Whereas, migraine is a leading cause of disability, lost productivity, and medical expenses for patients, with frequent late diagnosis and subsequent financial burden; and

Whereas, migraine affects about 1 in 6 individuals, with women affected at 2 to 3 times the rate as men, and 25% of patients with migraine experience aura; and

Whereas, migraine's effect on cerebral blood vessels can increase stroke risk, but migraine with aura is associated with double the stroke risk compared to migraine without aura; and

Whereas, oral contraceptives (OCPs) are used by 25% of women of reproductive age, with the most common OCPs being combined estrogen-progestin OCPs; and

Whereas, due to estrogen's association with cardiovascular risk, patients with migraine may avoid combined OCPs, but data on stroke risk for these patients is not always clearly delineated by presence of aura, impacting the use of individualized risk assessment; and

Whereas, lack of specificity in data on the relationship between migraine with and without aura and combined OCPs may result in many patients being unable to use these medications for contraception, menstrual regulation, menstrual migraines, uterine bleeding, cancer prevention, acne, hirsutism, osteoporosis, menopausal symptoms, hormone replacement therapy (such as gender-affirming care), and various other hormonal indications; and

Whereas, studies suggest that cardiovascular risk due to estrogen may vary based on dose, administration route, age, menstrual and menopausal status, and presence of aura; and

RESOLVED, that our American Medical Association support further research regarding the role of estrogen as a risk factor for stroke and cardiovascular events at the dosages and routes found in, inclusive of but not limited to combined oral contraceptive pills, vaginal rings, transdermal patches, hormone replacement therapy, and gender affirming hormone therapy in individuals with migraine and migraine with aura (New HOD Policy); and be it further

RESOLVED, that our AMA work with relevant stakeholders to advocate for increased resources to allow for appropriate education and assessment, when indicated, of migraine and migraine with aura consistent with current diagnostic guidelines in medical practice sites inclusive of but not limited to primary care, obstetrics and gynecology, endocrinology, neurology, and cardiology clinics. (Directive to Take Action)

Fiscal Note: Modest – between $1,000 - $5,000

Received: 09/19/2023
RELEVANT AMA POLICY

H-75.990 Development and Approval of New Contraceptives
Our AMA: (1) supports efforts to increase public funding of contraception and fertility research; (2) urges the FDA to consider the special health care needs of Americans who are not adequately served by existing contraceptive products when considering the safety, effectiveness, risk and benefits of new contraception drugs and devices; and (3) encourages contraceptive manufacturers to conduct post-marketing surveillance studies of contraceptive products to document the latter's long-term safety, effectiveness and acceptance, and to share that information with the FDA. [BOT Rep. O, I-91; Reaffirmed: Sunset Report, I-01; Modified: CSAPH Rep. 1, A-11; Modified: CSAPH Rep. 1, A-21]

H-75.995 Contraceptive Advertising
Our AMA supports the concept of providing accurate and balanced information on the effectiveness, safety and risks/benefits of contraception in all public media and urges that such advertisements include appropriate information on the effectiveness, safety and risk/benefits of various methods. [Res. 4, A-87; Reaffirmed: Sunset Report, I-97; Reaffirmed: CSAPH Rep. 3, A-07; Reaffirmed: CSAPH Rep. 01, A-17]

D-75.995 Over-the-Counter Access to Oral Contraceptives
Our AMA: (1) encourages the US Food and Drug Administration to approve a switch in status from prescription to over-the-counter for oral contraceptives, without age restriction; (2) encourages the continued study of issues relevant to over-the-counter access for oral contraceptives; and (3) will work with expert stakeholders to advocate for the availability of hormonal contraception as an over-the-counter medication. [Sub. Res. 507, A-13; Modified: BOT Rep. 10, A-18; Modified: Res. 518, A-22]