

## FSH Testing for Menopause & Contraception

### 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 phlebotomy 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 depot medroxyprogesterone acetate (DMPA), 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
<b>Non-hormonal</b>	Stop contraception after 2 years of amenorrhoea	Stop contraception after 1 year of amenorrhoea.
<b>Combined hormonal contraception</b>	Can be continued	Stop at age 50 and switch to a non-hormonal method or IMP/POP/LNG-IUS, then follow appropriate advice.
<b>Progestogen-only injectable</b>	Can be continued	Women ≥50 should be counselled regarding switching to alternative methods, then follow appropriate advice.
<b>Progestogen-only implant (IMP)</b>  <b>Progestogen-only pill (POP)</b>  <b>Levonorgestrel intrauterine system (LNG-IUS)</b>	Can be continued to age 50 and beyond	<p>Stop at age 55 when natural loss of fertility can be assumed for most women.</p> <ul style="list-style-type: none"> <li>▶ If a woman over 50 with amenorrhoea wishes to stop before age 55, FSH level can be checked.</li> <li>▶ If FSH level is &gt;30 IU/L the IMP/POP/LNG-IUS can be discontinued after 1 more year.</li> <li>▶ If FSH level is in premenopausal range then method should be continued and FSH level checked again 1 year later.</li> </ul> <p>A Mirena® LNG-IUS inserted ≥45 can remain <i>in situ</i> until age 55 if used for contraception or heavy menstrual bleeding.</p>

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

Table taken from FSRH Guideline 2017<sup>2</sup>.

References:

1. [Nice guidance \(ng23\) Menopause: diagnosis and management](#) NICE November 2015
2. [FSRH guidance contraception for women aged over 40 years](#) FSRH Clinical Effectiveness Unit. Updated August 2017