

Menopause

by Dr. Dominique Tessier

"You look worried." A sigh. Florence welcomes this opening with obvious relief. She vaguely heard her doctor say that everything was fine. Viral load undetectable. Immune profile excellent. Liver. Kidneys. Blah blah blah. She now tries to find a way to talk about the night sweats that have returned. Just like when she was first diagnosed with HIV 15 years ago. For months now her memory has been failing her and she's having trouble concentrating. She was already given to mood swings and sadness before the earthquake in Haiti that affected many members of her family. Now she can't seem to get her own life in order. She'd like to get more involved in helping the community when so much needs to be done, but she feels paralyzed by the certainty that she's developed AIDS. Despite her viral load, despite taking her medications without fail, despite having kept it secret for so long. How much longer will that be possible?



The risk of combining hormone therapy and anti-HIV drugs appears to be small. Certainly, to prevent osteoporosis, all menopausal women should take calcium supplements and, especially in winter, vitamin D. Prices of these supplements vary considerably but your pharmacist can point you to a suitable and affordable product.

Annual checkups

The annual checkup is also a good time to discuss healthy lifestyle choices and make sure your vaccinations are up to date.

Smoking, poor eating habits, a sedentary lifestyle and excesses of all kinds have a significant impact on the immune system, cardiovascular risk and diseases of aging. Every possible effort should be made to avoid them. Participating in community kitchens can help vary menus using healthy ingredients that are often very inexpensive.

Vaccination is the most worthwhile health intervention of all. Everyone living with HIV who has a CD4 count greater than 100 cells/mm³ should be vaccinated against pneumococcal pneumonia, and annually against influenza (flu). Diphtheria and tetanus vaccines should be updated every 10 years.

Mental health

One American study found that between 30% and 60% of women living with HIV suffered from depression. These findings are important, especially as depression is associated with less rigorous adherence to therapy. Depression can be treated in a number of ways, with and without medication. It's important to talk about it with your doctor and to accept support from friends and family.

*Florence talked with her doctor for a long time and felt better. Instead of the AIDS she feared, she was simply getting older. Normally. It was good to hear. **R***

Women with HIV are growing older. Medical care, effective medications and good living conditions have brought life expectancy for people with HIV close to that of the general population. Along with regular follow-up for HIV, it becomes increasingly important for women to have an annual checkup that looks at all aspects of health, including gynecologic health, prevention of cardiovascular disease and mental health.

Could Florence's mood swings and night sweats be due to menopause and not HIV? What can she do about them?

Treating menopausal symptoms

Menopause seems to arrive earlier in women living with HIV. The most common symptoms are hot flashes, which can be very bothersome at night, depression and a loss of libido (sex drive). Difficulties with memory and concentration are common among all menopausal women, and may be somewhat worse in women living with HIV. There seems to be a link between CD4 counts and hot flashes at night. Women whose CD4 counts are under 200 cells/mm³ report the problem most often. Sleep becomes irregular and interrupted, and the risk of depression increases.

Effective treatments are available for women who experience severe menopausal symptoms.

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