THE LABORATORY INVESTIGATION OF PERI/MENOPAUSE AND ASSESSING CONTRACEPTIVE NEEDS

The use of FSH to diagnose peri/menopause.

FSH should be considered to diagnose peri/menopause in;

- Women 40-45 years with menopausal symptoms and a change in menstrual cycle.
- Women < 40 years in whom premature menopause is suspected.

FSH, LH and oestradiol tests should **NOT** be used in the investigation of menopause in;

- Women over 45 years.
- Women using combined oestrogen and progestogen contraception
- An FSH of <30 nmol/L does not exclude peri-menopause. Levels can fluctuate greatly during the peri-menopausal period.
- A single raised FSH level (> 30 nmol/L) indicates a degree of ovarian insufficiency but the clinical picture of symptoms and menstrual pattern will vary for each individual woman. There is no need to repeat this test.
- In otherwise healthy women over 45 years who have menopausal symptoms and menstrual irregularity (or just symptoms in the absence of a uterus), or amenorrhoea for more than a year, **management is not altered by carrying out an FSH test**. By not testing these women we reduce the use of laboratory and phelebotomy resources, follow up consultation to discuss the result and limit delay in starting treatment (where required).

The use of FSH in assessing contraceptive needs.

- In women who are still menstruating or have been amenorrhoeic for less than a year (or 2 years if less than 50) an FSH of >30 nmol/L should not be used as a guide to stopping contraception immediately.
- Women **less than 50 years** should, in general, continue contraception to age 50 years then follow the advice below.
- Women **50 years or over** taking combined hormonal contraception who wish to consider stopping contraception should switch to the progestogen-only pill (POP) for at least 6 weeks. Then follow advice for POP as below.
- Women **50 years or over** who are amenorrhoeic and taking the POP/have an implant or a Mirena fitted who wish to consider stopping contraception should have an FSH measured.

-If the result is >30 nmol/L, continue contraception for 1 year and then stop (*there is no need to repeat this test*).

-If the result is <30 nmol/L, continue with contraception and recheck FSH after 1 year.

- If a woman is using DMPA/Sayana Press, this may suppress FSH levels. An FSH of >30 nmol/L can be confidently attributed to peri-menopause, however a result of <30 nmol/L cannot exclude it. The optimum time to measure FSH levels in a woman using DMPA is just before a repeat DMPA is administered.
- Women over 55 years can stop contraception, natural loss of fertility can be assumed for most women.

Contraceptive method	Age 40–50 years	Age >50 years
Non-hormonal	Stop contraception after 2 years of amenorrhoea	Stop contraception after 1 year of amenorrhoea.
Combined hormonal contraception	Can be continued	Stop at age 50 and switch to a non-hormonal method or IMP/POP/LNG-IUS, then follow appropriate advice.
Progestogen-only injectable	Can be continued	Women ≥50 should be counselled regarding switching to alternative methods, then follow appropriate advice.
Progestogen-only implant (IMP) Progestogen-only pill (POP)	Can be continued to age 50 and beyond	 Stop at age 55 when natural loss of fertility can be assumed for most women. If a woman over 50 with amenorrhoea wishes to stop before age 55, FSH level can be checked. If FSH level is >30 IU/L the IMP/POP/LNG-IUS can
Levonorgestrel intrauterine system (LNG-IUS)		 be discontinued after 1 more year. If FSH level is in premenopausal range then method should be continued and FSH level checked again 1 year later.
	ormono: III. international unit	A Mirena [®] LNG-IUS inserted ≥45 can remain <i>in situ</i> until age 55 if used for contraception or heavy menstrual bleeding.

FSH, follicle-stimulating hormone; IU, international unit.

Table taken from FSRH Guideline 2017².

References:

- 1. NICE Guideline [NG23] Menopause: Diagnosis and management. NICE November 2015
- 2. FSRH Guideline. Contraception for women aged over 40 years. FSRH Clinical Effectiveness Unit. Updated August 2017

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