

# What You Should Know About Migraine

*Pain is perfect misery, the worst of evils, and excessive, overturns all patience.*

**M**ost migraine sufferers would swear that when John Milton penned these words in *Paradise Lost*, he was describing their experience. Women are two times more likely than men to suffer from these headaches, which can be severe and disabling. However, the good news is that more and more treatments are available for migraine headaches, and it may even be possible to prevent them.

## Is Your Head Pain a Migraine?

Not all severe headaches are migraines. But if you suffer from severe, recurrent headaches, they may well be migraines. Migraines are actually quite common; about one in every eight Americans gets them at some point in their lives. These headaches are very individual, but here are some signs and symptoms that many people experience:

- Intense throbbing, pulsing, or dull aching pain on one or both sides of the head (six out of 10 migraine sufferers have pain on only one side of their head, while four out of 10 have

pain on both sides)

- Nausea with or without vomiting
- Changes in vision, including blind spots or blurry vision
- Pain that worsens with physical activity
- Pain that gets in the way of daily activities
- Sensitivity to light, sound, or odors
- Feeling cold or sweaty
- Tender or stiff neck
- Lightheadedness
- Tenderess of the scalp.

In addition to these signs and symptoms, about one in five people with migraine also experience auras—warning symptoms that usually occur 20 minutes to an hour before onset of the headache. Aura signs and symptoms may include:

- Changes in vision, including sparkling lights and colors, zigzag or wavy lines, or slowly spreading blind spots in the field of vision
- Prickly, tingling, or pins-and-needles sensations in one arm or leg
- Difficulty speaking or muscle weakness on one side of the body, although these symptoms are rare.

Physicians base their diagnosis of migraine primarily on the pattern of symptoms. A patient's use of a migraine

diary is important in helping physicians diagnose migraine. Tests, such as computed tomography and magnetic resonance imaging, are usually reserved for those individuals who are hesitant to take to medication, or those people who complain of the worst headache of their life. This type of headache, known as a "thunder clap migraine," may mean that the cause of the migraine is from a more serious condition such as a brain tumor or stroke.

Physicians also ask about family history of headaches, since so many people with migraine—about four out of five—have relatives who have had the condition as well. If both of your parents had migraines, there's a 75% likelihood that you will have them too. And if one of your parents had them, there is a 50% chance that you will too.

## What Causes Migraines?

Experts do not know exactly what causes migraines. But one thing is for sure: It's not "all in your head." The basis of migraine is most definitely physical. Clear changes take place in the bodies of people with migraines, including dilation (swelling) of the brain's blood vessels and alterations in nerves and brain chemicals (including serotonin). In women, there is ample evidence that fluctuating levels of female hormones, particularly estrogen, play a role in causing migraines. Consider the following:

- Migraine becomes more common in girls after their menstrual periods start, and up to 70% of women will have migraines associated with their menstrual cycle.

*This Patient Handout was prepared by Nancy Morgan Andreola, RN, using materials from DeMasi MA, Hormonally associated migraine, The Female Patient, 2004;11(29):16-22; Nordenberg T. Heading off migraine pain, U.S. Food and Drug Administration ([http://www.fda.gov/fdac/features/1998/398\\_pain.html](http://www.fda.gov/fdac/features/1998/398_pain.html)); Evans RW, Mathew NT. Handbook of Headache, Lippincott-Williams & Wilkins, 2000; the Mayo Clinic ([www.mayoclinic.com](http://www.mayoclinic.com)); the American Academy of Family Physicians ([www.familydoctor.org](http://www.familydoctor.org)); and the National Headache Foundation ([www.headaches.org](http://www.headaches.org)).*

## Migraine

- Many women suffer migraines during their periods, a time when estrogen levels drop.
- Oral contraceptives (OCs) and hormone therapy (HT) can trigger migraines; however, true menstrual migraine will improve with use of OCs.
- Migraines are less likely to occur during the second and third trimesters of pregnancy, a time when estrogen levels are very high.
- Migraines are more likely to occur in the immediate postpartum period, when estrogen levels plummet.
- Migraines generally improve after menopause, when estrogen levels are low.

### How Are Migraines Treated?

In the past decade, there has been a substantial increase in the number of medications that can help treat migraines once they've started. Your doctor can work with you to decide which ones are best for you. These medications generally are most effective when taken as soon as migraine symptoms start. It may also help to lie down in a darkened room immediately after taking them.

**Nonsteroidal Anti-inflammatory Drugs (NSAIDs).**—These medications, which include aspirin and ibuprofen (Advil, Nuprin, Motrin, and others), help ease both pain and inflammation. The over-the-counter dosages of these medications may help with mild or moderate migraines, but they usually are not strong enough for severe migraines. If your migraines are severe, your doctor may give you a prescription-strength NSAID. If you have been taking these medications regularly on your own, it is important to tell your doctor, since they can lead to gastrointestinal bleeding, ulcers, and rebound headaches. Small courses of long-acting narcotics are sometimes more than appropriate for those individuals who cannot take NSAIDs or triptans.

**Ergot Alkaloids.**—These medications,

which include ergotamine (Ergomar) and dihydroergotamine (a self-injection or nasal spray), help to relieve migraine pain by causing the blood vessels in the brain to constrict (get smaller). It is important to take these medications exactly as directed, since taking too much of them or taking them too often can lead to serious side effects.

**Triptans.**—These medications, which include almotriptan (Axert), eletriptan (Relpax), naratriptan (Amerge), frovatriptan (Frova), rizatriptan (Maxalt), and sumatriptan (Imitrex), were developed specifically to treat migraines. Triptans are the “gold standard” of therapy for treating migraines in the United States. Longer acting triptans like Amerge or Frova are extremely helpful for patients who develop rebound migraine.

### Can Migraines Be Prevented?

If you suffer frequent or severe migraines, you know that there's a lot to be said for “heading them off at the pass” so that the pain doesn't start in the first place. There are a few steps you can take to try to do that.

#### Identify and Avoid Your Triggers.—

By keeping track of your migraines, you may find that there are certain factors that set them off. Some of these factors may be avoidable. Common migraine triggers include:

- Fasting or skipping meals
- Certain foods and beverages, including aged cheeses, chocolate, aspartame (an artificial sweetener), caffeine (especially in excess), monosodium glutamate (MSG, often used in Asian foods), nuts and peanut butter, canned and processed foods, alcohol (especially beer and red wine), beans, cultured dairy products (like sour cream or buttermilk), and pickled or marinated foods (such as pickles, sauerkraut, and olives)
- Stress (especially periods of hard work followed by relaxation)
- Physical exertion, including sexual activity

## Resources

### The National Migraine Association

[www.migraines.org](http://www.migraines.org)

### The Mayo Clinic

[www.mayoclinic.com](http://www.mayoclinic.com)

### The National Headache Foundation

[www.headaches.org](http://www.headaches.org)

### The American Academy of Family Physicians

[www.familydoctor.org](http://www.familydoctor.org)

- Changes in sleep patterns such as too much or too little sleep
- Bright lights and sun glare
- Odors, including not only unpleasant ones, like secondhand smoke, but also pleasant ones, including perfume and the scent of flowers
- Changes in the environment, including weather or season changes, changes in altitude, and changes in time zones.

#### Consider Preventive Medications.—

If you have frequent migraines that do not respond consistently to migraine-specific treatments or that interfere with your ability to function, you may want to ask your doctor about migraine-preventive medications. Several kinds of medications, including propranolol and timolol (Lopressor, Tenormin, and others), divalproex sodium (Depakote), and methysergide (Sansert), have been approved by the U.S. Food and Drug Administration for migraine prevention.

**Avoid Excess Estrogen.**—If you note that your migraine is worse while taking HT or OCs, it is a good idea to avoid estrogens of any kind. You and your doctor can decide together whether this is a good idea for you.

**Quit Smoking.**—Smoking can trigger headaches and make them worse, so if you smoke, ask your doctor for help in quitting.