Menopause and migraine

Migraine is a primary headache disorder, generally associated with nausea and/or light and sound sensitivity and auras.

Treatments for migraine may be abortive (e.g. anti-inflammatories and triptans) or preventive (e.g. beta blockers and anti-epileptics).

Migraine in perimenopausal women is common and menopausal hormone therapy is not contraindicated.

Migraine

- May occur with or without aura and may be considered to be chronic when it occurs for at least 15 days per month
- Affects around 15% of people
- Is three times more common in women than men, especially between the ages of 15 and 55

Migraine with aura is associated with a very small increase in the risk of stroke: 1–2 people out of 100,000.

Menopausal hormone therapy

- Menopausal hormone therapy, either systemic or topical, is not contraindicated for women who have migraine, with or without aura.
- Transdermal delivery is likely to be safer and have less negative effect on migraine than oral therapy.
- Transdermal estrogens are preferable because of their lesser effects on coagulation.
- The lowest effective dose necessary to control menopause symptoms should be used.
- Estrogen should be given continuously to prevent estrogen 'withdrawal' migraine.
- The levonorgestrel intrauterine device may be preferred for endometrial protection to avoid fluctuations in progestogen levels, which can trigger migraines.

Further information

EMAS CareOnline 2020 https://emas-online.org/emas-careonline

Migraine Headaches, Cleveland Clinic https://my.clevelandclinic.org/health/diseases/5005-migraine-headaches

Migraine Medications 2022, PMID: 31985952