Birth Control for Migraine Guide

Use this guide to help your patient find the best birth control option for them and their migraine.

Migraine is very common in women of child-bearing age. Many of those same women need or want contraception, or may have other conditions, such as irregular menstrual cycles, severe dysmenorrhea, ovarian cysts, or polycystic ovarian syndrome, that are commonly treated with estrogen-containing contraception.

Studies and medical literature do not clearly support the use of contraceptives to prevent migraine, but women who need or want contraception can keep their hormone levels even by using continuous contraception. Studies have shown a link between fluctuating hormone levels and migraine attacks.

Here’s a guide to common birth control options and how they can be used most effectively for migraine.

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| Combined Oral Contraceptive Pills (the pill) | Ethinyl estradiol and a progestin | For best migraine prevention, use monophasic pills (the same dose in each pill) and take an active pill daily, skipping the placebo pills | Suppresses menstrual cycle hormonal changes. Presents a relatively stable source of ethinyl estradiol daily to the brain | - Uterine spotting*
- DVT
- Stroke |
| Progestin-Only Pills        | Progestin                   | Taken daily without placebo pills – should not be stopped                    | Unreliably suppresses ovulation and for some women reduces both total and fluctuations in estradiol | - Uterine Spotting
- At risk for contraceptive failure with missed pills |
| Vaginal Ring                | Ethinyl estradiol and a progestin | For best migraine prevention, use continuously, skipping the placebo week. One US product requires a new ring every 3 weeks; other US ring has sufficient hormone to last 39 weeks and releases 13% less estrogen then the other ring | Both rings provide a lower daily dose of ethinyl estradiol than the pill without the daily fluctuations of an oral formulation | - Uterine spotting*
- DVT
- Stroke |

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Increasingly lower dosages of ethinyl estradiol containing contraception have become available, including 10-20 mcg as oral preparations and the vaginal ring, which releases 15 mcg of ethinyl estradiol daily. There is also a new vaginal ring that releases only 13 mcg of ethinyl estradiol daily. These lower preparations come with a lower risk of ischemic stroke.

The risk of ischemic stroke is much higher in women with aura (off ratio 6.1) if using COC compared only 1.8 odds ratio for women without aura who used COCs within 90 days prior to the first diagnosis of stroke. The risk is even higher in women with aura who smoke and use COC.

### Stroke Risk

**Screening Questions**

1. Is there a clotting disorder or a history of deep venous thrombosis (DVT)?
2. Are there risk factors for a stroke or DVT such as smoking, obesity, low high density lipoprotein (HDL) level, family history (FH) of heart or stroke at less than 60 years old, high blood pressure?
3. Does the woman ever experience aura; if so, how often, for how long, and what type of aura?