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Chronification of migraine during the climacteric transition and response to advanced preventive therapy: a case report

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Introduction

Migraine is a disabling neurological disorder that predominantly affects women and is strongly influenced by hormonal fluctuations. The climacteric transition may contribute to increased attack frequency and migraine chronification. In refractory cases, advanced therapies such as calcitonin gene-related peptide (CGRP) monoclonal antibodies and onabotulinumtoxin type A may be required. This report describes the progression of migraine with aura to refractory chronic migraine during the climacteric period.

Case presentation

The patient is a 50-year-old female physician with a history of migraine with visual aura since the age of 35, who presented progressive worsening of symptoms during climacteric transitions, beginning at 49 years of age. Aura episodes were characterized by visual scotomas preceding headache attacks. Headaches were associated with nausea, vomiting and photophobia, reaching an intensity of 8-9 on a 10-point pain scale. Initially restricted to menstrual periods, attacks progressively increased in frequency and evolved into chronic migraine, ocurring on approximately 28 days per month. Brain magnetic resonance imaging revealed no significant abnormalities. Over the years, the patient used multiple acute therapies, including dipyrone, nonsteroidal anti-inflammatory drugs (ibuprofen, celecoxib, and ketorolac tromethamine), naratriptan, and rizatriptan, Preventive treatments included duloxetine, topiramate, and venlafaxine. Although initially effective, these therapies progressively lost efficacy, resulting in persistent disability and daily headache burden. Due to refractory chronic migraine, treatment was escalated to monthly fremanezumab and onabotulinumtoxinA following the PREEMPT protocol. After initiation of advanced preventive therapy, headache frequency decreased from 28 to 7 days per month, with significant reduction in symptom burden and improvement in daily functioning. However, partial recurrence of symptoms was observed near the end of each treatment cycle.

Discussion

The close temporal relationship between the climacteric transition and migraine worsening suggests a potential role of hormonal instability in disease chronification. The progression from menstrual migraine to chronic migraine, along with the loss of response to multiple therapies, highlights the complexity of migraine management during this period. The favorable response to fremanezumab and onabotulinumtoxinA supports the use of advanced preventive therapies in refractory cases.

Conclusion

The climacteric hormonal changes may contribute to migraine chronification and treatment refractoriness. Advanced preventive therapies were associated with substantial clinical improvement, even if the remission was not characterized as complete, reducing headache frequency from 28 to 7 days per month.

Keywords:
Chronic migraine
Migraine with aura
Climacteric transition
OnabotulinumtoxinA
Fremanezumab

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