

GYNAECOLOGY & OBSTETRICS UPDATE

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**HOSPITAL
DOCTOR**

AWARD

1st runner up

**UK best
Continence Team**

**Eastbourne
Urogynecology
Team**

M Malak, A Grimston,
J Andrews, N Lawton,
A Spirou, W Fletcher

Integrated management of pelvic floor disorders: Prolapse, urinary incontinence (1ry & recurrent), frequency, urgency and recurrent cystitis

**NHS Clinical
Excellence
Award
2005 2006 2007
2008 2009
(achieving the highest
local Award)**

Contraception for Women Aged Over 40 Years

Part II: HRT with Contraception

- Women using hormone replacement therapy (HRT) should be advised not to rely on this as contraception. A separate contraceptive method must be recommended for sexually active women who are not yet postmenopausal.

It has been found that in sequential HRT users aged 42–52 years, HRT inhibited ovulation in only 40% of women with regular cycles and some women who had been anovulatory or had irregular cycles prior to HRT did subsequently ovulate on HRT. **Measurement of FSH is largely unreliable whilst taking HRT.** Most perimenopausal women will use sequential HRT. Continuous combined regimens are not appropriate in the perimenopause due to a high chance of irregular bleeding.

- A progestogen-only pill can be used with HRT to provide effective contraception but the HRT must include progestogen in addition to estrogen.
- Women using estrogen replacement therapy may use the LNG-IUS to provide endometrial protection. When used as the progestogen component of HRT, the LNG-IUS should be changed no later than 5 years after insertion (**the licence states 4 years**), irrespective of age at insertion.
- Women can be advised that in clinical practice CHC may reduce menopausal symptoms.
- Women experiencing menopausal symptoms while using CHC may wish to try an extended regimen such as taking three pill packets continuously (tricycling), although such use is outside the product licence.
- Women can be advised that combined hormonal contraception (CHC) use in the perimenopause may help to maintain bone mineral density.
- Menstrual bleeding problems are common in women aged over 40 years, as is gynaecological pathology. Women should be advised to seek medical advice at any time if they develop new symptoms of pain, irregular or heavy bleeding, or if bleeding problems do not settle within 3–6 months of IUD/IUS insertion.
- After the menopause it is advised that intrauterine methods are removed, rather than left *in situ*. Cases of actinomyces-like organisms and pyometra have very occasionally been reported in postmenopausal women with IUDs. If the IUD/IUS cannot be removed easily in an outpatient setting, patients should be referred for a specialist clinic.

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