



There has been relatively little research on specific health care issues and medical needs of HIV positive women. So, most of what we know is drawn from the experiences of HIV positive women, their doctors and other carers. While everyone may react slightly differently to HIV, there are many symptoms which affect most HIV positive people eg. night sweats, fungal skin infection. There are also specific symptoms which more commonly affect women. This fact sheet looks at the most common of these, but bear in mind that not all women will develop all or any of them. It is important to have a doctor with experience in HIV issues for women to help prevent and treat infections.

system. The viral load test measures the amount of HIV in your blood. It indicates the activity of the virus and if any damage is *currently occurring* to your immune system. The higher the viral load the more potential damage to your immune system.

Looking after yourself

Many HIV positive people live for a number of years without having any symptoms or major illness. Treatments are improving all the time and new combination drug treatments have been found to be very effective in fighting the virus and limiting its presence in your body. As well as this, complementary therapies, good nutrition, regular exercise, sleep, a healthy outlook and lifestyle can have a beneficial effect on the immune system. This helps fight off infections and can increase an overall sense of wellbeing.

Symptoms

HIV positive women experience the same sorts of sexual health and gynaecological issues that other women experience. The difference is that HIV positive women tend to have a greater number of vaginal infections, which may include sexually transmitted diseases (STDs), and these tend to be more severe and longer lasting. Recurring thrush, pelvic inflammatory disease (PID) and genital warts are common among HIV positive women. If detected and treated early these infections can be effectively dealt with. If left untreated they may cause serious ill health and discomfort. For HIV positive women, common vaginal infections are sometimes more difficult to treat. Your doctor should conduct regular and thorough screenings for gynaecological infections and conditions that do not respond to standard treatment.

Weight Loss

HIV has been found in the lining of the gut and can disrupt the absorption of food. HIV may lead to a greater susceptibility to stomach infections which can cause diarrhoea and lead to further weight loss. It may be helpful to talk with a dietician experienced in HIV. Maintaining body weight, in particular muscle tissue, can help prevent damage to the immune system and slow the progression of HIV. Muscle mass can both increase the body's resistance to infections and improve recovery from them. Talk with your doctor and/or complementary therapist about this.

According to clinical definitions, HIV is a disease which progresses from an asymptomatic stage (not showing any signs of illness or infection) to a symptomatic stage of mild to severe infections and on to a stage of experiencing one or more conditions which are considered 'AIDS- defining' illnesses. Many of the illnesses are preventable and treatable.

In reality, few people with HIV experience these stages in such a clear cut way. Some people experience an 'AIDS-defining' illness as a one-off infection and then have no further illness for many years. Symptoms can come and go and may vary in severity and discomfort.

Infections are a sign that the immune system is weakened and is not able to fight bacteria and other viruses in your body. For women who are HIV positive a weakened immune system can lead to infections which commonly appear in the mouth, stomach, lungs, vagina, vulva, anus, or skin. These infections can be treated.

Talk with your doctor about *prophylactic treatments* which are specific treatments and medications used to help prevent common HIV-related infections. Your doctor should regularly assess the state of your immune system so that you can consider when to use them most effectively. This assessment is done through a CD4 cell (also called T cell) count and a viral load test, both of which involve giving a blood sample.

A CD4 cell count is used to assess the health of your immune system and the damage that has *already occurred*. The higher the number of CD4 cells, the less damage has been done to your immune

fact sheet 3 of 6

A series of fact sheets for women about HIV.

- 1 Testing
- 2 Newly Diagnosed
- 3 Symptoms
- 4 Treatments
- 5 Pregnancy
- 6 Parenting

Produced by
Family Planning NSW
Ph 9716 6099
Fax 9716 6164
and
AIDS Council of NSW
(ACON)
Ph 9206 2000
Fax 9206 2069



ACON

Menstrual Changes

Women with HIV often notice changes in their menstrual cycle such as bleeding all the time, spotting, severe cramps and heavier periods. Many experience changes in menstruation when starting or changing the dosage of treatment drugs. Periods stopping altogether (amenorrhoea) can be an indication that the drug dosage is too high so you should talk with your doctor about this or any other changes you notice. Stress, weight loss and the use of intravenous drugs can also affect periods. Heavy periods alone can make HIV positive women prone to iron deficiency (anaemia). Eating food high in iron and taking supplementary iron tablets are easy remedies for this. Herbal treatments can be very effective in helping with menstrual irregularities including PMT and cramps. Oral contraceptives can also help to control hormones and regulate periods. However, there is some evidence that taking the pill can increase HIV shedding from cervical secretions. When this happens there is a greater amount of HIV present in cervical fluids which can increase the risk of transmission.

Candidiasis (Thrush)

Thrush is a common problem for many women. It is caused by an overgrowth of a naturally present yeast (*Candida*) which lives harmlessly in the vagina, bowel and intestines and usually causes no problems. For women who are HIV positive, recurrent thrush is often an early symptom of HIV infection and if left untreated it can become a serious problem. Symptoms of candidiasis (thrush) are a sore, itchy vagina and vulva, perhaps with a whitish lumpy or watery discharge (like cottage cheese) and stomach pain. Signs of oral thrush include a sore throat, and a white coated tongue. Women with HIV frequently have thrush of the mouth, vagina and throat that can be persistent and difficult to treat. Studies show the prophylactic drug, fluconazole, is effective in both preventing and treating thrush. It is important to take the full course of any medication or treatment. Thrush of the cervix or vulva which is less persistent can be treated with anti-fungal cream, acidophilus tablets or capsules. Wearing loose fitting cotton clothing will help. Thrush in the oesophagus (food pipe) is an AIDS-defining condition and may be life threatening. It will need to be treated by a specialist.

Herpes

Herpes is a family of viruses and can cause different infections and diseases whether someone has HIV or not. In a person with HIV, symptoms associated with Herpes viruses are often more severe and longer lasting. Herpes is thought to have a specific interaction with HIV as they both attack the immune system. The most common herpes infections are:

Herpes Simplex I: cold sores, fever, blisters around the mouth lasting a few days or weeks. Most of the population has been exposed to the herpes simplex virus (HSV).

Herpes Simplex II: painful sores on the genitals or anus. It may feel like you have the flu before and during an outbreak.

Shingles: skin rash that usually grows into painful fluid-filled blisters. Shingles is caused by a reactivation of an old infection and indicates a decline in the function of the immune system.

HSV is transmitted by direct genital or oral contact with the infected area. Herpes can be treated with zovirax (acyclovir). Talk with your doctor about treatments to prevent herpes. Zinc and vitamins C and E assist in preventing recurring outbreaks of herpes. It is recommended that people prone to herpes eat lots of foods high in B vitamins, calcium and iron.

Pelvic Inflammatory Disease (PID)

PID is an inflammation of the pelvic area caused by untreated sexually transmitted diseases (STDs) like gonorrhoea or chlamydia. In HIV positive women PID is more often due to non-STD organisms. PID is thought to be more common and more severe in women with HIV. Some women can have it without knowing but generally there are specific symptoms associated with PID, like pain in the lower back and abdomen, pain during intercourse, deep pelvic pain, bleeding between periods, vaginal discharge, a high temperature and fatigue. Untreated PID is painful and can cause infertility. Monitor your health and talk with your doctor if you notice any changes or have any concerns.

Cervical Cancer

Cervical cancer is a major health issue for Australian women and affects many women every year. Cervical cancer is a malignant growth of cells in the cervix and is preventable by early detection and treatment of abnormal cells (dysplasia). From clinical observations it seems that HIV positive women are more likely to have abnormal cells in the cervix than HIV negative women and for these cells to progress more quickly towards cancer. These cells are easily treated but it is important to detect them early. Dysplasia seems to occur more rapidly in women with a CD4 count (T cells) of less than 400. In 1993 invasive cervical cancer was added to the list of AIDS-defining illnesses.

For this reason regular Pap smears are really important so that any cell abnormalities can be detected early and treated immediately. The national guidelines for Pap tests recommends that all women have a Pap test every 2 years. For HIV positive women it is really important to have a Pap smear every 6 months. If you have had dysplasia detected on a pap smear then you should also have a colposcopy (a special examination of the cervix).

For information about support services, read CONTACTS a directory of services for people with HIV/AIDS, available from People Living with HIV/AIDS (NSW) Inc Ph (02) 9361 6750

For information about treatments
see the Treatments Fact Sheet
available in this series

Telephone numbers are correct at time of publication but are not continually updated. You may need to check the numbers in the telephone directory.