

PART 2: Challenging clinical scenarios

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Synopsis

Contraception remains important until menopause can be established. As the risk of cardiovascular and venous disease increases with age, non-oestrogen containing methods of contraception are often suitable choices in women approaching 50 years. The contraceptive injection is generally not recommended from the age of 50 years. Copper and hormonal IUDs can generally be left in place until menopause is established if the user was aged at least 40 or 45 years respectively at the time of insertion. The contraceptive implant has few contraindications and has several advantages as a fit and forget method for those in this age group.

Bleeding patterns cannot be relied on to determine whether menopause has occurred in those using hormonal contraception.

Use of LARC in women aged 50 years and over will be discussed and an algorithm outlining management of stopping contraception in those aged 50 years or over will be presented.