

Migraine and The Contraceptive Pill

Some women who have migraine, in particular those with migraine with aura, should not take the combined contraceptive pill ('the pill'). This is because of a small increased risk of having a stroke. The pill can also trigger migraines in some women.

What is migraine?

Migraine is a condition that causes episodes ('attacks') of headaches, and often other symptoms such as feeling sick or vomiting. Between migraine attacks, the symptoms go completely. A separate leaflet called '*Migraine*' gives general details about migraine.

Why are women with migraine who take 'the pill' a special case?

If you take the combined oral contraceptive pill, you have a slightly increased risk of having a stroke compared to the normal risk. If you have migraine you also have a slightly increased risk of having a stroke compared to the normal risk. The increased risk is higher in people who have migraine with aura. The combination of taking the pill, and having migraine (especially with aura) increases the risk of stroke slightly more than either alone. It has to be stressed that the risk is small. However, it is sensible to be aware of this and to minimise the risk.

What is migraine with aura?

The main symptom of migraine is headache. About 1 in 4 people who have migraine also have an aura ('warning sign') that they are about to have a headache. The aura is often a visual disturbance. For example, a temporary loss of part of the vision in one eye, flashes of light, etc. The aura may be an odd sensation. For example, pins and needles or numbness in parts of the body, an odd smell, food cravings, a feeling of well-being, etc. An aura usually lasts a few minutes, but may last up to an hour before the headache starts.

If you have 'migraine with aura', the aura may not occur in every migraine attack.

Some guidelines about taking the pill if you have migraine

The following guidelines are used by doctors and nurses when advising about contraception.

You should not take the combined contraceptive pill if you:

- have migraines with aura.
- develop migraine with aura sometime after starting the pill. (That is, stop taking the pill if this type of migraine develops.)
- have migraines without aura, and you have more than one additional 'risk factor' for stroke. Other risk factors are:
 - age 35 years or over.
 - diabetes.
 - a close family member who has had a stroke, heart attack, or similar 'vascular' disease before they were 45.
 - a high lipid (cholesterol) level.
 - high blood pressure.
 - obesity.
 - smoking.
- have status migrainous (migraine headaches that last more than 72 hours).
- treat your migraine with ergotamine or ergot derivatives.

If you have migraines without aura, and have only one additional risk factor for stroke, you can take a pill which contains a low dose oestrogen (that is 30 micrograms or less of oestrogen).

If you have migraine without aura, and have no additional risk-factors for stroke, the pill is usually fine to take.

If you have any doubts or queries, then see your doctor.

There are various other methods of contraception for women with migraine who should not take the combined contraceptive pill. For example, the progestogen-only pill, the progestogen injection, intra-uterine devices or systems, and barrier methods.

Migraines caused by the combined contraceptive pill

In some women who take the pill, migraines often occur during each 'pill free' interval, at the end of each pack. These migraines are triggered by the drop in the blood level of oestrogen in the pill free interval. So long as these are migraines without aura, there is usually no need to stop the pill. (If they are migraines with aura you should stop taking the pill.) If these migraines are troublesome and not easily treated with painkillers or triptans, then options to consider are:

- Changing to a pill with less progestogen (if you take one with a high dose). Migraines during the pill-free interval seem to occur less often in women who take a pill with a lower dose of progestogen.
- Tri-cycling. This means taking the pill continuously for three packets (nine weeks) without any breaks, followed by a seven day pill-free interval. This keeps the level of oestrogen constant whilst you take the three packets. (It is the sudden drop in oestrogen that often triggers the migraine.) By doing this you will have less withdrawal bleeds per year, and therefore less migraines.
- Oestrogen supplements can be used during the seven-day pill-free interval.
- A change to a different method of contraception.

Further sources of help and information

Migraine Action

Unit 6 Oakley Hay Lodge Business Park, Great Folds Road, Great Oakley, Northants, NN18 9AS
Tel: 01536 461333 Web: www.migraine.org.uk

Migraine Trust

2nd Floor, 55-56 Russell Square, London, WC1B 4HP
Tel: 020 7436 1336 Web: www.migrainetrust.org

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