



What is Migraine?



An introduction to migraine

Migraine is more than “just a headache”. It is a complex neurological condition, which can affect the whole body and can result in many symptoms, sometimes without a headache at all. It can be easily overlooked or mistaken for other conditions and can affect people in different ways.

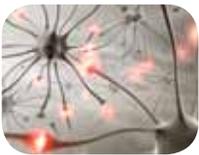
Research is continuing, but at present we do not know what causes migraine; there is no clear diagnostic test and, as yet, there is no cure. However, there are many ways to help manage the condition and lessen its impact - ultimately reducing the disruption caused to everyday life.



Migraine - the signs

For most people the main feature of a migraine is a painful headache. However, there are other associated symptoms that can prevent an individual from continuing with daily life, and these can occur with or without the headache. **If you have two or more of the following symptoms during an attack, it is probable you are suffering from migraine:**

- Intense throbbing headache, often on one side of the head only;
- Nausea and / or vomiting. You may also experience diarrhoea;
- Increased sensitivity to light, sound, and / or smells;
- Neurological symptoms that include visual disturbances such as blind spots, distorted vision, flashing lights or zigzag patterns;
- Other common aura symptoms you may experience include: tingling or pins and needles in the limbs, an inability to concentrate, confusion, difficulty in speaking, paralysis or loss of consciousness (in very rare cases).



These symptoms, often called ‘aura’, can occur before an attack happens lasting from a few minutes up to an hour. However, this is usually only experienced by about 20 - 30% of people. Migraine with aura was previously known as classical migraine.

The symptoms of a migraine can vary from person to person and during different attacks. Migraine attacks may differ in their frequency, duration and severity, although, normally they last between 4 and 72 hours, and most people are symptom-free between attacks.

The five stages of an attack

Although not all migraines follow the same pattern, there generally tend to be five phases of a migraine attack:

The prodrome (warning) stage: Signs, such as mood changes, tiredness, an unusual hunger or thirst can happen up to 48 hours before an attack.

The aura: This part of the attack can last up to an hour and usually precedes the headache. Symptoms may include visual disturbances, pins and needles, confusion etc.

The main stage of the attack: A headache will often be present along with other symptoms, such as nausea and / or vomiting and can last between 4 and 72 hours.

Resolution / postdrome stage: The pain gradually eases or may disappear, but feelings of lethargy or being 'washed-out' may remain.

Recovery stage: It can take a few days to fully recover, or for the more lucky ones, recovery can be surprisingly quick.

Migraine and your quality of life

Migraine is a much-misunderstood condition. Family, friends and work colleagues often find it difficult to understand how people who suffer from migraine can be fine one minute and then have a debilitating headache the next. Comments such as *"but you were fine yesterday"* are common. A migraineur is unable to offer any proof of his / her condition, because there are no obvious external signs of the condition outside of an attack. This can make migraine a condition which non-migraineurs use as an excuse to take a day off work, and can put real sufferers in a difficult position. **For more information on migraine in the workplace, please visit www.migraine.org.uk/work or contact us on 08456 011 033.**



More migraine facts

- On average, a migraineur experiences around 13 attacks per year but this can vary from one individual to another.
- The World Health Organisation has rated migraine amongst the top 20 most disabling life-time conditions. Migraine affects people of both sexes, all ages, cultures and social classes, although around two thirds of sufferers are women.
- Migraine affects over 6 million people in the UK and is more prevalent than asthma, epilepsy and diabetes combined.
- Many migraineurs suffer in silence but there is a lot of support available.

Migraine - the causes

In recent years the understanding of migraine within the medical world has greatly improved, recognising that migraine is a disorder that involves many aspects of physiology, including the central nervous system, neurotransmitters and other chemicals within the brain.

Migraine is thought to be caused by a release of neurotransmitters (chemical messengers) through nerve endings in the trigeminal system located in the brain. When a migraine attack has been triggered, this is then thought to expand the blood vessels in the brain.

Recent research confirms a genetic link to migraine; people with a DNA variant on chromosome 8 between two genes - PGCP and MTDH/AEG-1 have been found to have a significantly greater risk of developing migraine. It appears that this DNA variant regulates the levels of glutamate – a chemical, known as a neurotransmitter, that transports messages between nerve cells in the brain; an accumulation of this chemical in the brain can cause migraine attacks. Research into preventing the build up of glutamate and other causes in migraine is still ongoing.

The most common migraine 'triggers' are:

- **Stress** (or the relief of stress);
- **Lack of food or infrequent meals** (e.g. missing meals);
- **Certain foods** (including products containing caffeine, tyramine, alcohol, monosodium glutamate); 
- **Changing sleep patterns** (e.g. weekend lie-ins or shift work);
- **Hormonal factors** (e.g. monthly periods, the contraceptive pill, HRT or the menopause);
- **Overtiredness/over-exertion** (both physical or mental);
- **Extreme emotions** (e.g. anger, or grief);
- **Environmental factors** (e.g. loud noise, bright / flickering lights, strong smells, hot stuffy atmospheres, VDUs etc.); 
- **Climatic conditions** (e.g. strong winds, extreme heat or cold).

Trigger factors are not the same for everyone and you may have different triggers to the ones above. For most people, there is not just one trigger but a combination of factors which individually can be tolerated but, when they all occur together, a threshold is passed and an attack is triggered. **It can be helpful to identify and then avoid your own triggers; if you would like more information please visit www.migraine.org.uk/triggers or contact us on 08456 011 033 to request a booklet.**

Migraine medication

Although there is, as yet, no miracle cure for migraine, it is possible to bring the condition under control using a wide range of treatments that are available. However, with migraine being a complex condition the effectiveness of these treatments can vary between individuals.

Some people are sceptical about consulting their doctor about their migraine and believe that nothing can be done to help them. If a prescribed treatment from their doctor has been unsuccessful in the past, some people feel unable to go back. However, the understanding of migraine within the medical field is improving and new treatments are introduced frequently. Your doctor and your pharmacist are important allies in your battle against migraine and their advice and support can be invaluable.



Migraine treatment falls into two main groups: 'acute' and 'preventative' medication.

Acute treatments / 'rescue therapies'



These should only be taken to relieve a migraine attack when it occurs. Many people treat their migraine with simple painkillers bought over the counter, such as aspirin (900mg) and ibuprofen (400mg). These can be very effective, especially when using fast acting formulations of medications, such as ibuprofen lysine. It is important to take medication at the first sign of an attack, before 'gastric stasis' (a shut down of the digestive system) occurs, which prevents the absorption of medication into the blood stream. Painkillers taken in soluble form or tablets taken with a sweet fizzy drink can start to work more quickly. Anti-sickness medication can also be helpful to overcome gastric stasis and relieve nausea or vomiting.

If remedies purchased over the counter do not give significant relief, your doctor can prescribe stronger painkillers or painkillers combined with anti-sickness ingredients, such as metoclopramide (10mg) and aspirin (900mg).

Drugs known as triptans or 5HT agonists have been specially developed to treat migraine; they act directly to correct the serotonin imbalance, which is believed to cause a migraine attack and, therefore, address all the symptoms. They are available in a variety of different forms including tablets, capsules, melt in the mouth tablets, powders, suppositories, injections and nasal sprays. Most of them are available on prescription only and are not suitable for all patients. Only sumatriptan (Imigran Recovery, Migraleve Ultra, and Migraine Relief by Boots) is available over the counter from pharmacies. **For further information please visit www.migraine.org.uk/acute or contact us on 08456 011 033.**

Preventative (prophylactic) treatments

If you are having frequent migraine attacks (more than 4 a month), and / or are taking triptans (more than 10 a month), or painkillers regularly (15 days or more a month), your doctor may prescribe medication which you will need to take every day. These sometimes take a while to show full benefit so you will probably need to take them for at least three to six months. Although they can reduce the frequency and / or severity of attacks, they seldom eliminate them entirely, so you will also need an effective compatible acute treatment for breakthrough attacks. **For further information please visit www.migraine.org.uk/preventatives or contact us on 08456 011 033 to request a booklet.**

Non-drug treatment



Complementary or alternative medicine can often provide relief and / or help migraineurs to manage their migraine. If you are prone to high levels of stress, treatments such as cognitive behavioural therapy and relaxation techniques may help. For those with neck tension or back problems, acupuncture, massage and osteopathy can be of benefit. Before undertaking any treatment, please ensure that you consult a fully qualified and registered practitioner. **For more information and guidelines on complementary treatments, please visit www.migraine.org.uk/complementary or contact us on 08456 011 033.**

Keeping a diary

Keeping a diary will allow you to identify your migraine triggers and in turn will help you to better understand and manage your migraine. You may find that a pattern emerges and that by making a few minor changes to your diet or lifestyle, you can reduce the frequency and / or severity of your attacks. **For more information please visit www.migraine.org.uk/managingmigraine or contact us on 08456 011 033 to request a diary.**

Diagnosing migraine

If you are experiencing regular headaches and / or other symptoms it is important to see your GP. There is no 'test' for migraine; diagnosis by a healthcare professional is usually based upon your medical history. By looking at the symptoms and pattern of your attacks, they can rule out other causes for the attacks. The use of a migraine diary can be vital in aiding diagnosis. Migraine Action has migraine diaries available for this purpose, which allow you to record the frequency, severity, and symptoms of your migraine, and note activities which took place prior to an attack.



FAQs

I had not realised there was more than one type of migraine. What are the main types?

The most common type of migraine is migraine without aura. About 20% - 30% of migraineurs have migraine with aura; this can occur at times without a headache. Other types of migraine include basilar artery migraine, abdominal migraine, hemiplegic migraine, menstrual migraine, chronic migraine and cluster migraine.

I have always had headaches from time to time but they seem to be more frequent recently and I don't know why?

The number of migraine attacks you get can vary for a number of reasons but a major factor could be dependent on your migraine threshold (the point at which a migraine attack is more likely to occur). The higher your threshold, the less likely you are to get a migraine. Exposing yourself to numerous triggers, such as stress, over tiredness, insufficient food, changing sleep patterns etc. can lower your threshold and make it more likely for you to get an attack. Trying to eliminate various triggers can help to increase your migraine threshold.

If your headache changes in any way, in type, symptoms, severity or frequency, please seek medical advice to confirm the diagnosis and discuss appropriate treatment.

Migraine tends to evolve over your lifetime; try keeping a diary to see if there is any reason for this recent change. **Please contact us on 08456 011 033 to request a diary.**

I've heard that if I stop eating chocolate I should be able to control my migraines?

It is a well known myth that if you avoid chocolate, cheese and red wine, you won't get migraine. There are many different triggers for migraine and what may affect one person does not necessarily affect another. For most people it is not just one trigger but a combination of factors which can trigger an attack. Some people experience warnings signs, such as mood changes, tiredness, food cravings etc. up to 48 hours before an attack. Being aware of as many symptoms as you can, will enable you to better manage your migraine. **If you would like more information please visit www.migraine.org.uk/triggers or contact us on 08456 011 033 to request a booklet.**

FAQs

Over the years my eyes have become really sensitive to bright lights; is there anything that can help?

To help protect your eyes against bright lights, artificial lighting, television screens etc. you can purchase MigraLens®; these help to filter the red and blue light that migraineurs are usually sensitive to. **For more information on MigraLens® and light sensitivity please visit www.migraine.org.uk/light sensitivity or contact us on 08456 011 033 for more information.**

My 8 year old complains of bad headaches; do children also get migraine?

Yes, children can also get migraine, although theirs can be different to adults. Children normally report a headache that is more in the forehead or the middle of the head rather than on one side and their migraines are shorter. Sometimes in younger children the predominant symptom is abdominal pain. **For more information on migraine in children please visit www.migraine.org.uk/youngmigraineurs or contact us on 08456 011 033 to request a young migraineur pack.**

My family and work colleagues think I use my migraine to get out of doing things at home or at work. This is not true, how do I make them understand what I go through?

Because migraineurs are normally quite well between attacks, non-sufferers find it difficult to understand how you can be well one minute and then really unwell the next. It is important for them to understand more about the condition and how it affects you. **At MA we have a migraine in the workplace booklet which you can download from our website at www.migraine.org.uk/work or contact us on 08456 011 033 to request a copy.**

I have suffered with migraine since my late teens. I am now going through the menopause and have noticed that my migraines are getting worse, and the treatment I used to take makes no difference at all. Why is this?

Many women report that their migraine gets worse around the time of their menopause this is mainly due to the fluctuating hormone levels. The changes to oestrogen levels often cause various symptoms, such as hot flushes, night sweats, panic attacks and mood swings. If your current treatment is no longer providing relief you should consult your GP to discuss other options. **For more information please visit www.migraine.org.uk/hormonalmigraine or contact us on 08456 011 033 and request a booklet.**

Extracts from newsletters

Our **Challenging Migraine** newsletter contains hints and tips from members, information on new drugs and treatments, reports of developments in research and articles about aspects of migraine by specialists in the field. Here are some of the topics from past issues:

- **Migraine and food:** Feedback from members who have found that the food supplement glucosamine (usually for joint problems) resulted in their migraine medication working less effectively.
- **Drug licensing:** Information for licensing some prescription-only migraine specific drugs to be made available for purchase in pharmacies.
- **Aura symptoms:** Taking marine fish oil capsules, removing caffeine from their diet and taking the prescription treatment amlodipine are some suggestions from members who have found their aura symptoms have eased.
- **Migraine and the NHS:** A four page supplement discussing the issues the NHS face in headache / migraine care and how you can get a referral.
- **Migraine in the workplace:** An article providing information for you and your employer to help you manage your migraine.
- **Medication overuse headache:** An article providing an overview to this common and disabling headache including its diagnosis and treatment.
- **Migraine surgery:** Stories of members who sought to treat their migraine by implanting an electronic device to block pain signals to the occipital nerve.
- **Complementary medicine:** An article explains how clinical trials on butterbur extract can help migraineurs prevent attacks.
- **Vertigo and migraine:** An article explaining the symptoms of vertigo, its relationship to migraine and its treatment.
- **Light sensitivity and migraine:** A study by Harvard University identified a new pathway that underlies sensitivity to light during a migraine which has implications for new treatment.



Self-help tips

- **Eat regularly to keep blood sugar levels stable** - avoiding sugary snacks and leaving no longer than three hours between food during the day or 12 hours overnight.



- **Maintain a regular sleep pattern** - aim to get 8 hours of sleep each night. Avoid late nights and lie-ins.
- **Drink plenty of water**, 1 - 2 litres per day.
- **Reduce stress and anxiety** - leave time for plenty of rest and relaxation. Practise deep breathing or try yoga.
- **Limit your intake of drinks** containing caffeine and alcohol.
- **Take sensible breaks from work**,



- especially if you use a VDU or if your work is repetitive and / or stressful; make sure the computer screens are properly adjusted and fitted with anti-glare filters.
- **Get plenty of fresh air** and get some regular exercise.
- **Avoid bright flashing or flickering lights** and reflective surfaces. Wear sunglasses and / or a hat in bright sunlight.
- **Ensure that ventilation indoors** is good and try to keep rooms at a constant temperature.
- **Above all** - learn to say no and put yourself first at least once every day!



Migraine Action - the leading charity supporting migraineurs

What can we do for you?

- Provide regular updates about the latest migraine research.
- Help to eliminate that feeling of isolation that no-one understands.
- Keep you in touch with other migraineurs.
- Help you to minimise the disruption migraine can cause in your life.
- Raise awareness of the condition.
- Support and encourage research for better treatment methods.



Our membership services include:

- A friendly **patient helpline**; postal and email information service.
- "Challenging Migraine", our **quarterly newsletter**.
- **Booklets** on all aspects of migraine and its treatment.
- Opportunities to participate in **research**.
- Access to all areas of the **website*** including the **web forum** where you can share experiences with other migraineurs and ask experts questions.



To join/support us simply complete the form below with your details and return it to: **Migraine Action, 4th Floor, 27 East Street, Leicester. LE1 6NB**. Alternatively, please email info@migraine.org.uk or call us on **08456 011 033**.

Personal details

Title: Dr / Mr / Mrs / Miss / Ms / Other

First name: Last name:

Address:

Telephone: Email:

I would like to join as a member (£25.00 p.a.) Volunteer/ambassador

Become a regular giver Media volunteer

Add 25p to every pound you donate at no extra cost to you, just tick the box below:

I am a UK taxpayer and want Migraine Action to claim back the tax on all my contributions made in the last six years and until further notice.

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I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand that the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after April 2008.

Please state your donation amount

I would like to donate £..... on a **monthly/annual/one-off basis** by **direct debit/cheque/credit or debit card** (please delete as appropriate)

Ways to pay

By Debit/Credit card

Please debit my Visa/Mastercard/Maestro/Delta card (delete as appropriate)

For the amount of £ Security code

Debit/credit card no.

Valid from Expiry date Issue no. For Maestro cardholders only

Name on card

Signature Date / /

