

SHORT CONTRACEPTIVE UPDATES FOR GENERAL PRACTITIONERS

Number 7 - Simple Guide to Sex Hormone Tests

PREGNANCY - Serum Beta HCG

1. On-going preg - (too early to show on U/S)
Serum HCG should double in 48 hours.
2. Miscarriage - Serum HCG - Falls
3. Ectopic -HCG rises but after 48 hours - less than doubles
(+ need vag. U/S)
4. Post - TOP - Urine pregnancy tests may remain positive up to 3 weeks after successful TOP - However, serum HCG should return to normal within 72 hrs.

NB If HCG Very high consider H. mole. Avoid preg. for 2 years after H. mole. (H. mole occurs in one in 15,000 pregnancies). Do not use COC initially after mole as delays fall in HCG. Register with Weston Park Hospital.

MENOPAUSE

- FSH <10 iu = Normal. ***N.B. Pulsalite release.- levels can vary and be confusing.***
- FSH >40 on 2 occasions - unlikely to menstruate.
- FSH >30 on 2 occasions - unlikely to ovulate.

Test especially:

1. Young women with ?menopausal symptoms - ?premature menopause.
2. Hysterectomised women with conserved ovaries to diagnose menopause - especially if symptomatic or at age 40 to 45 yrs.
3. Women who have had DXT/Chemotherapy.

When to test for FSH

If menstruating:

- Day 2 - (avoid mid-cycle - chance of peak).
- OK on POP or Depo to test anytime. However, on COC need to stop for ~ 1 month as FSH still suppressed usually in pill-free week. On HRT not usually suppressed, but can be.

Oestradiol - Wide normal range 200 - 1000 pmol/l
(Therefore - not for diagnosing menopause).
<100 = Abnormal
<75 = Risk of osteoporosis.

Polycystic Ovary (PCO)

- ↑↑LH (>10 or LH : FSH 2 : 1 or more)
- FSH - Normal (or low)
- Androgen ↑ (Normal testosterone = 0.5 = 2.5 n mol/l. >6 suggests neoplastic cause).
- SHBG ↓ (hence more free testosterone)
- Oestradiol ↓ if anovulatory

PCO

If want pregnancy:

Treatment or Rx: lose weight; stop smoking; clomiphene; ovarian diathermy; gonadotrophins, IVF/GIFT.

If not wanting pregnancy:

- COC (e.g. Dianette – especially for acne)
- Progestogens
- Cyproterone acetate with ethinol, oestradiol for hirsutism, but may take 6/12 to help – specialist referral.
- Cosmetic measures.

Amenorrhoea

Test after 6/12 2° Amen. because of osteoporosis risk.

FSH - ? Menop.

LH - ? PCO.

Prolactin - especially if galactorrhoea. (Normal range 0 - 625 u/l... >1500 u/l suggests pituitary microadenoma)

Thyroid FTs (TSH normal range = 0.5 - 5 u/l).

Progesterone

- Mid-luteal progesterone to assess fertility.
- Day 21 of regular 28 day cycle confirms ovulation if high >35 n mol/l.
- Test 7 days before expected period if shorter or longer cycles. Test weekly if irregular cycles.

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