Headache Wellness Center

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Menstrual Migraine

One of the most common migraine triggers is the hormonal fluctuation occurring around a woman's menstrual period. While the definition of menstrual migraine is still debated, most experts agree these migraines will occur during a window starting 2 days prior to the menstrual flow until 3 days after the onset of menstrual flow. It is believed that menstrual migraine is triggered by the drop in estrogen levels observed during this time.

Approximately 14% of women will experience migraine only during their menstrual period (pure menstrual migraine), while over 60% of women will experience migraines both during and outside of this time (menstrual associated migraine). Many women feel menstrual migraines last longer, are more severe, and are more difficult to treat than migraines occurring during other times of the month.

In general, the same treatments used for non-menstrual migraines are just as effective for menstrual migraines. Appropriate selection and timing of acute care medications are important. Preventive medications may also be helpful. Some patients may need prevention only around their menstrual period, while others will benefit by using daily preventive medication.

One treatment strategy is to employ focused use of non-steroidal anti-inflammatory drugs (NSAIDs) around the time of a woman's menstrual period to reduce migraine disability. Most frequently the medication is started 2 days prior to the onset of menstrually associated migraine and continued through the time of susceptibility.

Menstrual migraine may also respond to hormonal therapy. Continuous oral contraception or the addition of an estrogen patch during the placebo week of oral contraception use may be effective. However, this treatment strategy should be undertaken with care, as there are certain risks when using hormonal treatment. Not all women are candidates for hormonal therapy. Additionally, this type of focused treatment may not be effective for non-menstrual migraine headaches.

There is currently no consistent scientific evidence that hysterectomy or oophorectomy (surgical menopause) is effective in treating menstrual migraine.

A focus on non-medicinal approaches remains important, with management of sleep, stress, caffeine use, smoking, diet, and exercise essential for best overall outcome.