HORMONAL ASPECTS OF MIGRAINE

Nappi Rossella  (IT) [1]

The liaison between sex-steroids, especially estrogens, and migraine is indicated by the ability of reproductive milestones (menarche, pregnancy and menopause) to inflect the clinical expression of the disease during the life span of women. Exogenous estrogens, mainly for contraception and treatment of menopause, have an impact on some migraine characteristics and under certain circumstances may be contraindicated, because of the increased vascular risk. However, the type/dose of estrogen and the regimen of hormonal preparation exert diverse effects that should be taken into account in routinely practice to tailor the best treatment to the individual woman. At fertile age, progestogen-only contraception maybe a valid alternative, especially in migraine with aura. Extended and/or flexible use of combined hormonal contraception may ameliorate some clinical characteristics of head pain, avoiding hormonal fluctuation and periodic estrogen withdrawal, and may be safely used in the majority of low risk women. At menopause, transdermal estradiol preparations seem to perform better and a continuous combined regimen should be preferred, whenever possible, to avoid hormonal changes and bleeding. In postmenopausal women with chronic migraine and analgesic overuse tibolone has been demonstrated useful in the management of head pain.