폐경주변기 피임

: 호르몬 치료와 어떻게 다른가?

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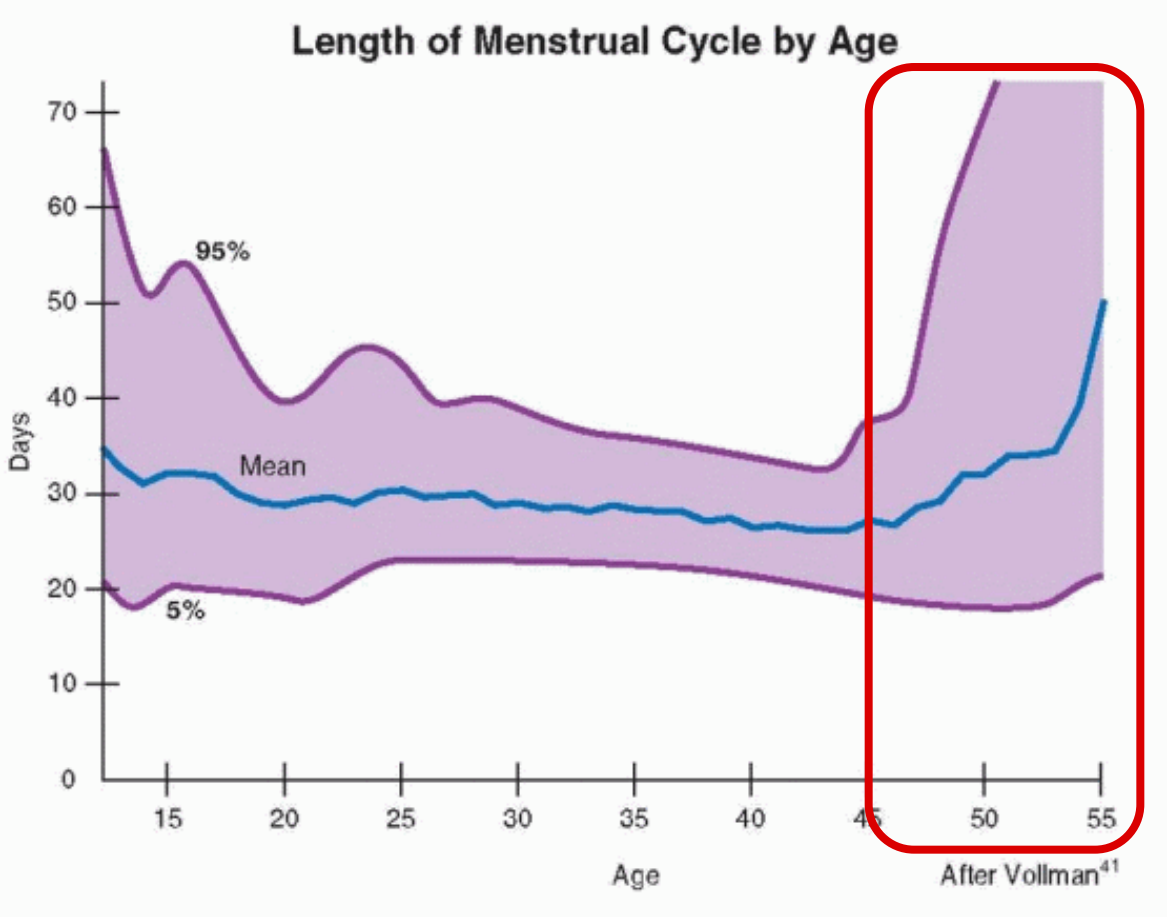
Perimenopause

The Perimenopausal Transition
Average age of onset — 46
Age of onset for 95% of women — 39 to 51
Average duration — 5 years
Duration for 95% of women — 2 to 8 years

Perimenopausal women,,,

- ✓ *Increasing incidence of menstrual irregularity*
- ✓ *Longer duration (mean 40-60 days)*



Perimenopausal women,,,

Risk of an unplanned, unexpected pregnancy

- ✓ ~ FSH (>20 IU/L) & LH (>30 IU/L)
- ✓ Variability !
  - ➔ recommend the use of contraception until the postMP state is definitely established

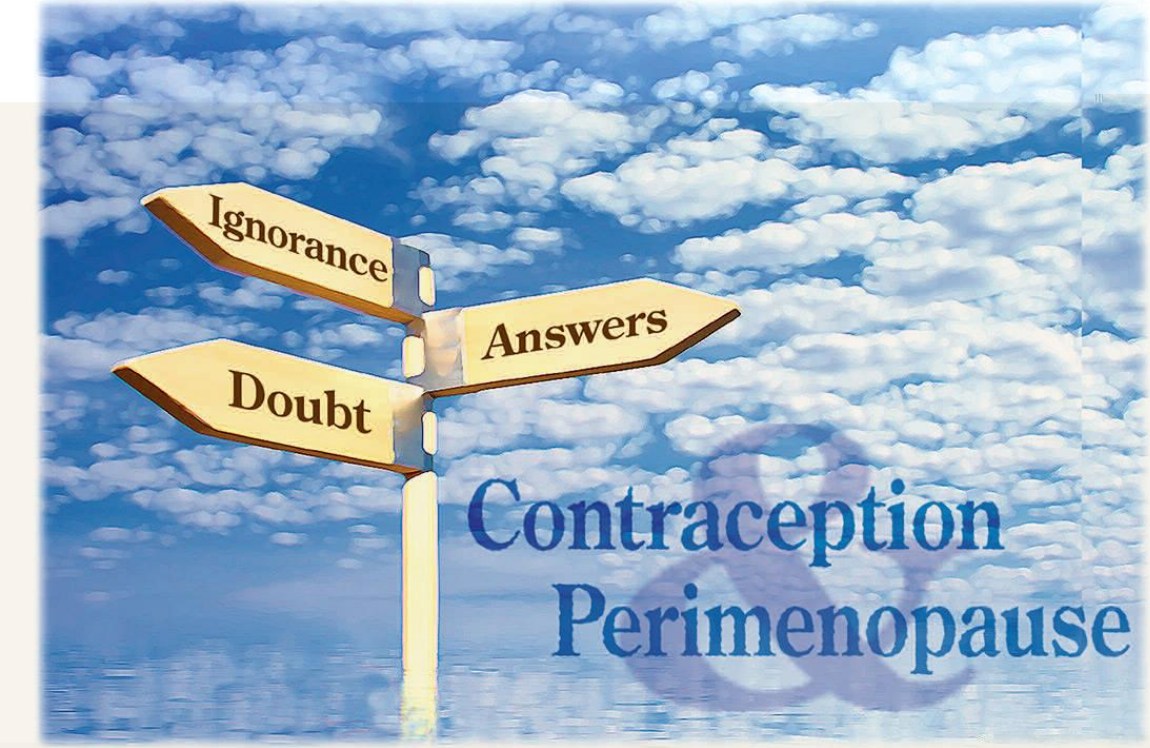
The oldest spontaneous pregnancy in a 57 years + 3mo old woman

Perimenopausal women

Decline in fertility during perimenopause,

but

Pregnancy is still possible until menopause



COCs Vs HT

COCs		HT
Prevention of ovulation Thickening of the cervical mucus Endometrial atrophy		Supplement Estrogen
• Contraception Control of Menstrual cycle Menorrhagia Dysmenorrhea Acne, Oily Skin, Hirsutism Premenstrual syndrome Medical tx.Endometriosis	Purpose	• To relieve vasomotor symptoms • Premature hypoestrogenism • Genitourinary syndrome • Prevention of Osteoporosis

COCs Vs HT

COCs		HT
4	Relative Potency	1
Ethynyl Estradiol	Estrogen	Conjugated equine estrogens (CEE) micronized 17b-estradiol, Ethinyl estradiol Estropipate (piperazine estrone sulfate) Estradiol valerate Esterified estrogens Transdermal estradiol

COCs Vs HT

COCs		HT
levonorgestrel, norgestimate, norethindrone, Desogestrel, gestodene drospirenone, dienogest, nomegestrol acetate	Progestin	medroxyprogesterone acetate (MPA), norethindrone, norethindrone acetate, micronized progesterone drospirenone Dienogest

COCs Vs HT

COCs	HT
• *Migraine headaches without aura* • *Controlled hypertension* • *Uterine leiomyoma* • *Gestational diabetes* • *Elective surgery* • Seizure disorders • Obstructive jaundice in pregnancy • Sickle cell disease or sickle C disease • *Gallbladder disease* • Mitral valve prolapse • *Systemic lupus erythematosus* • *Hyperlipidemia* • *Smoking (>35 years, 15 ciga/day)* • *Hepatic disease*	• *A history of breast cancer* • *A history of endometrial cancer* • *Porphyria* • *Severe active liver disease* • *Hypertriglyceridemia* • *Thromboembolic disorders* • *Undiagnosed vaginal bleeding*

Perimenopausal women,,,

- ✓ *Increasing incidence of menstrual spotting, irregularity*
- ✓ *Increasing BMI, obesity*
- ✓ *Increasing incidence of VTE,*
- ✓ *Smoking is increasing - the risk of TE*

  (Absolute CIx. of OCs)
- ✓ *Vasomotor symptoms*

Perimenopausal women

- *Cardiovascular events*

  (VTE, myocardial infarction, stroke) are rare in COC users who are appropriate candidates for this method of contraception

- *Long-term use does not appear to affect the risk of breast cancer, although most data reflect use in younger rather than perimenopausal women*

Perimenopausal women

- Age - an independent risk factor for cardiovascular disease and VTE

- Estrogen-containing methods should be used with caution in women with risk factors such as smoking, obesity, diabetes, hypertension, or migraine headaches.

- Progestin-only and intrauterine contraceptives (IUCs) are preferred for older women with these risk factors.

Noncontraceptive benefits of COCs for periMP women

- *Restoration of regular menses*
- *Decreased dysmenorrhea*
- *Reduced heavy menstrual bleeding*
- *Reduced pain associated with ES*
- *Suppression of vasomotor symptoms*
- *Enhanced bone mineral density and possible prevention of osteoporotic fractures*
- *Decreased need for biopsies for benign breast disease*
- *Prevention of endometrial and ovarian malignancies*
- *Improvements in acne that may flare up with periMP*

Combination (E-P) contraceptives

Dose

Ultralow dose E OC ?

25 mcg - Estrogen, Triphasic regimen

To decrease ***bothersome vasomotor symptom***

unscheduled bleeding

obesity → ***need higher dose of E for contraception***

Continuous regimen or shorter, no pill-free intervals

24/ 4 regimen

but, extended regimen – higher unscheduled bleeding

Combination (E-P) contraceptives - nonoral

- monthly vaginal ring (NuvaRing)
- weekly patch (Xulane, Evra)

** patch - 60% more E than COC (35mg of EE)

warning : risk of VTE may be higher

Age- independent risk factor for VTE,

∴ ring and COCs are more appropriate for perimenopausal women than the patch

Combination (E-P) contraceptives - nonoral

** In contrast, menopausal HT,

the transdermal route (Climara patch,,,)

- a lower risk of VTE compared with the oral route
- transdermal E releases

relatively low doses of estradiol rather than

EE (synthetic, potent hepatic effects)

Emergency ***Contraception (ECs)***

The most effective form of EC : Cu-IUC

(> 99% effectiveness, within 120 hrs of unprotected intercourse)

Oral ECs - ulipristal acetate, levonorgestrel

120 hours 72 hours after unprotected intercourse

Transition from hormonal contraception to HT

OC → Hormone therapy
(¼ lower hormone levels)

if the transition is ***too soon***,

→ a periMP women to the *risk of unintended pregnancy*

" result in *irregular bleeding*

" unpleasant *vasomotor symptoms*

Transition from hormonal contraception to HT

Decision on the transition time

- FSH level : hormone free time - 2 times of FSH level
- until age of statistically likely to be postMP

non smoker – mean 51 years

: 50% of nonsmoking 51 year old women have not reached MP

90% of women will have reached MP by age 55

➔ women who are appropriate candidates may continue contraception until age 55

When to change : COCs → HT

Measure the FSH level

- **Starting at 50 years – annually**
- **6 – 7 days of the pill-free week (in a standard regimen)**
- **FSH > 20 IU/L**

ex) Friday afternoon for Sunday starter

variability - 2 weeks of the pill-free ? Not practical

not for the extended regimen

Empirical decision : mid-50s

low dose contraception → HT

Intrauterine contraceptives

- safe, highly effective, convenient, and long-term contraception

- 52-mg levonorgestrel-releasing intrauterine systems (LNG-IUS)
  : 5 years (Mirena), 3 years (Liletta)
  ~ 7 years ?
  (especially in periMP women with decreased fertility,
  the 52-mg LNG-IUS may not need to be replaced
  every 5 years)
  - women with ***heavy menstrual bleeding***
    as effectively as endometrial ablation – avoid surgery
  - prevention of ***endometrial hyperplasia*** in MP women
    using E therapy (off-label use)

Intrauterine contraceptives

- A **smaller**, 13.5-mg LNG-IUS : 3 years of use
  : nulliparous or periMP women
  : a lower rate of amenorrhea than 52-mg LNG-IUS

- copper IUC (Cu-IUC; ParaGard T 380A) : 10 years (~12 yrs)
  Nova-T, Flexi-T 300 : 5 years
  : can cause increased menstrual flow
  - not an optimal choice for women with HMB
  : should be removed in women who are MP

Progestin-only contraceptives

- Can use in most periMP women for whom contraceptive doses of estrogen are contraindicated
- Recommend – older reproductive age who smoke, obese, migraines, diabetes, hypertension, or a history of VTE

- Irregular bleeding, spotting, or amenorrhea
- Do not cause depressed mood or weight gain for most women
- etonogestrel implant (Nexplanon) - 3 years,
  suppresses ovulation

- CIx. of P only contraceptives - a history of breast cancer

Progestin-only contraceptives

- IM depot MPA (150mg; DMPA) - 3 months
  : menstrual migrane, epileptic seizures may be reduced

- SQ Depo-subQ Provera (104mg of MPA) - 3months
  : initial irregular spotting is common
  > 4 injections (> ½ users amenorrhea)

- black box warning : reversible loss of bone mineral density

- Continuously administered progestin-only pill
  0.35 mg norethindrone - effective contraception for
  periMP women
  - spotting ➔ strict schedule

Summary

- PeriMP women still need contraception until she become menopause and the variation of perMP need caution.

- Low dose COCs offer effective, suitable contraception and progestin only contraception also can be good option

- Oral EP contraceptives can offer additional effects especially in periMP (vasomotor symptoms, irregular spotting, prevention of bone loss,,,) with dysmenorrhea, menorrhagia.

- Usually safe in periMP women, however age, obesity, hypertension, and diabetes should be considered as risk factor especially in this aged women.