

Menopause & Migraine - Self Care Essentials and Treatment

For women who experience migraine, the brain is sensitive to change in both their outside world, for example with stress, and to change in their internal environment, such as with hormones. **Routine** and constancy are helpful to reduce this sensitivity.

Keeping a simple headache diary to share with your health care professionals is also important:

- To have a clear impression of how many days are impacted by migraine symptoms each month.
- To monitor how well your symptoms are responding to treatment.
- To provide supporting evidence should treatments, such as Botox, need to be considered.
- Migraine Buddy is an app for this, or you can find an example of a diary card here:

<https://www.nationalmigrainecentre.org.uk/migraine-and-headaches/migraine-and-headache-diary/>

Sleep:

We encourage women to keep regular sleep and wake times. People who suffer with migraine often find that too much sleep with long lie-ins, can be as much of a trigger as not enough sleep.

If sleeping has become a problem, it is a good idea to get out into day light early and to try to go to bed when feeling tired and drowsy in the evenings. This is to harness the body's natural response to rising levels of melatonin, our sleep inducing hormone. If getting to sleep is difficult, **meditation apps**, like Headspace, can be helpful.

Some people try **melatonin** for sleep. This is a naturally occurring hormone and is available on prescription. It is often used in hospital medicine and is licensed for people over 55 years of age. There is also good evidence for **cognitive behaviour therapy for insomnia** (CBTi) as a strategy for improving sleep.

When we sleep, our body temperature drops to maintain sleep and to help us reach deep, restorative sleep. Oestrogen has a big part to play in the regulation of body temperature, and in the perimenopause, low levels of oestrogen can lead to temperature control problems and impact on sleep health. This sleep disturbance is an additional trigger for migraine. For some women, **hormone replacement therapy** can be a helpful strategy for managing their symptoms.

Caffeine:

Caffeine is a stimulant chemical, and often causes worsening of hot flushes during the menopause. It stays in the system for a long time, and may be present 10 to 12 hours after drinking a cup of coffee or tea. If you have a coffee at 2 p.m., you may only just be clearing the caffeine in the early hours of the morning. With the impact of low oestrogen levels on sleep, it is clear how caffeine can contribute to worsening of sleep problems in during the menopause.

Headache is also the most common symptom of caffeine withdrawal and it can be experienced as early as twenty four hours after your last caffeinated drink if it is something you drink regularly.

Some people however, find that caffeine can help with their headaches, and give them a boost if it is well timed with their migraine attack. It is also a 'co-analgesic', which means it enhances the pain killing effect of some medications, such as aspirin for example, and can be usefully combined with other treatments for an acute attack. Finding balance is the answer to most things, and for many, one or two caffeinated drinks per day, consumed before midday is fine.

Eating:

It is a good idea to eat healthy meals, and to snack regularly to maintain blood sugar levels. This avoids the dips in blood sugar that can trigger an attack.

Avoiding going for more than three or four hours without food is often helpful, and for women who wake with headache, a bedtime snack may avoid the nighttime dip in blood sugar and help this. Foods that have a low glycemic index are best, and some women benefit from regular Omega three supplements.

<https://www.nhs.uk/common-health-questions/food-and-diet/what-is-the-glycaemic-index-gi/>

Exercise:

Regular mild to moderate exercise is beneficial for both migraine and menopause.

Exercise preference is individual, but activities such as walking, yoga, jogging and swimming can improve migraine. Some people find that strenuous exercise is a trigger for migraine, in particular exercise which puts a lot of strain on the neck and shoulders. If you are prone to migraine after exercise, it is important to ensure that you are well hydrated and have had a snack before and after exercising.

Supplements:

There is good evidence for certain supplements in the treatment of migraine. These need to be taken regularly for three months to see if they are helpful.

We do not yet have evidence to guide us on whether all the supplements should be taken individually for three months, or taken all together, so at present, we leave it up to you.

- Magnesium citrate 600mg taken at night. For some this is quite laxative, so you may wish to increase the dose gradually. As an alternative, magnesium glycinate may have less of this effect.
- Riboflavin (Vitamin B2) 400mg taken daily. This turns urine bright yellow.
- Co-Enzyme Q10, 100mg taken three times daily.
- Vitamin D 1000 - 3000 units daily. Low levels of vitamin D have been shown to raise the risk of episodes of migraine changing to chronic migraine. This is a particular problem over the winter when we do not get enough sunlight to make vitamin D through our skin. It can be helpful to take a regular supplement from October to March.

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Medication:

A holistic approach to migraine care, which looks at all aspects of life, is often effective in bringing women away from their migraine threshold, in making migraine less impactful on day to day life and in making migraine more responsive to treatment.

When more help is needed there are treatments that you can discuss with your doctor, hormone replacement therapy (HRT), is one of them. HRT can be helpful treatment for women hoping to improve the symptoms of menopause and migraine. Please discuss the next step in treatment with your doctor.

For further information on managing your migraine, Dr Katy Munro's book, 'Managing your Migraine' by Penguin Experts series is a very good read, or the 'Heads Up Pod Cast', if listening while you are on the go fits into life more easily:

<https://www.nationalmigrainecentre.org.uk/migraine-and-headaches/heads-up-podcast/>