Contraception for the “older” woman

Dr. Anne Szarewski

Clinical Consultant, Hon Senior Lecturer
Cancer Research UK

Associate Specialist,
Margaret Pyke Centre, London

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ONS Statistics 2006 England & Wales

Age	Total conceptions	Legal abortions (% of conceptions)
40 and over	25,500	31.8
All ages	870,000	22.3

Contraception up to / during climacteric

Sufficient efficacy

Improved sex life

Control of climacteric symptoms

Control of 'normal' menstrual cycle

Decreased rate of gynae pathology / hysterectomy

Protection against osteoporosis

No masking of the menopause

No systemic side effects or health risks

COC and VTE risk

All COCs carry a similar, small risk of VTE

Obesity (BMI > 30) is a significant risk factor

Smoking is a risk factor for VTE

Consider PO methods for those at risk

Combined effect of COC use and BMI on risk of VTE in women aged 18-39

BMI	OC use	OR	95% CI
< 25	No	1.0	
≥ 25 & < 30	No	2.5	1.4 - 4.6
≥ 30	No	**3.0**	1.7 - 5.6
< 25	Yes	4.2	2.9 - 6.0
≥ 25 & < 30	Yes	11.6	7.5-18.1
≥ 30	Yes	**23.8**	13.4-42.3

Pomp ER et al, Br J Haematol, 2007; 139, 289–296

EURAS
(EURopean Active Surveillance) study

58,674 women, followed for 142,475 woman-years

	Yasmin		LVNG OCs		Other OCs	
	n	/100,000WY (95% CI)	n	/100,000WY (95% CI)	n	/100,000WY (95%
VTE	26	91 (59-133)	25	80 (52-117)	52	99 (74-130)
PE	7	21	7	21	11	25

Dinger JC et al. Contraception 2007; 75: 344-354

Meta- analysis of cancer benefits

	Relative risk		
	4 yrs use	8 yrs use	P value (trend)
Ovary	0.60	0.49	< 0.001
Endometrium	0.46	0.34	< 0.001

(from Burkman et al Am J Obstet Gynecol 2004; 190: 85-22)

FPA cohort study 1968-2004
Breast Cancer

Total duration of OC use (months)

Up to 48		49 to 96		97 or more		All durations	
No.	RR	No.	RR	No.	RR	No.	RR
141	**0.9** (0.8 – 1.1)	182	**0.9** (0.8 – 1.2)	207	**1.0** (0.8 –1.2)	530	**1.0** (0.8 –1.1)

Vessey et al Br J Cancer 2006 95, 385 – 389

RCGP cohort study 1968-2004
Breast Cancer

Total duration of OC use (months)

Up to 48		49 to 96		97 or more		All durations	
No.	RR	No.	RR	No.	RR	No.	RR
131	**1.0** (0.8 – 1.2)	92	**0.95** (0.75 – 1.2)	114	**1.2** (0.97 – 1.5)	891	**0.98** (0.87 – 1.1)

Hannaford et al, BMJ 2007; 335: 651 – 654

EVRA ContraceptivePatch

- 1 patch per week
- Regimen:
  - 3 weeks of patch-use
  - 1 patch-free week
- Daily release:
  - 20 µg ethinylestradiol
  - 150 µg norgestimate

NuvaRing

- 1 ring per cycle
- Regimen:
  - 3 weeks of ring-use
  - 1 ring-free week
- Daily release:
  - 15 µg ethinyloestradiol
  - 120 µg etonogestrel

Qlaira: (E2V/DNG)

- First COC with E2V rather than EE
- Four phasic
- Indication for DUB likely in future
- ?? Safer than EE
  - Effect of 2 mg E2V on hepatic protein synthesis is less pronounced than with EE 20 µg

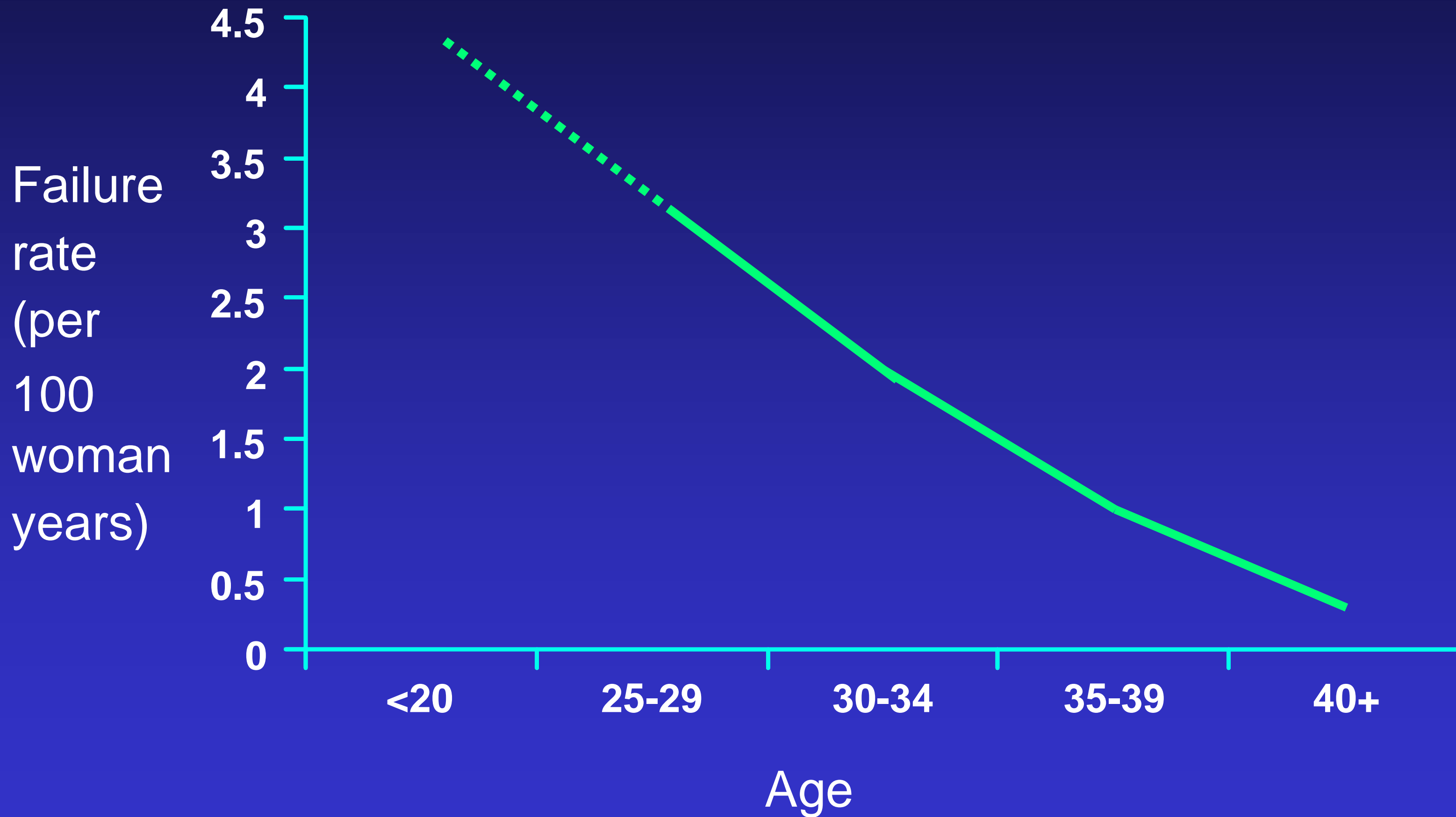
Mashchak et al. Am J Obstet Gynecol 1982;144:511–8, Lindberg et al. Thromb Haemost 1989;61:65–9, Helgason. Acta Obstet Gynecol Scand Suppl 1982;107:1–29

The pill is pretty safe,

but

some women are dangerous

Failure rates for POP by age of user



Vessey et al 1985

POPs in Older Women - problems

- Irregular bleeding leads to investigation
- Amenorrhoea
- How to diagnose the menopause

HRT + Contraception

Continuous conjugated equine oestrogens (Premarin)

Plus

Norethisterone 0.35mg (Micronor)
One, two or three tablets daily

Magos et al Obstet Gynecol 1985

DMPA and osteoporosis

- Current data in older women reassuring
- DMPA users may be at risk because of other factors e.g. smoking
- ? measure bone density near menopause
- ? add oestrogen for those at risk

HRT and Contraception

Continuous oestradiol – pills or patches

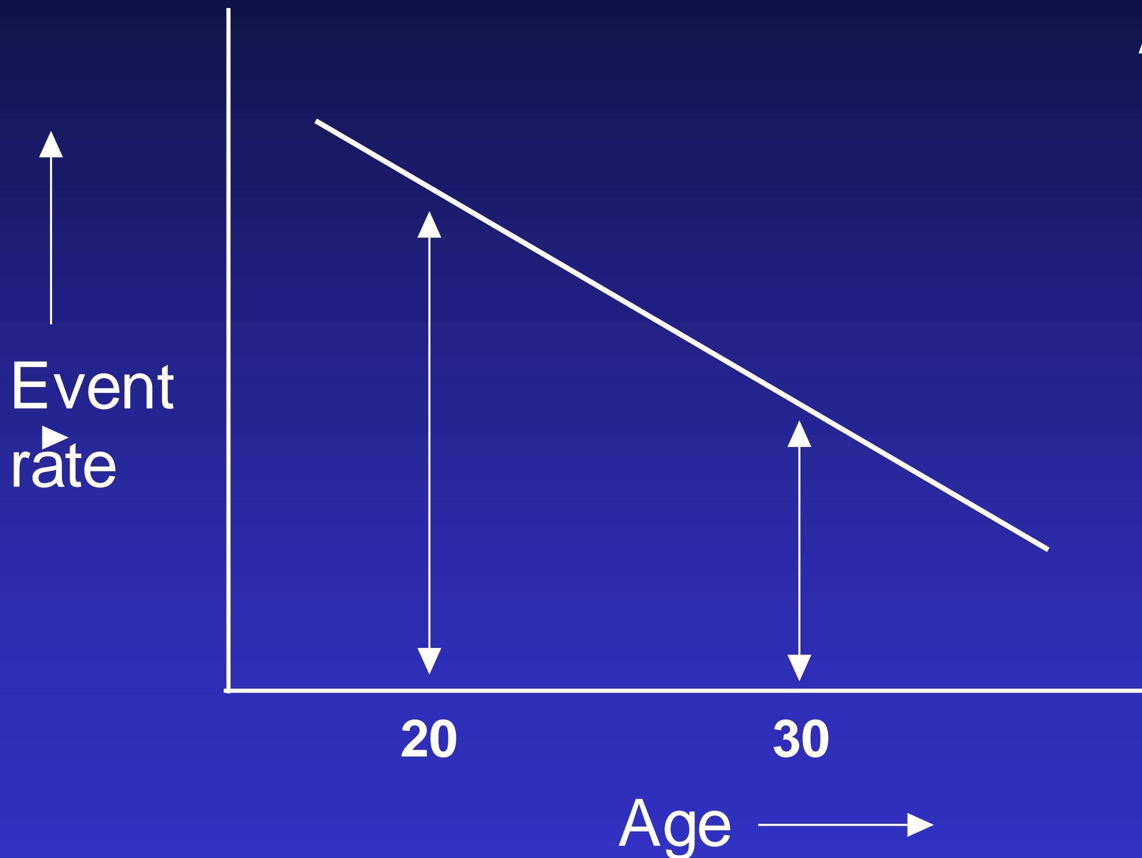
Plus

Depo Provera 150mg every twelve weeks

Implanon

- Single, semi-rigid rod, 40mm x 2mm
- No skin incision required
- Releases 30-40mcg etonogestrel/day
- Lasts 3 years

Effect of age on IUD problems



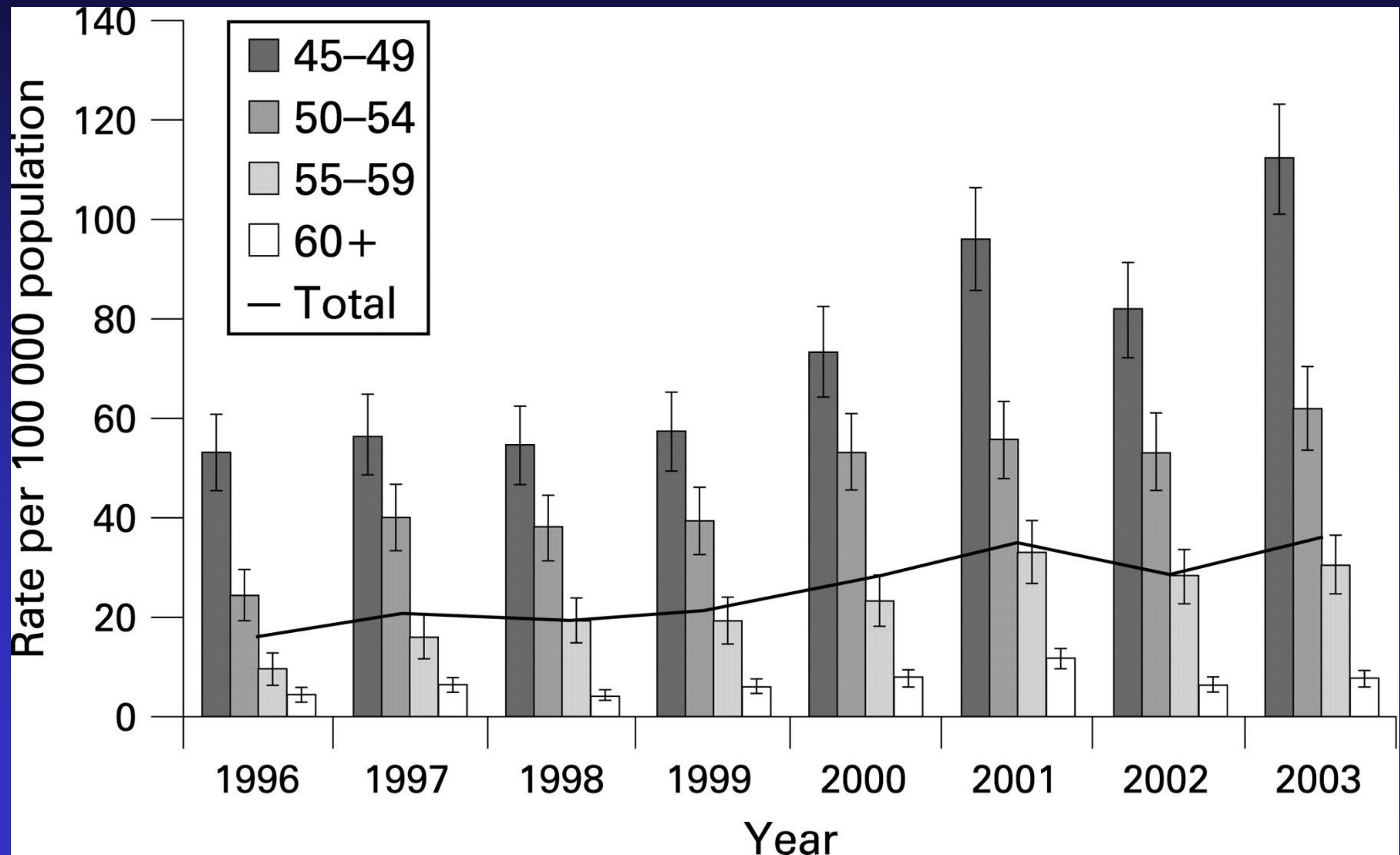
Applies to:

- Pregnancy
- Expulsion
- Pelvic infecton

Mirena

- Now licensed for use as HRT
- Endometrial protection
- Also provides contraception
- An alternative to sterilisation

STI rates in people >=45 years, West Midlands, 1996-2003



Bodley-Tickell, A T et al. Sex Transm Infect 2008;84:312-317

Stat dose Levonelle (WHO trial)

- 2712 women
- randomised   single vs two dose
- failure rates   1.5 vs 1.8%

von Hertzen et al. Lancet 2002; 360: 1803-10