

Episode 214: Changes for Women with Migraine | Midlife

Lindsay Weitzel, PhD:

Hello and welcome to HeadWise, the videocast and podcast of the National Headache Foundation. I'm Dr. Lindsay Weitzel. I'm the founder of Migraine Nation and I have a history of chronic and daily migraine that began at the age of four. Everyone get excited because I am here again today with Dr. Dawn Buse. Hi Dr. Buse, how are you?

Dawn Buse, PhD:

Hi Dr. Weitzel and hello everyone joining us.

Lindsay Weitzel, PhD:

Dr. Buse is a Clinical Professor of Neurology and a psychologist who specializes in headache. Everyone loves it when she is on to tell us all about her knowledge of migraine and headache and psychology. She's very well known and respected in our community, and we are excited to have her here today. I've asked Dr. Buse to do a series of HeadWise episodes where we address different stages of women's lives and talk about data from the CaMEO Study, which stands for Chronic Migraine Epidemiology and Outcomes Study. She also has many other studies that she is involved in. Today we're going to focus pretty heavily on the CaMEO Study, maybe a few other studies. The data we're going to talk about today is relevant to women's lives at each stage, and we would like to give strategies for living with migraine and chronic head pain at different stages in this little series that we're going to do.

Today we're going to discuss midlife transitions and beyond for women who have migraine or other types of chronic head pain. We're going to start out by just talking about the fact that change is difficult for everyone, but it can be particularly difficult for people whose lives are affected by migraine. Correct, Dr Buse?

Dawn Buse, PhD:

Correct. Change is stressful for everyone, even when we perceive it as a positive thing. And in fact, they all carry stress with them, all these life events, all these events, be they seemingly small or seemingly major. And they also add up. There's a stress scale called the Holmes [and] Rahe life event scale, where you add up how many things happened in the past year, and they could be things like a parking ticket or things like the death of a loved one. And you add them all up, and those minor inconveniences and stressors, as well as those major life events all contribute to the stress and experiences you feel. And so even when something is a positive or a joyous event, it will still bring with it some stress on your psychology, your cognitive functioning, your physical and your emotional well-being.

Lindsay Weitzel, PhD:

I'm so glad you said that, because sometimes I think we don't give ourselves credit for some things that we might feel are positive changes in our lives, like a big move or a baby being born or something like that. The change adds up. Even if it feels like a positive, it can bring some stress. So, thank you for bringing that up.

Dawn Buse, PhD:

I think we feel guilty for saying we feel stressed about it or distressed about it. And people might say, but you're blessed. You're lucky. You should just appreciate it. And you can be both. You can appreciate whatever that wonderful, blessed event is that happened to you and also feel a lot of stress. And it may have also thrown your life off, especially as a woman with migraine, both in your mental well-being and in your body.

Lindsay Weitzel, PhD:

Let's start by discussing perimenopause and menopause, a little bit about what's happening in our bodies and our brains. I think that we hear a lot on TV about what's happening in our bodies during this time, but people don't talk about our brains as much. And what is it that's happening during this time that can make our migraine disease and even other headache disorders either a little worse or a little bit less predictable?

Dawn Buse, PhD:

There are so many things happening during perimenopause, which is about a decade before menopause. So, menopause is going to be when women stop having cycles and they have not had a menstrual cycle or period for more than at least a year. And then on average it's going to be in the early 50s, although it will change for different women, just the way that women may have had their first period at a different age than a friend or a sister or a relative. So that's going to be menopause.

And we're going to talk about postmenopause as being at least a year after the last menstrual cycle. But we've got about ten years before that and we call that now perimenopause. This whole decade where the woman's body and the brain, being a very important part of the body, is going through a change. And there are many changes that happen and really all systems of the body are affected. So, there are some hormonal changes as we stop having those regular monthly cycles. Of course, that affects more than we think. In fact, that area of the brain that controls a lot of our cycles, our calendar, our Google calendar of our brain, the hypothalamus is involved in not only migraine and the initiation of migraine attacks, as well as prodromal symptoms, as well as mood symptoms, as well as memory, attention, cognition. So, parts of the brain are involved in migraine and perimenopause and menopause, as well as certain neurotransmitters which are involved in both and hormones are involved in both.

For a fair percentage of women with migraine, the withdrawal of estrogen that happens between the height of estrogen at ovulation and the dropping down of estrogen levels at bleeding of menstruation can lead to triggering a migraine attack for a lot of women with migraine. And so that might imply that that woman's physiology is sensitive to those hormonal changes.

During those ten years of perimenopause, we might have even more erratic hormonal changes. We might have more rapid changes or slower changes or higher levels of all of the hormones involved in the women's menstrual cycle. And all of those things in fact, we see in research, do lead to for many women with migraine more frequent attacks, changing of symptoms. Their attack might look different than what it used to. Not only the head pain but all the other symptoms that go along with migraine, like perhaps more of those cognitive impairments that go along with migraine, that brain fog, memory lapses, difficulty in the word finding, that tip of your tongue phenomenon, as well as a lot of the

emotional experiences that do go along with migraine. In fact, irritability, annoyance, anxiety are all a very common part of the prodrome. We talked about this on another HeadWise episode where we talked about what are common symptoms that people with migraine feel before the headache, and about two thirds of people feel irritable before the headache starts. And in fact, the hormonal changes that happen with perimenopause leading up to menopause also can increase feelings of irritability, anxiety, frustration.

But I also want to flip this on the other side and say, well, maybe we're just expressing some things that we kind of always felt and now maybe we're also coming into our own and feeling confident enough to express them and set some boundaries. Your family and friends might think you're a little more irritable or grouchy, but you might be just setting some boundaries in a different way.

Lindsay Weitzel, PhD:

Exactly. Migraine has already been shown to be burdensome for women when it comes to things like romantic relationships, work, parenting. If a woman's migraine becomes less predictable or potentially more frequent during perimenopause, do you think these issues can be made worse for her? Do we have data behind this? What do we know about this?

Dawn Buse, PhD:

Yes and yes and yes. Yes, we have data. And yes, everyone watching can probably tell us, as well as when I talk to people individually in my practice. You talk to people individually in your practice. Of course, more frequent migraine leads to greater disruption in work and school and family time and leisure time and you time. And you time is the thing you give up first. People with migraine let go of that personal time first, and they kind of hold on to what they have to do with the family responsibilities, the work responsibilities. Although we will see for some people with migraine that the impact is so great that they're not able to attend work or school. They end up going on medical leave, or retiring early, or changing jobs, or not taking a promotion or a travel job or different hours, that sort of thing. So yes, migraine affects, as we all know, all aspects of life, the smallest to the biggest. And when attacks become less predictable and or more frequent and or more refractory to treatment, it just increases that impact.

Lindsay Weitzel, PhD:

Many people are going through different things at this time of life. We're not all doing the same thing depending on if they have children and if they do with age their children are. Some of us still have very young children at this phase of life. Others are becoming empty nesters. Others might be going through perimenopause and the different sensations and stressors going along with it while their children are going through puberty. So, there's a lot of things that could be happening.

Data shows that moms feel particularly guilty about their migraine impacting their children, their parenting, and their relationship with their partner. What can we say to women whose migraine disease might be getting worse due to perimenopause, and they're worried about the effect it's having on their family or their relationship, etc.?

Dawn Buse, PhD:

Please let go of the mom guilt. And for just all women, whether you are a parent or not, let go of this guilt. We don't have to take care of the whole world, even though we try to. This is a neurologic disease that is attacking your nervous system and creating this storm of pain and debilitating symptoms, and you're getting through it the best you can. So, like at all other times of life, keep talking to the people who need to know, be it bosses or your human resources department or people who can help. Like if you have children, your children's friend's parents who might be able to be helpful with picking up from school or having a playdate, whatever it is, family members who are able to be helpful.

When people ask for help, not only do I want you to accept it, I want you to be ready with how they can help. Yes, thank you for asking. If you are going to the store, we actually need these three things. That would be great. Yes, it would be really helpful if you did want to take my daughter for a playdate Saturday afternoon and then you take a nap. Yes, ask for help, accept help, communicate with the people who need to know.

Check in with your doctor. As times change in our bodies, it may be time for sprucing up your treatment. You may need a different preventive medication. You may need any preventive medication. It may be time to think about nonmedication prevention, maybe neuromodulation, maybe biofeedback, maybe mindfulness-based therapies. It may be time to try some of the newer medications that have come out in the past five or so, six, seven, eight years, both in the acute and preventive space.

It's always good to talk to your doctor. The other thing to think about as you age, especially if you have any events like any other events related to your heart, you may have new contraindications. So, a triptan that might have been a great option for you when you were a 20-year-old in college, if you've had a heart event, it may actually be contraindicated for you now. Your health care professional may want to move you to something that is cardiovascular neutral without a cardiovascular risk. And we do have new migraine specific medications in the acute space that don't carry that cardiovascular risk.

So, check in with your doctor. She or he is here for you. And you'll probably need a team. So, you're going to have your headache provider. And you may have had an OB-GYN throughout your life, or maybe you haven't seen an OB-GYN for a decade or longer. Maybe your OB-GYN was during pregnancy and now you're into perimenopause. And it turns out that just like we have headache subspecialists within OB-GYN, there are people that are subspecialists, super specialists, within certain areas. So, see if you can find a gynecologist who really loves treating women through the perimenopausal and menopausal transition. It might be time to upgrade there, someone who really understands what's going on in the brain, in the body, and someone you feel comfortable talking to you. So, it might be time for a spruce up.

Lindsay Weitzel, PhD:

In your experience, both in the research arena and personally, do you find that these moms with migraine are harder on themselves, or assume that their kids are being more negatively impacted than they are?

Dawn Buse, PhD:

Oh, Lindsay, we titled our last manuscript *Not their fault* [full title: *Not their fault: Mental health characteristics of parents with migraine and the migraine status of their children*]. Dr. Maya Marzouk, who led this lovely research of parents and children about the heritability of migraine and depression, anxiety. Actually, it's right in the title. I think that that parents can be hard on themselves. We worry so much about our children and offering them the best. And migraine, as we know, steals away everything. It's indiscriminate, whether it chooses the least important time or the biggest time of your life, and people end up missing important events, like they are not there for their children. And in fact, there are impacts on children. Children may not be able to have friends over for playdates or may have to be quiet or family vacations may have been impacted. I mean, how many family vacations are ruined by migraine when mom or dad has to stay back at the hotel and take a nap instead of being out at the beach. There are very real impacts and people carry this with them. And I think people are less upset about the personal impacts to them, compared to how it impacts their children.

Lindsay Weitzel, PhD:

Another thing that many of us might do at this particular stage of life is start a second career, or perhaps even find meaningful volunteer work because we're having trouble working due to migraine, etc. Another thing that was discovered in the CaMEO Study is that women's education and career is often cut short or strongly affected by migraine. So, at this time of life, it might be an opportunity to fulfill some of our education or career goals. What advice do you have for women in this arena?

Dawn Buse, PhD:

It's important that we all have something that we're passionate about that is outside of ourselves and maybe even our family a little bit. And at sometimes in life when you are very busy with work or family responsibilities, it may not be possible. But these kinds of changing chapters, as we're talking about these midlife changes, you mentioned empty nesters or you mentioned retirement time, these might offer opportunities. A lot of times it is very natural to feel grief and sadness as chapters end. And in the case of migraine, people may have not been able to work or finish school or attend school that they wanted to because of migraine. So, there's a lot of real emotions, rightfully so, about that grief, anger, frustration, disappointment.

And then something beautiful happened the last I would say seven or eight years. As we had a new set of therapies come out, whole new classes of migraine specific medication, some people were really helped with these medications. So much that their options opened back up again. And now they're thinking, what do I want to do with my life. So whether it's a transition because you're an empty nester or a transition because therapies are working better for you, a transition because your migraine's gotten worse, or maybe a negative tragic event, maybe you're going through a divorce, a separation or a death, maybe you've lost a spouse, a partner, a significant person, give some time to process and feel those feelings. And when you're ready, you do have a new chapter in front of you. And think about what do you want that to look like. Do you want to learn something. Do you want to do something. Do you want to offer something, give something, travel somewhere. What is it for you. And embrace that new chapter, slowly, maybe. Keep it reasonable. We don't want to stress our bodies, our physiology. But look at that as a new opportunity when you're ready.

Lindsay Weitzel, PhD:

You did mention empty nest, and I did want to focus on that just for one second before we go. Because I think the transition to empty nest is a big deal this time of year. We happen to be recording at the time that people are going away to college, etc., and sending their kids off to college. What special advice can we give those moms who are new empty nesters and who have migraine? And change is rough on people with migraine. What advice do you have for them?

Dawn Buse, PhD:

This is a tough one. This is a bittersweet moment. I haven't gotten there yet. You haven't gotten there yet. But so many of our friends have. Our colleagues have. This is bittersweet. It's very likely to have so many mixed emotions going on for you right now, be they joyful, pride, excitement, happiness, and sadness. And I'm sure as people go back to their homes, they may or may not be enjoying the quiet. They may or may not be enjoying the clean and the lack of driving and rides and organization, all those parenting things that you got so used to.

It is a time of sadness and reflection and possibly changing relationships. If you are partnered, be it a spouse or a partner at home, sometimes it can be a honeymoon and really a rejuvenation of the relationship. And sometimes it could be when the two people are left alone and kind of the quiet and space, they might realize that they've grown apart. And sometimes people do end up separating or divorcing after children have left. So, it's a big change, and know that you are not alone in all the big feelings you're feeling. Feel those feelings. Be gentle with yourself and as some time passes, start to figure out what you want your next chapter to look like.

Lindsay Weitzel, PhD:

And another thing is, we have all these great support groups for people with migraine. If you find that you're not feeling well, or you're looking for people that are in your phase of life but also are experiencing migraine and are a little bit stressed like you, we have all these great support groups online, etc. to join. So that's great that we have that now because we didn't always have that available to us. Is there anything you'd like to add as far as strategies or encouragement as we close out this little episode on midlife and migraine?

Dawn Buse, PhD:

Well, change is going to be stressful even when it's positive. So give yourself extra time to breathe. Keep going with your healthy habits. Try to keep enough good quality sleep. Both perimenopause and migraine mess up sleep, so give yourself extra time. If you need to talk to a health care professional about sleep, do that. Think about that exercise. Unfortunately, perimenopause and menopause are not great for our waistlines. You may want to think about revamping your diet, stay healthy, natural foods. Low inflammation foods are good for both migraine and menopause and perimenopause. Stay hydrated, get some movement in, get some exercise. And do something that makes you happy, something that fills you up, something fun, something relaxing. Whatever it is, take some time to think about how you can prioritize caring for you, because you care for so many other people. So, think about what is going to bring you some happiness.

Lindsay Weitzel, PhD:

As I always like to say, and I did not come up with this, I don't even remember where I learned it, but instead of constantly pouring into the people around you, you have to sort of fill your cup so you overflow into the people around you. That's really the only way to sustain. And I think that's an important part when you have these changes going on in your life. You have to remember to focus on yourself, put your mask on first sort of a thing.

Thank you so much for being here with us in this midlife talk that we had. And we're going to do the other phases of life in future episodes. And thank you everyone for joining us. Please join us again for our next episode of HeadWise. Bye-bye.

Dawn Buse, PhD:

Thank you. Bye-bye.