

What You Should Know About Migraine Headaches

As you probably know if you're reading this, migraine headaches are excruciatingly painful and debilitating. They're also pretty common, affecting from 20 to 28 million Americans or one out of every five. Moreover, 66% of migraine sufferers are women, probably because of hormonal factors. Migraines usually strike between ages 15 and 55 years, and 70% to 80% of patients have a family history of these headaches.

What is a migraine headache?

Migraines tend to occur repeatedly over many years. They are typically throbbing or pulsating, and often associated with nausea and visual disturbances. Migraine headaches can last from a few hours to a few days, and most sufferers have several attacks per month. Migraines begin in childhood or adolescence in about 50% of patients, and tend to taper off by age 50 or 60 years. And although migraines are *vascular* headaches caused by *dilation* (swelling) of the blood vessels in the head, they don't increase your risk of stroke, aneurysm (a bulging vessel), or other brain disorders.

What causes migraine headaches?

No one knows what causes migraines. The pain comes from extreme dilation of the blood vessels around the brain due to chemical and electrical changes. While there is a

hereditary component, no "migraine genes" have been identified. Depression and stress may contribute to headaches, and many women notice that their migraines occur around the time of their menstrual periods.

Are there different types of migraine headaches?

There are many types of migraine, such as:

- **Migraine With Aura (Classical Migraine)**, which is preceded by an *aura* consisting of disturbances in vision or smell lasting for around 20 minutes, with the headache following within 1 hour.
- **Migraine Without Aura**, which has no warning symptoms; this is the type of headache experienced by most migraine sufferers.
- **Migraine Equivalents/Variants**, which are migraines without headache; these patients usually have a history of migraine, and may have attacks of vomiting and abdominal pain accompanied by yawning, listlessness, and drowsiness; visual symptoms (blind spots, partial vision); or neurologic disturbances.
- **Nocturnal Migraine**, which occurs around 3 or 4 AM and typically awakens the patient.
- **Status Migraine**, which lasts for more than 72 hours, and may be related to "sterile inflammation" (that is, inflammation with no infection) of the blood vessels.
- **Basilar Migraine**, which affects the base of the brain and back of the neck, and occurs primarily in young women; features include dizziness, double vision, loss of balance, confusion, slurred speech, fainting, and disorientation. Patients may appear to be drunk or under the influence of recreational drugs.
- **Co-existing Migraine And Tension Headache**, which is a combination of a daily, chronic tension headache and a recurrent "hard" or "sick" migraine headache.
- **Complicated Migraine**, which has a prolonged aura lasting for hours or days that persists during the headache; types include ophthalmologic migraine with paralysis of the eye nerves, retinal migraine with unique visual symptoms, and hemiplegic migraine that resembles stroke.
- **Cyclic Migraine Syndrome**, which involves ten or more attacks per month.
- **Ergotamine Rebound Migraine**, which is due to overuse of ergotamine (one of the oldest migraine medications).
- **Menstrual Migraine**, which affects 60% of female migraine sufferers and occurs just before or at the beginning of the menstrual period, or sometimes at ovulation.

What are the symptoms of a migraine headache?

The typical migraine is a *unilateral* (one-sided), throbbing headache that

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lasts 4 to 72 hours, and is accompanied by nausea and vomiting. Activity, bright light, or loud noise aggravates the pain. Sufferers may experience a warning *prodrome* beforehand, consisting of fatigue, hunger, and nervousness, and feeling exhausted for a day or two after the headache passes. Some sufferers have an aura consisting of visual changes (wavy lines, dots, flashing or pulsating lights) and/or alterations in hearing, smell, or taste. More unusual migraine symptoms include dizziness, loss of vision, fainting, numbness, weakness, or tingling.

How are migraine headaches diagnosed?

A doctor usually diagnoses migraines on the basis of your history, symptoms, and family history. There are no special tests for migraines; the results of your physical and neurologic examinations are usually completely normal, as are computed tomography (CT) and magnetic resonance imaging (MRI) scans of the brain. However, your doctor may order these tests to rule out other possible causes of your headaches.

Is there any way to prevent migraine headaches?

Prevention isn't always possible, but identifying your headache triggers can help; some patients do this by keeping a "headache diary." Common migraine triggers include:

- Caffeine (either overuse or a sudden cutback)
- Particular foods and beverages, especially aged cheeses, preserved foods, beer, wine, and monosodium glutamate (MSG), a flavor enhancer often used in Chinese restaurants
- Excessive stress or sudden relief from stress
- Hormone fluctuations due to the menstrual cycle or use of medica-

tions such as oral contraceptives (OCs) or hormone replacement therapy (HRT) for menopause

- Sleep deprivation or disruption
- Travel or changes in weather or altitude
- Bright or flashing lights, sunlight, fluorescent light
- Overuse of some pain medications.

In addition to avoiding triggers, a balanced diet, regular exercise, and smoking cessation are essential. Some patients also benefit from non-drug measures such as biofeedback, acupuncture, relaxation techniques, yoga, and counseling.

What treatments are available for migraine headaches?

Women with moderate or infrequent migraines may be able to control their headaches with an over-the-counter

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pain reliever. However, when migraines interfere with personal activities, work, and family responsibilities, prescription drugs may be required. There are three types of migraine medications: *abortive*, which can stop the headache at the beginning; *preventive*, which can be taken daily (or for a few days around your period if you have menstrual migraines); and pain relievers (*analgesics*), which are sometimes useful during the headache. Each of these medications has advantages and disadvantages, and you may need to try several before you find the one (or the combination) that works for you. If

For more information...

National Institute of Neurological Disorders and Stroke

P.O. Box 5801
Bethesda, MD 20824
800-352-9424
<http://www.ninds.nih.gov/>

National Headache Foundation

428 West Saint James Place
2nd Floor
Chicago, IL 60614-2750
800-643-5552
info@headaches.org
<http://www.headaches.org/>

American Council for Headache Education (ACHE)

19 Mantua Rd.
Mt. Royal, NJ 08061
856-423-0258
800-255-2243
856-423-0082 (fax)
E-mail: achehq@talley.com
<http://www.achenet.org/>

your migraines don't respond to any of these drugs, your doctor may recommend referral to a headache specialist or center.

Can OCs, pregnancy, or HRT influence migraine headaches?

The use of OCs may help to relieve migraines (especially if you have menstrual migraines), have little effect, or make them worse. In much the same manner, migraine patients who become pregnant may find their headaches disappear, are less frequent or less severe, remain unchanged, or become more frequent and more severe. Using estrogen continuously (with no off days) at the lowest effective dose for HRT can be beneficial, but you must discuss your individual risks and benefits with your doctor.