

## Women's Health (Migraine)

### **Menstrual related migraine**

In some women, continuous birth control can help stabilize estrogen levels throughout the cycle and therefore decrease a significant migraine trigger. However, starting a new birth control can sometimes be a change that triggers more migraines initially. And often it takes several months for the body to get used to the new birth control and for the migraines to improve.

Please discuss with your family doctor or OBGYN:

Some suggestions for low dose estrogen contraceptives that may help with menstrual related migraine.

LoEstrin 24Fe at bedtime days 1-24

Premarin 1.25mg at bedtime days 25-28

(This limits the drop in estrogen to <10ug EE, thereby preventing menstrually related migraine)

Combination Hormonal Contraceptives with declines <10ug EE

-Lybrel, Amethyst: no decline; continuous active (20ug EE pills)

-Lo-Seasonique: 10ug EE decline in week 13

-Natazia: Quadriphasic pill with 3 successive drops in estradiol valerate (EV), each about 6.5ug EE decline

LoLoestrin 1/10 FE: 2 day pill free interval each month with 10ug EE decline

### **Preconception and Pregnancy Planning with migraine:**

Below are a list of recommendations for the pre-conception stage and for during pregnancy. These recommendations should be discussed with your obstetrician. The good news is that approximately two-thirds of women experience an improvement in their headaches during pregnancy and while breastfeeding, especially after the 1st trimester.

### **Preconception:**

It is important to focus on non-medicine techniques to manage headaches. Some very helpful treatments including acupuncture, massage, meditation, and Mindfulness training.

In terms of medications, you can take, the following is a list of rescue medications you can take prior to conception:

-You can take NSAIDs (motrin, ibuprofen, advil, naproxen) up to 10 days per month

-You can take Triptans (imitrex, maxalt) up to 10 days per month. However, we recommend you avoid taking triptans after ovulation until you find out if you are pregnant. Triptans are not safe during the 1st trimester of pregnancy and should be avoided once you find out you are pregnant.

-You can take Tylenol as needed for headaches up to 10 days per month.

-You can take anti-nausea medications for headaches. These include metoclopramide and zofran.

### **During Pregnancy:**

FDA Pregnancy Categories

The FDA has established 5 categories to indicate the potential of a drug to cause birth defects if used during pregnancy. The categories are determined by the reliability of documentation and the risk to benefit ratio. They do not take into account any risks from pharmaceutical agents or their metabolites in breast milk.

Category A: Adequate and well-controlled studies in humans have not shown a risk to the fetus in the first trimester of pregnancy (and there is no evidence of risk in later trimesters).

Category B: Animal reproduction studies have not demonstrated a risk to the fetus and there are no adequate and well-controlled studies in humans.

Category C: Animal reproduction studies have shown an adverse effect on the fetus and there are no adequate and well-controlled studies in humans, but potential benefits may warrant use of the drug in pregnant women despite potential risks.

Category D: There is evidence of human fetal risk based on adverse reaction data from investigational or marketing experience or studies in humans, but potential benefits may warrant use of the drug in pregnant women despite potential risks.

Category X: Studies in animals or humans have demonstrated fetal abnormalities and/or there is evidence of human fetal risk based on adverse reaction data from investigational or marketing experience, and the risks involved in use of the drug in pregnant women clearly outweigh potential benefits.

#### **Preventive Medications:**

Category B: Cyproheptadine

Category C: Verapamil, Metoprolol, Propranolol

Category D: Magnesium (400-500mg daily, side effects include diarrhea)

Unknown category: Riboflavin (400mg, side effects include orange urine)

#### **Rescue Medications:**

Category B - Tylenol, Cyproheptadine, Metoclopramide

Category C - Zofran, Phenergan, Triptans (We do not recommend triptan use during the 1st or 2nd trimester)

\*NSAIDs are not safe after 22 weeks of gestation.

#### **Lactation: How to Manage Migraines while Breastfeeding**

Breastfeeding is both very healthy for your infant and can help reduce your migraines. However, some women experience migraines while breastfeeding.

Please see below for recommendations on medications that are safe to take while breastfeeding. You can use the following web-site to check if medications you are taking are safe while breastfeeding: <https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>

#### **Preventive Medications:**

-Anti-high blood pressure medications: Propranolol is safe during breastfeeding. Verapamil is likely safe after your infant is 2 months old.

-Anti-depressants: Nortriptyline is preferred among antidepressants.

#### **Rescue Medications:**

-Triptans can be used during lactation. Sumatriptan is the best studied. Eletriptan is thought to be the safest during lactation.

-Ibuprofen is the preferred NSAID during lactation.

-Preferred anti-nausea medications include Zofran. Phenergan use should be limited because it can cause drowsiness in your infant.

Avoid these medications while breastfeeding:

-Antihistamines (Benadryl, cyproheptadine)

-Anti-nausea (metoclopramide)

-Topiramate