FSRH
Clinical Effectiveness Unit

The Faculty of Sexual & Reproductive Healthcare of the Royal College of Obstetricians & Gynaecologists

Questions for Continuing Professional Development

FSRH Guideline *Contraception For Women Aged Over 40 Years (August 2017)*

Please choose the single best answer.

1. Healthcare professionals (HCPs) should advise women that pregnancy and childbirth after age 40 years confer a greater risk of adverse outcomes compared with younger women because:
   a. The maternal mortality rate for women over 40 is twice that of women aged 20.
   b. There are higher rates of pregnancy-induced hypertension.
   c. The miscarriage rate rises to over 70% for women over 45.
   d. A woman aged 45 has a 1 in 18 chance of having a baby with Down syndrome.

2. A 44-year-old woman attends for contraception. She states that her periods have become more irregular and heavier over the past year. What can you advise?
   a. You can advise her that heavy menstrual bleeding (HMB) and abnormal bleeding patterns are more common in women over 40.
   b. Pelvic ultrasound scan and endometrial biopsy may be indicated.
   c. Mirena® and Levosert® are licensed for the management of HMB.
   d. Combined oral contraception (COC) containing estradiol valerate/dienogest is licensed for HMB.
   e. The National Institute for Health and Care Excellence includes all COC as a treatment option for HMB.
   f. All of the above.

3. Which statement is false? Over the age of 40, women have an increasing risk of:
   a. Arterial disease
   b. Breast, cervical, endometrial and ovarian cancer
   c. Osteoporotic fractures
   d. Venous thromboembolism.

4. HCPs do not need to facilitate discussions about safe sex practices with individuals aged over 40 because women in this age group are more likely to use condoms. This statement is:
   a. True
   b. False.

5. In terms of contraception for women aged over 40, which statement is true?
   a. Contraception can be stopped at age 50 as the risk of pregnancy is extremely low.
   b. The progestogen-only implant should be stopped at age 50 as the risk of pregnancy is extremely low.

c. Women over 40 using the progestogen-only injection should be counselled regarding use of alternative methods of contraception as there are safer methods that are equally effective.
d. Combined hormonal contraception (CHC) should be stopped at age 50 as there as there are safer methods that are equally as effective.

6. Which statement is true?
a. Ulipristal acetate emergency contraception (UPA-EC) is the most appropriate choice of oral EC for women taking hormone replacement therapy (HRT).
b. A progestogen-only implant is licensed for use as part of a HRT combination.
c. **Women using sequential HRT cannot rely on this for contraception.**
d. A copper intrauterine device (Cu-IUD) should not be inserted for contraception in women over 50.

7. It is suggested that women using depot medroxyprogesterone acetate (DMPA) experience initial bone loss due to the hypoestrogenic effects of DMPA but that this initial bone loss is not repeated or worsened by menopause. This statement is:
a. True
b. False.

8. A 50-year-old woman attends for removal of intrauterine contraception (IUC). She is unsure which device was inserted 5 years previously. She has had irregular, light bleeding for the last couple of years. She takes no medications, but reports menopausal symptoms. Which statement is false?
a. A Cu-IUD containing ≥300 mm^2 copper inserted at or after age 40 can remain *in situ* until 1 year after the last menstrual period if it occurs when the woman is 50 or older.
b. If she considers taking HRT, a Mirena used as part of a HRT combination must be changed every 5 years.
c. If a Mirena, Levosert or the 13.5 mg levonorgestrel intrauterine system is being used for contraception, it can remain *in situ* until menopause.
d. If her IUC is removed, she must be advised to use another method of contraception.

9. A 41-year-old woman on low-dose CHC is concerned about the risk of breast cancer. She has no other risk factors. Which statement is true?
a. Meta-analyses, sometimes using older higher-dose formulations, have found a slight increased risk of breast cancer among women currently using COC.
b. The breast cancer risk remains raised after 10 years of non-use.
c. Lifetime risk of breast cancer in the UK is currently 1 in 4 women and increases with age.
d. The risk of breast cancer with a known inherited gene mutation is increased by COC use.