

Headaches associated with OCs tend to improve over time

Loder EW, Buse DC, Golub JR. Headache as a side effect of combined estrogen-progestin oral contraceptives: A systematic review. *Am J Obstet Gynecol* 2005; 193:636-649.

■ Clinical Question

What is the evidence that oral contraceptives cause or worsen headaches?

■ Bottom Line

There is not a clearly documented causal relationship between headaches and oral contraceptives (OCs). Headaches that patients attribute to initiation of OCs tend to improve over time. There is no evidence to support change of formulation to manage headache. Manipulation of estrogen withdrawal has not been sufficiently studied. (LOE=1a-)

Study Design

Systematic review

Funding

Unknown/not stated

Setting

Other

Synopsis

Headache is a commonly cited reason for the discontinuation of OCs. In this systematic review the authors sought to summarize the evidence regarding headaches and combined estrogen-progestin OCs. Clear search and selection criteria for original controlled studies were described. The studies were not amenable to a meta-analysis because of their varied study designs.

Seven studies met inclusion criteria for the assessment of a causal relationship between OCs and headaches. Four studies

found no significant difference in headache complaints; one found higher rates only during the first cycle; and one found slightly a higher rate but statistical analysis was not performed. The seventh study was of a small population of 40 women with migraine, in which 70% worsened and 30% improved during the short 2-month study. Only one study used a low-dose formulation with less than 50 µg of ethinyl estradiol and it found no difference versus placebo in headaches.

When stratified by age, the percentage of cycles in which a headache was reported was highest in women older than 35 years. Nineteen studies met inclusion criteria for natural history or treatment of headaches that were associated with OCs. Several studies reported new onset of headache in 9% to 10% of women and improvement after the first few cycles.

Studies that considered the dose and type of progesterone in the formulation found no influence on headache. One study that examined timing of headaches with regard to cyclic withdrawal found a statistically significant association with headaches during the last few days of hormonal pills and the placebo week. However, no studies examining headaches in relationship to extended cycle regimens were identified. Two studies of change in hormonal regimen to treat headaches found no effect. One study of multiple vitamins and another of diuretics to prevent OC-associated headache found no effect.

Copyright © 1995-2005 InfoPOEM, Inc. All rights reserved.
www.infopoems.com.

FAST TRACK

Headaches that patients attribute to initiation of oral contraceptives usually improve on their own