

eTable 4 Prevalence of ordinal and binary outcomes for perimenstrual and non-perimenstrual attacks for women on hormonal contraceptives and women with a natural menstrual cycle with corresponding results of mixed effects models

	Women with natural menstrual cycle				Women on hormonal contraceptives			
	Perimenstrual migraine days (n=1968)	Non- perimenstrual migraine days (n=6499)	Adjusted odds ratio 95%CI	Adjusted p-value	Perimenstrual migraine days (n=350)	Non- perimenstrual migraine days (n=1074)	Adjusted odds ratio 95%CI	Adjusted p-value
Photophobia	85.2	80.8	1.3 (1.1-1.4)	<0.001	81.1	82.2	1.3 (1.0-1.7)	0.08
Phonophobia	82.2	77.6	1.3 (1.1-1.4)	<0.001	73.1	76.6	1.1 (1.1-1.1)	<0.001
Nausea	61.1	58.5	1.0 (0.9-1.1)	0.93	67.1	63.5	1.0 (1.0-1.0)	<0.001
Vomiting	6.8	6.8	0.9 (0.7-1.2)	0.52	8.0	10.9	0.6 (0.4-1.1)	0.10
Aura symptoms	7.1	9.4	0.8 (0.6-1.0)	0.08	8.3	10.0	0.8 (0.4-1.5)	0.44
Use of analgesics	43.1	40.8	1.2 (1.0-1.3)	0.03	54.0	48.8	0.9 (0.6-1.3)	0.62
Use of triptans	52.2	49.6	1.2 (1.0-1.4)	0.07	62.0	44.3	1.8 (1.2-2.6)	0.002
2 hour headache response	61.7	62.5	0.9 (0.8-1.1)	0.36	59.0	62.0	1.0 (0.7-1.5)	0.97
2 hour pain-free response	31.1	29.6	1.0 (0.8-1.2)	0.85	23.0	26.5	1.1 (0.7-1.7)	0.71
Recurrence < 24 hours	19.0	14.7	2.5 (2.0-3.0)	<0.001	15.7	16.4	2.2 (1.4-3.7)	0.001
Recurrence < 48 hours	32.6	17.2	2.8 (2.4-3.4)	<0.001	22.1	17.4	2.9 (1.9-4.5)	<0.001

The associated symptoms photophobia, phonophobia, nausea and vomiting were rated on a ordinal scale (no-mild-moderate-severe), all other outcomes presented in the table are rated on a binary scale (no-yes). To obtain frequency numbers on associated symptoms, a comparison was made between negative replies and positive replies (i.e. mild, moderate or severe were rated as yes). Odds ratios for associated symptoms were calculated based on the ordinal results with ordinal logistic mixed effects models and for all other outcomes with logistic mixed effects models, adjusted for chronic migraine, medication overuse and the use of combined oral contraceptives. Analgesics use was additionally corrected for use because of menstrual pain. Prevalence of 2-hour responses are calculated based on migraine days with triptan intake (respectively n=1027, n=3223, n=217 and n=476 days). Recurrence is calculated based on days with triptan intake including respectively 24 hours and 48 hours.