

Contraception in Perimenopause: Teaching Residents to Apply the Evidence

Why This Topic?

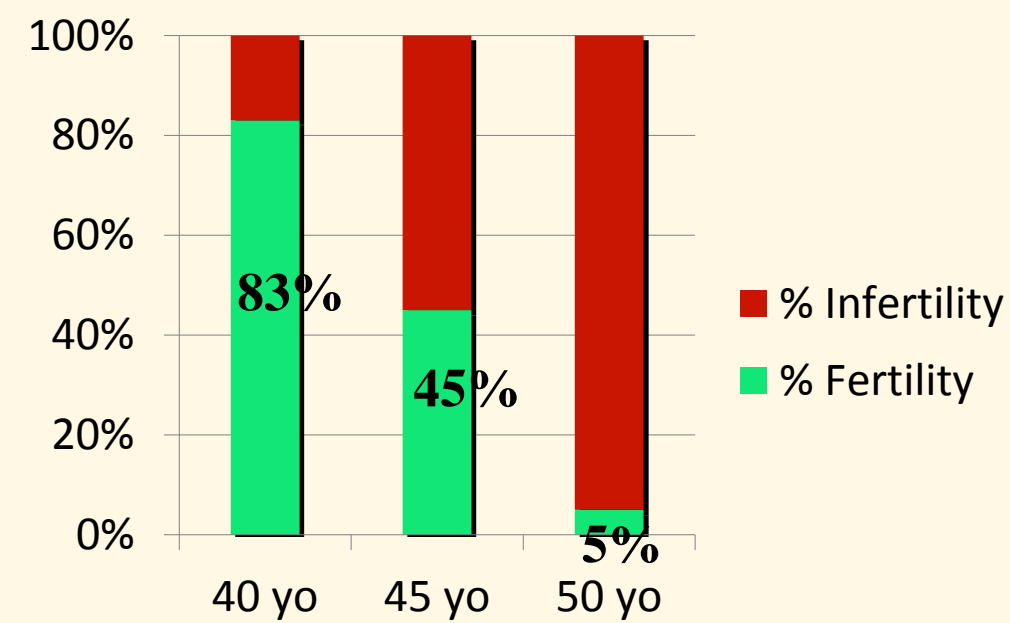
- Unintended pregnancy rates are rising in women over 40, demonstrating an unmet contraceptive need
- Safely prescribing and discontinuing contraception in women nearing menopause are areas of clinical uncertainty for many providers

Framework for counseling women over age 40



SAFETY vs NEED

Need: fertility in women 40-55 yo



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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

Legend:

- 1 No restriction (method can be used)
- 2 Advantages generally outweigh theoretical or proven risks
- 3 Theoretical or proven risks usually outweigh the advantages
- 4 Unacceptable health risk (method not to be used)

Condition	Sub-Condition	CHC	POP	Injection	Implant	LNG-IUD	Cu-IUD
Smoking	a) Age <35	2	1	1	1	1	1
	b) Age ≥35, <15 cigarettes/day	3	1	1	1	1	1
	c) Age ≥35, ≥15 cigarettes/day	4	1	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?

- No h/o hot flashes
- She is sexually active and does not want to get pregnant
- Likes not getting a period

Clinical considerations:

- FSH testing should NOT be used to routinely diagnosis menopause due to its poor sensitivity (75%) and specificity (71%)
- Menopause is a clinical dx made after hormonal contraception is stopped & 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.



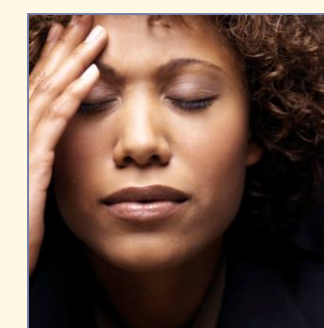
What do you need to know?

- She is sexually active and wants contraception if she needs it
- 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?



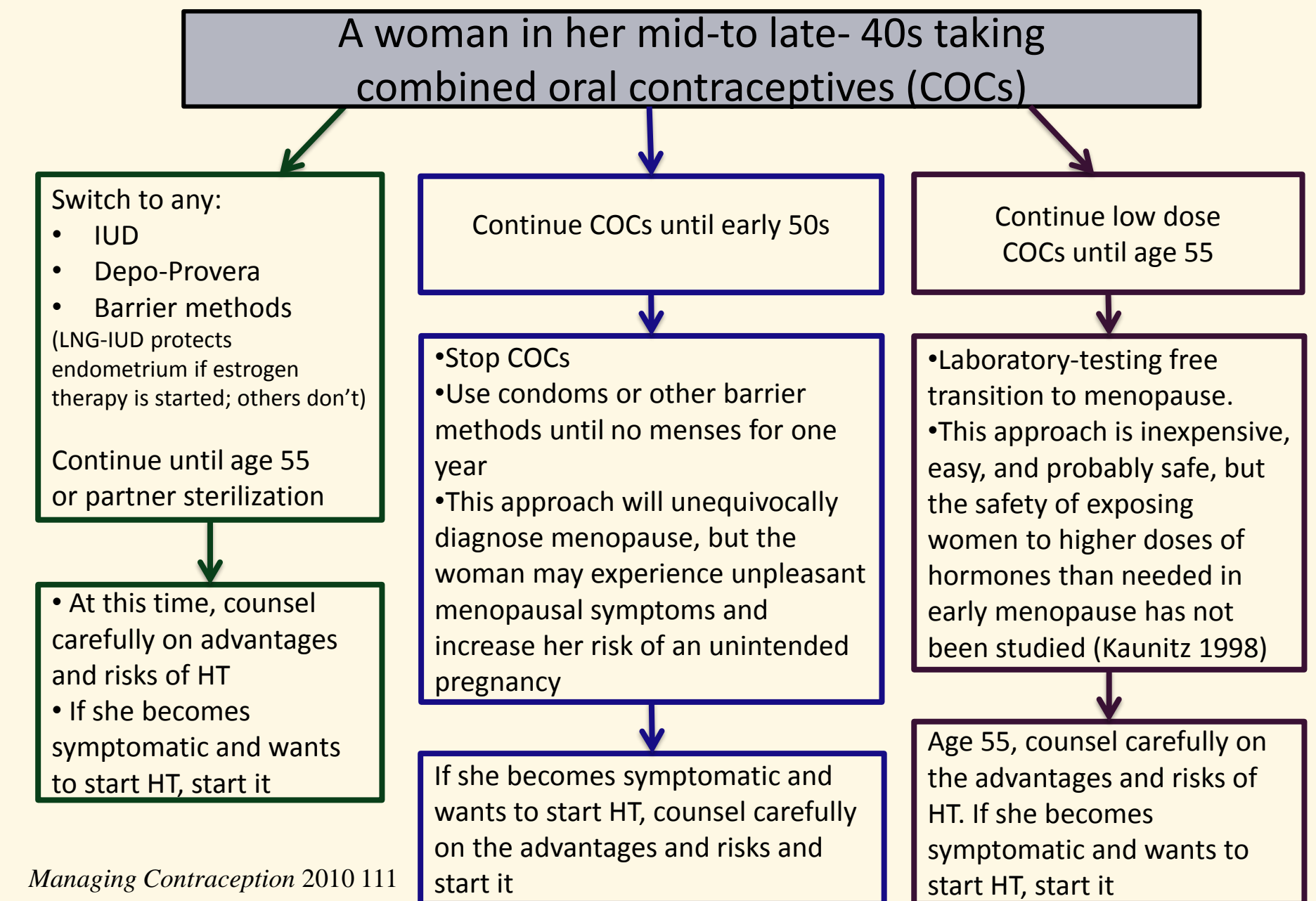
What do you need to know?

- 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

- Pill, patch, ring are **MEC Category 3** for smokers or women with migraine w/o aura ≥ 35 years old
- Pill, patch, ring are **MEC Category 4** for women with multiple CV risk factors

Transitioning off of contraception: when and how?



Hormonal contraception to treat perimenopausal symptoms

	VTE	MI/CV	Irregular Bleeding	Hot Flashes	Unintended Pregnancy
LNG-IUD	-	-	↓↓	↓	↓↓↓
HRT + LNG-IUD	↑	↑	↓	↓↓	↓↓↓
HRT + DMPA/implant	↑	↑	↓	↓↓	↓↓↓
HRT + Barrier	↑	↑	↑	↓↓	↓
Pill, patch, ring	↑↑↑	↑↑↑	↓	↓↓↓	↓↓

Take Home Points

- Cardiovascular risk increases with age but at the same time fertility persists in some until age 55
- 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
- Hormonal contraception can be continued until age 55 if the benefit > risk
- HRT is not reliable contraception