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A joint initiative of the Patient Services Section and the Drug and Therapeutics Information Service of the Pharmacy Department, Repatriation General Hospital, Daw Park, South Australia. The RGH Pharmacy E-Bulletin is distributed in electronic format on a weekly basis, and aims to present concise, factual information on issues of current interest in therapeutics, drug safety and cost-effective use of medications.

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Managing menopausal symptoms in women with migraine

Migraine is broadly divided into two main categories based on the presence or absence of aura symptoms. For women who experience migraine associated with a fall in serum oestrogen levels (menstrual migraine), the migraine is almost invariably without aura. In comparison, high levels of serum oestrogen appear to be associated with migraine with aura.

While the clinical course of migraine is variable around the time of menopause, the perimenopause is the time of peak prevalence, which is followed by a reduction in prevalence in the early postmenopausal phase. The increase in prevalence of migraine is reported to be predominantly in those women who experience migraine without aura, while the prevalence is largely unchanged in women with pre-existing migraine with aura.

In women with pre-existing migraine, hormone replacement therapy (HRT) (when used for management of menopausal symptoms) has been reported to be associated with improvement in migraine in 23% of cases, worsening of migraine in 21% and to have a neutral effect in 56%.

Women with a history of menstrual migraine appear to have an increased sensitivity to oestrogen, and low or fluctuating levels of oestrogen supplementation may induce a migraine. It is postulated that the more constant serum oestradiol levels achieved with a transdermal formulation may be less likely to exacerbate migraine, and may be a preventative therapy. If a woman with a history of menstrual migraine experiences worsening migraine while on oral HRT, a switch to transdermal HRT is recommended. Conversely, in menopausal women who suffer menstrual related migraine without aura and who achieve improvement in migraine symptoms with the use of continuous HRT, sudden cessation of oestrogen containing HRT may trigger a migraine. Although studies are lacking, if HRT is to be withdrawn in women, slow gradual withdrawal seems most clinically appropriate.

In contrast, case reports suggest that oestrogen-containing HRT may be associated with new onset aura symptoms in women who have previously experienced migraine without aura. Higher doses of oestrogen appear more likely to produce aura symptoms; therefore, women with migraine with aura who require HRT for menopausal symptoms should receive the lowest effective dose of oestrogen, ideally via a non-oral route. It is recommended oestrogen replacement should be ceased if migraine or aura symptoms become more intense or prolonged.

There is limited information on the influence of migraine and HRT on stroke risk in perimenopausal and postmenopausal women. However, a subgroup analysis of the Women's Health Study that found the association between migraine with aura and ischaemic stroke was not significantly modified by the use of HRT. The Women's Health Initiative trial, which involved postmenopausal women (average age of 63 years), found a significant increase in the risk of stroke (the vast majority ischaemic) associated with both oestrogen alone and combined oestrogen plus progestogen HRT.

If new onset migraine is with aura, and the woman requires HRT for the management of menopausal symptoms, low dose transdermal oestrogen or low dose oral continuous oestrogen may be trialled; however, it is recommended that HRT be ceased if there is any sign of aura symptoms or migraine worsening in severity or duration. If the woman experiences new onset migraine without aura while on oral HRT, switching to a transdermal formulation may be trialled. If this does not improve migraine symptoms, cessation of HRT is recommended.

This E-Bulletin is based on work by Rose Allin, Senior Pharmacist, DATIS, RGH

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