



# The City of London Migraine Clinic Newsletter

## AUGUST 2011

August has arrived and brought with it some long-awaited sunshine. In this month's newsletter Dr Ulrike Sauer explains the link between the menstrual cycle and migraine, which we are always talking about. We also have exciting news of our new Consultant Neurologist and Medical Director who will be starting very soon...

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## 1. Menstrual cycle and migraine

About 50% of women who suffer from migraine have experienced that this may be connected to their menstrual cycle and often have more severe migraine attacks in the two days leading up to their period and often during the first couple of days of their period.

The menstrual cycle is regulated by a series of hormones although the main two that have the most effect are oestrogen and progesterone.

Menstrual migraine can be triggered by several hormones related to the menstrual cycle but studies have shown that one trigger is the natural drop of Oestrogen.

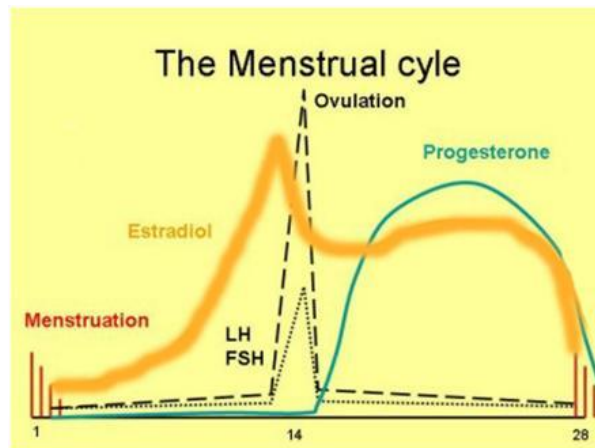
### But what does this mean?

Every month from menarche until menopause the cycle is steered by an egg developing and then being released from the ovaries. Often at the start and at the end of a woman's fertile life the cycle is not as regular and predictive, which is one of the reasons why menstrual migraine is often worse in the so called perimenopause (the time leading up to the menopause).

Women are born with 2 million eggs per ovary, but during a woman's reproductive life only about 400–500 eggs will actually be released at ovulation.

At the beginning of the menstrual cycle (which is the first day of the period) about 20 eggs will start to mature. At the same time the ovaries produce Oestrogens. This is important as it thickens the lining of the womb in preparation for a possible fertilised egg. Regardless of how long or short a women's cycle is, ovulation (normally one but sometimes more than one egg is released from an ovary) usually happening around 10–16 days before the start of her next period. Once the egg is released the ovaries produce another hormone, progesterone. This prepares the endometrium even further, ensuring that a fertilised egg can implant itself within the womb.

In most cycles the egg is not fertilised, which causes the level of the hormones to fall and the endometrium to break down. The endometrium is then shed through the vagina as a menstruation. The cycle is shown below.



As you can see there is usually a small drop of Oestrogen (mainly represented by Estradiol) just before ovulation whilst there is a significant drop just before menstruation. The trick here is to either switch off the natural menstrual cycle by, for example taking the contraceptive pill or to supplement oestrogen for the days where it is naturally low within the cycle.

One of the best methods to discover if a women is suffering from menstrual migraine is the maintenance of a diary for a couple of months, recording the dates and times of the regular cycle, and migraine attacks so a thorough analysis can be achieved.

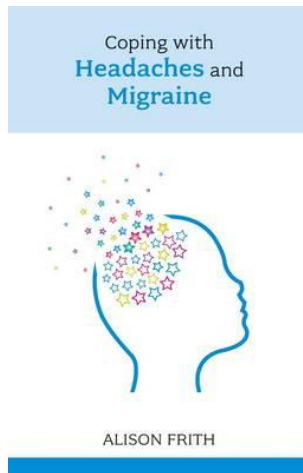
*By Dr Ulrike Sauer July 2011*

**Treatment:** At the clinic we suggest a range of treatments for menstrual migraine. The main approaches are listed below.

Non-hormonal:	Hormonal:
<ul style="list-style-type: none"> <li>• Non-drug (eg. lifestyle changes)</li> <li>• Standard preventatives (eg. Amitriptyline or propranolol)</li> <li>• Non-steroidal anti-inflammatory drugs</li> <li>• Preventative triptans</li> <li>• Dietary supplements (eg. daily magnesium)</li> </ul>	<ul style="list-style-type: none"> <li>• Combined hormonal contraceptives, used by 'tricycling' or continuous pill dosing</li> <li>• Progestogen-only contraceptives</li> <li>• The Mirena® intra-uterine system</li> <li>• Oestrogen supplements (gels/patches)</li> </ul>

## Tips for coping with hormonal headaches

- Keep a diary for at least three months (including headaches, migraines, periods, menopausal symptoms & hormonal treatments taken)
- Exercise, eat a balanced diet and adopt regular sleep patterns
- Get 'in tune' with your body and its hormonal cycles, so that you are more likely to cope with the headaches
- Avoid triggers
- If taking hormonal treatments, give them time. It takes your body at least three months to adjust to additional hormones.
- Side effects of headaches from the drugs may seem like a disaster but will settle given time.



*Thank you to Alison Frith and her excellent book 'Coping with Headaches and Migraine,' for this useful information (available online and at the Clinic).*

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## 2. Research

The last update for a while...

### **Patient Preference Study: A double-blind, cross-over patient preference study of frovatriptan versus rizatriptan for the acute treatment of migraine.**

Triptans are an established treatment for migraine attacks. This study undertaken in 2007-8 was designed to find out if patients had a preference for frovatriptan or rizatriptan after treating three migraine attacks with each drug.

There were 126 participants in this European study. Overall, both drugs were similarly favoured with no significant preference for one drug over another. However, there were some differences in responses to very specific questions. Participants favoured frovatriptan for its longer-lasting effect but favoured rizatriptan for its rapid activity and more complete pain control. Both drugs were effective at treating the symptoms of migraine, although the rizatriptan worked more quickly than frovatriptan. The symptoms of migraine were more likely to return following treatment with rizatriptan than with frovatriptan. Both treatments were safe and well tolerated with slightly fewer unwanted effects reported for frovatriptan than for rizatriptan.

These results confirm the known profile of each drug, i.e. that rizatriptan works quickly but frovatriptan has a longer lasting effect. Participants expressed similar satisfaction with both drugs which were confirmed to be effective and safe for the treatment of migraine.

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### 3. Introducing our New Medical Director...



**Dr Giles Elrington MD** is a Consultant Neurologist based in Colchester. He runs the Headache Clinic at Barts and The London, Queen's Square and also has practices in Essex and London from which he carries out sessions for PCTs as well as private and medicolegal work. He is a general neurologist with interests in headache, rehabilitation, neuropsychiatry and MS.

He has been a long term trustee of the clinic and has built up a good working relationship with his predecessor Prof Anne MacGregor, lecturing at our Masterclass events for Healthcare Professionals and fighting our case at the event aimed at NHS Commissioners earlier this year.

We are very much looking forward to working with him and hope that he will enjoy leading the Medical Team into the future.

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### 4. Farewell

Six months have flown by and it is now time to say good bye to our Intern Megan Hookchild. We wish her all the best in finding her dream job, and hope that her experience with us leads her on to great things. We appreciate her dedication, rising early and travelling in from the depths of the Essex countryside to man our reception desk and help write grant applications or whatever else was thrown at her! This means that we now have another **vacancy for a Graduate Intern** for 6 months, so please contact [rebecca.sterry@migraineclinic.org.uk](mailto:rebecca.sterry@migraineclinic.org.uk) if you or anyone you know may be interested in gaining this valuable work experience in admin, PR, marketing and events management.

**Dr Jud Pearson** has just completed her final clinic with us for a whole year, while she takes some well needed time out to have her third baby and spend time with her other two children. We wish her all the best, and look forward to welcoming her back in 2012.

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### 5. New drug free treatment at the Clinic!

A new hand-held device emitting a single-pulse transcranial magnetic stimulation (sTMS) to the back of the head is now available for hire through the clinic. There has been substantial evidence supporting this new device, with two decades of clinical experience. 40% of those trialled were completely pain free after two hours using the device. It is appealing to us because it is drug-free and has no proven side effects.

The device was developed in response to the fact that 40% of patients do not respond well to, or are unable to use the Triptan drugs introduced in the 90s. According to an article in The Lancet (see link below) *'no treatment is reliably effective in terminating the aura phase or preventing the ensuing headache.'*

Experts from the Albert Einstein College of Medicine in New York carried out the trial to assess the safety and effectiveness of the device. Previously only large, expensive devices which have to be used in a clinical environment have been tested. This device however can be used anywhere and operated by the patient.

In the most recent trial two hundred patients were asked to use the device to treat migraines with aura over three months. Half of those patients were given placebo treatment. The findings showed that the pulse from the device was significantly more effective than placebo treatment. More patients were pain free two, 24 and 48 hours afterwards.

**How can I try the device?** The device can be trialled for three months and then if you find it successful, hired at a charge of £150 per month thereafter. If you are interested in trying this out, please talk it through with your doctor at your next appointment as this is something that we can only arrange for you on the doctor's recommendation.

We hope that the manufacturers have success in getting Primary Care Trusts to fund the hire of these devices in the future to make them accessible to all.

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## 6. Text us a thank you!

We have now signed up for Vodafone's Just Textgiving scheme, which allows supporters to text through small amounts to their favourite charity easily via text. The code for the Clinic is HEAD08, a shameless pun on headache – but one that you won't forget easily we hope! If you feel the Clinic has made a positive difference to your life, please text us today, however small your donation. This newsletter goes out to 5,000 people, and if everyone gave just £2 as a thank you for the information that we provide, it would go a long way in securing the service for the future. Text **70070** followed by the message (eg. **HEAD08 £10**). Donations between £1 and £10 can be made. Thank you!



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## 7. Remember a Charity - what will be your legacy?

Thank you to those of you that gave their opinions last year on our leaflet promoting legacy giving in your Will. Due to the rebranding, we have not been able to fully launch this campaign, however we have a page on our website dedicated to the subject and if you require further information we welcome your calls. Being that migraine is so closely linked to genetics, it is worth considering supporting the clinic so that future generations can benefit from our unique service.

The organisation 'Remember a Charity' of which we are a member, has launched its own campaign this month to raise awareness of charitable Will giving, with daredevil 'Rocky Taylor' performing live stunts on Youtube to tie in with the slogan 'no-one knows the importance of a Will more than a stuntman'! Visit their website at <http://www.rememberacharity.org.uk/> or take part in a tea party or literary event to raise awareness and funds for the clinic as we have plenty of promotional Remember a Charity tea bags and bookmarks to give away!

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