

HIV and Menopause

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Menopause is often called “the change of life.” It is the time when a woman’s menstrual periods permanently stop. Menopause occurs when the ovaries naturally begin decreasing their production of the sex hormones estrogen and progesterone. A woman can usually tell she is approaching menopause because her periods start changing. This time is called “perimenopause.”

During perimenopause the levels of hormones fluctuate leading to irregular menstrual patterns and hot flashes (a sudden warm feeling with blushing). Other changes associated with perimenopause and menopause include night sweats, mood swings, depression, irritability, vaginal dryness, fluctuations in sexual desire, forgetfulness, trouble sleeping and fatigue. There are also some serious medical concerns related to menopause, such as osteoporosis (bone weakness), coronary artery (heart) disease and decreased cognition (difficulty thinking clearly).

Women usually experience menopause between the ages of 38-58, with most women entering menopause around the age of 51. There is some evidence that HIV+ women may experience menopause earlier. However, the symptoms of menopause appear to be the same for HIV+ and HIV- women alike.

There is a great deal of controversy around the care of menopausal and perimenopausal women in the general population. The biggest controversy exists around estrogen replacement therapy (ERT).

In the 1990’s clinical studies showed benefits of ERT that included longer life, prevention of osteoporosis, improved cardiovascular (heart) health, decreased dementia (mental confusion) and decreased menopausal symptoms (such as hot flashes, vaginal dryness, depression

and irritability). There are also warnings about ERT that include increased risk of breast cancer, blood clots and problems with bloating and weight gain.

In 2002, some studies suggested that the risk of ERT may outweigh the benefits. This information *is not new*, but many physicians are re-evaluating women already on ERT to see if the *individual* benefit to the patient is appropriate. Some physicians and patients are discontinuing ERT or decreasing the dose or frequency of dosing. Many physicians are continuing to prescribe ERT as usual. It is important that each woman discuss her individual symptoms and medical history with her doctor to determine if ERT is appropriate in her case.

ERT is not for all menopausal women. Some women should not be prescribed ERT. If you have a history of blood clots or breast cancer, ERT could be of risk to you. Women must continue screening for breast cancer while on ERT and be evaluated for uterine abnormalities.

If there is controversy around ERT in HIV- women, there is little or no data on the use of ERT in HIV+ women. But since many HIV+ women are living longer thanks to the development of better anti-HIV drugs, they are able to think about issues unrelated to HIV, such as aging.

Some HIV+ women may choose ERT to treat symptoms of menopause. There are additional benefits of ERT for HIV+ women including weight gain, which is important for women who have struggled to maintain a healthy weight. Improved vaginal lubrication may also be helpful to women who use condoms for safer sex by making intercourse more comfortable. For women with mild depression who are reluctant to take an antidepressant, ERT may help.

For a woman on anti-HIV drugs,

lipodystrophy (abnormal fatty deposit) and high lipid (fat) levels in the blood can be of concern. It is important for each woman to exercise, eat a healthy low-fat diet and work with her doctor while taking anti-HIV drugs and ERT.


If you are taking anti-HIV drugs and ERT, you need an experienced healthcare provider who can follow you and your symptoms as well as your laboratory values. Inform your physician of any problems that could be related to ERT or the anti-HIV drugs.

Positive Action for Menopause:

- Positive attitude
- Gyn exam at least once a year
- Mammogram at least once a year
- Exercise daily
- Healthy low-fat diet
- Diet low in refined sugar and starch
- Lean protein
- Fresh fruits and vegetables
- Plenty of water
- If you take ERT, take one ERT pill every day
- Partnership for good health with your physician

Go to the Doctor if you have:

- Vaginal bleeding
- Severe leg/chest/head pain
- Increased urination or thirst
- A new lump
- Abdominal pain or swelling
- Yellowness of the eyes

For more info on menopause treatments, go to www.menopause-online.com. 

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