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I wish you a very

**Happy
Easter**

Contraception for women aged over 40 years

Although a decline in fertility occurs from the age of 37, effective contraception is required until the postmenopause is confirmed. *No contraceptive method is contraindicated by age alone.* However the balance between the risks and benefits of different contraceptives changes with age and becomes increasingly relevant for women aged over 40 years. Contraceptive choice is influenced by natural decline in fertility, frequency of intercourse, non-contraceptive benefits, & medical conditions.

Combined oral contraception (COC)

Contraindications: Smoking, cardiovascular disease, stroke or migraine (even without aura).

First Choice: Monophasic/ $\leq 30 \mu\text{g}$ ethinylestradiol/ low dose of norethisterone or levonorgestrel

Important facts related to COC use

- * COC use can be used 1 year after stopping smoking as myocardial infarction risk falls significantly and is gone 3-4 years later, regardless of the amount smoked.
- * The risk of venous thromboembolism, ischaemic stroke and breast cancer with COC use may increase but it is likely to be small
- * The risk of cervical cancer & intraepithelial neoplasia increases after 5 years of COC use
- * Potential benefits: increase bone density, 50% reduction of ovarian & endometrial cancer (for 15 years after stopping), reduction in colorectal cancer & benign breast disease risk

Progestogen-only contraception (POC): Pills (POPs), Injectable, Mirena & implant

- * Although data are limited there is no apparent increase in cardiovascular disease risk
- * With ischaemic heart disease history the risks of initiating an injectable outweigh the benefits (Update 37), however, the benefits of initiating POPs, implants or Mirena outweigh the risks
- * Evidence currently available does not suggest a significant increase in breast cancer risk with POPs and injectables. The implants & Mirena are unlikely to pose an increased risk
- * With current venous thrombo-embolism the risks of using POC outweigh the benefits. With previous history, however, the benefits of using POC methods outweigh the risks
- * Irregular bleeding is a common side effect with POC. Clinicians should carefully consider when investigations are indicated and not routinely consider any bleeding is due to POC.
- * If Mirena is inserted at age ≥ 45 years for contraception or for menorrhagia (and NOT as a component of HRT) can be retained for up to 7 years although is licensed for 5 years.
- * A POP can be used with HRT to provide effective contraception

Tubal Occlusion for sterilization Counselling on sterilisation should be provided to women and men within the context of a service providing a full range of information on other long-term reversible methods of contraception including advantages and disadvantages and relative failures

Barrier Methods

Women should be advised to use condoms with non-spermicidal lubricant whenever possible. Nevertheless, the use of spermicidal with diaphragms or cervical caps is still recommended

Copper intrauterine contraception Menstrual abnormalities are common in the first 6 months. Medical advice is necessary if abnormalities occur after the first 6 months of use. An IUD with $>300 \text{ mm}^2$ of copper inserted at age ≥ 40 years can be retained until the menopause

Women aged >50 years Switch COC or injectable POC to POPs or barrier methods

When can a woman over the age of 40 years be advised to stop contraception?

- * Any contraceptive: At the age of 55 years as most (95.9%) will be menopausal by this age
- * Barrier methods & copper IUD: after 1 year of amenorrhoea (**2 years** if the last period occurred **before the age of 50**). This is unreliable ovarian failure indicator with hormonal contraception
- * POC (POPs, Mirena, Injectable, Implant): FSH levels checked on 2 occasions 1-2 months apart, and if both are $>30 \text{ IU/l}$ this is suggestive of ovarian failure. POC or barrier contraception can be used for another year (**2 years if aged <50 years**). Assessment of FSH levels is unreliable with COC contraception even if measured in the pill-free interval
- * COC: should be stopped for at least 6-8 weeks (barrier method or POP may be used) before the FSH levels checked using the same criteria mentioned above