

Thinking skills take biggest hit from anxiety in midlife women with HIV

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Hot flashes, depression, and most of all, anxiety, affect the thinking skills of midlife women with HIV, so screening for and treating their anxiety may be especially important in helping them function, according to a study just published online in *Menopause*, the journal of The North American Menopause Society (NAMS). The reproductive stage, whether it was premenopause, perimenopause or postmenopause, did not seem to be related to these women's thinking skills.

The conclusions come from a new analysis of data on 708 HIV-infected and 278 HIV-uninfected midlife [women](#) from the Women's Interagency HIV Study (WHIS), a national study of women with HIV at six sites across the country (Chicago, Bronx, Brooklyn, San Francisco, Los Angeles, and Washington, DC). Today, nearly 52% of persons with HIV/AIDS are 40 to 54 years old. Because more women with HIV are now living to midlife and beyond, it is important to understand what challenges [menopause](#) pose for them. We learned just recently, from a study published online in *Menopause* in July, that women with HIV do face a bigger menopause challenge than uninfected women because they have worse [menopause symptoms](#).

Whether, how, and when the process of transitioning through menopause affects cognition have been debated. Large-scale studies of healthy women indicate that the menopause-related thinking deficiencies are modest, limited to the time leading up to menopause ("[perimenopause](#)"), and rebound after menopause. But in these women who underwent mental skills testing, menopause symptoms and mood symptoms did

affect thinking skills.

Mental processing speed and verbal memory were more related to depression, [anxiety](#), and [hot flashes](#) in both HIV-infected and healthy women than the stage of menopause. Hot flashes in particular correlated with slightly lower mental processing speed, a skill that is also affected by the HIV virus. Depression correlated with decreased verbal memory, processing speed, and executive function (such as planning and organizing).

Of all the symptoms measured, anxiety stood out as having the greatest impact on [thinking skills](#), and the impact was much greater on women with HIV. Anxiety particularly affected their verbal learning skills. So treating anxiety may be key to improving the lives of midlife women with HIV, concluded the investigators.

"Unfortunately, HIV infection is associated with modest deficits in multiple domains of cognitive function, even in women who regularly take their HIV medications. These depression and anxiety symptoms add to those cognitive vulnerabilities, but can be treated," says senior author and NAMS Board of Trustees President-Elect Pauline M. Maki, PhD, from the University of Illinois at Chicago.

More information: The article, "Investigation of menopausal stage and symptoms on cognition in human immunodeficiency virus-infected women," will be published in the September 2014 print edition of *Menopause*.

Provided by The North American Menopause Society

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