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Menopause and HIV

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What Is Menopause?

Menopause is a normal part of a woman's life. Often called "the change of life," it refers to that point in time when a woman's menstrual periods have stopped. Perimenopause is the time of transition leading up to a woman's final menstrual period; it involves a series of bodily changes that can take from one to several years. Once your body has completed these changes, and you have not had your period for 12 months in a row, you have passed through menopause.

Women usually experience menopause between the ages of 38 and 58; the average age is 51. There is some evidence that women living with HIV may experience menopause earlier than HIV-negative women. There is also some evidence that the symptoms of menopause may be more intense for women living with HIV, but there is no definitive proof of this.

The changes of menopause begin when your ovaries (female reproductive organs containing eggs) naturally begin to slow down production of the female sex [hormones](#), estrogen and progesterone. When you near menopause, estrogen levels drop. You stop having regular cycles and eventually you can no longer get pregnant.

Click above to view or download this fact sheet as a [PDF slide presentation](#)

Symptoms and Conditions Related to Menopause

A woman can usually tell she is getting close to menopause because her periods start changing. During this time, hormone levels rise and fall unevenly, and she may experience symptoms such as:

- [Increasingly irregular periods:](#)
 - Change in frequency (how often)
 - Change in duration (how long)
 - Change in amount (lighter or heavier)
- Hot flashes (suddenly feeling very hot without a good reason)
- Night sweats (sweating a lot at night)
- Mood swings
- [Depression](#)
- Irritability
- Vaginal dryness (the vagina is drier than usual, even during sex)
- Forgetfulness
- Trouble sleeping

- Fatigue (extreme tiredness)
- Lack of sexual desire
- Skin changes, including thinner skin, wrinkling, and acne

Health care providers may think that women living with HIV who experience sweats at night have menopause-related hot flashes, when in fact their sweats may be caused by HIV. Vaginal dryness can be mistaken for a [yeast infection](#). It is important to keep track of your cycles and report any changes to your health care provider. This helps avoid an incorrect diagnosis or hormonal treatments that may not be necessary. For more information about menstrual problems and HIV, see our fact sheet on [Menstrual Changes](#).

Women living with HIV may experience changes in their menstrual cycles even if they are not going through menopause. Talk to your health care provider if you are having any of the symptoms described above to find out if they are related to HIV, menopause, some combination of the two, or another condition. It may be helpful to have your hormone levels checked as well.

There are also some serious medical concerns that can develop after menopause, including:

- [Osteoporosis \(bone loss\)](#)
- [Cardiovascular \(heart\) disease](#)
- Urinary incontinence, including more frequent peeing or involuntary loss of urine (leaking)

[Image](#)

Conference Highlights



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[The Well Project's Gina Brown, RSW, summarizes a session on menopause and HIV from a major HIV research meeting in 2021. Read the summary.](#)

Hormone Replacement Therapy (HRT)

Many women want to replace the estrogen that their body is no longer making because such a replacement relieves the symptoms of menopause. However, taking estrogen without progesterone increases the risk of uterine cancer (cancer of the womb). If a woman has had her uterus (womb) removed, she can take estrogen by itself. This is called estrogen replacement therapy or ERT. Women who still have a uterus usually take a combination of estrogen and progesterone. This is called hormone replacement therapy (HRT).

Although HRT used to be regularly recommended to relieve menopausal symptoms and reduce bone loss, long-term use of HRT is now questioned. Research has shown that HRT can increase women's risk for breast cancer, heart disease, and stroke. HRT may be appropriate for a short time to relieve menopausal symptoms that cannot be relieved with other treatments. Estrogen and progesterone are available in patches, creams, and vaginal rings; these may be an alternative to the pill form of HRT and may not carry the same risks.

To figure out if HRT is right for you, talk with your health care provider about all risks and benefits. Make sure your provider knows about any prescription medications, street drugs, over-the-counter medications, alternative therapies, or other treatments you are taking, as well as whether you smoke cigarettes, before you decide whether to take HRT.

Sometimes, HIV drugs can reduce the effectiveness of hormones, including [birth control](#) pills that contain estrogen and progesterone. Estrogen can also cause lower levels of HIV drugs and put you at risk for a rising [viral load](#) and HIV [drug resistance](#). Generally, however, women living with HIV and taking HIV drugs find that birth control pills and other hormonal contraceptives work well. See our fact sheet on [Hormones and HIV](#) for more information.

Alternative Treatments

There are other therapies available to treat menopausal symptoms. However, these may also have unwanted side effects or [interact](#) with HIV drugs. Many [complementary therapies](#) are not regulated by the US Food and Drug Administration (FDA) and therefore do not need to prove that they are effective in the same way as standard (conventional) therapies. **If you choose alternative therapies, it is best to consult a skilled practitioner and let your regular health care provider know exactly what you are doing.**

Other treatments may include:

- Traditional Chinese Medicine (e.g., acupuncture, Chinese herbs)
- Eating foods that contain plant-based estrogens (also called phytoestrogens; e.g., soy, flax seeds)
- Herbal or botanical supplements (e.g., black cohosh, red clover, dong quai, kava, ginseng)
- Antidepressant drugs and/or counseling
- Mindfulness training

Keeping Healthy After Menopause

Your risk of [bone loss](#), bone fractures (broken bones), [heart disease](#), and other conditions increases [as you age](#). Women living with HIV may face a higher risk of these diseases if they are experiencing

metabolic changes, such as [high cholesterol and triglycerides](#), and [glucose \(sugar\)-related problems](#).

Things you can do to stay healthy after menopause:

- Eat a healthy diet (see our fact sheet on [nutrition](#)) and maintain a healthy weight
- Have your bone health checked and ask your health care provider if you need specific treatment to prevent bone loss:
 - Calcium supplements (the US Food and Drug Administration recommends that women who are less than 50 years old take at least 1000 mg of calcium daily and that women over 50 take at least 1200 mg of calcium daily). Calcium supplements may make it harder for your body to absorb (soak up) certain HIV drugs, so it is important to speak to your health care provider before taking them.
 - Prescription drugs to prevent bone loss (e.g., Fosamax, Actonel, or Boniva)
- Have your vitamin D level checked and take supplements as instructed by your provider
- Quit or cut down on [smoking](#)
- Quit drinking or use alcohol moderately (no more than one drink per day)
- Be physically active:
 - Do some aerobic, or cardiovascular, activity for 30 minutes five times a week (e.g., brisk walking) to prevent cardiovascular disease
 - Include muscle-strengthening activity two times a week to prevent bone loss (for more information, see our fact sheet on [physical activity](#))
- Have a mammogram (breast x-ray) every one or two years (experts differ on how often women should get a screening mammogram; talk with your health care provider to make the right choice for you)
- Continue to have a [pelvic exam](#) with a cervical cancer screening test (for those who have a uterus) as often as recommended by your provider
- Have your cholesterol and triglyceride levels checked regularly
- Have a screening test for colon cancer as recommended by your provider

Taking Care of Yourself

Each woman experiences the transition or "change" of menopause differently. It is important to remember that menopause is a normal, natural process. Menopause may signal the end of your fertility (ability to get pregnant), but it is not the end of your femininity or [sexuality](#). Some women experience symptoms that are mild and tolerable. For others, the symptoms are so bad that they affect their quality of life. You are the person who should decide about treatment options. Discuss your concerns and questions with your health care provider. He or she can help you weigh the risks and benefits of each option.

Additional Resources

Select the links below for additional material related to menopause.

- [Menopause \(Office on Women's Health\)](#)
- [Menopause and Women Living With HIV \(Positive Women Victoria, Australia; includ...](#)
- [Menopause and HIV \(aidsmap\)](#)
- [Five Solutions for Menopause Symptoms \(The North American Menopause Society\)](#)
- [Hell in a Hot Flash? Facts and Perspectives on Menopause and HIV \(Positively Aw...](#)
- [Menopause \(Terrence Higgins Trust, United Kingdom\)](#)
- [Women Living With HIV and Menopause: Bridging the Data Gap \(Contagion Live\)](#)
- [Postmenopause \(Cleveland Clinic\)](#)
- [Menopausal Symptoms: In Depth \(National Center for Complementary and Integrativ...](#)
- [Hormone Therapy: Is It Right for You? \(Mayo Clinic\)](#)

- [Plant-Based Diet Rich in Soy Reduces Troubling Menopause Symptoms by 84% \(News ...](#)
- [Can Menopause Cause Insomnia? \(HealthLine\)](#)
- [Menopause and Insomnia \(SleepAdvisor\)](#)
- [Clinicians Aren't Talking to Women With HIV About Menopause \(POZ\)](#)
- [A Guide to Menopause for Women Living With HIV \(Sophia Forum, United Kingdom; P...](#)



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