

# Migraine and Hormones (Menstrual Migraine)



Migraine can be closely associated with hormones. For some women, migraine attacks may begin 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.

The lead up to menopause ('peri-menopause') can be a time of migraine worsening due to hormonal fluctuations. After menopause ('Post menopause'), once periods stop completely and the hormone levels have plateaued, many women find that migraine improves.

## 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 attacks you may experience caused by other migraine subtypes, and are less responsive to treatment. They may also be of longer duration than other types of migraine. Most women with menstrual migraine also experience migraine attacks at other times of the month. It's quite uncommon to have "pure" menstrual migraine, where you only have attacks during menstruation and not at other times.

## Treatment of Menstrual Migraine

Hormonal fluctuations can trigger menstrual migraine so therapies that aim to stabilise hormone levels can be helpful. Contraceptives can be used to manage menstrual migraine for this reason. Contraceptives come in several forms including tablets (pills), injections (e.g. Depo-Provera), implants (e.g. Implanon) or intra-uterine devices (e.g. Mirena). Options for hormones within the contraceptives include those with progesterone only, or combination oestrogen and progesterone. The combination oestrogen and progesterone options should be used with caution if you have migraine with aura due to the slightly increased risk of stroke. If you can take them safely, using the active pills back-to-back (and skipping the sugar pills) can be an effective strategy for menstrual migraine. Speak to your GP, neurologist or gynaecologist about which option may be best for you.

Taking Mefenamic Acid (Ponstan) may help. A dose of 500 mg taken three to four times daily can be helpful in reducing migraine associated with heavy and/or painful periods. It can be started 2 to 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 (Naproxen) 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, Nurofen) 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. While there are lots of things that may be helpful, nothing is effective for everyone. You just need to keep trying until you find what works for you.

**Menstrual migraine is believed to affect** around 60% of women who have migraine, or up to 10% of all women.

## Did you 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 just keep a record on any calendar to see if your migraine attacks are consistent with your cycle.



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“I've experienced migraine attacks since a young age. As I got older, they got progressively worse. When I finally sought help, I learnt it was Menstrual Migraine. Every month 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.”



This fact sheet was clinically reviewed by Dr Lakshini Gunasekera (BBMed, MD, FRACP)