

Menopause & Migraine

- What is Migraine?

Migraine facts:

- **Migraine is very common:** 1 in 5 women suffer with migraine, and it is three times more in women than men.
- **Migraine is an inherited condition:** It is likely that someone in the family has also experienced migraine. In some families the history is clear, but in others, symptoms of migraine may not be easily recognisable.
- **Migraine commonly gets worse in the perimenopause:** This is thought to be due to unpredictable fluctuations in the levels of the hormone oestrogen.
- **Migraine is not just a headache:** It is a neurological condition of which headache is just one symptom.
- **Migraine is an inflammatory process:** Inflammatory proteins irritate the migraine machinery, a broad network of nerves covering the brain, which causes a variety of neurological symptoms.
- **Migraine with aura:** Hormone replacement therapy can be used by women who experience migraine with aura.
- **People who experience migraine need routine:** Changes in a persons' internal or external environment can trigger migraine.
- **Migraine is treatable:** There are lots of successful treatments for migraine. These range from lifestyle interventions, to medications and hormonal treatments, to injectable treatments such as Botox and new treatments designed specifically for migraine, (anti-CGRP treatments).

Migraine is often misunderstood. It is not just a headache, nor is it always a disabling condition that renders people bed bound and in need of a dark, quiet room. It is a spectrum condition which can affect people in different ways. For many women, for a lot of the time, symptoms often lie somewhere in the middle: symptoms you can just about function with, but which stop you feeling like you are at your best.

Migraine attacks happen in phases:

The first phase: Early symptoms of a migraine attack may include feeling thirsty, passing urine more often, tiredness, concentration problems, and irritability. This early phase is known as the 'prodrome', and it is helpful to learn what your early warning signs are so that you can start treatment in good time.

The acute phase: Some women may experience an aura. As aura can come from any part of the brain, this may affect vision, speech, balance, sensation or strength. Aura usually lasts for less than an hour and is often, but not always followed by headache.

The headache symptom in migraine can vary from a dull nagging ache at the base of the skull, to an intense throbbing pain from which it feels like there is little escape until sleep comes or medication takes effect. Sometimes the headache can last for days. Nausea and vomiting, light, sound and touch sensitivity may accompany the headache.

The resolving phase: Women often feel washed out with brain fog, or 'hung over' for hours, sometimes days after the headache has lifted. This is known as the 'postdromal' phase.

There are many triggers for migraine, sleep deprivation and stress are two common ones, but a significant trigger for women in the perimenopause is the unpredictable fluctuation in oestrogen levels. Migraine attacks can feel more intense at this time of the cycle and often respond less well to usual treatments. For some women, migraine changes from clearly defined episodes with a start and finish, to a blurred picture where it is hard to tell when one begins and one ends. This can make migraine harder to manage.

Migraine symptoms such as poor concentration, word finding difficulties and brain fog amongst others, are common to both migraine and menopause, and the two conditions together can make this time of transition all the more challenging. There is a lot that can be done to help. By delving a little more into our lifestyles, and by having an understanding of these conditions, women and their doctors can take a holistic and individualised approach to improving wellbeing.