

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 occur between two days before your period and three days of flow
- Pain that is more severe during this time in your cycle
- Increased light sensitivity associated with these headaches
- 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 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 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.

You might also be concerned about postpartum depression. While migraine is associated with depression, there is no known link between migraine and postpartum depression. It's important to seek care for both diseases. Note that some medications for depression and migraine are off-limits while breastfeeding, so be sure to connect with your doctor about your options.

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:

- Taking estrogen in the form of a pill, vaginal gel or patch during your period can prevent the drop in estrogen that can cause menstrual migraine. This may decrease or prevent migraine attacks.
- Continuously taking birth control pills or using a vaginal ring—so there is no break to cause your period—is a common hormonal approach to help reduce migraine attacks.
- Other prevention strategies include taking **NSAIDs** or triptans in the days leading up to your period. You can also take magnesium from day 15 of your cycle until your period begins.
- Common acute treatments for menstrual migraine include fast-acting oral triptans combined with an NSAID, injectable sumatriptan or dihydroergotamine (DHE) or a nasal spray.

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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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