

## **Managing your hormonal Migraine**

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**Venue: Red Cow Moran Hotel, Naas Road, Dublin**

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*At our seminar meeting in the Red Cow Moran Hotel in September, Dr Anne MacGregor spoke to our members on managing migraine and hormonal trigger factors. Below are some excerpts from her talk*

**M**ore women than men experience migraine. The big problem is that the most common time for women to get migraine is at the time of their lives when they can least do something about it.

Before puberty, migraines are uncommon. In girls, often around the time when their periods start, they might get their first migraine attack. It shifts from their tummy-aches, feeling sick in their stomachs to short attacks to suddenly becoming the more typical migraines that we recognise.

Quite often with adolescence, the girls get their auras, these funny zig-zag lines and they never have an attack like that again for years or the rest of their lives.

As time goes by they may start getting migraine without aura. Contraception comes into play in the twenties. The pill, which is the most used method of contraception by most 20-yr-old plus women in the UK, may change the pattern of their migraine. Women may get migraine in the week when they don't take their pill.

After that, they stop their contraception and they become pregnant. They've had migraine without the aura. That's the sick headache-type migraine, often happening in the first three months of the pregnancy. For about 70% of women it gets better, and for some women pregnancy is the most affective treatment for migraine!!

By that time you're probably entering into your thirties, maybe if you're a late mother entering into your late thirties, early forties and that's when problems with periods begin and I don't just mean migraine linked with periods as a problem, I mean general problems with periods. So late thirties is a time for pre-menstrual symptoms to start to herald themselves-you become more moody, you start to notice mood changes, breast tenderness, fluid retention and headaches.

Probably menstrual migraine is one of the most misdiagnosed things because people often link the headaches to their period but think it is a period problem.

Too many people delay treatment. Unfortunately as you start to get older and you are closer to the menopause, and it becomes a bigger problem. Then you've got the early symptoms of menopause kicking in as well.

So your periods become closer and your headaches become closer. Heavier periods develop and might become more painful and it's often only then that you start to notice the pattern. And your partner starts to notice the patterns every month.

You have to realise the importance of taking control of your headache, not only for your sake but for the sake of those around you as well that often have to put up with an awful lot. Many people with migraine worry more about people around them and how they are affected with migraine.

### **Is it all about hormones?**

Well yes and no. The first thing is don't wade in getting your hormones sorted out. There may be nothing wrong with your hormones.

One of the things we have confirmed is the natural fall in oestrogen that drops down just before you have had your period and this is the trigger for some people with menstrual migraine.

A heavy period can be a trigger for some women with menstrual migraine. So even within the same timeframe there can be a number of different triggers that may be responsible.

Steps in managing migraine:

- You must sort out effective treatment for the attacks you have.
- You get a better grip on the symptoms and you get these symptoms controlled. It is reported that 50% of people with migraine go nowhere near their doctors.
- You do need to get something that is going to work for your migraine attacks.
- You can get quite effective treatment by just going to your chemist. Many of the things you have already tried could be effective if you took them in a slightly different way.

The reason being, that people don't take treatment early enough or they take something like Paracetamol, which doesn't have much effect on its own for migraine. Or they take it in such a way that it just sits in the stomach and doesn't go anywhere at all. You must take a sufficient amount of whatever it is you have been prescribed and in the recommended fashion.

A migraine can be just like a power cut, where everything gets shut down. Often your blood sugar levels drop and this is the one time it's worthwhile carrying a sweet sugary drink around with you. We recommend sweet Lucozade or sweet lemonade.

We also recommend that you keep your own diaries because this is your power that you look for patterns in anything you are doing in everyday life and presenting the diary to your GP helps them to make a more accurate diagnosis.

### **Rebound headaches**

One of the problems we have with the triptans we take for an attack is that the attack may come back the next day. This leads some people to be worried about rebound or relapse headache during a migraine attack. It can be compounded by the fact that you go back to your doctor and say you need to take four triptans and that's just for one attack and the doctor replies that you are over-treating it. The reality is that the trigger of the period is continuing longer than the actual effectiveness of the drug. The drug may wear off and you've still got your period trigger so the migraine comes back again.

So we are trying to find ways to actually prevent that from happening. Various ways of actually treating the fall in the levels of estrogen which comes from the ovaries. This can be treated by taking estrogen supplements at that stage of the cycle. We can also look at people who have very heavy periods and try to reduce the blood loss, which again acts as a preventative treatment for the cycle by giving you specific drugs for that.

You can treat Menstrual migraine more by the symptoms, by looking at patterns in your diaries, by establishing that pattern and trying to see if you need to speak to your doctor about preventative options of which there are an increasing number.

### **The menopause**

The next issue going through the life stages, is the menopause. What happens in the menopause is actually the worst time for many women, a strange time because if you can work through it, time sorts it out for you. For the majority of people, the less intervention you do, the more you allow time to sort out the problems. When we are dealing with migraine around that time, it's much more treating the problem with the periods or the other symptoms that come in.

For some women there is still a role for hormone replacement therapy if they are really finding life unbearable. But there are lots of non-drug treatments that can be used - for example plant soya treatments, red clover...there's a whole mountain of treatments that you can pick up on the internet, which can be effective for some people.

Once you are through the menopause, most women get better. For the ones that don't, you really have to look at the other triggers that are going on. Bear in mind too that it may take a whole ten years after your last period for all those hormone triggers to die out completely.

Examples of some of the other triggers to watch out for:

- Neck and joint pains.
- Neck-muscle triggers - when you put perfume on, after a while you can't smell it, but it's there. It's the same with muscle tension - you don't always notice it. You might notice it's a bit worse before you get a migraine attack. Look out for the physical triggers that are there. Sometimes managing migraine can be simpler than you think!
- A recent study carried out on a group found that by drinking more water, an increase in the intake of fluid and the eradication of dehydration, remarkably reduced the frequency of migraines.

Looking after yourself is fundamentally the mainstay of migraine management. Be active, be aware and most importantly, be prepared.