Migraine Trigger Guide:

Hormones

**Explanation**

Hormones are believed to stir up activity in the brain, which may stimulate the part of the brain responsible for pain.

Hormones change in a woman’s body when she begins menstruating, uses contraceptives, becomes pregnant, delivers a baby, and goes through menopause. These hormonal changes can impact how often and how painful headache and migraine attacks are.

Menstrual migraine affects more than 50% of females with migraine.

Unfortunately, many women have resigned themselves to menstrual migraine. Because they believe there is little you can do about your cycle, there mustn’t be much you can do about the monthly attacks.

Not true. There are effective strategies available.

**Trigger causes**

Timing is important because it can impact how best to treat your menstrual migraine. Below are different hormonal states that may be causing your regular menstrual migraine.

- If it occurs just prior to the onset of menstruation, then it may be due to the natural drop in progesterone levels.
- Headaches can also occur at ovulation, when estrogen and other hormones peak.
- Or it may occur during menstruation itself when estrogen and progesterone are at their lowest.

Knowing when your menstrual migraine occurs will determine the best prevention strategy. A good way to determine when your migraine attacks are occurring is by keeping a record of at least three cycles to track exactly when your attacks occurred. Remember to note the precise day(s) of your cycle.
Once you have a clear understanding of which days in your menstrual cycle the migraine attacks are occurring, then you are in a good position to begin treating it.

**How do you know if this is an issue?**

If a woman has a migraine attack during the time frame of two days before menses to three days into her menstruation (often called -2 to +3 of the cycle; Day 1 = first day of menses) and notices this pattern in at least two out of three cycles, then this is regarded as menstrual migraine.

Women with menstrual migraine are more likely to suffer from migraine without aura, have more severe and longer-lasting migraine attacks, and suffer more disability with their menstrual migraine than with migraine attacks occurring at other times of the month.

**Options to try**

You can reduce and manage hormonal migraine through the following:

1. Diet
2. Lifestyle factors
3. Hormonal balancing
4. Preventive migraine therapies
5. Natural & homeopathic therapies

1) Why is diet important for menstrual migraine?

Estrogen levels require stricter regulation compared to other hormones in your body to ensure that your natural rhythm runs effectively. Small variances above or below the normal regulated levels can have impacts on your health. Your liver metabolizes estrogen. A healthy liver will rapidly metabolize estrogen, but if it is overloaded with other tasks such as medications, artificial substances, chemicals, or harmful substances from food or drink, it can affect the metabolism of estrogen.

This is where your diet plays a role. Your diet is thought to be the biggest factor (up to 90%) affecting your hormones through the exposure to certain chemicals in food products.

According to Marcy Holmes, NP, Certified Menopause Clinician:

Compared to other hormones such as progesterone, estrogen levels need to be tightly regulated for the "choreography" to run as smoothly as Mother Nature intended — even small excesses or deficiencies of estrogen can have huge effects on your well-being. A healthy liver metabolizes estrogen rapidly into the
more benign of its metabolites. But when it’s bogged down with detoxing medications, environmental chemicals, and harmful substances from food or drink, it can over-metabolize estrogen into its less desirable forms, which can pose a real threat to your health if allowed to accumulate.

Certain toxins can disrupt your hormonal balance, so try to reduce or eliminate these altogether. Examples of toxins you may commonly come across:

- MSG (monosodium glutamate) — found as a flavor enhancer in many processed foods
- Hydrolyzed vegetable protein
- Aspartame

Avoid or, if possible, eliminate:

- Simple carbohydrates
- Refined sugars
- Processed foods
- Well known migraine trigger foods

If in doubt of what food triggers you may have, keep a diary and consider a food allergy test. If you are serious, consulting a health care professional like a nutritionist or dietitian is a good idea. Successfully modifying your diet is tricky to do by yourself and can involve malnutrition risks if you don’t know exactly what you’re doing.

Ensure you do this properly and with professional support. That way you will have the best chance of dramatically reducing your migraine attacks and not starving yourself or being malnourished.

2) Lifestyle factors

Lifestyle factors like sleep and exercise play a central role in the sustainable recovery and management from migraine attacks.

The right levels of sleep and exercise are important. Sleep is a restorative function for the brain and body. And it is not just about getting enough sleep each night. It’s about how regular your sleep/wake cycle is. Are you going to bed and waking up at the same time each night? What about on weekends? It’s also about the quality of sleep. Don’t worry about perfection, aim for improvement.

Exercise promotes weight loss and hormonal balance, reduces stress, assists in sleep, stabilizes your mood, and gives you an overall sense of well-being.

Pick an activity. It could be yoga, swimming, tennis, hockey — it doesn’t matter, just something you like enough to keep doing it or something like it, ideally every day.
Every second day is still pretty good, and twice a week is still better than nothing. Just do something.

Enjoy it and use it to unwind from the daily rush, clear your mind and reconnect with your body. When you take care of your body, it is more likely to take care of you.

3) Hormone balancing

Hormones can have a significant influence on bodily functions, so they are important. But addressing hormones without taking action on diet and lifestyle factors may not lead to sustainable results.

To assess hormone levels, tests may involve blood, saliva, and urine testing to establish a baseline and to identify any hormonal imbalances which may be contributing to migraine.

Thyroid testing may also be considered, since hypothyroidism is common in migraine sufferers.

For many women, problems appear to arise due to the changes in levels of estrogen and/or progesterone. In these cases, adding bioidentical estrogen or progesterone in the second half of the female cycle to balance the hormones has shown some success.

It is a good idea to consult a health care professional in this area who has experience and a good track record in dealing with migraine patients.

4) Migraine prevention medications

Medical options can help you break the chronic cycle of migraine attacks if they are occurring frequently or offer you some time to uncover the underlying causes of your migraine.

When looking at actual medicinal options to explore, it is best to discuss these with your doctor in review of your medical history.

Some women who suffer from menstrual migraine benefit from taking medications five days up to a week each month. They take medicine to prevent menstrual migraine attacks. This preventive (prophylactic) treatment can be taken before the migraine attack is expected to start in order to prevent it. Some women benefit from over-the-counter drugs for menstrual migraine, while others seek a prescription treatment.
5) Natural & homeopathic therapies

While there is less clinical evidence to support the efficacy of natural and homeopathic therapies than their medical counterparts, they typically have fewer side effects, are safer, natural, and nonaddictive.

If you don’t have a well-balanced diet, then you may not be getting your required vitamins and minerals. Supplements in this scenario may be useful. They are not as helpful as a well-balanced diet, but may be better than nothing.

Some that have been reported to help people living with migraine are riboflavin, feverfew, butterbur, vitamin B6, magnesium, ginger, coenzyme Q10, and white willow.

Summary:

The solution to menstrual migraine is widely individual. Certainly the best treatments may involve combinations of the above.

To give yourself the best chance of success, make sure you see a migraine or headache specialist who has successfully helped others with menstrual migraine.

More reasons to manage this trigger

Incidence of migraine in women:

- 70 percent of those with migraine are women
- 18 percent of women experience migraine
- 5 to 10 percent of adolescent girls experience migraine
- 20 to 25 percent of menstruating women ages 30 to 50 have migraine
- Fewer than 10 percent of postmenopausal women have migraine

Facts about menstrual migraine in women:¹

- Use of oral contraceptives may change the frequency and severity of migraine attacks
- Menstrual migraine most often occurs two days before the period
- Menstrual migraine attacks typically last longer, are more severe and are more often accompanied by nausea and vomiting than other types of migraine
- Often menstrual migraine improves in the last six months of pregnancy
- Attacks often worsen in the postpartum period, immediately after a

¹MacGregor, EA. “Menstrual Migraine: Therapeutic Approaches”. Therapeutic Advances in Neurological Disorders, Sep 2009. doi: 10.1177/1756286609335537
woman has given birth

- For many women, their attacks improve after menopause
- Migraine attacks in women usually begin with their first menstrual period, which is also called menarche
- Typically, the first attack of migraine with aura occurs between the ages of 12 and 13
- The first attack of migraine without aura usually occurs between the ages of 14 and 17