

Neurology for You

Migraines

More than just a headache



Migraine is a common condition that affects 1 in 10 individuals. It is more than a headache: it is a hypersensitivity syndrome to many different stimuli. Migraineurs may find discomfort with bright lights (*photophobia*), loud noises (*sonophobia*), strong smells such as perfume and ammonia (*osmophobia*), and motion (*motion sickness*). Variations in sleep duration and fluid and caffeine intake

may also trigger or worsen the headaches. Some women have headaches around their menstrual periods. Some people develop nausea. Some migraineurs experience *vertigo* (a sensation of the world spinning). Migraine is a lifelong condition that may wax and wane in frequency but it never truly goes away completely. Migraineurs may be sensitive to other types of headaches as well.

MIGRAINES WITH AURA

Migraines with aura, also known as *complex migraines* or *classic migraines*, are a common form of migraine that involve additional *neurologic symptoms*, the *aura*, that usually involve vision or sensation. These can occur before, during, or after a headache, or there may be no headache at all. These may appear as “positive” symptoms with zigzag or herring-bone patterns (fortification spectrum), flashing lights (photopsias), flashing blind spot (scintillating scotoma), or “pins and needles” sensations on the skin (paresthesias). Some people develop “negative” symptoms with loss of a section or half of one’s range of

vision (visual field loss) or numbness on the skin of one side of the body. Less commonly, some people (usually children) develop weakness on one side of the body, confusion, or severe lethargy. Changes to your “aura” or new symptoms should prompt a discussion with your physician and may require urgent or emergent medical evaluation as these symptoms may be difficult to distinguish from a *stroke* over the telephone. *Migraine with aura is associated with a small increased risk of ischemic stroke* which you should discuss with your Neurologist or primary care physician.

How to Manage Migraines

- Identify your triggers and avoid them.
- Work with your Neurologist or primary care physician to develop a “rescue” plan to stop a headache before it worsens.
 - If a headache occurs, treat the headache within the first 15 minutes to shorten its duration and lessen its severity.
 - If you are prescribed a triptan medication, consider a repeat dose if your headache continues to worsen (as instructed by your physician).
 - If you are having more than three headaches per week, consider discussing a long term headache prevention medication with your physician.
 - If you are taking an over-the-counter pain medication more than three times per week, discuss this with your physician as you may develop a rebound headache.