TALKING HEADS
A PHARMACY GUIDE TO MIGRAINE

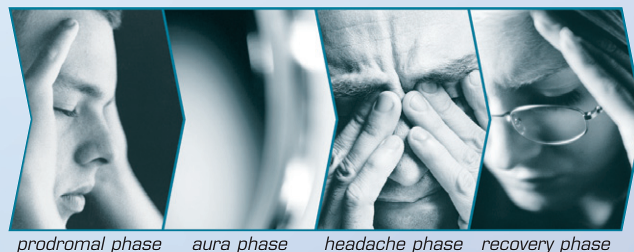
The phases of a migraine attack

Prodromal Phase
– precedes the aura. Symptoms include; variation in mood, yawning or tiredness, craving for food. If sufferers can identify the prodromal phase and start treatment immediately, the attack may be lessened or stopped completely.

Aura Phase
– lasting 15–60 minutes, transient visual disturbances, sensory, motor or speech disturbances.

Headache Phase
– severe one sided throbbing headache, nausea, vomiting, photophobia and phonophobia, lasting several hours/days.

Recovery Phase
– characterised by variations in mood, muscle weakness, abnormal appetite, tiredness or a possible energized feeling/euphoria, and can last for up to 48 hours. Similar to the Prodromal Stage.



prodromal phase   aura phase   headache phase   recovery phase

What causes migraine?

Little is known about the causes of migraine. One theory is that certain events or substances can set off an imbalance of naturally occurring chemicals in the brain, which may cause the blood vessels of the head to expand.

The area around these blood vessels becomes inflamed and irritates nerve endings. This dilation and irritation may account for the throbbing pain experienced in the temple or behind the eyes.

Studies have shown that 60% of people with migraine have a positive family history with the mother being the most commonly affected relative. If both parents suffer from migraine, each off-spring has a 70% risk of inheriting the condition and a 45% risk if one parent suffers.

Possible triggers

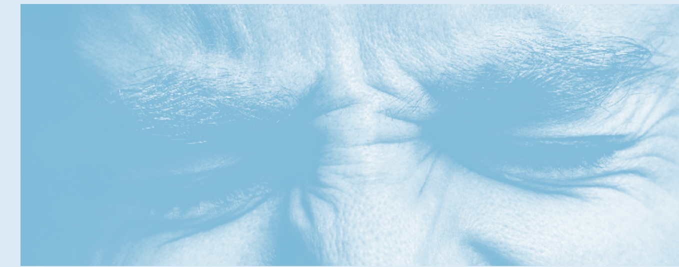
Dietary	Cheese, chocolate, red wine, citrus fruit, fried foods, tea/coffee, Chinese food, salt, alcohol, caffeine withdrawal, lack of food, irregular meals, dieting
Hormonal/ physiological	Menstruation, oral contraceptives, menopause, high blood pressure, cigarette smoking or other head pain
Physical	Over-exertion, fatigue, bending/ stooping/lifting, travel (jet lag), change of routine (e.g. holiday, shift work)
Emotional	Anxiety, depression, stress, anger, shock, excitement, worry
External	Flickering/bright lights, prolonged screen watching, flickering screen, noise, intense smells, change of climate

Migraine vs Headaches

The aforementioned symptoms and side effects associated with migraine are not features of other types of headache.

The most common types of headache:

- Tension Headache – pain is constant and 'band-like', felt on both sides of the head, no nausea or vomiting, caused by muscle tightening, tiredness, stress, anxiety
- Cluster Headache – the most severe type of headache, predominantly affecting men, occurs in bouts, attacks occur daily, severe pain occurs behind and around the eye. Symptoms include watering, reddened eye, blocked nose, facial sweating and nausea, cause unknown
- Sinus Headache – constant nostril, cheek and forehead pain caused by sinus infection. Can be treated with antibiotics



Chronic daily headache (CDH)

CDH is a daily or near daily headache syndrome. It is defined as any headache recurring at least 15 days in a month. Many sufferers are migraine sufferers whose condition has worsened.

There are 3 main sub-types of CDH:

1. Chronic Tension headache – Similar to 'tension headache' but occurs more than 15 days a month.
2. Transformed Migraine – A condition where ordinary migraine becomes more and more frequent over time.
3. Rebound Headache (*aka Medication Induced Headache*) - Medications, especially analgesics can lead to CDH through over consumption or unnecessary consumption. Patients can get into a vicious circle of taking medication to resolve a headache that is actually being caused by the medication itself. Withdrawal from the medication responsible is the only cure. This often leads to the condition worsening initially (5–7 days) before improving.

The role of the pharmacy

As migraines are so debilitating, a person is highly unlikely to visit during an attack. So the pharmacist may have to establish if it is migraine the person is suffering from.

Standard questions to recognise migraine:

- Have you been diagnosed with migraine by your GP?
- What are your symptoms?
- How long have the symptoms been present?
- Are you on any medication?
- How often do these headaches occur?
- When did these headaches first start? Migraine typically starts in the teens or twenties.
- Do you feel sick or vomit during the headache?
- Do the headaches worsen during routine physical activity or when exposed to noise/light?

Customer Advice

1 Reduce the chances of an attack:

- If possible, keep a diary of possible triggers and when identified avoid where possible
- Consider what was eaten and what happened in the 48 hours preceding a migraine
- Eat regularly
- Get enough sleep
- Drink plenty of water
- Limit your intake of drinks containing caffeine or alcohol
- Take regular exercise
- Get plenty of fresh air and practice deep breathing
- Take regular breaks
- Take care with your posture
- Learn relaxation techniques e.g. yoga and meditation

2 Reduce the discomfort of symptoms during an attack:

- Take appropriate medication at the earliest possible point, as soon as the migraine is recognised
- Rest or sleep in a dark, quiet room
- To alleviate nausea, take anti-emetic OTC medication e.g. Migraleve, or small snacks e.g. toast and water at regular intervals

It is important to reassure patients that effective management is possible

People seeking help from the pharmacy for headaches should be referred to the GP if their headaches are;

- Severe and have begun recently
- Recur and are getting worse or more frequent
- Develop as a result of a head injury
- Are accompanied by neck stiffness, drowsiness and light sensitivity
- Are accompanied by weakness or paralysis, loss of vision or other unusual symptoms
- Do not respond to treatment
- Exhibit symptoms of stroke i.e. prolonged visual disturbances
- Showing symptoms of rebound or chronic daily headache
- Are accompanied with fever/cold hands/rash/ rapid breathing (septicemia)
- Or they have not yet had a GP diagnose the condition

Treatment and Management of Migraine

There is no test to diagnose migraine. A diagnosis can only be made based on the information that you can provide to your doctor. Once diagnosed, the management of migraine includes the correct use of appropriate medications.

Analgesics

Most painkillers available without a prescription are based on one of three simple analgesics; paracetamol, aspirin or ibuprofen. These drugs are available either alone or as a component in a combined medication.

Triptans

Triptans are prescription-only, migraine specific drugs. These drugs target specific groups of serotonin receptors in the brain that are known to be closely involved in migraine attacks. Triptans should be taken as early as possible in the headache phase of an attack.
They are not prescribed for children, pregnant women, or people over 65 years. Consult with your doctor for more information on these medications.

Preventative Treatments

The goal of preventative treatments is to reduce the frequency, severity, duration and disability of migraine attacks.
They can be prescribed if:

1. You suffer from more than 2 attacks per month
2. Your attacks are particularly severe or disabling and do not respond well to acute treatments like analgesics or triptans
3. Your attacks follow a regular pattern (e.g. around the time of menstruation)
4. You suffer from rare forms of migraine such as basilar or hemiplegic migraine

Preventatives are taken daily for a period of 6–12 months and can include beta-blockers, anti-convulsants and certain anti-depressants.

Non-drug Treatments

In addition to medications, many women find that non-drug approaches to managing migraine such as lifestyle management, trigger management, relaxation exercises and a variety of complementary treatments can help reduce the impact migraine can have.

Useful information and references

For information, support and re-assurance phone The Migraine Association of Ireland Helpline Number 1850 200 378 Mon – Fri 10am – 4pm or log onto www.migraine.ie. For specialist medical advice phone 01 797 9848 Mon – Thurs 2pm – 4pm or email info@migraine.ie

Sponsored by an educational grant from Pfizer Consumer Healthcare

Migraine and Women

A female perspective on treatment and management of migraine

Foreword

Did you know that Migraine affects at least 400,000 people in Ireland? There is no other condition affecting so many people that is surrounded with as much myth and misinformation as Migraine. As a migraine sufferer myself, I understand how Migraine can be such a disabling neurological condition. The condition affects between 18-20% of women and 6% of men. 50% of people with migraine experience their first attack before the age of 20.

Migraine attacks generally feature a one-sided headache and are episodic in nature. Attacks can last from 4 hours to several days and between attacks, people experience no other associated symptoms. The World Health Organisation has identified Migraine as the 12th leading cause of disability among women and the 19th leading cause of disability overall worldwide.
As a woman with migraine, I am personally delighted that there is now a new booklet to deal with the specific issue of Migraine in Women.

This booklet has been developed by *Migraleve* in association with the Migraine Association of Ireland to provide up to date information to aid in the assessment, management and treatment of Migraine in Women.
I think it will provide a very useful and much needed reference on coping with migraine from a female perspective.

Audrey Craven
President,
Migraine Association of Ireland

Audrey Craven

Introduction

Migraine is three times more common in women than men, with most women typically experiencing their first migraine between 13 and 17 years of age.

Each year, migraine attacks disrupt the lives of hundreds of thousands of Irish women, their children, families, colleagues and friends. Migraine and its effect on women is a serious issue that deserves attention and awareness.
Migraine is three times more common in women than men with most women typically experiencing their first migraine between 13 and 17 years of age.
Female migraineurs describe migraine headaches as "frustrating" and "isolating" because the pain of the attacks prevents them from being with their friends and families and from doing the things they like to do. Many women minimise or downplay the effect that migraine has on them because they don't want to be considered overly emotional or weak.

As well as having a huge impact on family and social activities for women, migraine also takes a greater toll on women in the workplace. Women are more likely to report reduced productivity or absenteeism from work or school, compared to men, as a result of migraines.

Causes of Migraine

There is not much known about the root causes of Migraine. One theory is that certain events can set off an imbalance of naturally occurring chemicals in the brain, which in turn causes the blood vessels to expand. The area around these blood vessels becomes inflamed and irritates nerve endings. This dilation (expansion) and irritation may account for the throbbing pain experienced in the temple or behind the eyes. Aura on the other hand is believed to result from a wave of electrical activity that spreads across the brain prior to the start of the headache.

Genetics also play a major role. Studies have shown that 60% of people with Migraine have a positive family history with the mother being the most commonly affected relative.

Migraine Trigger Factors

Some people find that their migraines are triggered by something. A wide variety of factors have been identified that may trigger migraine. They include diet, physical exertion, biological changes, emotions, and environmental factors. Triggers don't exactly cause migraine. Instead, they are believed to bring about attacks in people who are susceptible to exposure to the triggers. Trigger factors are highly individual – anything can be a trigger if you are susceptible to it. Some people have no trigger factors at all, while others say that only a combination of factors will result in an attack.

Recognising your own triggers is the key in managing your migraine. Avoiding these can help reduce the frequency of attacks but is unlikely to prevent all of them.

Migraine in Women

The multiple stressors and roles that many women juggle may contribute to exacerbating a migraine once it starts and may prevent many women from retreating to a restful, quiet environment to get the respite they need.

One in three female sufferers of migraine reported that it has affected their ability to be in control of their lives. They claim that they cannot really control their plans or activities, or even function during a migraine attack and others lost confidence in their ability to do their work, could not think clearly, felt "extremely ill" or felt "depressed". Marriages and other relationships can suffer as a result; having migraines also affects women's level of sexual satisfaction.

Migraine in Female Children and Adolescents

Migraine occurs in children and adolescents more commonly than is recognised and so it is often under-treated.

At the age of 12, it affects around 10% of children and is equally common in boys and girls. The onset of migraine in girls is closely linked to their first menstrual period, girls are more likely to begin having migraine during the same year of their first period than at any other age. After this, girls are more likely to experience migraine than boys, and this pattern continues throughout life.

POSSIBLE TRIGGERS

Physical
Over-exertion, fatigue, bending/stooping / lifting, travel (jet lag), change of routine (e.g. holiday, shift work)

Dietary
Cheese, chocolate, red wine, citrus fruit, fried foods, tea/coffee, MSG, alcohol, nuts, caffeine withdrawal, lack of food, irregular meals, dieting (fasting)

Hormonal /physiological
Menstruation, oral contraceptives, menopause, high blood pressure, head/ neck injury, neck tension

Emotional
Anxiety, depression, stress, anger, shock, excitement, worry

External
Flickering/bright lights, change of climate, cigarette smoking, flickering screen, noise, prolonged screen watching, intense smells

Pregnancy and Migraine

Migraine headaches during pregnancy usually disappear by the second trimester when oestrogen levels rise. However in a minority of people, migraine worsens during pregnancy.

Most women are highly motivated to avoid using medications during pregnancy. Many headache experts recommend tapering off daily preventive medications if planning to get pregnant.

During pregnancy, it is best to stop all medications, especially during the important first trimester of pregnancy, when many organ systems are developing in the foetus.

Oral Contraceptives and Migraine

Some women report more headaches while on oral contraceptive agents; typically during the medication-free part of the cycle, when oestrogen levels drop.

Other people find that their migraines are lessened after discontinuing oral contraceptives. Some women find that the Progesterone Only Pill can also be beneficial.

Migraine and Menstruation

Migraine being more common in women than men is believed to be largely due to hormonal changes, including the rise and fall of oestrogen levels during the month, particularly those related to the menstrual cycle, pregnancy, PMS, and perimenopause (the 2–10 years preceding menopause when hormonal levels fluctuate considerably).

Oestrogen, the primary hormone of reproductive-age women, has been strongly implicated in migraine because women in this age group experience more than five times as many migraine headaches as men of similar age. About 60% of women with migraine note an increased number of headaches during their menstrual period (menstrual-related migraine). In 10% to 14% of these women, the migraine occurs around the time of the period and at no other time. The term “true menstrual migraine” is often used to describe this type of migraine.

Menopause and Migraine

The good news about going through the menopause is that migraines usually decrease dramatically. Many women with migraine, especially if they have a history of menstrual migraine, can experience some relief as they approach menopause.

For women whose headaches have been closely linked with their menstrual periods, the elimination of that headache trigger with menopause can result in real improvement although it is rare for attacks to disappear entirely. Getting older is also usually associated with headaches, nausea and vomiting becoming less severe.

Therefore, it may not be only menopause, but also ageing, which reduces migraine in many cases. Hormone replacement therapy may also help to relieve migraine in perimenopausal and menopausal women.

Prevalence of Migraine

Despite the prevalence of migraine in women, nearly half of women migraineurs surveyed are unaware of how common the condition is. This causes many women with migraine to feel a little isolated. It causes them to question the seriousness of their condition and avoid seeking treatment. The highest prevalence for migraine occurs in women between the ages of 35 and 45, a period when many women are at the height of their professional career, family responsibilities, and social life.