



Orange County Migraine & Headache Center

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Menstrual Migraine - Patient Handout

Menstrual migraines are migraines that occur in women around the time of their menses. 60-70% of female migraine patients report menstrual-associated migraines. The cause is probably due to the drop in estrogen that occurs at menses. Correcting or minimizing this drop in estrogen can be very beneficial at reducing the severity and duration of these menstrual related migraines. (Also known as "MRM")

Keeping a detailed headache diary and tracking the menses in this diary can help determine if a woman has menstrual-associated migraines. Anytime a hormone regimen is changed (i.e. change in birth control pills), the headache pattern needs to be carefully monitored to see if headaches worsen or improve. Menstrual migraine has the same characteristics of non-menstrual migraines. However, some women report more prolonged duration of their menstrual headaches (e.g. headaches may last 3-5 days); some may report more severe headaches with their menses than their usual migraines.

Treatment options include:

1. Minimize fluctuation in estrogen. Examples: continuous birth control pills or continuous Nuvaring; add-back estrogen the week of menses in the form of a patch such as estradiol .1 mg patch (brand name Vivelle or Climara)
2. Mini-prophylaxis (prevention) around the time of the menses with a non-steroidal drug such as Naproxen or Ibuprofen for 5-7 days.
3. Triptan (migraine-specific medication); OK to take for 5 days in a row for prolonged menstrual migraines. The longer-acting triptans such as Naratriptan (Amerge) or Frovatriptan (Frova) may be good options at preventing recurrence.
4. Magnesium 360-400 mg a day the 2nd half of the menstrual cycle
5. Increase the dose of a preventive that the patient may already be on, e.g. Topamax

At menopause, there is no longer fluctuation in estrogen from a woman's ovaries. As many as 2/3 women report marked improvement of migraine at this time in their life! Good news for many women with migraines!

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