

NEWS

GETTING AHEAD OF MIGRAINES

About 36 million Americans—including nearly one in three women—experience the overwhelming pain of migraine headaches. Yet, despite effective treatments and prevention strategies, at least 50 percent don't get the relief they deserve.

"If you have frequent or severe headaches, it's worth talking with your doctor," says American Headache Society president-elect Elizabeth Loder, M.D., Chief of the Division of Headache and Pain at the Brigham and Women's Hospital in Boston. "Preventive medications may reduce migraine frequency and severity." Here's what to discuss with your doctor:

Describe your symptoms:

It may be a migraine if the pain lasts 4-24 hours and is on one side of your head, pulses, feels worse if you move and/or keeps you from everyday activities. Nausea and/or vomiting and sensitivity to light and noise are also clues. One in three migraine sufferers have visual disturbances (such as bright lights) beforehand.

Share your headache diary

Note migraine triggers like stress, skipped meals, poor

sleep, alcoholic beverages, certain foods and hormonal shifts (in women). Track when headaches happen, the level of pain intensity and, how long it lasts.

Discuss relief

"Over-the-counter medications such as ibuprofen or a migraine formula ease migraine pain for many," Dr. Loder says. "Others may need prescription medications." Prescription pain relievers called triptans can stop a migraine in some people within 20 to 60 minutes if taken early. Ergotamine-based drugs also bring relief. Avoid medication-overuse by limiting pain relievers to two to three days per week.

Ask about prevention

If you get more than one migraine weekly or the pain isn't helped by other medications, talk with your doctor about prescription drugs for prevention such as beta-blockers, antidepressants and anticonvulsants. "You may have to try more than one," Dr. Loder says. "It can take two to three months to see if it works."

What about Botox?

William J. Binder, M.D., FACS, a Los Angeles plastic surgeon



HEADACHE THERAPY IS VERY INDIVIDUALIZED. What works for one person may not work for another. And you may have to try a variety of medications and non-drug techniques before you find a cure. PHOTO: ISTOCKPHOTO.COM

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who pioneered this treatment, says Botox (OnabotulinumtoxinA) injections, FDA-approved only for chronic migraine prevention, help some people. "At first, patients need shots every three months, but after a while many go to twice a year," he notes. "Being pain-free can change your life."

SARI HARRAR

TIP

3

ADD FISH & VEGGIES TO YOUR DIET

9 TIPS

Nine things that you and your patients with migraine should know

- 1 There is a genetic predisposition to migraine.
- 2 Migraine is not just a headache.
- 3 Common migraine food triggers include chocolate, citrus fruit, aspartame, beer and wine.
- 4 Females with migraine often notice a change in their migraine pattern with hormonal fluctuation.
- 5 Some patients with migraine gain relief with simple analgesics while others require antiemetics and migraine specific therapy.
- 6 Too much symptomatic treatment may make headaches worse.
- 7 Headache prevention therapy should be considered for patients with one or more headaches weekly, or for patients with severe, disabling headaches that cause absence.
- 8 "Natural" preventives exist: Headache prevention therapy should be considered for patients with one or more headaches weekly, or for patients with severe, disabling headaches that cause absence from work, school or family events.
- 9 Children get migraines too.

The American Headache Society has additional resources for practitioners and patients. Visit americanheadache-society.org for additional information on the above topics and other resources.

AMERICAN HEADACHE SOCIETY