

What Is the Relationship Between Hormones and Migraine?

The relationship between hormones and migraine, what menstrual migraine is and an overview of migraine throughout a woman's life.

Migraine is a complex brain disease. The triggers, symptoms and treatments are unique to each person. For many women, hormones are a trigger for migraine attacks.



The Relationship Between Hormones and Migraine

Women are two to three times more likely to have migraine than men.

The migraine brain craves consistency, but hormones in a woman's body change, or fluctuate, both while she has her period and throughout her lifetime. This means that changing levels of hormones, specifically estrogen, play an important role in migraine. Changes in estrogen levels can cause more frequent and intense migraine attacks for women.

Symptoms of Migraine Triggered by Hormones

Menstrual Migraine

For women who live with migraine, a change in hormone levels before, during or after their period may impact their symptoms. As many as 60% of women with migraine experience menstrual migraine. Menstrual migraine is caused by a change in estrogen levels that happens just before a menstrual period. It is marked by:

- Headaches that start between two days before the period and the third day of flow
- Attacks that are more severe during this time than at other times of the menstrual cycle
- Increased light sensitivity, nausea or vomiting, in some instances

Migraine Throughout Pregnancy

As a woman moves through different life stages, shifts in estrogen levels can change the frequency and intensity of migraine attacks. Migraine treatment is personal, so the life stage that a woman is in will impact her treatment as well.

Pregnancy

Many women who live with migraine feel anxious about how pregnancy will affect their migraine symptoms and treatment plan. Will their symptoms improve or worsen? Will they have to stop taking migraine medication? If so, how will they prevent, manage and treat symptoms?

The good news:

- Pregnancy often has positive effects on migraine symptoms
- 50 to 80% of pregnant women living with migraine experience a reduction in migraine attacks during pregnancy, with an improvement in the frequency and intensity of their symptoms.

If you're planning a family, it's important to discuss your migraine management plan and current medications with your doctor. Some medications are not safe for developing babies, especially in the early days and weeks of pregnancy. Your doctor may recommend you stop taking certain medications and provide a new approach for prevention and treatment.

Be sure to consult your doctor first, but there are good non-medication options for managing migraine during pregnancy:

- Avoiding triggers
- Minimizing stress
- Focusing on hydration, regular meals and sleep
- Prenatal yoga
- Acupuncture

Postpartum and Breastfeeding

Breastfeeding can benefit your migraine by preventing estrogen from dropping after you give birth. When estrogen levels are maintained during breastfeeding, it helps lower the frequency of migraine attacks.

Because migraine is often linked with depression, some assume postpartum depression will also be linked. It's a good idea to talk to your healthcare provider if you notice any depressive symptoms.

Often, medicines that are off limits during pregnancy are fine to take postpartum.

Treatment Options

Keeping a headache diary can help you and your doctor find patterns in your migraine symptoms and choose the best treatment option. If you think hormones are a trigger for migraine attacks, take note of your periods and symptoms in your diary.

Menstrual migraine may require **different treatment approaches** within the window before and during your period than at other times:

- Your usual acute treatments can still be tried, but for some people these are not enough for menstrual attacks
- Combining multiple acute treatments, for example a triptan and an NSAID, or a gepant and an NSAID, may work for more severe attacks
- Taking magnesium from when you ovulate until your period starts may reduce menstrual attack severity
- For those who have regular periods and predictable attacks, mini-preventive methods such as taking a long-acting NSAID or triptan for a few days in a row starting the day before the headache is expected can be effective
- Hormone treatments are less well studied for menstrual migraine, but in some cases reducing periods by using a progesterone IUD, vaginal ring, or continuous birth control pill may help
- Add-back estrogen patches are not usually recommended since they may just delay the menstrual attack

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The mission of the American Migraine Foundation is to mobilize a community for patient support and advocacy, as well as drive and support impactful research that translates into advances for patients with migraine and other disabling diseases that cause severe head pain. Visit americanmigrainefoundation.org for more resources for people living with migraine and their supporters.

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