

Menstrual Migraine

Migraine can be closely associated with hormones. Some women find their migraine attacks start at puberty and are linked to their menstrual cycle.

Menstrual migraine is associated with falling levels of oestrogen in the days leading up to your period. It is most likely to occur in the two days leading up to a period as well as the first three days of your period. Menstrual migraine attacks are often more severe and harder to manage than attacks that are not linked with your cycle.

Menopause is often the most difficult time for women with migraine. Post menopause many women find their migraine eases, while some of a similar age find their migraine gets worse.

What is different about Menstrual Migraine?

Menstrual migraine attacks normally happen consistently at the same point in your cycle, and as a result, are more predictable than other attacks if you have regular periods.

Unfortunately, menstrual migraine attacks are generally more severe than other attacks you may experience, and less responsive to treatment. They can also last longer than other types of migraine.

Most women also experience migraine at other times of the month. It's thought that fewer than one in ten women have 'pure menstrual migraine'. This is where you only have migraine during menstruation and not at any other times.

Treatment of Menstrual Migraine

If you get menstrual migraine, a low dose or oestrogen-free birth control option (including long-acting reversible contraceptive solutions that can stop periods altogether like Mirena IUDs and Depo Provera shots) may be a good option.

A combined oral contraceptive pill that includes oestrogen taken consistently (by progressively skipping the sugar pills) is another option that can stop the oestrogen drop. However, if you have migraine aura, you should discuss this carefully with your neurologist (and gynaecologist or GP), as the combined pill can significantly increase the risk of stroke in migraine with aura. The combined pill can also make migraine worse in some women.

Taking Mefenamic Acid (Ponstan) may help. A dose of 500 mg taken 3-4 times daily can be helpful in reducing migraine associated with heavy and/or painful periods. It can be started 2-3 days before the expected start of your period. If your periods are not regular, it is often effective when started on the first day. It is usually only needed for the first two to three days of your period. Naproxen (Naprosesic) can be effective in doses of around 550 mg once or twice daily around the time of menstruation. Other NSAIDs (non-steroidal anti-inflammatories, for example, ibuprofen taken once a day for a couple of days before, and the first day or so of your period, can also decrease or eliminate menstrual migraine attacks.

Magnesium, taken from the 15th day in your cycle until your period starts, may also be beneficial. A high dose of vitamin B2 may also help.

Normal migraine medications like triptans may also work for your menstrual migraine, especially the longer acting triptans. Your doctor may suggest taking medication for a few days around the time of menstruation (generally two days before and up to three days after bleeding starts).

Hysterectomy can unpredictably make the migraine worse, so is not recommended for migraine, unless there is another reason to need a hysterectomy.

Note that while there are lots of things that may be helpful, nothing is effective for everyone. You need to find what works for you.

Good to know!

Keeping a migraine diary is the best way to figure out if there is any relationship between your periods and your migraine attacks. There are a range of migraine diaries or apps like Migraine Buddy you can use, or you can keep a record on any calendar to see if your migraine attacks are consistent with your cycle.



MEGAN
MENSTRUAL MIGRAINE
REGIONAL SA



I've suffered from migraine attacks since a young age. As I got older, they got progressively worse, affecting my work and everyday life. When I finally sought help, I learnt that it was Menstrual Migraine. Every month during my period I would suffer from debilitating migraine symptoms. Since being diagnosed, I have switched my contraceptive pill and I also have medication to help me manage my attacks when I get them.

