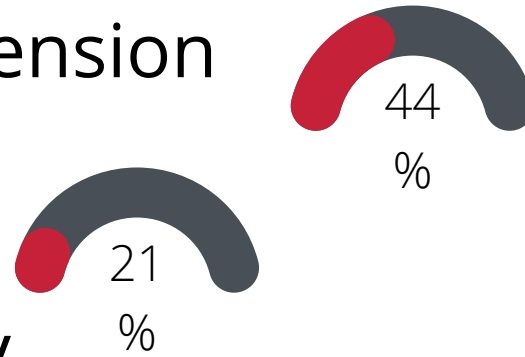
Symptoms:

	none	mild	moderate	severe	very severe
	I	I	I	I	I
Score =	0	1	2	3	4
1. Hot flushes, sweating (episodes of sweating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sleep problems (difficulty in falling asleep, difficulty in sleeping through, waking up early)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Irritability (feeling nervous, inner tension, feeling aggressive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Anxiety (inner restlessness, feeling panicky)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sexual problems (change in sexual desire, in sexual activity and satisfaction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Joint and muscular discomfort (pain in the joints, rheumatoid complaints)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

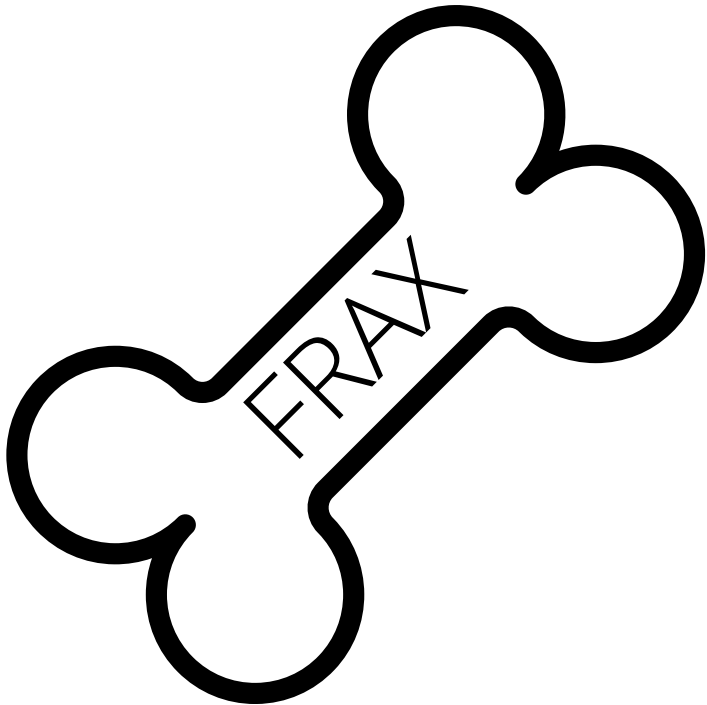
Doubling of risk of
cardiovascular disease
post menopause



- Smoking
- Hypertension
- Lipids
- Obesity
- Diabetes
- Excess alcohol
- Metabolic syndrome



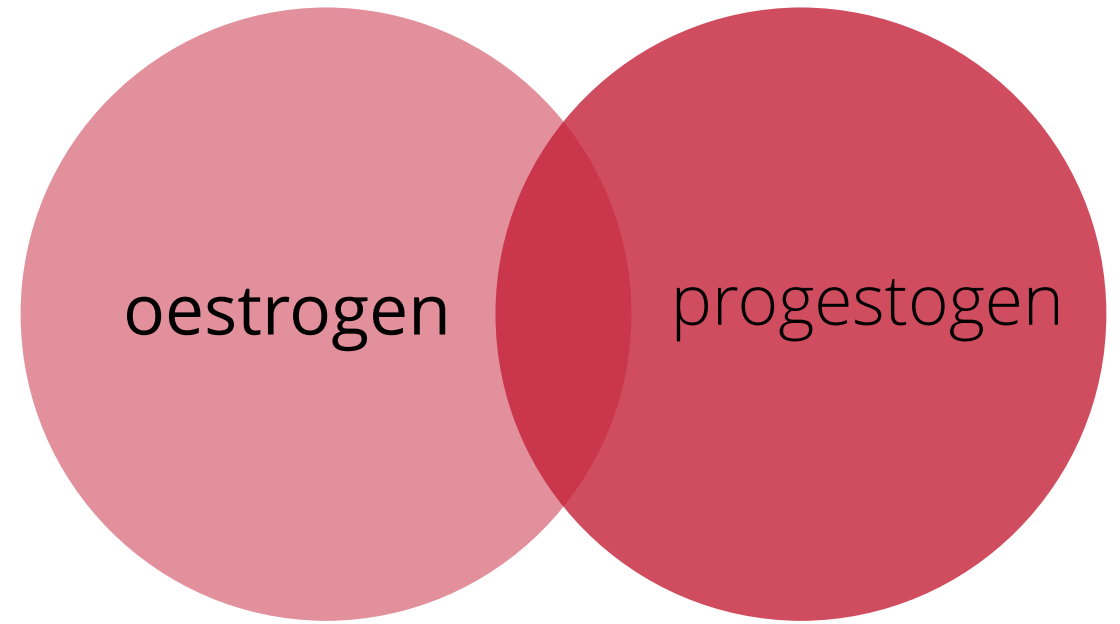
Osteoporosis prevalence 7-84%



- ART including TDF
- Smoking and alcohol
- Low BMI
- Chronic disease
- Vitamin D deficiency
- Steroid use
- Caucasian

“

MHT is the most clinically and cost effective treatment for menopausal symptoms



- Topical patch
- Topical gel
- Oral
- Mirena IUS
- (Implant)

DDIs

- Transdermal +/- IUS
- Alter ART
- FHS monitoring
- ?increased risks

	NRTI Un-boosted InI RPV DOR CAB	PI/r	InI/c PI/c	EFV ETV NVP
Oestrogen	↔	↓	↑	↓
Progestogen	↔	↑	↑	↓



Difference in breast cancer incidence per 1,000 women aged 50-59.
Approximate number of women developing breast cancer over the next five years.

NICE Guideline, Menopause:
Diagnosis and management
November 2015

Breast cancer risk

23 cases of breast cancer diagnosed in the UK general population



An additional four cases in women on combined hormone replacement therapy (HRT)



Four fewer cases in women on oestrogen only Hormone Replacement Therapy (HRT)



An additional four cases in women on combined hormonal contraceptives (the pill)



An additional five cases in women who drink 2 or more units of alcohol per day



Three additional cases in women who are current smokers



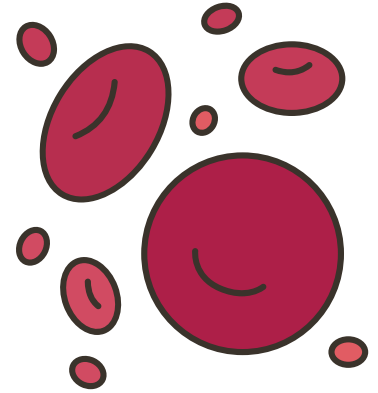
An additional 24 cases in women who are overweight or obese (BMI equal or greater than 30)



Seven fewer cases in women who take at least 2½ hours moderate exercise per week



VTE and stroke risk



Transdermal
oestrogen

Vaginal
oestrogen

Micronised
progesterone

IUS

“

MHT commenced within 10 years of menopause decreased CVD by 50% & decreased overall mortality without increasing stroke or VTE risk

Neutral CV effect regardless of age and timing of starting MHT

Alternatives to MHT

Lifestyle

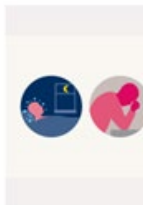
Clonidine

Psychological

Alternative
remedies

Key points

- The menopause is a natural part of each woman's ageing process.
- Knowing what symptoms to expect during the menopause can help you deal with the experience.
- Hormone replacement therapy (HRT) can help if symptoms interfere with your daily life.



The menopause is a natural part of ageing that usually happens between the ages of 45 and 55. Periods usually become less frequent over a few months or years, before they stop altogether.

The menopause is caused by a change in the balance of the body's sex hormones as you get older. The female reproductive organs called ovaries produce hormone called oestrogen and no longer release an egg every month. After this, you are no longer able to get pregnant naturally.

Every woman experiences the menopause differently, but most women will have symptoms. Some women have severe symptoms that can have a significant impact on their everyday life. Common symptoms include hot flushes, night sweats, joint aches, muscle pain, vaginal dryness, mood changes and a lack of interest in sex.

'Perimenopause' refers to the time of change leading up to your last menstrual period. To be precise, the menopause begins after you have had your last period.

In the UK, the average age for a woman to reach menopause is between 50 and 51. Some women experience the menopause earlier or later. Some women reach menopause before the age of 40 – this is known as premature ovarian insufficiency. Often, there's no clear cause for this.

In addition, some medical treatments and procedures can cause menopause. This includes chemotherapy and radiotherapy to treat cancer, as well as surgery to remove the ovaries.



The menopause

'The change', 'the climacteric', 'the time of life' – call it what you will, it is an unavoidable fact that all women go through the menopause. However, for many women this natural process is a time of anxiety and distress due to the various symptoms that can accompany it. Some menopausal changes can also be brought about by treatments for cancer, including chemotherapy, ovarian ablation and hormone therapy. Whatever their cause, this fact sheet aims to explain just what these changes are, and what you can do to make things easier.

What is the menopause?
The menopause refers to that time in every woman's life when her periods stop and her ovaries lose their reproductive function. Usually, this occurs between the ages of 45 and 55. In the UK, the average age is 51. In a few exceptional cases, women may become menopausal in their 30s, or even younger. This is then known as a premature menopause, or premature ovarian insufficiency.

The menopause is influenced by hormones – or more correctly, by a change in hormone levels. During a woman's fertile years, her ability to produce an egg each month is associated with the release of three reproductive hormones (oestrogen, progesterone and androgen), that are referred to collectively as oestrogen. Oestrogen is mainly produced by the ovaries, though small amounts are also made by the adrenal glands and by the placenta of a pregnant woman.

Oestrogen, which stimulates female characteristics at puberty and controls a woman's reproductive cycle (the development and release of an egg each month, ovulation) for implantation in the uterus (womb), and the way in which the lining of the womb thickens to accept a fertilised egg. The monthly period happens because no implantation has taken place – there is no pregnancy – and the lining of the womb is shed.

WOMEN'S HEALTH CONCERN FACT SHEET

As women get older, their store of eggs in the ovary decreases and their ability diminishes. At this time, less can be produced, causing the body to differently. However, the body of producing oestrogen overnight can even take several years, but symptoms arise gradually. This is called the 'perimenopause'.

At around the age of 50-55 your cycle stops completely – so no more periods and no more eggs is the menopause.

What happens and how does it feel?
For some women this loss of egg ability may be deeply felt, and the menopause is a personal experience. However, it is not a medical condition. However, a release of oestrogen from the ovary can advance into their 40s if there is a symptom which can be distressing and needs medical attention.

Hot flushes are the most common symptom of the menopause, occurring in 70-80% of menopausal women. Other common symptoms include night sweats, sleeplessness, dryness, irritability, mood swings, changes in the hair, changes in the skin, changes in the breasts, changes in the bladder and urinary tract, changes in the heart and a reduced interest in sex.

All the common symptoms of the menopause are associated with a decrease in production of oestrogen. Oestrogen affects many parts of the body, including the brain, causing changes in mood and the skin, influencing its thickness.

Once the ovaries have ceased to produce oestrogen, other changes take place, such as changes in the skin, changes in the hair, changes in the breasts, changes in the bladder and urinary tract, changes in the heart and a reduced interest in sex.

Menopause matters

Summer 2018



THE DAISY NETWORK

Premature Ovarian Insufficiency (POI) Support Group

We provide support, information and a friendly network of people for women with POI

www.daisynetwork.org.uk

The Daisy Network,
PO BOX 71432,
London SW6 9HJ

info@daisynetwork.org.uk

Registered Charity Number 1077930





Management of menopause should be
in primary care wherever possible,
with close liaison with HIV services

Pathways with specialist menopause services
should be established for complex cases

Summary



- 1 Menopause is important
- 2 Symptoms impact on QoL
- 3 Assess for co-morbidities
- 4 MHT can help some women
- 5 Work with patients and GPs

Thank you!

Dr Emily Clarke

Consultant in genitourinary medicine and HIV clinical lead
Liverpool University Hospitals NHS Foundation Trust

 @dremilyrclarke

 emily.clarke@liverpoolft.nhs.uk