



Menstrual Migraines

- Pure Menstrual Migraines (PMM):
 - attacks generally occur between 2 days before and 3 days after the first day of menses and at no other times
- Menstrually-Related Migraines (MRM):
 - attacks generally occur between 2 days before and 3 days after the first day of menses and at other times in the cycle
- Hormones and Migraine
 - Estrogen fluctuation is considered to be a migraine trigger
 - Estrogen levels fluctuate during the menstrual cycle
 - 1/3 of women experience MRM onset at time of menarche
 - 60-70% of women experience menstrually-related attacks
 - Menstrual migraines tend to be more severe, longer duration, and less responsive to treatment
 - Maintaining constant levels of estrogen can prevent migraine attacks
- Treatment:
 - 1 week before your period:
 - Exercise at least 30 minutes every other day
 - Hydrate daily with an electrolyte beverage
 - Avoid sleeping in
 - Avoid known migraine triggers
 - Perform neck stretches regularly throughout the day
 - Perform biofeedback exercises
 - Magnesium supplementation 360 mg/day taken 2 weeks prior to menses onset
 - Naproxen 550 mg twice daily x 2 weeks, starting 1 week before menses
 - Prescription “miniprophyllaxis”
 - Initiated 2 days before the anticipated start of the menstrual cycle and continued for a total of 6 days (usually taken twice daily)
 - Triptan medications options: Frovatriptan (Frova), Naratriptan (Amerge), Zolmitriptan (Zomig)
 - For patient unable to take triptans, prescription anti-inflammatories may be utilized
 - Oral Contraceptive Pills
 - For MRM, daily (preventative) medications may be prescribed to decrease the frequency and severity of migraines occurring at other times throughout the hormone cycle