Among Women With HIV and Hep C Liver Scarring Speeds Up During Menopause

A long-term study of women living with both viruses found a link between accelerated fibrosis progression and perimenopause.

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Menopause is associated with accelerated scarring of the liver (fibrosis) among women coinfected with HIV and hepatitis C virus (HCV), aidsmap reports. According to the authors of a recent long-term study of coinfected women, this finding indicates that peri- and postmenopausal women should be prioritized for hep C treatment.

Publishing their findings in Clinical Infectious Diseases, investigators from the Women Interagency HIV Study (WIHS) followed 405 women living with HIV and HCV who were pre-menopausal upon entering the study.

The scientists determined the women's menopause status according to levels of their anti-Müllerian hormone (AMH), an indicator of the number of remaining eggs in the ovaries. Detectable AMH indicated premenopause, the five-year period after AMH became undetectable indicated perimenopause and the time after the end of that period indicated postmenopause.

The investigators determined fibrosis stage according to two scoring systems, the APRI and the FIB-4 scales.

Upon entering the study, the women had a median age of 37. Six percent of the participants had fibrosis at stage 3 or higher, indicating advanced fibrosis or cirrhosis, the more advanced stage of liver disease following advanced fibrosis. They were followed for a median 9.1 years and experienced the onset of menopause at an average age of 49. Fifty-eight percent of the women were Latina. Six percent reported using alcohol heavily.

Eighty-eight percent were taking antiretroviral (ARV) treatment for HIV. Twenty-three percent were treated for hep C, but only 2 percent received treatment with the modern class of highly effective HCV medications, known as direct-acting antivirals.

About one in four of the women had a history of diabetes, and 11 percent had been diagnosed

with metabolic syndrome.

During the study's follow-up, one in five took some form of hormone replacement therapy. Thirty-two percent of the women ultimately developed fibrosis of stage 3 or higher according to the FIB-4 scoring system and 20 did so according to the APRI system.

After adjusting the data to account for differences in age among the participants, the researchers found that compared with premenopause, perimenopause was associated with accelerated fibrosis progression: an excess of 0.12 units per year according to the FIB-4 scoring system and 0.05 units per year according to APRI. While postmenopause was also associated with faster fibrosis progression compared with premenopause, this difference was not statistically significant, meaning it could have occurred by chance.

After adjusting the data for additional factors, including Latina ethnicity, the use of ARVs and alcohol consumption, the investigators found that perimenopause was still associated with faster fibrosis, an excess of 0.1 units per year according to FIB-4.

The researchers concluded that HIV/HCV-coinfected women's advancement through menopause is associated with acceleration in fibrosis progression regardless of age.

To read the aidsmap article, click here.

To read the study abstract, click here.

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