COMPASS: Screening for co-morbidities and menopause in women living with HIV Survey
Presenter Disclosure Information

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disclosed no conflict of interest.
WAVE Study Group for Co-morbidities and Menopause in Women Living With HIV

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Fig 2. Proportion of people living with HIV who are aged 50 years and older, by region, 2000–2020.

Number of comorbidities stratified by age: comparison between people with and without HIV

Number of women receiving HIV care by age group in the UK, 2004-2019

AIM: to understand current practice across Europe in screening and managing co-morbidities and menopause in women living with HIV
METHODS
COMPASS: Screening for co-morbidities and menopause in women living with HIV Survey

- June - August 2021
- Link emailed to WAVE members - disseminate within networks
- Sections:
  - Demographics and cohort characteristics
  - General health (focus on co-morbidities)
  - Menopause
  - Recommendations
RESULTS
COMPASS: Screening for co-morbidities and menopause in women living with HIV Survey

- 134 responses
- 9 excluded as outside Europe
- 125 responses
- 25 countries (WHO Europe region)
Characteristics of respondents (N = 125)

**Gender:**
- Female (including trans): 80%
- Male (including trans): 20%

**Profession:**
- Doctor: 100%
- Nurse: 0%
- Other: 0%

**Years qualified:**
- 0-5: 0%
- 6-10: 10%
- 11-20: 40%
- 20 or over: 50%
Respondents' places of work

Clinic HIV cohort:
- More than 1000
- 501-1000
- 101-500
- Up to 100

Estimated proportion women:
- Less than 10%
- 10-25%
- 26-50%
- 51-75%
- More than 75%
About which of the following do you *routinely* ask women who attend your clinic for HIV care:

- Contraception/plans for parenthood
- Sexual well-being/difficulties with having sex
- Intimate partner violence/domestic violence
- Diet
- Physical activity
- Recreational drug use
- Alcohol use
- Smoking

Routinely means asking every woman, or every woman within specific age group(s), on a regular basis (e.g., once a year), even if you have no clinical reason for concern.
How often do you check/ask about the following in women attending your clinic for HIV care?

- Menopausal symptoms
- Menstrual pattern
- Bone mineral density
- Cardiovascular risk estimation
- Diabetes screen
- Mental health
- Weight
- Blood pressure

At every visit
- At least once a year
- Regularly, but less often than once a year
- Only if there are reasons for concern

For menopausal symptoms and menstrual pattern, at age 45-54
For other items, at age checked most frequently
How are the following usually managed in women who attend your service for HIV care:

- **Menopausal symptoms**
  - Within HIV service
  - Joint HIV service with specialist clinic
  - Specialist service outside HIV
  - Patient’s GP

- **Low bone mineral density**

- **Mental health concerns**

- **Cardiovascular disease**

- **Diabetes**

Scale:
- 0%
- 20%
- 40%
- 60%
- 80%
- 100%
Are you aware of significant numbers of women living with HIV self-referring to private care because public/funded care is difficult to access (eg waiting times are long):

- For menopausal symptoms
- For low bone mineral density?
- For mental health concerns?
- For cardio-vascular disease?
- For diabetes?

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<tr>
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<th>Yes</th>
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<tbody>
<tr>
<td>For menopausal symptoms</td>
<td>20%</td>
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<td>For low bone mineral density?</td>
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Confidence in:

Assessing menopausal status:
- Not very confident: 36%
- Not confident at all: 8%

Assessing menopausal symptoms:
- Not very confident: 28%
- Not confident at all: 8%
SUMMARY

COMPASS: Screening for co-morbidities and menopause in women living with HIV Survey
125 responders from 25 countries across Europe

- Mainly female (77%), doctors (94%), fairly senior (80% qualified >10y), urban settings (77.6% large city)

- Proportion of female patients in clinic cohort varied from 10-50%
- Over 70% screen for metabolic conditions/CVD status at least once a year
- Bone health screening less than once a year (38%) or only if reasons for concern (36%)
- Nearly 70% assess mental health at least once a year (mainly through symptom enquiry)
- 30% reported significant numbers of women self-referring for mental health concerns to private care
Almost 40% are NOT confident in assessing menopausal symptoms OR menopausal status

58% ask women aged 45-54 about menopausal symptoms at least once a year

74% have information about menopause available to women; 37% can provide psychological support

14% offer medical treatment within their clinic (e.g. Hormonal Replacement Therapy, HRT)
Menopausal symptoms usually managed by specialist service outside HIV (51%) or GP (23%), rather than joint HIV /specialist service (15%)

89% of respondents would like specific guidelines on managing menopause and comorbidities in women living with HIV
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- Strengths: good participation from a wide range of European countries
- Limitations: self-selected participants - likely to over-represent individuals with particular interest/expertise; no specific reference to trans women
- THIS IS A BEST CASE SCENARIO
- Development of EACS Guidelines on menopause (in progress)
- Education (videos, incorporate teaching in existing educational programmes)
- Target regions of Europe where the burden is highest and/or where women’s needs are greatest