Summary 6: Oral Contraceptive Use in Migraine

Migraine and Stroke
- Patients with migraine are at slight increased risk of stroke, with the absolute risk remaining small.  
- Migraine auras can mimic stroke, especially in cases of migraine with prolonged (1 hr – 1 week) and persistent (>1 week) aura. 
- There is not universal agreement over direct causality between migraine and stroke (“migrainous infarction”). 
- Rarely, migraine can present with aura-like symptoms without headache, which should prompt a work up for vascular causes.

Oral Contraceptives and Migraine
- Migraine, particularly migraine with aura, confers a slight but definite increased risk of stroke.  
- Women migraineurs taking OC are at additional increased risk of thromboembolic events. 
  - Estrogen causes a hypercoagulable state. 
- Other risk factors which increase risk of stroke in this population:  
  - Age 
  - Smoking 
  - Hypertension 
  - Dyslipidemia 
  - Clotting disorders 

Low dose vs. High dose Estrogen vs. Progestin only
- LOW doses of estrogen (<35 µg) confer significantly LESS risk than the older generation high dose preparations. 
- Absolute risk of stroke in young women <35 y/o without stroke risk factors taking low dose estrogen OC is still very low. 
- Progestin-only OC are a safe alternative and do not alter risk of stroke in migraineurs.

Current WHO guidelines – Controversies
- Current WHO guidelines advise against OC use in all women with migraine+aura. 
- WHO guidelines are based on older data using high dose estrogen containing OC. 
- Recommendation is somewhat controversial and not strictly followed by many headache specialists.

Current Headache Specialist Recommendations
- Women migraineurs under age 35 y/o: 
  - Without other risk factors for stroke or DVT (smoking, HTN, dyslipidemia, clotting disorder) 
  - Low dose estrogen (<35µg) OCs are reasonably safe for women migraineurs +/- aura 
- Women migraineurs over age 35 y/o: 
  - Without other risk factors for stroke or DVT (smoking, HTN, dyslipidemia, clotting disorder) 
  - Low dose estrogen OC can still be used after a frank risk/benefit discussion balancing increased risk of stroke vs. need for OC use.
• Oral contraceptives can be used to effectively treat migraine triggered by hormonal changes ("menstrual migraine")
• Women with risk factors for stroke or DVT, hypercoagulable state, prolonged/persistent aura, hemiplegic or basilar migraine should avoid OC use.

What about other forms of contraception?
• Although low-dose estrogen OC are reasonably safe, estrogen-free forms of contraception (eg. progestin-only OC, copper IUDs) should be considered as alternatives in women with migraine.
• There is otherwise insufficient data for the recommendation of other forms of contraception in women migraineurs, as it relates to risk of stroke. The choice of contraceptive method is ultimately a decision between the patient and provider.

References


Attachment:


http://www.americanheadachesociety.org/assets/1/7/Susan_Hutchinson_-_Use_of_Oral_Contraceptives_in_Women_with_Migraine.pdf

Disclaimer: Information in this clinical guide is intended to guide therapy, and should not be used exclusively for treatment purposes. Providers should exercise best clinical judgment for appropriate treatment and necessity for referral.

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