Juggling Pregnancy Prevention and Symptom Management in the Peri-Menopause

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Objectives

1. Display familiarity with sections of the 2016 CDC U.S. MEC that pertain to older women
2. Identify 2 contraceptive counseling considerations during perimenopause
3. Describe 3 “non-contraceptive benefits” that could help during perimenopause

Facts of Life

- Women over 40 are still fertile
- Women are sexually active in mid-life
- Mid-life women may be in relationship transition
- STI rates in older adults are increasing
- Risk reduction requires contraception and may require negotiating condom use

Rivers, J. 2014.


BEST PRACTICE

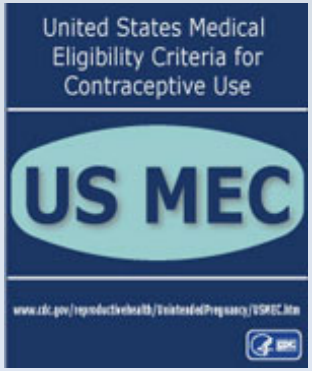
U.S. Medical Eligibility for Contraceptive Use

U.S. Selected Practice Recommendations

UTILIZE NATIONAL GUIDELINES

Find the APP

- ✓Play store on android
- ✓App store on iPhone
  - ✓Go to search field
    - ✓Type in: Contraception CDC



Medical Eligibility Criteria Categories

1	No restriction for the use of the contraceptive method for a woman with that condition
2	Advantages of using the method generally outweigh the theoretical or proven risks
3	Theoretical or proven risks of the method usually outweigh the advantages – not usually recommended unless more appropriate methods are not available or acceptable
4	Unacceptable health risk if the contraceptive method is used by a woman with that condition

http://www.cdc.gov/mmwr/pdf/rr/rr5904.pdf

U.S. Selected Practice Recommendations

Provides recommendations on optimal use of contraceptive methods for persons of all ages

The Joy of Perimenopause

- Anovulation in 50% with occasional ovulatory events
- Menorrhagia or metrorrhagia
- Vasomotor symptoms
- Vulvovaginal dryness

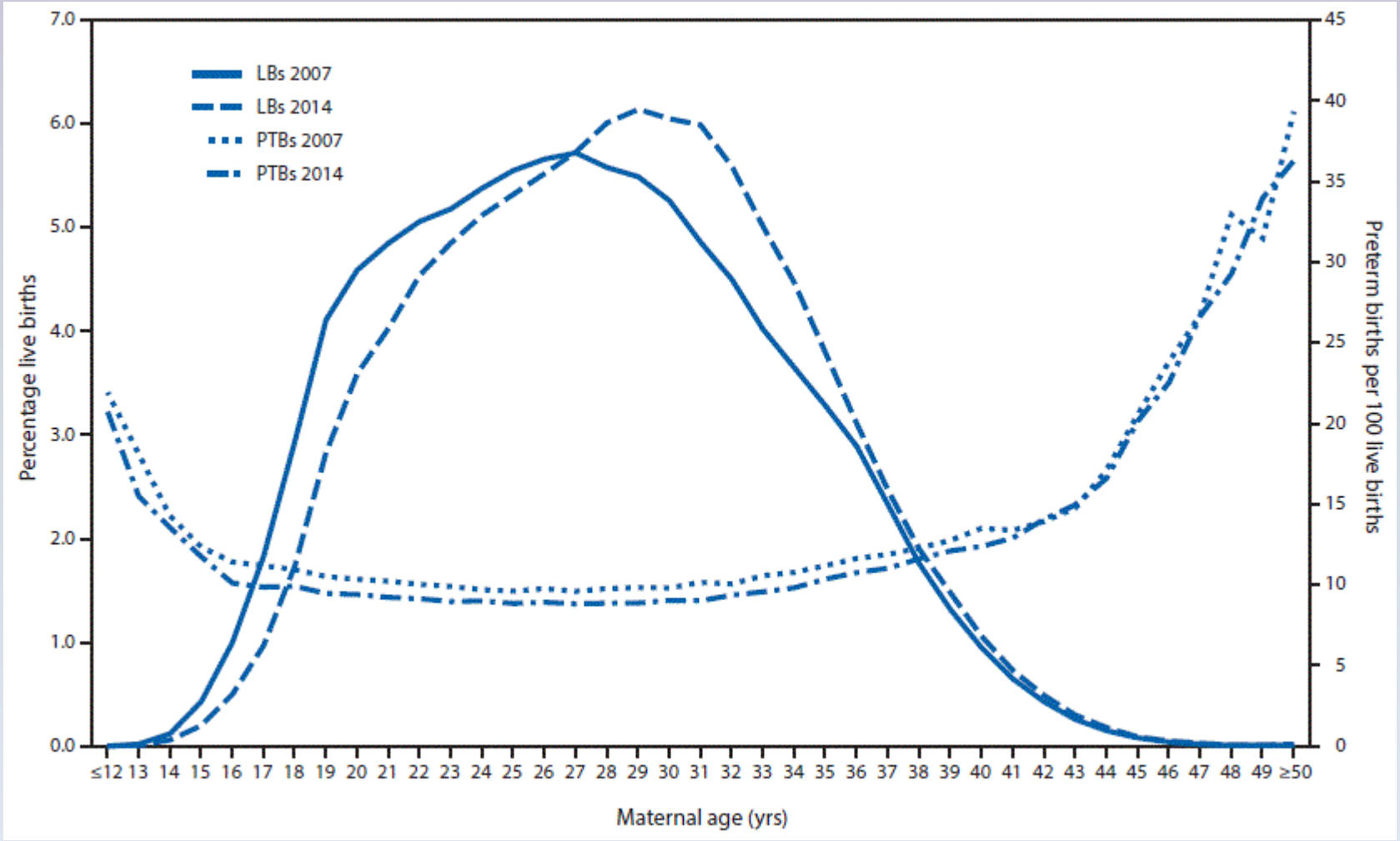
Allshouse AA. 2015.
Speroff L. 2005.

Perimenopause Symptoms

- Mastalgia
- Increased premenstrual symptoms
- Hirsutism, irritability and acne
- Sleep disturbances
- Fatigue
- Anxiety
- Depression

Kravitz, H. M., 2008
Allshouse AA. 2015.
Greenblum CA. 2013.
Bromberger JT. 2013.

Effects of Maternal Age and Age-Specific Preterm Birth Rates



Ferré C. et, al. 2016.

Miscarriage

- 20-24 years
  - 9% overall
  - 3.86% second trimester
- >40 years old
  - 55-75% overall
  - 50% second trimester

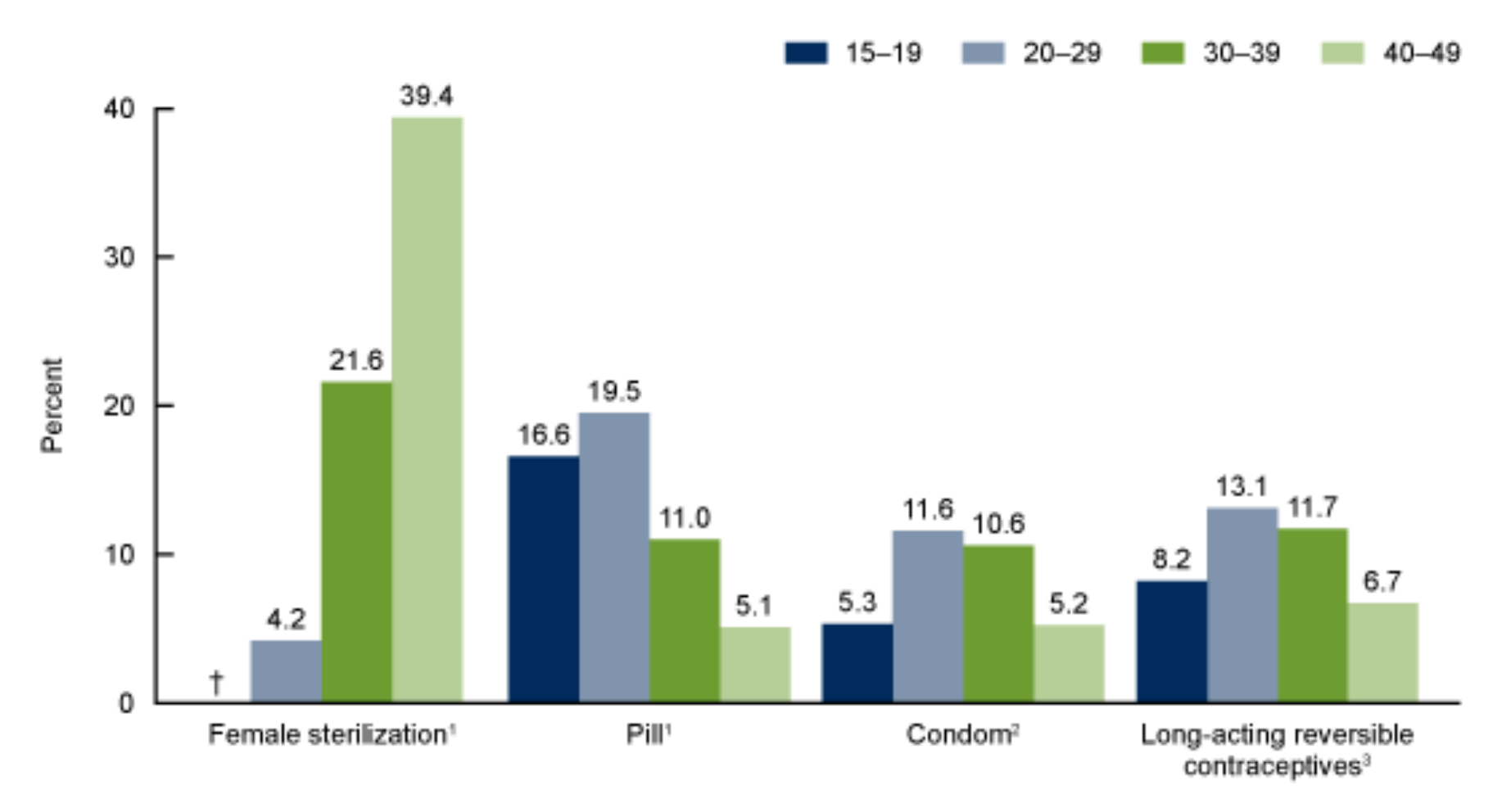
ACOG 2014
CDC 2012.
Balasch, J. 2011.
Hoesli IM. 2001.

Increased Obstetric Morbidity, Mortality, & Interventions

- Perinatal complications
- Chromosomal defects
- Preterm birth, small for gestational age
- Ectopic pregnancy risk ↑to 7%
- C-section, placenta previa, placental abruption
- Preeclampsia, gestational diabetes, HTN

Linton, A. 2016. Long, M. 2015. Allen, R. 2013. Baldwin M. 2013

Percentage Of Women Using Each Method By Age Group: 2015–2017



Daniels K, A. J. (2018). CDC Data

Progestin-Only Methods > 45 Years

- Implant: 1
- DMPA: 2
- POP: 1
- LNG IUD: 1

Note...Unpredictable bleeding may be confusing and potentially obscure endometrial hyperplasia

United States Medical Eligibility Criteria for Contraceptive Use

US MEC

> 45 + Multiple Risk Factors: Smoking, DM, Low HDL, High LDL, High TG

- Implant: 2

- DMPA: 3

- POP: 2

- LNG IUD: 2

United States Medical Eligibility Criteria for Contraceptive Use

US MEC

New: Drospirenone (DRSP) 4 mg Progestin-only Pill (POP) Slynd™

- DRSP is progestin in: Yaz, Yazmin, Ocella
- No estrogen to increase thromboembolic risk
- Diuretic effect like spironolactone
- May help PMDD, PCOS, hirsuitism

Palacios, S. et al. 2019. Archer, D. F. et al. 2015.

Best News About Drospirenone Pill

No back-up needed if <24 hours since missed pill

DRSP Has a Long Half Life

- 30-33 hour half life
- The other currently available POP contains northindrone which has a 8-9 hour half life

Potassium

- Contraindicated in people with conditions that predispose to hyperkalemia
- Check serum K+ levels during the first treatment cycle if on medications that may increase K+

Palacios, S. et al. 2019. Archer, D. F. et al. 2015.

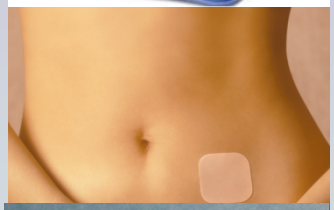
DMPA Caution

- DMPA can cause a hypo-estrogenic state
- Users lose bone mineral density (BMD) while on DMPA
- Users regain BMD after discontinuing DMPA
- Not known if peri-menopausal users can regain BMD to baseline before menopause
- This needs further study

- *This concern **does not apply to other "progestin-only" methods***

Combined Hormonal Contraceptives ≥ 40

- Combined pill: 2
- Combined patch: 2
- Combined vaginal ring: 2

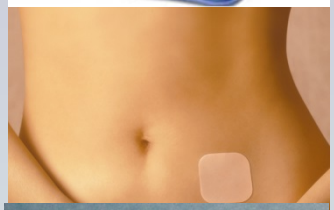


Note...The current contraceptive patch has 60% more estrogen than a pill or ring

≥ 40 + Multiple Risk Factors: Smoking, DM, Low HDL, High LDL, High TG

- Combined pill: 3 or 4

- Combined patch: 3 or 4



- Combined vaginal ring: 3 or 4

30–42 days postpartum: 3

One-Year Vaginal Contraceptive Ring

- Segesterone acetate (Nestorone®) + ethinyl estradiol
- Side effect & bleeding profile similar to NuvaRing®
- Does not require refrigeration

Merkatz, et al., 2014

Branded pill

- 10 mcg EE/ 1 mg norethindrone acetate
- Will a very low dose of EE make a safety difference?
- No data indicating that it is safer

PREDICTING MENOPAUSE

Predicting Menopause

- Salivary hormone levels not reflective of serum levels
- Diagnosis is clinical

Follicle Stimulating Hormone (FSH)

- Limited reproductive potential if FSH ≥20
- A single measurement is not reliable
  Based on “this months” follicle
- Measurement of FSH reflects *peri-ovulatory* activity of

  larger growing follicles

Antimüllerian hormone (AMH)

- Levels decline across the reproductive lifespan
- Reflects ovarian reserve
- Useful in infertility work-up and management
- More data are needed to determine the utility of AMH as a predictor of time to menopause

ACOG 2019

When is There No Further Need for Contraception?

- Age <50
  - Amenorrhea for 24 months OR
  - FSH ≥30 on 2 occasions 6–8 wks apart
- Age ≥50
  - Amenorrhea for 12 months OR
  - FSH ≥30 on 2 occasions 6–8 wks apart
- Age 60

Baldwin, M. 2013

If Using Combined Hormonal Contraceptives

- Can begin checking at age 50
- 7–14 days after use of a pill, patch, or vaginal ring
- Check FSH while using a non-hormonal alternative method
- No further need for contraception if FSH ≥30 on two occasions 6–8 weeks apart

Baldwin, M. 2013

If Using DMPA

- Can begin checking at age 50
- Check on two occasions
  - –90 days apart
  - –obtained on the day of an injection
- No further need for contraception if FSH ≥30 on two occasions

Baldwin, M. 2013


NON-
CONTRACEPTIVE
BENEFITS

FDA Indicated

- Estradiol valerate (instead of ethinyl estradiol) branded pill indicated for the treatment of heavy menstrual bleeding
- Some pills are indicated to treat acne

Non-Contraceptive Benefits LNG IUD

- Decreased
  - Heavy menstrual blood loss
  - Dysmenorrhea
  - Protection from endometrial cancer (and some data support reduced risk of ovarian cancer)
  - No adverse effect on BMD

Can be left in place during and after transition to menopause for endometrial protection if using estrogen therapy

LNG IUD
Additional Therapeutic Use

- Symptomatic fibroids
- Endometrial hyperplasia
- Symptomatic endometriosis, adenomyosis

Non-Contraceptive Benefits Combined Hormonal Contraception (CHC)

- Controls or schedules bleeding
- Avoidance of abnormal uterine bleeding
- Reduced dysmenorrhea

Non-Contraceptive Benefits CHC

- Reduction of vasomotor symptoms
- Control of acne and hirsutism
- Reduction in PMS symptoms
- Improved vulvovaginal dryness
- Stabilization of BMD

Non-Contraceptive Benefits CHC

- Improved quality of life
- Treatment of depression in symptomatic, midlife women
- Improvement in benign breast disease
  - Breast tenderness, fibroadenoma and chronic cystic disease

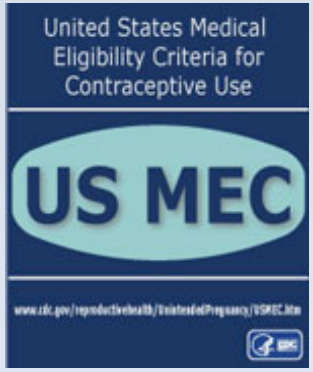
Ovarian, Endometrial, and Colon Cancer Protection

Current or former COC use:

- More protection the longer it was used
- Protection continues long after discontinuing use

CHCs and Bone Mass

- COC use appears to preserve bone mass in perimenopausal women
- Fracture risk does not seem to be either reduced or increased overall



Scholes, D. 2016.

Continuous Use of Combined Hormonal Contraceptives

- Delays or eliminates bleeding
- Less blood loss
- More effective; less ovarian activity
- More margin for user error
- Demonstrated safety
- Rx extended-use brand
- Or just skip hormone-free interval

Continuous Use

↓ Common Perimenopause Symptoms

- Avoids hormone withdrawal symptoms
- **PMS**;
  - Mood
  - Headaches
  - Pelvic pain/cramping
  - Bloating

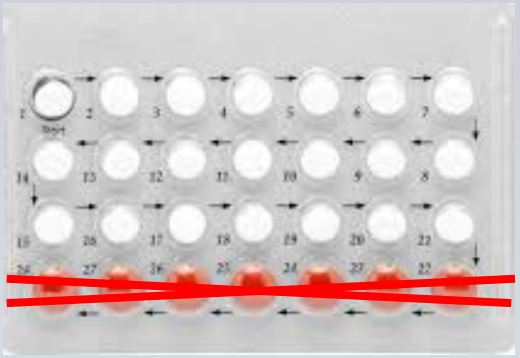
Continuous Use Can Decrease Symptoms from:

- Adenosis, endometriosis
- Leiomyoma
- Bleeding irregularities

Best effect seen after 6 months

Adapting Pill Packs for Continuous Use

- Monophasic
- 21 days



- Or 24 days

- Continuous use means no placebo, no hormone-free interval (HFI)

Continuous Use Vaginal Ring

- Goal is no bleeding
- Ring left in place in vagina for 1 month
- First day of each calendar month switch ring
- Each ring has enough hormone to last at least 6 weeks
- 4 day HFI when needed

Dragoman M. 2013.

Implant

LNG 52 IUD

Copper IUD

EXTENDED USE

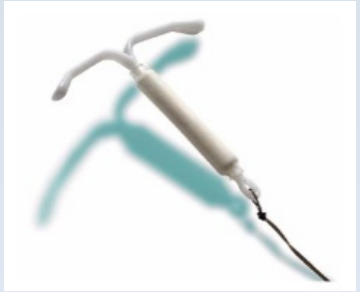
Etonogestrel Implant

- No pregnancies when used for up to 5 years
- Can protect endometrium if using estrogen therapy for peri or post-menopausal symptom management

Ali, M. et al. 2016
McNicholas, Swor et al. 2017

Levonorgestrel IUD 52 Mg

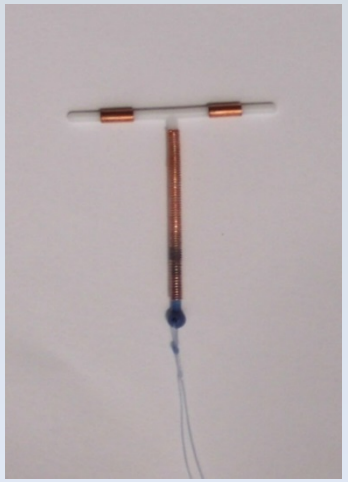
- No increase in failure rate when used for up to 7 years (in one study up to 15 years)
- Can protect endometrium if patient is using estrogen therapy for symptom management



Bahamondes et, al. 2017.
McNicholas 2017.
Rowe, Farley et al. 2016.

Copper IUD

- 12 years considered standard
- Likely good for 20 years particularly when fecundity is decreased



Female Condom FC2
Internal (Insertive) Condom

- A thin nitrile sheath or pouch worn by a woman
- At each end there is a flexible ring
- Condom entirely lines the vagina
- Helps to prevent STIs & HIV

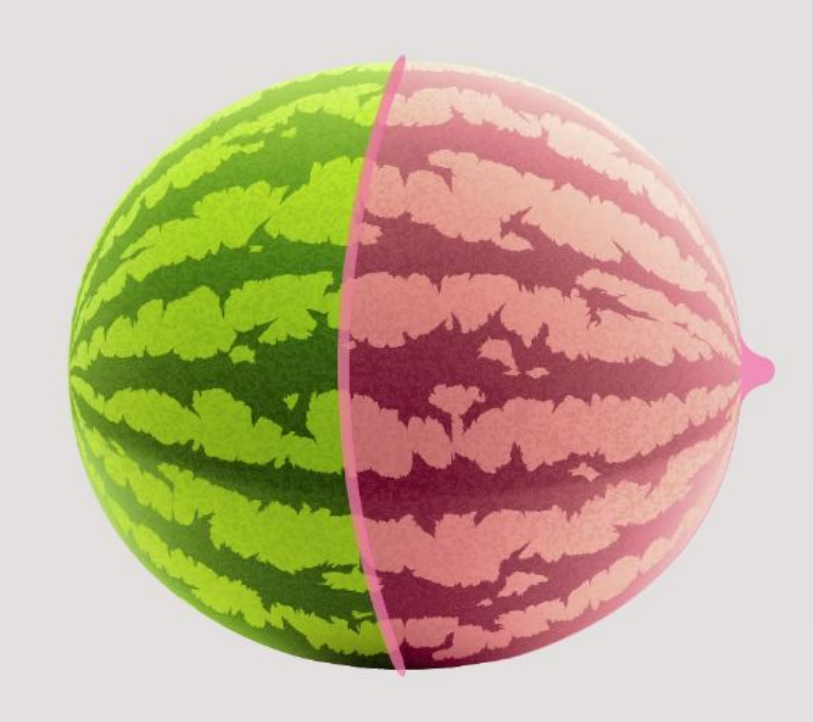
Benefits for Older Women

- Comes with silicone-based lubricant on the inside
- Additional lubrication can be used. Does not have to be water soluble
- Does not contain spermicide
- STI protection that doesn’t rely on a partner maintaining an erection

Penises Come in Many Sizes

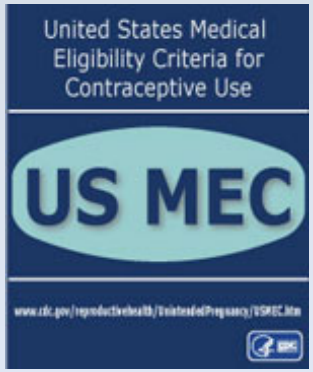
https://www.myonecondoms.com/

10 lengths 9 widths 60 sizes



Concern for Efficacy
Fertility Awareness Based Methods

- US MEC Gives a **C for Caution**
- Clarification: Menstrual irregularities are common in peri-menopause and might complicate the use of FABM methods.



Nonoxynol 9 CAUTION

- All currently available spermicides contain nonoxynol 9 (N-9)
- N9 is a surfactant (detergent) and can:
  - increase risk of HIV transmission
  - disrupt lactobacillus, and vaginal and rectal epithelial lining
  - create sloughing and epithelial ulceration

Stafford et al., 1998.
Zalenskaya et al., 2011.
Van Damme et al., 2002.

Questions?

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