Information for Health Care Professionals

AMERICAN HEADACHE SOCIETY
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Ten Things That You and Your Patients with Migraine Should Know

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1. There is a genetic predisposition to migraine

Migraine affects 8% of children, 6% of men and 18% of women. Approximately 80% of migraine sufferers have a family history of migraine affecting a first-degree relative. A genetic abnormality has been identified on chromosome 19 for Familial Hemiplegic Migraine but the specific genetic defect for most types of migraine is unknown, thought several genetic loci have now been located.

2. Migraine is not just a headache

Patients may experience up to four phases of migraine. The *premonitory phase* starts up to 48 hours prior to the migraine, consisting of emotional changes, yawning, urinary frequency, fluid retention, stiff neck, thirst or food cravings. Approximately 25% of patients experience an aura that usually occurs prior to the headache and lasts less than an hour. The *aura* is usually visual (positive or negative phenomena) but may also include paresthesias, dizziness, confusion, aphasia, weakness or ataxia. The *headache* generally builds in intensity, is hemicranial in 60% of patients, and is often throbbing, with sensitivity to light, noise, odors and movement. Nausea, vomiting, blurred vision and cognitive impairment are commonly present. Most migraine sufferers have severe, debilitating head pain. The pain of migraine may, however, be mild to moderate and, in some cases, there may be aura symptoms with no pain at all. After the pain resolves, fatigue, irritability or euphoria characterize the *postdrome*, lasting a day or longer.

3. Migraine triggers are common

About half of patients with migraine can identify trigger factors. The common feature of *food* triggers is a high level of tyramine, which is naturally present in aged food. High tyramine-containing foods include:

- Cured, smoked or deli meat
- Aged cheeses (cream cheese, cottage cheese and provolone have the lowest tyramine levels)
- Avocado, guacamole, bananas, dried fruit

Other common food triggers include chocolate, citrus fruit, monosodium glutamate, aspartame, beer and wine. Migraine may also be precipitated by *environmental* changes such as stress (during acute stress or let-down from stress), irregular sleep patterns, odors, weather changes, and exposure to bright light. Lifestyle changes, such as sleep hygiene, regular exercise and stress management, are often beneficial. A headache diary is invaluable for identifying triggers, determining headache patterns, assessing headache frequency and monitoring the response to treatment.

4. Migraine changes throughout life

Females with migraine often notice a change in their migraine pattern with hormonal fluctuation. Migraine often worsens at menarche and with the menstrual period. Improvement or worsening occurs during

pregnancy and menopause. The headaches improve in the 50s and 60s in some patients, and are replaced with isolated aura symptoms.

5. Symptomatic treatment works best when taken early

Some patients with migraine gain relief with simple analgesics while others require antiemetics and migraine specific therapy (such as triptans or dihydroergotamine). Regardless of the treatment, symptomatic agents are most effective when taken early during the headache process, "as soon as you know it will be a migraine". Central sensitization of the trigeminovascular system starts about an hour after the onset of migraine pain; medications are less likely to work at this point. Successful acute treatment should relieve the pain within a few hours.

6. Too much symptomatic treatment may make headaches worse

Medication overuse headache occurs when patients use any symptomatic treatment more than three days weekly. This may worsen the underlying condition, leading to chronic daily headache and decreased responsiveness to acute treatment. Over-the-counter preparations are common culprits, so a complete medication history is necessary. Medication overuse is managed by discontinuing or lessening the overused agent and optimizing preventative management.

7. Consider preventive treatment

Headache prevention therapy should be considered for patients with one or more headaches weekly, or for patients with severe, disabling headaches that cause absence from work, school or family events. Preventive treatment need not be life-long; after 6 months of successful treatment, one may consider tapering and discontinuing the preventive agent.

8. "Natural" preventives exist

Natural preparations are useful for patients who are resistant to taking prescription medications daily for headache prevention. Consider riboflavin (vitamin B2), magnesium, co-enzyme Q10 or butterbur (Petasites ™)

9. Children get migraines too

Often dismissed with "school avoidance behavior", migraine affects approximately 8% of children, including those as young as 2 or 3 years who cannot verbalize their symptoms well. Episodic vomiting, dizziness or nystagmus, with inferred or described head pain and photophobia are clues to the diagnosis in children. Worsening with activity may be manifested as the inability to play sports, use the computer, watch television or listen to music during the episode. Migraines tend to be briefer in children than adults with duration of 1-2 hours. There is often a family history of migraine. As with adults, daily headaches, worsening frequency or intensity of pain, or focal neurological features require further evaluation for a secondary cause.

10. The American Headache Society has additional resources for practitioners and patients

Visit our web site at **www.americanheadachesociety.org** for additional information on the above topics, down-loadable migraine disability scales, headache diaries, coding tips and other tools to use in your practice, meetings, educational meetings, and membership information. **Download a membership application to receive a discounted membership for your first year.**