

Contraception For Users Over 40 Years: Health Practitioner FAQs

Which contraception methods can people aged over 40 years use?

All contraception methods can be considered for people with no MEC3 or 4 contraindications (see https://www.cosrh.org/Common/Uploaded%20files/documents/UKMEC_2025_Summary_Tables.pdf). As for all ages, long acting reversible contraception (LARC) is considered an ideal first line choice. The combined pill is contraindicated for smokers over the age of 35, and cardiovascular and venous risk factors should be reviewed carefully for users over 40. The depot injection (DMPA) needs caution for use over 45 due to negative impact on bone density and lipid metabolism.¹

If someone is medically eligible and chooses the combined pill, which pill should be used?

A combined pill with a low hormone dose is preferable. Pills with 20 ug ethinyl oestradiol and 100 ug levonorgestrel have a reduced risk of venous thromboembolism compared with higher dose pills.² Pills containing oestradiol or oestradiol valerate have a reduced effect on laboratory-based coagulation and disease markers, but the clinical benefit is unclear.³

Which contraception methods should be stopped at age 50?

The combined pill and vaginal ring are not recommended from age 50 due to the increased risk of venous thromboembolism and arterial disease. The depot injection (DMPA) is not recommended from age 50 due to bone density concerns and theoretical increased risk of arterial disease.

What about emergency contraception (EC)?

Both types of EC pills are safe and effective during the 40s and 50s. Copper IUDs are a highly effective form of EC and can be left in for ongoing contraception.

Which LARC methods may be considered for off-label extended use?

Any copper IUD available in Australia that is inserted from 40 can be left in place until 55 or until the user has had either 2 years of amenorrhoea if aged less than 50 or 1 year of amenorrhoea if over 50. A 52mg LNG-IUD (Mirena) inserted from 45 can be left in place until the user is 55 if using for contraception but must be changed after 5 years for those using it as the progestogen arm of Menopausal Hormone Therapy (MHT). A 19.5mg LNG-IUD (Kyleena) can only be used for 5 years. The implant can only be used for 3 years. The 19.5mg LNG-IUD and the implant cannot be used as the progestogen arm of MHT.

What if a contraception user has perimenopausal symptoms?

Any abnormal bleeding should be investigated prior to starting contraception because of the risk of endometrial cancer or other pathology. Low dose combined pills or the ring used continuously (skipping the hormone free break) can be used for menstrual management and perimenopausal symptoms for medically eligible users under 50. A 52mg LNG-IUD can be used for endometrial protection for users of MHT but the device must be changed every 5 years. MHT alone does not provide contraception. If a 52mg LNG-IUD is used for management of heavy menstrual bleeding and is not also being used as part of MHT then it may be used for up to 8 years if symptoms have not returned.

How to assess menopause status for hormonal contraception users?

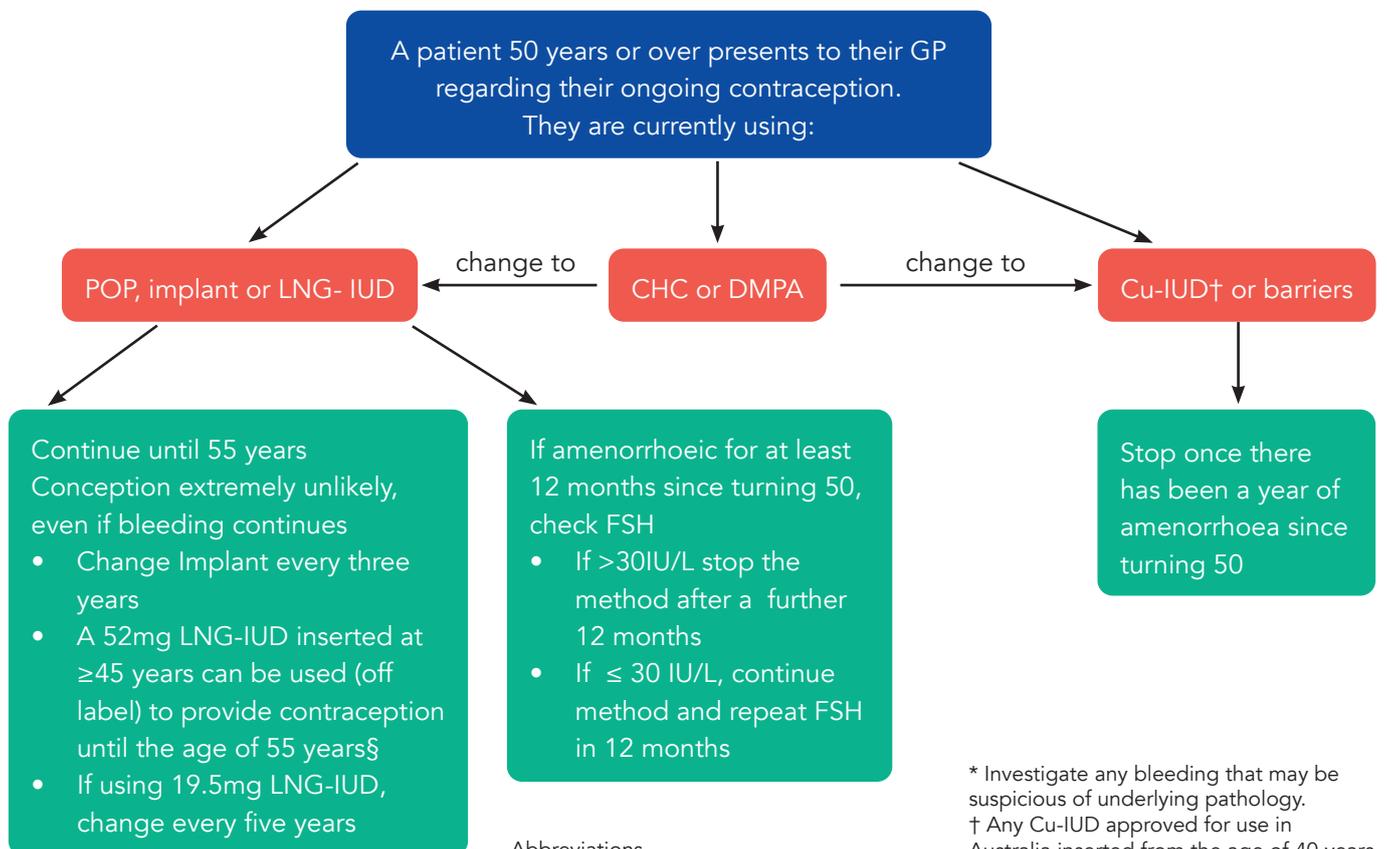
Menopause is a clinical diagnosis and generally does not require a blood test. Follicle Stimulating Hormone (FSH) testing is not helpful for confirming menopause for combined pill or ring users because FSH is suppressed. FSH testing can be used for users of a progestogen only contraceptive (see next question).

How long should contraception be continued?

Contraception remains important until menopause can be established, that is until a person with a uterus has had 2 years of amenorrhoea if they are under 50 or at least 1 year of amenorrhoea since turning 50. While pregnancy aged >50 is uncommon, unintended pregnancies are higher risk. The progestogen only pill (POP), implant and LNG-IUD can be used until 55 provided there are no contraindications. If a user of a progestogen only contraceptive would like to stop their method earlier than 55, a single FSH level can be measured once they have had a 1 year of amenorrhoea since turning 50. If the FSH is >30IU/L, contraception can be stopped after a further year.

See the guide below for more detail.

A Guide to contraception use from age 50*



Abbreviations

POP= progestogen only pill
LNG-IUD= levonorgestrel IUD
CHC=combined hormonal contraception
DMPA=depot medroxyprogesterone acetate
Cu-IUD= Copper IUD
FSH= follicle stimulating hormone
MHT= menopausal hormone therapy

* Investigate any bleeding that may be suspicious of underlying pathology.

† Any Cu-IUD approved for use in Australia inserted from the age of 40 years can be left in place (off-label use) until menopause is determined.

§ Change every five years if used as part of MHT. If ongoing cyclical bleeding or other symptoms associated with ovulation occur, further extended use can be considered on a case-by-case basis.

References

1. Bateson, D. McNamee K., Perimenopausal contraception: A practice-based approach. AFP, 2017; Vol 46. No. 6 372-377.
2. Weill A, Dalichampt M, Raguideau F, et al. Low dose oestrogen combined oral contraception and risk of pulmonary embolism, stroke, and myocardial infarction in five million French women: cohort study. BMJ Clinical Research Ed 2016;353: i2002
3. Sitruk-Ware R, Nath A. Metabolic effects of contraceptive steroids. Rev Endocr Metab Disord 2011;12(2):63-75.