# Search Results

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## Search History

1. MEDLINE; exp CONTRACEPTION/ [Limit to: Female and (Age Groups Adult 19 to 44 years)]; 4454 results.
2. MEDLINE; *MIGRAINE DISORDERS/ [Limit to: Female and (Age Groups Adult 19 to 44 years)]; 5380 results.
3. MEDLINE; 1 AND 2 [Limit to: Female and (Age Groups Adult 19 to 44 years) and (Age Groups Adult 19 to 44 years)]; 2 results.
4. AMED; exp CONTRACEPTIVE AGENTS/; 265 results.
5. AMED; exp MIGRAINE/ OR exp HEADACHE/; 1084 results.
6. AMED; 4 AND 5; 1 results.
7. BNI; exp CONTRACEPTIVE METHODS/; 760 results.
8. BNI; exp "MIGRAINE AND HEADACHES"/; 155 results.
9. BNI; 7 AND 8; 2 results.
10. CINAHL; exp CONTRACEPTION/ [Limit to: (Gender Female) and (Age Groups Adult~ 19-44 years)]; 949 results.
11. CINAHL; *TENSION HEADACHE/ OR *LARVA MIGRANS/ OR *MIGRAINE/ [Limit to: (Gender Female) and (Age Groups Adult~ 19-44 years)]; 1288 results.
12. CINAHL; 10 AND 11 [Limit to: (Gender Female) and (Age Groups Adult~ 19-44 years) and (Gender Female) and (Age Groups Adult~ 19-44 years)]; 0 results.
13. HMIC; exp CONTRACEPTION/; 469 results.
14. HMIC; exp MIGRAINE/; 26 results.
15. HMIC; 13 AND 14; 0 results.
16. PsycINFO; exp BIRTH CONTROL/ [Limit to: (Age Groups 320 Young Adulthood age 18 to 29 yrs or 340 Thirties age 30 to 39 yrs or 360 Middle Age age 40 to 64 yrs)]; 1808 results.
17. PsycINFO; exp MIGRAINE HEADACHE/ OR exp HEADACHE/ [Limit to: (Age Groups 320 Young Adulthood age 18 to 29 yrs or 340 Thirties age 30 to 39 yrs or 360 Middle Age age 40 to 64 yrs)]; 2750 results.
18. PsycINFO; 16 AND 17 [Limit to: (Age Groups 320 Young Adulthood age 18 to 29 yrs or 340 Thirties age 30 to 39 yrs or 360 Middle Age age 40 to 64 yrs) and (Age Groups 320 Young Adulthood age 18 to 29 yrs or 340 Thirties age 30 to 39 yrs or 360 Middle Age age 40 to 64 yrs)]; 5 results.
19. MEDLINE,AMED,BNI,PsycINFO; Duplicate filtered: [1 AND 2 [Limit to: Female and (Age Groups Adult 19 to 44 years) and (Age Groups Adult 19 to 44 years)]], [4 AND 5], [7 AND 8], [16 AND 17 [Limit to: (Age Groups 320 Young Adulthood age 18 to 29 yrs or 340 Thirties age 30 to 39 yrs or 360 Middle Age age 40 to 64 yrs) and (Age Groups 320 Young Adulthood age 18 to 29 yrs or 340 Thirties age 30 to 39 yrs or 360 Middle Age age 40 to 64 yrs)]]; 10 results.

**1. Recommendations for clinical practice: combined oral contraceptives, migraine and ischaemic stroke.**

**Citation:** Br J Family Planning, July 1998, vol./is. 24/2(53-60), 0144-8625 (1998 Jul)

**Author(s):** MacGregor, E; Guillebaud, J

**Abstract:** Statement prepared in conjunction with the Faculty of Family Planning and Reproductive Health Care and the Family Planning Association. 37 refs.

**Subject Headings:**
Contraceptive Methods
Stroke
Migraine and Headaches

**Source:** BNI

**2. Hormonal contraception and migraine.**

**Citation:** Journal of Family Planning & Reproductive Health Care, January 2001, vol./is. 27/1(49-52), 1471-1893;1471-1893 (2001 Jan)

**Author(s):** MacGregor EA

**Institution:** The City of London Migraine Clinic, 22 Charterhouse Square, UK.

**Language:** English

**Country of Publication:** England

**CAS Registry Number:** 0 (Contraceptives, Oral, Hormonal)

**Publication Type:** Journal Article

**Subject Headings:**
Adolescent
Adult
Contraception/ae [Adverse Effects]
Contraception/mt [Methods]
Contraceptives, Oral, Hormonal/ad [Administration & Dosage]
*Contraceptives, Oral, Hormonal/ae [Adverse Effects]
Female
Great Britain
Health Knowledge, Attitudes, Practice
Humans
Incidence
*Migraine Disorders/ci [Chemically Induced]
*Migraine Disorders/ep [Epidemiology]
Patient Education as Topic
Pregnancy
Risk Factors

**Source:** MEDLINE

**3. Effective herbal prophlaxis for menstrual migraine?**

**Citation:** Focus on Alternative and Complementary Therapies, June 2003, vol./is. 8/2(194-5), 1465-3753 (2003 Jun)

**Author(s):** Martin KW; Canter PH

**Language:** English

**Publication Type:** Commentary

**Subject Headings:**
Menstruation
Migraine
phytoestrogens
Randomized controlled trials
Prevention
Therapy

**Source:** AMED

**4. [Hormone use in migraine]. [German] Hormoneinnahme bei Migrane.**

**Original Title:** Hormoneinnahme bei Migrane.

**Citation:** Deutsche Medizinische Wochenschrift, August 2003, vol./is. 128/33(1731), 0012-0472;0012-0472 (2003 Aug 15)

**Author(s):** Breckwoldt M

**Institution:** Abteilung Frauenheilkunde und Geburtshilfe II, Klinikum der Albert-Ludwigs-Universitat, Frieburg.

**Language:** German

**Country of Publication:** Germany

**CAS Registry Number:** 0 (Contraceptives, Oral); 0 (Estrogens, Conjugated (USP)); 434-22-0 (Nandrolone); 57-63-6 (Ethinyl Estradiol); 65928-58-7 (dienogest)

**Publication Type:** Case Reports; Journal Article

**Subject Headings:**
Adult
Chronic Disease
*Contraceptives, Oral/ad [Administration & Dosage]
Estrogens, Conjugated (USP)/ad [Administration & Dosage]
Ethinyl Estradiol/ad [Administration & Dosage]
Female
Humans
*Migraine Disorders/co [Complications]
Nandrolone/ad [Administration & Dosage]
*Nandrolone/aa [Analogs & Derivatives]
*Ovulation Inhibition
Recurrence
Time Factors

**Source:** MEDLINE

**5. Headaches and Oral Contraceptives: Impact of Eliminating the Standard 7-Day Placebo Interval.**

**Citation:** Headache: The Journal of Head and Face Pain, January 2007, vol./is. 47/1(27-37), 0017-8748;1526-4610 (Jan 2007)

**Author(s):** Sulak, Patricia; Willis, Sherilyn; Kuehl, Thomas; Coffee, Andrea; Clark, Jeffrey

**Correspondence Address:** Sulak, Patricia: Scott and White Memorial Hospital-Obstetrics and Gynecology, 2401 South 31st Street, Temple, TX, US, 76508

**Language:** English

**Abstract:** Objective: The aim was to assess the timing and severity of self-reported headaches in patients utilizing a standard 28-day oral contraceptive (OC) cycle consisting of 21 hormone (estrogen + progestin)-containing pills and 7 placebo pills (ie, 21/7-day cycle) converted to a placebo-free extended OC regimen. Methods: An open label single-center prospective analysis of headaches recorded daily on a severity scale of 0 to 10, along with the headache item of the Penn Daily Symptom Rating (DSR17) and a weekly modified Migraine Disability Assessment (MIDAS) headache questionnaire, during standard 21/7-day cycles followed by a 168-day extended placebo-free regimen of an OC containing 3 mg of drosperinone and 30 mcg of ethinyl estradiol (DRSP/EE). Results: Of the 114 patients who began the trial, 111 completed the 21/7-day cycle portion of the study. Based on the headaches scales, there were significant differences in headache severity among the 28 days of the standard 21/7 cycles ($P < .001$). Greater headache severity occurred on days 25 through 28 during the 7-day placebo interval of the 21/7 cycles ($P < .05$). Of the 111 patients who completed the 21/7 phase of the study, 102 (92%) completed the 168-day extended placebo-free OC regimen. During the first 28 days of the extended placebo-free regimen, daily headache scores decreased ($P < .0001$)

compared to those of the previous 21 active/7 placebo day cycle. The difference on a daily basis was first detected on extended cycle days 25 through 28 (P < .0001) and persisted throughout the remainder of the 168-day regimen. Subjects were divided into 2 groups (severe and mild) based on the median of the total headache score during the 21/7 OC cycle. The group with higher total headache scores demonstrated a significant (P < .0001) reduction in daily headaches beginning in the first 28-day interval of the extended placebo-free regimen, persisting throughout the entire 168-day extended regimen. In contrast, the group with the lower total headache score remained unchanged (P = .79) throughout the extended regimen. Impact of headaches on work, family, and social functions also improved on the extended placebo-free regimen in 6 of 8 measures (P < .05) assessed by weekly headache questionnaires. Conclusion: Compared to a 21/7-day OC regimen, a 168-day extended placebo-free regimen of DRSP/EE led to a decrease in headache severity along with improvement in work productivity and involvement in activities. This is a preliminary study and results may not be widely generalizable. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:**
*Headache
*Oral Contraceptives
*Placebo
*Severity (Disorders)

**Source:** PsycINFO

**Full Text:** Available in *fulltext* at *EBSCO Host*

**6. Migraine and use of combined hormonal contraceptives: a clinical review.**

**Citation:** J Family Planning & Reproductive Health Care, July 2007, vol./is. 33/3(159-69), 1471-1893 (2007 Jul)

**Author(s):** MacGregor, E

**Abstract:** Literature review on the effect of combined oral contraceptives on headache and migraine, and the risk of ischaemic strokes in users of contraceptives who experience migraine. Recommendations are made for the prescription of oral contraceptives to women who suffer migraine with and without aura. 99 refs.

**Subject Headings:**
Migraine and Headaches
Contraceptive Methods
Stroke
Drugs : Adverse Reactions

**Source:** BNI

**7. Oral contraceptive-induced menstrual migraine. Clinical aspects and response to frovatriptan.**

**Citation:** Neurological Sciences, May 2008, vol./is. 29/Suppl1(S186-S190), 1590-1874;1590-3478 (May 2008)

**Author(s):** Allais, Gianni; Bussone, Gennaro; Airola, Gisella; Borgogno, Paola; Gabellari, Ilaria Castagnoli; De Lorenzo, Cristina; Pavia, Elena; Benedetto, Chiara

**Correspondence Address:** Allais, Gianni: Women's Headache Center, Department of Gynecology and Obstetrics, University of Turin, Via Ventimiglia 3, Turin, Italy, 10126, gb.allais@tiscali.it

**Language:** English

**Abstract:** Oral contraceptive-induced menstrual migraine (OCMM) is a poorly defined migraine subtype mainly triggered by the cyclic pill suspension. In this pilot, open-label trial we describe its clinical features and evaluate the efficacy of frovatriptan in the treatment of its acute attack. During the first 3 months of the study 20 women (mean age 32.2 +or- 7.0, range 22-46) with a 6-month history of pure OCMM recorded, in monthly diary cards, clinical information about their migraine. During the 4th menstrual cycle they treated an OCMM attack with frovatriptan 2.5 mg. The majority of attacks were moderate/severe and lasted 25-72 h or more, in the presence of usual treatment. Generally an OCMM

attack appeared within the first 5 days after the pill suspension, but in 15% of cases it started later. After frovatriptan administration, headache intensity progressively decreased (2.4 at onset, 1.6 after 2 h, 1.1 after 4 h and 0.8 after 24 h; p = 0.0001). In 55% of patients pain relief was reported after 2 h. Ten percent of subjects were pain-free subjects after 2 h, 35% after 4 h and 60% after 24 h (p = 0.003 for trend); 36% relapsed within 24 h. Rescue medication was needed by 35% of patients; 50% of frovatriptan-treated required a second dose. Concomitant nausea and/or vomiting, photophobia and phonophobia decreased significantly after drug intake. OCMM is a severe form of migraine; actually its clinical features are not always exactly identified by the ICHD-II classification. However, treatment with frovatriptan 2.5 mg might be effective in its management. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:**
*Drug Therapy
*Menstrual Cycle
*Migraine Headache
*Oral Contraceptives

**Source:** PsycINFO

**Full Text:** Available in *fulltext* at *ProQuest (Legacy Platform)*

**8. Atypical depression as a premonitory symptom of migraine managed by an oral contraceptive.**

**Citation:** Psychiatry and Clinical Neurosciences, June 2008, vol./is. 62/3(365), 1323-1316;1440-1819 (Jun 2008)

**Author(s):** Kawamura, Satoshi; Sakai, Akio; Endo, Tomomichi; Maruta, Masaki

**Correspondence Address:** Kawamura, Satoshi: Department of Psychiatry, The Jikei University School of Medicine, 3-25-8 Nishi-Shimbashi Minato-Ku, Tokyo, Japan, 105-8461, skawa@jikei.ac.jp

**Language:** English

**Abstract:** Depression and headaches are frequently associated comorbid disorders. In previous reports, psychiatrists have tended to regard headaches as an accompanying symptom of depression, while neurologists have tended to have the opposite opinion. The case report presented here characterizes migraine as a prime cause of major depression. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:**
*Drug Therapy
*Major Depression
*Migraine Headache
*Oral Contraceptives

**Source:** PsycINFO

**9. Does the menstrual cycle influence the motor and phosphene thresholds in migraine?**

**Citation:** European Journal of Neurology, March 2009, vol./is. 16/3(367-374), 1351-5101;1468-1331 (Mar 2009)

**Author(s):** Boros, Klara; Poreisz, C; Paulus, W; Antal, A

**Correspondence Address:** Boros, Klara: Department of Clinical Neurophysiology, Georg-August University of Gottingen, Robert Koch Strasse 40, Gottingen, Germany, 37075, klara.boros@med.uni-goettingen.de

**Language:** English

**Abstract:** Background and purpose: The excitability of the visual and motor cortical areas is altered in migraineurs. Controversial results of previous studies on cortical excitability may depend on the hormonal status of female subjects. The present study aimed to determine whether the different phases of the menstrual cycle influence the phosphene thresholds (PT) and resting motor thresholds (RMT) in migraineurs. Methods: Thirty-two migraine patients participated in this study. Three to six PT and RMT measurements were done in

headache-free intervals during the follicular, middle and luteal phases of the female cycle, or in active dosage and withdrawal phases in patients who were taking low dosage oral contraceptives. Results: Generally, PTs showed higher individual variabilities than RMTs. Additionally, we have observed that the RMTs and PTs were significantly independent from hormonal changes. However, patients who were taking a low dosage of oral contraceptives had lower PTs compared with patients who were not taking oral contraceptives. RMTs show the opposite tendency. Conclusion: The results imply that PTs and RMTs can be reliably measured independently from the menstrual hormone status in female migraineurs. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:**
*Menstrual Cycle
*Migraine Headache
*Oral Contraceptives
*Somatosensory Evoked Potentials
*Visual Thresholds
Transcranial Magnetic Stimulation

**Source:** PsycINFO

**10. Migrainous cerebral infarction after postcoital contraception.**

**Citation:** Cephalalgia, June 2009, vol./is. 29/6(691-693), 0333-1024;1468-2982 (Jun 2009)

**Author(s):** Caballero, P. E. Jimenez

**Correspondence Address:** Caballero, P. E. Jimenez: Department of Neurology, Hospital Virgen de la Salud, Calle Murillo no 14, Bargas, Toledo, Spain, 45593, pjimenez1010j@yahoo.es

**Language:** English

**Abstract:** Presents a case report of a 21-year-old White female presented with a history of menstrual migraine attacks without and with visual aura in the form of both positive and negative features. The aura was followed by a strictly unilateral headache of pulsatile character affecting either left or right hemicranium interchangeably. The headache lasted 6-9 hour and was usually accompanied by photophobia, phonophobia, nausea and generalized malaise. She was admitted to hospital with right, pulsating headache and vomiting associated with left homonymous hemianopia, metamorphopsias and left arm and leg paraesthesias. Abnormal findings on examination were a left homonymous hemianopsia, slight dysarthria and decreased light touch and pin prick sensation of left hemibody. The rest of neurological and general clinical assessment was unremarkable. Duplex ultrasound examination of the carotid and vertebral circulation, transthoracic and transoesophageal echocardiography were normal. Magnetic resonance imaging (MRI) showed a fresh cerebral infarction in the thalamus and right occipital cortex. The headache disappeared 24 hour after admission and paraesthesias on day 5, but the homonymous hemianopia persisted. Accumulating evidence suggests that a history of migraine with aura may be a relative contraindication to the use of postcoital contraceptive regimens. This case suggests that postcoital contraception with a high dose of oestrogens could be a hidden stroke risk factor in young women with migraine. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

**Country of Publication:** HOLDER: Blackwell Publishing Ltd.

**Publication Type:** Journal; Peer Reviewed Journal

**Subject Headings:**
*Birth Control
*Cerebrovascular Accidents
*Migraine Headache
*Side Effects (Drug)

**Source:** PsycINFO