I have terrible migraine attacks that seem related to my menstrual periods. I have tried several different medications, but to no avail. I'm rather desperate. Any advice?

First, you need to consult your own doctor, and possibly be referred to a specialist in migraine. This condition is truly debilitating for millions.

Many factors are involved in migraine. Some people have clear-cut triggers such as hormonal fluctuations, which seems to be the case with you. Yet others find that chocolate, nuts, cheese, or other foods may trigger an attack. Anxiety or stress may be a trigger too; though it is not helpful when friends and associates act as though the migraine sufferer is somehow deficient in coping skills. Some find that missing meals may also trigger an attack. Changes in lifestyle—drinking more water or cutting out foods such as cheese or meat, etc.—and some medication may help.

Migraine often manifests itself as a searing unilateral headache, but it can be bilateral for many sufferers. Associated symptoms of nausea and vomiting as well as sensitivity to light and noise make it even more unbearable. A migraine is often preceded by an aura, or a sensation that warns it is coming. This may be an opportune time to take medication to abort a full-blown attack.

Dramatic advances have been made during the last 15 years with medications called “triptans.” About seven of these medications are in common usage.

Migraine is currently thought to involve several nerve pathways. It seems that the trigeminal nerve—that is, the cranial nerve that provides sensitivity to the side of the face and head—somehow is activated to release chemicals that work on blood vessels and the inflammation sequence, so that blood vessels in the membranes around the brain are dilated. This results in a release of inflammatory reactants by prostaglandin products, which often makes the migraine episode drag on.

Recent studies have shown that adding a “prostaglandin inhibitor” to the triptan medication provides statistically better relief at both 2 hours and 24 hours. Individuals, of course, have differing tolerance of these medications, which are not without potential side effects.
We do not feel it appropriate in this column to make specific treatment recommendations for migraines, except for common sense ones such as avoiding triggers like chocolate, cheese, and stress. But you could discuss with your doctor the addition of a nonsteroidal anti-inflammatory to your usual triptan-type medication.

If your migraine is cyclical, it might be possible to adapt your cycle to four menstrual periods annually rather than one each month, with the use of a modification to a birth control pill sequence. But, here again, birth control pills sometimes cause more frequent migraines in susceptible candidates.

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While this column is provided as a service to our readers, Drs. Landless and Handysides unfortunately cannot enter into personal and private communication with our readers. We recommend that you consult with your personal physician on all matters of your health.