

DIAGNOSTIC CONSIDERATIONS AND RISK FACTOR ANALYSIS FOR MIGRAINE IN WOMEN OF FERTILE AGE

Kudratova Nigora Burkhanovna

PhD, Samarkand State Medical University

<https://doi.org/10.5281/zenodo.17118744>

Abstract. Migraine represents one of the most prevalent and debilitating neurological disorders worldwide, with a disproportionate impact on women, particularly during their reproductive years. The Global Burden of Disease Study consistently ranks migraine among the leading causes of disability globally, with women experiencing a threefold higher prevalence compared to men. This gender disparity becomes most pronounced during the fertile age period, spanning from menarche to menopause, when hormonal fluctuations significantly influence migraine patterns and severity. In the world, migraine can occur in people of any age, but the most active course of the disease in women is noted at the age of 20-45. During this period, factors such as the regularity of hormonal cycles, the use of contraceptives, pregnancy, and the postpartum period have a strong influence on the clinical course of migraine. Unlike men, in women, migraine is often associated with the menstrual cycle and exhibits specific phenotypic features of the disease.

Keywords: women of fertile age, migraine risk factors, morphology, neurology.

Relevance. The reproductive years present unique challenges in migraine management due to the complex interplay between hormonal changes, reproductive health considerations, and potential pregnancy-related factors. Estrogen fluctuations associated with menstrual cycles, oral contraceptive use, pregnancy, and breastfeeding create a dynamic environment that can either trigger or modify migraine presentations. Understanding these relationships is crucial for accurate diagnosis and effective management strategies.

Current diagnostic frameworks, primarily based on the International Classification of Headache Disorders (ICHD-3), provide standardized criteria for migraine diagnosis. However, the application of these criteria in women of fertile age requires careful consideration of hormone-related variations, comorbid conditions, and reproductive health factors that may influence symptom presentation and treatment approaches. The differential diagnosis becomes particularly challenging when distinguishing between primary migraine disorders and secondary headaches that may arise from pregnancy-related complications, hormonal imbalances, or other reproductive health conditions.

Risk factor analysis in this population encompasses a multifaceted approach, incorporating genetic predisposition, hormonal influences, lifestyle factors, psychosocial stressors, and reproductive health variables. Hormonal contraception, pregnancy planning, and fertility treatments introduce additional complexity to risk assessment, requiring healthcare providers to balance migraine management with reproductive health goals. Furthermore, the identification of modifiable risk factors presents opportunities for preventive interventions that can significantly improve quality of life during these critical years.

The clinical significance of accurate diagnosis and comprehensive risk factor analysis extends beyond immediate symptom relief. Proper identification and management of migraine in women of fertile age can prevent long-term disability, improve reproductive health outcomes, and reduce healthcare utilization. Additionally, understanding the evolving nature

of migraine throughout different reproductive stages enables personalized treatment approaches that adapt to changing hormonal environments and life circumstances.

This comprehensive examination of diagnostic considerations and risk factor analysis aims to provide healthcare professionals with evidence-based insights necessary for optimal care of women experiencing migraine during their reproductive years, ultimately improving both neurological and reproductive health outcomes in this vulnerable population.

Conclusions: Thus, we emphasized that an increase in estrogen levels during ovulation causes a migraine attack, while a decrease in estrogen levels leads to migraines without aura. Conversely, an increase in progesterone levels in women taking contraceptives reduces the frequency of both types of migraine attacks. Researchers also assessed the risk of stroke in patients with migraine.

Adabiyotlar, References, Литературы:

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