



## MIGRAINES - NOT ALWAYS A HEADACHE

Migraine is a common problem classically described as episodic attacks of head pain associated with nausea, light sensitivity and “fogginess.” Recently it has become evident that many migraines occur without these “classic” symptoms. Some migraines even present without headache! Common atypical complaints include: dizziness, ear pain, ear or sinus fullness, ringing in the ears and even hearing loss.

### **General Information:**

- ◆ 13 of every 100 Americans suffer from migraine problems.
- ◆ Women are 3 times as likely to have migraines than males.
- ◆ Migraine is most common between ages 30-50
- ◆ Migraines are a lifelong problem but symptoms can vary over decades

### **Causes of Migraines:**

- ◆ Inherited problem of the chemical channels of the brain resulting in a “sensitive” brain.
- ◆ Inability for the brain to rapidly adapt to a strong stimuli (such as movement in an elevator or the car) can escalate to a migraine.
- ◆ Sensitivity to these strong stimuli, whether they be motion, light, sound or smell, can stimulate a response that lasts hours.
- ◆ Hyperactive reactivity and electrical activity is felt to be the causative mechanism.

### **Triggers:**

- ◆ Triggers represent the stimuli that set off the migraine.
- ◆ They may be environmental, dietary or physiologic.
- ◆ Common food triggers include: chocolate, red wine, caffeine, yeasts, molds, and nitrates.
- ◆ Food triggers may be additive, meaning that a combination of the above foods are required to trigger the migraine. It may be very difficult to pinpoint the migraine food trigger.
- ◆ Physiologic triggers are commonly related to stress, fatigue, or even exercise. Certainly illness can also be a trigger.
- ◆ Environmental triggers include any strong environmental stimuli including sunlight, fluorescent lights, strong odors, loud sounds or a variety of motions.

### **Treatment:**

- ◆ If possible, avoiding triggers is essential.
- ◆ Medications may help with intense symptoms, but can lead to dependence and even “rebound” attacks.
- ◆ Preventative medications are aimed at raising the threshold for the trigger.
- ◆ Escape medications are aimed at immediately relieving the migraine.

**Typical Medications:**

- ◆ Calcium channel blockers (diltiazem)-may cause constipation and/or hypotension.
- ◆ Anti-depressants (nortriptyline)-may cause dry mouth and/or sedation.
- ◆ Beta-blockers (propranolol)-cannot be used in diabetics or asthmatics.
- ◆ Anti-convulsants (valproate/topiramate)-must monitor liver function, platelets and blood chemistry.
- ◆ Neural depressants (gabapentin)-may cause sedation.

**Help Yourself:**

- ◆ Keep a migraine diary. This should include a dietary diary, stresses, times and places of your “attacks.” Try to keep it as simple as possible.
- ◆ Bring you diary to your appointment with our physicians to review potential triggers.
- ◆ Don’t push your triggers! Twenty five percent of migraine sufferers have vertigo with their attacks. Vestibular exercises and stressing your vestibular system (like on a roll-a-coaster) can make your migraines worse and more frequent. The same holds true for food and other environmental triggers. You generally can’t force your body not to react to these stimuli.
- ◆ Alternative medicine: many alternative medicines or techniques do an excellent job of relieving stress and may be beneficial. Be diligent in your research prior to undergoing any “alternative” treatment. Taking “natural” medications can be just as harmful as prescribed medication, so be sure to let your physician know of any “natural supplements.”

**Follow Up-BE PATIENT!**

Many of the above medications take weeks to months to be effective. Dosing may need to be customized to your symptoms and the side effects. Trials of different medications may need to be used until the right medication for you is found!

**As always call if there are any questions: 815-758-8106**