

WHAT YOU SHOULD KNOW ABOUT MIGRAINE

By Joseph Robin, M.D., Overlake Hospital Medical Center Neurologist

Migraine headache is incredibly common, affecting more people than asthma and diabetes combined. During an attack, changes in brain activity (often triggered by environmental influences) can cause blood vessels and nerves around the brain to become inflamed. The associated pain can be anything from moderate to excruciating.

Migraine is frequently misdiagnosed as sinus, menstrual or tension headache, and patients often have multiple visits to doctors before getting the help they need. A staggering 28 million Americans (the majority of whom are women) suffer from migraine, but less than half of migraine cases are appropriately diagnosed and managed.

Migraine headache is often mistaken as a sinus headache because the pain can be felt on the face, around the eyes or in the sinuses. Migraine can include symptoms, such as a stuffy or runny nose and watery eyes. Another reason migraine can be confused with a sinus headache is because weather changes and allergies can be triggers.

Migraine can also be mistaken for a tension headache. It's not widely known that migraine pain can be felt in the back of the neck, in addition to one or both sides of the head. In a recent study, three out of four migraine patients reported neck pain with their migraine attacks. The fact that stress and tension are common triggers for migraine also clouds the issue.

The long road to the right care is exacerbated by the fact that there is no simple test for migraine and so it may take years to find the right care for this chronic and usually lifelong problem.

Your headache history is the most important information to give a physician. Most people with migraine find this headache interferes with the activity of daily living. You may use over-the-counter painkillers (some are labeled as migraine medicine) without relief, or even unintentionally overuse them on a long-term basis. This can be risky because of side effects from

HELPFUL WEB SITES

For more information on migraine, visit www.overlakehospital.org and click on "Health and Wellness." Another informative site is www.thebrainmatters.org.

overuse, such as damage to the stomach or other organs. Too much use can also impact how well prescription migraine drugs work.

Everyone is different, but the signs of common migraine are severe throbbing or pounding pains on one side of your head or in the neck area. It grows worse with movement and can be associated with nausea, vomiting and light or noise sensitivity. The duration can be anywhere from four to 72 hours in length. Other potential symptoms include a stuffy or runny nose, watery eyes, dizziness and mood changes.

One in five migraine patients will suffer from a classic symptom called an aura. Auras can include flashing lights, pulsating spots or other neurologic symptoms. Confusion, light-headedness and difficulty concentrating can also accompany an aura. They can last 30 minutes to an hour before the onset of migraine.

Most migraine patients are more sensitive to environmental factors that contribute to an attack. Common triggers for migraine include: food and food additives, bright lights and glare, smells and odors, dieting and hunger, loud noises or sounds, changes in altitude or air travel, stress, weather changes, caffeine, alcoholic beverages, changes in sleep habits, and hormonal fluctuations or menstrual cycle.

Migraine tends to run in families, so if one of your parents suffers from it, there is about a 50 percent higher chance that you will too. Many people are surprised to learn that children have migraine headaches as well, but over-the-counter medications are usually the treatment choice of pediatricians.

Headache experts agree the optimal strategy is to treat early, when pain is in the mildest phase. This helps reduce the disability of the

headache, shortening the duration to two to four hours. Catching a migraine early limits the disability and lessens the recurrence of headache. Early treatment can also mean that less medication will be needed per attack.

For patients with acute migraine headaches that happen frequently during a month, your doctor may prescribe preventive treatment medications. These medicines can include antidepressants and anticonvulsant medications (seizure drugs that can also prevent migraine), or high blood pressure medications. Biofeedback or relaxation therapy has eased or prevented migraine pain for patients who prefer not to use medications. Biofeedback is a technique using monitoring devices to provide information about autonomic bodily functions (such as heart rate or blood pressure), to attempt to gain some voluntary control over that function.

For a patient with an acute migraine headache during the course of a month, your physician may prescribe a class of drugs called triptans.

Lifestyle changes can go a long way in preventing migraine headaches. Be careful to eat at regular intervals and don't skip a meal. Establish regular bed and rising times. Gradually taper off your caffeine intake. Drink plenty of water; eight 8-ounce glasses a day is optimal. Another overlooked migraine prevention activity is exercise. Aim for 30 to 60 minutes of cardiovascular exercise at least three days per week.

If you are just beginning to suspect you suffer from migraine, one of the most useful things you can do is track your symptoms with a headache calendar. Monitor and describe your headache frequency and severity. Record possible triggers, the medication you took to try to ease the pain and the response. Your headache history is the No. 1 tool your doctor needs to diagnose and treat the condition. You can also make connections with lifestyle issues that just might prevent your next "big headache."