Migraines worsen as women approach menopause

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Credit: Sasha Wolff/Wikipedia

Migraine headaches heat up as women approach menopause, according to a new study from researchers at the University of Cincinnati (UC),
"Women have been telling doctors that their migraine headaches worsen around menopause and now we have proof they were right," says Vincent Martin, MD, professor of internal medicine in UC's Division of General Internal Medicine and co-director of the Headache and Facial Pain Program at the UC Neuroscience Institute.

The risk for high frequency headache, or more than 10 days with headache per month, increased by 60 percent in middle-aged women with migraine during the perimenopause—the transitional period into menopause marked by irregular menstrual cycles—as compared to normally cycling women, says Martin, the study's lead author.

The findings were published online this week in Headache: The Journal of Head and Face Pain, a publication of the American Headache Society.

Martin teamed with Richard Lipton, MD, Jelena Pavlovic, MD, PhD, and Dawn Buse, PhD, from Montefiore Headache Center and Albert Einstein College of Medicine, and Kristina Fanning, PhD, and Michael Reed, PhD, from Vedanta Research, Chapel Hill, NC, to study 3,664 women who experienced migraine before and during their menopausal years.

The menopausal years include both the perimenopause and menopause. Menopause begins when women have not had a menstrual period for one year. Symptoms such as hot flashes, irritability, depression and insomnia are common during both.

"Changes in female hormones such as estrogen and progesterone that occur during the perimenopause might trigger increased headaches
during this time," says Richard Lipton, MD, director, Montefiore Headache Center and professor and vice chair of neurology, and the Edwin S. Lowe Chair in Neurology, Albert Einstein College of Medicine.

The risk of headache was most apparent during the later stage of the perimenopause, which is a time during which women first begin skipping menstrual periods and experience low levels of estrogen, adds Lipton, also lead investigator of the American Migraine Prevalence and Prevention (AMPP) Study.

Martin says women who participated in the study also reported that high frequency headache increased by 76 percent during menopause. However, researchers think that it may not necessarily be the direct result of hormonal changes, but rather due to medication overuse that occurs commonly during this time.

"Women as they get older develop lots of aches and pains, joints and back pain and it is possible their overuse of pain medications for headache and other conditions might actually drive an increase in headaches for the menopause group," says Martin.

Researchers identified the group of women aged 35 to 65 from the AMPP Study for the cross-sectional observational analysis. The AMPP Study is a longitudinal study where 24,000 people with severe headache were followed annually over six years.

Women with migraine were asked to self-report their frequency of headaches as well as the characteristics of their menstrual cycles. Based on the characteristics of their menstrual cycles they were placed into one of three groups: pre-menopause (normally cycling), perimenopause (irregularly cycling) and menopause (no cycling).
About 12 percent of the U.S. population experiences migraine, with women suffering from them three times more frequently than men. For women approaching menopause and suffering from migraine there is help, explains Jelena Pavlovic, MD, PhD, co-author of the study, attending physician in neurology, Montefiore and assistant professor of The Saul R. Korey Department of Neurology, Einstein.

"Physicians can prescribe hormonal therapies that level out these changes that occur during the perimenopause and menopause time periods," says Pavlovic. "If the patient is in early perimenopause, you can give birth control pills that level things out. If they are in the late perimenopause and they start skipping periods, they can be put on estrogen patches."

Provided by University of Cincinnati Academic Health Center


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