

## **Migraine Headaches**

This handout provides information about migraine headaches. Migraine headaches are not life-threatening, but do interfere with people's lives. Caring, supportive families and health care providers can help lessen the pain of those with migraines. A person with migraines can also help by learning as much as possible about migraine headaches and building a good working relationship with a care provider. The health care provider may be a doctor, nurse, physician's assistant, or other clinician who knows about headaches.

### **What is a migraine headache?**

There are many ideas or theories about what migraine headaches are and what causes them, but there are no clear-cut answers. One common cause is thought to be over-dilation or relaxation of blood vessels in the head. In some cases, migraine headaches may be inherited.

It is known that the pain from migraines is often severe. The pain may be a throbbing or pulsing on either one or both sides of the head. Bright lights, loud sounds and strong odors may worsen the headache pain. Nausea and vomiting may occur with a migraine headache. Migraine pain may interfere with person's usual activities. These headaches sometimes last for hours or days.

Some people with migraine headaches have "auras". An aura usually involves seeing, feeling, strength or speech. For example, a visual (seeing) aura may be flashing or streaking lights or spots in one's vision. A sensory (feeling) aura could be numbness, tingling or short-term paralysis in a body part. Auras usually occur before the migraine headache, but may happen during the migraine. Sometimes a person may have an aura but no headache pain. An aura can be helpful as an early warning sign that a headache is going to happen. With this warning, a person can take medicine to prevent a "full-blown" headache.

### **How do you know if a headache is a migraine?**

Your health care provider will complete a health and medication history, a physical exam, and very likely do some tests to decide if you are having migraine headaches. Your health care provider may consult a headache specialist.

## **What brings on a migraine headache?**

The factors that bring on or trigger a migraine headache are different for each person. Some migraine sufferers do not know of anything in particular that causes a migraine, while others can list one or more “triggers”. What may trigger a migraine headache one time may not trigger a headache another time.

Common external triggers include:

- Smoke
- Perfumes
- Chemical odors
- Bright lights
- Aged or fermented foods (cheeses, pickled foods)
- Alcoholic beverages, for example, red wine
- Food preservatives such as monosodium glutamate (MSG) and nitrites
- Caffeine (coffees, teas, chocolate)
- Medications
- Barometric pressure changes

Common internal triggers include:

- Hormone changes, for example, those associated with the menstrual period
- Stress (both “good stress” and “bad stress”)
- Life changes (getting a new job or not getting a new job)
- Sleep problems (too much or too little)
- Low blood sugar (not eating at regular times)

It is very useful to learn what triggers your migraines so you can avoid them.

### **Let-down headaches**

A person may be able to deal with stress and activity during the workweek, but gets a “let-down” headache when stress is decreased over the weekend.

### **Rebound headaches**

Rebound headaches may occur when a person consumes either caffeine or headache medicine several times daily for four or more days and then suddenly stops the caffeine or medicine. For example, taking two Excedrin<sup>®</sup> four to six times a day for several days in a row and then stopping the Excedrin<sup>®</sup> may cause a rebound headache. Drinking several cups of coffee every day at work, but not drinking coffee on the weekend may cause a migraine.

## How are migraine headaches treated?

There are many ways in which migraine headaches are treated. The most common form of treatment is medication. If you are thinking of using medication to relieve migraine headaches, it is very important that you talk with your health care provider about prescription and non-prescription medicines. Some medicines may make a migraine worse or aggravate other medical conditions. Over-the-counter pain-relieving medicines used to treat **mild to moderate migraine pain** include:

- Tylenol<sup>®</sup> (acetaminophen)
- Aspirin
- Advil<sup>®</sup> (ibuprofen)
- Aleve<sup>®</sup> (naproxen)
- Orudis<sup>®</sup> KT (ketoprofen)
- Excedrin<sup>®</sup> migraine formula

If over-the-counter medicines do not relieve migraine pain, your health care provider may prescribe one or more of the following medicines for **mild to moderate migraine pain**.

- Fiorinal<sup>®</sup> (Aspirin/butalbital/caffeine)
- Fioricet<sup>®</sup> or Esgic<sup>®</sup> (acetaminophen/butalbital/caffeine)
- Fiorinal<sup>®</sup> or Fioricet<sup>®</sup> with codeine
- Toradol<sup>®</sup> (ketorolac)
- Midrin<sup>®</sup> (isomethheptene/dichloralphenazone/acetaminophen)
- Compazine<sup>®</sup> (prochlorperazine)
- Thorazine<sup>®</sup> (chlorpromazine)

To stop an early migraine headache from becoming a full-blown headache, the following prescribed medicines can be used either before or after the medicines listed above. These medicines tend to work quickly, do not cause drowsiness, and allow quick return to usual activities. They are available in tablets, nasal spray or injection forms.

Triptans (also known as serotonin receptor agonists):

- Imitrex<sup>®</sup> (sumatriptan)
- Zomig<sup>®</sup> (zolmitriptan)
- Amerge<sup>®</sup> (naratriptan)
- Maxalt<sup>®</sup> (rizatriptan)

Ergot alkaloids:

- DHE (dihydroergotamine)
- Migranal<sup>®</sup> (dihydroergotamine) nasal spray.
- Ergotamine tartrate
- Cafegot (ergotamine tartrate/caffeine)

For **severe migraine pain or migraine pain not relieved by treatments already described**, opioid or narcotic pain medicines may be used. Commonly used opioids include:

- Codeine
- Vicodin<sup>®</sup> or Lortab<sup>®</sup> (hydrocodone/acetaminophen)
- Percocet<sup>®</sup> (oxycodone/acetaminophen)
- Morphine
- Dilaudid<sup>®</sup> (hydromorphone)
- Methadone
- Demerol<sup>®</sup> (meperidine) This medicine works for only a short time, is painful to inject and is no longer viewed as a drug of choice for migraine treatment.

These medicines often cause drowsiness and decreased concentration. A person taking this kind of medicine for a severe migraine needs someone to drive them home from the clinic or hospital.

Steroids (corticosteroids) may also be used to treat severe, prolonged migraine pain. Usual forms include:

- Prednisone
- Dexamethasone

**For the nausea and vomiting** that may occur with migraine headache, the following medicines may be prescribed:

- Antihistamines: Vistaril<sup>®</sup> (hydroxyzine) and Phenergan<sup>®</sup> (promethazine)
- Phenothiazines: Compazine<sup>®</sup> (prochlorperazine) and Thorazine<sup>®</sup> (chlorpromazine)
- Tigan<sup>®</sup> (trimethobenzamide)
- Reglan<sup>®</sup> (metoclopramide)
- Haldol<sup>®</sup> (haloperidol)
- Zofran<sup>®</sup> (ondansetron)

These medicines may also cause drowsiness. Many of these are available in pill or suppository form or may be injectable.

For long-lasting (several days), severe migraine pain that doesn't respond to treatment in the emergency room or urgent care center, you may be admitted to the hospital. In the hospital you will usually be treated with intravenous (IV) medicines given into the vein. Medicines most often used include:

- DHE (dihydroergotamine)
- Dexamethasone<sup>®</sup> (steroids)
- Haldol<sup>®</sup> (haloperidol)
- Ativan<sup>®</sup> (lorazepam)
- Thorazine<sup>®</sup> (chlorpromazine)
- Morphine

The medicines mentioned above are used to treat migraine headaches once they occur. There are also medicines that can be taken daily to prevent migraine headaches from occurring. Included in this group of **preventive medicines** are:

- Tricyclic antidepressants: amitriptyline, imipramine, nortriptyline, doxepin and others
- Beta blockers: Tenormin<sup>®</sup> (atenolol), Corgard<sup>®</sup> (nadolol), Inderal<sup>®</sup> (propranolol), Lopressor<sup>®</sup> (metoprolol) and others
- Calcium channel blockers: Calan<sup>®</sup> (verapamil), Cardizem<sup>®</sup> (diltiazem) and others
- Anti-seizure medications: Depakote<sup>®</sup> (divalproex), Neurontin<sup>®</sup> (gabapentin), and others

Other medicines, not listed here, are used in the treatment of migraine headache. If you do not understand why a certain medicine is chosen, ask your health care provider.

There are many ways to help manage migraine headaches other than taking medicine. Some of these include:

- rest in a darkened, quiet room
- ice
- heat
- relaxation training
- biofeedback
- stress reduction
- craniosacral therapy
- cervical nerve block (does involve medication injected into the spine).
- coping skills
- self-hypnosis
- acupuncture
- chiropractic treatment
- massage
- herbal remedies

If you are interested, ask your migraine care provider about any of these treatments. If he or she is not familiar with the kind of treatment you are interested in, ask the provider to recommend someone who can answer your questions. If not, find the patient education department of your nearest hospital, visit the local library, look for sites on the Internet, or check the yellow pages of your phone book. There may be research to support the approach you are considering.

Other resources:

**American Council for Headache Education**

*Has about 45 peer support groups nationwide: will provide a list of AASH physicians in patient area.*

875 Kings Highway, Suite 200

Woodbury NJ 08096

(609) 845-0322 or 1-800-255-2243

[headquarters@ACHE.ccmil.com](mailto:headquarters@ACHE.ccmil.com)

**National Headache Foundation**

*Has written material: about 25 support groups nationwide; will mail list of physicians in patient area.*

428 W. St. James place, 2<sup>nd</sup> Floor

Chicago IL 60614

(312) 388-6399 or 1-800-843-2256

FAX (312) 525-7357

Remember, the goal of treatment is to reduce the frequency and severity of your headaches, allow you to be active, regain control of your life and enjoy life as fully as possible with as few side effects as possible. It is important for migraine patients to be aware of the many kinds of medicine and other treatments available for migraine headaches. It is in your best interest to find a headache care provider that you are at ease with. Treatment options can then be considered. A treatment plan can be created that will work and can be changed as needed in order to manage migraine headaches.