



Migraine Headaches

What is a migraine headache?

Migraine headaches are a distinct type of headache. Pain is unilateral (one-sided) in about 40% of patients and can occur on any side of the head, but migraines can also be bilateral (affecting both sides of the head). Additional symptoms of migraines can vary from one person to the next but can also include the following:

- Nausea (most common additional symptom)
- Sensitivity to light (photophobia)
- Sensitivity to sound (phonophobia)
- Visual disturbances (flashes, partial temporary loss of a field of vision)

Some patients report a phenomenon called an “aura” minutes before they get a migraine, although this only occurs in about 15 – 30 % of patients with migraines. Auras can be different for each person, but include sensations like electrical shocks in the head, visual disturbances such as halos or tunnel vision before the onset of pain, numbness and tingling of the face or extremities, fatigue, and/or mental foginess.

What causes migraines?

While we don't know the exact cause of migraines, we do know there is a genetic predisposition, and it is much more common in women than in men. These headaches are thought to be caused by spasms of the blood vessels to the brain after exposure to a “trigger”, which in turn causes inflammation of the nerves resulting in intense pain.

How are migraines diagnosed?

Diagnosis of a migraine is made on description of symptoms and clinical exams. There are no laboratory tests or diagnostic imaging studies to diagnose a migraine. If there is concern that an underlying cause is responsible for the migraine, then your provider may run laboratory and/or diagnostic imaging tests, such as bloodwork and a CT scan. For the average migraine sufferer, however, these tests are not indicated.

How are migraines treated?

The best medicine is prevention of the migraine. Your provider may ask you to create a “migraine log” if you haven't yet identified your triggers. You will be asked to write down any symptoms that you have before your headache starts, environmental exposures (dust, bright lights, flashing lights, loud noises etc.) as well as foods and drinks consumed before the headache began. Common food offenders include: artificial sweeteners, wheat products, dark chocolate, and red wine. By identifying patterns in exposures that result in headache, you can avoid those triggers and potentially prevent the migraine from happening.

There are a number of interventions used to treat migraine including several effective medications. Try to maintain a quiet, dark environment if you have a migraine. Avoid excessive eye strain and use of electronics (including television, computers, and handheld devices like tablets or smartphones). Caffeine has been shown to reduce the intensity of

migraines, and is a common ingredient in many of the over the counter preparations to treat migraine. Some patients find equal relief in taking a high dose (800 mg) NSAID (such as Advil/Motrin/Ibuprofen) with a regular, non-diet soda or a cup of coffee as with the OTC migraine preparations. **Talk with your healthcare provider before taking high dose NSAIDs, as it is not an appropriate treatment for all patients, and should not be taken during pregnancy.**

Get plenty of rest. Lack of sleep is a common trigger in many migraine sufferers, and more so in post-partum women.

Appropriate management of stress is vital for patients that suffer from migraines, as stress, anxiety, and depression sufferers have been shown to have higher incidence of migraines.

Prescription medications include prescription strength NSAIDs, triptan medications such as sumatriptan (Imitrex) eletriptan (Relpax) and rizatriptan (Maxalt), muscle relaxants, narcotic pain medication, 1st generation antihistamines such as Benedryl, and steroids. Your provider will know if any of these medications would be safe to prescribe for you, monitor their effectiveness, and help address any side effects that can occur. If nausea and vomiting co-occur with your migraine, then an anti-emetic (nausea) medication can also be prescribed.

When to Be Concerned

Serious symptoms warrant further investigation. If you have any of the following with your headache, seek immediate evaluation and treatment:

- The “worst headache of your life”
- Feeling or hearing “thunderclaps” in your head
- Personality changes
- Progressively worsening headache despite treatment
- Weakness or paralysis of one side of the body
- Facial drooping
- Slurred speech
- Projectile vomiting
- Stiff neck with fever