Preparing Women with HIV for Menopausal Transition

Oral Abstract Presentation

Christina Joosten
Counsellor
University Hospital, Ghent, Belgium
Counselling HIV+ people: History in 2 big jumps

1. Counselling young people on how to cope with a fatal disease
2. Chronic disease: ageing, co-morbidities, therapy compliance are big issues

HIV+ man  HIV+ woman
Menopause
Menopause facts

- No more follicles grow into mature egg cells
- Ovaries stop producing oestrogen
- Monthly cycles and menstruation stop
- WHEN is menopause starting?
  Just after the last menstruation

BUT
Pre-Menopause facts

• Several years before menopause, due to fluctuating female reproductive hormones there are early signs:
  • Migraine
  • Hot flashes
  • Night sweats
  • Irregular unpredictable menstruation
  • Mood swings
  • Problems with memory and cognitive functioning
  • Depression and anxiety
Menopause facts

• Protective effect of oestrogen ceases:
  • Stress resistance decreases
  • Skin, hair, nails lose flexibility
  • Body shape alters, body fat tends to accumulate in the belly region
  • Atrophy of the vaginal and urinary tract: infections, incontinence, changing body smell, painful intercourse
  • Decline in libido
  • Risk for Cardio Vascular Disease rises sharply
  • Bone Mineral Density decreases
  • Impact on mental health
Menopause for the HIV+ woman

- More frequent and more serious hot flashes and night sweats (= sleep deprivation)
- Co-morbidities ask for special attention
- Early menopausal Bone loss + medication induced bone loss ask for prevention and attentive follow up
- Mental issues + problems with memory + sleep disturbances can hamper activities in daily life and therapy compliance
- Changed self perception / self esteem can change relational and sexual functioning
How can we help these women cope?

• Be attentive to early signs
• Inform: Menopause is a natural ageing fase, not an HIV-symptom
• Most of the symptoms disappear within 2 years after menopause
• If possible: go for lifestyle adaptations and patience
• If necessary: go for Hormone Replacement Therapy
Lifestyle adaptations

- Stop smoking
- Stop drinking alcohol
- Avoid extra stress
- Eat more vegetables, legumes, fruit
- Eat less carbohydrates
- Walk daily
- BMI under 20 is an extra risk for osteoporosis
- Wear cotton at night
- Communicate with your partner
Eat less
Move more
Repeat
Dear colleagues,

Inform yourself,
Ask your patients

Thank you