

Migraine Headaches

WHAT IS A MIGRAINE?

A migraine is a specific type of headache that can last anywhere from 4 hours up to 3 days. The pain is usually moderately to severely intense, throbbing or pulsating, and often occurring on 1 side of the head. It can be accompanied by nausea and/or vomiting, and sensitivity to light and sound.



The headache can feel worse with routine physical activity (e.g., walking or climbing stairs), sneezing, straining, or moving the head rapidly. Many migraine sufferers try to get relief by lying down in a darkened, quiet room.

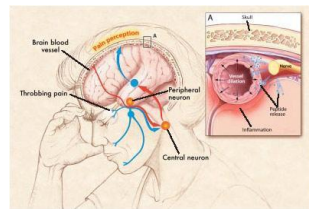
About 20% of people experience an **aura** just before the migraine begins. These include flashing lights or bright spots, zigzag lines, changes in vision, or numbness or tingling in one hand, lips, tongue, or lower face. Occasionally there can be muscle weakness or changes in speech. However, these symptoms are temporary.

WHAT CAUSES MIGRAINES?

Though migraine causes aren't understood, genetics and environmental factors may play a role. Migraines can run in families, and are three times more common in women than men.

Migraines may be caused by changes in the brainstem and its interactions with the trigeminal nerve, a major pain pathway.

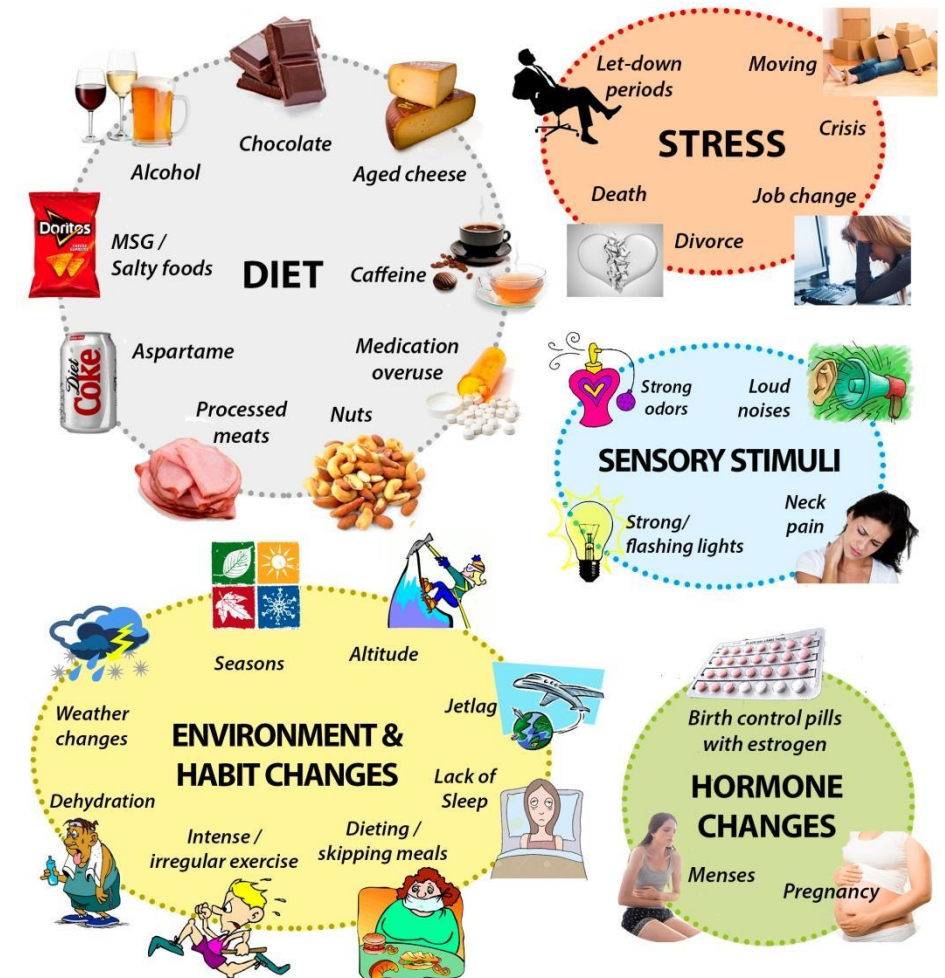
Imbalances in brain chemicals — including serotonin, which helps regulate pain in your nervous system — also may be involved. Researchers are still studying the role of serotonin in migraines.



HOW CAN I CONTROL MY MIGRAINES?

1. AVOIDING MIGRAINE TRIGGERS

Certain things like stress, hormonal changes, skipping meals, certain foods or weather can lead to or “trigger” a migraine. These triggers are different for everyone. Migraine triggers can include:



Keeping a **headache diary** is an effective way to track triggers. While some triggers like weather changes can't be avoided, other triggers like certain foods or skipping meals can be prevented.

2. TREATMENT DURING AN ATTACK:

There are medicines you can take when you have a headache to relieve the pain immediately. Treatment is most likely to work if you **take it at the first sign of an attack** (at the first sign of aura if one occurs, or when pain begins).

(A) Pain relievers: Mild migraine attacks may respond to pain relievers, some of which are available without a prescription. These include: Tylenol, aspirin, ibuprofen (Advil, Motrin), naproxen or indomethacin.

(B) Triptans: If a pain reliever does not control your migraine pain, your doctor may recommend a migraine-specific painkiller called triptans. Examples of triptans are sumatriptan (Imitrex), rizatriptan (Maxalt), zolmitriptan (Zomig), naratriptan (Amerge), almotriptan (Axert), and frovatriptan (Frova).

Triptans are all available in a pill form. For faster relief, your doctor may prescribe nasal spray sumatriptan, Maxalt wafers, or Zomig rapimelt.

(C) Anti-nausea medications: metoclopramide or prochlorperazine can be useful if you have nausea and vomiting with a migraine. These can be taken by pill, injection into the muscle, or by rectal suppository.

(C) Calcium channel blockers: Verapamil is frequently used as a first choice for preventive migraine therapy because it is easy to use and has few side effects. In addition, it can treat any concomitant high blood pressure.

(D) Anti-seizure medications: Valproate (also called divalproex), gabapentin, and topiramate are sometimes used to prevent migraines. Women who are pregnant or sexually active and not using birth control (pills, condoms, etc) should not take valproate.

WHEN SHOULD I SEE MY DOCTOR?

See your doctor immediately or go to the emergency room if you have any of the following symptoms, which may indicate a more serious medical problem:

- An abrupt, severe headache like a thunderclap
- Headache with fever, stiff neck, confusion, seizures, double vision, weakness, numbness or trouble speaking
- Headache after a head injury, especially if the headache gets worse
- A continuous headache lasting over two weeks, that is worse after coughing, exertion, straining or a sudden movement
- New headache pain if you're older than 50

WHAT CAN I DO IF I HAVE FREQUENT MIGRAINES?

If you have chronic migraines (attacks >15 days per month), preventive treatment can effectively reduce or prevent attacks. These treatments can take up to 3-4 weeks to reach their full effect.

(A) Antidepressant medications: Tricyclic antidepressants (TCAs) and certain other antidepressant medications are often recommended for migraine prevention. These include amitriptyline and nortriptyline, of which amitriptyline has the most proven benefit for migraine prevention.

(B) Beta blockers: Beta blockers like propranolol, nadolol, atenolol, and metoprolol reduce the frequency of migraine attacks in 60-80% of people. In addition, they can treat any concomitant high blood pressure. Beta blockers may cause depression in some people or impotence in some men.