



PRIMARY CARE  
WOMEN'S HEALTH FORUM

THIS RESOURCE IS INTENDED FOR UK HEALTHCARE PROFESSIONALS ONLY

# TOP TIPS

## for Managing Migraine in the Reproductive Years

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# Top Tips for Managing Migraine in the Reproductive Years

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## 1.

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### **Make the diagnosis. Headache is a symptom and needs a diagnosis.**

Many patients with migraine don't receive a clear diagnosis meaning they are unaware of how to manage their attacks appropriately. Most headaches presenting in primary care are migraine.<sup>1</sup>

#### **At consultation, ask these questions?:**

In the last three months:

1. Has a headache limited your activities for a day or more?
2. Have you been nauseated or sick to your stomach when you have had a headache?
3. Has the light bothered you when you have had a headache?

**81%** predictive if answered Yes to 2 questions

**93%** if answered Yes to all 3

Don't miss the much rarer primary headache condition, Cluster Headache. This can co-exist with migraine as migraine is much more common, especially in women. Agitation during attacks and excruciating pain are typical of Cluster Headache.

## 2.

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### **Do not prescribe oestrogen-containing contraceptive pills in women who have migraine with aura.**

Aura is defined as 'recurrent attacks, lasting minutes, of unilateral fully reversible visual, sensory or other central nervous system symptoms that usually develop gradually and are usually followed by headache and associated migraine symptoms.'<sup>3</sup>

In women who have migraine with aura, oral contraceptives containing oestrogen are contra-indicated because of the slightly increased risk of stroke. (UKMEC 4)<sup>4</sup>

## 3.

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### **Menstrually-related migraine attacks may be helped by using continuous COCP – 3 packs taken without a break in women who have never had aura.**

Menstrually-related migraine is partly due to falling oestrogen at the end of the menstrual cycle. These attacks may be more severe and troublesome.

Smoothing out oestrogen levels may be helpful. Topical oestrogen gel at the end of the cycle is unhelpful and just delays the attack.

Taking the COCP without a break for 3 packs and then having a short 4-day break reduces the number of bleeds a woman has and may reduce her migraine attacks.

## 4.

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### **Frovatriptan can be used to treat menstrually-related migraine as it has a long half-life.**

Taking Frovatriptan 2.5mg twice daily before, and then for 3 days after, bleeding has started may help to reduce menstrually-related migraine if the cycle is regular.<sup>5</sup>

## 5.

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### **Acute migraine attacks should be treated with triple therapy as soon as the attack starts. Don't forget an anti-emetic.**

#### **Prescribe:**

1. A pro-kinetic, anti-emetic,
2. A non-steroidal painkiller like Ibuprofen or Soluble Aspirin, and
3. A triptan for use at the onset of a migraine attack.

Gastric stasis, which occurs because of the migraine attack affecting the parasympathetic nervous system, leads to slower absorption of effective pain-relieving medications and can result in nausea and vomiting.<sup>6</sup>

### 6.

**Prevent Medication Overuse Headache by advising people to limit the number of days acute painkillers and triptans are used in a month to 10 days or fewer, and avoid codeine and opioid-containing medications completely.**

People with migraine are at risk of developing Medication Overuse Headache if acute migraine medications are taken too frequently, especially with opioid-containing medications – some of which can still be bought over the counter and marketed as suitable for migraine.

Count the total number of days per month – a simple headache diary may help. (NB: DAYS, not DOSES. Repeating doses within the first 24 hours does not count as extra days.)

Starting preventive medication appropriately also helps prevent overuse of acute medications.

### 7.

**Preventing migraine attacks is the goal. Empower your patients.**

Empowering patients to understand the role of change in contributing to migraine attacks, supplements which may be helpful, the options for medications, injections and neuro-modulation devices and availability of new, migraine-specific medications on the NHS will help them find their optimal regime with your help.

Resources include; Heads Up podcast from the National Migraine Centre, factsheets on the National Migraine Centre and Migraine Trust websites and 'Managing Your Migraine' Penguin Life Expert series book.

### 8.

**Help patients to recognise and manage their perimenopausal symptoms.**

The perimenopause is a time of change for many women and not solely because of hormones. Symptoms may be numerous and migraine attacks may start or worsen due to erratic ovarian release of endogenous oestrogen.

Smoothing out oestrogen with transdermal HRT – gel, patches or sprays may help relieve migraine attacks as well as other perimenopausal symptoms.

Aura is not a contra-indication for HRT. Useful symptom trackers are available free as apps or on-line.

### 9.

**Mental health**

Anxiety is 9 times more common in people with migraine. Depression is also common.

There is no evidence for using SSRIs as migraine preventers but SNRIs like Venlafaxine may help both mental health issues and reduce migraine attacks.

### 10.

**Think migraine in children with abdominal pain.**

Puberty and the many changes of teenage can be a prime time for migraine attacks to start or worsen.

Remember recurrent abdominal pain, pallor, fatigue and nausea without or with minimal headache may be the features of migraine attacks in children especially if one or both parents has a history of migraine.

Girls have more migraine attacks than boys after puberty.

**REFERENCES** 1. Landmark Study <https://pubmed.ncbi.nlm.nih.gov/15447694> 2. Screening questions <https://doi.org/10.1212/01.WNL.0000078940.53438.83> 3. <https://ichd-3.org/1-migraine/1-2-migraine-with-aura> 4. [http://ukmec.pagelizard.com/2016#sectionb/neurological\\_conditions](http://ukmec.pagelizard.com/2016#sectionb/neurological_conditions) 5. <https://bnf.nice.org.uk/drugs/frovatriptan/#:-:text=Menstrual%20migraine%20prophylaxis&text=2.5%20mg%20twice%20daily%20to,3%20days%20after%20bleeding%20starts> 6. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10316537/>

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