

Headache frequency and intensity in female migraineurs using desogestrel-only contraception: a retrospective pilot diary study.

[Merki-Feld GS](#)¹, [Imthurn B](#), [Langner R](#), [Sándor PS](#), [Gantenbein AR](#).

Author information

- ¹Clinic for Reproductive Endocrinology, Department of Gynaecology and Obstetrics, University Hospital Zürich, Switzerland.

Abstract

BACKGROUND:

Migraine seems to be substantially related to hormonal changes. However, migraine, but also the use of combined oral contraceptives (COC), is associated with an increased risk for vascular events. Therefore progestagen-only contraception is an important alternative to combined preparations. Clinical observations and one pilot study demonstrate that the use of desogestrel 75 µg may have a positive impact on migraine.

AIM:

The aim of this retrospective analysis of prospectively collected headache diaries was to study the effect of desogestrel 75 µg on headache frequency, intensity and use of acute medication in premenopausal women with migraine in a clinical setting.

METHODS:

Patients' charts were included from women who wanted to use desogestrel 75 µg as a contraceptive and had kept headache diaries over six months (three months pretreatment and three months during treatment). Out of 58 women, 38 women had completed headache diaries for this period. Incomplete diaries (N = 12), side effects (N = 5) and loss to follow-up (N = 3) were the reasons for the exclusion of 20 women. The three months (total of 90 days) before and after initiation of the progestin were compared.

RESULTS:

Days with migraine (5.2 vs. 3.7), days with all kind of headache (8.3 vs. 6.5) and days with use of any headache medication (5.7 vs. 3.5) were significantly reduced at follow-up after three months. In addition there was a reduction in headache intensity (P < 0.0001). The reduction in number of days with use of triptans was not significant (P < 0.14).

CONCLUSION:

In the 38/58 migraineurs with complete diaries there was a statistically significant decrease in migraine days, headache intensity and medication use. Tension-type headache days decreased but were not significant. Our preliminary data are promising, but should be interpreted cautiously because they were obtained in a small population of women visiting a specialty hormone and migraine clinic. Randomised controlled trials need to be conducted to substantiate our results.