Migraine & Women

Her life can be hers – AGAIN
What is Migraine?

Migraine is a complex neurological condition that affects approximately 12-15% of the population. It is the world’s most common neurological condition and has been defined by the World Health Organisation as the 6th leading cause of disability worldwide. The condition is inherited in up to 60% of cases and is 3 times more common in women. Although some people may only experience 1 or 2 attacks a year, many people suffer on a weekly basis to the extent that their quality of life is substantially reduced.

Attacks can last from 4 to 72 hours and usually consist of some or all of the following symptoms:

- Severe, throbbing, one-sided headache
- Movement Sensitivity
- Nausea and/or vomiting
- Hyper-sensitivity to noise, light and smell,
- Migraine Aura is experienced by about 20% of people before the headache, usually lasting for about 20 – 60 minutes. The most common symptoms are visual, blurred vision, flashing lights or zig-zag patterns. Some people also experience pins and needles on one side, usually starting in the fingers/arm, sometimes spreading to the face.
- Slurring of speech
- Confusion
- Loss of coordination

Migraineurs often experience a Prodrome, or pre-headache phase, usually a few hours before the full onset of an attack. Symptoms of this phase may include tiredness, yawning, mood changes or food cravings. As the headache diminishes, many people experience a Postdrome phase, similar to the Prodrome.

Migraine and Women

Migraine is 3 times more common in women than in men, this is largely due to hormonal changes throughout a woman’s life from puberty to menopause.

Boys experience migraine as often as girls prior to puberty. Women often experience their first migraine attacks during their teen years, usually around the onset of menstruation. From this point on, migraine becomes far more common in women. The highest incidence of migraine occurs in women around the age of 40. For most women, aging and menopause reduce the number of attacks.

Oestrogen levels in particular are very important. Migraine usually decreases during pregnancy when oestrogen levels are high. When oestrogen levels are low around menstruation, attacks are more common.

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Puberty

Migraine can commonly occur in children before puberty but can often go undiagnosed and untreated. As many as 10% of children experience migraine before puberty. At this point, it is equally common in boys.

Puberty is the time when a girl begins to produce the hormone oestrogen in a monthly cycle that leads to the start of menstruation. This is therefore the time when hormones may first influence migraine. For most women, the onset of migraine coincides with this time of life.
It is also important to pay special attention to minimising other migraine triggers (e.g. sleep, dietary factors, stress etc.) around the time of menstruation. Hormonal treatment could also be considered – consult your GP.

**Contraception and Migraine**

Hormonal contraception, such as pills, patches, rings and injectable preparations are considered safe for the majority of women who use it. This is also true for most women with migraine. However, the effect of the contraceptive pill on migraine is quite variable and unpredictable. The Combined Oral Contraceptive (COC) is contraindicated in cases of women with migraine with aura (See page 6). The progesterone only Oral Contraceptive Pill (OCP) is the OCP of choice for women with migraine.

**Menstrual Migraine**

About 60% of women with migraine note an increased number of attacks in association with their menstrual period. This is known as menstrually-related migraine.

Pure menstrual migraine is diagnosed when attacks occur exclusively around the time of menstruation and at no other times during the cycle. About 10% of female migraineurs have pure menstrual migraine.

Menstrual attacks tend to be less severe but longer than non-menstrual attacks. The majority of menstrual migraines are not accompanied by aura.

How the menstrual cycle and migraine are linked is still unclear. The most likely explanation is that falling levels of oestrogen and progesterone affect the normal working of the central nervous system and the regulation of the brain chemical serotonin, thereby triggering an attack.

Other hormones that change with the menstrual cycle, such as prostaglandins, which are released just before and during a period, may also be an important trigger.

**Management of Menstrual Migraine**

In general, menstrual migraine can be effectively managed with strategies similar to those used for ordinary migraine (See pages 9 & 10).

A migraine diary can be very effective in establishing the link between menstruation and migraine.

For women with menstrually related migraine who experience two or more attacks a month, it is advisable to speak with your doctor as you may benefit from preventive medication. Sometimes, the dosage of the preventive medication is increased around menstruation to provide further defence against attacks.

If you can predict your menstrual attacks, be prepared and always carry your acute medication (e.g. triptans, NSAIDs, painkillers etc.) with you - the sooner you take them, the more effective they will be. Your doctor may also prescribe a medication that gets to work more slowly but stays in the system longer to keep migraine at bay during the whole menstrual period.

Any of the following may occur:

- Most women who have migraine will not see a significant change in their headache pattern after beginning oral contraceptives
- Migraine may improve
- Migraine may become more frequent or more severe, particularly during the pill-free week
- Migraine may begin upon commencing the pill (particularly if there is a family history)
- Migraine may change from Migraine without Aura to Migraine with Aura
- Migraine may occur in the pill-free interval only i.e. when oestrogen levels drop
Management of Migraine during pregnancy

Migraine itself does not have any damaging effect on the pregnancy or the unborn baby but it is vitally important that any treatment taken whilst pregnant is thoroughly discussed with your doctor. Very few medications have been tested in pregnancy and to date only paracetamol (with or without an anti-emetic) is deemed safe. Triptans and all preventive treatments are contraindicated. They will only be considered in very rare cases and under the supervision of a specialist.

Medications should be discontinued immediately after pregnancy is confirmed. If you are planning to have a baby, it is therefore vital that you discuss this with your doctor, as certain preventive medications may need to be discontinued at this stage too.

Non-drug treatments that may offer some relief during pregnancy include:

- Sleep / Rest / Retreat
- Biofeedback
- Cold therapy
- Light exercise
- Massage / Relaxation therapy
- Trigger avoidance
- Increase water intake or eat a small snack, especially if nausea and vomiting occur early in pregnancy.
- If you experience a lot of sickness, try to eat small, frequent carbohydrate snacks and drink plenty of fluids.

Breastfeeding

When your baby is born, hormones drop and this can worsen migraine. Coping with the stresses of new motherhood, including disrupted sleep can also act as triggers for many women. Ask your doctor about what medication, including over-the-counter medicines, are safe to take while breastfeeding. Some medicines can be passed through breast milk and can be harmful for your baby.

Risk of stroke

*Migraine with Aura* is in itself a minor risk factor for stroke. The combined oral contraceptive (particularly at higher oestrogen doses) has been linked with an increased risk of stroke in women with *Migraine with aura* and this risk is further increased in women who smoke and/or who have high blood pressure.

Although the risk of a stroke is very low in women younger than 50, it is advisable that women with Migraine with Aura use the lowest possible oestrogen dose and reduce their exposure to other risk factors e.g. by stopping smoking before commencing oral contraceptives. The mini-pill or rod are popular alternatives.

Pregnancy

About 60% of women with migraine experience an improvement during pregnancy particularly during the second and third trimesters. The more stable levels of hormones at this time are thought to be responsible for the improvement. Usually, the pre-pregnancy patterns will return when the pregnancy is over.

However, about 15% of women report worsening or new-onset migraine during pregnancy. One possible reason is that sickness, particularly when it is severe, can reduce food and fluid intake and result in low blood sugar and dehydration. Most women who experience migraine for the first time during pregnancy will continue to experience it thereafter.

There is no sure way of predicting how or if migraine will change during pregnancy. However, it has been noted that improvement is most likely in women who have *Migraine without Aura* or who have menstrually-related migraine. Women who have *Migraine with Aura* are more likely to continue having attacks during pregnancy.

Talk with your doctor if you think the pill is causing your migraines or making them worse. Again, trigger avoidance and lifestyle changes can also help.

If the patterns of migraine change for the worse or if you experience aura for the first time, the oral contraceptive should be discontinued and advice should be sought. After discontinuation, most women will improve but this improvement may not occur for up to 1 year.
Managing your Migraine

The first step towards managing your migraine is to learn about migraine and about your own individual attacks. This involves knowing the history of your migraine, the triggers that induce an attack and what works for you to treat the attacks.

To help you with this, request a diary and a full information pack from the Migraine Association.

Medical Treatments for Migraine

1. Analgesics
Analgesics are painkillers that work by numbing the affected area. There are several forms of analgesics that offer relief to some people, including aspirin, paracetamol and NSAIDs such as ibuprofen. Overuse or regular extended use of all types of analgesics, particularly those including codeine can lead to dependence and to Medication Overuse Headache.

2. Triptans
Triptans are specific migraine drugs and are available on prescription only. Rather than simply killing pain, they work by targeting serotonin receptors in the brain. Triptans are fast acting and effective in up to 80% of cases. Some are available as nasal sprays and oral disintegrating tablets as well as in traditional tablet form. They are not prescribed for children, pregnant women or people over 65 years.

3. Preventive treatments
Preventive treatments are daily medications that are usually prescribed for people experiencing more than 2 or 3 attacks a month or if attacks follow a regular pattern. Their aim is to reduce the frequency, severity and duration of attacks and can be taken for a period of 6 – 12 months. Examples include beta-blockers, certain epilepsy medications and tricyclic anti-depressants.

Menopause and Migraine

In the years leading up to the menopause, the ovaries produce less and less oestrogen. During this time of hormonal imbalance, migraine often becomes more frequent or severe. Irregular periods at this time can also make management of the condition less predictable.

However, once oestrogen levels stabilise after the menopause, most women experience a decrease in the frequency and severity of their attacks. This is especially true of women who suffer from menstrual migraine although it is rare for attacks to disappear entirely.

But for some women, menopause worsens migraine or triggers them to start. It is not clear why this happens. Hormone replacement therapy, which is prescribed for some women during menopause, may be linked to migraines during this time.

Hormone Replacement Therapy (HRT)
HRT is not generally recommended for menopausal women with migraine. The Mirena Coil is recommended because of its slow, low-dosage release of progesterone.
Non-drug treatments

A variety of drug-free alternatives can be effective for some people. These include complementary therapies (such as acupuncture, biofeedback, yoga and herbal medicines), lifestyle management, relaxation exercises and trigger management.

Many of these are free from side effects and can be fitted into your life with minimal disruption. These management techniques can be used as part of a combined approach with medication or can sometimes be very effective even when used on their own.

Keeping a migraine diary will enable you to record the date, severity and duration of an attack as well as possible triggers for each attack. The diary can also be used to track the effectiveness of any medication that you are taking. For more detailed information on migraine management, call the Migraine Helpline for an Information pack or see www.migraine.ie
The Migraine Association of Ireland was formed in 1994. We aim to assist, support and represent people living with migraine and other headache disorders, while raising awareness of the nature of these conditions.

**Our services include:**
- Call-save Helpline service – 1850 200 378 ROI or 0844 826 9323 (NI)
- Specialist Nurse Advice Line – 01 797 9848
- Brainstorm quarterly newsletter
- Migra-zine e-mail newsletter
- Information leaflets and publications on all aspects of migraine
- Migraine Diary
- On-line resources at www.migraine.ie
- Public information meetings
- Self-help groups and workshops
- Public awareness campaigns – e.g. Migraine Action Week
- Outreach events
- Information and awareness services for employers
- Information services for health professionals
- Campaigning for specialist services i.e. Headache/Migraine clinics

*It costs just €36 a year (or €30 online) to become a member, so join the Migraine Association today!*

**CALL-SAVE HELPLINE**

1850 200 378 (ROI)
0844 826 9323 (NI)
(10.00am – 4.00pm, Monday to Friday)

Address: Migraine Association of Ireland,
Unit 14, Block 5,
Port Tunnel Business Park,
Clonshaugh, Dublin 17.

Specialist Nurse
Advice Line: 01 797 9848
Phone: 01 894 1280 or 01 894 1281
E-mail: info@migraine.ie

www.migraine.ie