
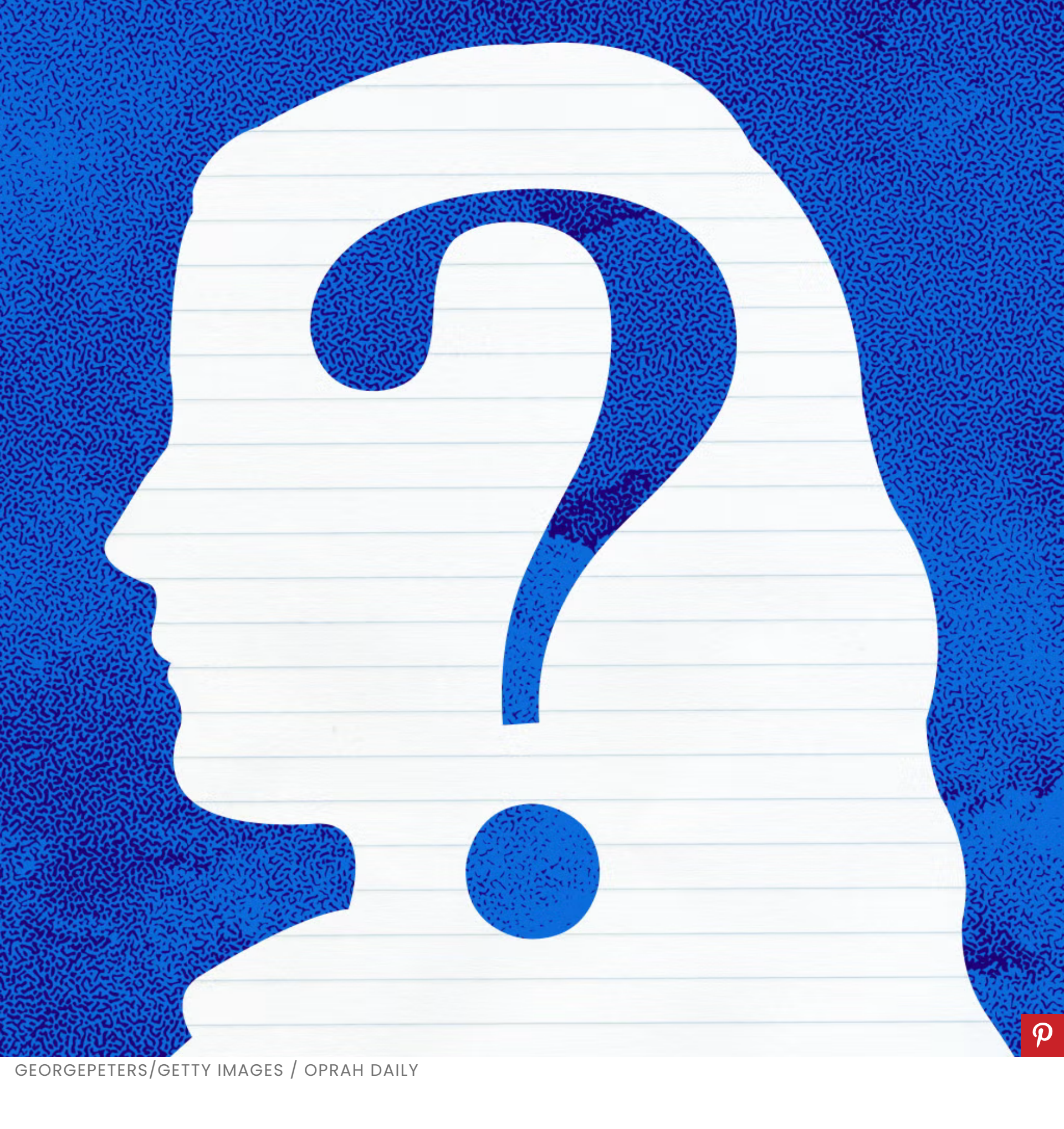


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About 1 in 10 Women Experience Migraines for the First Time During Perimenopause —Here’s Why

Yes, they’re debilitating. But hope (and treatment) are within your reach.

By Lisa ArbetterPublished: Nov 25, 2025 9:16 AM EST

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Sure, we know that menopause is behind night sweats and hot flashes, but is it to blame for everything that goes awry when you’re over a certain age? In this series, we’re unpacking some of the funkiest health woes people encounter in midlife to see which can be chalked up to The Change, and which are...well, just a you thing.

The first time it happens, you’re sure you’re dying: a sudden splitting headache (with a side of severe nausea) that makes light, sound, even thinking unbearable. Convinced it’s a stroke (thank you, Dr. ChatGPT!), you rush to the ER and endure test after test. The diagnosis? Migraine. But relief quickly gives way to dread. Wait, this could happen *again*?

For an estimated **8 to 13 percent** of women, migraines strike for the first time during perimenopause. “I’ve had patients tell me, ‘This is devastating. I can’t function for days,’” says **Heather Hirsch, MD**, an internist specializing in menopause care and author of ***The Perimenopause Survival Guide***. And if you *already* get migraines, perimenopause can make them nastier, longer lasting, and far less predictable.

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The Triple Whammy

Experts are still unclear on the exact cause of migraine disorders. Genetics (like having a parent who was prone to migraines) and environmental triggers (like bright, flickering lights or atmospheric pressure changes) are both believed to play a role. In perimenopause, though, three changes collide to make your brain more vulnerable to an attack.

First up: the estrogen fluctuations of perimenopause. A sudden drop in estrogen, especially after a stretch of stability or higher levels, can flip the migraine switch in susceptible women. At the same time, your natural progesterone is quietly disappearing, taking with it the ability to calm the brain. And finally, perimenopause’s other symptoms—disrupted sleep, stress, even jaw clenching from night sweats—act as triggers. Add it all together and you have a perfect migraine storm.

How to Calm the Storm

Step one: Rule out red flags. If it’s the worst headache of your life or comes with sudden vision loss, weakness, or trouble speaking, go to the ER. Once emergencies like a stroke or an aneurysm are off the table, a two-pronged plan is usually best: neurology for migraine-specific tools, and a menopause clinician to tackle the hormones, says Dr. Hirsch.

On the neuro side, fast-acting medications such as triptans and NSAIDs (nonsteroidal anti-inflammatory drugs, like **OTC ibuprofen or naproxen**) can help stop or shorten migraines. Preventive treatments, including newer migraine-specific drugs like CGRP (calcitonin gene-related peptide inhibitors), aim to reduce the frequency of attacks.


On the hormone side, the goal is to calm the chaos. Some women do better on extended-cycle birth control (meaning no placebo week when you get your period) to even out hormonal swings, Dr. Hirsch says. Others may benefit from menopause hormone therapy (HT).

One important caveat: Treating a migraine with aura (a specific type of migraine that **comes with a side of temporary visual changes** like blind spots and shimmering spots) requires extra caution because these bring **a higher risk of stroke**. Therefore, any hormonal approach should be managed by someone who understands both headaches and hormones.


Lifestyle adjustments can help reduce your exposure to triggers too. Track what seems to set off your attacks in a journal, then see where you can make changes (like prioritizing sleep, eating enough throughout the day to avoid a blood sugar crash, or cutting back on blue light exposure). Supplements like magnesium and riboflavin (vitamin B2) may also help reduce migraine severity and frequency, Dr. Hirsch adds.

After menopause, some women (but not all) see their migraines ease with stabilized hormone levels. With luck you’ll be one of them—freeing up headspace for all the other midlife mysteries.


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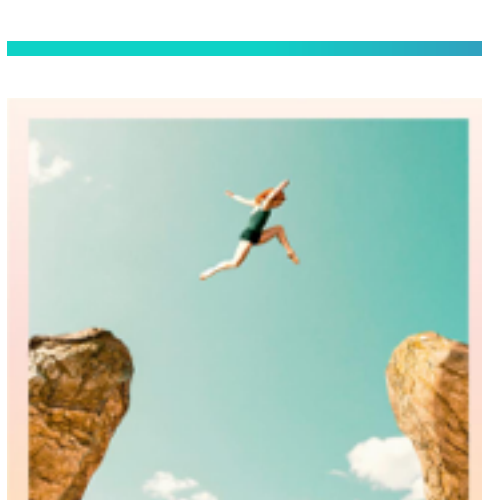
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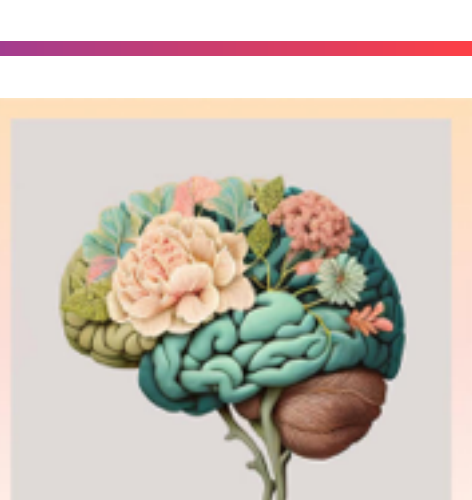
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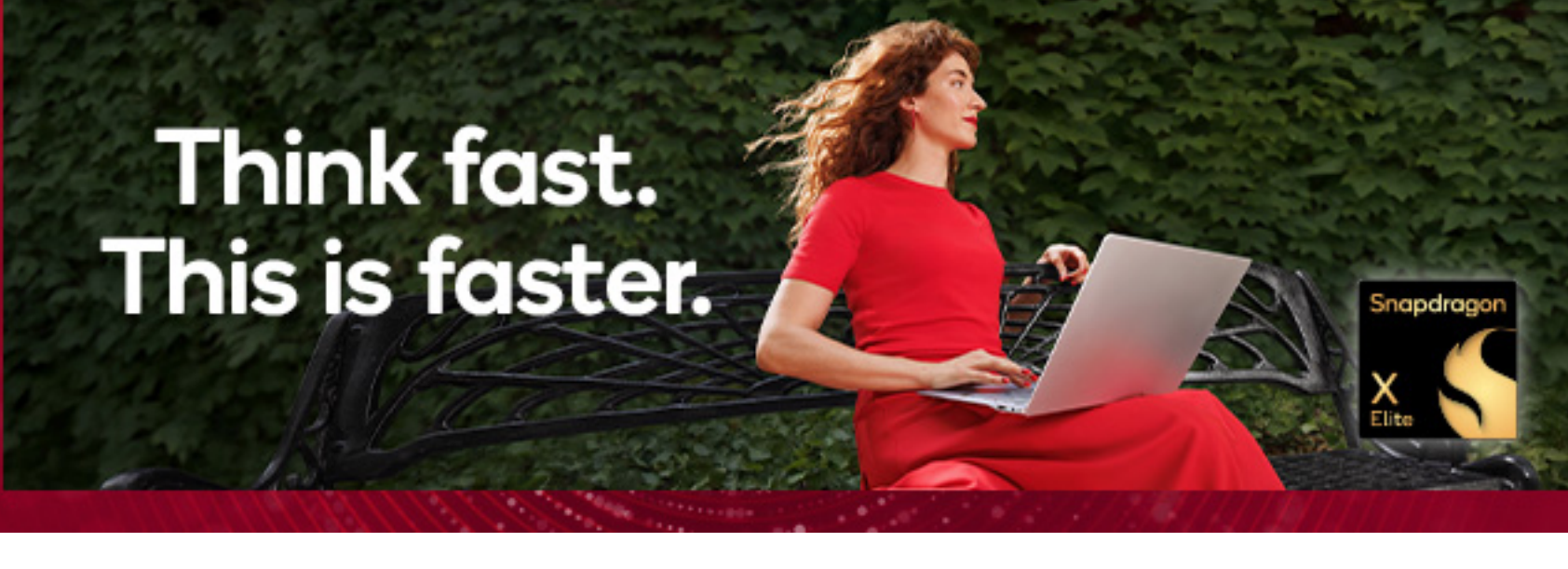
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