

MANAGING MIGRAINE IN WOMEN

Why It Matters

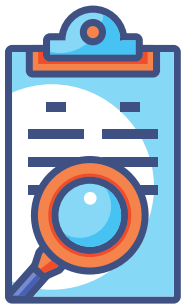
Management requires individualized care that considers migraine type, hormonal triggers, and reproductive needs.

- 43% of women (vs 18% of men) experience migraine at some point in their lives.
- Migraine is 3x more common in women and often worsens during hormonal transitions.
- Migraine frequently starts at the time of first menses.
- Migraine is commonly underdiagnosed and undertreated.
- Unmanaged migraine can lead to significant personal, social, and financial burdens.

Hormonal Triggers: Key Life Stages

- Menses: Premenstrual estrogen drop may trigger migraine.
- Puberty & perimenopause: Hormone shifts often worsen symptoms.
- Postpartum: Sudden estrogen drop may initiate migraine.
- Menopause: Migraine may improve if triggered by a change in hormone levels. This isn't the case for everyone as other factors may trigger migraine.

Contraceptives & Migraine



Fluctuations in estrogen levels may increase the risk of migraine so best to select a contraceptive that delivers a stable, low-dose of estradiol.

Migraine with Aura

- Estrogen-containing contraceptives may increase the risk of: Ischemic stroke and blood clots.
- Added risk factors for stroke and blood clots include smoking, age >35, clotting disorders, and genetic predisposition.

Clinical Recommendations

Migraine with Aura:

- ❌ Avoid estrogen-containing contraceptives.
- ✅ Consider progestin-only or non-hormonal options.

Migraine without Aura:

- ✅ Suggest low-dose, monophasic combined oral contraceptives; best when used continuously to avoid estrogen fluctuations.

Prepared in partnership with the [National Headache Foundation](#)

Sources:

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