



Perimenopausal Contraception

(Answers to 23 Questions in 23 Minutes in '23)



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Mature Women's Health Care CME
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Learning Objectives

To increase your confidence in counselling the perimenopausal patient on contraception:

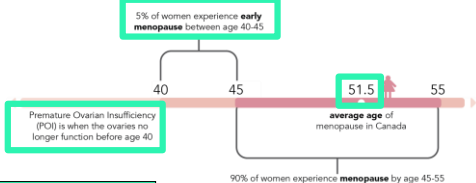
1. Reviewing 23 relevant facts about perimenopause and contraception in 2023.
 - Definitions
 - Endocrinology of Aging
 - Contraception Counselling Nuances
2. Providing 'Toolkit Tips' that you can apply in your own practice when considering different options.

Toolkit Tips

Question 1:

What is menopause?

Menopause occurs when the ovaries decrease their functioning and no longer release eggs. Usually, menopause is diagnosed after someone has gone 12 months without a menstrual period.



Toolkit Tips
Different types of menopause:
Surgical, Induced, POI, Early, Natural Menopause

Question 2:

What is perimenopause?

STRAW +10
Standardized Staging System for Reproductive Aging

Stage	5	4	3B	3A	2	1	+1a	+1b	+1c	+2
Terminology	REPRODUCTIVE			MENOPAUSAL TRANSITION			POSTMENOPAUSE			
Duration	Early	Peak	Late	Perimenopause			Early	Mid	Late	
Duration	variable	variable	variable	variable			3-6 years	Remaining lifespan		
PRINCIPAL CRITERIA	Menstrual Cycle			Interval of consecutive cycles						
	Variable to regular	Regular	Regular	Subtle changes in length	Variable Length	Interval of consecutive cycles				
SUPPORTIVE CRITERIA	Endocrine			Fertility			Vasomotor symptoms			
	FSH	Low	Variable	↑ Variable	↑ Variable	↑ Variable	↑ Variable	↑ Variable	↑ Variable	↑ Variable
	Axial	Low	Low	Low	Low	Low	Low	Low	Low	Low
	Anterior Pituitary	Low	Low	Low	Low	Low	Low	Low	Low	Low
DESCRIPTIVE CHARACTERISTICS	Symptoms			Vasomotor symptoms			Vasomotor symptoms			
	None			None			None			

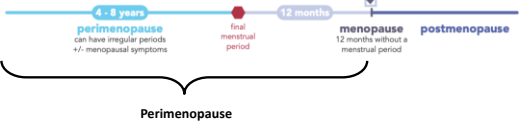
* Blood draw on cycle days 2-5 * ** elevated
 * Approximate expected level based on assays using current international pituitary standard**

North American Menopause Society, 2012.

Question 3:

How do we explain this to our patients?

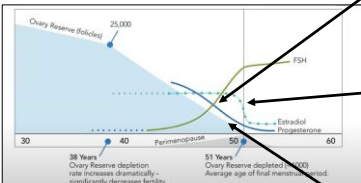
Perimenopause precedes natural menopause and occurs during a time of fluctuating hormones. People may experience irregular periods and menopausal symptoms. It can last 4 to 8 years and typically starts with changes in the length of time between periods and ends 1 year after the final menstrual period.



Perimenopause

Question 4:

How do I explain the endocrinology to patients?



Toolkit Tips
"Checking Hormones" or "Seeing Where you Are" isn't typically helpful.

Ovaries stop being as responsive to FSH so your brain works a bit harder by releasing more FSH to help you ovulate. Ovarian response to FSH is inconsistent.

Without the consistent ovarian response to FSH, follicle development decreases so you don't make as much estrogen. This is what is giving you the symptoms associated with low estrogen.

Because you aren't ovulating as much, you don't have a lot of progesterone circulating to stabilize your endometrial lining. This is what may be giving you abnormal bleeding, usually referred to as anovulatory cycles.

Image Credit: Dr. J. Bitzer, IMS.

Question 5:
What are common gynaecologic considerations in perimenopausal patients?

Fast Facts

- Nonsteroidal anti-inflammatory
- Tranexamic acid
- Levonorgestrel intrauterine device
- Combined Hormonal Contraceptive

Toolkit Tips

- ✓ www.GYNQJ.com
- ✓ Heavy Menstrual Bleeding Portal

Question 5:
What are common gynaecologic considerations in perimenopausal patients?

Toolkit Tips

- ✓ 1 in 4 women will have **Heavy Menstrual Bleeding**

Toolkit Tips

- ✓ Up to 25% of perimenopausal people will have VMS symptoms
- ✓ Up to 20% will have new-onset depressive symptoms

Question 5:
What are common gynaecologic considerations in perimenopausal patients?

Toolkit Tips

- ✓ 1 in 4 women will have **Heavy Menstrual Bleeding**

Toolkit Tips

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Question 5:
What are common gynaecologic considerations in perimenopausal patients?

Toolkit Tips

- ✓ Bleeding Pattern Changes
- ✓ Menopausal Symptoms
- ✓ Contraception

Question 6:
What are general health considerations as women age?

<p>↑ Cancers Breast, Endometrial, Ovarian</p>	<p>↑ Cardiovascular Disease</p> <table border="1"> <tr> <td>4/10,000</td> <td>45-49 years old</td> </tr> <tr> <td>1/1000</td> <td>50-54 years old</td> </tr> <tr> <td>1.44/1000</td> <td>55-59 years old</td> </tr> <tr> <td colspan="2">↑ 0.2/10,000 per year after 35 yo (MI)</td> </tr> </table>	4/10,000	45-49 years old	1/1000	50-54 years old	1.44/1000	55-59 years old	↑ 0.2/10,000 per year after 35 yo (MI)	
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<p>↑ Metabolic Syndrome</p>									
<p>↓ Low Bone Density</p>									
<p>↑ Stroke Risk doubles every 10 years from a age 45 onwards</p>	<p>↑ Venous Thromboembolism Annual incidence increases between 40-60 years old 1/10,000 → 1/1,000</p>								

Toolkit Tips

- ✓ Many age-related health risks that increase among perimenopausal women

Question 7:
The chance of me getting pregnant in perimenopause is low ... I think. Do I even need contraception?

- Yes.

FEMALE AGE & FERTILITY

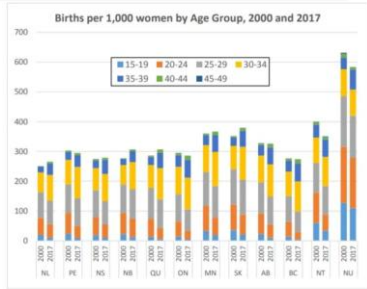
Age in years	% Per month chance of conception
20	25
25	20
30	15
35	10
40	5
45	2
50	1
55	0.5
60	0.2

- "You need to use an **effective, safe, and appropriate** method of birth control until 12 months after last menstruation."^{1,2}

¹North American Menopause Society, 2015
²American Society for Reproductive Medicine, 2014

Question 8:
Why does contraception for perimenopausal people matter?

Many people choose to have pregnancies later and want to be pregnant in their 40s.



Source: Statistics Canada, CANSIM database, Table 13-10-0418-01. No data available for Yukon in 2017. Statistics Canada, 2021

Question 7:
Why does contraception for perimenopausal people matter?

- Pregnancies among women over 40 can be associated with higher risk of fetal abnormalities, miscarriage and preterm birth compared to younger women.¹

Toolkit Tips
✓ 48% of all pregnancies in women in their 40s are unplanned, making this the second most common group for unplanned pregnancy.²

¹Kenny et al., PLOS ONE 2013;8(2):e56583
²Finer LB et al. Contraception 2011; 83:476

Question 8:
What is a framework for contraception counselling visit?



History Taking



Screening for Contraindications



Exploring contraceptive choice and adherence in the broader context of the individual's sexual behaviour, reproductive health risk, social circumstances, and relevant belief systems.



Risks/Benefits



Prescribing a Method



Perimenopausal Considerations

CCSC Contraception Guidelines, 2020

Question 9:
What's available?

<p>Copper IUD (e.g. Mona Lisa, Liberte)</p> <ul style="list-style-type: none"> • Cost: \$65-900 • Effect on Breastfeeding: None • Considerations: Can make periods heavier and more painful, inserted in clinic, can have same IUD for 5+ years. • Failure rate*: 8/1000 	<p>Progesterone Injection (e.g. Depo Provera)</p> <ul style="list-style-type: none"> • Cost: \$180/year • Effect on Breastfeeding: None • Considerations: Injection every 3 mos, can be started anytime, may not be optimal for women with low mood • Failure rate*: 90/1000 	<p>Barrier Methods (e.g. Male and Female Condoms)</p> <ul style="list-style-type: none"> • Cost: \$1-\$3/use • Effect on Breastfeeding: None • Considerations: Protection against sexually transmitted infections (STIs) • Failure rate*: 200/1000
<p>Progesterone IUD (e.g. Mirena)</p> <ul style="list-style-type: none"> • Cost: \$400 • Effect on Breastfeeding: None • Considerations: Can have nuisance spotting for 3-6 months, inserted in clinic, can have same IUD for 7 years • Failure rate*: 0/1000 	<p>Combined Hormonal Contraception (e.g. pill, patch, ring)</p> <ul style="list-style-type: none"> • Cost: \$15-\$30/month • Effect on Breastfeeding: Estrogen component may decrease milk supply • Considerations: Dosing is daily (pill, weekly (patch) or monthly (ring)) • Failure rate*: 90/1000 	<p>Natural Methods (e.g. Withdrawal, Rhythm Method)</p> <ul style="list-style-type: none"> • Cost: Free • Effect on Breastfeeding: None • Considerations: Requires dedication to tracking cycles, cannot use rhythm method while breastfeeding • Failure rate*: 240/1000
<p>Progesterone Only Pill (e.g. Mircronor)</p> <ul style="list-style-type: none"> • Cost: \$15-\$30/month • Effect on Breastfeeding: None • Considerations: Must be taken at the same time every day, may not be optimal for women with low mood • Failure rate*: 90/1000 	<p>Progesterone Implant (e.g. Nexplanon)</p> <ul style="list-style-type: none"> • Cost: \$400 • Effect on Breastfeeding: None • Considerations: Can have nuisance spotting for 3-6 months, inserted in the office, lasts 3 years • Failure rate*: 2/1000 	<p>Permanent Methods (e.g. Vasectomy, Tubal Ligation)</p> <ul style="list-style-type: none"> • Cost: Covered by CHIP • Effect on Breastfeeding: None • Considerations: Considered Irreversible, tubal ligation requires surgery (risk of bleeding and infection) • Failure rate*: 1/1000

*Pregnancies for every 1,000 women over one year with typical use

Gladstone et al., 2021; www.GYNQJ.com

Question 11:
What about Copper IUDs (e.g., Mona Lisa, Liberte)?

Risks:
Insertion Risks:
Bleeding, Infection, Perforation (1-2/1000)
Expulsion

Benefits:
↓ Endometrial CA,
No CV, stroke, VTE risk

Side Effects:
Hypermenorrhea,
Dysmenorrhea

Other Considerations:
Provider Insertion/Removal
Not ideal if at risk of STIs
Removal at menopause
(none vs pain/bleeding/infection)

Failure Rate: 8/1000

Method:
Copper IUD

Canadian Contraception Consensus, 2015

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Perimenopausal Considerations

Method:
Copper IUD

Comparison Table:

<p>✓ Contraception: Copper IUDs 99.8% effective Lasts 10 years</p>	<p>✓ Endometrial Cancer: ↓ 40% risk ↓ 40% risk ↓ 40% risk</p>
<p>✓ Stroke: ↓ 40% risk ↓ 40% risk</p>	<p>✓ Hypermenorrhea: ↓ 40% risk ↓ 40% risk</p>
<p>✓ Side Effects: ↓ 40% risk ↓ 40% risk</p>	<p>✓ Other Considerations: ↓ 40% risk ↓ 40% risk</p>

Canadian Contraception Consensus, 2015

Question 19:
What are goals in choosing an OCP?

- Minimize side effects:

Estrogenic	Progestogenic	Androgenic
Bloating Nausea/Vomiting Breast fullness BTB Irritability Headache Hypertension	Headache Breast pain Hypertension	Acne Weight gain Hirsutism Fatigue Depression

- Minimize Risks
 - Consider type of OCP
- Optimize Benefits
 - Continuous Use

Question 20:
Are there OCP Differences?

Estrogen	Progesterone	Trade Name	Tips
10 mcg ethinyl estradiol	1mg norethindrone acetate	LoLo	-Synthetic Estrogen -1 st generation progesterone MEDIUM Androgenic Effects LESS VTE
20 mcg ethinyl estradiol	0.1mg levonorgestrel	Alesse	-Synthetic Estrogen -1 st generation progestin HIGH Androgenic Effects LESS VTE
30 mcg ethinyl estradiol	0.15mg desonorgestrel	Marvelon	-Synthetic Estrogen -3 rd generation progestin MINIMAL Androgenic Effects ↑ VTE
15 mg estetrol	3mg drospirenone	Nextstellis	-Plant-based estrogen (E4) -antagonist in breast tissue -agonist on brain, vagina, uterus, endometrium, bone -4 th generation progestin ANTIANDROGENIC ↑ VTE

Question 21:
What are the Take Home Messages?

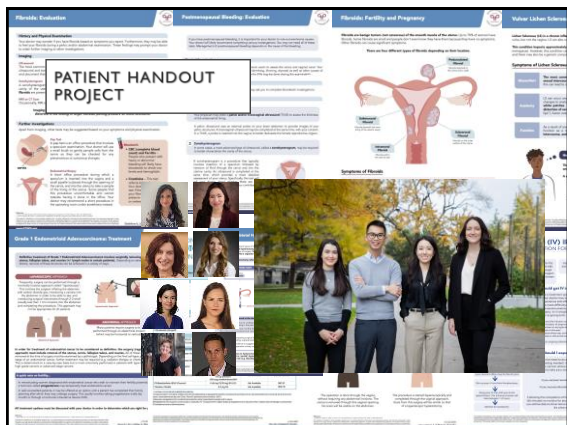
Toolkit Tip
Exclude choices that pt doesn't want or doesn't meet her needs and values.
Exclude methods the patient can't use due to health risks.
Choose method that best fits expectations and provides additional benefit.

Toolkit Tip
In real life, coital frequency and ovarian reserve decrease as women age. Therefore, contraceptive methods with lower inherent efficacy may be acceptable to your patient.

Question 22:
Any new resources available?

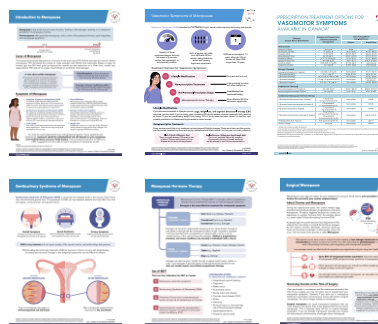


Toolkit Tip
www.GYNQI.com



Question 22:
Any new resources available?

Menopause Patient Handouts



Question 23:
How can I email handouts to my patients?

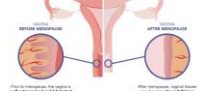
Gastrointestinal Symptoms of Menopause

Menopausal & Post-menopausal Syndrome (MPS) is a condition for women (and a few men) who experience hot flashes and night sweats along with the symptoms of menopause. MPS can also be associated with the following:

- Heart Symptoms**
 Heart palpitations, chest pain, and irregular heart rate.
- Brain Symptoms**
 Memory loss, difficulty concentrating, and brain fog.
- Other Symptoms**
 Fatigue, weight gain, and changes in skin and hair.

NOTE: Only women with the signs and symptoms of menopause can be diagnosed with MPS.

Without adequate and timely treatment, MPS can become a chronic condition with long-term effects on quality of life and overall health.



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Enter your email address below and submit to have this handout emailed to you. If you are a physician emailing this handout to a patient, you can use the message field to add additional information.

Email

Message

New Menopause Information Portal

Menopause Portal | Symptomatic Complications/Problem Tool | Hotlines | 02 | a session | About The Project

Complete Guide to Menopause

Menopause occurs when a woman has no menstrual period for 12 consecutive months. It is a natural condition affecting one half the female population and can present with a wide range of symptoms. It can cause discomfort and disability, and even impact on quality of life. Research conducted by the Menopause Society of the UK has identified the resources below that were created by menopause specialists. Our aim is to provide you with useful information on your menopause.

- [What is Menopause?](#)
- [Understanding Perimenopausal & Menopausal](#)
- [What are Different Types of Menopause?](#)
- [Learn About Symptoms & Treatments](#)
- [Navigating Hormone Therapy](#)
- [Other Considerations for Menopausal People](#)

Toolkit Tip
www.GYNQI.com