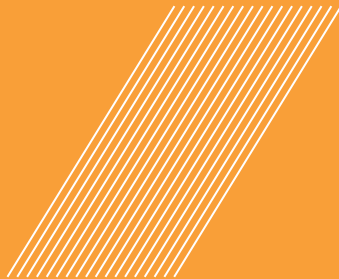
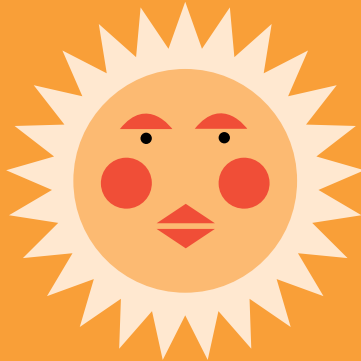
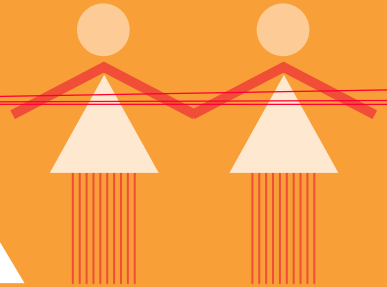
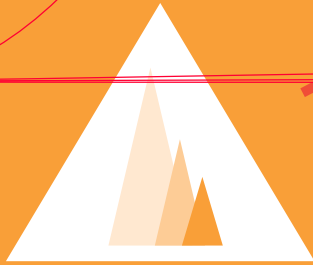




PRIME

Menopause in women living with HIV in England: findings from the PRIME Study

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MAY 2018

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Key messages

In 2016, 10,350 women living with HIV aged between 45 and 56 (potentially

Background to the PRIME study

Over the past two decades, HIV medication (known as antiretroviral therapy,

Design of the PRIME Study

in three phases:

Phase 1

Working with the HIV peer support charity Positively UK, we conducted three focus group discussions with women living with aged 45 and over. A total of 24 women attended one of the focus groups in June-August 2015. The aim was to gain some initial understanding ; 24; C 9 1: ; <- A?1 - 1/@ women living with HIV so we could better design the rest of our work. In Phase 1 we also conducted a survey of menopause management in HIV among GPs.

Phase 3

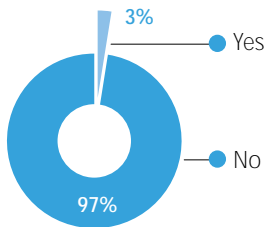
We conducted interviews with 20 women who completed questionnaires in Phase 2. These qualitative interviews have allowed us to explore how women living with HIV experience the menopause, in more depth. They also gave women the opportunity to tell us if there was anything we had missed out in our research.

Phase 2

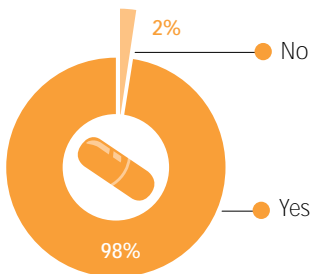
We recruited women living with HIV aged between 45 and 60 from 21 HIV clinics across England (including six outside London). Women did not have to have gone through the menopause to take part.

They were invited to /; 9 <8@ - /; : 01: 88-- <1> questionnaire with questions about their general health, HIV history, menstrual cycle, menopausal symptoms, management of menopausal symptoms, and sexual function.

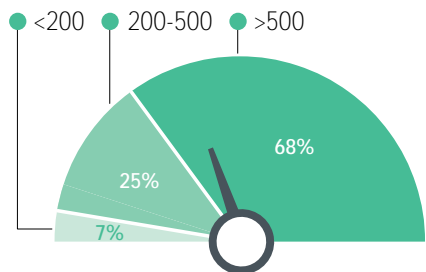
Recreational drug use in past 3 months



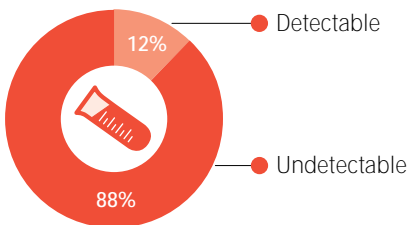
On antiretroviral therapy



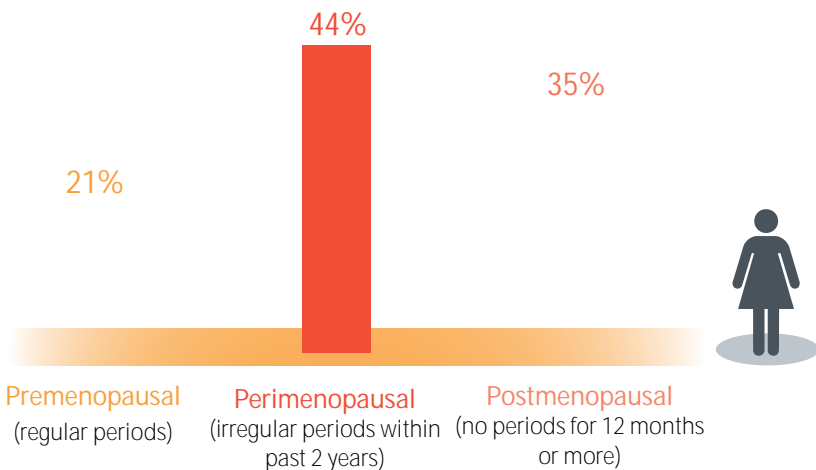
Last CD4 count (cells/mm3)



Last HIV viral load



41.9% (n=17) were on ART; 5.1% (n=2) were not on ART; 1.5% (n=1) were on ART but had a detectable viral load; 8.7% (n=4) were on ART but had a CD4 count <200 cells/mm3; 31.3% (n=15) were not on ART.



Findings: Menopausal symptoms in women living with HIV

Prevalence of menopausal symptoms

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>18 @0@ 9 1: ; <-A?1) 105510@1?1 ?E9 <@9?5 @ @>110, 9-5?

Somatic: 4: @ A?41?

palpitations, joint and muscle discomfort, sleep disturbance

Urogenital: vaginal dryness, urinary tract symptoms, sexual problems

Psychological: depression, anxiety, irritability, exhaustion

Symptoms in all three domains were common in all PRIME study participants,

. A@C1>1 9 ; >1 571@ . 1 >1< ; >@10. E <1>5 -: 0< ; ?@9 1: ; <-A?- 8C ; 9 1:

The most commonly reported symptoms were somatic, with nearly 90% of all

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Somatic

Urogenital

Psychological

Women faced particular challenges in recognising symptoms as a result of also

85 3C 54 / ff 01?/>5 5 305 5A8?5 05@ 3A545 39 1: ; <-A?- 8?E9 <@9?

2; 9 / ff >18 @0?E9 <@9? ; >?51 1 1/@ ; 2' \$&³

2. Tariq S, Rolland A, Burns F, Sabin CA, Gilson R. Menopausal status and symptoms in women living with HIV in the UK: results from the PRIME Study. 9th IAS Conference on HIV Science: 23-26 July, Paris 2017.

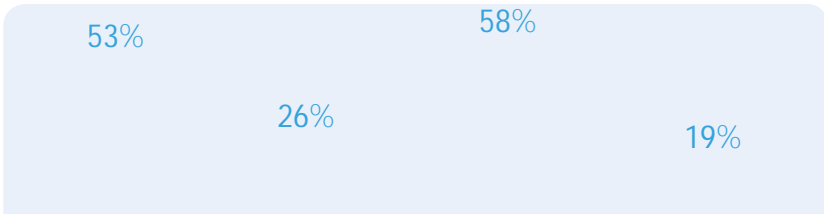
2 / i >13 >\$1-0fi "1@5@ "1@1@5% " A>? " i 5 : ' % . 5 ' & -5-% + A >1?A 1>5 3- 8@1?1 @45 3? - : 0E: A 711 < 3' 5 3 backwards and forwards": experiences of the menopause among women living with HIV in the United Kingdom. 21st International AIDS Conference (AIDS 2016): Durban, South Africa 2016.

~A>@1>9; >1 ?; 9 1 01?/>5 10 @1 05 5/A85?; 24- B5 3@ 9 -: - 31 9 1: ; <- A? - 8
?E9 <@ 9 ? 5 @1 /; : @1 @, 28 B5 3C 54 - 8: 3 @ > 9 /; : 055: 4



Psychological distress and menopausal symptoms

Nearly half of all PRIME Study participants (46%) were categorised as having psychological distress⁵; 29% screened positive for anxiety and 25% screened < ; ? 5 5 1 2 > 01 < > 1 ?? 5 : ~ 3 > 1 - @ > < > < ; > @ : ; 2C ; 9 1: C 5 4 1 5 4 1 > ? ; 9 - @ ; > urogenital menopausal symptoms had psychological distress, compared to @ ; ? 1 C 5 4 ; A @ ? E 9 < @ 9 ? 6



Sexual function

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0 > E : 1 ?? / 4 - : 31 ? 5 . ; O E ? 4 - < 1 - : 0 / - : 9 < - / @ ; C C ; 9 1 : ? 1 1 @ 1 9 ? 1 8 1 ?
& 41 ? 1 @ 4 5 3 ? / - : - 8 8 - 0 @ 0 1 / 5 1 ? 5 ? 1 DA - 8 2 A : / @ : 5 / 8 A 0 5 3 ? 1 DA - 8 0 1 ? 5 1



4. Ibid.

%; : 5 3 5 @ 1 B - 8 - @ 0 . 8 2 - @ : @ 1 - 8 4 # A 1 ? @ : : - 5 1 "/ #

6. Tariq S, Burns F, Rolland A, Sabin C, Sherr L, Gilson R. Menopausal symptoms are associated with psychological distress in HIV+ women. 8th International Workshop on HIV & Women: 2-3 March; Boston, USA 2018.

We compared data on sexual function from sexually active PRIME Study participants⁷ C 54 O - @ 2; 9 ? 5 3 > E - 310 / f(: 13 - @ B 1 C ; 9 1 : C 4 ; @ ; 7 < - > @ 5 ; > 5 ? > 0 ž - @ : - 8 % A > B 1 E ; 2 % 1 D A - 8 @ @ A 0 1 ? - : 0 f 5 1 ? @ B ? ž - @ - 8 ⁸

Sexual problems were common in both groups of women aged between 45 and . A @ 9 ; > 1 / ; 9 9 ; : 5 @ ; ? 1 3 5 3 C 5 4 / f(⁹

69% Women living with HIV > 1 < ; > @ 0 ? 1 D A - 8 < > . 8 9 8 ? @ 3 9 ; : @ ? 5 @ 1 < - ? @ E 1 - >

54% Women without HIV > 1 < ; > @ 0 ? 1 D A - 8 < > . 8 9 8 ? @ 3 9 ; : @ ? 5 @ 1 < - ? @ E 1 - >

The most commonly reported sexual problem in women living with HIV was - 8 / 7 ; 2 5 @ > 1 ? @ 5 ? 1 D f i A ? @

; B 1 > - = A - > @ > ; 2 ' \$ f ž . % @ O E participants described having vaginal O > E : 1 ? ?) ; 9 1 : 3 5 3 C 5 4 / f(C 1 > ? 3 : 5 / - : @ 9 ; > 1 5 7 1 8 @ 4 - B 1 ; B 1 > 8 8 C ? 1 D A - 8 A : / @ : @ - / f(: 1 3 - @ B 1 C ; 9 1 : / ; C 1 B 1 > @ 1 E C 1 > 1 - 8 ; 9 ; > 1

likely to seek help for sexual problems than women without HIV, likely a result of @ 1 5 - 9 ; > 1 2 = A 1 : @ / ; : @ / @ C 5 4 4 1 - 8 4 / - > 1 < > B 5 1 ? - : 0 ? 1 D A - 8 4 1 - 8 4 ? 1 - B 5 1 ?



30% Women living with HIV had sought help 2 ; 9 ? ; A > 1 2 > ? 1 D A - 8 < > . 8 9 ?

17% Women without HIV had sought help 2 ; 9 ? ; A > 1 2 > ? 1 D A - 8 < > . 8 9 ?

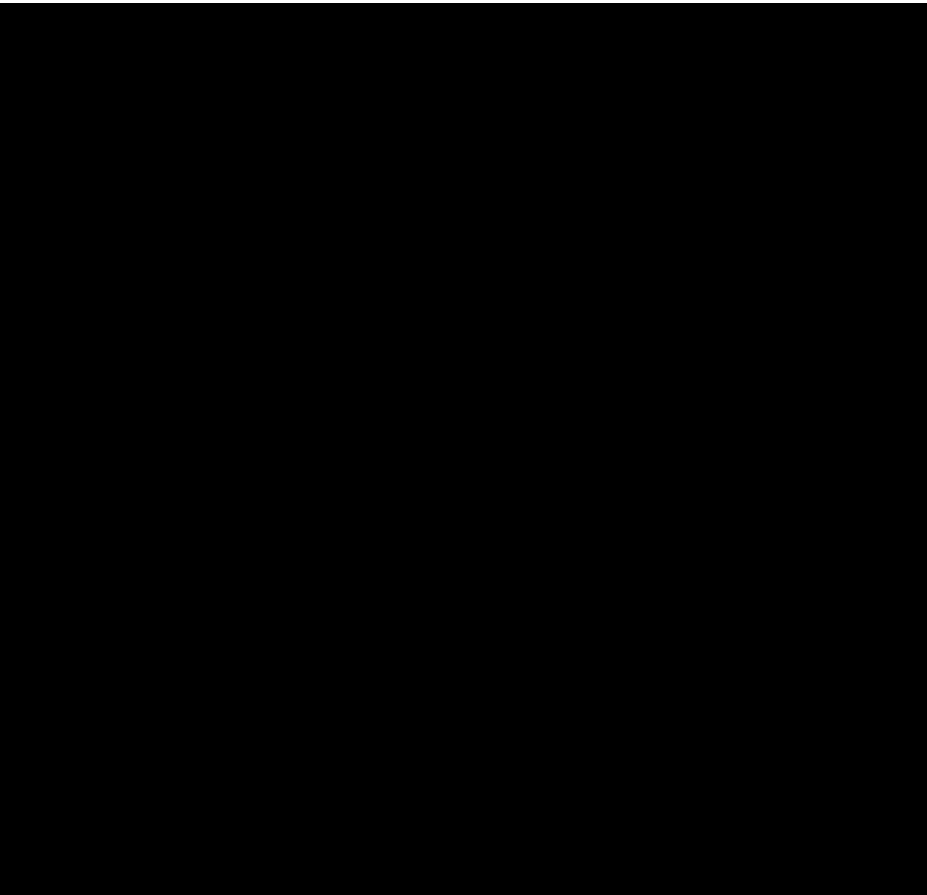
7. The tool we used to measure sexual function is only validated in sexually active women.

8. <http://www.natsal.ac.uk/about.aspx>

9. Toorabally N, Mercer CH, Mitchell KR, Burns F, Gilson R, Sabin C, Tariq S. Association of HIV status with sexual function in women aged 45-60. Conference on Retroviruses and Opportunistic Infections (CROI); March 4-7; Boston, USA 2018.

Findings: Managing menopausal symptoms

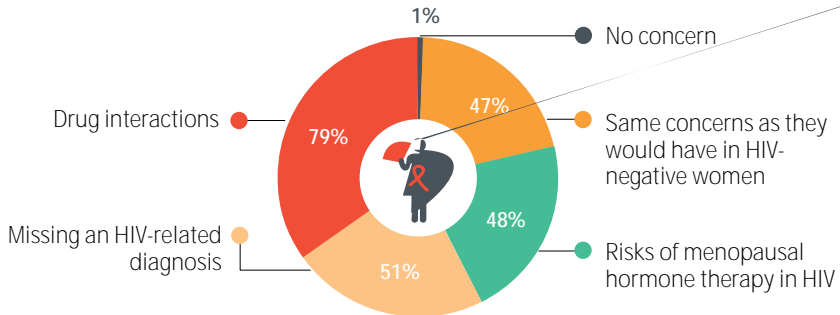
) ; 9 1: 5 @ 1 " \$ f z . ? @ O E > 1 < ; > @ O . 1 5 3 A: 0 1 > < > 1 < - > 1 0 2 > 9 1 ; ; < - A ? 1
& 4 5 C - ? 1 ? < 1 / 5 8 E @ 1 / - ? 1 2 > C ; 9 1: 2 ; 9 ? A . % 4 - > : ~ 2 5 - :
/ ; 9 9 A: 5 8 ? C 4 1 > 1 @ 1 ? A . 6 / @ 2 < 1 > 5 0 ? - : 0 9 1 ; ; < - A ? 1 C 1 > 1 ; 1 : ? 1 1:
- ? @ . ; ; ¹⁰



use

2 ; 9 1: !

GP concerns about managing menopause in women living with HIV



Treatment of menopausal symptoms

menopausal hormone therapy (MHT, previously known as hormone

Common approaches for managing menopausal symptoms

Menopausal hormone therapy

- Vaginal oestrogen creams, tablets or rings for vaginal symptoms

Non-hormonal medication

- Topical vaginal lubricants and moisturisers for vaginal symptoms

Behavioural and lifestyle measures

- Exercise including yoga
- Reducing alcohol intake
- Stopping smoking

Psychological

- Psychological support

We found that the use of MHT and vaginal oestrogens were low in women
C1 ?A>B1E10¹²

However, it is important to note that not all women living with HIV wanted
to take these treatments, with some describing the importance of avoiding
A>@1>9 105- @: 5 - 005@: @ @15~ \$&

What do women want?

As previously discussed, many women felt they did not have enough
information about the menopause, leaving them unprepared for the changes
@1E 1D<1>@: /10 f@5 @1>2 >1 A: ?A>>55 3@-@C; 9 1: 45484@0@1
5 <; @: /1; 2-//1??5 39 1; <-A?1 >18@05 2 >9 -@: 9 -: E 215 3@5
C-?. 1?@ //1??10C 545 / f(?1>B51?

Another key insight from PRIME Study participants is the potentially
5 <; @: @> 8 ; 2<11>?A<<; >@A>5 3@1 9 1; ; <-A?1 @: ?5@: Z -: E
C; 9 1: 4-01D<1>@: /10@1. 1: 1 @; 2<11>?A<<; >@-@<>1B5 A?<; 5 @ 5

