Hormonal contraception and migraine

1. The risk of ischaemic stroke is reduced with low dose COCs (< 350 µg ethinyloestradiol) compared to high dose COCs (> 350 µg ethinyloestradiol).  
   **Answer:** True

2. Low-dose COCs may be prescribed safely to smokers over the age of 35.  
   **Answer:** False

3. The expected incidence of ischaemic stroke in women with migraine with aura taking a low dose COC is more than 10 times higher than the expected incidence of ischaemic stroke in women of the same age without migraine and not using COCs.  
   **Answer:** True

4. Smoking is not a significant risk factor for ischaemic stroke in women with migraine.  
   **Answer:** False

5. All young women with migraine are at high risk of ischaemic stroke.  
   **Answer:** False

6. COCs may be used with caution in a woman with migraine with aura if she has no more than one additional risk factor for stroke.  
   **Answer:** False

7. Depo-Provera should not be used by a woman who suffers from migraine with aura.  
   **Answer:** False

8. COCs containing third generation progestogens are associated with a lower risk of ischaemic stroke compared to COCs containing second generation progestogens.  
   **Answer:** False

9. Depression and food cravings are typical symptoms of migraine aura.  
   **Answer:** False

10. The evolution of migraine aura is slow, taking several minutes to spread to maximum distribution.  
    **Answer:** True