

Headache Burden in Women of Reproductive Age: A Cohort Study and Assessment of Risk

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Background: Despite being disproportionately affected by migraines, no prior headache prevalence studies evaluate reproductive-aged women with validated migraine questions or gather information about key triggers and risk factors, such as exogenous hormone use.

Objective: Estimate the incidence of migraine in a cohort of reproductive-aged women prior to initiation of contraceptive care.

Methods: Demographic and in-depth headache information was collected on women aged 18-14 years presenting for gynecology health services. Participant's characteristics were presented descriptively by contraceptive method choice. Numerical variables were compared using ANOVA tests. Categorical variables were compared using Chi-square or Fisher's exact tests. The Migraine Disability Scale (MIDAS) was collected to determine baseline disability prior to enrollment and was compared by grade to potential headache triggers and risk factors using t-tests or Chi-square/Fisher's exact tests.

Results: Of 171 participants, 34 women (19.9%) stated they experienced headache on a regular basis. Twenty-three (13.5%) reported regular headaches that met International Classification of Headache Disorders-2 (ICHD-2) criteria for a diagnosis of migraine without aura, 3 (1.8%) met criteria for migraine with aura, and 4 (2.3%) had headaches that met criteria for aura without migraine. Worsening migraine disease was associated with decreased interest in doing things but not with other classically considered migraine triggers or risk factors. Twelve participants (7.0%) reported perceived contraindications, including headache, to certain contraceptive options. Three women (1.8%) previously discontinued a contraceptive method due to new or worsening headache disease.

Conclusion: Headache disease is a significant factor in the lives of reproductive-aged women at baseline. Migraines, however, are relatively infrequent when complete migraine diagnostic questions are asked.