Contraception in Perimenopause: Teaching Residents to Apply the Evidence CHA Cambridge Danit Brahver, MD; Honor MacNaughton, MD; Catherine Reyes, MD; Lindsey Fuller, MD

Tufts Family Medicine Residency at Cambridge Health Alliance, Malden, MA 02148

Why This Topic?

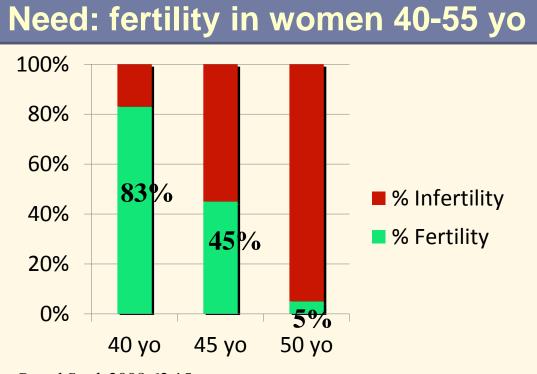
> Unintended pregnancy rates are rising in women over 40, demonstrating an unmet contraceptive need

Safely prescribing and discontinuing contraception in women nearing menopause are areas of clinical uncertainty for many providers

Framework for counseling women over age 40



SAFETY vs NEED



Popul Stud 2008 62 15

Safety: assess using the US MEC

Medical eligibility criteria for contraceptive use

- Developed by the CDC
- > Weighs risk of contraceptive vs risk of pregnancy
- Summary chart available at cdc.gov or as an app

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Legend	1:		_							
-	No restriction (method can be used)		3	3 Theoretical or proven risks usually outweigh the advantages						
2 Advantages generally outweigh theoretical or proven risks				Unacceptable health risk (method not to be used)						
	Condition	Sub-Condition			CHC	POP	Injection	Implant	LNG-IUD	
Smoking		a) Age <35			2	1	1	1	1	
		b) Age ≥35, <15 cigarettes/day			3	1	1	1	1	
		c) Age ≥35, ≥15 cigarettes/da	ay		4	1	1	1	1	

Common Clinical Questions

Doreen, a 49 year-old, has been using birth control pills for 3 years and has been amenorrheic for the last 2 years. She wants to know 1) how she will know when she is in menopause and 2) when should she stop the pill?



What do you need to know?

- \succ No h/o hot flashes
- Likes not getting a period

Clinical considerations:

its poor sensitivity (75%) and specificity (71%) menses ceases x 1 year

>The decision to continue or stop contraception should balance woman's risk of unintended pregnancy with risk of continuing contraception See chart for when and how to transition off of birth control

Roberta, 52, has been having hot flashes and irregular perimenopausal bleeding for 'years". Hot flashes have been unresponsive to non-hormonal therapies. She wants to discuss hormonal treatment options.



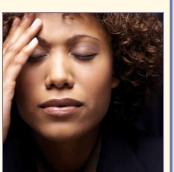
What do you need to know?

- BP 110/80, BMI = 29
- Non-smoker, no h/o migraine, HTN, DVT, liver disease

Clinical considerations:

• She needs both pregnancy prevention and treatment of hot flashes • Pill, patch, ring can treat hot flashes and perimenopausal bleeding but have increased risk CV and VTE risk compared to HRT due to higher estrogen • HRT alone is not reliable contraception but can be used w/ progestin only birth control methods if needed

Lucia, a 42 year-old, presents to your office for a new patient visit. She would like her prescription for OCPs refilled. Is it safe to refill them?



Cu-IUD

What do you need to know?

- BP 110/80, BMI = 26
- Has migraine without aura
- Smokes 5 cigarettes daily
- No HTN, DVT, or liver disease
- 10 year ASCVD risk = 5%

Safety Precautions: Refer to the US MEC

- w/o aura \geq 35 years old

> She is sexually active and does not want to get pregnant

- > FSH testing should NOT be used to routinely diagnosis menopause due to
- > Menopause is a clinical dx made after hormonal contraception is stopped &

• She is sexually active and wants contraception if she needs it

• Pill, patch, ring are MEC Category 3 for smokers or women with migraine

• Pill, patch, ring are **MEC Category 4** for women with multiple CV risk factors

Transitioning off of contraception: when and how? A woman in her mid-to late- 40s taking combined oral contraceptives (COCs) Switch to any: Continue COCs until early 50s IUD Depo-Provera Barrier methods LNG-IUD protects •Stop COCs endometrium if estrogen •Use condoms or other barrier therapy is started; others don't) methods until no menses for one Continue until age 55 year or partner sterilization •This approach will unequivocally diagnose menopause, but the woman may experience unpleasant

• At this time, counsel carefully on advantages and risks of HT • If she becomes symptomatic and wants to start HT, start it

Managing Contraception 2010 111

Hormonal contraception to treat perimenopausal symptoms

	VTE	MI/CV	lr Bl
LNG-IUD	-	-	
HRT + LNG-IUD	↑	↑	
HRT + DMPA/implant	↑	↑	
HRT + Barrier	↑	↑	
Pill, patch, ring	ተተተ	ተተተ	

Take Home Points

Cardiovascular risk increases with age but at the same time fertility persists in some until age 55

menopausal symptoms and

pregnancy

start it

Use the US Medical Eligibility for Contraceptive Use to guide contraceptive counseling in older women

> FSH testing does not reliably diagnose menopause in women on or off birth control \succ Hormonal contraception can be continued until age 55 if the benefit > risk

 \succ HRT is not reliable contraception





ARVARD MEDICAL SCHOOL

Beth Israel Deaconess Medical Center

Continue low dose COCs until age 55 •Laboratory-testing free transition to menopause. •This approach is inexpensive, easy, and probably safe, but the safety of exposing women to higher doses of hormones than needed in early menopause has not increase her risk of an unintended been studied (Kaunitz 1998) Age 55, counsel carefully on If she becomes symptomatic and the advantages and risks of wants to start HT, counsel carefully HT. If she becomes on the advantages and risks and symptomatic and wants to start HT, start it regular Unintended Hot Flashes eeding Pregnancy $\mathbf{1}$ イイ $\psi\psi\psi$ $\mathbf{\Psi}\mathbf{\Psi}$ $\mathbf{\Psi}\mathbf{\Psi}$ $\psi\psi\psi$ $\mathbf{\Psi}\mathbf{\Psi}$ J $\psi\psi\psi$ $\mathbf{\Psi}\mathbf{\Psi}$