



Migraine in women's lives: a Literature Review

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Introduction

Migraine is a complex neurological, chronic disorder characterized by a moderate or severe headache lateralized to one side of the head and typically present along with nausea, vomiting, photophobia and precarious auditory behavior, which affect patients' quality of life and functioning. Factors like age, the female sex, hormonal disorders, oral contraceptives, menstrual cycle, pregnancy and intense stress can initiate migraine episodes. It is well-established that inflammation may play an important role for the disease process. Furthermore, there is a potential association and pathophysiological mechanisms between migraine and anxiety. This causes significant absenteeism at school or work, challenges in remaining engaged as productive members of society. Many women experience worsening migraine symptoms during the postpartum and perimenopausal period. That has negative effects on health and is costly for patients and society, despite the often underdiagnosis and the inadequately treatment in the primary care setting. It is known that sexual and gender minorities (SGM) experience a disproportionate migraine burden compared to cisgender heterosexual individuals.

Objetives

To review the most important aspects of migraine in a woman's life, as well as the management for this condition. Methods The current review is a product of a bibliographic research on the databases MEDLINE, EMBASE and LILACS, through the application of descriptors "headache", "migraine", "hormone", "female", "female hormone" and their combinations. There has been included original articles in Spanish, Portuguese and English languages, between 2014 e 2023, with a relevant approach to the study objective. Five studies were included in this review.

Results

It is referred that an expressive percentage of women has migraine attacks before, during or after their period, which clearly highlights the association between migraine and female hormones. Since there is an inflammatory association with migraines, the risk of cardiovascular and cerebrovascular events is increased, even though the mechanisms are incompletely understood and likely multifactorial. Lastly, many women consider the primary care provider as the migraine management, despite the several knowledge gaps relating to the patients' treatment and outcomes.

Conclusion

Migraines are a type of primary headache with high prevalence and socioeconomic/personal impact. It's the third cause of incapability in men and women, especially, resulting in a bad lifestyle. Due to several factors, women have more intense symptoms and worst consequences, such as severe anxiety or high risk of cardiovascular events. Therefore, the primary care sectors must qualify headache-specific professionals to improve provider performance and the patient follow-ups.

Keywords: Migraine; Migraine in women; Females hormones.