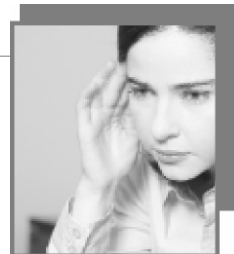




Health & Wellness

Attention Women ... Menstrual Migraine is Fact Not Fiction, *PMS May Be Associated with Migraine*



By Dr. Nesreen Suwan

Approximately 30 million Americans, primarily women, are affected by migraine headaches. Studies are leading to the conclusion that women tend to be more affected due to fluctuating hormonal influences, with the greatest impact during the woman's reproductive years, the years that should be their most productive when family and professional demands peak. Up to one third of women between the ages of 25 and 55 have migraine. Migraines can be very debilitating, causing lost work-days, and inability to perform even very basic chores.

Unfortunately, migraine has not been accepted as a legitimate medical condition, particularly in women. Female migraine sufferers have been stereotyped as having anxious, neurotic, and obsessive personalities. This impression has been persisting among the public and some health care providers and it has been resulting in under consultation, under diagnosis and under treatment. **The fact about migraine is that it is a neurological disorder, and its primary dysfunction occurs within the nervous system.** Symptoms of migraine include some or all of the following: moderate to severe head pain, sensitivity to light, sound or smell, nausea, vomiting, lack of concentration, scalp tenderness, worsening of symptoms, with bending over or going up the stairs or doing very simple household activities or job requirements

There is a tendency of migraine attacks to occur in association with menstruation. This is believed to be due to hormonal fluctuations. It is likely to be related to rapidly declining estrogen levels that occur prior to the onset of menstrual cycle, whether naturally or due to discontinuation of the contraceptive pills for a week before the menstruation. It was found that before the onset of menstruation in females, the incidence of migraine between males and females is the same. After puberty, the incidence in females triples compared to males after puberty.

Menstruation is one cause of hormonal changes over the course of woman's life. Other causes of hormonal changes include pregnancy and menopause. During pregnancy, some women may experience improvement of their migraine, while others may experience worsening of their migraines. In the perimenopausal period, women may experience worsening of their migraines. Menopause may be associated with improvement in migraines frequency and intensity,

Approximately 70% of all migraine sufferers are females and 70% of them relate their headaches to the menstrual cycle. While some women experience migraines only around their menstrual cycle, the majority of women, who experience menstrual migraines, may have attacks outside the menstrual cycle as well. In some women there is no association between menstrual cycle and their migraines.

Keeping track of migraines with a headache diary is an invaluable tool and it may help to develop a treatment plan.

Migraines have been associated with the use of contraceptive pills as well.

In one study, it was found that 70% of women have headaches during the (sugar pill) week, with the peak day being the 3rd day. In general, the major migraine trigger in women is falling estrogen. Prolonged high or low concentrations, without falls, have been show to reduce menstrual migraines.

While menopause has been associated with improvement in migraines frequency and intensity, women on hormone replacement therapy (which fluctuates estrogen, by being 3 weeks on and 1 week off, to simulate the menstrual cycle) may not see improvement.

Considering research to date, it could be concluded that hormonal changes are one of the many migraine triggers. While there appears to be a definite and strong relationship between hormonal fluctuations and migraine, it could be realized that menstrual migraine is fact not fiction.

Most women suffer from the effects of hormonal fluctuations that include migraine, which can be very debilitating causing lost work days, inability to perform basic chores and compromising the quality of life for migraine sufferers and their families.

Fortunately, there are many treatment modalities available that include, but are not limited to, prophylactic and abortive medications. This may be combined with interventional pain management modalities such as Botox injection and nerve blocks. Those modalities may help patients to conquer their migraines and improve the quality of their life.

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