HRT and Migraine: What Every Woman Needs to Know with Dr. Amelia Scott Barrett Transcript

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Introduction to Migraine Relief

[music] If you've suffered from migraines or debilitating headaches and thought that there's just nothing that you can do, that there's a, you know, a pill option and it can only do so much, then we're about to blow your mind, puny intended.

I have Dr. Amelia Barrett with me today who is a board-certified neurologist. She is a TEDex speaker, founder of the Migraine Relief Code, and author of a new book, Decode Your Migraine. And she really breaks down what migraines really are, the underlying factors that are leading to them, and how the diagnosis itself doesn't really matter as much as we've thought in the past. She also talks about how our hormones impact migraines and how they can actually help. hormone replacement therapy, how it can actually be an accessible tool to help you feel better when you're in permenopause and menopause and dealing with migraines. And she just gives some incredible resources to start to not only just understand your biology a little bit better behind the migraine, but also to start to change your experience and get out of pain ASAP. Dr.

Barrett, thank you so much for being with me today. >> Oh, thank you so much for having me. And I want to say first off, congratulations on your new book, Decode Your Migraine.

That's so exciting. >> Thank you. Thank you. I've had three biological children and one paper child is >> I've heard that before when it comes to writing a book. Incredible. Yeah. And with that, I' I'd love to learn more or have the listener learn more about you and just your your pathway to, you know, become a neurologist and particularly how to how you came to found the migraine relief code.

>> Oh, yeah. So, I've always loved the brain. I mean, I I was one of those like crazy children, you know, when they gave me clay, I would make models of the brain. I I I think I might have made people nervous for a while there, but you know, I end up becoming a neurologist. And you know, so much of private practice has become pill pushing. It really has. It's sad, but I felt like it was just taking me away from true healing.

Dr. Barrettu2019s Path to Neurology

I was much more interested in figuring out why people get migraines in the first place and helping them get to a place of migraine freedom. Pills are essential, but they're not enough to get us there. We have to really take a look at those underlying root causes and focus our attention on true healing to get people to a place of lasting wellness that they really want to be.

>> Beautiful. Yeah. I feel like that's a breath of fresh air to so many people probably because >> as you mentioned unfortunately a lot of people go to try to get answers and they get a pill nowadays and they probably don't even realize that there's hope beyond that.

>> Right. Right. Well, there I mean there's also there's not very much time in today's exam room. You know, there are so many pressures that have come together to to make it that way.

>> Yeah, absolutely. I love I mean maybe to start with kind of looking at migraines and how they affect women so much and that they're so common truly. Can you tell us maybe a little bit more about maybe just migraines in general of how you know how they're showing up?

>> Yeah, absolutely. So I think one thing that people don't know is that migraine is actually the leading cause of disability in women under 50. Now this is according to the global burden of disease report and so this is looking at very very large swats of people. I think we can hang our hat on this data. So I think it really it impacts women's lives

more than people realize. There are 28 million women in America alone who have been diagnosed with migraine. That is a lot of women. And you know, the American Migraine Foundation estimates that only about 5% of people who actually have migraine have seen a doctor, been diagnosed, and been given migraine medications. Now, that what that tells us is that, you know, there are certainly problems with access to care, but also there are an awful lot of people out there who have migraines and don't know it.

How Migraines Show Up in Women

So I you know if you are listening and you feel like well okay I have bad headaches but they're not migraine I want you to listen up anyway because you might have migraines actually you might be one of those people who've not been diagnosed yet >> and is there are there things that could help people understand that if they do have bad migraines maybe you can tell us a little bit more about how to understand what's happening you know >> yeah and I think two things really matter so number one the things that make migraine more likely and number two why I think the diagnosis does not matter as much as we used to think and I know I'm going to ruffle some feathers with that conversation so I'm saving it for a second what is migraine actually so migraine headaches tend to be more on one side of the head they tend to throb or pulsate like your heartbeat they're worse with exertion even simple things like reaching over to pick up something off the floor even something small like that can make it worse They do tend to be more associated with nausea, but sometimes that just looks like, you know, I don't need dinner today. I'm good. You know, it can be subtle like that. You don't have to be vomiting your guts out for 3 days, you know. So, it can be just sort of not wanting to eat.

And the other thing we see is that it tends to cause more sensitivity to light and sound. So, if you're the type of person who has five pairs of sunglasses in your car because the light is too much from sometimes and you get headaches, you know, that could be migraine. It can be that subtle. So, I think that's important to know. I think we all have this vision of migraine as being locked in a dark room. You know, there are a lot of people have migraines who are powering through. You know, they're doing everything they can that they're taking more ibuprofen or acetaminophen than they really should.

You know, the common overthec counters. And a lot of those people actually have migraine and would benefit from more targeted solutions. And then the second thing which is more controversial which is that I don't think the diagnosis matters as much as we used to think. I mean I don't know about you but I spent hours and hours memorizing all the diagnostic criteria for all the different headache types when I was in training at Stanford. And then what happened a couple of years ago is we started getting all this genetics data about what's actually going on in people who have migraines. And you know what?

It turns out that those underlying biological problems, they're actually quite similar for migraine and tension, headache, and cluster. So that really tells us that yes, we have categorized, you know, the descriptions of the pain into these little boxes and we've kind of made that super important. But based on this new information, I don't know if that matters as much anymore. I think what matters is the underlying biology, which turns out to be more similar than not between the different headache types. And when you focus your treatment on that underlying biology, the root causes, the type of headache you have, that's when people's lives start to change. I love that. I feel like a lot of us in functional medicine agree completely with that that the diagnosis like it can be helpful yes to understand okay this is how something's showing up this is what historically has worked for that person but I think when we really understand the underlying factors like you said okay one person shows up with diagnosis A another one shows up with diagnosis B but the underlying factor that's going to address it could be the same or different for the same diagnosis >> so that's Mhm. Yeah.

>> And with that, I mean, maybe is that why you think I mean, with the underdiagnosis that you mentioned, do you think that's part of it? Do you is there another piece of why people are being underdiagnosed and not appropriately understanding that they have migraines?

>> Yeah. Well, I I you know, I think that as women, we tend to minimize, power through, focus on other people. We don't want to let anybody down. You know, we are just going to pop a pill and power through. we don't want to make a big deal. We want to go back to taking care of everybody else.

Why Diagnosis Matters Less Than Biology

And that, you know, that's a generalization, not true for everybody, of course, but I think that those social factors do influence us to a fairly significant degree for for many of us. And I think that can be part of the reason, too. You know, we're so focused on, oh my gosh, I've got to get the kids to soccer, get dinner on the table, and finish that work report. But it's like there's no time to go to the doctor and and get a diagnosed for your little headache, right? That's what we tell ourselves.

>> Yeah, absolutely. And with a more personalized approach like you're taking and maybe you mentioned the functional genomic genomics. How is that then? How do you look at it differently and what are the factors that you're looking for?

>> It changes everything. So we start with functional genomics testing that tells you what the main driver of your migraine is. So, we've discovered almost 200 different genes that are linked to migraine. And they basically regulate four different systems in the body.

Brain chemistry, inflammation and gut health, energy production, mitochondria, toxins, and then vascular issues, blood sugar, methylation. So, once you kind of know what what the big drivers are under the surface, and it is different for everybody. I'm telling you, there are really are these very different subsidies. I've looked at hundreds of different, you know, DNA results on people with migraine. Migraine is not one disease. It can be any of those things. But, so once we know what it is for you, then we really hone in on that one particular area. And I want to make sure everybody knows like you don't have to start with the genomics testing. You can just go to the headachequiz.com.

Super simple, free, 10 questions. It'll tell you what your underlying driver is likely to be. You know, in the absence of data, this is just based on symptoms.

It's just, you know, kind of an estimation, but it'll get you started with things that are tailored to your specific biology right away so that you can start customizing and see what it feels like to use a precision medicine approach. And then if at any point you want to get more data, come on over. We got lots of data. you know, we can help you clarify exactly what needs to be done further to get you to the place of migrant freedom that you really want to be.

>> Amazing. Yeah, I feel like that's so helpful to have that entry level tool to start to understand things because >> I mean, you mentioned those different areas, which is incredible. It's so powerful to have the actual data behind that. But I think there are things that we can do starting off again and you mentioned being so busy before someone has time to schedule that visit to do all the testing. Okay, maybe they just need to stop the caffeine or hydrate a little bit better. You know, there could be some simple things there too that maybe once they realize that that's a piece then they can start supporting too.

>> Yeah. Yeah. Exactly. And I really want people to start taking this seriously sooner. Most of the people we work with have had headaches every day for years and that's fixable. It takes a lot longer. We have, you know, obviously much better results when their brain isn't quite so deeply in those I I like to think of it as bad habits.

Functional Genomics and Root Causes

You know, I guess the official word is maladaptive neuroplasticity, but it's really just your brain learning a bad habit of being in chronic pain. We call that chronification. And as neurologists, I did a whole TEDex to talk about it because >> I want people to understand like your brain can, you know, if it goes down that rabbit hole, it can go down there and stay stuck and it's really hard to get it out. So, I really want people to take action sooner. Like, if you're having headaches two days a week, go start figuring this out now. Don't wait until it's been every day for years.

It's much harder to do. It takes over your life at that point. So, do the work now. you know, it'd be so much easier to get you to that place where migraines don't interfere with your life anymore.

>> And that's a good loving kick in the butt for people like, "Hey, get on it." >> Because that's coming, right, to make it so much harder to address later on.

Address it now when you can. That's >> fair. Yeah. Go do it, women. >> Yeah. I would I wanted to ask, you know? >> Yeah. Seriously, with it being so much more common in women, I would imagine there's some sort of hormonal component to migraines. Is that true?

>> Often. Yeah. And that works through the vascular subtype and also the brain chemistry subtype. So, yeah, sure. You know, that estrogen drop off right before our cycle is definitely a migraine trigger. The crazy estrogen fluctuations during menopause are also a trigger, which is quite a disappointment. Biggest story. I've been told for years, oh, it'll all get better when you go through menopause. And then they get there and they're like, hey, it didn't get better, it got worse. So the the one thing I want to make sure people know is that you know when people are younger we're often reluctant to give estrogen containing oral contraceptives if you have migraines especially with aura because there is that slightly higher risk of stroke and nobody wants that. I just want to make sure everybody knows it's not the same for the patch form that you take during menopause. And this is huge because so many people who get bad when they're going through menopause are like, "Shoot, I wish I could take HRT, but the doctor told me I can't because of my migraines." I want to make sure everybody knows that's not true. The stuff that causes the blood clotting is made when your liver processes that pill form doesn't happen in patch form. So patch estradiol is fine. Obviously varies person to person.

Go to your own doctor, have a conversation. But I want to make sure you know like HRT is not automatically off the table for you just because you have migraines and or migraine auras that can still be part of the solution for you. And for most people, it's more than hormones. I know those hormones feel like a very powerful trigger, but for most people, there are multiple different things going on under the surface. So, for example, one thing that's super common in menrating women is iron deficiency. You know, we can pick this up through testing. I like a very sensitive test called geratin. I recommend all of you go get it done right now. Your doctor knows what it is, your mainstream medicine doctors, and you want it to be greater than 50. Write that down. Seriously, write that down.

You want your level to be there and because we know that low levels of ferotin, which is a very early marker of iron deficiency, we know that that's linked with migraine and it's so easy to fix, right? Take an iron tablet. They're dirt cheap. Eat more red meat. Cook in an iron skillet. So many different just Google it. So many different ways you can replace your iron stores.

Chronification and Acting Early

So that's really the heart of precision medicine is figuring out what's going on with your biology. Let's fix the fixable problems and give your body, you know, this solution that usually consists of a dozen or two dozen different things to get you to the maximum place of wellness so that your brain is not trying to communicate with you so often through the language of pain.

That's so powerful and I'm sure that's such a sigh of relief to so many women about the hormones of like, oh my gosh, I can take that and and just knowing again that there are these modifiable solutions there that like it could feel overwhelming, right? Sometimes we think of like, oh, the the subtypes and the factors, but truly what that does is then pinpoint and simplify what your body actually needs. And when you have something like if it's just your feritin is really low and you can modify that, that's such a powerful tool to be able to change things very quickly.

>> Yeah, I love the way you phrased that. Yeah, exactly. It pinpoints it. >> And I wanted to ask too, you mentioned with like with the hormones and maybe migraines getting worse in menopause, could the hormones actually help with migraines then or would it be something taking the hormones for something else?

>> Oh, no. Absolutely. The hormones stabilize your estrogen levels and reduce migraines. So that one factor alone can make a big difference. Now a lot of other things can come up midlife also that make migraines worse. Of course there's stress, not sleeping, busy kin schedules, all of those factors can interfere. You know, anything that disrupts your quality sleep. The accumulation of toxins can be a real issue that most people don't know is there. But, you know, if you're built like me, you can't clear the toxins that we come in contact with every day as well as

other people do. And that builds up inside you. And what it does is it actually slows down energy production inside your mitochondria. The mitochondria are like the batteries for your cells. And it slows down that energy production. And when your brain doesn't have enough energy, guess what?

You get a migraine. Because your brain's like, you're gonna sit down, shut up in a dark room while I manage this energy crisis and I'll tell you when again that makes sense. Yeah.

>> Yeah. So, and that's just something that I think most people are like, oh, toxins, you know, a lot of people kind of think, gh whatever, roll their eyes.

Hormones, Menopause, and HRT

But it's real, especially for people who can't clear them very well, which is totally genetic. And you just don't know that you're wired that way unless you've been tested. Yeah, toxins are so huge and I agree. I think it's one that people can kind of gloss over because they're so everpresent in our environment. And I think we then just overnormalize the things we deal with and we don't put the connection together of like, oh, I'm using all these toxins in my beauty products and then I get a migraine. We don't because it is all just seen so normal and ever present. So that that can be so powerful to pull those away and see what's actually >> it's one of those functions. Yeah. It's one of those factors that fills up your migraine bucket. I think of it as like those tipping buckets at a kid's water park. Did you ever take your kids to those, you know? It's like the bucket.

>> Yeah. And eventually pours out. Yeah. >> It fills up with water and then it spills over and the kids are all, you know, and that's, you know, I kind of like that's the migraine, but filling up the bucket like it may not even cause an immediate trigger, but all those toxins are filling up your bucket and they move you closer to your migraine threshold.

And you know, our goal is to drain the bucket and make it fill up more slowly so that you have more resilience so that it takes more to provoke you into a migraine. I'm not saying this is like a cure and you'll never get another one again. But, you know, for most people, if you get one a month that lasts two hours, you take your pill, it goes away, that that's migraine freedom for most of us. You know, that that's fine. No problem with that.

>> Absolutely. I don't think anyone would complain about that. And I love that. I kind of think about it too with like I love the the visual of the bucket and even just that if you lower the water level that much okay it's still you know yeah if it's giving you that ability to not have one every day every week that is giving you your life back.

>> Yeah. Yeah. I think of it kind of like your biological 401k right deposits into your health. You want to keep everything healthy. Yeah. >> Amazing. Yeah. And with that, are there other things beyond the toxins that are really adding to that bucket? You mentioned stress as being maybe a really common trigger as well.

>> Yeah, absolutely. And I think the key issue here is that stress can be very much related to your brain chemistry and how you're wired. So, think of it this way. You know, a couple is in a car accident. you know, one person, you know, when it's over and they've traded numbers or whatever, everybody's going away, you know, one person's like, "Okay, let's go get lunch." You know, and the other person's like, "Are you I'm not getting in a car ever again." You know, it's just like different people have different wiring for how they perceive events and how strongly their body reacts to it. And I think once people just accept that that's that's biology and there's a lot of peace that comes from understanding how you're wired and what you need to adapt to the world we live in. It kind of gives you permission to make decisions that are different than how other people might live. And I think that's really the key thing about understanding how stress impacts you and your biology. you know, which neurotransmitter system is it? Are your adroninuric circuits, your stress, you know, reaction circuits a little amped up? You know, I think that that gives people a lot of freedom to sculpt their lives in a way that works better. But when you're constantly trying to compare yourself to everybody else, like, well, why didn't I just want to go have lunch after the car accident? Why can't I just, you know, handle it the way, you know what I mean?

Iron Deficiency and the Migraine Bucket

like you get into this whole self-doubt and then you're questioning like that's a tough tough place to be. So I think there's a lot of freedom actually that comes from understanding how you're wired on what you need to support your biology in you know the life you find yourself in. So it's not so much oh avoid all stress that's not even possible or you know meditate all day long every day that's also not possible we all have lives to live. I think it comes from understanding the exact way you're wired and creating solutions that work for your biology to help you thrive.

>> Yeah. Amazing. I love that you you highlight that because yeah, stress is thrown around and it sometimes just feels so, you know, it's impossible to address it. Like you said, there's no way to have no stress in your our life and I don't think that's necessary also.

>> So, yeah, just talking about stress being the issue doesn't necessarily help people. But I think I agree with you. Understanding ourselves and also to talk about like building our own capacity for life just you know nourishing ourselves so that we have the ability to deal with the stressors and I I appreciate how you said just understanding our own selves too how we respond and then being able to give ourselves grace too when we need it. So powerful.

>> Yeah. Yeah. Makes life better. >> Yeah. Yeah. >> Well, I love that you you talked about iron already and I was going to ask like are there some big things, you know, neutrauticals, supplements, food areas that are really important to to think about when you're dealing with migraines and that could potentially be helpful. I could say for example, magnesium is one that I think is really common or more common to think about when it comes to migraines.

>> Yeah, I love magnesium. There are nearly 200 different studies that document that magnesium helps for people with migraine kind of across the board um regardless of headache type. So I actually put it in um my migraine multivitamin that I made. And you know my issue with some of the research on this is this and again I'm going to ruffle some feathers here but there is good randomized control trial data saying that ribboflavin or vitamin B2 helps for migraine. Now they had to give people 400 mg a day to produce an effect in those trials. That is a year's worth of riboplavin and we're supposed to every single day.

And so, you know, that just doesn't make sense. That just doesn't seem biologically plausible to me. How about if we support the whole methylation pathway? Wouldn't we get better results that way? And in fact, how about if we just ins, you know, support all of the different nutrient deficiencies that are linked with migraine, vitamin D, zinc, iron, like we were talking about, you know, why don't we just do that, get everything normal, and let all of those pathways function smoothly. So, I'm not as much in favor of megaosing one step in a biological pathway. I understand that's how randomized control trials are done and B2 doesn't seem to hurt anybody, but like could we get better results if we didn't, you know, have people taking an entire year's worth of something in it every single day?

Stress, Wiring, and Resilience

I just I don't know about that. I don't know if that's the smartest thing. So, I like the multivitamin approach. That being said, I do think there's a lot that needs to be in the multivitamin. I love the magnesium. Like you were saying, I think we need a low histamine probiotic because people with migraines, about half of them just biologically don't process histamine. Well, I think we need some omegas to tamp down that inflammation reaction. I think we need the methylated bees like I was talking about with, you know, the B2 and supporting the whole methylation pathway. So, I think those are the key elements in a multivitamin.

>> Amazing. Yeah. Yeah, and I agree with you. And it's so funny to me that again when we took the functional approach to things, it's like those are important for so many other things too. You know, is it showing up as you know, period issues or something else? It could be it could look like something different and in reality could be the same deficiencies that >> that are there. So, so I love that that's that >> that same, you know, again, common sense approach to fill in all the pathways, really support optimal health from the cellular level.

Yeah, exactly. I mean, you fix all those problems and suddenly people feel a little smarter, a little more focused, a little more energetic, a little more emotionally resilient, their sleep is better. And then what do they do? Okay, then they have the energy to maybe go to the gym. Then, you know, that snowballed. And then they have the energy to,

you know, make a healthy dinner, to, you know, meal prep on weekends or whatever needs to be done to make that happen. And then they start feeling like, well gosh, maybe maybe I can actually go get some additional testing done. Figure out what my supplements really need to be. I don't want to waste my time and money on that.

Let's figure out what I what I really need. You know, so it just snowballs to this place where suddenly you're living a life that is so much better than you thought was possible before you fixed the basic biology to make your, you know, your physical body function the way it was meant to.

>> Amazing. Well, that I'd love to hear more about your new book and, you know, of course, we want to send people to go to go grab that as well. >> Yeah. So it is at decode your migraine.

So it is all based on this new DNA research but I've tried to do it in a way that doesn't bore people too much. >> We really start the there's three sections of the book. The first section is about sort of the myths that we have around migraine that the new DNA research is debunking.

So that's section one. The second section is a little more about the science and the third section of the book is about how do we get started?

Supplements and Nutrient Support

So what do you what do you do right now if you want to start implementing what we've learned? So there's a very detailed food plan and interactive workbook with menus and links to click the strange things that might not be at your your you know your your local grocery store. you know, customizable supplement plans, trackers to help you track your sleep, some tools for nervous system regulation, you know, really hands-on stuff to get you started. So, I'm trying to bring this to everybody.

You know, the the science section of course is for the, you know, the people in healthcare or the people who are, you know, super interested in, okay, what brain chemistry stuff is she talking about? What neurotransmitters are there?

What other brain chemicals? You know, what is she talking about with the gut health? What are those genes? What are the food issues that we can now diagnose? Like tyramine, histamine, MSG, gluten, lactose, like those are all yes or no questions as to whether or not your body can process those. So, no more elimination diets. So, I really explain that so people understand how that works. we go into the mitochondrial energy production for people who are interested in that science, the vascular issues, blood sugar regulation.

So I'm trying to, you know, put enough science in there that the people who are interested in that have that curiosity satisfied, but also I really wanted to make it hands-on so that if you buy the book, you can implement right away and you will feel better in a month. So, it's it's kind of meant to to meet everybody's needs.

>> Amazing. That sounds incredible to be able to I think so many people are craving information to really understand and then be able to take the action because that's the most powerful thing to be able to make change and start feel better.

>> Yeah. And I think the curated information is key in this age of AI. I mean, you can Google what should I eat for migraine and you're going to get one influencer who says eat keto and then you're going to influencer who says your brain runs off glucose, have carbs every couple hours. Who's right? You know, those are two totally different solutions. And the truth is they're both right for a different subset of the migrant population. And that's why they believe so strongly in what they do because they've seen certain subsets of people get a lot better with their approach. So of course they believe it and they know it's real and it is real.

The thing is it just doesn't apply to everybody because migraine isn't one disease. And so that's why I think you can't Google these answers. You can't just ask AI should I go keto or eat carbs. Like AI doesn't know your genes that it doesn't know your labs. Like it doesn't know which labs you should go get. So I think you know you need a curated expert approach to frame it so that you can take the ball and run with it. And that's what I've tried to do in in

decode your migraine.

>> Amazing. Well, I can't wait to read it.

About the Book and Quiz

And where also you you mentioned the headache quiz as well as a tool if you don't mind mentioning where we can find that again and then also where we can find more information about you.

>> Yeah, so the quiz is at the headachequiz.com. You can buy decode at decodeyourmigraine.com and you get a free live interactive workbook there or just go to Amazon and come back to decode to get the workbook. Uh it's available in Kindle Paperbook and hardback and you can learn more about my work just at my name Amelia Scott Barrettm.com.

>> Amazing. Well again Dr. Barrett, thank you so much for being here and sharing this wisdom. I honestly love that you're a you not afraid to say some things that do ruffle feathers because that's truly what people need to hear. They need to hear that push back and the reality because again, you know, when we're all just going with status quo and not, you know, questioning anything, then oftentimes, especially women don't get the care that they deserve and need. So, I appreciate you being somewhat bold in in being able to share that information and just taking the time to to share all this with us.

>> Yeah. Thank you so much for having me here. It's been a pleasure. If you've been listening to this episode and nodding along and resonated with some of the symptoms we've talked about [music] or you're just recognizing that you feel really off in your body, I want you to know this. The fact that you're having symptoms, feeling not right, [music] and no one has identified that yet for you does not mean it doesn't exist or [music] that it's in your head. That just means that someone hasn't taken the right approach and identified the root cause yet for you.

That's exactly why I designed my optimal wellness program. It's for the women just like [music] you. It's not another protocol that you have to white knuckle through, change your life, and completely overhaul things in a very stressful way. It's just you and me sitting down and figuring out what [music] is driving your symptoms, what's getting in the way of you feeling your best, and addressing that step by step over 6 months. If this sounds [music] like the kind of care you've been looking for, the best next step is to book a clarity call with me. You can do that on my website at [music] drmandandaaylor.com/scchedu-now.

Again, that's drmandaylor.com/scchedu-now. That's also linked in the show notes. Uh, and you can just book a slot with me and [music] we'll just sit down and have a conversation about what you've been experiencing and how I might be able to help. I promise, [music] no pitch, no pressure. It's just a really nice conversation between you and me to connect and see if it feels like a good fit.

>> [music]