

Menopause:

a normal life event to live with quality!

**Umbelina Caixas
Portugal**

Presenter Disclosure Information

Umbelina Caixas

disclosed no conflict of interest.

Maria 48 yo

- HIV-1 positive since 2004
- highschool teacher
- mother of one teenage boy
- divorced with a current boyfriend

- smoke and drugs free
- *“enjoy a drink with friends!”*
- diversified diet
- *“could do more exercise!”*

Maria

Comorbidities:

- depression (antidepressants + psychotherapy)
- BMI: 25,89 Kg/m²
- good lipid profile
- no kidney or liver lab abnormalities
- OB-GYN *“only if I can’t escape!”*
- last breast scan 2 years ago - BIRADS 2
- flu vaccine annually

Maria

Family history:

- mom with breast cancer age 72
- dad died of myocardial infarction age 55

HIV history:

- diagnosis at 35 yo
- ART: TDF/FTC + DRV/r >> ever since HIV RNA 20cps/mL and CD4 count > 450 cells/mm³

“sometimes I forget during the weekend”

Maria (december 2017)

- doing her meds
- *“feeling a little strange ... having trouble concentrating at work”*
- night sweats with trouble sleeping
- menstrual irregularities with absent or short / low flow periods
- still taking her birth control pill
- *“libido OK! but always tired...”*

What do you think was happening and what would you do?

1. She is perimenopausal; offer HRT
2. She must continue the pill she is taking and go for OB-GYN opinion
3. She's OK, be happy and don't worry!
4. Seek OB-GYN opinion for...
5. Exclude other causes for her symptoms

Maria 48 yo (april 2018)

OB- GYN consultant

- physical OK - PAP smear + breast exam OK
- perimenopause >> info for the near future
- exercise and diet

Maria 48 yo (april 2018)

HIV Clinic:

- “impulsive and unpredictable” >> new psychiatry meds
- BP: 150/89 mmHg; BMI: 25,89 Kg/m²
- dyslipidaemia (TC + C-LDL ↑) >> statin
- virologic and immunological stability

BP control
DIET
EXERCISE

Maria other regular meds:

- Atorvastatin 10mg >> pitavastatin 4mg
- ramipril 5mg + amlodipine
- mirtazapine , quetiapine

Maria

TDF/FTC/DRV/r **change** to a PI free regimen?

Benefits/ CV risk / less DDI /good tolerability

1. TAF/FTC/ RPV
2. TAF/FTC DOR
3. ABC/3TC/DTG
4. TAF/FTC/ EVT/c
5. RPV + DTG
6. 3TC + DTG
7. Other?



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Issues to consider...

- ... weight gain
- ... neuropsychiatric effects
- ... real impact on CV risk
- ... DDI
- ... risk/benefit

● Do Not Coadminister
 ■ Potential Interaction
 ▲ Potential Weak Interaction
 ◆ No Interaction Expected

	Dolutegravir/abacavir/lamivudine (DTG/ABC/3TC)	Elvitegravir/Cobicistat/ Emtricitabine/Tenofovir alafenamide (EVG/c/FTC/TAF)
Amlodipine	◆	■
Atorvastatin	◆	■
Colecalciferol (Vitamin D3)	■	■
Dolutegravir/abacavir/lamivudine (DTG/ABC/3TC)		●
Elvitegravir/Cobicistat/ Emtricitabine/Tenofovir alafenamide (EVG/c/FTC/TAF)	●	
Lercanidipine	◆	●
Mirtazapine	◆	■
Pitavastatin	◆	▲
Quetiapine	◆	●

<https://www.hiv-druginteractions.org>

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Elvitegravir/Cobicistat/ Emtricitabine/Tenofovir alafenamide (EVG/c/FTC/TAF)	●	
Lercanidipine	◆	●
Mirtazapine	◆	■
Pitavastatin	◆	▲
Quetiapine	◆	●

<https://www.hiv-druginteractions.org>

Maria (april 2019)

HIV Clinic:

- OB-GYN: reached menopause and she is very symptomatic: night sweats, trouble sleeping, some dryness of vagina with occasional dyspareunia...

Hormonal Replacement Therapy ... but she wants to check with us!!

Do you have an opinion on this?

1. start HRT but don't know how
2. start HRT with estrogen / progesterone
3. start HRT only with progesterone because of family breast cancer
4. too risky, don't start HRT
5. non-hormonal therapy (antidepressant, phytoestrogens...)

Why is it important starting HRT?

IMPROVE QUALITY OF LIFE

Taking into account:

- risk/benefit on CVD
- risk/benefit because of family breast cancer
- evaluate possible DDI <https://www.hiv-druginteractions.org>

Maria 2 months ago

- on HRT and symptomatic control
- improved self-esteem
- breast exams as scheduled
- lipid profile better on statin
- BP control
- still working on diet and exercise (brisk walking with her new dog)
- **happy** with her ARVs but curious about “new treatments”

Take home questions

- What can we do to improve menopause awareness?
- What to do with HRT fears? Complementary training?
- Is there a better ARV approach in menopause?
- How can we persuade boards that multidisciplinary teams save money and improve care?



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MOOD SWINGS CAUSED BY THE MENOPAUSE AREN'T HELPED BY SUGGESTIONS



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"I'll have to run a few tests to be sure, but I'm guessing it's either hot flashes or global warming."

Thank you!