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Hormone Therapy May Benefit Migraine Sufferers Without Increased Risk of Heart Disease

New study reviews WHI data to demonstrate lack of association between migraines, cardiovascular disease and hormone therapy; opens door to increased use of hormones to treat migraines

CLEVELAND, Ohio (October 11, 2017)—Migraine headaches are common among women, but due to various health risks can be challenging to treat in the elderly. While hormone therapy is effective in relieving many menopause symptoms, its safe use in women with migraines was unconfirmed. A new study based on data from the Women’s Health Initiative (WHI) demonstrates its safety for this population. The study results will be presented during The North American Menopause Society (NAMS) Annual Meeting in Philadelphia, October 11-14.

“Hormone therapy use has been on the decline since the WHI clinical trials. Newer data has brought further clarity to its safe use, especially in younger women (age < 60) who are closer to the time of menopause (within 10 years of menopause),” says Dr. Peter F. Schnatz, immediate past president of NAMS and one of the study’s authors. “Based on this newer data, hormones still have a major role in treating menopause symptoms and preventing bone loss. A number of these women will have migraines. Hence, knowing the risk/benefit profile of hormone therapy in these women is critically important.”

There have been few studies demonstrating the effect of hormone therapy on migraines and subsequent cardiovascular disease. Hormones have often not been prescribed for migraine sufferers because of the association between exogenous estrogen use and an increased risk of stroke in women who have migraines. This led to the recommendation that combined oral contraceptives (better known as birth control pills) should be used cautiously or avoided entirely in women with a history of migraines, depending on whether or not the migraines were accompanied by an aura.

Data for 67,903 participants of the WHI clinical trials were analyzed to further examine the relationship between migraines and cardiovascular disease events and their interaction with hormone therapy use. It was discovered that women with migraines tended to drink and exercise less than those without migraines and had higher vitamin D and calcium intake. Migraine sufferers were also more likely to have night sweats and hot flashes. Importantly, researchers did not detect a significant risk of cardiovascular disease events associated with a history of migraines. Most significantly, from the treatment safety perspective, there was no impact from hormone therapy on this relationship.

“Since migraines affect one in every four women and women with migraines are often advised to avoid hormone therapy, these findings may have significant public health implications,” says Dr. Jelena Pavlovic, lead author of the study from Albert Einstein College of Medicine in the Bronx.

“We know that changes in estrogen lead to migraines for many women. Yet, there has been very little research focused on migraines through the menopause transition when estrogen levels can fluctuate greatly,” says Dr. JoAnn Pinkerton, NAMS executive director. “This study clearly demonstrates the need for more research in this area so symptomatic women can benefit from proven therapies.”

Drs. Pavlovic, Pinkerton, and Schnatz are available for interviews before the presentation at the Annual Meeting.

Founded in 1989, The North American Menopause Society (NAMS) is North America’s leading nonprofit organization dedicated to promoting the health and quality of life of all women during midlife and beyond through an understanding of menopause and healthy aging. Its multidisciplinary membership of 2,000 leaders in the field—including clinical and basic science experts from medicine, nursing, sociology, psychology, nutrition, anthropology, epidemiology, pharmacy, and education—makes NAMS uniquely qualified to serve as the definitive resource for health professionals and the public for accurate, unbiased information about menopause and healthy aging. To learn more about NAMS, visit www.menopause.org.