## MANAGEMENT OF COMPLICATIONS WITH HORMONAL CONTRACEPTIVE METHODS:
NEW ONSET OR WORSENING HEADACHES

<table>
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<th>DEFINITION</th>
<th>Headaches occur fairly commonly among reproductive aged women. Studies show that headaches do not occur more frequently among combination pill users than among placebo users. However, if women do experience either new onset headaches or a worsening of their usual headaches (in frequency or intensity) when they use combined hormonal contraception, adjustments may need to be made in dosage or the pills may need to be stopped and other methods may need to be adopted. Estrogen has been associated with an increased risk of stroke. Progestins found in combined hormonal contraceptives are not associated with any known thrombotic or neurologic complications and most progestogen-only methods (i.e. implants, POPs) have not been associated with increased thromboembolic risk.</th>
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<td>SUBJECTIVE</td>
<td>May include one of the following: 1. New onset of headaches. 2. Increasing frequency or intensity of headaches (consider using pain scores to quantify changes). Must exclude: 1. Any prodromal neurologic symptoms consistent with aura (discontinue any estrogen-containing method). 2. Any complaints of paresthesia, focal weakness, or change in vision or visual fields (discontinue method and refer to ER). 3. Prolonged (more than 48 hours), severe headaches. (Discontinue method and refer for urgent evaluation.)</td>
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<td>OBJECTIVE</td>
<td>Must exclude: 1. Elevated BP. (See Complications with Hormonal Contraceptive Methods: Elevated Blood Pressure protocol) 2. Neurologic signs consistent with stroke, such as changes in vision, paresthesias, focal weakness.</td>
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<td>LABORATORY</td>
<td>None.</td>
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<td>ASSESSMENT</td>
<td>Patient with new onset or worsening headache while using estrogen-containing hormonal contraception.</td>
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<td>PLAN</td>
<td>1. For women using estrogen-containing contraceptives: a. If headaches worsen only during the placebo or hormone-free days and patient denies any aura, encourage use of extended cycle pills or vaginal rings or formulations with few hormone-free days. Alternatively consider switching to progestin-only method. b. If headache is significantly severe (e.g. it disturbs her daily activities and/or is not responsive to over-the-counter therapy), switch to progestin-only or nonhormonal methods. Implants, IUDs and progestin-only pills are particularly attractive because their actions can be rapidly reversed. Monitor for resolution of symptoms. If persistent, refer to specialist for evaluation, since her symptoms are not related to her contraceptive. c. If headache is relieved by over-the-counter therapy, but troubles patient, lower the dose of estrogen in the pill or switch to vaginal ring or switch to progestin-only or non-hormonal method. d. If the patient experiences headache on the first day of each new patch or ring use, explain that headaches may be related to the early release of higher levels of hormones. If women are tolerant of this, continue use of method. If not, switch to lower dose oral contraceptives or to method without estrogen. 2. For women using progestin-only contraceptives: a. Advise patient that progestins are not known to routinely cause headaches, but some women may be more sensitive. Headaches tend to resolve with longer use. However, it may be</td>
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### PLAN (Continued)

- Prudent to reduce the dose of the progestin the patient is using. In general, the doses of progestins in the various methods are in descending order: DMPA > pill > implant > Mirena/Liletta > Skyla.
- If patient desires to stop all hormone use, advise use of copper IUD if patient is candidate.
- If headaches do not appear to be related to hormones, refer to primary care or neurologist for evaluation.

### PATIENT EDUCATION

1. Ask woman to keep calendar of menses and headaches to determine pattern of her headaches.
2. Advise patient to go to ER if she has any changes in vision, paresthesia, focal weakness and/or if her headaches last for more than 48 hours without relief.
   - Teach her the FAST mnemonic for recognizing stroke: Facial drooping, Arm weakness, Speech difficulties, Time
3. Counsel patient on the importance of continued use of contraception. Remind patient that if she interrupts her normal contraception, that she needs to use condoms and/or EC.

### REFER to MD/ER

1. Patients who have any signs or symptoms of stroke or uncontrolled hypertensive crisis should be referred to ER.
2. Patient who desires to continue current method despite US MEC Category 3 condition for her desired method should be referred to MD.

### REFERENCES