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Migraine

Frequently asked questions

***Information for
patients and carers***

**Department of Neurology
Aberdeen Royal Infirmary**

What is migraine?

Migraine is a disabling headache disorder that affects 12 to 15% of the population. It affects people of all ages but is most common in the 20 to 50 age group. Around two thirds of sufferers are women.

Migraine can be **episodic** if it occurs on fewer than 15 days a month or it can be **chronic** if it occurs 15 or more days a month.

About 20% of migraine sufferers (1 person in every 5) will get aura symptoms with some or all of their migraine.

Dizziness is experienced by about a third of people with migraines, either during or between migraine attacks.

What causes migraine?

The cause of migraine is not known but it is recognised that migraine is a brain disorder.

Migraine not only results in a disabling headache but also a number of other symptoms such as nausea, sensitivity to noise, light and smells, dizziness and sensitivity to movement

It is thought that the migraine brain is more sensitive to the environment around it and that any change in this environment can stimulate the brain and trigger a migraine. Common triggers include hormonal changes, tiredness and missing meals.

What is aura?

Aura is a temporary disturbance of brain function before or during the headache. Occasionally it can happen without headache. These disturbances (known as the “aura”) usually occur 15 to 60 minutes before the headache.

Aura is thought to be due to a temporary change in electrical activity in the brain. Aura symptoms can be frightening but are harmless and usually settle in 15 to 60 minutes.

What are the symptoms of migraine?

There are said to be five stages of a migraine. Not everyone will have all of the following features. Everyone’s symptoms are unique to them.

Stage 1: Prodrome

These are symptoms that occur in about 30% of migraineurs (people who get migraine) up to 24 hours before their headache starts. Symptoms include mood changes such as irritability, depression, elation or a feeling of wellbeing. It is possible to feel drowsy, fatigued, to yawn or to be excited. There can be changes to your senses including a dislike of light, sound and strong smells.

Stage 2: Aura

This produces a variety of visual and sensory disturbances before or into the headache stage. Visual disturbances are the commonest form of aura.

They can include:

- blind spots
- flashing lights
- zig zag shimmering lines
- areas of the vision may be missing and replaced by a black area.

Other aura symptoms include:

- dizziness, vertigo and balance problems
- pins and needles in the hand, arm or face
- difficulty with speech
- rarely confusion.

Stage 3: Headache

The headache stage is usually the most significant feature of migraine. Many people describe it as throbbing, and it may be one sided and moderate to severe in intensity. It may be severe enough to interfere with your ability to function normally. Any part of the head can be affected. Sometimes, pain can be felt in the neck, shoulders and the face.

During the headache phase people commonly report a dislike of light, sound or strong smells. You may not feel like eating or drinking due to nausea, vomiting, abdominal pains or diarrhoea.

Other symptoms include blurry vision, watering of the eye or nose, sensations of heat or cold and sweating.

Many people report an increased sensitivity to touch and can find wearing glasses, hats or clothes painful. This phenomenon is called allodynia.

Dizziness and balance symptoms are common during the headache stage. Sometimes these symptoms are more prominent than the headache and headache can be absent. Symptoms include:

- dizziness
- imbalance
- vertigo (illusions of the world moving)
- sensitivity to movement

Stage 4: Resolution

This often involves you needing to sleep deeply to get rid of the headache.

Stage 5: Recovery

You may have symptoms similar to those in the first prodrome phase and feel generally washed out or hung over. This can last a couple of days.

What are the potential triggers for migraine?

The brain of a migraine sufferer is believed to have a lower sensitivity to stimuli. Some examples of stimuli - also known as triggers - are given in the list below. This stimulation of the brain results in a migraine. People with migraine can trigger an attack from their day-to-day activities.

It is not always easy to recognise triggers, as on their own they often do not cause a migraine attack. There seems to be a threshold effect so that several together may trigger an attack but these need not be the same for each attack.

Some common triggers are:

- missing meals such as breakfast
- tiredness or oversleeping
- changes in routine (such as shift work, travel and jet lag)
- stress or being very busy, or when stress stops (such as the weekend or the first day of a holiday)
- either too much or too little sleep
- hormonal changes (such as menstruation or when periods are irregular before the menopause)
- physical stimuli (such as bright light, heat, smell, noise or changes in atmospheric pressure).

How is migraine diagnosed?

Diagnosis is made from taking a thorough history of your condition. Your story gives the clues to what your headache is. Often, investigations are not necessary and are usually unhelpful.

What is the treatment for migraine?

This includes assessment of diet and lifestyle and drug treatment. Drug treatments can either be acute medication which you take when you get an attack or preventative medication which you take every day to try and reduce how often you have your attacks.

Why is it important to look at diet and lifestyle issues?

The cause of migraine is unknown so it is not possible to cure it. However the severity and frequency of attacks can be reduced by minimising your exposure to potential triggers.

A stable lifestyle pattern is less likely to trigger a migraine. For example some migraineurs who miss breakfast find they get a migraine starting later in the morning. Others find they can prevent a headache by taking regular exercise as a way to combat stress.

The “Lifestyle” section towards the back of this leaflet explains the sorts of diet and lifestyle changes that can help reduce the risks of an attack occurring.

Chronic migraine and medication overuse headache

This is migraine that occurs more than 15 days a month. Very often episodic migraine transforms over time into chronic migraine.

When migraine becomes chronic some of the headache days may not be as bad as a day of severe migraine and often can just feel like a tension headache. However there will still be usually more than eight days a month that are migraine days.

The commonest reasons for migraine becoming chronic are 1. a period of increased life stress or change in life circumstances and 2. taking acute treatment for migraine more than twice a week. Often both occur together.

The tablets most likely to cause medication overuse headache contain codeine or similar medicines (such as co-codamol, co-dydramol, Migralve[®], Solpadeine[®], Syndol[®], dihydrocodeine, tramadol). For this reason people with migraine should avoid these tablets where possible. Medication overuse headache is however not confined to codeine based medications and all acute treatments, including simple analgesics and triptans, can cause medication overuse headache. This includes painkillers used for other pain conditions eg back pain. Migraineurs are particularly susceptible. More information is available in the medication overuse headache leaflet.

What type of medication might I have?

Acute medication

This is taken to put the headache away. Generally the sooner the medication is taken after the headache starts the more chance it has to work. People who get allodynia find medication works better if taken before they get allodynia.

1. Aspirin - three tablets (900 milligrams) or paracetamol - three tablets (1.5 grams)
2. Ibuprofen 800 milligrams or diclofenac 100 milligrams or diclofenac suppository 100 milligrams.
3. Medication for sickness can help nausea and also make the painkillers work better.
4. Medications for dizziness (such as prochlorperazine and betahistine) can be helpful when dizziness is a prominent symptom, They should not be used regularly.
5. Triptans (such as almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan). These medications are not painkillers but are specific anti migraine drugs.

Triptans can be taken as tablets, nasal sprays and sumatriptan can be used as an injection. Nine out of ten patients find that these help but the response to each triptan is variable. You may have to try all seven to find the one that works best. A triptan should be tried for three separate migraine headaches before it is deemed as not working.

If a triptan helps your migraine, it can be taken again after two hours if your headache becomes bad again.

If the first dose does not help, a second dose should not be taken. Two doses is the maximum daily dose.

Preventative medication (preventers)

These are taken every day to help reduce the number of migraine headaches. These medications are used if you get frequent migraines or migraines that cause disability and have an impact on your life.

Each medication will usually work in five out of ten patients they are given to, so sometimes more than one needs to be tried to find one that works best. These medicines will not stop all migraine headaches but can reduce the number of headaches by half. Very often these medications are used in combination with one another for better effect.

Like all medications they have the potential to cause side effects. Side effects are reduced by starting at a low dose that is built up over a few weeks. Thus some of these medications may take a few weeks to start to work. Many people who find that these treatments do not work for them have not taken the drugs for long enough at high enough doses and have not given the drugs the best chance to work.

Preventer medication is usually taken for six to twelve months and then reduced gradually. Some people will need to use these medications longer if they still get disabling migraine when the treatment is stopped.

There are many different classes of drugs used as preventer treatments. These medications are listed below and a separate leaflet has more information about them.

Blood pressure medication

- beta-blockers (usually propranolol)
- ARBs (candesartan)

Anti-depressant medication

- tricyclic (amitriptyline, nortriptyline, dosulepin)
- SNRI (venlafaxine, duloxetine)

Anti-epileptic medication

- (topiramate, sodium valproate, pregabalin, gabapentin)

Pizotifen (works better in children).

Flunarazine (prescribed from the headache clinic)

Non drug treatments

Many migraine sufferers try alternative treatments. The evidence for these is limited, with acupuncture having the best evidence.

Lifestyle

As well as treating your headache symptoms with medication it is also important to think about aspects of your lifestyle that may be affecting your headaches.



Diet

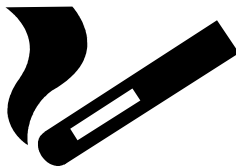
- Eat a cereal/oat based breakfast to give a slow release of sugar.
- Do not go for long periods without food – to avoid low blood sugar levels.
- Limit intake of caffeine – tea, coffee, fizzy drinks including cola.
- Eat balanced meals including five portions of fruit and vegetables a day.



Alcohol

Keep alcohol intake to recommended weekly levels of 14 units

One unit = half pint of beer, one glass of wine/spirits



Smoking

- Use your local NHS Smoking Advice Service to help you stop. Nicotine replacement therapy (such as gum, patches, lozenges etc) is available on prescription.
- Most pharmacists can advise and supply appropriate treatment.



Water

- It is recommended that we drink two litres (eight large glasses) of water a day.
- Drinking too little water can lead to tiredness, lethargy, headaches, inability to concentrate, dry/cracked skin and low blood pressure.
- Coffee, tea, alcohol and related products can cause headaches.
- Coffee, tea and alcohol are diuretics and therefore cause more water loss from your body.
- Take a bottle of water to work/school/university. Keep drinking throughout the day.



Sleep

- Try to maintain a regular time of going to bed.
- Ensure you have a period of wind down before going to bed.
- Avoid working at a computer close to bedtime.
- Think about your routine just before you go to bed.
- Try to have the same amount of sleep – do not under or over sleep.



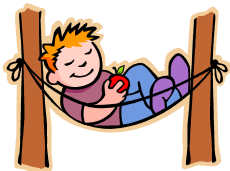
Posture and eyesight

- Avoid slouching in front of the TV.
- Check your position in front of the computer. The VDU should be at eye level.
- Do not sleep with too many pillows.
- If you have problems with your eyesight see an optician for a check up.
- If you already have a visual condition make sure you have regular check ups.
- Check your driving position.



Exercise

- It is recommended that we try and exercise 5 times a week for 30 minutes.
- Walking is an ideal and cheap way of exercising.
- Think what you like doing and how you may build it into your life.



Stress/relaxation

- Avoid negative ways of coping (such as alcohol, smoking).
- Prioritise problems/tasks, recognise signs of stress.
- Try and include exercise in your routine to aid relaxation.
- Consider alternative therapies (such as reflexology, Bowen technique, acupuncture).
- Make sure you include time in your life for you!

Useful contact details

If you want more information about healthy lifestyles, please call:

NHS Grampian healthline

 08085 20 20 30 

Monday to Friday 9am to 5pm

Calls to the healthline are free

What other support is available?

The organisations below provide information and support:

The Migraine Trust
52 - 53 Russell Square
London
WC1B 4HP

 020 7631 6970

www.migrainetrust.org

Migraine Action
4th Floor
27 East Street
Leicester
LE1 6NB

 08456 011 033

www.migraine.org.uk

Please note that NHS Grampian is not responsible or liable for the quality of the information, resources or maintenance of external websites. Any advice on external websites is not intended to replace a consultation with an appropriately qualified medical practitioner.

This leaflet is also available in large print.

Other formats and languages can be supplied on request. Please call Quality Development on (01224) 554149 for a copy. Ask for leaflet 0531.

Feedback from the public helped us to develop this leaflet. If you have any comments on how we can improve it, please call (01224) 554149 to let us know.