



Specific issues in females Migraine

The risk of stroke in migraine with aura, when taking oestrogen-containing contraceptives

Females suffering migraine with aura have an inherent increased risk of stroke.

Use of the oestrogen contraceptive pill is also associated with increased risk of stroke in all individuals. The incidence of stroke in females with migraine with aura, who are also taking the oestrogen-containing contraceptive pill is additionally increased.

Consequently, contraceptive methods other than oestrogen containing contraception are advised for women with migraine with aura. There is no established additional risk in migraine without aura.

Treatment in pregnancy and breast feeding

In the majority of women, migraines improve during pregnancy

Caution is advised and checking with British National formulary data and pregnancy register is recommended especially when prescribing in pregnancy, breast feeding, and considering contraception. The resource Best Use of Medicine in Pregnancy (BUMPS) may also be of help to patients (<http://www.medicinesinpregnancy.org/>).

Paracetamol is not generally considered to be associated with a significantly elevated risk throughout pregnancy and lactation

The Sumatriptan & Naratriptan Pregnancy Registry found no evidence of teratogenicity associated with major birth defects for sumatriptan



Using short term preventive treatments for menstrual related migraine

Recommended triptans for short term prevention of menstrual related migraine or pure menstrual migraine

DRUG	FORMULATION	STRENGTH
FROVATRIPTAN ^{255,256}	TABLET	2.5 mg twice daily on the days migraine is expected (generally from two days before until three days after bleeding starts).
ZOLMITRIPTAN ²⁵⁷	TABLET	2.5 mg twice or three times a day on the days migraine is expected (generally from two days before until three days after bleeding starts).

All treatments for short term prevention of menstrual related migraine or pure menstrual migraine

DRUG	FORMULATION	STRENGTH
FROVATRIPTAN ^{255,256}	TABLET	2.5 mg twice daily on the days migraine is expected (generally from two days before until three days after bleeding starts)
NARATRIPTAN ^{258,259}	TABLET	2.5 mg twice daily on the days migraine is expected (generally from two days before until three days after bleeding starts)
ZOLMITRIPTAN ²⁵⁷	TABLET	2.5 mg twice or three times a day on the days migraine is expected (generally from two days before until three days after bleeding starts)

Targeted oestrogen supplementation

Menstrually targeted oestrogen supplementation (assuming no contraindications) has been found in some studies to offer benefit in menstrual related migraine.

However, a rebound increase in migraine attack frequency has been found when the effect of this strategy has been considered over the whole menstrual cycle.



INFORMATION SHEETS FOR CLINICIANS

BASH Adult Headache Guidelines