

Menstrual Migraine: What You Should Know

What Is Menstrual Migraine?

Many women with migraine note that they are more likely to get attacks around the time of their menstrual period. According to the International Headache Society, if migraine occurs *only* between two days *before* up to three days *after* onset of menstruation *and* does so in at least two out of every three cycles, it's called "pure menstrual migraine." The term "menstrually related migraine" is used if a woman also has headache attacks at other times of her cycle. Migraine attacks that occur with menstruation are thought to be due to declining estrogen levels.

What You Can Do

- Keep a diary that plots menstruation, and your migraine headaches.
- Avoid combining migraine triggers—such as lack of sleep, alcohol, or skipping meals — during the menstrual week.
- Focus on non-pharmacological strategies that may help you prevent or cope with migraine: avoid foods that may be known migraine triggers for you, learn to manage stress, exercise.

Therapies That Might Help

ACUTE THERAPIES

Taken once a headache has begun, these medicines are often all that is needed for menstrual attacks.

- Nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin and naproxen may be effective and often benefit other menstrual symptoms.
- Triptans: prescription medications developed specifically for treating migraine.
- NSAIDs plus triptans.

HORMONAL THERAPIES

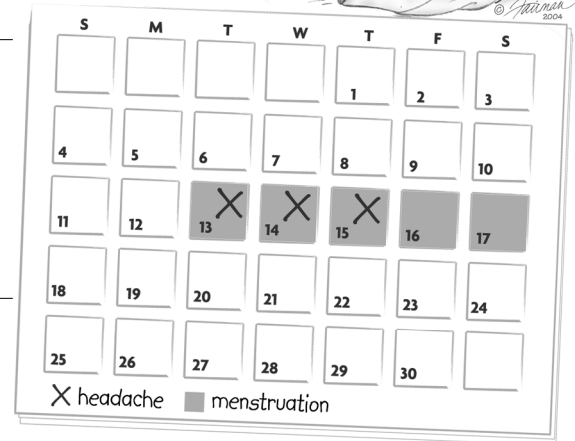
These therapies are intended to minimize or prevent the decline of estrogen. Discuss the following options with your doctor:

- If you are taking oral contraceptives (OCs), menstrual migraine may worsen during the placebo (inactive) pill week. You may be able to try using an estrogen patch during the placebo week, or skipping the placebo pill week.
- If you are not on OCs, you may be able to use an estrogen patch or other form of estrogen at the time of estrogen decrease. Estradiol gel 1.5mg beginning two days *before* and continuing for five days *after* the period or a transdermal 100mcg estradiol patch given for the same duration have both been shown to help.

SHORT-TERM PREEMPTIVE TREATMENT (MINI-PROPHYLAXIS OR MINI-PREVENTION)

With this approach, you take your drug on a regular schedule for the time you are vulnerable to menstrual headaches as a way to try to prevent them. It works best when attacks occur predictably. Clinical trials have shown the following to be effective, so talk with your physician about whether they might help you.

- Anaprox DS (naproxen sodium): 550mg twice daily starting seven days before and continuing until six days after the onset of the period.
- Frova (frovatriptan): 5mg twice daily on day one, then 2.5mg twice daily for five days, beginning two days before the period.
- Amerge (naratriptan): 1mg twice daily for five days, beginning two days before and continuing for three days after the period.
- Magnesium: 360mg daily beginning 15 days before menses.



By keeping a calendar that shows the times of your periods and migraines, you'll help your doctor make a diagnosis of menstrually related migraine.

To Learn More

You'll find lots of information related to menstrual migraine at www.achenet.org/women/menst

Also, visit www.achenet.org/news and check out the July 2004 news items for information on several studies related to therapies.

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