

Post-Menopausal Women Do Well on HIV Therapy

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[Women living with HIV](#) who've gone through menopause do just as well when starting antiretroviral (ARV) therapy for the first time, compared with pre-menopausal women, according to a study [published](#) online June 25 in *Clinical Infectious Diseases*.

At least 15 percent of people newly diagnosed with HIV are older than 50. Also, as life spans continue to get longer in people with HIV, more each year are entering their 50s and 60s. There is very little scientific information, however, on what happens to HIV-positive women after they go through menopause.

During the early course of HIV disease and before going on ARV therapy, pre-menopausal women typically have lower virus levels and higher CD4 counts than their age-matched male counterparts. Experts believe that the hormone estrogen is the driving force behind this difference. After menopause, however, estrogen levels drop precipitously in women. Whether or not this speeds HIV disease progression or reduces the likelihood of a successful response to treatment has not been fully explored by researchers.

To examine the effects of menopause on HIV-positive women, scientists with the AIDS Clinical Trials Group (ACTG) reviewed the medical records of subjects participating in two completed ACTG studies. All women included in the analysis were new to ARV therapy upon entering one of the two studies and were followed for 96 weeks after beginning treatment.

In all, 267 women were included in the final analysis, 220 of whom were pre-menopausal and 47 of whom were post-menopausal. The researchers determined menopause status based on age, whether or not a woman's ovaries had been removed and whether or not she'd had her period in the previous six months.

The women were all quite similar in terms of race and injection drug use history, though post-menopausal women were older. The average age of the pre-menopausal women was 35; for post-menopausal women, it was 54. Pre-menopausal women also had a significantly lower average CD4 count before starting treatment than post-menopausal women.

Any differences, however, disappeared after roughly two years of treatment. By this point, 75 percent of pre-menopausal women had less than 50 copies of the virus, compared with 77 percent

of the post-menopausal women. Both groups also gained roughly 270 CD4 cells during the course of 96 weeks. This latter finding is critical, as some studies have reported that people older than 50 don't regain as many CD4 cells after starting ARV treatment as younger people.

The authors state that because their study was so large and the participating women received the same quality of care, the results have more validity than some earlier cohort studies, many of which were small and in which the care delivered varied widely from site to site. They conclude that post-menopausal women should anticipate having the same degree of treatment success as pre-menopausal women.

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