

Menopausal health: Migraine

Migraine is a common problem during the perimenopause, affecting about one-quarter of women attending menopause clinics.

Migraine may worsen during perimenopause due to fluctuating estrogen levels, and the frequency, duration and intensity may increase. It may subside after menopause. Hormones can affect migraine, but they are not the only contributing factor.

Management of migraine for women

- Stabilize **hormone levels** (through the use of contraceptive pills, estrogen patches or other hormonal treatments)
- Assess **risk factors** (family history for clotting disorders, smoking, caffeine, physical inactivity, sleep disturbances)
- Keep migraine diary (aura, frequency, intensity, patterns)
- **Non-hormonal approaches:**
 - **treatment** with anti-inflammatories, triptans or gepants
 - **preventive** – CGRP monoclonal antibodies, beta-blockers, anti-depressants and anti-epileptics

Migraine is more common in women than men.

Menopausal hormone therapy (MHT) and migraine

- There is no evidence that MHT is contra-indicated for vasomotor symptoms
- Either **systemic** or **vaginal** hormone therapy can be given
- **Transdermal** delivery is less likely to have a negative effect on migraine than oral therapy
- Estrogen should be given continuously to prevent estrogen 'withdrawal' migraine
- The lowest effective dose is necessary to control menopausal symptoms
- **Intrauterine levonorgestrel** may be preferred during the menopausal transition period
- The risk of **ischemic stroke** is approximately doubled in individuals with migraine with aura
- Migraine **aura**, with or without headache, is not a contraindication to estrogen replacement
- Non-oral routes and low doses of natural estrogens should be preferred because they have little effect on coagulation

Further information

EMAS (2025). CareOnline. Health at menopause and beyond <https://emas-online.org/guidelines-and-education/#emas-care-online>

British Menopause Society (2022). Tool for clinicians: migraine and HRT <https://thebms.org.uk/wp-content/uploads/2022/12/06-BMS-TfC-Migraine-and-HRT-NOV2022-A.pdf>

Karceski (2023). Migraine and hormones: a complex interaction <https://doi.org/10.1212/WNL.0000000000207273>

The Migraine Trust <https://migrainetrust.org/understand-migraine/>