

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

WAVE Study Group for Co-morbidities and Menopause in Women Living With HIV

EACS WAVE WORKSHOP, London 2021

Presenter Disclosure Information

Umbelina Caixas

disclosed no conflict of interest.



WAVE Study Group for Co-morbidities and Menopause in Women Living With HIV

Umbelina Caixas, Portugal

Gordana Dragovic, Serbia

Anna Hachfeld, Switzerland

Giota Lourida, Greece

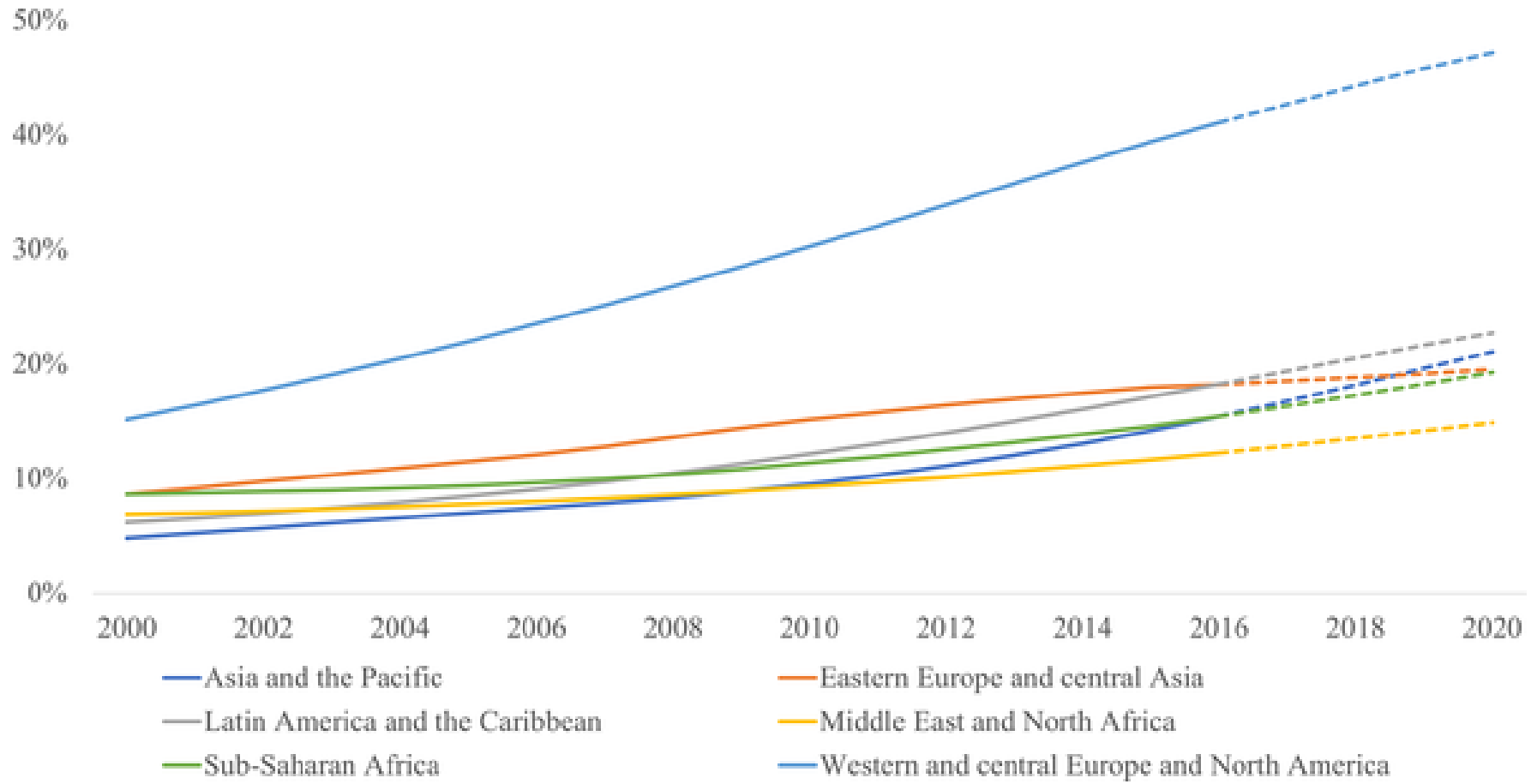
Nneka Nwokolo, United Kingdom

Shema Tariq, United Kingdom

Hilary Curtis, United Kingdom

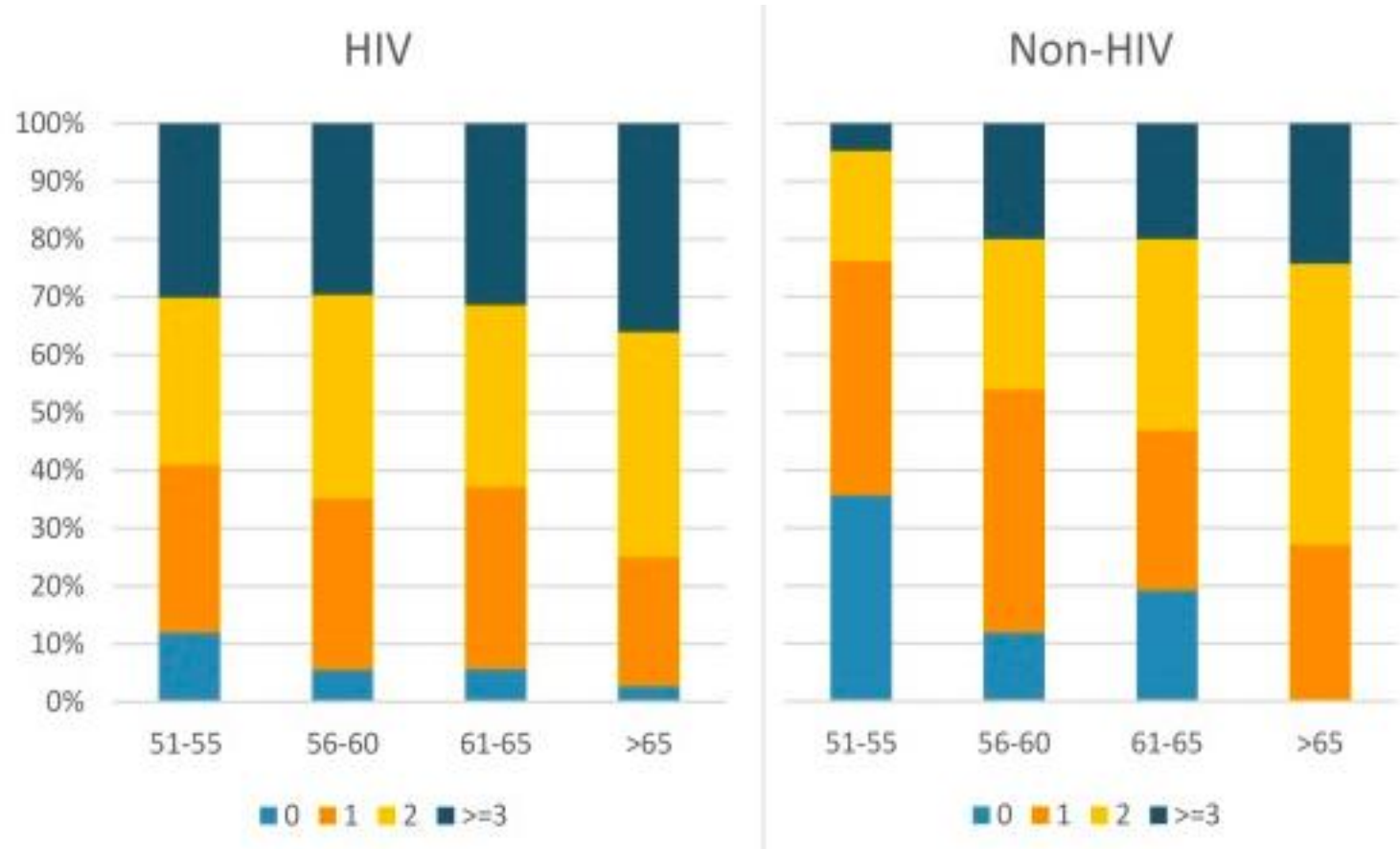
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Fig 2. Proportion of people living with HIV who are aged 50 years and older, by region, 2000–2020.



Autenrieth CS, Beck EJ, Stelzle D, Mallouris C, Mahy M, et al. (2018) Global and regional trends of people living with HIV aged 50 and over: Estimates and projections for 2000–2020. PLOS ONE 13(11): e0207005. <https://doi.org/10.1371/journal.pone.0207005>;

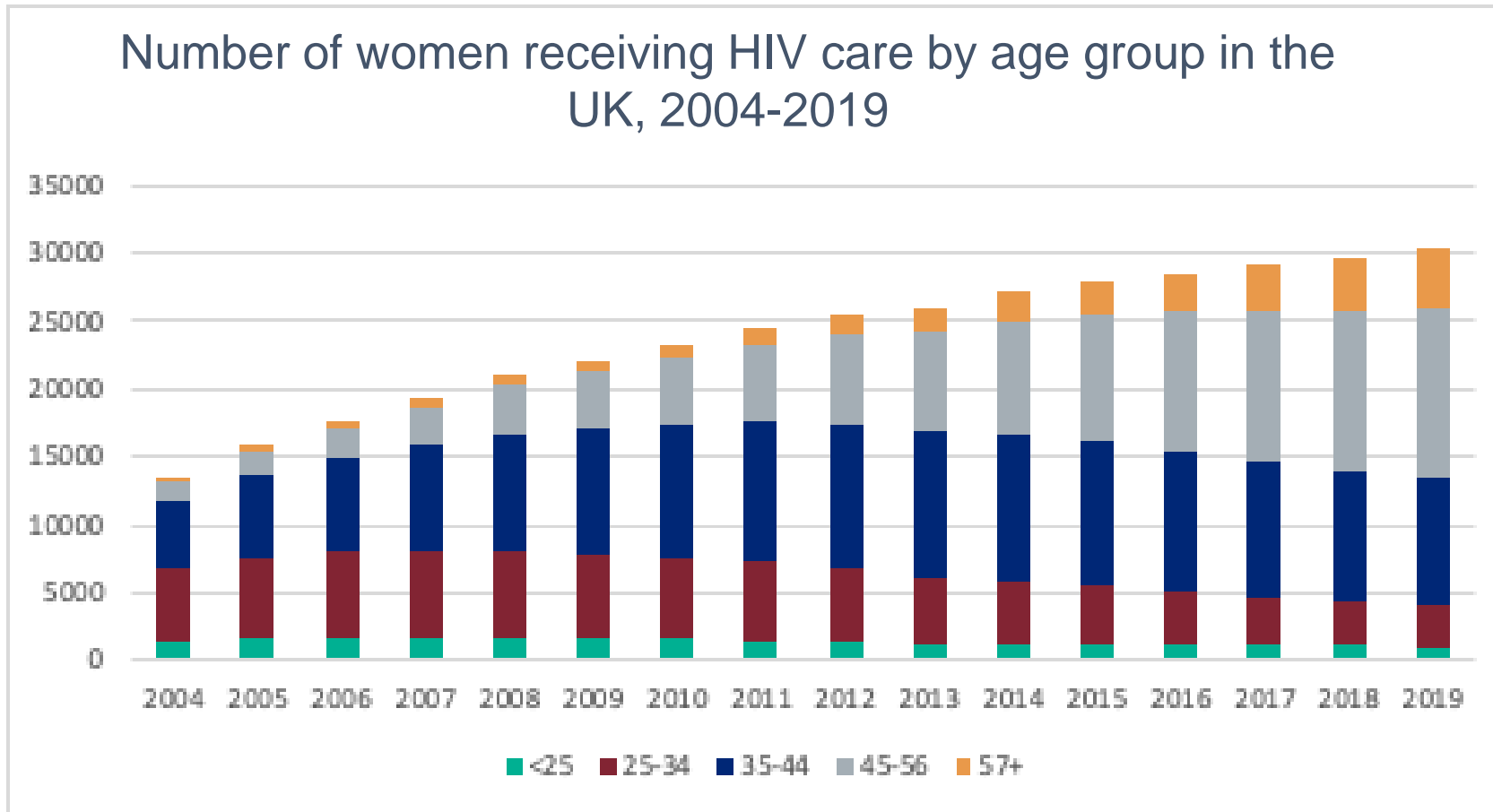
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Number of comorbidities stratified by age: comparison between people with and without HIV

Rafael Aguiar Maciel, Helena Moreira Klück, Madeleine Durand, Eduardo Sprinz, Comorbidity is more common and occurs earlier in persons living with HIV than in HIV-uninfected matched controls, aged 50 years and older: A cross-sectional study, International Journal of Infectious Diseases, Volume 70, 2018, Pages 30-35, ISSN 1201-9712, <https://doi.org/10.1016/j.ijid.2018.02.009>.

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Number of women receiving HIV care by age group 2004-2019 (J Ekajeh, Public Health England, personal communication, 18 August 2021)



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



METHODS



- Anonymous online survey (*LimeSurvey GmbH at <https://www.limesurvey.org/pt>*)
- 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

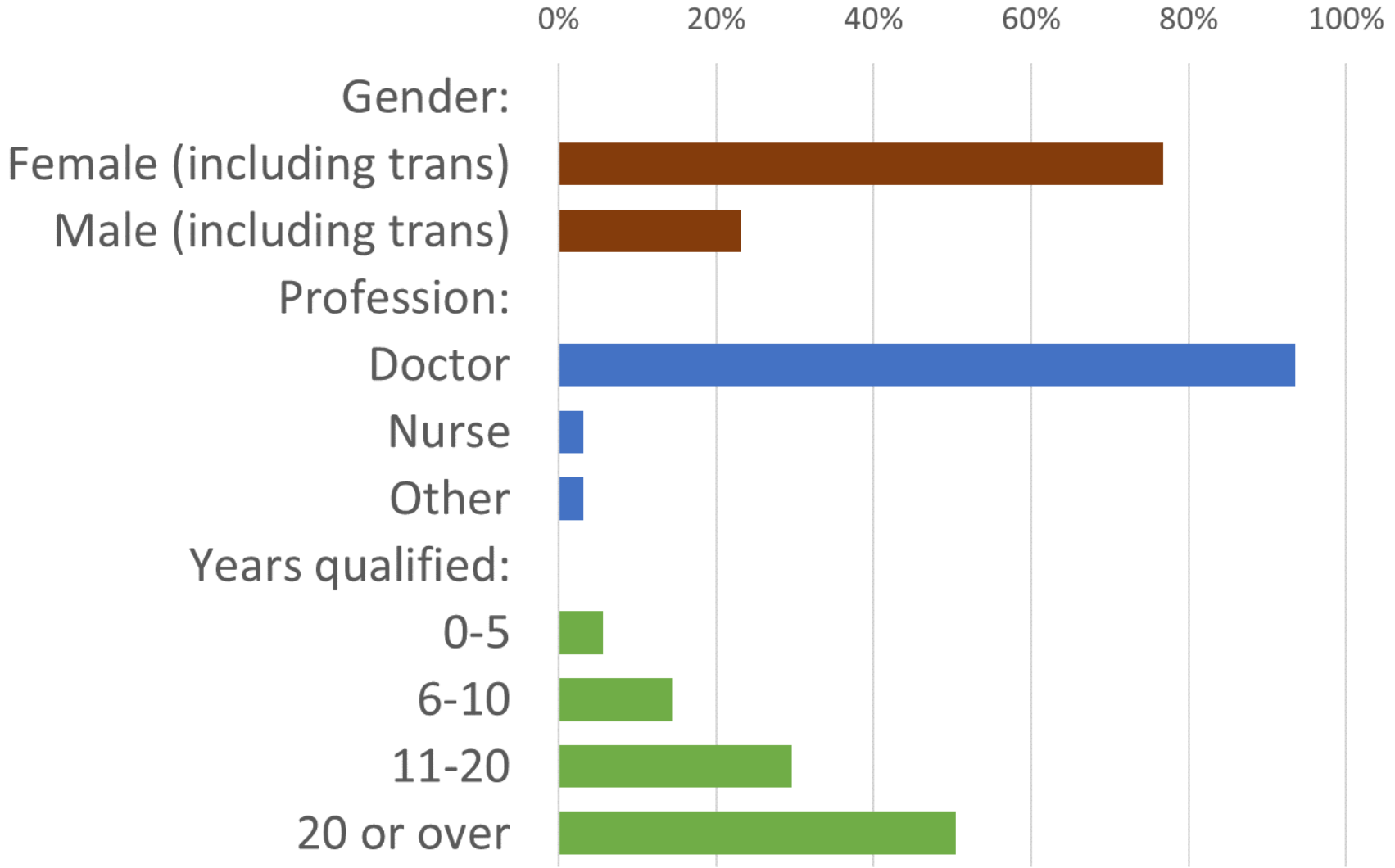
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- 134 responses
- 9 excluded as outside Europe
- 125 responses
- 25 countries (WHO Europe region)

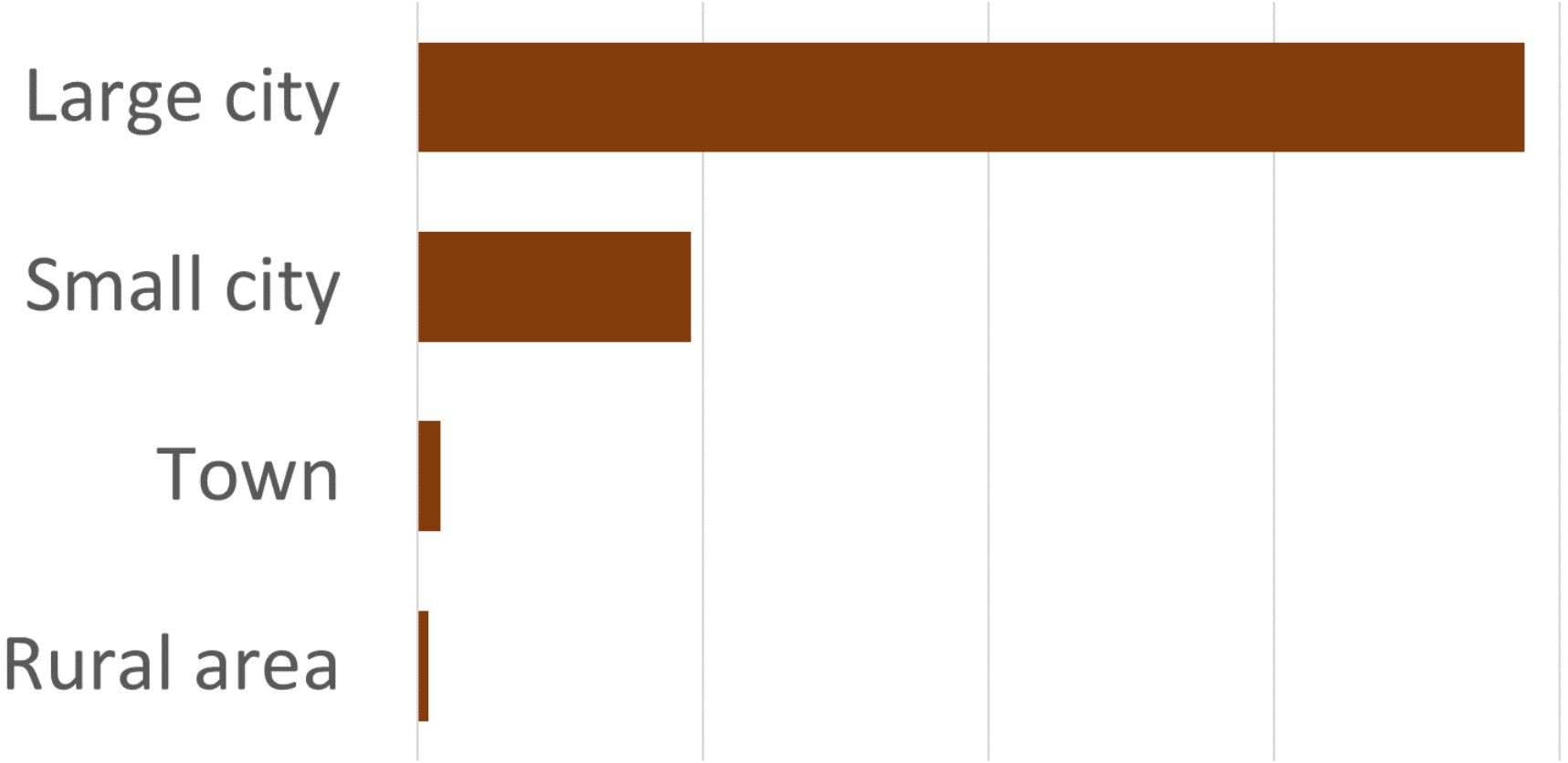


Characteristics of respondents (N =125)

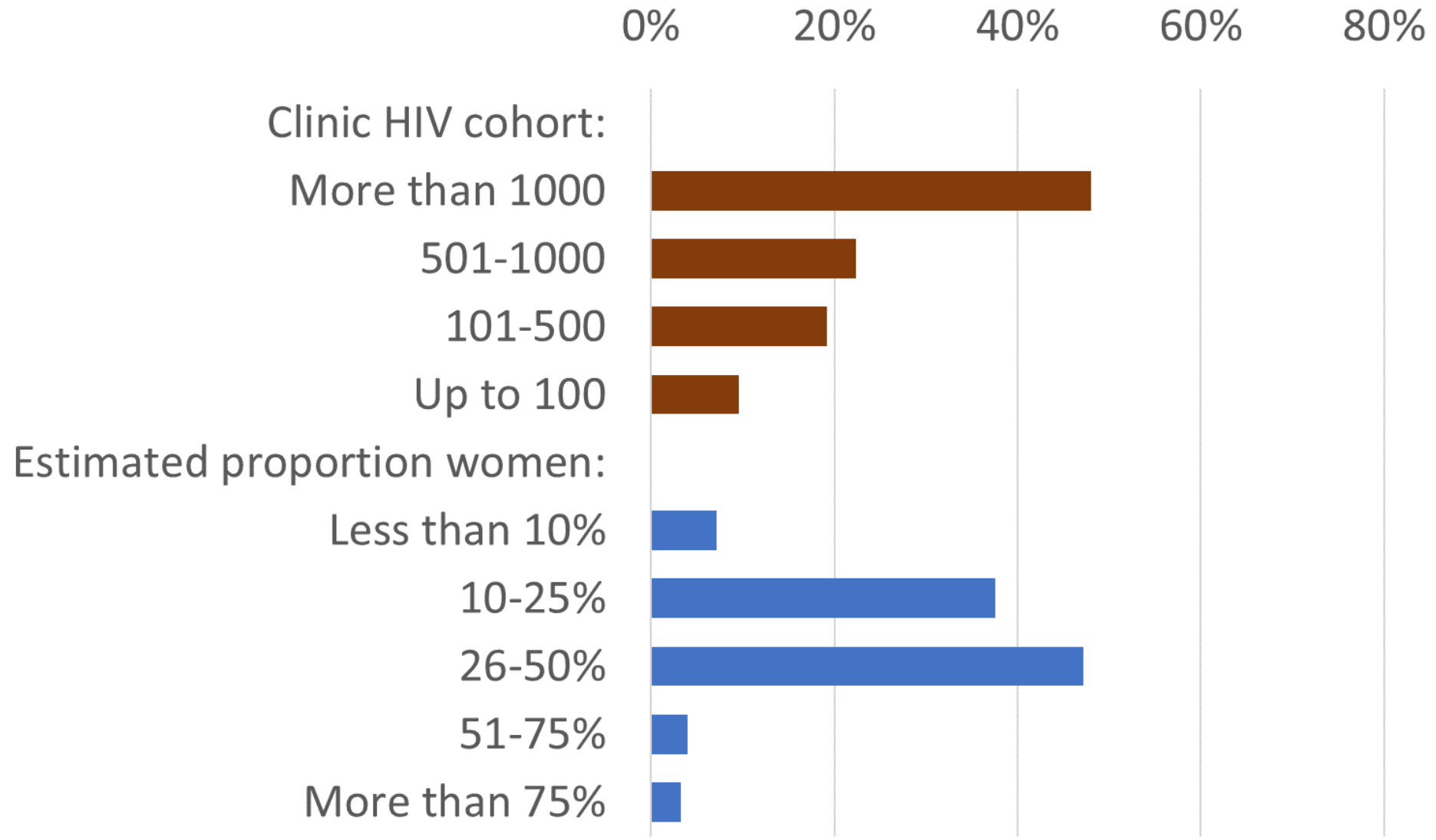


Setting

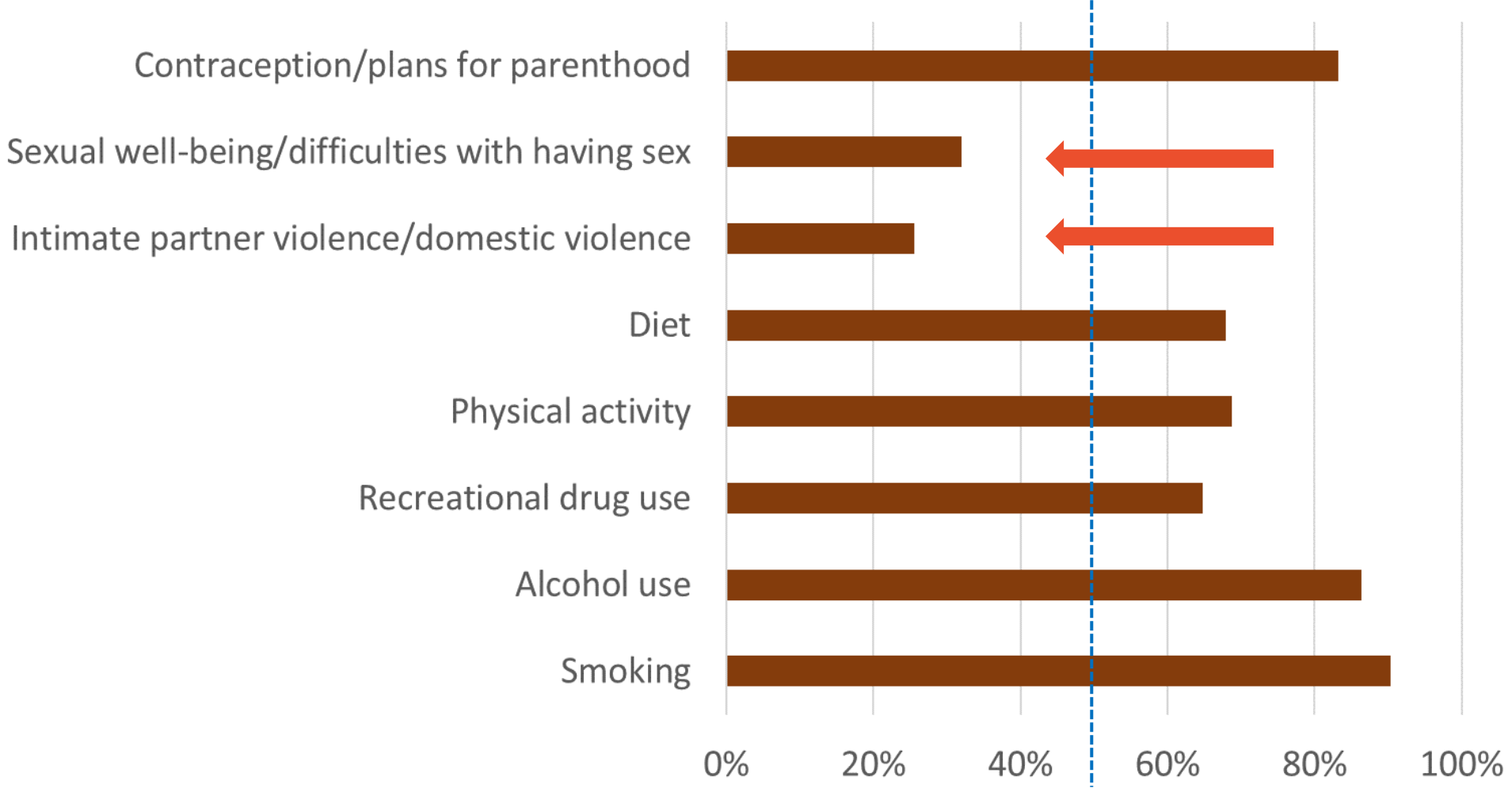
0% 20% 40% 60% 80%



Respondents' places of work

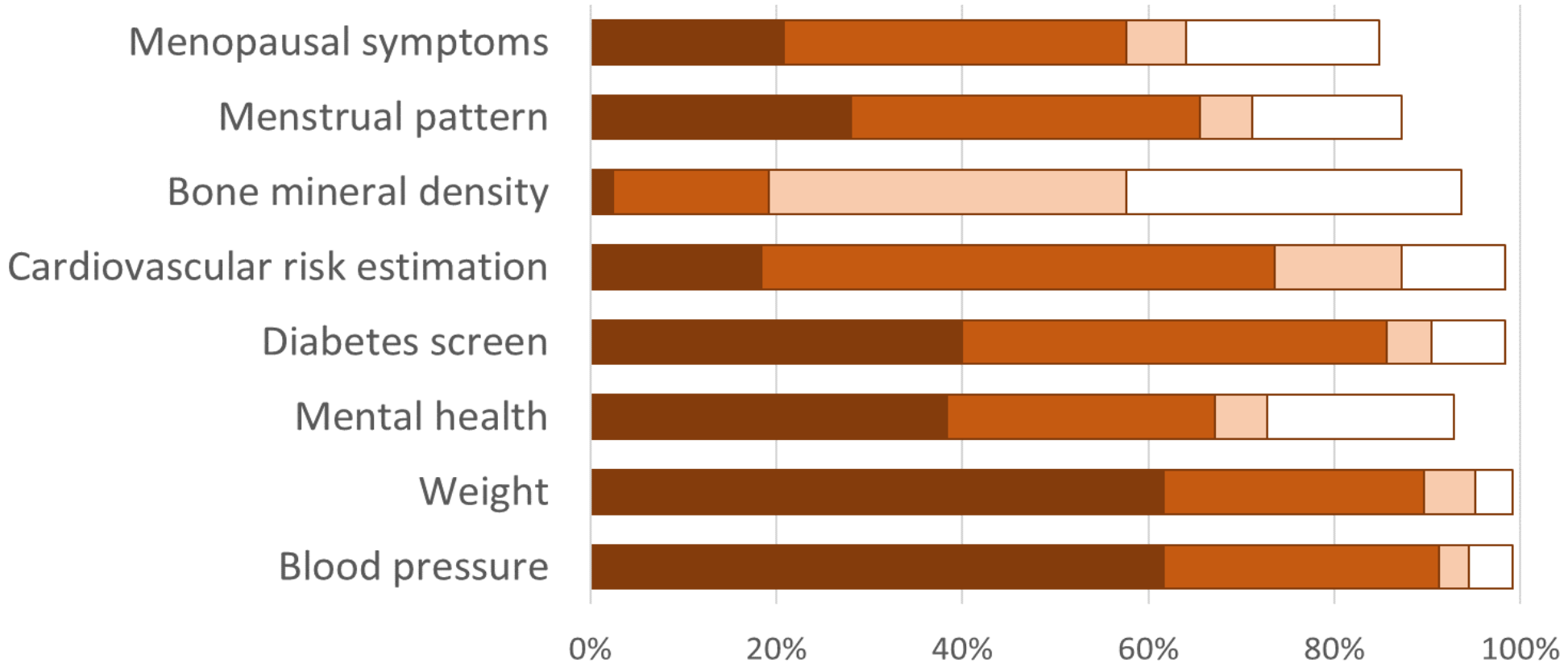


About which of the following do you *routinely* ask women who attend your clinic for HIV care:



Routinely means asking every woman, or every woman within specific age group(s), on a regular basis (eg once a year), even if you have no clinical reason for concern.

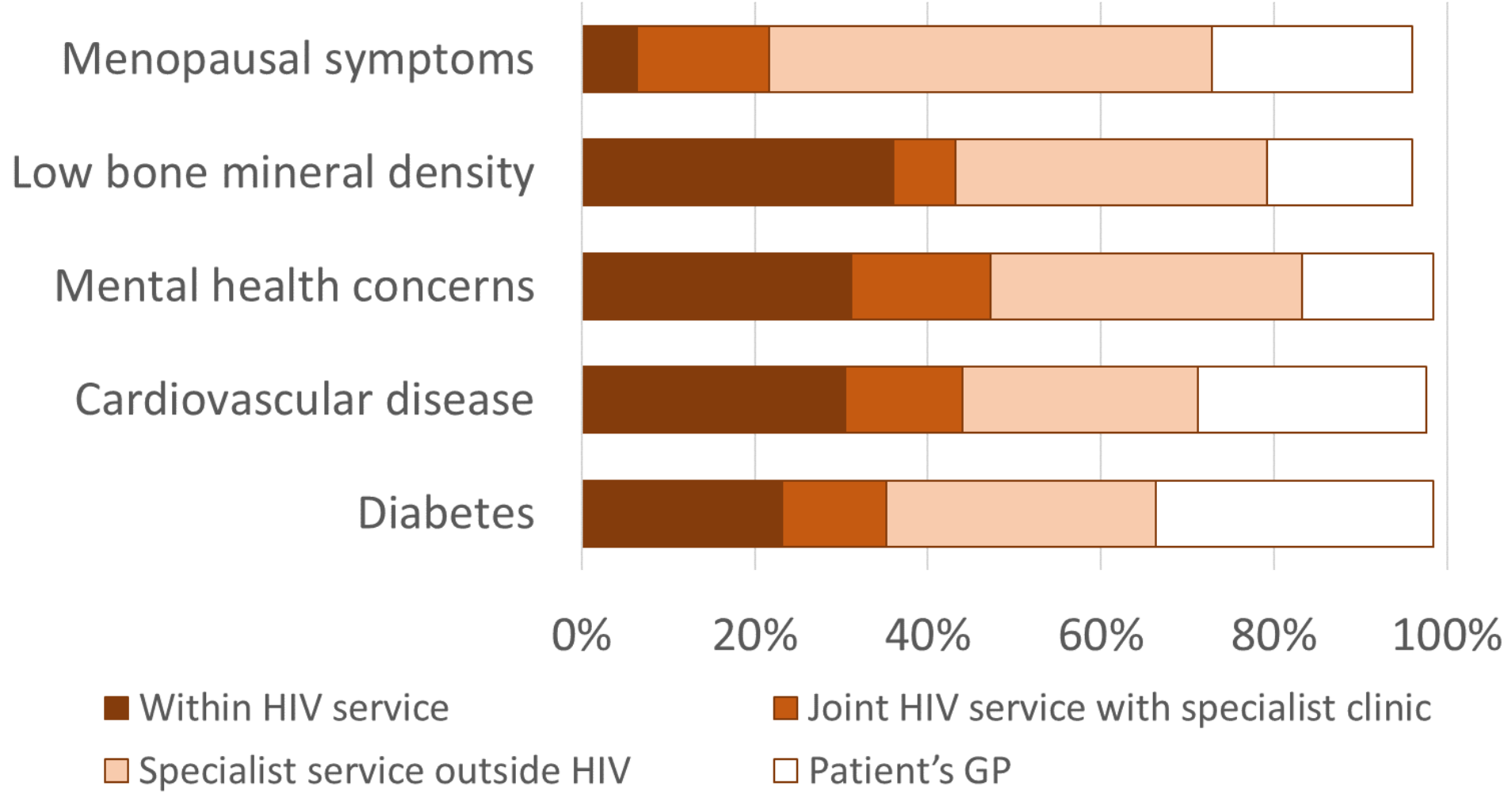
How often do you check/ask about the following in women attending your clinic for HIV care?



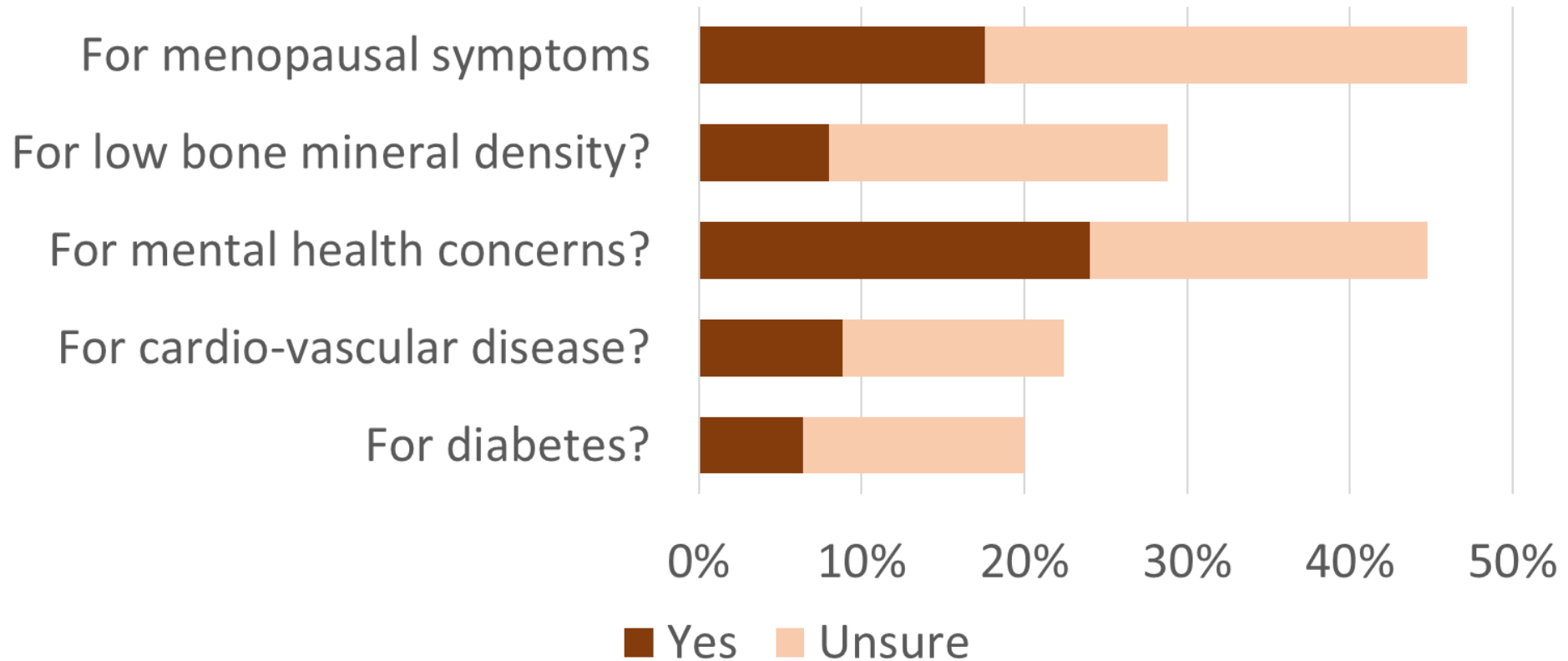
- At every visit
- At least once a year
- Regularly, but less often than once a year
- Only if there are reasons for concern

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:



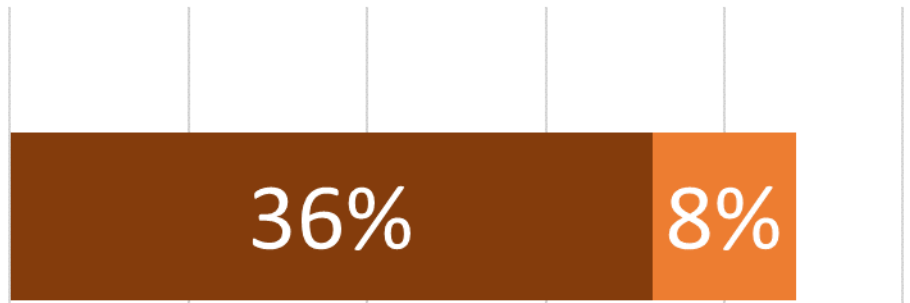
Are you aware of significant numbers of women living with HIV self-referring to private care because public/funded care is difficult to access (eg waiting times are long):



Confidence in:

0% 10% 20% 30% 40% 50%

Assessing menopausal status:



Assessing menopausal symptoms:



■ Not very confident ■ Not confident at all



SUMMARY



- 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**



- 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

