Migraine is a frequent and debilitating disorder that occurs in 13-17% of female population. It is characterized by the recurrent episodes of headache, typically unilateral and pulsating, with possible onset in childhood, or adolescence, or beginning of adult life, and by decreasing frequency with age. It was shown the correlation between migraine attacks and menstrual cycle: symptoms worsen in perimenopause due to major fluctuation of levels of hormones and get better in menopause characterized by hormonal stability. The attacks improve with years, disappearing after menopause, though this theory is valid just for the migraines without aura, while there are few studies on migraines with aura. Some researches demonstrate that HRT could augmented the risk of migraine attacks; but there are neither studies comparing cyclic versus continuous hormonal therapy, or studies on dose dependent effects. HRT may trigger the onset of migraine in women who were asymptomatic before menopause. The hormone therapy is recommended in many women who suffer from migraine in perimenopause to contain the hormonal fluctuations in this period. Furthermore the transdermal administration of medicines provides more stable and homogenous levels of estrogens in blood. Clearly, the lower dosage is recommended since higher dose seem to provoke the migraine attacks. In conclusion, the combined continuous regimen is preferred to cyclic combined one. Whereas there are no significant evidences in regards of type, administration route and dosage of progesterone used.