



Published on The Well Project (<https://www.thewellproject.org>)
<https://www.thewellproject.org/hiv-information/menstrual-changes>

Menstrual Changes

Submitted on May 6, 2024

Image



©Shutterstock.com/9nong

Table of Contents

- [HIV and Menstrual Problems](#)
- [How Does HIV Cause Menstrual Problems?](#)
- [Finding the Cause of Menstrual Problems](#)
- [What Else Can Cause Menstrual Problems?](#)
- [Dealing with Menstrual Problems](#)
- [Taking Care of Yourself](#)

HIV and Menstrual Problems

Many women living with HIV who get their periods experience menstrual changes (changes in their monthly bleeding). It is important to discuss any changes with your healthcare provider.

These changes may include:

- Irregular periods:
 - Different frequency (how often)
 - Different duration (how long)
 - Different amount (lighter or heavier)

- Missed periods
- No period for more than 90 days (amenorrhea)
- Spotting (spots of blood between periods)

Studies have found that menstrual irregularities (changes to your menstrual cycle) are **less** common if you have a high [CD4 cell](#) count and are taking HIV drugs. Menstrual irregularities are **more** common if you have a low CD4 cell count or high [viral load](#) or are significantly below your ideal body weight.

Research has shown that women with more advanced HIV disease (CD4 counts below 200) are more likely to have irregular menstrual cycles.

How Does HIV Cause Menstrual Problems?

We are not sure exactly how HIV affects women's menstrual cycles. However, we do know that, as HIV gets worse, changes in your [immune system](#) can affect the way your body makes and maintains levels of different hormones, including testosterone, estrogen, and progesterone. Changes in the amount of the sex hormones estrogen or progesterone could result in a number of menstrual changes for women living with HIV.

Research has shown that women with more advanced HIV disease (CD4 counts below 200) are more likely to have irregular menstrual cycles. Women with signs of advanced HIV — such as wasting and loss of body fat, or with [anemia](#) and [nutritional problems](#) — may also experience menstrual changes because these conditions affect the hormones that control the menstrual cycle. It is important to know that the same issues also affect the menstrual cycles of women who are HIV-negative. For example, women with very low body fat (e.g., elite athletes), women with chronic illnesses not related to HIV, and women with low iron (one cause of anemia) are more likely to have irregular periods or no periods at all.

Finding the Cause of Menstrual Problems

If you miss two or more periods in a row, have heavy bleeding, or have bleeding between periods, see your GYN care provider.

Because there are many possible reasons for menstrual changes, it is very important to have regular check-ups with your sexual and reproductive healthcare provider (often known as a "gynecologist" or "GYN") and to discuss any changes to your menstrual cycle. For more information about GYN care, see our fact sheet [Gynecologic Care and HIV: What to Expect and Preparing for Appointments](#).

If you miss two or more periods in a row (and are not pregnant), have heavy bleeding, or have bleeding between periods, see your GYN care provider for a pelvic examination, a test for cervical cancer, and blood tests. These blood tests may check your [red blood cell and platelet counts](#) as well as your estrogen and progesterone levels. They will likely test for pregnancy and common [sexually transmitted infections](#) (such as [chlamydia](#)) that can affect your reproductive system. Your healthcare provider may also use additional tests such as ultrasound (sonography) to check for causes of irregular periods.

Possible causes for irregular periods include:

- Ovarian cysts
- Uterine fibroids
- [Pregnancy](#)
- [Opportunistic infections](#)

- Unwanted weight loss
- [Pre-menopause or menopause](#)
- Polycystic ovary syndrome, or PCOS

What Else Can Cause Menstrual Problems?

- **Pelvic inflammatory disease (PID):** Untreated infections in your vagina (birth canal) or cervix (entrance to the womb) can sometimes lead to heavy bleeding, bleeding between periods, or bleeding after sex. This type of bleeding may signal a complication like PID, which can threaten your health and ability to get pregnant in the future.
- **Cervical dysplasia or cervical cancer:** Bleeding after having vaginal sex (and not being on your period at the same time) or bleeding between periods (spotting) may be signs of cervical dysplasia or cervical cancer. Cervical dysplasia refers to abnormal cells that can become cancerous; therefore, these cells are often called pre-cancerous.

Because women living with HIV are more likely to acquire [human papillomavirus \(HPV\)](#), which can cause [cervical cancer](#), it is especially important that women living with HIV be regularly tested for cervical cancer, although such testing is recommended for all women. Cervical cancer takes years to develop. Often women who have cervical cancer - and who have not had a Pap test, VIA test (Visual Inspection with Acetic Acid), or DNA test looking for HPV - do not know they have cancer until it is quite advanced. This is why getting a test done regularly is so

Using recreational or street drugs can lead to missed periods or periods that stop altogether. Sometimes the drug directly affects the hormones that regulate periods, and sometimes drug use can lead to stress, poor nutrition, and severe weight loss, all of which can cause missed periods. Street drugs and prescription medicines that may cause menstrual changes include:

- Heroin
- [Methadone](#)
- Other opioids (including prescription painkillers such as OxyContin, Percocet, Vicodin, Percodan, and Demerol)
- Amphetamines (meth, speed; also includes prescription drugs such as Adderall and Ritalin)
- Marijuana (more than several joints a day)
- Cocaine??????

Some medicines may cause irregular periods:

- Reglan (metoclopramide)
- Tricyclic antidepressants (Elavil or Tofranil)
- Antipsychotics (Mellaril, Compazine and Thorazine)
- Atypical antipsychotics (Clozaril, Zyprexa, Risperidone, Invega)

Some [birth control](#) methods can cause irregular periods, initial heavy bleeding, or eventual loss of periods

- Depo-Provera injection
- Birth control pills containing only progestin, no estrogen
- Intrauterine devices (IUDs) containing levonorgestrel (e.g., Mirena, Skyla, Liletta)
- Paragard IUD ("Copper T")
- Implanon and Nexplanon, implants containing only progestin

Dealing with Menstrual Problems

When dealing with menstrual problems, your provider will likely:

Diagnose and monitor any underlying infections, cervical problems, or cysts
Address any nutritional problems (e.g., low iron), anemia, or unexplained weight loss
Review all the drugs, [vitamins, and supplements](#) you are taking (including drugs for HIV and HIV-related conditions, street drugs, and birth control pills)
Suggest hormonal contraceptives such as [birth control pills](#) to restore balance to your hormones and regulate menstrual cycles; however, it is important to know that some hormonal contraceptives [interact](#) with HIV drugs
Discuss any non-prescription remedies for menstrual symptoms that you may be taking, like herbs or dietary supplements. It is important that you be careful with any herb or food that has estrogen-like qualities, such as soy, which may contribute to menstrual irregularities. Common supplements taken for menstrual problems include:

- Omega-3 fatty acids: For menstrual cramps, bloating, swollen breasts, and mood changes
- Magnesium: For cramps and irritability
- Vitamin B complex or calcium: For bloating
- Vitamin E: For hot flashes or swollen breasts

Talk to you about your sleep and [physical activity](#) – getting enough of each can help keep your periods regular. Your provider may also suggest some [alternative therapies](#) such as acupuncture and/or yoga to provide relief from pre-menstrual symptoms.

Taking Care of Yourself

Even though menstrual problems are common, suffering with them is not a normal part of living with HIV. In most cases, it is possible to find the cause of your symptoms and to treat or manage the problem. Try to keep track of the start/end dates of your periods each month. It is important to get regular gynecological exams as part of your routine healthcare, and to report any changes in your menstrual cycle to your health care provider.

Additional Resources

Select the links below for additional material related to menstrual changes.

- [Menstrual Health and HIV \(aidsmap\)](#)
- [Menstrual Changes \(CATIE\)](#)
- [HIV and Women's Health: HIV and the Menstrual Cycle \(womenshealth.gov\)](#)
- [Menstruation \(Terrence Higgins Trust\)](#)
- [HIV and Problems with Your Periods \(Healthgrades\)](#)
- [Here's How Drugs and Alcohol Really Affect Your Period \(and the Research Is Fas...](#)
- [Your Menstrual Cycle \(US Office on Women's Health\)](#)
- [Does HIV affect your period? We got your answers! \(Positive Peers\)](#)
- [HIV+ Menstrual Health \(Positive Life Northern Ireland, PDF\)](#)

