

GYNAECOLOGY & OBSTETRICS UPDATE

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Depo-Provera & Bone Mineral Density

- * Women who use Depo-Provera may lose significant Bone Mineral Density (BMD) but it is not known if this increases the risk of osteoporosis later in life.
- * The effect is more important in adolescents (aged 12-18).
- * The effect is duration-dependent for the first few years then it plateaus
- * The decrease in BMD appears to be *partially* reversible after Depo-Provera discontinuation

Recommendations:

- * In adolescents, Depo-Provera should not be used as the first line contraception
- * In women at high risk for osteoporosis, other contraceptive methods should be considered first
- * Careful re-evaluation of the risks and benefits should be carried out for all women of any age who wish to continue for more than 2 years

Mirena and HRT

- * Mirena intrauterine system has been recently licensed for Endometrial Protection against hyperplasia if oestrogen only HRT is used for any woman with a uterus
- * Mirena achieves sustained endometrial suppression
- * 30-60% of perimenopausal women become amenorrhoeic
- * It is licensed for **ONLY 4 years** if used for endometrial protection as a part of HRT regimen (it is licensed for 5 years as a contraceptive but for 4 years for endometrial protection)
- * The advantages of using Mirena as part of HRT regimen for women with uterus that it avoids the use of systemic progestogen needed to avoid endometrial hyperplasia. In general terms the risks from oestrogen only HRT is less than those associated with combined oestrogen and progestogen (both sequential and continuous) (see Update Issue 34)
- * Mirena is also a contraceptive. All women should be advised to continue contraception after their menopause (cessation of their periods) for up to:
 - **One year** if their menopause started after the age of 51.
 - **Two years** if their menopause started before the age of 51(Update Issue 7).

PCOS Screen

It has been agreed with the biochemistry Department, DGH that “PCOS Screen” can be requested by GPs and this will automatically include the necessary hormones that need to be tested. You need to add **fasting glucose and lipids** - **Morning 17-hydroxyprogesterone** (only if congenital adrenal hyperplasia is suspected like young girls) - **Pelvic scan** (only if needed for diagnosis) (Update Issue 33)