

Menstrual migraine: a comparison between self-reported diagnosis and prospective headache diaries

Introduction

- Clinical and epidemiological studies suggest a prominent role for female sex hormones in migraine.
- According to ICHD-3 appendix criteria no prospectively obtained evidence is necessary for menstrually-related migraine (MRM) or pure menstrual migraine (PMM) diagnoses.

Objective

To investigate accuracy of self-reported menstrual migraine diagnoses compared with prospective E-diaries

Methods

- Assessment of self-reported diagnosis through a online questionnaire in 5757 female migraine patients from the LUMINA database.
- Confirmation of diagnosis with prospective headache E-diaries in a random subset of 104 premenopausal migraine patients.

Patient characteristics

	LUMINA	Prospectively followed
Number of patients	5727	104
Age, mean (SD)	49.0 ± 12.6	37.9 ± 9.0
Migraine with aura, n (%)	2032 (35%)	43 (41%)
Self-reported MRM, n (%)	3313 (58%)	74 (71%)
Self-reported PMM, n (%)	216 (4%)	4 (4%)
Contraceptives use	-	36 (35%)

Frequencies of self-reported MRM or PMM diagnosis and diagnosis according to ICHD-3 criteria

	ICHD-3 +	ICHD-3 -	Total
Self-reported +	51	27	78
Self-reported -	13	13	26
Total	64	40	104

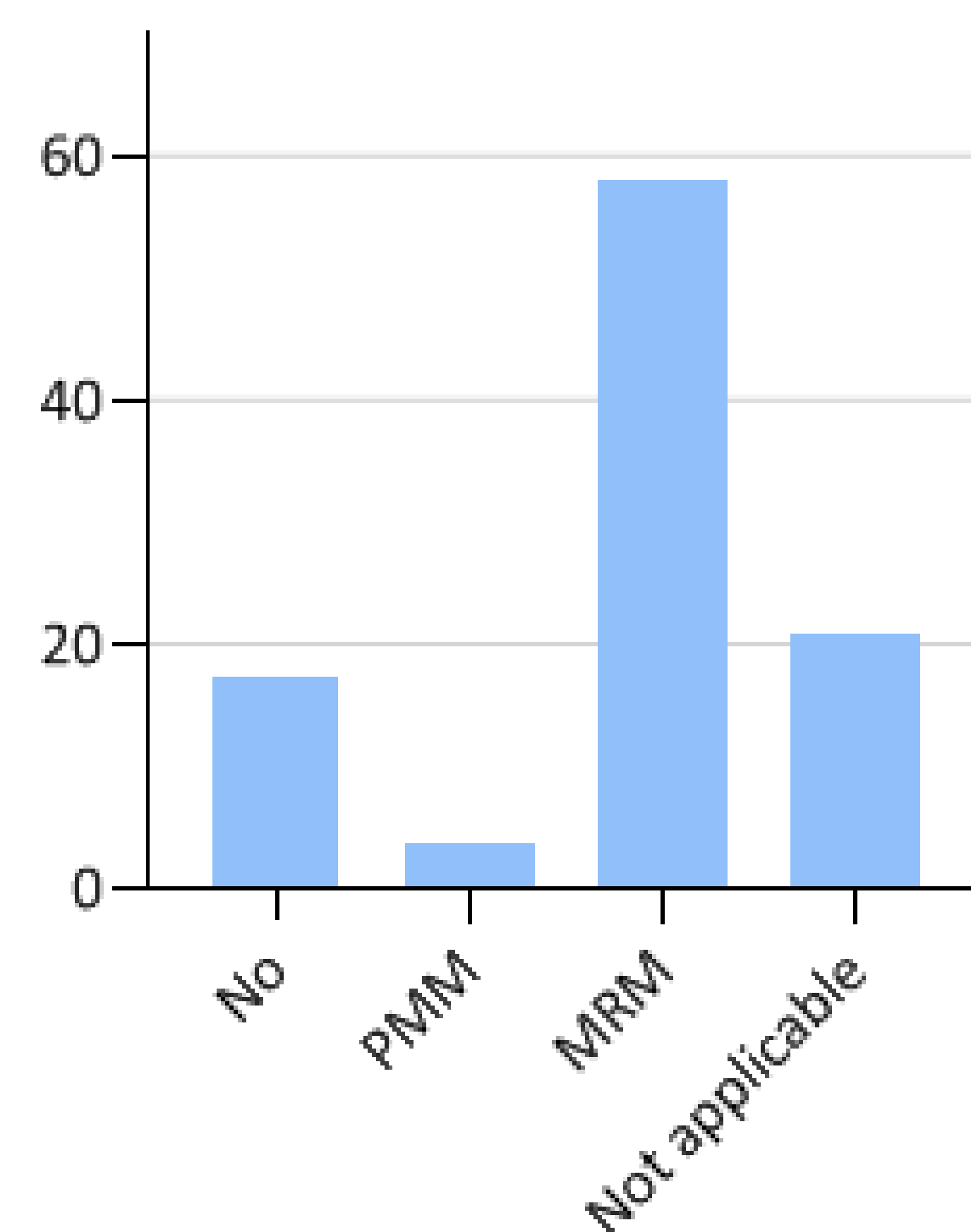
MRM = menstrually-related migraine; PMM = pure menstrual migraine

Results

Self-reported diagnosis:

- Positive predictive value 65%
- Negative predictive value 50%
- Sensitivity 80%
- Specificity 33%

Percentages of self-reported diagnosis in n=5727 female migraine patients



MRM = menstrually-related migraine; PMM = pure menstrual migraine

Conclusion

- Accuracy of self-reported menstrual migraine diagnosis is poor.
- We suggest to reconsider the appendix criteria for menstrual migraine.
- A prospective diary is required not only for research purposes, but also for an accurate clinical diagnosis.