

CONTRACEPTION AFTER AGE 35

I. INTRODUCTION

The years from age 35 to menopause can be referred to as the transition years. About 75% of pregnancies in women over age 40 are unintended. Perimenopausal women have the highest abortion rate of any group except women under age 15. The recent trend toward delayed childbearing and the recent emphasis on the potential benefits of the use of combined oral contraceptives make contraception in this age group important. Potential benefits of combined estrogen-progestin contraceptive use in healthy, nonsmoking women after age 35 include:

- A. Adequate contraception with reduced need for abortion.
- B. Control of irregular bleeding secondary to erratic ovarian functioning.
- C. Prevention of vasomotor symptoms associated with episodic declining estrogen levels.
- D. Reduction in risk ovarian and endometrial cancers.
- E. Reduction in risk rheumatoid arthritis.
- F. Possible bone sparing effect resulting in potentially less osteoporosis and associated fractures.
- G. Reduced risk of menorrhagia and associated anemia.
- H. Reduced risk of dysmenorrhea and mid-cycle pain of ovulation.
- I. Reduced risk of leiomyomata uteri.
- J. Reduced risk of ovarian cysts.
- K. Reduced need for surgical procedures, including:
 - 1. Sterilization
 - 2. Endometrial biopsy
 - 3. Dilatation and curettage
 - 4. Laparoscopy (diagnostic and operative)
 - 5. Hysterectomy
- L. Reduced risk of fibrocystic breasts and fibroadenomas.
- M. Reduced incidence of premenstrual syndrome.
- N. Probable decreased incidence of endometriosis.
- O. Possible protection against atherosclerosis.

Pregnancy in this age group is associated with an increased rate of spontaneous abortion, chromosomal anomalies, and maternal morbidity and mortality. Gynecologic problems, such as irregular bleeding, menorrhagia, dysmenorrhea, and premenstrual syndrome, are also more common. **Except for women who smoke, there is no age limitation on contraceptive choices.**

Certain medical conditions are more common in this age group and appropriate screening should be considered prior to prescribing contraception. Among these conditions are thyroid disease, diabetes mellitus, breast cancer and cardiovascular disease. Regular medical evaluations should be encouraged as appropriate in addition to the general gynecological evaluation.

The median age of menopause is 51.3 years, confirmed by amenorrhea for 1 year in symptomatic women. During the years leading up to the menopause fertility decreases, but is unpredictable. There are no tests to diagnose menopause early and reliably enough to guarantee a woman she is no longer at risk for pregnancy. Due to the variability of follicle stimulating hormone (FSH) blood levels in relation to symptoms and bleeding pattern, the use of FSH testing is no longer routinely recommended.

II. PLAN OF ACTION

- A. Complete the history and physical examination, and order laboratory testing as appropriate for age and identified risk factors.
- B. Provide preconception and genetics counseling as indicated.
- C. A couple that has completed their family may be candidates for permanent contraception. Provide information and or referral for tubal ligation or vasectomy.
- D. Appropriate periodic medical evaluations should be encouraged. The woman should be encouraged to communicate with her primary care provider regarding her contraceptive use.
- E. Combined estrogen/progestin contraceptives may be prescribed for women over 35 years of age who do not smoke and have no cardiovascular risks. Women over 35 with migraines should not have combined hormonal contraceptives prescribed.
- F. Unless otherwise indicated, low-dose combined oral contraceptives may be used up to age 55.
- G. Progestin-only contraception should be considered when estrogen-related risks are a concern.
- H. Both copper and progestin IUDs are appropriate for use until menopause.
- I. Barrier methods of contraception are more effective in the perimenopause since fertility is decreased.

III. FOLLOW-UP

- A. For clients using hormonal contraception during the perimenopause, evaluation of menopausal symptoms including bleeding patterns will usually dictate the timing of discontinuation of hormonal contraceptives and possible use of hormone replacement therapy (HRT).
- B. Use of non-hormonal contraception is advised until the diagnosis of menopause is secure.

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