



2025 INTERVIEW SUMMARY SHEET

SPEAKER

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TITLE & ORGANIZATION

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TOPIC

Hormones & Migraine: Debunking the Myths of HRT

KEY TAKEAWAYS

- Hormone replacement therapy (HRT) is best started in early menopause to help manage menopausal symptoms.
- It is important to use the lowest effective dose of estrogen, as higher doses are not more beneficial and can potentially worsen migraine.
- Transdermal estrogen (delivered via patch, gel, or spray) is preferred over oral estrogen tablets.
- Using body-identical progesterone rather than synthetic progestogens can have a calming effect and benefit sleep.
- HRT is not recommended during perimenopause, and in fact, contraceptive hormones that suppress ovarian activity may be more effective than HRT for managing migraine during perimenopause.

KEY TREATMENTS

- Bioidentical hormones
- Body-identical hormones
- Estradiol (tablet, patch, gel, spray)
- Hormonal contraceptives
- Hormone replacement therapy (HRT)
- Mediterranean diet
- Micronized progesterone
- Progesterone (tablet, capsule)
- Progestogen
- Tibolone

NOTABLE QUOTES

"HRT started too early will actually make migraine worse. So estrogen excites the brain. So if you put estrogen in, it wakes it up. It wants to drive."

"The most important thing with anybody who wants to use hormone replacement therapy for management of their menopause symptoms is that you use the lowest dose of estrogen that resolves the flushes and sweats."

PRACTICAL STEPS

- Be cautious about starting HRT too early in perimenopause.
- Work closely with your healthcare provider to find the HRT approach that balances the symptoms of menopause and migraine.
- Consider using body-identical progesterone rather than synthetic progestogens.
- Focus on managing lifestyle factors like sleep, stress, diet, and hydration to help minimize migraine attacks.
- Discuss the need for and timing of any comprehensive hormone testing with your doctor.