

Migraines and pregnancy (answers on page 34)

Part one

Mary is 23 and is in the early stages of her first pregnancy. A university graduate in maths, she is bright and intelligent, but burdened with migraine, from which she has suffered since early childhood. She is worried that her migraine will worsen during her pregnancy – she is already experiencing more headaches than usual – and also whether her migraine treatment and prophylaxis may harm her developing baby.

- Q1 What are your top three priorities for Thomas?**
- Migraines usually lessen during pregnancy so she can be reassured.
 - The above only applies to premenstrual migraine and migraine without aura.
 - Are the headaches Mary describes really part of her usual migraine attacks?
 - How does her migraine usually present?
 - If she is reasonably well controlled on her usual treatment, it isn't necessary to change it, as the risk of making her migraine much worse during this crucial period is too high.

Part two

- Q2 Which of the following non-pharmaceutical treatments have been shown to help reduce migraine attacks and severity?**
- Hydrate with 2 litres of water per day.
 - Don't skip meals.
 - Get 7 to 8 hours of sleep at night.
 - Avoid bright lights (even mobile phone use) at night.
 - Regular exercise.
 - Stop all caffeine containing drinks.

Part three

Mary is using ibuprofen to treat her migraine attacks along with cyclizine to deal with the nausea that often accompanies the headaches. She is also taking aspirin 75mg daily as prophylaxis. If these don't work well, in the past her doctor has added once daily propranolol and occasionally low dose amitriptyline at night.

- Q3 What is your opinion about continuing this regimen during pregnancy?**
- She should avoid opiates as they worsen pregnancy nausea.
 - Low dose aspirin has been shown to help prevent migraine during pregnancy and is safe up to the 36th week.
 - Ibuprofen should not be used in the third trimester as it may cause premature closure of the ductus arteriosus.
 - Betablockers such as propranolol may cause foetal anomalies if given in the first 12 weeks.
 - Amitriptyline has not been shown to be safe during pregnancy.
 - Antiemetics such as cyclizine, prochlorperazine, ondansetron and domperidone may affect the foetus and should be prescribed only if vomiting becomes severe.
 - Long term, metoclopramide may lead to extrapyramidal symptoms.

Part four

- Q4 Women with migraine in pregnancy have been shown to be at higher than normal risk of several complications. Which of the following should you (and she) be aware of?**
- Pre-eclampsia.
 - Gestational hypertension.
 - Arterial thrombosis.
 - Venous thrombosis.
 - Glaucoma.
 - Orthostatic headache.

Quiz by Dr Tom Smith



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