

FACT SHEET

What is Migraine?

What is migraine?

"When I get a migraine it makes me very ill and really puts me out of action for 2-3 days. The first day, I can feel one coming on and then the full blown migraine emerges and I feel wretched. As the second day progresses, the pain finally begins to lessen. The third day leaves me with a vague pain and feeling absolutely shattered by otherwise okay."

Migraine is the name given to recurrent headaches that are not secondary to any other medical problem. which are usually one-sided, often throbbing or pounding pain, associated with nausea, and sensitivity to light, and sound. Migraine usually comes at intervals with complete freedom between attacks. If you feel sick or light bothers you when you have a headache, or your headaches limit your ability to carry out your usual daily activities, but you are otherwise fit and well, it is quite likely that the headaches are migraine.

Who gets migraine?

Migraine is common. About 1 in 4 women, and about 1 in 12 men, have migraine at some point in their life. It often starts in childhood or as a young adult. The frequency of attacks can vary from several times a month to once or twice a year. Some people may go for years between attacks. In most cases, the migraine attacks become less frequent in later life.

What are the different types of migraine?

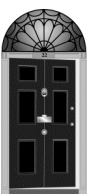
The two most frequently encountered types of migraine differ only in their presence or absence of an 'aura'. About 70 to 80 per cent of attacks experience attacks of migraine without aura (formerly known as common migraine); 10 per cent have migraine with aura (formerly known as classical migraine); 15 to 20 per cent have both types of attacks. Less than one per cent of attacks are of aura alone with no headache. Other types of migraine are extremely rare.

What are the symptoms of a migraine attack?

An attack of migraine can actually be divided into four distinct stages. There are two stages that may be present before the headache.

A 'premonitory' phase occurs in up to half of people with migraine. You may feel irritable, depressed, tired, have food cravings, or 'just know' that a migraine is going to occur. You may have these feelings for hours or even days before the onset of the headache.

The 'aura', if it occurs, typically lasts around 20-30 minutes. You may notice blank spots, bright lights or zig-zag lines moving across in front of your eyes.



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Less common are sensory symptoms. These nearly always occur together with visual symptoms and are rarely the only symptom of aura. They can include a sense of pins and needles, often starting in the fingers of one hand and spreading up the arm to affect one side of the face or tongue. It is unusual for symptoms to affect the legs. Difficulty talking or finding the right words, and feeling numb in some parts of the body, are other symptoms that you can experience during the 'aura'.

The headache may only affect one side of the head but can be all over. The pain is often throbbing and made worse by movement. You probably feel nauseous and may even be sick. Most sufferers are also sensitive to light and sound. The headache usually lasts for part of day up to two or three days.

The resolution phase is when the headache gradually fades. During this time you may feel tired, irritable, depressed, and may have difficulty concentrating. It can take a further day before you feel fully recovered from the migraine.

Do I need any tests?

There are no tests to confirm the diagnosis, which is based on the description of the headaches and the lack of any abnormal findings on examination. If there is any uncertainty about the diagnosis, tests may be done to rule out other causes of headaches.

What causes migraine?

Migraine is a disorder involving brain areas involved in the processing and control of pain, other sensory input, and the blood vessels of the head.

It is now considered that changes in brain chemistry cause the well-recognised blood vessel changes.

It is not clear why people with migraine should develop these changes. However, something may 'trigger' a change in your brain to set off a migraine attack.

What are triggers?

The triggers for migraine are many and varied but are no different from the factors that provoke 'normal' headaches in apparently non-migrainous individuals.

Neither are triggers the same for everybody, or even necessarily the same for different attacks in the same individual.

However, there are some trigger factors that are more important than others. The commonest trigger factor, particularly in children, is hunger or insufficient food in relation to their needs.

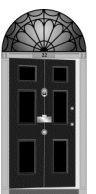
In women, hormonal fluctuations associated with the menstrual cycle can provoke migraine.

the City of London Migraine Clinic

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The main triggers include:

Diet. Delayed or missed meals, inadequate quantity, caffeine withdrawal, dehydration

Sleep. Changes in sleep patterns – lack of sleep or sleeping in

Environmental. Bright or flickering lights, intense exercise, travel, weather changes, strong smells

Psychological. Depression, anxiety, emotional upset

Hormonal factors (women). Menstruation, hormonal contraception, pregnancy, menopause, HRT.

What can I do to help myself?

There is a great deal that you can do to treat migraine without the need to see a doctor, provided that you are sure of the diagnosis. Your pharmacist can also give you advice on the best treatments to take and when you should seek medical advice. There are also some simple measures that can make drugs more effective and help prevent attacks.

Keep a diary

Diary cards can be used to record a great deal of relevant information about your headaches, particularly how often you get them, how long they last and what your symptoms are. They are also valuable in assisting diagnosis, assessing trigger factors and assessing the effectiveness of treatments.

What treatment can I take?

Drugs can be very effective at controlling the symptoms of migraine, provided that they are taken correctly and not overused. Drugs to treat migraine are called symptomatic or acute treatments. These include painkillers bought from the chemist or supermarket as well as drugs specifically developed for migraine such as 'triptans', available on prescription.

Most painkillers contain aspirin, paracetamol, or ibuprofen. For migraine, soluble or effervescent preparations work faster and are more effective. If none of them are effective or you need more than the recommended dose you should see your doctor.

You can also take an anti-sickness medicine together with painkillers. They are available as a suppository if you feel very sick or vomit during migraine attacks.

Take drugs early...

Always carry at least a single dose of your preferred medication so that you can take it as soon as you feel an attack coming on. It is important to take medication early, as it is more likely to be effective. The stomach is less active during a migraine so that drugs taken by mouth are not absorbed into the bloodstream as well as they would be normally. Try to eat something if you can. Some people prefer to eat something sweet, others prefer to have a fizzy drink such as lemonade.

...but not too often

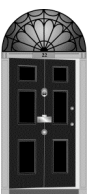
It is important not to take symptomatic treatment too often as if you start taking it

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most days, you could end up giving yourself a headache from the treatment. To avoid this happening, you should never take drugs to treat headache symptoms regularly on more than two or three days a week. This is quite different from when your doctor prescribes specific preventative drugs to take every day. These prophylactic medications work in quite a different way from symptomatic treatments by preventing the migraine process developing.

What if drugs don't work?

If you have frequent or severe attacks that are not effectively controlled with symptomatic treatment, drugs taken daily to prevent migraine are an option. Your doctor can advise on the various medicines available.

Will it get better?

There is no known cure for migraine. However, a great deal can be done to lessen the impact of migraine by the use of effective acute treatments, identifying and avoiding triggering factors, and using preventative treatments when necessary. This can make the change from a condition that is out of control to one that is under your control. For the majority of people with migraine, attacks become less frequent in later life.

This information is provided as a general guide only. If you have any queries or concerns about your headaches or medications please discuss them with your GP or your City of London Migraine Clinic Doctor.

Dr Anne MacGregor April 2006
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