

BACKGROUND AND OBJECTIVE

Prevalence of headache increases during perimenopause but is not commonly reported as a menopause symptom. In a 1999 study conducted at the menopause clinic at St. Bartholomew's Hospital, headache affected 57% and migraine affected 29% of women and was associated with significant disability.(1) Since then, publication of NICE guidelines and advances in treatment,(2) improved management would be expected to reduce headache associated disability.

The objective of this service evaluation was to assess changes in headache prevalence since 1999 as well as headache related disability and symptomatic treatment used by women attending the Menopause Care Clinic.

METHODS

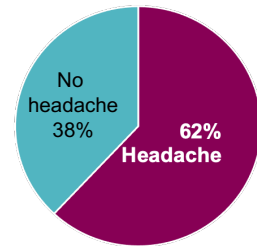
Women attending the weekly menopause outpatient clinic at the Centre for Reproductive Medicine at St Bartholomew's Hospital from October 2019 were asked to complete a simple questionnaire regarding headache and disability.

The questionnaire included validated questionnaires to diagnose migraine (ID-migraine to diagnose migraine without aura, and the Visual Rating Scale (VARS) to diagnose migraine aura). HIT-6 was used to assess headache related disability. Patients were also asked to list medication used for symptomatic headache treatment.

RESULTS

Data collection was terminated at the end of February 2020 due to the pandemic. 117 women completed the questionnaire. The mean age of the population was 50 years, median 51 years, range 27-71 years.

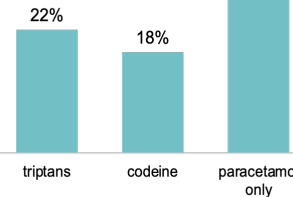
Headache diagnosis



40/117 (34%) episodic migraine
12/117 (10%) daily HA

Treatment

Medication used by women with migraine



Disability

HIT-6 result	Migraine n (%)	Non-migraine HA n (%)
Very severe	32 (65.3)	4 (17.4)
Substantial	6 (12.3)	9 (39.1)
Some	6 (12.3)	4 (17.4)
Little/none	5 (10.2)	6 (26.1)

DISCUSSION

Prevalence of headache in 2020 was comparable to the prevalence in 1999 (57% headache; 29% episodic migraine; 10% daily HA. Headache associated disability was very severe or substantial in 78% of women with migraine yet attacks were treated with inappropriate medication. Headache guidelines report lack of evidence for the efficacy of paracetamol and recommend against the use of codeine containing medication,(3) yet these were the most used symptomatic medications. Only one-fifth of women were taking triptans, despite clear evidence of efficacy.

CONCLUSIONS

Disabling headache was identified in a substantial number of women attending for menopause management. Most headache was migraine, of which the majority was treated with inappropriate codeine drugs or paracetamol alone. There remains an unmet need for effective diagnosis and management of migraine in menopause.

1. MacGregor EA, Barnes D. Migraine in a specialist menopause clinic. *Climacteric* 1999;2:218-223

2. NICE Clinical Guideline 150. Available at: [guidance.nice.org.uk/cg150](https://www.nice.org.uk/cg150)

3. BASH. Guidelines for all healthcare professionals in the diagnosis and management of headache 2010. Available at: www.bash.org.uk