

Special Population: CONTRACEPTION FOR THE PERIMENOPAUSE

Perimenopause (or menopausal transition) is the period before, during, and after the menopause. The average duration is approximately five years starting from when ovarian function begins to decline until the absence of menstruation for one year. Women usually enter the menopause at around 45 to 55 years of age. Before menopause, the woman enters the transitional phase, which is characterized by on and off episodes of ovulation. Despite the decline in fertility during this period, pregnancy can still occur during ovulation. Therefore, protection from an unplanned pregnancy is still required until complete anovulatory menst because pregnancies in the late reproductive years are associated with high maternal and perinatal morbidity and mortality. The likelihood of certain fetal malformations also increases in pregnancies in this age group.



Perimenopausal women have contraceptive needs that may differ from those of younger women. Aside from the effectiveness of a family planning method, concerns regarding non-contraceptive benefits may be prominent. These concerns include protection from gynecologic cancers, osteoporosis, and benign growths (myomas and polyps) as well as control of menstrual cycle irregularities, hot flushes, and other menopausal symptoms.

The perimenopausal period is also associated with declined sexual intercourse, hence the lack of motivation to use any contraceptive at this time. Women who are conscious of impending menopause may erroneously think that they are already safe from pregnancy. The need for effective and safe contraception may even be essential for some perimenopausal women who may already have cardiovascular diseases, hypertension, and diabetes because these conditions increase pregnancy risks. These conditions may also contraindicate the safe use of some contraceptives. Thus, this age group has limited options.

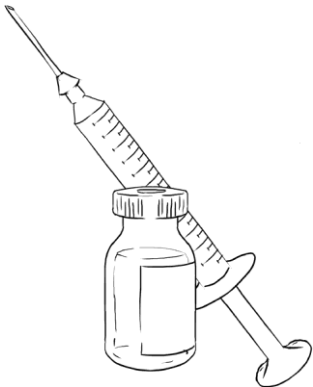
Another concern is determining when contraception can be discontinued for those already on a contraceptive method. The following are the current guidelines:

- Use of a family planning method is recommended for one year after the last menstrual bleeding because determining when menopause has actually occurred is difficult. Menstruation during perimenopause often no longer occurs regularly or at monthly intervals.
- A woman already on a hormonal method who wishes to discontinue is advised to use a non-hormonal method until menstruation is absent for one year.
- If the woman has a copper intrauterine device (IUD) in place, the device is removed 12 months after the last menstrual period.

RECOMMENDED METHODS

Progestone-only contraceptives: progestone-only pill, depot medroxyprogesterone acetate (DMPA) or norethisterone enantate (NET-EN) injectables, and levonorgestrel and etonogestrel implants

- Progestin-only pills and implants can be used without restrictions in this age group (MEC 1).
- They are ideal for women who have contraindications to estrogen.
- The injectables can generally be used despite certain theoretical or proven risks (MEC 2).
- Concerns regarding the use of DMPA or NET-EN injectables in older women include reduced HDL levels (good cholesterol levels) and hypoestrogenic effects, which may persist for some time after discontinued use. These phenomena may increase the risks for aggravating hypertension, strokes, and ischemic heart conditions.
- Bone mineral density also decreases during DMPA use but may be restored after discontinued use. Whether prior DMPA use increases the woman’s fracture risk during the postmenopausal period remains unclear.



Intrauterine devices (IUDs): copper-bearing IUDs and levonorgestrel-releasing IUDs

- The use of IUDs in this age group has no restrictions (MEC 1).
- Expulsion rates in these women are considerably lower than those in younger women.
- However, insertion in some cases may be more difficult because of tight cervical canals.

Barriers: condoms, spermicide, diaphragm, and cervical cap

- Perimenopausal women can use these methods without limitations or contraindications (MEC 1). In fact, these methods may be ideal for the protection of older women with decreased frequency of sexual intercourse.
- The higher failure rates of barriers compared with hormonal methods may not be an important concern because of the decreased fertility that occurs in the menopausal transition phase.
- Barrier methods would be a good choice for women in this age group because these methods do not pose proven or theoretical risks as with hormonal agents.

Sterilization: tubal ligation, vasectomy

- Permanent sterilization is an acceptable option (MEC A) when couples no longer want any more children.
- However, some older persons may have medical conditions that may require delay, more precautions, or referrals to better-equipped facilities in carrying out these procedures.

Combined hormonal contraceptives (CHCs; see also Methods to Avoid): combined oral contraceptives (COCs), combined contraceptive patch, combined contraceptive vaginal ring, and combined injectable contraceptives

- The advantages of CHCs in these women offset their theoretical and proven risks.
- The chances of cardiovascular diseases are naturally greater in perimenopausal women than in young women, and these conditions may be heightened by CHC agents.
- These contraceptives can generally be used (MEC 2) by women who do not have any adverse factor or medical contraindications.
- Although these contraceptives have minimal effect on the bone health of young women, their use may have beneficial effects on the bone density of perimenopausal users.

METHODS TO AVOID

Fertility awareness-based methods

- These methods are used with caution in this age group because of increased unreliability resulting from menstrual irregularities that commonly arise at this time, making periods of fertility difficult to establish (MEC C).

Some CHCs

- COCs, patches, or vaginal rings are NOT recommended for women 35 years and older who smoke (regardless of number of cigarettes smoked).
- Combined injectables are likewise NOT used for women 35 years and older who smoke at least 15 sticks daily.
- COCs, patches, injectables, and vaginal rings should NOT be used for women 35 years and older who suffer from migraine attacks.

