

WOMEN'S
HEALTH

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It's not all in your head – migraines are real

IF you know somebody who suffers from migraines, you will know the debilitating impact it has on their quality of life.

People's experiences differ, with the symptoms, duration and intensity varying from person to person. For some people, addressing the common triggers such as dehydration, stress, certain foods, and poor sleep quality, could help reduce attacks.

There is another trigger that is widely missed. Being a woman, and more specifically, having period cycles.

Sufferers might not think that this is an issue because recognising that they have the symptoms of a migraine would mean receiving treatment, regardless of the underlying cause. It is not that simple because menstrual migraines are a condition of their own, tend to be more

severe, last longer, and be less responsive to generic migraine treatments, with patients spending years not finding the right solutions.

Being familiar with this condition could help you get the right treatment quickly.

A MENSTRUAL MIGRAINE EXPLAINED

There is still much research to be done as the menstrual cycle is complex. What we do know is that migraines occur with a drop in oestrogen levels, which naturally is around the menstrual bleed, or synthetically, whilst taking hormones, for example during the pill-free break of a contraceptive pill, when oestrogen is in effect withdrawn.

Prostaglandin, a hormone that contributes to inflammation, pain and

blood flow, has also been identified as playing a role as its levels are highest during menstruation. In people with heavy, painful periods, levels accelerate, so if this is you, it is a double whammy.

Most people who suffer menstrual migraines will start to notice migraines creeping in throughout the month, not just during menstruation. They typically get worse for people in their 30s and 40s, around the perimenopause, when hormone fluctuations increase, and cycles become unpredictable and disrupted.

RESOLVING MENSTRUAL MIGRAINES

The truth is that menstrual migraines probably cannot be resolved. Every person is unique, responding to hormonal changes in the body



differently. Some women do say they suffered migraines as a teenager, but not thereafter. This may be the case, but more commonly you may experience a dormant time, with migraines rearing their ugly head again during the perimenopause. You may even be somebody who has never had headaches or migraines but suddenly notice an onset of them later in life.

If left untreated, there is a good chance they will not disappear by themselves until you reach menopause, when periods stop, and the hormonal fluctuation settles down.

DIAGNOSING MENSTRUAL MIGRAINES

There is no formal investigation but keeping a diary for at least three menstrual cycles can be very helpful to confirm them. Even with menstrual migraines, you may still find common triggers such as certain foods, drinks and stresses do exacerbate your symptoms, so it is valuable to log these as well.

You may notice your migraines are part of a wider collection of symptoms such as bloating, acne, low libido, breast tenderness, low mood. This could be premenstrual syndrome or premenstrual dysphoric disorder. Be vigilant, as it is essential to get the right diagnosis because these conditions need specific personalised support.

HOW TO HELP YOURSELF

Treatments should be tailored to individual symptoms and situations. You may be able to manage mild attacks through lifestyle changes such as minimising stress, good sleep habits and nutrition. Having a low inflammatory diet can have benefits by reducing the inflammation associated with migraines and lessening the intensity and frequency of attacks. This method includes following a Mediterranean diet and reducing the intake of alcohol, dairy, and high-processed and sugary foods. Be aware too that stress on the body such as dehydration, fasting and low blood sugar levels can be triggers. Some studies have shown a benefit from taking magnesium, vitamin B2, and co-enzyme Q10. I advise patients to check with a specialist to see if they are safe for them to take and to research reputable brands.

THE IMPACT OF CAFFEINE

For some people, caffeine can relieve migraines. It is contained in many pain-relief medications and reduces



inflammation by constricting blood vessels, in turn relieving migraine pain. But it is worth knowing that this benefit is usually limited to one or two cups a day. Any more and a person may run into trouble for a number of reasons — caffeine is a diuretic, which can lead to dehydration and make headaches worse. Caffeine also delays the effect of adenosine, a hormone needed for sleep and a lack of sleep is a trigger for migraines. You may experience caffeine withdrawals, where its effects wear off, and can lead to a surge in pain as the blood vessels dilate again. Decaffeinated coffee still contains a small amount of caffeine, so be cautious if you are sensitive to caffeine.

MEDICATION OPTIONS

Anti-inflammatory medications such as mefenamic acid are helpful in reducing the migraines associated with heavy and/or painful periods, as they block prostaglandin. Triptans are also commonly used at the time of an acute migraine, with some triptans providing better relief for hormonal migraines, so this may be a good option to explore with a specialist.

HORMONAL TREATMENTS

Deciding which option is best for you will depend on your symptoms, the regularity of your menstrual cycle, whether you have painful or heavy periods, and if you need contraception. Some treatments will not be recommended if you suffer aura with your migraines because of the risk of a

stroke. The options include combined hormonal contraceptives (containing oestrogen and progestogen), and progestogen-only pills, injections and coils. These all switch off the natural menstrual cycle and maintain stable oestrogen levels. Most of these also stop or reduce the heavy flow and pain of periods that trigger symptoms. They can also all be used for contraception.

Some regimes, especially those taken without a break, provide better long-term relief as they overall reduce the hormonal fluctuations that cause the migraines.

Hormone replacement therapy is another option around the perimenopause and menopause. It can stabilise oestrogen fluctuations and relieve other menopause symptoms that indirectly trigger migraines through stress on the body, such as night sweats, which disturb sleep and cause dehydration.

MY TAKE HOME MESSAGE

Hormonal migraines are complex, but treatments are specific, and it is essential that people recognise the condition so that they can get the right help early. Speak to a specialist - we are here to help.

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