

# Information Sheet for Patients with Menstrual Migraine

## What is menstrual migraine?

Menstrual migraine is migraine that is triggered by the hormone changes that occur around the time of menstruation. The hormone that is most commonly implicated is oestrogen. Migraine is triggered by the fall in oestrogen that occurs shortly before menstruation. 7% of women get menstrual migraine alone but many women get migraine throughout the month in addition to menstrual migraine. However, in this case the migraine attacks tend to be more severe around the time of menstruation.

## What treatments are available?

There are a number of treatment options which your GP will discuss with you:

1. Magnesium may be useful in menstrual migraine. The recommended dose is 600 mg a day, taken throughout the month as a preventative medication. This may be obtained from Health Food shops.
2. If you are on the oral contraceptive pill, you make use the pill continuously to prevent the fall in oestrogen that triggers an attack and reduces the frequency of menstrual migraine. However, you should not be taking the oral contraceptive pill if you have migraine with visual disturbance or any other associated disturbances of the nervous system such as pins and needles or weakness. The more recent Progesterone only contraceptives may in some cases help to a lesser extent, including Depo Provera.
3. As there is an inflammatory component to migraine, a long acting anti-inflammatory tablet can sometimes be helpful. Naproxen 500mg taken twice daily, 2 days before the onset of the period and during it, can be helpful. If dysmenorrhoea or menorrhagia is a problem, then Mefenamic Acid 500 mg 3 times a day is a useful alternative.
4. Short acting Frovatriptan is supported by a number of clinical trials using the following 6 day regime. Start prophylactically 2 days before expected menstruation. On days 1 and 2, take 5mg Frovatriptan twice daily and continue with 2.5mg Frovatriptan twice daily for a further 5 days.
5. You can use an oestrogen hormone patch over the difficult period. You should apply a 100mcg patch 2 days before the expected onset of menstruation which should be changed after 3 days. Oestrogen is released at a steady rate into the blood stream and this will smooth out the fall in oestrogen that triggers an attack. Alternatively, you could use a topical application. Estradiol gel should be used at a dose of 1.5mg a day, 3 days before the onset of menstruation for 7 days.

A problem with the above approaches is that it may not be possible to accurately predict when a period is due. Although these medications are widely used by headache specialists, it should be noted that they are not licensed for this indication.

This leaflet should be read in conjunction with the product characteristic leaflet that can be found inside all boxes of medication. The use of any medicine is based on considerations of how benefits outweigh potential side effects. Your prescribing doctor will discuss the risks and benefits of the medication as it relates to you and answer any further questions you may have.