



2024 INTERVIEW SUMMARY SHEET

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KEY TAKEAWAYS

- Perimenopause is the prolonged phase before menopause during which women may experience irregular menstrual cycles, difficulty sleeping, and hot flashes. For some women, it could begin in their late 30s.
- Hormonal fluctuations during perimenopause can trigger more frequent and burdensome migraine attacks.
- The drop in estrogen before the onset of a period is a known trigger for menstrual migraine attacks, but other factors may also play a role.
- Managing migraine during perimenopause may require adjusting acute therapy, considering prevention options, and addressing factors such as sleep and stress.
- Hormone replacement therapy (HRT) may be considered for managing vasomotor symptoms in migraine, but individual factors and risks should be evaluated.
- Lifestyle habits, such as maintaining hydration, managing caffeine intake, practicing mindfulness or meditation, and prioritizing sleep, can help reduce the frequency and severity of migraine attacks.
- It is important to communicate with healthcare providers about changes in migraine patterns, seek emergency care for concerning symptoms, and explore treatment options that can provide relief during perimenopause and menopause.

TREATMENTS CITED

CGRP small-molecule receptor antagonists (gepants)	Neuromodulation therapy
Gabapentin	NSAIDs
Hormone replacement therapy (HRT)	Oral contraceptives
Monophasic birth control	Triptans
	Venlafaxine (Effexor)

QUOTES

"There are still new emerging medications and therapies on the horizon. If you haven't tried some of the more recent ones that came onto the market, go back to your doctor or provider and talk about getting on those medications."

"If you notice over time — over three to six months — that, 'You know what? I used to do this well; my traffic light of migraine score, or my HIT-6 [Headache Impact Test] score' — whichever scale you're going to use — 'was better and now I'm seeing a pattern where things are worsening,' you definitely need to talk to your doctor."

"For women who can't rely on those other clues, like a menstrual attack being predictable, or even for some women at ovulation, of course, they often had a reliable migraine attack. If they have an anovulatory cycle — so, they don't ovulate because they're going through perimenopausal times — they can't rely on those clues anymore."

PRACTICAL STEPS

- Keep a migraine diary to track your migraine attacks.
- Take migraine medication at the first sign of symptoms (during the prodrome phase) and consider taking a second dose if needed after two hours.
- Avoid any foods or beverages that you suspect might trigger your migraine attacks.
- Consider preventive medications.
- Consider alternative therapies.
- Practice good sleep hygiene.
- Make sure to take prescribed medication as directed by your healthcare provider.
- Regularly check in with your healthcare provider to discuss any changes in your migraine symptoms or treatment plan.