

LEARNING MADE EASY



2nd Edition

Migraines

for
dummies[®]
A Wiley Brand



Zap your headaches
with top migraine meds

Target migraine-triggering
foods and lifestyle habits

Decrease pain with
neuromodulation devices

Diane Stafford

Best-selling author and migraineur

Jennifer Shoquist, MD

Family medicine physician

with London San Luis

Migraines

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dummies®**
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**by Diane Stafford and
Jennifer Shoquist, MD**

with London San Luis

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Introduction

Amazing times for migraineurs! Although you may not be able to imagine using the word *amazing* in the context of migraines, this book brings you life-changing truths and upbeat ideas in an inviting format to enlighten you and the other 39 million Americans living with migraine today. Although no cure is available, people with migraine are experiencing a promising time of migraine management, with more targeted migraine medications as well as a deeper understanding of how to sidestep problems that cause headache pain and nausea. In short, your prospects for fewer missed workdays and an increased amount of “fun time” are within your reach simply because so many viable answers are at hand. Precise targeting of migraines makes an enormous difference, so it is well worth your time to zero in on the parts of living with migraines that have plagued you thus far. Finally, you can banish the shadowy downsides (pain and nausea) and revel in life’s abundance of sunny opportunities.

Indeed, being one of 39 million migraineurs elevates your ability to find the exact takeaways from this book that can benefit *you* tremendously, because there’s nothing like heightened awareness to make a person pay attention. Ideally, by the time you’ve accessed the information in this book that is the most relevant to your life, you’ll be well equipped to troubleshoot your migraines effectively and compartmentalize them into a small corner rather than a front-row position that dictates everyday choices. With the right strategies at hand, you’ll downsize the role of migraines, which puts you well on the road to a healthier, happier life — the kind you’ve often wished were yours.

In this book, we tell you about the many excellent advances in migraine treatment that include more effective medications and new delivery systems (nasal sprays, injections) that work better and have fewer side effects than older medications. Some new prescription drugs are designed specifically for migraine treatment and prevention, as opposed to medications used in the past that were created for other medical conditions. We also spotlight the cool new wearable neuromodulation devices that you can use to stimulate your nervous system and reduce migraine pain.

Along with having a knowledgeable migraine doctor to answer questions, you can be proactive by avoiding food triggers, staying hydrated, maintaining healthy sleep patterns, and avoiding everyday antagonists. We showcase an array of treatment ideas along with the latest and greatest medications for a reliable toolkit to handle migraine auras, pain, and nausea. You can stave off many migraine attacks

by working with your body (not against it) and by your heightened awareness that your brain is unusually sensitive to stress, noise, smells, weather extremes — as well as the foods you designate as triggers. Truly, moving away from a migraine-anchored lifestyle is now a realistic goal — one that will allow you to feel and look every bit as effervescent as you are inside.

About This Book

You, a person with migraine or a supporter of one, need this book because it has easy-to-access information that you won't find easily online or in other headache books. Serving as a handy reference book, *Migraines For Dummies*, 2nd Edition, is the most user-friendly how-to-feel-better book on the market today. Easy-access organization and practical hints make *For Dummies* books the go-to source they have been for decades, and *Migraines For Dummies* treats a tough topic with tender loving care because its authors know whereof they speak.

The following will help you make the most of this book:

- » This book is divided into parts that work as freestanding units, so you can skip around and zero in on the information you need immediately. No need to read the book chronologically because all segments are little treasures for the taking. Understanding Chapter 15 doesn't require building on knowledge from Chapters 1-14. So if, for example, you're looking for information on children's headaches, you can go straight to Chapter 18. If you're experiencing new and different versions of head pain now that you're 65, take a look at Chapter 21.
- » A must-read is the food-triggers section (Chapter 10), which recommends developing a personal list of "foods to avoid" by keeping a diary of foods and beverages that lead to head pain. For example, red wine or food with MSG may be taboo for you — or not. Food triggers are individual things, so no one list fits all. Even if your twin sister who has migraines isn't bothered by any foods other than sharp cheddar cheese, you, another migraineur, have identified numerous foods and beverages that give you migraines.

Foolish Assumptions

Because you chose this book, we feel comfortable in making certain assumptions about you, as a reader. For instance, we think that you probably know more than most people about headaches, and you've probably sampled a number of remedies for head pain.

Also likely is that you haven't found the dream solution for your migraines because you're obviously "still shopping." On that note, you may already have a firm migraine diagnosis — or maybe you're still trying to figure out whether having your disorder confirmed would help you in any respect.

You may have struggled in the past with people's minimizing of your migraines. In reality, some coworkers and relatives find it strange for a headache to affect you so dramatically. It's also hard to live with the general attitude that your head pain is "fake news."

In the work arena, you've struggled with whether taking off work with a painful headache is unwise, so you try to soldier through it and then worry about producing subpar work on those days.

Because headaches run in families, you may find yourself overcompensating when you have a migraine, especially if your own childhood was compromised by having a parent whose suffering affected you and your entire family: missed special occasions, concern for an "ill" dad or mom, and other issues.

In pain fighting, you've had mixed experiences, leaving you generally dissatisfied with the information you've read up to this point.

All these types of experiences put you in the perfect space for receiving new input that can improve your life and reduce the number of days that intractable pain sidelines you. We bring you reassurance, tips, and encouragement along with concrete information on all aspects of migraine management.

Icons Used in This Book

Throughout this book, icons in the margins highlight certain types of valuable information that call out for your attention. Here are the icons you'll encounter and a brief description of each.



TIP

The Tip icon marks tips and shortcuts that you can use to make migraine management easier.



REMEMBER

Remember icons flag information that you especially want to keep in mind. To siphon off the most important information in each chapter, just skim through these icons.



TECHNICAL
STUFF

This icon signifies technical information that you may want to skip over, or you can use it to deepen your understanding of this ailment.



WARNING

The Warning icon tells you to watch out! Importantly, it alerts you to urgent symptoms that should send you hurrying to a doctor or emergency room for evaluation.

Beyond the Book

In addition to the abundance of migraine information and guidance that we provide in this book, you get access to bonus help online at Dummies.com. Check out this book's online Cheat Sheet by going to www.dummies.com and entering *Migraines For Dummies Cheat Sheet* in the Search box.

Where to Go from Here

This book doesn't require you to read all the chapters in linear order; you can peruse it in any order you want. Good places to begin, however, are these:

- » Chapter 2 ushers you straight to the nitty-gritty information you need ASAP: coping with symptoms.
- » Chapter 3 is another good launchpad because it tells you how to identify what may be triggering your migraine attacks.
- » For detailed information about medications for treating migraines, go to Chapter 8, which deals with both prescription and nonprescription meds.
- » And, finally, if the psychological aspect of migraine management is a major concern for you, prioritize Chapters 14 and 15.

1

Getting Started with Migraines

IN THIS PART . . .

Get familiar with all aspects of migraines.

Find out how to navigate your migraine symptoms and master them.

Identify migraine triggers that disrupt your super-sensitive system so that you can avoid those successfully.

- » Getting a take on migraines
- » Identifying common types of headaches
- » Understanding why your head hurts
- » Personalizing your treatment plan
- » Juggling family and work issues related to migraine

Chapter 1

Understanding Migraines

When you get past the initial shock of having migraines, a symptom becomes a vivid “notification” that it’s time to pull out your cache of weaponry. Whether your go-to answer is a prescription medication, a nerve-stimulating device, or a lifestyle alteration, you’ll know exactly how to smooth your way to a healthier place.

This book supplies the tools you need to banish pain and other symptoms. We share treatments from both medical knowledge and lived experiences. The take-aways apply to children, teens, Millennials, middle-aged people, and older adults, and we’re excited to share insights that will make your life infinitely better.

Granted, migraines are complex. Just when you think you’ve conquered the beast, triggers team up and deliver blockbuster pain that reminds you that migraine attacks are changing targets. Obviously, that variability makes self-care key, and the sooner you are diagnosed and develop a plan, the better. Then, when nature tosses your head a grenade, you can stage a powerful defense.

Migraine enlightenment is *magically freeing*. People with migraine love days that are headache free, and we’re here to hand you the golden ticket to subduing the

dragon for the rest of your life. This chapter gets you started by providing an overview of common types of headaches and how to approach working with them.

Incidentally, you may have noticed our reference to “migraine” in place of “migraines.” Both the singular and plural are acceptable usage today, but you’ll impress your doctor by referring to having “migraine,” which is the version currently endorsed. Either way, the condition hurts — but we’re here with lots of help!

Knowing What Migraines Are — and What They Aren’t

A *migraine* is an intense, recurring headache, but each occurrence isn’t always debilitating, and it’s usually manageable. The trick to living with migraine is to pinpoint your migraine triggers and find medications and lifestyle changes that get you right back in the game. In short, you don’t have to suffer from FOMO (fear of missing out) if you stay well-informed.

What migraines are

A common myth states that any bad headache that is disabling and excruciating must be a migraine. But the truth is that although some migraine attacks are very severe, others are mild to moderate. Tension headaches, too, can be extremely painful, as can red-flag headaches caused by serious problems such as a hemorrhage (bleeding) in the brain.

Migraine symptoms are different in different people. The uniqueness of the symptoms, in fact, is one reason that some people with migraine end up living for years without effective medication because they don’t even know that their headaches are migraine related. Some experts estimate that many people with migraine would benefit from preventive medications that reduce severity and frequency, but only a small percentage take advantage of these prescription options.

For example, you may assume, based on what you’ve heard, that the headaches you get can’t be migraines because you don’t experience the symptoms you’ve heard from those old wives of “old wives’ tale” fame. The truth, however, is that migraines have a wide variety of symptoms, and not everyone has classic symptoms. Many people experience migraine symptoms for years before going to a doctor to be diagnosed, and that is unfortunate because so many solutions are available.

Although we go into more detail about migraine symptoms in later chapters, the symptoms of migraine include but are not limited to the following:

- » Throbbing or pulsating pain that is usually on one side of your head.
- » Pain that ranges from moderate to severe.
- » An aura that occurs prior to a migraine. An *aura* is typically a visual disturbance of zigzag lines or flashing lights, and it lasts from a few minutes to less than an hour. You may also experience numbness or tingling of the face and hands. Most people with migraine don't experience auras, but those who do have a variety of visual symptoms, some of which are alarming, like temporary partial loss of vision in one eye.
- » Lethargy and malaise.
- » Nausea, vomiting, or both; sensitivity to light, smells, or sounds (or all those); lack of appetite.

The following are features that many people with migraine have in common:

- » You come from a family of people with migraine, who may include your parents, grandparents, and siblings.
- » Your headaches last from about four hours to three days.
- » Sleep usually helps you feel better.

Your headache frequency can be several times a week, once a month, or even less often than that. A day or two before your headache, you may experience any of the following: yawning, frequent urination, drowsiness, irritability, and euphoria. After a headache, you may feel like you have a *pain hangover* — you're tired, you don't feel hungry, and your thinking processes seem slower.

A migraine is essentially a headache and more. Because the normal functioning of your central nervous system is disrupted during a migraine, all body systems are affected. As a result, you may be bothered by sounds, smells, and lights. Your scalp may feel tender. Your feet and hands may be cold.

Symptoms of migraines vary in each individual, so don't assume that your headaches aren't migraines just because you lack auras or other classic symptoms. More people with migraine don't have auras than do. You may have generalized head pain instead of the classic one-sided misery. Further, many people with migraine have never experienced visual disturbances, nausea, or vomiting. Tell your medical experts about your symptoms, and let them identify the kind of headaches you're having and determine what can be done to wipe out the pain.

About 42 percent of people with migraine inherited a proclivity for it, according to the latest estimates. But you still can take charge of your nervous system by limiting your exposure to triggers. For example, factors that combine to affect your nervous system are certain foods, stress, disordered sleep, and lack of movement. Handle these factors properly, and you may reap the big win of fewer migraines. If migraine runs in your family, a predilection for migraine attacks is part of your genetic material, and you can't run away from it. In all likelihood, migraine is due to combinations of multiple genes that cause a person to tend to have migraine attacks. (Chapter 3 has more on the genetics/migraine connection.)

What migraines aren't

The other main types of headaches have symptoms that are different from those of migraine — but sometimes symptoms overlap, making diagnosis difficult. (See Chapter 4 for information on headaches that people often confuse with migraine.)

Some signs that your headache *isn't* related to migraine:

- » You feel a tight band of discomfort around your head.
- » Your shoulder and neck muscles feel knotted.
- » You have headaches only after sex or physical exertion.
- » Your headaches are getting steadily worse.

Identifying the Common Types of Headaches

Consider the following indicators of these headache types:

- » **Migraine:** The key symptoms are a throbbing head pain that's typically one-sided, intensity that's moderate to severe, and a lengthy duration (a migraine attack can last from a few hours up to several days). Activity may make you feel worse. You may have accompanying nausea and vomiting, and/or sensitivity to light and sound. If you suffer from migraines, you usually have headaches on a regular basis.

- » **Tension-type headaches:** A common headache in people who have migraine, depression, or both, this type of headache presents with a dull ache of mild to moderate pain. The pressure is on both sides of your head, and it comes on slowly.

If you feel pain on both sides of your head, or like a band around the head, including the forehead and back of your head — and if the pain feels more like tightness than it does a throbbing or pounding — you probably have a tension-type headache. You don't have vomiting or auras with this kind of headache. Tension headaches can occur very frequently (even daily) and are sometimes very painful. Such a headache may last 30 minutes to a week. Triggers are disordered sleep, sunlight exposure, dehydration, alcohol consumption, stress, and long periods of gazing at a computer or cell phone.

- » **Cluster headaches:** This headache is characterized by sudden and severe piercing pain on one side of the head. These headaches come in clusters — appearing during several consecutive days, weeks, or months, and then disappearing, only to come back months or years later. Cluster headaches can come and go five or six times during a day. They're usually short-lived, lasting from 15 minutes to two or three hours each time.

With a cluster headache, you may have a droopy-looking eyelid or sweating on the side that hurts, and you may find that moving around makes you feel better. Typically, cluster headaches aren't accompanied by nausea or vomiting. Pain usually occurs behind or around one eye. The eye may tear up or become red, and the nostril on this same side may run or feel congested.

- » **Medication-overuse headache:** With a medication-overuse headache, many people with migraine experience a sinking fear that the pain will never go away. Piling on with too many pills is the cause of this kind of persistent migraine. A medication-overuse headache results from regularly overusing one or more drugs that you take for acute or symptomatic treatment of headaches and thus inadvertently cause a vicious cycle of pain. It may occur from taking a medication for more than 10 to 15 days per month. Essentially, the pain makes you start thinking, "One pill didn't help, so maybe two will." At that point, you would try almost anything. You just want the pain to *go away*. By the way, if you're using abortive (acute) medications often, you may want to talk to your doctor about adding a preventive medication to your regimen or changing your preventive med to reduce your migraine attacks' severity and frequency.

The critical part of ensuring that you never again induce a medication-overuse headache is to "keep your head about you" despite the incessant discomfort. Don't get so frantic that you abandon common sense.



TIP

Always follow your doctor's orders in taking headache medications.

COMPARING MIGRAINES WITH AURAS TO ONES WITHOUT

According to the American Migraine Foundation, a relatively small percentage (25–30 percent) of people with migraine experience the signals or symptoms called *auras* (visual disturbances, speech problems, distortions of smells and sounds, numb hands and lips). Some people with migraine have auras occasionally, whereas others have never had that symptom at all. (See more on auras in Chapter 2.)

According to the International Classification of Headache Disorders, 3rd Edition, a person with *migraine without aura* has at least five attacks that fulfill these criteria: a headache lasting 4 to 72 hours (untreated or unsuccessfully treated); this headache has at least two of the following characteristics: (1) it's located on one side; (2) it pulsates; (3) the pain intensity is moderate to severe; (4) it's worsened by, or causes avoidance of, routine physical activity (walking or stair-climbing); and (5) during a headache, at least one of the following happens: nausea, vomiting, or both; phonophobia (aversion to loud sounds); and photophobia (aversion to bright lights). A last criterion for diagnosis: The patient's symptoms are not better explained by another ICHD-3 diagnosis.

A person experiencing *migraine with aura* has at least two attacks with symptoms occurring in one or more of the following categories: visual, sensory, speech and/or language, motor, brainstem, retinal. The migraine with aura has at least three of the following traits: At least one aura symptom spreads over about 5 minutes; two or more symptoms occur in succession; each aura symptom lasts 5 to 60 minutes; at least one aura symptom is one-sided; at least one aura symptom is positive (seeing flickering zigzag lights or feeling pins and needles); the aura is accompanied by a headache, or a headache follows the aura within 60 minutes. And finally, the headache is not better explained by another ICHD-3 diagnosis.

Understanding Why Headaches Hurt

Migraine is a neurological disorder — a “brain problem,” which is interesting because the brain itself cannot experience pain. According to the National Institute of Neurological Disorders and Stroke, migraine is a health condition, and symptom episodes comprise a migraine attack.

The hallmark throbbing pain that makes a migraine feel like someone is hammering your head appears to come from an imbalance in the hormone serotonin that causes an electrical change in the brain. Although no one fully understands migraines, some experts believe that the pain is related to serotonin levels in the brain and abnormal excitation of the cells of the nervous system — an event that

occurs when a food, a stressful event, high altitude, or another trigger upsets your serotonin production. In a nutshell, migraines arise from underlying problems with your brain's neurotransmitters.

Migraine pain differs from the intensity of other headaches because a person with migraine has hardwired hyperexcitability in the brainstem, and that genetic quirk heightens neuron activity. Sensory stimuli — weather, sounds, smells, lights, certain foods — can lead to a migraine attack by activating your genetically over-active neurons.

Obviously, you're the biggest stakeholder in migraine development because you allow (or disallow) exposure to triggers. Your central nervous system is programmed to generate migraines; hence, you are logically the Zen master, who has some power to calm brain-dwelling neurons and thus avoid or reduce headache pain.

Personalizing Your Treatment

Diagnosing and treating migraines may require an investment of time, money, patience, trial and error, journaling (to discover triggers), and a strong working relationship with a doctor who diagnoses the causes of headaches.

You fare best with assistance because getting to the bottom of headaches is complicated. Too many people with migraine flounder around for years without coming to any conclusions or finding medications that eliminate pain. (See Chapter 6 for more about headache diagnosis.)

After you've been diagnosed with migraine, you can take a proactive stance by putting remedies to work and implementing lifestyle changes. Basically, you find ways to keep a migraine from forming whenever possible, and you stand ready with an action plan when pain does hit. You probably have noticed that certain foods, activities, sounds, or smells trigger a migraine attack. However, an attack may not occur every time you eat aged sharp cheese or take a strength-and-conditioning class at the YMCA. Typically, it takes several triggers to generate a migraine attack. You never know if or when, but a heightened awareness of your triggers helps you avoid migraine development. (You can find out more about food triggers in Chapter 10; exercise triggers in Chapter 11; environmental triggers in Chapter 12; and sleep-habit triggers in Chapter 13.)

Aspects of migraine management include: finding the right doctor and creating a treatment strategy; working to eliminate triggers; handling family and work issues; and understanding special-situation migraines, such as ones associated

with hormonal changes, life stages, stress, and exertion. Plus, it's important to familiarize yourself with red-flag headache signs that should send you scurrying to the emergency room.

Sometimes migraines are manageable. Just figure out your headache triggers and rearrange certain aspects of your lifestyle, and you'll be on the road to sending your headaches to the B-team bench, where they'll languish and rarely take a starring role again. Many people with migraine need a medication that knocks out the pain. Others choose alternatives such as yoga, head massage, or one of the new neuromodulation devices. (See Chapter 9 for more about these devices.)

Call on your A+ patience when you start sampling migraine treatments. Although you may get lucky and find that the first medication your doctor recommends works perfectly, the more common route is a trial-and-error period of testing medications.

Migraines are quirky. If they weren't, doctors would be able to recommend the one super-sized honcho power-pill, and there would be no need for a book called *Migraines For Dummies*. In truth, migraine headaches and symptoms come in as many varieties as there are materials in a fabric store. That makes them difficult — but not impossible — to treat. After you personalize your migraine game plan, you're halfway to the goal line.

Handling Family and Work Issues

Getting a handle on family and work issues associated with migraines can greatly improve your living-with-migraines existence. For one thing, you will not have to miss as much work or school after you zero in on ways to manage symptoms. At the same time, though, the chronic nature of migraine means that you always need to be prepared to deal with a headache that strikes when you're outside the home. Have an arsenal of techniques ready to go.

Having good “people skills” for migraine management is important because some of those who don't have migraines cannot relate to the sometimes-debilitating nature of headaches.

If head pain were your only problem, you would be looking at a very different kind of malady. But everyone associated with a migraineur is affected by the chronic nature of the affliction. It's therefore up to you to set the tone for handling issues with family, friends, supervisors, and coworkers. Basically, you either establish yourself as a capable, reliable individual who just happens to have headaches, or as a disabled person who wants everyone to jump and show massive amounts of sympathy when a headache strikes.

DEALING WITH BEING MISUNDERSTOOD

You may have trouble relating to folks who are skeptical when you say your head hurts. You may also feel indignant, thinking, “Hey, wait a minute — shouldn’t I be the one expecting empathy?”

Outsiders often look askance at migraine attacks, and you really can’t expect someone who is a stranger to migraines to grasp the level of pain that can come with one. Most people who are migraine-free view migraine headaches in one or more of the following ways:

- **With skepticism:** They assume that you’re a hypochondriac, and that makes them dismissive.
- **With empathy:** They’re sorry that you must suffer and wish they could help.
- **With disinterest:** They don’t want to hear about your migraine pain.
- **With anger:** They’re mad when you call in sick and your migraine inconveniences them.
- **With confusion:** Children, for example, have trouble understanding why a parent sometimes gets sick and can’t do things for them, or why family activities are cancelled.

Taking these possibilities into consideration will help you deal with colleagues and relatives in a happier, more consistent way. In return, you’ll get better treatment because those close to you will know what to expect.

Today, people with migraine absolutely benefit from targeted treatment methods that offer abundant reasons for celebration. You have more options than your parents or grandparents had when nursing a migraine attack, and these expanded options can make life easier and more enjoyable.

Consider these highlights of today’s overall migraine picture:

- » Drug options for treating migraines are superior to ones formerly available. Today’s medications are more effective because some are migraine-specific.

In 1993, the introduction of the first triptan migraine drug in the United States improved the migraine-treatment picture dramatically, and by 2025, seven triptan medications had been FDA approved for fighting migraines. (See Chapter 8 for more details on prescription drugs.)

- » Healthcare providers take migraines seriously. They can help you eliminate lifestyle triggers that can aggravate your highly sensitive nervous system. Hence, a person with migraine may be able to reduce dependency on medication.
- » Alternative therapies can complement your primary migraine-management plan.
- » Overall, people have more informed attitudes about migraine.

Migraine treatment is smart, savvy multitasking at its best. You can nip a headache in the bud with fast-acting medications. This upgrade makes all the difference in the world, and when you add it to other new coping ideas, you truly put yourself in the driver's seat.

With the recent addition of exciting calcitonin gene-related peptide (CGRP) antagonists and triptans to the roster of migraine medications, migraineurs now have a wealth of ammunition to aim at head pain. Indeed, today's wonderful wellness climate delivers huge benefits for those of you formerly plagued by migraines. In this book's pages, you'll discover how simple it is to get back to the wonders of living well — healthy, happy, and lifted up by yet another empowering *Dummies* book!

- » Looking at auras, sensory sensitivity, and stomach problems
- » Troubleshooting other migraine symptoms
- » Trying quick solutions

Chapter 2

Navigating Your Migraine Symptoms

Migraine types are as diverse and multifaceted as our gene pools, so it's challenging to sort through the scads of symptoms and zillions of ideas on how to deal with symptoms. In this chapter, we help you find the approaches that provide you with migraine relief, as well as actions you can take to relieve the symptoms beyond the hammering pain. You also need to be aware of those cursed *medication-overuse* headaches (headaches that occur when you take too many medications), and how to avoid having one of those monsters.

Other chapters in this book go into more detail about all these topics, but this chapter gives you a bird's-eye view of migraine symptoms and introduces you to a formidable arsenal of quick fixes that you can have ready to fire.

Looking at the Big Three Symptoms: Auras, Sensory, and Stomach Issues

The Big Three — auras, sensory sensitivity, and nausea — are the most common symptoms of migraines. Because you're reading *Migraines For Dummies*, 2nd Edition right now, chances are excellent that you already have some experience with this devilish trio, or at least one or two players.



Not all migraines come with auras. Moreover, not all migraines come with nausea and vomiting. But these symptoms are ones that many *migraineurs* (people who experience migraines) face.

Previewing an aura's light show

Visual and perceptual disturbances can accompany a migraine headache, and this happens to about 20 to 30 percent of the people who experience migraines. Typically, an aura starts up to an hour before a migraine headache begins. You may have a heightened sensitivity to smells. Some people experience numbness in their lips, hand, or even leg on one side of the body, or have trouble speaking. Some experts theorize that auras arise from an excitation of brain cells and a wave of nerve signals firing through body parts other than the brain.

With different types of auras, you can experience

» Visual anomalies such as

- White or colored squares, circles, or triangles that appear to be moving
- Zigzag lines around a dark center, shooting stars, or flashing lights
- Diminished field of vision (you see only half of your usual field) or blurriness



Don't be afraid to describe your "sightings" when you're being evaluated by a doctor. You can be sure that neurologists and many other doctors are familiar with the strangeness of auras.



Temporary visual disturbances can also occur with other medical conditions, such as retinal detachment (a serious eye problem that an ophthalmologist — an eye doctor — needs to evaluate immediately). Symptoms of retinal detachment are seeing flashing lights and having a sensation of a shade or curtain obscuring your field of vision in one eye. Don't panic, but do seek a doctor's help as soon as possible. A jarring visual development is not something you should ignore or postpone addressing. So the first time you experience a new visual symptom, you should go to an emergency room or get urgently evaluated by an ophthalmologist.

- » Physical and other sensory anomalies such as numbness in your face, lips, mouth, or hands
- » Dizziness or a spinning feeling
- » Food cravings or loss of appetite
- » Weakness or feeling faint

Auras, which usually last 20 to 40 minutes, precede a headache — almost like the ding-ding-ding of a railroad-crossing bell warning that something scary is on its way. However, auras are also unpredictable. Just because they come before a headache doesn't mean that they can't pop up during a migraine. In addition, you may experience an aura without a headache. Sometimes an aura lasts throughout a headache. Auras come in a wide range of intensity, from minor annoyances to frightening, hallucinogenic-type horrors. In fact, some migraineurs say that they would accept the headache pain if they could only bypass the aura.

In headache stages, the *prodrome* is the period preceding a headache. It's defined by warning signs such as dizziness, nausea, or yawning. (For more information about headache staging, see Chapter 4.) In the prodrome stage, some migraineurs experience decreased appetite, fluid retention, irritability, and restlessness.



TIP

The type of headache formerly called a *classic migraine* features an aura before or with the headache. Only a small percentage of people with migraine experience this “classic” symptom. In contrast, a *common migraine* doesn't feature an aura, yet the vast majority of migraineurs experience this aura-less migraine. Both terms — classic migraine and common migraine — are out of date. Now these headaches are called *migraine with aura* and *migraine without aura*.

Coping with sensitivity to light, smell, and sound

Your head is pounding, and you desperately want to get away from bright lights, bad smells, and loud noises. This onslaught of hypersensitivity is common among migraineurs and makes your migraine pain a double or triple whammy. Some people are bothered by only one or two of these problems, but the whole offending trio can hit others.

Lights

Light sensitivity is such a common migraine symptom that it's in the top tier of symptoms and is usually a part of a migraine. Sensitivity can range from a mild reaction to a complete aversion to any kind of light. Fortunately, there's a simple remedy: Retreat to a dark room and lie down if necessary. If a dark room isn't an option, look for a spot with low light.

Smells

Smells may bother you before or during a migraine. You may be ultrasensitive to cooking odors. Very rarely, you may even smell bad or pungent odors that don't exist. Your nose may run constantly, which may lead you to mistake a migraine for a sinus headache.



TIP

Finding perfumes and cigarette smoke obnoxious isn't unusual for a person with migraine. Strong odors can make your pain worse, so steer clear of smells that are hard to handle. Use an air purifier to neutralize odors, or infuse a room with a pleasant smell, such as lavender.

Sounds

Much like finding smells bothersome, you may wince when you hear a loud noise. During a migraine, you may find all kinds of sounds unbearable. As is the case with staving off smells and lights, your remedy is avoidance. Get away from the source of the problem.

Unfortunately, avoiding noise and insisting on a quiet home can dampen the atmosphere of your house. Some migraineurs use earplugs or headphones, but if having devices on your head worsens the pain, these aren't viable solutions.

Combating stomach issues

You may have a migraine plus the unwanted bonuses of nausea and vomiting.

These stomach problems sometimes result from chemicals your brain releases during a migraine. Diarrhea and other changes in bowel habits can be troublesome, too. About half of all migraineurs experience stomach problems.

If you have to cope with nausea and vomiting, along with head pain, you may benefit from injections, pills, or suppositories that combat stomach woes. These aids work quickly and can make you sleepy — both of which are welcome effects. (Chapter 8 has more information on medications for nausea and vomiting.)



TIP

The only good thing to say about the nausea and vomiting that can accompany migraines is that this phase sometimes signals an easing of head pain. On the other hand, for some folks, stomach symptoms are forerunners of the worst pain of the headache's course.

Other gastrointestinal problems you may experience are diarrhea, constipation, and stomach cramps. You may even find that your stomach has become almost paralyzed, which can cause you to have nausea and vomiting, rendering the oral medications meant to fix the problems useless. This delayed emptying of the stomach is called *gastroparesis*. In these cases, it is important to discuss with your doctor non-oral medications that can bypass the gut, such as nasal sprays, injections, or suppositories.

Encountering Other Migraine Symptoms

Although the Big Three — auras, sensory sensitivity, and stomach problems — are the symptoms that plague many migraineurs, other folks have their own individual troublemakers. Migraine symptoms are erratic, and we don't have statistics on how many people experience which symptoms, but many people do have the Big Three plus some of these symptoms:

- » A pale, flushed, or very red face
- » A tender scalp
- » Bloodshot eyes
- » Blurred vision
- » Cold hands and feet, or a feeling of being hot all over
- » Dizziness or a feeling of spinning
- » Food cravings or a total loss of appetite



TIP

Some people with migraine experience a personality switcheroo, exhibiting raw personality traits. Feeling absolutely miserable, a migraineur can turn into a difficult person who won't talk and later wonders why he was so irritable.

If you're the one acting like your own evil twin, some alone time is a good idea. On the other hand, if a person you know with migraine is showing a rough side, give that person space (and grace). Thankfully, the negativity will end just as soon as the headache subsides.

Using Quick Fixes

Here are some dietary or lifestyle upgrades that may help relieve pain and ward off migraines:



TIP

- » **Drink plenty of water.** A typical healthy person should try to down eight to ten 8-ounce glasses a day. Dehydration often sets the stage for a migraine.

Keep a quart (or liter) of bottled water on your desk, or somewhere handy, so you can avoid having to "guesstimate" your water intake. Drink this water during the day and then drink more water in the evening. If you're exercising a lot and sweating profusely, or if the weather's hot, increase the amount of water you drink accordingly.



Don't make the mistake of saying, "Oh, I drink lots of tea and diet soda, so I get enough liquid." Those beverages are not water substitutes.

- » **Set up a meal plan.** Eat regular meals and healthy snacks, and never skip meals.
- » **Eliminate alcohol.** Try decreasing and then eventually eliminating alcoholic beverages.
- » **Stop smoking.** If you're not already participating in a smoking-cessation plan, find a hospital outpatient program that will help you achieve this critical health goal — or you can work with your doctor on a stop-smoking plan. People who experience migraine with aura are already at slightly increased risk for stroke, and smoking increases this risk further.
- » **Purify your diet:** Eat fruits, vegetables, and other natural foods, and avoid foods with preservatives and MSG (monosodium glutamate). Some migraineurs benefit from a plant-based diet that includes plenty of fresh vegetables. (See more about food triggers in Chapter 10.)

Okay, so you're ready to nail headache hooligans in 60 different ways. Meanwhile, what are you supposed to do about the pounding in your skull that's making it hard to work and participate in other life activities?

What you need are quick-fix solutions to help you navigate hard times while you seek answers to successful long-term migraine-busting.

Screech! Here's how to relieve pain with simple lifestyle soothers:

- » **Make sleep your new best friend.** Try to get the same amount of sleep each night. Strive for regularity in the times you go to bed and get up. Most people need seven or eight hours of sleep per night, but not everyone. Typically, when you can sleep as long as you want and wake up naturally, the number of hours you clock will be what your body likes. Also, you must remember that getting about the same number of hours per night on weekends is important — or you may develop a migraine from erratic sleep.
- » **Use relaxation techniques.** Stress and anxiety can trigger headaches, so try to master skills that will help decrease the toll that stress takes. Breathe deeply and meditate.
- » **Massage your head.** When you feel a headache coming on, try the method that works for some migraineurs: Apply light pressure to your temples, your head, and the spot you feel pain radiating from.

- » **Apply pressure to the right body points.** Find the tight and sore spots in your neck and shoulders and press them firmly with your fingertips for several seconds. (Chapter 9 addresses acupressure.)
- » **Use compresses or ice packs.** Both hot and cold compresses may be helpful when you have a migraine attack. An ice pack's numbing effect usually helps dull your pain. Relaxing muscles is the job of a hot pack or heating pad, and sometimes these can provide a surprising amount of comfort.



TIP

When you use an over-the-counter or a prescription migraine med, make sure that you don't take it more than two days a week. If this medication schedule leaves you in pain, talk to your doctor about what to do. Otherwise, you may create a medication-overuse headache, and if you've never had one, take our word for it: They're awful. Avoid fly-by-the-seat-of-your-pants self-medicating. That approach can take you to a pain place that you don't ever want to visit.



REMEMBER

Keep your optimism at a fever pitch. Find your way toward a higher plateau, where you can live less painfully. Migraineurs do it all the time.

IN THIS CHAPTER

- » Journaling your headaches
- » Understanding inherited migraines
- » Cleaning your environment
- » Spotting dietary villains
- » Identifying forms of exercise that make your head hurt
- » Keying in on other migraine triggers
- » Deactivating your most problematic triggers

Chapter 3

Identifying Your Migraine Triggers

When unknown ogres pound your head, you'll try almost anything to get relief. But before you grab a random remedy, keeping a journal to track the specifics of your diet and lifestyle will help your doctor help you. Targeted troubleshooting can spotlight ideal ways to handle your unique migraines.

Personalized migraine-fighting truly empowers you, and this chapter covers some elements to consider and track in your journal. Factors to account for include forms of exercise that generate head pain, foods that trigger headaches, sleep patterns that wreak havoc, and elements of travel that upset your applectart. On trips, your body must adapt to airport ups and downs, new cuisines, weather changes, novel activities, and high altitudes. Even slight changes can disrupt your system and kick off pain. Weigh travel's risks against the rewards by considering the effects of differences in sleep, food, routine, and fun. A proactive plan offers peace of mind, so always pack your know-how on subduing pain.

Journaling the When, Where, and How of Your Headaches

You probably never figured that someday you would be sitting around making notes on things you do, eat, drink, smell, and hear just to figure out what contributes to your migraines. Journaling is a great way to align your thoughts on cause and effect, and just a few weeks of journaling can reveal valuable information for you and your physicians to use to create an action plan. For a ready-to-go itemizer, copy the journal in Figure 3-1.

Another handy option for migraine journaling is the app called Migraine Buddy.

Whatever method you use to journal, view it as an intensive search for the Trigger Terrors that get together and conspire against you.

When starting a journal, follow these basic steps:

- 1. Keep your journal with you everywhere you go.**
- 2. Record what you eat and drink, where you go, what you do, what the environment is like, as well as weather changes, quality of sleep, stressors, and more.**

Refer to Figure 3-1 for specifics of what to include in your headache journal.

- 3. Write down the details — when your migraine started, what it felt like, and so on — and the pattern and intensity of the pain you experience.**

A pain pattern may be a migraine that occurs every four to five days and lasts about three hours each time.

- 4. Note the remedies you try and how effective they are.**

Journaling may strike you as time consuming and maybe a little boring, but if it can put you back in the Game of Life, feeling effervescent and with a head free of pain, it's surely worth the minutes you devote to jotting down pain patterns and triggers.

A *trigger* is anything, whether internal or external, that sets a migraine attack in motion. Typically, you must make a judgment call ("Is this a trigger or not?"). Suspected triggers don't wear banners that say, "Hey, we're here to mess with you!" Plus, a specific trigger may not cause a headache every single time; instead, a specific combination of factors may be the catalyst.

Headache Journal			
<i>Onset and Duration</i>	<i>Headache Traits</i>	<i>Possible Triggers</i>	<i>Remedies and Their Effectiveness</i>
<p>Date of headache:</p> <p>Time since last headache: number of hours, days, or weeks:</p> <p>Where were you when you got the headache:</p> <p>Signs that a headache was coming: visual disturbances, yawning, drowsiness, and so on. List all:</p> <p>Duration of headache: number of hours or days:</p>	<p>Associated symptoms: nausea, vomiting, light or sound sensitivity, and so on. List all:</p> <p>Pain rating on a scale of 1 (very little pain) to 10 (incapacitating pain):</p> <p>Location of pain: on side of the head, both sides, generalized, behind the eye, and so on. List all:</p> <p>Type of pain: throbbing, dull ache, sharp, band-like. List all:</p> <p>Does movement aggravate your headache?</p> <p>Is the pain: off and on or consistent?</p>	<p>Emotions: List anything especially exciting or anxiety-producing:</p> <p>Hormones: Indicate whether your headache was before, during, or after your period, and whether you're menopausal:</p> <p>Food and drink: List what you ate and drank. Include caffeine consumption and whether you consumed your usual amount at the usual time:</p> <p>Alcohol/drug consumption: List any alcohol or drugs you ingested:</p> <p>Physical activity: List what type of exercise you engaged in, including sexual activity:</p> <p>Environment: Were you exposed to excessive sunlight or bright light: a change in the weather, a change in altitude, dust, smoke, wind, and so on. List all:</p>	<p>Remedies Tried Over-the-counter medication: Advil, Excedrin, aspirin, and so on. List type and dosage:</p> <p>Prescription medication: List name and dosage:</p> <p>Complementary remedies: List method and how long you used it:</p> <p>How far into the headache did you try the treatment?</p> <p>Effectiveness Medication: Indicate, in minutes to hours, how long it took the medication to be effective, as well as whether it dulled the pain but didn't eliminate it, or didn't help at all:</p> <p>Complementary remedy: Indicate what effect the remedy had on your head pain and on your ability to cope with your migraine:</p>

FIGURE 3-1:
Your headache journal can help your doctor treat your migraines.

At the end of a headache day, make a notation next to any item in your journal that seems to contribute to the development of a headache within 30 minutes to a few hours afterward. Track four or five separate headache days. Things that appear to be triggers may be coincidences, so recording information on many headaches helps reduce the number of likely culprits.

Understanding Inherited Migraines

Maybe you inherited beautiful green eyes from your father, straight teeth from your grandmother, and an incredible singing voice from your grandfather — and, well, migraine headaches from your mother. Of course, she feels bad about it. But still, that little tag—you're—it came floating down in the gene pool when you were trolling for a set of traits, and now it's pretty much a done deal. How can you inherit migraines? Well, nothing's set in stone on the migraine story, but experts believe that a proclivity for migraines contains a strong genetic component.

A genetic predisposition for migraines in certain people is a given. In fact, about 42 percent of people with migraine have a strong family history of agonizing head pain. Underscoring the theory of inheriting migraines is researchers' discovery of an area on a particular chromosome (chromosome 19) that relates to a certain kind of migraine. This finding points to a specific inherited pattern in families who have *hemiplegic migraine*. This headache type causes temporary paralysis on one side of the body. The paralysis, which occurs in your face, arm, or leg, can last from one hour to days, but its common duration is about 24 hours. Unless you're a physician, you can't distinguish this weakness or paralysis from a stroke, so you need a doctor's evaluation. A medical provider will consider all possible causes of acute onset weakness. (Check out Chapter 4 for a run-through of the different types of headaches.)

A less common theory is that everyone in the world has the potential for migraines, but some people have a low threshold for triggers, whereas others have a high threshold. If you're a low-threshold type, your migraines trigger more easily than those of the high-threshold type.

Cleaning Up Your Environment

People who have headaches can be supersensitive to the content of their environments, so evaluating your own home and workplace for possible headache triggers is a good idea. (See Chapter 12 for more details about the role the environment plays in triggering headaches.)

Here are some general tips for improving your environment:

- » Clean your indoor air by placing a negative-ion generator in your bedroom.
- » Change air-conditioner filters frequently.

- » Use houseplants to filter indoor pollution. Plants that horticulturists recommend for filtering air in homes are aloe vera, ficus, philodendron, spider plants, and areca palms. (Cat lovers, beware: In this list, only spider plants and areca palms are nontoxic to cats.)
- » Request a tap water test from your local or state health department or a lab for impurities and carcinogens.
- » Install a home water-purification unit or a whole-house water purification system.
- » Check into the indoor air quality of places you frequent, such as your workplace (see Chapter 12 for more on testing indoor air quality).
- » Hire an inspector to check your home for mold, pollens, asbestos, radon, elevated levels of carbon monoxide, leaky gas furnaces, and noxious fumes.

Spotting the Villains in Your Diet

Your diet can make a major difference in the frequency and severity of your headaches. Most people who suffer from migraines have one or more triggers in the food-and-beverage realm. The challenge is figuring out which ones are yours. (See Chapter 10 for common culprits.)

The American Migraine Foundation (AMF) recommends a daily intake of carbohydrates, proteins, fats in the following amounts:

Food Type	Percentage of Daily Calories
Carbohydrates	45–65 percent
Protein	10–30 percent
Unsaturated fats	20–35 percent

The AMF also recommends vitamins, especially D and B2. Of course, eating plenty of fruits and veggies contributes to a well-balanced diet, and minerals such as calcium, iron, potassium, and magnesium support healthy bodily processes. Some doctors recommend that you take magnesium supplements to help lessen the symptoms of your migraine attacks.

Recording everything you eat and drink helps you key in on the foods and drinks that give you fits, so be sure not to leave out anything. Food and other things you ingest that may cause migraines include

- » Beverages such as beer, red wine, coffee, and tea.
- » Foods you eat on the road (in the car, at movies, at friends' and relatives' homes)
When recording food triggers, most people don't include road foods because they think they have no control over what they eat away from home.
- » Meals and snacks
- » Medications (prescription and over the counter), including hormone replacement therapy and birth control pills
- » Vitamin and herbal supplements (Avoid overdoing supplements.)



REMEMBER

Getting dehydrated and skipping meals are two big contributors to migraines.

Figure 3-2 shows some common migraine triggers.

FIGURE 3-2:
Caffeine, red wine, over-the-counter medications, and birth control pills can trigger migraines in some people.



Keeping tabs on your caffeine timing

A “weekend migraine” is a headache attack that hits you on Saturday or Sunday and often comes from sleeping late and delaying that first morning cup of Joe (coffee). If you’re a regular coffee or tea drinker, one seemingly innocent,

mundane migraine trigger is the failure to give your body its same “dose” of caffeine every day at the same time. This error is usually a random event; you sleep in, drink your one cup of strong coffee two hours after the usual time, and when you get to the gym, you feel bad pain moving in. As people who have migraines know, by the time a migraine sets up camp, it may decide to stay for the long haul. That’s why many migraineurs include consistent timing of their caffeine intake to their regimen. Like many triggers, caffeine seems like a minor thing, but the lack of it can topple your carefully calibrated equilibrium. Just remember that caffeine is potent enough to be an ingredient in certain over-the-counter headache medications, such as Excedrin. A caffeine-withdrawal headache is something you want to avoid.

Many people with migraine find that a cup of coffee knocks out a headache. Keep in mind, though, that the brain develops tolerance for caffeine, so your “dose” becomes less effective for headache relief as time goes by. People who consume caffeine daily get less pain reduction from it, but missing a daily fix of caffeine can produce a great deal of pain. The reason that typical coffee drinkers stay true to their daily cup of coffee is often more to avoid withdrawal pain than to enjoy the eye-popping stimulant effect. Uneven or excess use of caffeine can lead to a headache.

Checking for MSG on menus and labels

Although studies have been inconclusive, one of the most common food triggers for migraine-prone folks is believed to be *monosodium glutamate* (MSG), a flavor enhancer often added to Chinese foods and found in seasoning salt and other flavor enhancers. Years ago, cooks added MSG to vegetables to perk up the taste. But soon the little shakers of MSG lost favor as more and more people linked their migraines to MSG. The bad rap was well deserved and, like a nickname, it stuck.

If MSG triggers your migraines, check labels. Be vigilant for camouflage words that let MSG sneak into foods: sodium glutamate, calcium caseinate, and sodium caseinate.

MSG (monosodium glutamate) may hide in the following:

- » Candy and gum
- » Canned soups
- » Chinese foods
- » Dry-roasted nuts

- » Flavorings such as soy sauce, broth, and bouillon
- » Frozen dinners
- » Iced tea mixes
- » Meats packaged with sauces
- » Packaged gravy
- » Processed meats
- » Some sports drinks and diet drinks

Identifying Exercises That Make Your Head Hurt

Here's a scenario: You take a high-intensity interval training class and end up paying for it with a migraine. You notice that every time you exercise vigorously, your head hurts afterward. But even though exercise can trigger migraines in some folks, don't give up on working out just because of bad experiences. Exercise can help you fend off headaches. The trick is to figure out, trial-and-error style, which forms of exercise work for you and which forms trigger headaches.

Regular exercise three times a week for 30 to 45 minutes may help you avoid painful migraine attacks. Movement increases your brain's production of *endorphins* — those much-talked-about chemical schmoozers that are both mood elevators and pain reducers.

If you suspect that exercise is a migraine trigger for you, journal the length of time it takes you to warm up, the type of exercise you do, the duration of your workout, and how soon you develop a headache after exertion. You might discover that running outside in the hot, bright sun results in a migraine, but if you run indoors on a treadmill in a cool room, you don't develop a migraine.



REMEMBER

Keep in mind that the key element of a workout for a person with migraine is a slow stretch-and-move warmup before the activity. The slower transition to the stress of exercise on your body is less apt to trigger a migraine attack.

Abandoning too-intense exercise regimens

Maybe you love Spinning, that competitive class in which you pedal a stationary bike from low to high speeds to simulate uphill and downhill riding. Or you can't get enough of CrossFit workouts. Unfortunately, if these or other heavy-duty workouts consistently result in a headache, they are migraine triggers for you! Never mind if your partner, mom, or best friend swears by the effectiveness of this type of workout. If you want to feel good, you may need to keep high-intensity exercise out of your routine (or talk to your doctor about preventive medication options).

A key to living with migraine susceptibility is *acceptance*. You simply can't define yourself as a super Spinner, a cardio whiz, or a champion triathlete if these or other intense workouts give you headaches on a consistent basis. Pain may convince you that this trigger is just not worth it. On the other hand, if you have your sights set on developing certain athletic skills, there is no downside to trying. Your body may tell you the welcome message that, for you, this challenge is completely doable.

Choosing kinder, gentler workouts

If seriously heavy exercise sends you into a migraine, you can still opt for the kinds of exercises that you *can* do.

Try water exercise, a barre class, or Pilates. These activities are widely available at YMCAs, YWCAs, gyms, and health clubs. (See Chapter 11 for more exercise options.)

You might also start walking, swimming, dancing, or cycling. Sometimes you can make the pain go away by doing slow-motion exercise when twinges of a headache first hit.

Hydration is extra-important for exercisers with migraine. Keep your water bottle handy, and track the amount of water you drink to make sure you're getting enough. (Most days, you should drink about eight to ten 8-ounce glasses of water. Increase that amount by one glass per hour of vigorous, sweat-inducing exercise.)

Sure, super-imbibing will have you trotting to the bathroom more often, but it's a small price to pay for staying headache free. Dehydration is no one's friend, and people with migraine have to be extra vigilant to monitor their beverage intake.

Keying in on Other Migraine Triggers

Somehow your body seems to work overtime to scrounge up gnarly reactions to ordinary elements of living. A medicine you've tolerated well may one day manifest a surprising symptom. An editor we know developed hives one Christmas Eve after taking a headache medication he had taken for years. He went to the emergency room (ER), and the doctor told him to avoid all medications in the family of that particular medication and to list it when asked about allergies. He returned to his neurologist for a replacement medication for migraines.

Sometimes nontriggers convert to triggers — or at least, that's what you think is happening. Things that you have always tolerated well — medications, foods, exercise — go toxic one day for no apparent reason. It's shocking when you develop a headache as an almost immediate response to something that you've lived in harmony with for years. Unfair! Yes, but it happens. Most people with migraine have these experiences, and the "surprise" headaches can be very painful.

When a formerly friendly substance or activity goes awry, the cause is likely a few triggers acting together — so it just *seems like* something benign is suddenly giving you pain.

Migraineurs report the following as triggers:

- » Bright lights
- » Cigarette or cigar smoke
- » Environmental changes: weather, heat, cold
- » Fatigue or hangover
- » Menopause or perimenopause (see Chapter 17)
- » Menstrual cycle (see Chapter 17)
- » Puberty
- » Sexual activity and other forms of exertion (see Chapter 19)
- » Sleep disturbances: insomnia, sleep apnea
- » Varying sleep patterns caused by binge-watching TV, getting up and going to bed at different times, and a wide variation in the number of hours you sleep (see Chapter 13)
- » Smells and sounds

- » Surgery/anesthesia
- » Travel (eating food that differs from your usual diet, sleeping more erratically, visiting high-altitude locations, and being in different environments)
- » Worries, anxiety, stress (see Chapter 20)

Most people who experience migraines have triggers. For you, the question is “How many triggers have to team up in order to cause a migraine?” You may tip-toe past triggers all the time, and they don’t become rabble-rousers as long as you’re still below your threshold. Your head gets a full-frontal attack only when your body’s forces get overwhelmed by enemies packing bolts of pain.

SPRING BREAKDOWN

College freshman Kayla Bright took a spring break trip to Mexico with friends. Having suffered from migraines since she was fourteen, she knew she probably hadn’t identified all her triggers. But she didn’t understand why Kung Pao chicken on night one of the trip gave her a headache when that dish had never bothered her. The matter got really confusing the next night when she ate chocolate and got a migraine. Prior to that bowl of mousse, chocolate had never been a problem! Or maybe the problem arose from the change in environment, foods, and sleep patterns?

Then a friend on the trip, who was a pre-med major, told Kayla that triggers can team up. One factor alone (chocolate, for example) may not be enough to spur a headache, but several together might be a slam-dunk. Until that point, Kayla had worried that some things could just turn into demons overnight, leaving behind a headache. Basically, though, what she called a “chocolate migraine” probably came from several triggers forming a powerful posse and pummeling her head with an unforgettable attack.

Kayla talked to her neurologist, who had firsthand experience with migraines. The doctor said that triggers are so unpredictable that sometimes a perfectly friendly item (tea or peanut butter) may seem to sprout a devil’s tail — and end in a splitting headache that sends you to bed to sleep it off. Sometimes certain things will bother you (and launch headache pain), and other times, they won’t. They have to gang up with other triggers to cause a migraine, but all too often, that happens.

Kayla’s doctor asked her to journal her food and lifestyle triggers. A few weeks later, she showed her doctor the journal and got a prescription for a medication that really helped. In two hours, it knocked out a migraine! Hence, Kayla’s spring breakdown became a breakthrough moment in trigger-tracking.

Deactivating Your Most Problematic Triggers

Lifestyle issues can influence the severity and frequency of headaches. Try these guidelines:

- » Stay far, far away from red wine and aged cheeses, especially sharp cheddar. (See Chapter 10 for a list of foods to avoid.)
- » Don't smoke.
- » Get plenty of rest. Don't sleep 12 hours a night, but don't get exhausted to the gills, either. The right amount of rest varies with each person; you can tell what your body requires by checking the number of hours you sleep naturally, when no alarm or person wakes you up. For some people, it may be six hours; for others, it may be eight or nine.
- » Bump up the fiber content of your diet (more plant-based entrees, whole-grain breads, and veggies). See Chapter 10 for diet tips.
- » Eat few fat- and sugar-laden foods.
- » Get enough calcium and magnesium. Every day, you need about 1,200 mg of calcium and 300 mg of magnesium. (If your diet is deficient in these, use vitamin supplements.)
- » Avoid migraine triggers such as alcohol, chocolate, artificial sweeteners, concentrated sugar (cane sugar), pickled foods, monosodium glutamate (MSG, which is a flavor enhancer), cured meats (with nitrates), sulfites, olives, and pickles. (See Chapter 10 for more about dietary triggers.) You find sulfites in maraschino cherries, instant potatoes, frozen French fries, shredded coconut, dried fruits, syrups, soup mixes, vegetable juices, fruit juice, lemon juice, wine, raisins, and pizza. MSG is often in Chinese foods, processed meats, tenderizers, canned and processed foods, and soy sauce.
- » Laugh early and often.
- » Meditate daily.
- » Walk or work out regularly, keeping in mind that overexercising can backfire in the form of a migraine. As with everything, moderation is best. (And be sure to warm up before workouts.)

WHEN TRIGGERS TEAM UP, THEY OFTEN WIN

Some enemies of people with migraine can trip a headache trigger in sneaky ways.

Say that alcohol always gives you a headache, but one night at a friend's wedding reception, you just can't resist a glass of champagne. (Dying to be "normal," you make a toast and chug-a-lug the bubbly.)

Ah-ha! No migraine! This is an omen. It must mean that you've finally outgrown that irksome alcohol trigger altogether, right? Wrong. What it means is that when wine, champagne, or a mixed drink gave you a headache in the past, the drink had some partners in crime. You drank it on a day when other factors were working their black magic — you were about to start your menstrual period, or you had just finished a 12-hour workday, or you had skipped lunch. Or all three.

Avoiding food triggers is one of the smartest measures a migraineur can take. Avoidance is easier if you focus on the ones that almost always cause headaches. Branding those as verboten is not only a healthy choice but also worth it when you consider the collateral damage that may ensue.

2

Seeking a Proper Diagnosis

IN THIS PART . . .

Increase your understanding of headaches and determine whether you have migraine symptoms.

Enlist the help of a headache-savvy doctor to diagnose your head pain.

Get a clear take on how your doctor will evaluate your headache symptoms and help you develop a personalized treatment plan.

IN THIS CHAPTER

- » Understanding the different types of headaches
- » Developing a better understanding of migraines
- » Recognizing variations on migraines
- » Preventing medication-overuse headaches
- » Debunking common myths

Chapter 4

Distinguishing a Migraine from Other Headaches

The advisory “Keep your friends close and your enemies closer” applies to sorting out what type of headache you’re experiencing. For migraines in particular, you must be ready to handle them properly when they strike. However, people often mistakenly think that they have migraines when their headaches are actually a different type; or, on the flip side, people fail to recognize that they *do* have migraines. Knowing the true identity of your pain relies on assessing signals and symptoms as a key step in taming your headaches.

This chapter helps you get up close and personal with different types of headaches to find out whether you have true migraines. Check through this chapter’s lists of symptoms of the various types of headaches, and by the time you’re through, you’ll have quite a bit of savvy about what’s happening in your head. However, it’s important to consult with a physician because this is a complicated diagnosis.

After you look at the different types of headaches, we take you through the physiological path of migraines. This information paves your way to getting your doctor's help in figuring out whether your head pain fits the migraine mold or is the result of another type of headache or health condition. After you determine what's causing your headaches, you'll be ready to zero in on treatments to eliminate your pain.

Sorting Headache Types

Understanding categories of headaches is important in figuring out the source of your head pain. In the following sections, we lay out the classes and types of headaches to acquaint you with these formidable adversaries and help you grasp how they manifest.

Ranking primary and secondary headaches

Headaches fall into two categories: primary (the headache as the problem) and secondary (the headache as a symptom of another condition). With *primary headaches*, the headache itself is the big, bad beast causing your symptoms. When you have a primary migraine headache, you can't blame anything but the alpha dog — the migraine. Migraine headaches are a type of primary headache. With *secondary headaches*, the headache is one of the symptoms caused by another medical condition. A headache caused by meningitis is an example of a secondary headache.

Headaches are also categorized as either episodic or chronic. *Episodic headaches* (technically fewer than 15 days per month) are headaches that you have now and then. Headaches are considered *chronic headaches* if you have them for more than 15 days per month. The conventional wisdom suggests that most chronic headaches stem from sinus disease, eye problems, or allergies. But really, most people who experience chronic headaches have migraines or tension headaches — and few of these folks have other health problems that contribute to their headaches.

Headaches are hard to diagnose because their symptoms often conflict with each other. The following traits show the chameleon nature of headaches:

- » Headaches can mutate from one type to another.
- » You may suffer from more than one type of headache.
- » Your headache type may fit into two categories at the same time.

All these traits can apply to migraines as well as to other types of headaches. The following sections deal specifically with migraines and how to differentiate them from other headaches.

Spotting migraine impersonators

Because many people automatically think that a bad headache is a migraine, it's easy for all types of headaches to be mistakenly labeled migraines. This misbranding can be dangerous if, for example, you have a brain hemorrhage and treat it like a migraine. Improper treatment can result in a potentially fatal delay in getting help.

Another danger in treating every headache like a migraine is that you may take the wrong medication. Some drugs are headache-specific. In other words, certain medications work best on cluster headaches, some target tension headaches, and others are meant for migraines (see Chapter 8 for more on migraine medications).

Your headaches can be considered migraines only if they come with the unique characteristics of a true migraine. So you need to familiarize yourself with the headbangers that masquerade as migraines but are really cluster or tension-type headaches. Those have hard-to-handle symptoms, too, but you don't want to mistake a migraine impersonator for a true migraine because you may delay taking meds that are up to the challenge of vanquishing the pain.



REMEMBER

Bad headaches that aren't migraines may be tension or cluster headaches (described in the following sections). If none of the options sounds like your headaches, you may have one of the off-the-wall varieties (see "Understanding the other headaches," later in this chapter).

The following headache characteristics are signals that you probably don't have a migraine:

- » You feel a tight band of discomfort around your head.
- » Your shoulders and neck muscles feel knotted-up.
- » You get a headache only after exercise or sex.
- » Your headaches are getting steadily worse.



WARNING

Outlier-type symptoms may indicate that you have a *secondary headache* — a headache caused by an abnormality in the brain or skull. That abnormality may be a brain aneurysm, a brain tumor, a hematoma, a cerebral hemorrhage, or a brain infection such as meningitis or encephalitis.

Encapsulating the cluster headache

By looking at the traits of headaches that are mistaken for migraines, you can detect the differences and key into the type that you have. For example, cluster headaches, which are often even more painful than migraines, are rare. They often occur at night and target men more often than women. The following symptoms may point to a cluster headache:

- » **Sudden, piercing pain** on one side of your head, usually located around one eye.
- » **A cluster of symptoms**, such as pain behind one eye on one side of your head; your eye (on the pain side) may become red and tear up; your eyelid may droop; and your nostril on the pain side may feel congested or runny.
- » **Several headaches per day** over a period of weeks or months, sometimes followed by headache-free periods. Because headache attacks occur in groups, the name “cluster” describes them.
- » **Headaches last 30 to 180 minutes** (when untreated).



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Some researchers contend that cluster headaches reflect a dysfunction of your brain's *hypothalamus* (the portion of the brain that secretes substances that control various body functions).

Cluster headaches respond well to medication. Another effective treatment is oxygen therapy, during which you breathe oxygen through a facemask. The oxygen can get rid of your pain if the treatment takes place early in an attack. However, oxygen is difficult to obtain, and fortunately, more medication treatment options are available now than in the past. (By the way, oxygen therapy is not effective for treating migraines.)



REMEMBER

Cluster headaches can be like stormy rain clouds. They move around, they sprinkle darkness here and there, and they show up now and then. Your headache goes away and pops up again later the same day. Some people report having as many as eight headaches in a single day!



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One type of headache similar to a cluster headache is chronic paroxysmal hemicrania. Lasting about 2 to 30 minutes, this headache may come and go many times (at least more than five times) in a given day. Also, it can be accompanied by nasal congestion, forehead and facial sweating, and redness or tearing of the eye on the same side as the head pain. *Paroxysms* refer to stabbing pains in rapid succession. *Hemicrania* means “half of the head,” or a one-sided pain. Combine the two and you have stabbing pains on one side of the head that are chronic (experienced periodically over a long period of time). About half of people with severe migraines have one-sided pain, but if you have the symptoms of chronic paroxysmal

hemicrania, your doctor will probably recommend a magnetic resonance imaging (MRI) test (see Chapter 6 for information on this and other types of testing) to rule out a tumor or abnormal blood vessel as the cause. If you have chronic paroxysmal hemicrania, you may have this type of headache off and on for several years.

Untangling tension-type headaches

Tension-type headaches are as common as dirt. These are the kind that anyone can experience pretty much any time. You feel the pain, all right, but tension headaches respond fairly quickly to pain medication — ibuprofen or acetaminophen — or physical therapy, such as neck and shoulder exercises or massage.



TIP

Some people who experience tension-type headaches use stress-handling techniques (see Chapter 9 for details on various techniques) or eliminate triggers to help alleviate their headaches.

You may get a tension-type headache when your muscles get tense when you're under stress. Being hungry or exhausted can also cause tension-type headaches.

When tension-type headaches are episodic (occurring randomly), you can usually relieve them using over-the-counter (OTC) medications. But if you take medication almost daily for your headaches, see a doctor, because you're probably having chronic tension-type headaches. Your headaches are chronic if you're having them most days (more than 15 days per month) and the trend has continued for at least three months.

The following conditions are suspected causes of chronic tension-type headaches:

- » Abnormalities in the brain's pain control system
- » Abnormalities of the neck muscles and bones, or jaw
- » Emotional factors, such as worry, dread, fear, and excitement
- » Eyestrain
- » Fatigue
- » Misaligned teeth
- » Poor posture
- » Stress



REMEMBER

Don't be confused by the word "tension." Tension isn't always the cause of this type of headache.

If you have tension-type headaches, though, you may experience some of the following symptoms:

- » Your headache feels like a dull, constant ache that's mild or moderate on the pain scale.
- » You feel a pressure or bandlike sensation around the upper area of both sides of your head (as if you're wearing a headband that's five sizes too small), or the back of your head hurts.
- » Your neck and shoulder muscles feel tightly knotted.
- » You don't vomit, get nauseated, or have visual disturbances (in contrast to some migraines).
- » The pain creeps up slowly.

Usually, you get these headaches during times of high stress, but you may also have this type of headache on a day without stress.

Prepping for airplane migraines and altitude headaches

Two of the most menacing types of headaches are airplane migraines and altitude headaches. These headaches can bring pain that is not only severe but also difficult to squelch. Your best bet is to prevent the onset, or take medication quickly when one of these headaches hits.

- » **High-altitude headache:** In a headache-prone individual, this type of headache typically occurs within 24 hours of going to an altitude above 10,000 feet. The best treatment is to descend to a lower altitude. Medications can also be effective, but you may find that your usual migraine medication will not get rid of the pain once a migraine attack is in progress, and in that case, you have to wait for it to run its course.
- » **The "airplane headache":** This one-sided headache in the forehead region is a stabbing pain that may occur when you're on a plane that is landing or taking off. The severe pain typically improves within about 30 minutes after the airplane completes its ascent or descent. Medications that work well in treating this kind of migraine are triptans and nonsteroidal anti-inflammatory drugs (NSAIDs). You should take these meds 30–60 minutes before the expected headache (usually before the airplane takes off or lands).

Understanding the other headache types

The miscellaneous headache group — meaning those not covered previously in this chapter — is interesting because of its utter diversity. And it just keeps growing — even as we speak.

The miscellaneous group continues to grow because headaches are such rugged individualists. They come in almost as many shapes and patterns as fingerprints. When researchers, physicians, and people who have headaches discover new types of headaches, they slap new names on them. Some of these names eventually make their way into the medical terminology for headaches.

Too many miscellaneous headaches exist to include them all here, so the following list describes only a few of the types in this category. (By the way, the word “benign” in the first three examples contrasts the headaches with their evil-twin versions that are more serious.)

» **Benign cough headache:** Coughing, sneezing, lifting things, and straining with a bowel movement are all actions that can bring on benign cough headache. The pain is usually located on both sides of the head and typically peaks within seconds to a few minutes. Benign cough headache is most common in men, but overall, it's rare. Before making a diagnosis, a doctor must do an exam and run tests to exclude problems such as a brain aneurysm.

» **Benign exertion headache:** Physical activity triggers a headache that sometimes (but not always) evolves into a migraine. This headache usually occurs during or after prolonged exertion, or with intense bursts of activity. Because benign exertion headaches sometimes evolve into migraines, doctors also refer to them as *exertion migraines*.

Typically, the pain is throbbing. Activities that can trigger benign exertion headaches include running, lifting things, and bending over. To treat benign exertion headaches, stop the activity that triggers your headache and take acetaminophen.

Cough and exertion headaches often occur in people with the congenital condition Chiari malformation type I. These headaches tend to occur in the back of the head. An MRI exam confirms this diagnosis.

In rare cases, when the pain is sudden and severe after exertion, the headache can signal a hemorrhage inside the head (one cause of a thunderclap headache, covered later in this list). So if you have any doubt about your exertion headaches, go to the emergency room (ER) and have a doctor explore your aching head.



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WARNING



REMEMBER

- » **Benign sex headache:** Doctors commonly diagnose this type of headache in middle-aged people. It occurs during or after sexual intercourse.

To confirm that your headaches are truly benign, you need to be evaluated by your physician to rule out serious conditions as the cause, such as a brain hemorrhage or lesion. (See Chapter 19 for more about these types of conditions.)

- » **Cold stimulus headache:** Also called an *ice-cream headache*, this one hits when you consume a cold drink or cold food. It usually lasts just a minute or two.
- » **Diver headache:** Although headaches in divers usually aren't serious, if one does develop, it's important to make sure it's not related to serious diving-related problems such as decompression sickness.
- » **Drug-withdrawal headache:** This type of headache occurs when you stop the chronic use of a drug (including caffeine).
- » **External compression headache:** This type of headache results from continued external pressure on the head (such as from swim goggles or a tight hat). People sometimes call this type of headache a *swim-goggle headache*.
- » **Glaucoma-related headache:** Glaucoma is an eye problem that can cause a bad headache (and vision loss if untreated). When you have an acute glaucoma attack, you may see halos around lights or experience blurred vision. You may also suffer from a headache, extreme eye and forehead pain, vomiting, and red eye. To safeguard your vision, see an eye doctor (ophthalmologist) as soon as possible if you think that your headache may be caused by glaucoma.
- » **Hangover headache:** As its name suggests, this headache happens when you drink too much and are struck with a headache the next day (or the same day). Take ibuprofen or acetaminophen of the over-the-counter variety and bypass the hair-of-the-dog remedy.
- » **Primary stabbing headache:** With this headache, you feel a recurring, sharp, stabbed-with-an-ice-pick-like pain. It occurs in periodic attacks with pains lasting just a few seconds. (This headache could down an elephant!) The cause of this headache type is unknown, and you may also hear it called a *jabs-and-jolts headache* or an *ice-pick headache*. Primary stabbing headache is common in people with migraines. However, if you have primary stabbing headaches with growing frequency, see your doctor for evaluation.
- » **Low-blood-sugar headache:** You skipped a meal or didn't eat enough, and the result is an easy-to-trace headache. Take an over-the-counter medication and eat something. Of course, even gobbling down food won't necessarily stop the chain reaction that you've already set in motion. Make sure not to

skip your next meal. Throwing off your body's fuel clock by skipping meals is never a good thing for a migraine-sensitive system like yours.

- » **Occipital neuralgia:** This headache feels like stabbing pains in the back of the head. The pain starts in the back of the neck and goes up the back of the head. You may also have tenderness in the same area.
- » **Post-seizure headache:** Following a generalized seizure, a headache can occur while your brain is recovering from the seizure.
- » **Post-surgery or post-injury headache:** If neck or head tissue is repositioned or affected significantly during surgery or a head or neck injury, the result can be a severe headache.
- » **Sinus headache:** With this headache type, your swollen, irritated sinuses make your poor head hurt. An allergy or a cold can often cause a sinus headache. Your head pain, which often follows a sinus-blocking upper respiratory infection, hammers right above or below your eyes.

People who have chronic sinus disease usually don't have headaches. Often when people think they have a sinus headache, it is actually a migraine attack. Sinus headaches are more likely to occur with acute sinusitis. You can treat a sinus headache with antibiotics (if you have a sinus infection) or decongestants.



REMEMBER



REMEMBER

Sometimes doctors find that people aren't sure where their sinuses are. In case you're hazy on the location of your sinuses, they're found under your cheekbone on each side, in the forehead region, and behind your nose. (When sinuses get inflamed, your head can hurt.)

- » **Thunderclap headache:** Here, you experience the sudden onset of a very intense headache. Consider this type of headache a warning sign telling you to go to the ER immediately, because the cause of thunderclap headaches can be conditions as serious as reversible cerebral vasoconstriction syndrome (RCVS), in which there are spasms of your blood vessels, or *subarachnoid hemorrhage* — bleeding in the brain that's often caused by a ruptured aneurysm (ballooning of the wall of a blood vessel).
- » **TMJ headache:** Temporomandibular joint syndrome (TMJ) may be better known for its clicking and popping jaw-joint sounds, but it's also a cause of big, bad headaches. Grinding your teeth at night adds to the problem.
- » **Weekend headache:** On the weekend, you wake up late with an awful headache — probably stemming from not having had your morning dose of coffee (caffeine) at the regular time (earlier on weekdays). The change in sleep duration can be a factor, too. A gradual withdrawal from caffeine drinks over a period of several weeks may help alleviate the problem. (Often, weekend headaches are caffeine-withdrawal headaches.)

The upshot of all this foraging around in Headacheville is this: If your brain's circuitry is sputtering so much that you're spending a lot of time on the sidelines of life, you shouldn't settle for benchwarmer status. Instead, find out what's wrong and what can be done to help. Enlist the aid of your doctor, who brings to the table a wealth of knowledge that can keep you from over self-medicating and getting discouraged, and can help you arrive at your very own pain solutions.

Getting a Grip on What Goes on with Migraine

A good starting point for distinguishing migraines from other headache types is to define what a migraine attack actually is. Maybe you've grappled with this issue yourself when you're lying on your bed, grasping your head and wishing you knew what this madness was all about.

Recognizing that it's more than "just a headache"

First, as stated elsewhere in this book, a migraine isn't "just a headache." Oh, no. It's a headache and more — or, sometimes, it's the *more* without the headache.



REMEMBER

The condition called *migraine* consists of multiple symptoms, one of which is a headache — and even migraine headaches come in a wide range of levels (and sometimes types) of pain.

Basically, if you have throbbing head pain along with three (or more) of the symptoms described in Chapter 2, you probably have migraine attacks. Most people have migraines without *auras*, but some do experience migraines with auras, which include visual disturbances such as flashing lights that precede or accompany the headache.

Migraine headaches can be intermittent — once a week, perhaps, or once a month or year; you typically don't have them every day. However, a single headache can last for days.



WARNING

Some migraine symptoms are also indicative of other medical conditions, such as stroke or retinal detachment (an eye problem). So, you need to see a doctor to confirm the diagnosis of migraine.

Because everyone's migraines are different, your reality may be some combination of common migraine symptoms, but you can generally expect symptoms like the following:

- » Pain
 - Affects one side of the head
 - Is moderate to severe
 - Can be described as “throbbing” or “hammering”
 - May last two hours to three days or more
- » Stomach symptoms include
 - Lack of appetite
 - Nausea or vomiting (after which you feel better)
 - Constipation and/or diarrhea
- » Sensory symptoms include
 - Sensitivity to light, noise, or smells
 - Visual disturbances (zigzagging or flashing lights, or partial vision) that precede or accompany your head pain (see more about auras in Chapter 2)
- » Symptoms in your limbs include
 - Weakness in an arm or leg, or both (this is a very rare symptom, so a doctor must confirm that it is migraine-related and not due to a stroke)
 - Tingling and/or numbness in your arms and face
 - Cold hands and feet

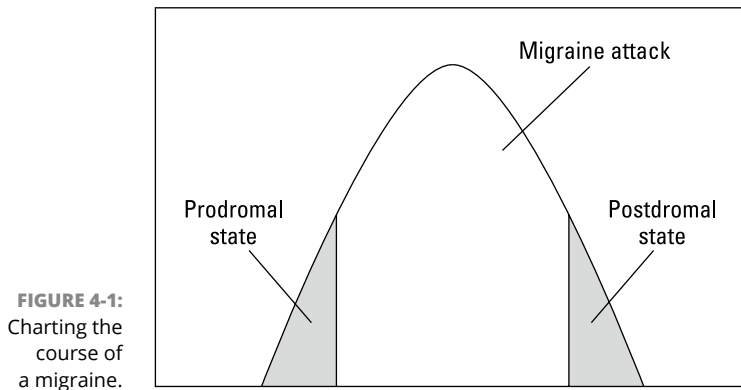
Tracking the stages of a migraine

Sometimes a migraine attack manifests as a headache — nothing more, nothing less. Often, though, migraine attacks come with other symptoms (see the previous section, “Recognizing that it’s more than ‘just a headache’”). Your symptoms may usher you through some or all of the following stages:

- » **Prodrome:** This stage may occur anytime from a few hours to two days before a headache begins. You may feel fatigue or irritability, or be sensitive to lights, sounds, and smells. Your mood may be gloomy or blue. You may yawn. Your hands and feet may feel cold.

- » **Aura:** Some people with migraine experience this stage, but most don't. Most commonly, aura amounts to a brief period (5 to 60 minutes) of visual disturbances. Less common symptoms include numbness and tingling of the face and fingers, and mumbling of words. (See Chapter 2 for more on auras.)
- » **Headache:** This phase can last anywhere from four hours to three days. (The duration of migraines varies greatly.) A migraine headache pitches a tent in your head to stay for a while and can be painful, nauseating, dizzying, and more. The onset of the pain is usually gradual. You may feel the pain on one or both sides of your head, or it may change sides during your headache.
- » **Recovery and postdrome:** The headache finally fades, leaving you in a bummed-out slump during which you feel like you've been drawn and quartered. The postdrome phase typically lasts about a day. During this phase, you may feel physically worthless. People often feel fatigue and sometimes sadness. On the other hand, some folks in postdrome move into a full-tilt energy phase during which they are high on life because they're finally free of pain.

Figure 4-1 charts the whole process.



Tracing the migraine's trek through your brain

The National Institute of Neurological Disorders and Stroke (NINDS), a component of the National Institutes of Health (NIH), refers to migraine as a “health condition.” Although NINDS says that migraines can impair quality of life in some people, doctors and NINDS spokespersons are quick to note that prophylactic therapy may decrease migraine attacks’ frequency, severity, and duration.

According to NINDS, migraines differ from other headaches in these specific characteristics: length of 4 to 72 hours, one-sided, pulsating pain, moderate to severe intensity, worsened by physical exertion, and are sometimes associated with nausea, vomiting, and light and sound sensitivity.

All of this leads to the inevitable question migraineurs may ask: Where do migraines come from and why do they hurt?

Although the neurological disorder called “migraine” is widely studied, a single definable cause remains in question. No one fully understands migraines, but many experts think that the pain is generated when the hormone serotonin affects receptors on a *trigeminal nerve* (you have two trigeminal nerves, one on the right and one on the left side of your head) because stress, dehydration, food allergy, high altitude, or another trigger upsets the brain’s sensitive nerve cells.

Today, many scientists believe that the protein calcitonin gene-related peptide (CGRP) is a key cause of migraines, because it triggers trigeminal nerve stimulation that leads to migraines. CGRP receptor antagonists stop and prevent migraine headaches. For that reason, physicians often treat migraines successfully with anti-calcitonin gene-related (CGRP) therapies. In migraines, there are hereditary and environmental factors as well as the activation of the trigeminal nerves due to a serotonin imbalance that is spurred by an electrical change in the brain.

The hallmark throbbing pain of migraine arises from the abnormal activity of nerve and chemical signals and blood vessels in the brain. Essentially, underlying problems with your brain neurotransmitters make you have migraines.

A previous idea — the *vascular theory* — held that a migraine results simply from the expansion of blood vessels in the brain, but that theory has fallen out of favor. Scientists determined that dilation of blood vessels on or in the brain isn’t the primary cause of migraine pain. As it turns out, migraines originate in the brainstem, and pain arises from changes in brain chemistry.



Some researchers contend that problems with the brain’s *neurotransmitters* (brain-messenger chemicals) are the real villains behind migraine *and* tension-type headaches, which were previously (and erroneously) called muscle-contraction headaches. Communication between the neurotransmitters and brain cells (neurons) is altered, and the levels of serotonin and other brain-messenger chemicals fluctuate, which is problematic because serotonin plays a role in your ability to feel pain. Thus, when migraineurs take medications that affect serotonin levels, many of them experience pain relief fast. (See Chapter 8 for details about medications.)



TECHNICAL
STUFF

GETTING INSIDE YOUR HEAD FOR A CLOSER LOOK

Today's high-tech imaging equipment thrills researchers. With help from some very cool imaging equipment, they can get inside the heads of people with migraine and actually watch what happens in the brain when a migraine attack occurs.

The ability to view the brain during a migraine attack has helped clarify the migraine mechanism somewhat. Researchers have noted that the brain's neurons are more hyperactive than normal during migraine headaches. That activity appears to shoot down from the top of the brain to the brainstem, where key pain centers are found. In people who have migraines (but not other headache types), this rampant electrical excitation takes place in the brainstem. So, some researchers have concluded that migraine pain either springs from the revving up of these pain centers in the brainstem or from the blood vessels and nerves around the brain being stimulated by spreading excitation.

Some researchers believe that the migraine aura occurs because of a wave of electrical excitation that moves across the surface of the brain. That wave is followed by the depression of electrical activity. The electrical activity can activate pain nerves and start the migraine headache.

Also figuring in to the migraine equation is the trigger or triggers that must set a migraine in motion — a combination of menstrual hormones, a certain food, and anxiety, for example.



REMEMBER

Migraines are generated in the brainstem. When pain centers of the brainstem get revved up, the spreading excitation appears to stimulate blood vessels and nerves in the brain. Thus, a migraine can occur when a person has a genetic tendency and certain neurochemical changes take place in the brain, causing an imbalance in chemical brain messengers, which irritates blood vessels and alters blood flow to the brain. That situation then sends pain signals back to the brainstem.

Identifying Variations on the Migraine Theme

As if migraines aren't big enough mischief-makers as it is, they also take on different personas. *Migraine variants* are the exceptions that make migraine diagnosis and treatment a challenging proposition.

Abdominal migraines

Abdominal migraines, which mostly occur in children, are unusual because they cause pain in the stomach and lead to nausea and vomiting (sometimes without a headache).



TIP

A child who complains of recurrent stomach pain may be experiencing abdominal migraines. Children who have abdominal migraines are likely to have migraine headaches in adulthood. Doctors usually treat abdominal migraines with medications such as ibuprofen, acetaminophen, or triptans. (See Chapter 18 for more on migraines in children.)

Migraine with brainstem aura

The migraine with brainstem aura was once known as the basilar artery migraine. It was a problem found primarily in young women and adolescent girls, but it actually can occur in everyone at all ages. These migraines are extremely rare. In the past, experts believed that people with this type of migraine had an increased risk for stroke. But now they think that people with migraine with brainstem aura have the same slightly increased risk of stroke as migraineurs with “typical” aura.

Symptoms to watch for with this type of migraine are double vision, vertigo (a spinning sensation), loss of balance, slurred speech, tinnitus, lack of coordination, and confusion. These symptoms typically go away at the onset of the actual headache.



REMEMBER

If you experience any of the symptoms of migraine with brainstem aura, see a doctor as soon as possible.

Hemiplegic migraines

Often originating during childhood, hemiplegic migraines are commonly caused by an inherited gene. With hemiplegic migraines, you experience temporary paralysis or arm and leg weakness on one side of your body. The paralysis or weakness is then followed, usually within an hour, by bad head pain. These problems usually resolve in a few months, but, according to the NIH, “Severe attacks rarely cause permanent brain injury, cerebral atrophy, infarction, cognitive decline, and death.”

Thankfully, hemiplegic migraines seldom occur.

Ocular migraines

An ocular migraine, also known as retinal migraine, is a rare form of migraine that features a repeated vision disturbance (temporary partial or complete vision loss in one eye) that lasts less than one hour. A headache occurs either with the vision disturbance or following it. In migraine with aura, the visual symptoms occur in both eyes.



REMEMBER

If you think you may have an ocular migraine, you need to be evaluated promptly by a doctor to exclude other possible causes for your vision loss.

Ophthalmoplegic migraines

Doctors no longer believe that ophthalmoplegic migraines are actually migraines. Instead, they're a type of *neuritis* (inflammation of a nerve). These headaches occur with pain around the eyeball and temporary weakness or paralysis of eye muscle(s). This condition is rare and usually diagnosed in children. The common symptoms of these migraines are a drooping eyelid, a dilated pupil, and double vision.



REMEMBER

Ophthalmoplegic migraines, which can last for days or months, require a thorough exam and testing to rule out more serious conditions.

Status migrainosus

The term *status migrainosus* refers to a migraine attack that goes on for more than 72 hours and leads to problems such as dehydration. If your migraine attack is persisting, you should talk to your doctor to see whether there is a medication you can take to help break your headache cycle. Your doctor may be able to prescribe a medication that could keep you from having to go to the ER.



WARNING

If you can't reach your doctor, and you have status migrainosus, you should go to the ER, where you will be treated with IV fluids and pain medication.

Migraines specific to women

Certain migraines are uniquely attached to the hormonal swings that females experience. Migraines are commonly linked to menstruation. Some women get migraine headaches when they're on oral contraceptives. And in the case of women who are peri- or post-menopausal, hormone therapy migraines can be problematic. (Some women have hormone-replacement-therapy-related headaches, whereas other women who have had migraines in the past no longer have them after menopause.) See Chapter 17 for more on women and migraines.

Growing Your Awareness of Medication-Overuse Headaches

You can end up with a *medication-overuse headache (MOH)* — formerly known as the rebound headache — when you seek relief from the constant pounding in your noggin. You feel bad, take a pill; you feel worse, so you take another; and so on, and so on. Basically, you generate a headache by overusing medications.



REMEMBER

Exceeding label or physician instructions when taking meds can cause a rebound into another headache. Other spin-offs of medication overuse include a headache that escalates until it's excruciatingly painful, evokes addiction to medications, and causes other adverse side effects. Excess use of OTC medicines can even cause liver and kidney damage.

In the wild-and-woolly migraine arena, medication-overuse headaches rank right up there at the top of the pain-wielding extravaganza. Sometimes these rebounding headaches are migraines, and sometimes they're not.

To help prevent future bouts of MOHs, you may be able to take a migraine-preventive medication or make lifestyle changes. First, however, you must get past the vicious cycle — you overmedicate repeatedly before realizing that you're perpetuating your pain. Your doctor can help you taper off this overmedicating, nonproductive path.

If some of the following signs apply to you, you're probably suffering from an MOH (but be sure to see your doctor for evaluation to confirm that it's a benign headache and not something worse):

- » You suffer from headaches daily or every other day.
- » Your pain intensifies about three hours after your last dose of medication.
- » Your pain medications don't work as well as they used to.
- » You take more medication, but your headaches are worse.
- » You rely on more pills, and you take them more often.
- » You take medication even for mild headaches, and you often try to ward off a headache by using a medication.
- » You take pain relievers three to four days a week, and you average more than three tablets per day. (The frequency and amount depend on the kind of medication you're taking, so you need your doctor's advice.)

- » Your pain runs the gamut from mild to moderate to horrible. Usually, the pain is a dull ache that you feel on both sides of your forehead and, sometimes, on the top or back of your head.
- » Your headaches occur much more frequently than they used to.



TECHNICAL
STUFF

Because you're in pain, you may use medications too often. The theory behind the medication-overuse headache is that the overuse of drugs makes the headache rebound after your body has absorbed all the medication. Painkillers are supposed to relieve pain, but if you overuse prescription or nonprescription drugs, they can turn on you and cause headaches.

Essentially, an over-the-counter drug or a prescription medication that you take too often can give rise to a craving in your brain for more of the medicine. The episode begins when the brain gets some initial relief from pain, likes the effect, and then decides it will send out to room service for more of the same. Your brain continues to signal "pain" in its search for more of the drug, and you must take increasing dosages to get relief. Therefore, your medication becomes less and less effective, and you create a cycle of increasing misery.



REMEMBER

If you rush to the ER with a severe migraine, the doctor will want to know what you took and when you took it last, so be prepared to supply this information. The ER physician needs to know whether you've overused medication and are suffering from an MOH. Doctors don't want to treat you with a medication you overused, or with a medication that won't jibe with a drug you took recently.



TECHNICAL
STUFF

Combination pills (pills containing more than one medicine) seem to be more likely to cause an MOH. Other drug culprits often implicated in the MOH are

- » Opioid medications such as codeine
- » Ibuprofen
- » Drugs containing barbiturates, such as the combination pills Fioricet (which contains butalbital, acetaminophen, and caffeine) and Fiorinal (which contains butalbital, aspirin, and caffeine)
- » Ergotamine tartrate
- » Triptans

For more details about medications, see Chapters 7 and 8.

Understanding why piling on pills usually backfires

Medication-overuse headaches occur innocently enough: You feel a headache coming on, so you take an over-the-counter pain reliever, such as ibuprofen, aspirin, or acetaminophen, or a prescription medication, such as sumatriptan. Ordinarily, the drug works well, and you use it on an occasional basis. This time, however, you don't get relief fast enough, or you get another headache. So, you feel a little desperate and take the daily recommended dose (or more) three times during one week, and the result is a headache that's worse and longer-lasting than the one you had to begin with.

Another route for getting an MOH is trying to stave off a headache. You remember how painful your last migraine was, so you begin taking medication at the first hint of a headache.

Too many meds



TIP

As a rule, you risk activating an MOH if you take pain relievers for more than two days in a row, in a seven-day period. Taking even one or two pills of a pain medication per day for multiple days of a month is enough to produce an MOH.



WARNING

The excessive use of pain relievers can be a major factor in the transformation of episodic migraine into chronic daily headache, often called *transformed migraine*.

DESPERATELY FLAILING

We heard about a guy whose everlasting headache pushed him over the edge of the abyss into a horrible pain place. He thought that his migraine was going to last forever. He had it for six days, and he kept taking one medication after another, but nothing helped.

Finally, he took some pills that his housemate used to help relieve a headache he had after a surgical procedure. After a day of dosing with his housemate's pills, he was suspended in a terrible headache. Feeling very panicky, he called his doctor, who had him stop taking both kinds of medications and start a different medication to take in the short term. After two days of taking this medication and doing relaxation techniques and head massages, he finally rejoined the land of the living.

A FEW TOO MANY OTC DRUGS — AND, ¡AY, CARAMBA! WHAT A HEADACHE!

We know a New York-based flight attendant who was taking OTC drugs to self-treat her headaches. She had not been diagnosed with migraines, but she thought that her headaches resembled the migraines her mother had always experienced.

“Everybody’s taking something for headaches, and I was definitely gulping a lot of pills,” she said. Finally, her episodic headaches transformed into chronic daily headaches, or that’s how the ER doctor explained it when her fiancé took her to the emergency room. “I was lying down in the car and my head was splitting — I really, truly thought I was dying,” she related. “The doctor had me see a headache specialist, who told me I’d had a medication-overuse headache. He said that both OTC and prescription meds can cause that kind of headache if they’re taken too often.”

Looking back, she is glad that her “crisis” led her to get help — something she should have done years earlier. “My doctor took me off these drugs, and it was two months before I finally quit having frequent headaches. Then, he helped me come up with a treatment plan that was much healthier and targeted my migraines better.”

An analgesic is basically a pain-relief medication. You can use non-narcotic analgesics such as acetaminophen (Tylenol) to treat mild- to medium-pain migraines. Some analgesic products contain caffeine as an added ingredient to help pump up the pain-killing impact.

Overusing OTC medications that contain caffeine often leads to medication-overuse headaches. Consider the fact that some of these tablets contain up to 65 mg of caffeine per pill. Hence, if you take multiple tablets a day — not unusual for a migraineur — you get a major pile-up of caffeine.

Too much or too little caffeine

Adding to the risk of medication-overuse headaches is excessive caffeine consumption. If you drink four or more cups of coffee (or six colas or cups of tea) a day, you may have trouble.



TIP

You may get weekend migraines when you fail to consume your usual amount of caffeine. If you normally drink three cups of coffee at work, Monday through Friday, and then you drop down to one cup on Saturday, the drastic plummet in caffeine intake can give your body a jolt. The drop in caffeine may lead to a migraine. This example drives home a fact that many people with migraine have

discovered the hard way: You can't drink five cups of coffee and other caffeinated drinks per day and then suddenly just cut yourself off unless you want to suffer a mammoth headache.

To cut back on your intake of caffeine, use a tapering approach. Start by cutting down slightly on coffee, cola, chocolate, and tea, and keep reducing your consumption by 6 ounces each week. Also, reduce your use of caffeine-containing medication. To avoid a withdrawal headache, stay at each new intake level for several days. If possible, set your sights on a caffeine-free diet, which is ideal for your overall health and your avoidance of migraines.

Getting off the medication treadmill

What's the answer for medication-overuse headaches? Stop taking the medications that are causing you trouble. In the case of nonprescription drugs, stop taking them immediately, or taper over two to three days.

If you have questions about how to taper your offending medication, or if you're still hurting from the vicious circle migraine, call for medical advice. Your doctor may start you on a preventive medication, but it won't be very effective until you discontinue the overused medication and it's out of your system. (The length of time that drugs stay in your system varies greatly, depending on the drug, so rely on your doctor's advice when discontinuing the use of a drug.)



WARNING

During your withdrawal from the offending medication(s), which can take several weeks, your headaches may get worse before they get better. Within a few hours after you stop taking the drugs, your head begins to hurt even more, and the pain continues to gain momentum for a day or two. Have your doctor monitor your progress and, if necessary, give you a transition dose of a medication that you can use temporarily to get past the rough spots.



REMEMBER

Hospitalization may be necessary if you're discontinuing the long-term use of ergotamine or narcotics (opiates). You must detox from these medications to reduce migraine frequency and free your system to respond to preventives. Now considered an outdated migraine med, ergotamine (brand name Ergomar) acts as a blood-vessel constrictor.

Naturally, you feel ridiculous for perpetuating your own headache by taking too many pills, but most migraineurs do this at some point. When you're caught in a pain trap and you can't get out, you will try almost anything. Just make a point of remembering how very awful a medication-overuse headache can be. This thought will restrain you the next time you're reaching for your pain medication before it's time to take it.



REMEMBER

If you find that you're having frequent migraines, talk to your doctor to see whether a preventive migraine medication would be appropriate for you.



TIP

Doctors sometimes use biofeedback and behavioral therapy to treat mood disturbances that are occasionally associated with chronic daily headaches (see Chapter 9 for more information about these types of treatments).

Typically, people who work on reducing their dependency to medications after a medication-overuse headache (MOH) eventually reach a plateau of less frequent migraines, and the migraines aren't as bad as previous ones. In most cases of MOHs, the long-term outcome is very promising. Moreover, you don't have to fear another skirmish because your doctor can provide you with an improved treatment plan.

Debunking Common Migraine Myths

Migraines often go undiagnosed for years. Many people flounder around with the pain and other symptoms and miss out on proper solutions because they're trapped in migraine myths they've heard online, such as "What you have isn't a migraine, because you don't throw up," or "People who have migraines are always depressed."

NO, SHE WASN'T GOING CRAZY

Sometimes getting headaches diagnosed correctly is super difficult. You may feel a little baffled about your condition, and you really hate getting into all the gruesome details. Or you're afraid that when you try to bring up the subject, your doctor will think that you're exaggerating.

A Houston postal worker had headaches so debilitating that she often missed work. The situation scared her because, as a single mom, she was the only wage-earner in the family. What if she got fired for missing so much work?

Soft-spoken and undemanding, this woman mentioned her headaches to her gynecologist, who patted her hand and told her that she was under a lot of stress as a single mother. He didn't ask about other symptoms, and she didn't volunteer any information. But the truth was, bright lights made her headaches worse, and over-the-counter meds

never helped. Plus, she felt nauseated every time a headache hit, which was invariably right around the time she began her period each month.

One day, she casually unloaded her symptoms on a customer who was writing a book on migraines (and buying stamps). The writer told her that the symptoms sounded like migraine. But she said, “No, my doctor didn’t diagnose me with migraines.”

There’s the rub. Who knows more about your own symptoms than you? Try to convey *all* your symptoms to your doctors, because they won’t be able to guess them!

Despite myths to the contrary, migraines are real and valid physical problems that require concrete solutions. Your migraine probably carries a whole constellation of sidekick symptoms that need to be addressed. In other words, gutting it out won’t do it. (For more on handling the responses of others, see Chapters 14 and 15.) Don’t let anyone tell you that the pain is “all in your head.” Hard-throbbing head pain is not the stuff that fantasies are made of.

Some folks think that they know exactly what constitutes a migraine; other folks know only what migraines aren’t. Table 4-1 lays out common myths and realities of migraines.

TABLE 4-1 **Migraine Myths and Realities**

Myth	Reality
Migraines have certain, specific symptoms that make them migraines, and if your headaches are at all different, they’re not migraines.	Many migraine symptoms exist, and your true migraine may be evidenced by one symptom or a combination of symptoms.
All migraineurs have the same symptoms.	Migraineurs experience different symptoms. Migraines are very individualistic. Your migraines may be different from those of another migraineur you know.
Migraines are psychological, not physiological.	Migraines are definitely physiological in nature; they cause distinct neurological changes. They’re not just “in your head.”
Your doctor is completely familiar with all migraine symptoms and should be able to diagnose you just by hearing that you have headaches sometimes.	Some doctors are more adept at headache diagnosis than others. But even the most skilled diagnosticians will need you to provide a clear picture of your headaches to aid them in diagnosing your head pain.



REMEMBER

If you want your healthcare providers to have a proper health history at their fingertips, you must effectively share your information. Telling your doctors that you have occasional headaches that are severe isn't enough; you must describe the symptoms or they won't have enough information to help you. Be as specific as possible. See Chapters 5 and 6 for guidelines on how to ensure that your headaches are diagnosed correctly.

You must become your number-one advocate in the healthcare arena. You're familiar with your health conditions and know the names of medications you take. So be sure you describe carefully what's troubling you. Your input allows you and your physician to cut through misconceptions and get to the truth. Better to give your doctor too much info to work with than too little.

IN THIS CHAPTER

- » Seeking answers from your healthcare provider
- » Figuring out whether your primary care doctor knows migraines
- » Turning to a headache specialist
- » Setting expectations for meeting with a headache doctor

Chapter 5

Turning to Your Doctor for Help

Even if you feel clueless about your headaches' why, when, where, and pretty much everything else about them, don't let your uncertainty keep you from seeking medical help. When looking for ways to treat your headaches, you simply start with the basics, like providing your headache history to your primary doctor, who either may know how to help you or can point you to the right kind of specialist. Ultimately, you want to end up with a physician who knows the latest and best treatments and is sensitive to your problem. Trust the premise that you can find an answer to your head pain, and add a medical leader to your winning team.

This chapter guides you through knowing when and how to seek help for your headaches from the right kind of doctor.

Asking for Answers

When you're sick of hurting and feel like you've been stoic for long enough, take this problem to your doctor! Getting help is a terrific idea because you can do a lot to alleviate headache pain. The idea that you should "grin and bear it" is an archaic concept, and you're having headaches in a newer era, thank goodness.

Here's the rule of thumb for when it's time to seek medical guidance: If over-the-counter (OTC) headache remedies don't relieve your head pain, make an appointment to see your primary care doctor. Your goal is to see whether your usual medical provider can diagnose your headache type successfully. Often, a primary care doctor is familiar with all types of headaches and will prescribe a medication or recommend an OTC drug. If you're lucky, that medication will mean relief for your head pain.

However, if your healthcare provider isn't sure what kind of headaches you have, you may decide to consult a neurologist, who is a specialist in disorders of the brain and nervous system (see Chapter 6 for details about seeing a headache specialist). Essentially, you're setting in motion a problem-solving journey that will end with a sound solution that helps you knock out migraine pain effectively and consistently. Going it on your own just wastes time that you could spend living a more pain-free existence.

Knowing when to make an appointment

See your doctor if any one of the following conditions describes your headache situation:

- » You get headaches as frequently as once a month.
- » Sometimes you feel too bad to go to work.
- » Your headaches last for hours or days.
- » Over-the-counter drugs rarely provide relief, or you have been requiring more and more over-the-counter medications to treat your headaches.
- » You're 50 (or older) and you just started having headaches.
- » Your headaches have changed — they're getting more severe, or they occur more often than in the past.
- » You experience other symptoms along with your headaches, such as vision problems, balance troubles, light sensitivity, and so on.
- » You get headaches after various kinds of exertion (from cardio to sex to straining during bowel movements).



REMEMBER

If you have any of the symptoms listed as danger signs in Chapter 16 and on the cheat sheet for this book at www.dummies.com, go straight to the emergency room. (In rare instances, a headache can be extremely serious.)

Previewing the steps

What happens when you visit your doctor? You describe your headaches and symptoms, and you can show your doctor your headache journal (see Chapter 3). If you haven't had time to fill out a journal, be ready to describe headache frequency and severity as well as any triggers you suspect. Also, be sure to provide your complete medical history and specifics on medications you're taking (for head pain and otherwise).

During a typical headache visit, a doctor examines you, asks questions, and mentally starts eliminating possible causes. Using your health information and your description of headaches, your doctor can sort and label: "Okay, it can't be cluster headaches, and it's not a headache associated with disease." In other words, your doctor may ask questions to ascertain possible causes and the nature of your affliction, essentially reducing your symptoms to a manageable list of possible explanations.

Essentially, a doctor diagnoses by understanding your medical and headache history and examining you physically. Sometimes, a doctor can pinpoint the kind of headaches you have without a single test. Your job is to provide complete information on your headaches: frequency, duration, where the pain occurs on your head, how disabling the headaches are, and possible triggers. Also, tell your doctor what you've already tried for pain treatment: the cooling pads you put on your head, the types of medications you took (that did and didn't help), and the pretending-that-it's-not-happening thing.

Sharing personal info: stress, hormonal changes, exercise, and diet



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To help determine the impact your headaches have on your life, your doctor may ask you to fill out a form called a Migraine Disability Assessment Scale (MIDAS) or a Headache Impact Test (HIT), or your doc may just ask you questions. A headache specialist will want answers to the following:

- » What's the timing and length of your headaches?
 - What time of day do you get them?
 - Do your headaches come and go within the same day or the same week?
 - What time of the month do you get them? (Before or during your period, for example.)
 - How long does a headache usually last?

- »» What is your pain like?
 - Where do you feel pain — on one side of your head, on both sides of your head, behind one eye, on the front of your head?
 - How does the pain feel — like a dull ache, a throbbing pain, mild or excruciating?
 - Does the pain move from one spot to another?
 - Does the pain creep up and get worse or slam you suddenly?
- »» What other symptoms do you get with your headaches?
 - Do you feel nauseated?
 - Do you vomit?
- »» How do you try to alleviate your headaches?
 - What medications or solutions have you tried, and which ones provided relief?
 - Do you take vitamin supplements or herbal supplements?
- »» What are your headache triggers?
 - Do you get a headache from skipping meals?
 - Do you get a headache after eating certain foods?
 - Do your headaches follow physical activity, such as sex or exercise?
 - Have you noticed a connection between extreme stress and the start of a headache?
- »» What factors may have contributed to your having headaches?
 - Have you ever had head trauma from a car accident or sports injury?
 - Do others in your family have headaches?
 - When did you first start having headaches?

The info you provide and the examination your doctor performs point the way toward the best methods for headache relief.



No blood test or imaging method can diagnose common headaches. Tests generally aren't necessary unless your doctor can't reach a diagnosis and wants to check for other, more unusual causes. (See Chapter 6 for more on tests.)

The wonderful news is this: Most patients who seek help in finding treatment for their headaches do get pain relief.

Seeking short-term fixes



REMEMBER

You and your doctor may have to work your way through a trial-and-error process before zeroing in on the best approach for treating your headaches.

Regardless of the outcome of your doctor visit, though, ask your doctor for short-term precautions you should take to help alleviate headaches, as well as how you can avoid sabotaging yourself. Your doctor will probably want you to follow these guidelines:

- » Don't smoke.
- » Get plenty of rest and try to sleep about the same number of hours per night.
- » Watch for possible headache triggers — foods, smells, sounds, lights — that set a headache into motion.
- » If you drink coffee, try to cut down your consumption gradually. When you get down to one cup in the morning (for example), drink it at about the same time each day.

Caffeine can trigger migraines, but withdrawal also causes awful headaches.

- » Low-key exercise can make you healthier and help you stave off headaches. Walk a mile or so, three or four times a week. Start gradually and do only what you can handle.
- » Don't exceed dose recommendations on over-the-counter headache remedies, and don't exceed your doctor's instructions for prescription drugs.

Often, people who suffer from migraines get desperate to eliminate the pain (or get confused about how many tablets they've taken) and take more pills in a day than they should. The result can be a medication-overuse headache (MOH), which often means worse pain. (See Chapter 4 for more on MOH.)



REMEMBER



TIP

If your doctor suggests a solution, ask how long that approach will take to provide relief.

Figuring Out Whether Your Primary Care Doctor Is Up to Speed on Migraines

Primary care doctors vary in their degree of knowledge of migraines. You want to find one who will help you develop a treatment plan. Some primary care doctors are comfortable with treating headaches, whereas others may want to refer you to

a headache specialist for diagnosis and treatment. Of course, you can check out doctors on your own, too.

The red flags probably won't be obvious, but do watch for subtle clues that diagnosing and treating headaches isn't a priority for your doctor. (A nice case of strep throat may light up your doctor, but headache complaints? Maybe not so much.)



TIP

The truth is, some doctors aren't experts in headache diagnosis and treatments. Your doctor may prefer that you get help from a specialist — a neurologist or an internist who has made treating headaches their specialty. Most physicians who don't treat headaches themselves can recommend a doctor who specializes in headache diagnosis and treatment.

To determine your doctor's knowledge and interest level, ask some of the questions listed in the "Did I see you yawning?" sidebar, later in this chapter.

The first doctor you visit may recommend a treatment plan that works. If not — or if you're worried that you have a complex problem — ask your primary care doctor for a referral to a specialist. Don't be shy. Just tell your doctor that you want to see a headache specialist or neurologist.

Staying positive even with a skeptical doctor on your team

Okay, maybe you weren't thrilled with what your doctor said. You got a pat on the arm along with "take some acetaminophen," even though you clearly explained that you'd tried that already. If you sense that your doctor is skeptical about headaches, find a headache specialist to diagnose and treat you.

Don't let a doctor's lack of interest keep you from seeking relief. You're doing the right thing by probing for answers. In fact, you shouldn't feel any more reluctant to seek help for your headaches than you would if you had a gaping wound or chest pains.

If you decide to see another doctor, or if your doctor refers you to a specialist, don't take it as a sign that you have an awful disease. Actually, the chance of your headache signaling a serious health problem is low. You may have high blood pressure, which requires monitoring and medication, or you may just need the right migraine medication and a few lifestyle changes. (See Chapter 8 for more on medications, and the chapters in Part 4 for lifestyle suggestions.)



REMEMBER

Help awaits you; it just may take time to find it.

Deciding whether you should try a second doctor

What if your doctor doesn't appear to be overflowing with headache knowledge or is leaning toward sending you to someone better equipped to diagnose your problem?

You need to be able to identify a deal-breaker that means you should continue doctor shopping. If you notice even one of the signals listed below, keep looking for a doctor to treat your headaches:

- » Your doctor makes a dismissive comment: "Well, after all, this is just a headache — not anything earthshaking" or "Women have a lot of headaches due to hormone changes . . ."
- » Your doctor looks bored when you describe headache symptoms, as if they have heard all this a million times before.
- » Your doctor seems eager to refer you to a specialist.
- » Your doctor looks confused when you describe your headache symptoms.
- » Your doctor comes from the bite-the-bullet school and wants you to go to bed and tough it out until the headache goes away. (This healthcare provider has never had migraines.)
- » Your doctor doesn't discuss your medical history or answer your questions.
- » Your doctor is eager to finish and suggests a pain medication right away.
- » Your diagnosis is still up in the air after a few visits, or your physician attributes your headaches to a psychological disease like depression.

You may want to shop around for a headache specialist if your primary care physician tells you that they don't feel comfortable diagnosing and treating severe headaches, or if you have an existing medical problem that convinces you that a headache specialist is the best idea. You may also need a specialist if you take over-the-counter medications almost every day, and your doctor hasn't offered new solutions.



TIP

If your doctor doesn't seem interested in working with you on migraine management, don't hesitate to ask for a referral to a neurologist.

Turning to a Headache Specialist

So you're moving on to a physician whose specialty is headaches. Doing so makes sense for many migraineurs — except those lucky enough to have a regular doctor who happens to be a headache guru.



REMEMBER

Even if you're in a health maintenance organization (HMO), you can switch doctors and get another opinion. You will need to call your insurance company and make an official change of your primary care provider (PCP). The new doctor must be on your insurance company's list. If the new doctor is not on your insurance company's list, you'll have to pay all fees out of pocket (*your pocket*).

Finding the right specialist

Finding the right healthcare provider to diagnose and treat your headaches can be tricky. Your Aunt Ethel swears by her chiropractor, but officemate Kara Lynn sees a neurologist who found the perfect medication for her headaches.

Perhaps you already met with one specialist, and to you, a pain-management doctor sounds like the best diagnostician and treatment dispenser. Then again, you once dated someone who saw an acupuncturist for headache relief, and you wonder if first you should check out that option. (The date was a bust, but you liked the headache tale.)



TIP

Depending on the suspected cause of your headaches, your primary care doctor may advise you to see a neurologist, allergist, ophthalmologist, or ear, nose, and throat doctor. The right treatment provider is the one who is conversant in the area related to your headaches, as follows:

- » **Neurologists** are especially well-qualified to diagnose headaches because their specialty is the central nervous system, the key area that gives rise to migraines.
- » **Allergists** may be helpful if your primary care physician suspects that allergies are behind your headaches.
- » **Ophthalmologists** (doctors who treat eyes) are a good option if your primary care doctor thinks your headaches are related to eye problems.
- » **Internists** are often good doctors for headache diagnosis because they have a wide range of medical knowledge. (Some specialize in headache diagnosis.)

» **Ear, nose, and throat doctors** can treat headaches associated with such conditions as chronic sinus infections.



TIP

Don't choose your healthcare provider because you saw a glitzy ad in a health magazine or online, or because the office is located next to a great spa where you can get a massage and body wrap after your doctor appointment. A large, impressive advertisement or a clinic in a good location has little to do with a doctor's credentials and experience in diagnosing and treating headaches. Be careful not to mistake superficial characteristics for good signs of a medical provider who can handle your head-pain problem.



REMEMBER

One caveat in choosing providers: Use an alternative care provider (acupuncturist, chiropractor, and so on) only after you've been evaluated by at least one primary care doctor who has excluded any serious cause of your headaches — and only if you hear resounding testimonials for that alternative specialist's headache-treating skills. The lack of a medical-school background is a drawback when you're dealing with an issue as complicated as headaches.

Getting referrals

A good way to find someone to treat your headaches is to use the same approach you would if you were looking for an expert in any field, such as a great hairstylist or someone to remove a bunion. Ask around, and check references, credentials, and resources. Exhaust your networking circle. Take Yelp recommendations with a grain of salt, especially in the area of medical expertise, because you'll read reviews written by patients shopping for doctors who hand out drug prescriptions readily as well as people with legitimate pain issues.

Gather information widely, but keep common sense in the mix. Your mom may say, "I like Sunrise Clinic because it's only a mile from my house — I can walk to it!" This reasoning may be fine for choosing a restaurant but not if you're looking for someone to treat your head pain!

Because your doctor selection is a major decision, use considerable caution when scrutinizing the input you're given.

Check out a few of the doctors that friends and family recommend. Consider their credentials. You want a doctor who regularly treats headaches, has a good reputation, and is respected by other doctors. Your primary care doctor is a good source for finding a headache specialist.

DID I SEE YOU YAWNING?

You have every right to expect your doctor to take your headaches seriously. Nonprofit director Adrianna was dismayed when her gynecologist's eyes glazed over after she said how awful her migraines were. "I could tell he thought, 'Oh, no, not another woman whining about headaches!' It made me feel stupid, so I shut up. Later, though, when I got home and thought about it, I knew I needed help even if he wasn't the one who could give it to me." She laughs. "The only advice my doctor offered was 'try to reduce your stress,' and with four children, a bad marriage, and a high-stress job, I knew that wasn't going to happen."

In fact, Adrianna had such bad headaches that she was missing work at least one day every other week. She never knew if she would be able to attend her kids' activities, which made it hard to plan for transportation. "The final straw was missing my daughter's high school graduation — she was one of the top 20 honor students, and I didn't get to see her draped in gold cords for her achievement. I was stuck in bed at home. I was vomiting and miserable and so sad because I let her down. It made me realize that I shouldn't have put up with years of telling my problem to a doctor who obviously wasn't 'into' headache treatment. I had to take my troubles elsewhere."

Adrianna called a local teaching hospital and asked for the names of doctors who were headache specialists. "They gave me two recommendations. I met both and went with the one I felt more comfortable with."

Adrianna was diagnosed on the first day she met with her doctor. Turns out that she did have migraines, just as she had suspected. "But it took a month to find the best way to combat my headaches. He tried three medications before we found one that worked, and he got me to start a walking program. Now I'm having milder headaches — they're still bothersome, but at least I'm able to get out and do things. The abortive drug he prescribed often knocks them out before they get started."

Checking with medical centers and universities

You can call the National Headache Foundation, the American Migraine Foundation, your city's medical association, or your state's medical association to get names of doctors who can diagnose and treat your headaches. Then look for those names on your health insurance carrier's list of doctors if you want to make sure that the fees are at least partially covered by insurance.

Call a local medical center or university and ask to talk to someone who can give you a doctor referral. Then ask: "Can you give me the names of three doctors who are headache specialists in this area?"

A local teaching hospital can provide names of good doctors, and so can your city's medical society or the state medical association. (You can find your state's medical association website on the internet.)

Good referral sources are the following:

- » **American Headache Society:** Go to www.ahsnet.org or call 856-423-0043.
- » **National Headache Foundation:** Go to www.headaches.org or call 1-888-NHF-5552.
- » **American Migraine Foundation:** Go to <https://americanmigraine.foundation.org/>.

Screening potential doctors

Screening a headache specialist is the easy part. You want someone with good credentials who has chosen headache diagnosis/treatment as an area of interest. Find out how often the physician treats people for headaches, and ask how many years of experience that person has. But don't rule out a promising young doctor (with only a few years of experience) if you're otherwise impressed, or an internist who is good at treating headaches even though it's only one part of the overall practice.

The following questions will help you determine whether you've found a knowledgeable headache physician:

- » How long have you been treating headaches?
- » How often do you treat people who have headaches?
- » Are you board-certified (or board-eligible) in your specialty? (In the United States and Canada, doctors must pass a board exam to become board-certified, so having this certification means that the doctor has amassed the amount of knowledge required to pass the test.)
- » Are you a member of any professional headache organizations, such as the American Headache Society?
- » Do you take Continuing Medical Education courses to stay abreast of new developments in the diagnosis and treatment of headaches?
- » Have you written or published scientific papers on headaches?



TIP

Before you go to see a doctor, confirm that your insurance company accepts claims from them.

LOOKING FOR HELP IN ALL THE RIGHT PLACES

We met a person with headaches (Zona) who was looking for help. “After I described my problem to my gynecologist, she told me I needed a headache specialist. I asked her what the symptoms sounded like to her, and she said her guess was tension, but she was ‘no expert’ on headaches.”

So, Zona’s doctor referred her to a neurologist, who provided help in a single visit. “The doctor knew what was going on right away — I had food triggers and caffeine withdrawal and about 60 other things that led to migraines, so together we drew up a plan for lifestyle changes, and she prescribed a triptan drug for me to take when I could tell that a headache was beginning.”

The upshot? “I was able to ward off most of my bad headaches, so I went from having migraines about once a week to once a month. My friends were impressed — they used to come to my apartment and find me either crashed out in bed with a cool pack on my head, or vomiting in the bathroom. Now I’m so normal that they think I’m boring!”

Preparing to Meet with Your Headache Doc

When you find a doctor who you think can help with your migraines, schedule an appointment right away — don’t wait until you have a headache. You’re going to the doctor to develop a plan for managing your headaches, not just to get rid of one headache.



TIP

If you sense friction in the doctor’s office, that’s a bad sign. Turmoil in a medical setting won’t make for a pleasant treatment situation. (If you’re going to an alternative-medicine practitioner, seek a reference from a hospital source in advance.)

When you call the office, ask the front office staff the following questions:

- » Does your office help process insurance claims?
- » How far in advance do I need to make an appointment?
- » How long will I typically wait to see the doctor?

Your doctor will take a medical history to get up-to-date information on any existing medical problems you have (such as asthma, diabetes, cancer, and so on) and your headaches. Remember to bring your health information, insurance cards, migraine journal, and the medications you take.

If you have gone to another doctor for headaches, ask that office to transfer your records. (They will have you sign a medical records release form.) The records can help prevent a duplication of efforts. If you just had a magnetic resonance imaging (MRI) two weeks earlier, you don't need another one.

A headache specialist will examine you and perform a neurological exam that involves checking reflexes, coordination, and so on, and they may order blood tests.



TIP

If you come from a family of people with migraine and your symptoms clearly point to migraine, your doctor may put all your health information together and immediately come up with a diagnosis of migraine. But if the situation still looks hazy, your medical provider will probably order tests before making a final diagnosis. (See Chapter 6 for information on tests.)

Here are some good questions for your doctor, along with some acceptable answers to them:

- » How do you stay current on the latest headache studies and treatments?

The doctor should read medical journals and keep up-to-date via continuing education medical courses.

- » What do you consider when you devise a treatment plan?

The doctor should consider the type of headache, patient preference, and the individual patient's needs.

- » Can we prepare a written treatment plan that I can take with me?

The doctor should be happy to prepare a written treatment plan.

- » Will you give me a prescription drug, if necessary?

The doctor should write you a prescription if they think a medication is necessary.

- » When treating headaches, what is your goal for the patient?

The doctor's goal should be to provide pain relief and help you achieve a good quality of life.

- » How do you feel about alternative therapies such as acupuncture?

This depends on patient preference. If using an alternative-type therapy is a priority for you, you want to find a doctor who believes in these avenues as complementary therapies.

- » After you determine the appropriate medication, can you tell me the approximate cost of the drug you prescribe?

The doctor may be able to tell you the approximate cost, but sometimes it is difficult to know because it depends on your insurance plan's coverage of medications.

- » Are there lifestyle changes that will help me get rid of pain instead of taking a prescription drug?

The doctor may be able to offer some suggestions for lifestyle changes that can replace medication, but it depends on the diagnosis. Some headaches can't be alleviated by lifestyle changes alone.

Your doctor will probably say things during your exchange of information and discussion that will inspire additional queries. Don't be shy about asking questions.



REMEMBER

Don't get discouraged if you feel like you're walking through a winding maze of corridors in search of headache solutions. If you find remedies at the end of your quest, you'll forget the bother of keeping a headache journal, giving your medical history, and searching for the right caregiver.

IN THIS CHAPTER

- » Brainstorming with your healthcare provider
- » Undergoing tests to find out why you have headaches
- » Setting up a pain-fighting game plan
- » Clearing insurance hurdles

Chapter 6

Having Your Head Examined and Developing a Treatment Plan

When you see a headache specialist, an examination and thorough medical and headache history is step one because the specialist needs to know your full health situation. You present your list of headache details (where pain occurs, how it feels, what symptoms accompany the pain) and other pertinent info. (You can use the headache journal in Chapter 3 to record these details.)

If early solutions for treating your headaches haven't helped, or if your headache symptoms aren't typical or have changed or worsened, your headache specialist may want to run a test or two to help make a diagnosis. After they consider the results with your other information, they'll meet with you and come up with an appropriate treatment plan.

If your insurance coverage presents stumbling blocks to getting certain prescription medications or certain tests, you can take steps to unravel the red tape. In this chapter, we give you some tips for dealing with insurance companies, discovering how your doctor's office staff can assist you, and working with your doctor on an overall treatment plan that helps relieve your headache pain.

You can view the testing and treatment-planning as phases of your migraine-busting junket that are well worth the time and effort. If you persist in finding solutions for your migraine symptoms, you'll wind up with viable ways to combat your headaches and sometimes even prevent them altogether. Now that's a concept you can get your arms (and head) around!

Huddling with Your Doctor

You may be excited when you meet with your headache specialist for a planning session that may very well constitute the home stretch of your race toward pain relief. The norm is for you to find pain-relief solutions soon after consulting a headache expert. However, it may take a period of trial and error to key in on the specific problem.

But even if sampling various options lasts longer than a few weeks, at least you're doing something to reach your ultimate goals: relief from the agony of your migraine attacks as well as any nausea you may experience.

Providing your medical history



TIP

You may be able to minimize the medical-history step if you have your records transferred from another doctor whom you consulted about your pain. You can begin your association with the specialist by bringing in some great headache-diagnosing ammo — your headache and medical history, as well as the results of any tests the previous doctor ran.

If you can't get your records transferred (no matter what you say or do), you can supply your detailed medical history and headache symptoms *one more time*. (Chapter 5 lists the information you need.) If you're keeping a headache diary, share it with your specialist. (See the headache journal in Chapter 3.)

Sharing specifics on your pain-pill intake and lifestyle

Sometimes people who have headaches downplay the number of pills they take during a pain cycle. If you're one of these (slightly embarrassed) people, it doesn't mean that you're dishonest. No, it just shows how tough (and depressing) it is to face the magnitude of your pill intake (especially because the medications didn't work). Your mind may also feel foggy during awful headaches, which inevitably makes it hard to remember the names of meds and how many you took. Provide the full list of medications you have tried in the past so that you won't be re-prescribed a med you've already tried.

KNOW WHEN TO HOLD 'EM; KNOW WHEN TO FOLD 'EM

We know an attorney who never liked to admit that he suffered from headaches. The headaches seemed so lame, and he thought of himself as a “manly man.” So he wrestled with his pain for many years (from age 16 to 40), missing work and disappointing his children when planned family events had to be cancelled.

Then a business trip to France changed his mind about seeking help. On the flight home, his headache was triggered by the monotonous sound of someone repeatedly shuffling a deck of cards. “That sound hit me like a ton of bricks — that and the closed-in feeling of the plane and dehydration and too many airline peanuts.” All these factors led to a headache that made him want to rush to the ER, but instead, he said, “I arrived in Houston, alone and in pain, searching for my car in the airport parking lot at 2 a.m., barely able to function because the pain was so bad.” In that state, he had to drive across town for 30 minutes to get home. “That did it,” he said. “The next day, I made an appointment to see my doctor.”

This fed-up man saw a primary care doctor, who diagnosed him with migraine headaches. He stopped smoking and cut down on drinking alcohol. He had migraine medication, but he rarely had to use it because his lifestyle changes ensured that he rarely had headaches anymore.

“Looking back, I'm thankful for the card-shuffling guy on the airplane. He sent me running in agony to get help for my migraines!”

Testing for Clues to Why Your Head Hurts

Doctors typically diagnose headaches by performing a physical examination and obtaining an overview of your headaches and medical history. Tests generally aren't necessary unless your doctor can't arrive at a clear-cut diagnosis. After your headache specialist has absorbed your headache history and personal medical story, they may be able to reach a diagnosis. They may also recommend some tests for you to undergo before they can arrive at a conclusion.

Before you go through any tests, your headache specialist should brief you on the routine for each one. If that briefing doesn't happen, you can ask about what to expect and thereby largely eliminate the fear factor. Think of the tests as just another way to unpack your headache dilemma and take a giant step down your road to headache relief.



TIP

If you get nervous before a test, tell yourself, “This time tomorrow, it will all be over.”

Opening your mind to migraine diagnostic tests

Your doctor will probably want to perform tests if any of the following apply to you:

- » You've been having bad headaches for the first time.
- » You've noticed a change in the type of headaches you experience.
- » Your headaches are getting steadily worse.
- » Your headache frequency has increased rapidly.
- » You have neurological symptoms, such as weakness in an arm or leg, or you have an abnormal finding on your eye exam (swollen optic discs).
- » Your headaches wake you up.
- » You have headaches after coughing or straining, or after sex or exertion.

In the absence of a clear-cut diagnosis for your headaches, your doctor may want to check for other, more unusual or serious causes for them. The doctor may order a computed tomography (CT) scan (see the upcoming “Tubing your way to a CT scan”), magnetic resonance imaging (MRI; see “Making magnetic magic with an MRI”), or a lumbar puncture (see “Prepping for a lumbar puncture”). Most of the time, though, a doctor won't need to perform these particular tests to determine what kind of headaches you're having and how to treat them.

Another type of testing your doctor may order is blood tests, which can detect medical conditions such as infections or blood-vessel inflammation that sometimes cause headaches.

The physical examination and the results of the tests are likely to show that you don't have an abnormality causing your headache, but the information does allow your doctor to rule out the causes of head pain related to tumors, aneurysms, strokes, and so on.



REMEMBER

The purpose of all these tests is to find out what's behind your head pain. They often serve to exclude the most serious causes of headaches — diseases, tumors, and so on.

Tubing your way to a CT scan

A *CT scan*, also known as a computed axial tomography (CAT) scan, is a type of X-ray that shows detailed views of the inside of the cranium. Doctors use CT scans to evaluate for brain disorders (tumors, strokes, head trauma, and acute hemorrhage) or for headaches caused by chronic sinusitis. The scan itself is painless, but some people find it difficult to lie flat on their back due to back pain. You lie down on a table, and then the table moves you into the machine, which is shaped like a gigantic donut. The medical technician performing the procedure sits in a separate room to watch what's going on via computer monitor and avoid exposure to the radiation. (Pertinent U.S. government agencies consider the dose you are exposed to be safe.) CT scans tend to be less noisy and faster than magnetic resonance imaging (MRI), explained in the next section. A radiologist examines the images.



TIP

The fact that your doctor wants you to have a CT scan doesn't mean that you have a brain tumor. When a person does have a brain tumor, an isolated headache as the first and only clinical symptom occurs in only about two percent of patients, according to California neurologist Teryn Clarke, M.D., author of *Brain Health Action Plan*.

Making magnetic magic with an MRI

An MRI can reveal evidence of a stroke, hemorrhages, skull fractures, malignant diseases, hematomas, sinus problems, tumors, and other problems that may be causing your headaches.

Although CT scanning is more widely available than MRI, the latter is more capable of keying in on certain brain abnormalities, such as some brain tumors. MRI also has no radiation, so it's safer, with fewer risks.



TECHNICAL
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SECOND-TIER TESTS

Your doctor may ask you to have one or more of the following tests, but using any of these to diagnose headaches is an unlikely scenario.

- **Eye pressure test:** Doctors use this test to rule out glaucoma. Eye doctors have various ways to check your eye pressure, including these two: using eye drops to numb your eyes for a short time and then measuring your eye pressure using a tonometer; and the older air-puff test, which blows a puff of air at the front of each eye. To see the back of your eye more closely, the doctor can put drops in your eyes to dilate (enlarge) your pupils.
- **Brain PET scan (positron emission tomography):** PET is a technology that highlights changes in the brain. However, this noninvasive imaging technique is used more for research and is very rarely used to diagnose migraines.

A PET scan spotlights the areas of the brain that are involved and can show the effects of different migraine treatments.

In migraine with aura, PET scans can reflect a decrease in blood flow during the aura and a large increase in blood flow during later stages of migraine attacks. PET scans of migraineurs *without aura* are more complex.

- **Neurological tests:** These tests, which include electroencephalograms (EEGs), focus on detecting seizures and other neurological diseases. An EEG isn't effective in identifying types of headaches.
- **Sinus CT scan:** Doctors may order sinus CT scans if your headache seems to be caused by sinus problems.

MRI is painless. When you have an MRI, you lie down on a table, which then moves you into the machine. Most patients have no problem with the close surroundings of the tube. If you do suffer from *claustrophobia* (fear of enclosed spaces), your doctor can give you a mild sedative to keep you calm during an MRI.



TIP

If you're totally claustrophobic and dead set against the regular tunnel-type MRI, you can shop around to find a facility that has an *open MRI* (equipment that is not enclosed). The open MRIs are not as widely available as the traditional tunnel-type MRIs, nor are they as accurate.

At some point during your MRI, a technician may give you an intravenous dye to improve the visual contrast between normal parts of the brain and any abnormalities. Many migraineurs have white matter abnormalities seen on their MRI that are nonspecific and usually aren't causes for concern, however.



Even if you had an MRI a long time ago, your doctor may still want another one. Your last MRI may have been done to study a different part of your body — or your brain may have undergone changes in the years since.

Prepping for a lumbar puncture

If your doctor suspects that your sudden onset of headaches may be caused by the rupture of an *aneurysm* (a ballooning of the wall of a blood vessel) or bleeding from a tangle of blood vessels (arteriovenous malformation, or AVM), the doctor will probably order a CT scan. If your CT scan is negative (normal), you'll receive a lumbar puncture (also known as a spinal tap).

The purpose of a lumbar puncture is to check for blood in your spinal fluid — cerebrospinal fluid (CSF), to be exact. During the lumbar puncture, your doctor inserts a needle into your lower back to withdraw a sample of the fluid around the brain and spinal cord. Patients report discomfort that ranges from mild to painful, but generally tolerate the procedure well. A big downside of a lumbar puncture: You may get a headache that can last for hours after the procedure. These headaches occur only when standing, are relieved by lying down, and rarely last for days.

SHE LIKES WIDE-OPEN SPACES

A woman who grew up in Texas was used to wide-open spaces and truly didn't want to get into one of those "awful, closed-in things" that they use for MRIs. But she also loathed debilitating headaches, and the doctors told her the test would help them assess her problem. Still, the thought of getting in the MRI equipment and being "closed in" sounded like *Night of the Living Dead* to her.

So, she searched around town for an open MRI, but she couldn't find a facility that had one that was covered by her health insurer. She landed back at square one.

During a consultation, her headache specialist told her that claustrophobic people usually do just fine if they take a mild sedative prior to their MRI. She decided to give it a try.

On the day of her MRI, she had the first symptoms of a panic attack. The nurse helped her do deep-breathing exercises to calm her anxiety. After the sedative took effect, she underwent the test without any trouble.

The MRI results were normal, and she was glad she had taken the test and learned that "only" migraines were causing her headaches.

Doctors also use a lumbar puncture to check for infection or highlight any CSF pressure abnormalities that may be linked to headaches.

Devising a Game Plan to Ratchet Down Pain

The test results are in, and you're ready for a planning meeting. Now that it's clear that you have migraines, you and your specialist can come up with a migraine-management plan that will probably feature medications (see Chapters 7 and 8), lifestyle changes (see the chapters in Part 4), and other ideas for quality living (see Chapters 14 and 15).

Typically, a migraine plan includes these components:

- » **Dietary fixer-uppers:** You identify and stay away from food triggers that are likely to set off your migraines (see Chapter 10).
- » **Environment upgrade:** You work to reduce your exposure to smell triggers and environmental toxins (see Chapter 12).
- » **Lifestyle shape-up:** You figure out what types of exercise give rise to your headaches. You also decide what types of exercise enhance your overall health and help prevent your headaches (see Chapter 11). The latter are the exercises you'll continue to do.
- » **Medications:** With the help of your healthcare provider, you will try migraine medications until you zero in on a combative that helps and, if necessary, a preventive that works for you (see Chapters 7 and 8).
- » **Work/home platform:** You discover what to do when the people around you have trouble understanding why you are sometimes disabled by a migraine, and why you sometimes bail on activities (to go home and go to bed — hopefully to sleep off your migraine). See Chapter 15 for information on coping with work repercussions of migraines.

Let your doctor know how you prefer to take your medication. The doctor can prescribe a pill that dissolves on your tongue, an injection (shot), or a tablet.



TIP

FIGURING OUT WHAT YOUR INSURANCE WILL COVER

You may go up against some thorny details when sorting out insurance stumbling blocks to cover migraine treatments. Here are some common problems you may encounter:

- **Obtaining a referral to a headache specialist:** A health maintenance organization (HMO) may apply pressure on primary care doctors to limit the number of referrals they give. Typically, your primary care doctor will try to diagnose and treat you and hold off on referring you to another doctor unless you don't show improvement or your symptoms change. However, if your initial symptoms are complicated or worrisome, you may receive a referral right off the bat.

If your insurance is a preferred provider organization (PPO), you don't need a referral to see a specialist.

If your primary care physician gives you a medication for your symptoms and it doesn't work, and then you go through the same routine a second or third time with different medications, you can ask for a referral to a headache specialist.

- **Medication limitations:** Your health insurance company may limit the number of migraine pills it will pay for in a given month. So what happens if you use up your prescription?

You can ask your doctor to send a letter of medical necessity to your insurance company. In the letter, he can justify your need for a greater allotment of monthly pain medication. Some medications have a limit because more than the allowed amount can lead to medication-overuse headache, so this is something you may want to discuss with your doctor.

- **Alternative treatment bans:** Insurance companies usually refuse to approve alternative treatments (see Chapter 9). Using biofeedback and other such options may require self-pay because your insurer isn't likely to step up to the plate.

You can track your medication intake by keeping a chart of your migraines and their patterns, and the effect of medications on them. (See the headache journal in Chapter 3.)

When you begin to implement your migraine-management plan, you may discover just how good it feels to set yourself up as the one in charge of controlling your headache fate and deciding which treatments you're going to use. For many people, it's downright invigorating.

You can take a proactive stance when dealing with your migraines by

- » Anticipating how special situations affect you, headache-wise
- » Being a major player in making lifestyle changes that will help prevent migraines (see the chapters in Part 4)
- » Dealing with work in effective ways (see Chapter 15)
- » Trying alternative options such as biofeedback or acupuncture



TIP

If you and your doctor believe that you need a certain migraine treatment that your insurance company won't approve, you can appeal the decision. Your doctor can submit information to justify why you need this treatment. However, don't bother doing this for alternative treatments because no matter what you do, an insurance provider probably won't cover them.

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Eradicating Your Migraine Pain

IN THIS PART . . .

Get familiar with over-the-counter options for pain relief.

Read everything you need to know about prescription medications that eliminate migraine pain and other symptoms.

Check out alternative remedies for solving your migraine woes.

IN THIS CHAPTER

- » Trying over-the-counter (OTC) medications
- » Avoiding side effects from overusing OTC drugs
- » Using vitamins and herbal supplements to fight migraines

Chapter 7

Getting Relief without a Prescription

You have a quandary on your hands: You hate headaches, but you don't like taking prescription drugs. This aversion somewhat complicates your search for headache relief, but many people who have migraines manage without following the prescription path.

In your crusade to curb migraine pain, you look at nonprescription options, starting with first-tier headache medications — the drugs you buy over the counter at the drugstore or grocery store. Of course, you can't expect OTC medications to pack the same wallop as a heavy-duty prescription medication, but sometimes these medications do work.

You also may want to peruse your health store and stock up on herbal and vitamin remedies.

In this chapter, we talk about the pros and cons of nonprescription treatments that may be just what the doctor ordered, so to speak.

Counting on Over-the-Counter Medications

Some folks just hate prescription drugs. They don't like the way certain drugs made them feel in the past. If you belong to this school of thought, you may be drawn to a less aggressive, over-the-counter (OTC) approach to pain-fighting.

OTC remedies include ibuprofen and acetaminophen, which can usually knock out a mild migraine. Aspirin typically isn't strong enough to provide relief for migraines. Advil and Motrin (which contain ibuprofen) and Excedrin are popular over-the-counter headache relievers. Headache experts consider them to be a little more effective at treating migraine attacks than acetaminophen (Tylenol).

Even if you're not averse to taking prescription drugs, try OTCs first because they're less likely to sideline you. With OTCs, you probably won't get drowsy or woozy to the point of being unable to work, drive, or cope with your kids. (However, if you have any of the warning signs listed in Chapter 16, forget about using OTCs first, and see a doctor pronto!)



REMEMBER

If you're a migraineur who gets relief from OTC medications, we're happy for you! But don't feel discouraged if OTC medications don't do the trick. You may need a prescription pain reliever for times when you experience a truly difficult headache, and that's nothing to be ashamed of.

Comparing benefits

If you have severe migraines, a medication you can buy over the counter is unlikely to provide the kind of pain relief you need. But if you prefer to try OTC medications first, you should — exceptions do exist.

Some migraineurs overcome their pain without prescription medication. According to the National Headache Foundation website (www.headaches.org), about 60 percent of people with migraine use OTC remedies exclusively to manage their headaches.

For others, OTC remedies fail to provide relief. For some people, these meds help handle the discomfort until the headache is completely resolved with sleep or another dose of the medicine later in the day. If you're lucky, you may find an OTC drug that works almost every time you get a headache.

But if your headache is "killing" you, and OTC pills aren't helping enough, you might want to consider a prescription headache medicine.



TIP

By the way, if you take an OTC tablet referred to as a “migraine formula,” don’t think that you’re practically taking a prescription drug. Migraine formulas are typically no stronger than their sibling over-the-counter medications, though they may have a faster delivery system, meaning that the drug is absorbed by your body faster. The FDA (U.S. Food and Drug Administration) allows drug companies to label their products as migraine formulas even though they often don’t provide any extra benefits for people with migraine.



REMEMBER

Take OTC pain meds early in your migraine attack, but don’t take them often. Don’t exceed recommended dosages!

If you take OTC pills for more than two days each week, you may make your pain situation worse. Unfortunately, you may have to wait two or three hours for an OTC drug to relieve your pain. This delay may tempt you to pop more pills in hopes of a quicker resolution. But you must avoid the trap of taking too many OTC drugs; if you’re not careful, you may experience increased side effects (stomach upset) or get a medication-overuse headache, which can evolve into a very painful problem (see Chapter 4).



REMEMBER

Don’t take a caffeine-containing OTC drug daily, or you may wind up with a medication-overuse headache (formerly known as a *rebound headache*) when you try to cut back on the pills. If you’re having daily headaches, see a doctor for an evaluation and help in setting up a migraine-fighting plan.

If OTCs don’t help relieve your migraine attacks, try moving up to the next rung on the pain-killing ladder — prescription migraine meds (see Chapter 8). Or supplement your OTC medications with alternative remedies (see Chapter 9).

Looking for anti-inflammatories

Nonsteroidal anti-inflammatory drugs (NSAIDs) are widely used for painful ailments. They come in both prescription and OTC form. The OTC forms include Advil and Motrin (ibuprofen), Aleve (naproxen sodium), and Bayer (aspirin). All OTC drugs can have side effects, including stomach irritation and bleeding, nausea, and vomiting.

Excedrin Migraine is a staple for many people who have mild to moderate migraines (Excedrin Extra Strength contains exactly the same meds), but Excedrin Migraine is meant for migraine headache pain and has strict dosing to try to prevent medication-overuse headaches. Because it is known to cause medication-overuse headache, you shouldn’t take Excedrin Migraine more than two to three times per week. The common side effect — stomach upset — may be an acceptable trade-off for pain relief.

If you're taking Excedrin Extra Strength or Excedrin Migraine, you're using a product that combines acetaminophen and aspirin with caffeine. With Excedrin Tension Headache, which is aspirin-free, you're taking acetaminophen and caffeine — a combination that provides pain relief for some migraineurs.

Assuming that you're an adult who's not allergic to NSAIDs (see Chapter 8 for more info on NSAIDs) or any of the ingredients in Excedrin, and that you're not pregnant, you may use Excedrin Migraine as your staple ammo for headaches. Then, if the going gets rough — and a headache won't go away — use your prescription migraine medication.

Opting for Advil

When taken early in a migraine attack, Advil may work well in relieving the pain of a mild to moderate migraine. Some people need only Advil to treat their migraines.

Advil Migraine is a liquid-filled capsule and may offer faster pain relief than regular Advil pills. Try to limit how often you take Advil, though, because frequent use can cause kidney disease. Also, NSAIDs such as Advil increase the risk for problems such as bleeding stomach ulcers and heart attacks, so discuss your risk for these problems with your doctor.

Avoiding the Side Effects of Taking Too Many Over-the-Counter Drugs

Take too many OTC drugs, and you may be doomed to experience side effects such as nausea, vomiting, or what feels like the eternal headache, better known as a medication-overuse headache (see Chapter 4). Furthermore, excessive OTC drug use can cause problems such as liver or kidney damage (depending on the medication).

Aim to safeguard yourself from overdosing. If you're using OTC remedies for a very bad migraine, keep track of the number of pills you're taking and when you took them. If you're reaching for the pill bottle in the middle of the night — when you're half-asleep and reeling from pain — you may get confused and take more than you should (unless you have a system for keeping track).



TIP

One woman tells of setting out her just-in-case migraine pills at the start of her headaches so that she won't surpass the number that's safe to take in a 24-hour period. She uses a chart to help her remember when she took the first one, when it's okay to take another, and so on.

This advice may sound like connect-the-dots guidance, but the truth is, you need all the help you can get when a pain stupor mutes your thinking processes. (You know this statement is true if you've been there.) If a mate or friend isn't standing by to hand out pills, you must find a way to deal with pain relievers in a safe manner.

Overdo pills, and you may be inviting disaster if you're taking the recommended dosage of two to three days a week for several weeks (see more about medication-overuse headache in Chapter 4).

Exploring Supplements and Vitamins

Some headache experts now believe that certain supplements and vitamins may be beneficial for people living with migraine. Some migraine researchers believe that certain vitamin supplements can even decrease your likelihood of developing headaches by balancing your system. Therefore, some migraineurs like taking vitamin supplements as a migraine preventive and to combat migraines better.

Treating migraines with herbal remedies is a controversial option on which the jury is still out. You're probably not going to find many physicians who'll give herbal remedies a hearty thumbs-up because studies have not confirmed that supplements are safe and effective for headaches. In the United States, the FDA does not regulate supplements, so we don't really know what (and how much of an ingredient) is in each supplement.



REMEMBER

If you're going to use vitamins and herbal supplements to treat your migraines, you should seek medical supervision. Have a healthcare provider look at your entire health picture and medication regimen before you start taking a few fish-oil capsules here, a little magnesium there, and an occasional feverfew capsule. Every part of your headache game plan needs to mesh neatly for the best overall pain-fighting effect. Remedies that aren't compatible can add new symptoms to your troubles.

Although vitamin advocates — and many doctors — do support using vitamins to help get rid of migraines, many healthcare providers aren't convinced that nutritional supplements are beneficial for treating migraines. Also, the excessive use of vitamins can sometimes result in nasty side effects: Too much vitamin B6 can cause numbness in your hands, feet, and around the mouth; an overdose of

magnesium supplements may cause diarrhea and an irregular heartbeat; magnesium intoxication can be fatal; and too much vitamin C can give you diarrhea.



WARNING

If you suspect that you have overdosed on vitamins, go to an emergency room or call your doctor. Signs of vitamin overdose depend on the particular vitamin but include:

- » Nausea and vomiting
- » Convulsions
- » Diarrhea
- » Frequent urination
- » Irritability
- » Itchy skin
- » Lack of appetite
- » Dizziness
- » Muscle weakness

It's a good idea to seek help when attempting to vitamin-bomb your migraines. Headache specialists are good sources for advice on vitamin supplementation. They stay up-to-date on the latest studies and have experience monitoring patients who use supplements for migraine treatment.

Before you try any of the following supplements, though, do get a doctor's advice on what supplements may be best for you (and what supplements will work with the medications you're already taking). Your physician takes into consideration your age, past medical history, current food regimen, and other factors that matter when deciding on supplements you need for deficiencies. You should aim to get most of your vitamins and minerals from food, however. Too many vitamins can be as dangerous as a deficiency of vitamins. (Just because it's called a "vitamin" doesn't mean it's safe, especially if you're pregnant, so discussing vitamins with your doctor is a good idea.)



WARNING

Talk to your doctor or pharmacist to see whether any of your current medications interact with the supplement or vitamin you want to take.

With each of the following supplements, the dose listed is the recommended daily dose for adults. (Note that *mg* is an abbreviation for *milligrams*.) After you have confirmed that a supplement doesn't interact with your current medications, you can try using it for your headaches, but if you experience negative side effects,

back off on supplementation. You don't want to take vitamins that make you feel worse instead of better. (Vitamin E and vitamin D are measured in international units, or IUs.)

- » **Magnesium oxide (400 mg per day):** Magnesium can be depleted by medications such as diuretics (called water pills because they reduce the amount of water in the body), alcohol consumption, and chronic medical problems such as diabetes. But if you eat spinach, nuts, bananas, bran, and whole-grain breads and cereals, you may get plenty of magnesium. Symptoms of taking too much magnesium include diarrhea.
- » **Vitamin B2 (400 mg per day):** Studies have shown that 400 mg of vitamin B2 (riboflavin) can greatly reduce migraine frequency. One rare, bothersome side effect of vitamin B2 is diarrhea.
- » **Coenzyme Q10 (150 mg twice a day):** This antioxidant helps reduce the length of a migraine attack as well as the frequency of migraines.
- » **Butterbur (75 mg twice a day):** According to the American Headache Society, this herbal supplement is a good migraine preventive, but patients (adults and children aged six or older) should be monitored for adverse effects. Possible side effects are belching, itchy eyes, drowsiness, and fatigue. It's very important to buy only the brands that are free of alkaloids (which can cause liver damage) and other plant carcinogens.
- » **Melatonin (3 mg at bedtime every day):** This hormone that the pineal gland releases in your brain at night helps you sleep, and good sleep wards off headaches. Melatonin helps with sleep regulation, but it's unlikely to get rid of migraine pain.
- » **Feverfew (50 to 150 mg per day):** Although this herb gets mixed reviews as a migraine remedy, migraineurs have been using it for decades. Long used as dry leaves in tea to treat inflammation and swelling and lauded as a migraine preventive, feverfew reportedly helps many people. You take it in capsule form, and it's best to follow the recommendations on the bottle for dosage. Women who are pregnant and people with a blood clotting disorder should avoid feverfew.
- » **Fish-oil concentrate pills (2,000 mg):** Researchers believe that fish-oil pills with 360 mg of the omega-3 fatty acid EPA (eicosapentaenoic acid) and 240 mg of the omega-3 fatty acid DHA (docosahexaenoic acid) may reduce the intensity of an existing headache or help stave off headaches so that you don't have them as often.
- » **Vitamin C (1,000 mg):** Researchers are still studying Vitamin C to determine how effective it is for headache prevention.

- » **Vitamin E (400 IU):** Vitamin E is good for circulation, and thus, helpful for some people who suffer from migraines. Some doctors recommend taking vitamin E around the beginning of menstrual periods to relieve menstrual migraines. Excess vitamin E can cause bleeding.
- » **Vitamin B6 (100 mg):** Some researchers think that vitamin B6 helps to ward off headaches. (Don't exceed the recommended dose.) Excess vitamin B6 can cause nerve damage. Most people get enough vitamin B6 from their diet.
- » **Vitamin D (1,000–3,000 IU):** This vitamin is popular for preventing many health problems, including migraine attacks' frequency, severity, and duration, although there is not strong data to support this.

If you're pregnant or breastfeeding and want to take a supplement, check with your doctor first.

Trying herbal remedies

Herbal remedies are occasionally used as adjuncts to a central migraine-management plan.

If you're working on a migraine management plan and considering some form of herbal supplementation, be sure to consult with your healthcare provider.

Don't imbibe gallons of the hottest gimmick coming down the pike until studies have proven its effectiveness. Remember, one person's anecdotal experience isn't enough to gamble your head on. Maybe the latest buzz around the water cooler is that drinking powdered ginger and water cures migraines! But a miracle migraine-cure myth spreads online just about every other day. Sure, the ginger cure may turn out to be true. Then again, it may not.



WARNING

Kava (or *kava-kava*) was a big favorite until reports emerged that this herbal remedy made from the plant *Piper methysticum* may cause liver damage. However, you may still find kava for sale, and it may be labeled as a migraine remedy.



REMEMBER

Herbal products aren't regulated for purity, so the amount of herb and impurities present can vary.

If you just can't resist trendy remedies, check with your healthcare provider before taking them. If they give you the go-ahead, you may want to sample one of these:

- » **Bayberry tea:** Some people use a cup of this drink as a headache deterrent when they feel a migraine coming on. No significant evidence exists that it is helpful for migraines. Also, it can cause increased blood pressure.



WARNING



WARNING



REMEMBER

» **Chamomile tea:** This tea is a popular herbal treatment used to relieve migraine pain after a headache hits. It also helps soothe stomach woes. Drink one or two cups. People who take the blood thinner warfarin should use it with caution.

» **Ginkgo:** Ginkgo biloba, believed to improve memory, may help relieve your headaches. (Note that it can interact with the medicine warfarin, among other medications.)

Don't use ginkgo if you take anticoagulants (blood thinners), aspirin, lithium, or ergotamine with caffeine. Check with your doctor before using this or any other herbal remedy.

» **St. John's wort:** The herb St. John's wort (*Hypericum perforatum*) is sometimes used to reduce anxiety and depression and relieve headaches.

Don't use St. John's wort if you're on birth control pills or prescription antidepressants, such as Lexapro or Zoloft.

» **Valerian:** Some people use this herb for both anxiety relief and migraine pain relief. It can be sedating, so avoid taking it with meds that cause drowsiness or with alcohol.

Using herbal remedies for migraine relief is highly controversial. Most people think that for every person who gets help by using an herbal remedy, there's another who tries the same thing and feels no benefit whatsoever. (Could it just be the placebo effect?) One person's surefire solution may be another person's unreliable option.

IN THIS CHAPTER

- » Finding relief for your headaches
- » Knocking out a headache that's under way
- » Preventing migraines altogether
- » Trying new treatments
- » Deciding on a delivery method
- » Using the superhero medicines
- » Relieving nausea

Chapter 8

Tackling Pain with Prescription Drugs and More

Today, doctors have a huge arsenal of headache drugs that can prevent a migraine from getting worse, stop head pain in its tracks, make recurrences less likely, and even prevent a migraine from happening in the first place.

Because a migraineur's brain has overly sensitive circuits that overreact to stimuli that don't bother non-migraine folks, calming down these super-sensitive nerve cells is critical to pain relief. That purpose became the job description of a migraine-combating drug that gained U.S. approval in 1993: sumatriptan. Its success unleashed the drug class of triptans, which have provided tremendous relief for many migraineurs in the decades since.

But finding relief isn't always simple. Because migraines are very individualistic in pain level and frequency, and because people respond differently to different medications, you may have to try several prescription medicines to find the one that works well for you. Hang in there until you find the right stuff, because the migraine-pain-relief options today are amazingly effective, and you have everything to gain from taking the time to zero in on your solution.

In this chapter, you find everything you ever wanted to know about various drugs for migraines. We familiarize you with their impact on headaches, their side effects, and their likelihood to cause dependency.

Looking for Relief in All the Right Places

Sometimes you get tired of hearing yourself repeat the same old refrain: “My head’s killing me!” But it’s hard to come up with creative phrases when you’re in pain (and perhaps nauseated, too). The truth is, a migraine makes you desperate for answers.

So you turn to your doctor, who introduces a whole field of medications designed to eliminate migraine pain. The only problem is that what works for one person may not necessarily work for you. This scenario makes trial and error the name of the migraine-med-sorting game.

The process starts when you huddle with your migraine-specialist doctor (see Chapters 5 and 6) and the two of you dedicate yourselves to devising a headache-management plan — involving both drug and nondrug remedies — to help you ward off headaches before they take up residence in your skull, or fight them after they move in.



REMEMBER

Remember that no book can substitute for an in-person, one-on-one consultation with your personal physician, who knows all about your medical needs and existing conditions. Don't skip the consultation process!



WARNING

The medication information in this chapter is for adults. Ask your physician to recommend medications for your child's headaches. (See Chapter 18 for treatment information for children who have migraines.)



REMEMBER

The information on migraine medications provided in this chapter is intended primarily for people who don't have special medical conditions in addition to their migraines, those who aren't 65 or older, and those who aren't children.



TECHNICAL
STUFF

THE MEDICATIONS NAME GAME

Understand that each drug has several names associated with it — not just to confuse you but to flesh out the persona and character of the drug. For example, a given medication has a rarely used chemical name that reflects its chemical composition. A drug also has a descriptive class name, a generic (hard to pronounce) name that points to the drug family it came from, and a *trade name* — the registered name that the manufacturer gives the drug. The latter is probably the one you're most familiar with. Some examples of trade names are Imitrex and Advil.

In the same way that you can call an automobile by a descriptive name (a steel, plastic, rubber, and chrome, human-steered, gasoline-or-electric-powered vehicle), generic name (car), or trade name (BMW), you can also sort a medicine by its descriptive class name (serotonin receptor agonist), generic name (rizatriptan), and finally, its trade name (Maxalt). The true chemical name for a drug, which is usually a mile long, doesn't come up very often — fortunately.



REMEMBER

Always check with a doctor before taking any drug! Don't take other people's headache remedies or improvise on your own medications. You must beware of any unusual headache pain or other symptoms because it may signal a more dangerous condition, such as brain hemorrhage, aneurysm, meningitis, or another life-threatening condition.

Probing drug types

In your investigation of drug therapies, you'll find that the arsenal of anti-migraine drugs features quite a variety included in the following categories:

- » General pain-fighters
- » Drugs that address migraine side effects
- » Medicines made especially for migraines
- » Medications that were originally created for other medical conditions but were found to help migraine pain, too

The two overall categories for migraine-treating drugs are *acute* (or abortive) medicines that stop a headache that's already under way, and *preventives* (or *prophylactics*), drugs aimed at preventing a migraine from occurring. Preventives aren't the first line of defense, simply because you don't want to take medication that you don't need — and a regimen of preventives requires a daily tablet in most cases.

Medical terms: Knowing what to expect

Certain words keep popping up in headache talks — so you really need to know migraine jargon to stay abreast of what's going on in the ever-changing treatment field.

Drug terms

To sort through all the pain relievers, though, you need to understand the medical terms, because physicians tend to toss these names about during headache-treatment talks. Take a look at the following list of common pain relievers:

- » **Abortives (or abortive therapy):** Medications called abortives fight existing migraines. These pain relievers are also called acute medication, rescue meds, and relief drugs. They work to relieve pain after a headache arrives, whether it's just warming up or blasting your head like a rock concert. This category includes plenty of prescription drugs, as well as some first-line-of-defense over-the-counter (OTC) medications such as Excedrin Migraine and Advil Migraine (see Chapter 7 for more on OTCs).
- » **Antidepressants:** Certain antidepressants, which doctors use frequently to treat depression, have found a second role as migraine preventives. Two such drugs are amitriptyline and venlafaxine.
- » **Antiemetics:** People use these medications to control migraine-associated nausea and vomiting, but they can also help relieve migraine pain itself. Two antiemetics are metoclopramide and prochlorperazine (see "Quelling Nausea," later in this chapter).
- » **Beta blockers:** These drugs, long used to treat high blood pressure, can also prevent migraines in some people. Examples are metoprolol and propranolol.
- » **Calcium channel blockers:** Commonly used to treat people with high blood pressure, calcium channel blockers also work for preventing migraines because they can establish a balance in your blood vessels and stave off oxygen deficit in the brain. Calan is an example.
- » **Ergotamine:** The drugs called ergotamines, or ergot derivatives, can get rid of acute migraines because they constrict blood vessels, but more importantly, they block pain impulses from getting to the brain. In other words, this kind of drug causes a narrowing of the brain's arteries and diminishes pain. Examples of ergotamine-based medications are Cafergot, Migranal, and DHE-45.
- » **Nonsteroidal anti-inflammatory drugs (NSAIDs):** These are painkillers that people take for many medical conditions, including mild to moderate headaches. Used to address (and reduce) the pain that occurs during a headache, NSAIDs inhibit the production of *prostaglandins*, hormone-like



REMEMBER

substances that are known to cause pain. Some of the NSAIDs are Aleve, ibuprofen, and aspirin.

If you're pregnant or breastfeeding, ask your doctor before using NSAIDs. NSAIDs should not be used during the first trimester of pregnancy because there's the possibility that the use of such drugs can affect the baby's heart, and after 20 weeks of pregnancy, NSAIDs can affect the baby's kidneys. However, you can take acetaminophen during pregnancy.

- » **Preventives or prophylactics:** You really have to love these meds, because they're the ones that can decrease the frequency of your headaches and perhaps even prevent them from showing up at all. Yay! On the other hand, they don't work if an attack is already under way.

Preventives are prescription drugs, so your doctor should initiate these. Preventive medications include certain antidepressants, anticonvulsants, and blood pressure medications.

- » **Selective serotonin reuptake inhibitors (SSRIs):** The SSRIs are common antidepressants and anti-anxiety medications that can interact badly with some migraine medications, such as the triptans, and cause complications. Examples of SSRIs are Prozac (also available as the generic fluoxetine), Paxil, Zoloft, Celexa, Luvox, and Lexapro.
- » **Triptans:** This term refers to medications that end with "triptan," such as the medicine sumatriptan. Doctors often prescribe these meds as initial treatment for migraines.

Non-drug terms

Some of the nondrug terms your doctor may throw around include:

- » **5-HT:** This term refers to serotonin, a chemical released in the brain that transmits signals between nerve cells and can affect the blood vessels in your head. Some researchers believe that this substance plays a prominent role in migraine attacks. The triptan medications have their effect at the 5-HT receptor.
- » **Caffeine:** Though harmful when overused (and the villain in caffeine-withdrawal headaches), caffeine is a trigger only when someone gets too much, and then it can cause a headache. Otherwise, it constricts blood vessels and thus relieves pain.
- » **Serotonin:** The fluctuations of this brain chemical are involved in migraine development.
- » **Vasodilation:** When blood vessels increase in size.
- » **Vasoconstriction:** When blood vessels decrease in size.

Being a savvy consumer

When you get a prescription, ask your doctor to explain what to expect when you take the prescribed medication. Pain relief? Nausea relief? Does the drug have side effects, such as sleepiness or nausea? (See information on side effects in the “Fighting Back: Abortive or Acute Medications for Migraines Already Under Way” and “Stopping Migraines Before They Start: Preventive Meds” sections, later in this chapter.)



REMEMBER

When you take the prescribed medication, monitor your reactions to it. People react differently to different drugs. You’re the best judge of how well your body is responding to a particular drug. Be sure to check with your doctor if you have any questions, or if you have concerns about certain symptoms.

Of course, you must be realistic. You want pain relief from the remedy, so you may have to put up with a side effect or two — but you don’t want a set of brand-new symptoms that are worse than the headache! Examples of bad signs are mental effects such as depression or mood swings, or debilitating physical drawbacks such as diarrhea.

The point is, you want to be a savvy consumer when assessing your migraine medication. Numerous migraine pain relief options are available, so you don’t have to settle for one that doesn’t work well or makes you feel sick.

Fighting Back: Abortive or Acute Medications for Migraines Already Under Way

You have a headache, you’re hurting, and you want it to go away. This is where abortive drugs come in — they’re the medications that can give an existing migraine a knockout punch. You don’t use these pain relievers for headache prevention.



WARNING

You can’t use many abortive drugs for hemiplegic or basilar migraines (now known as *migraine with brainstem aura*). Hemiplegic migraines can cause temporary paralysis on one side of the body. If you have migraine with brainstem aura, you usually feel pain on the back of your head, and you may experience frightening symptoms, such as slurred speech, confusion, lack of coordination, nausea, double vision, and vertigo. If you suspect that you have either of these headache types, you should have your doctor evaluate you to rule out the possibility that your symptoms are indications of something worse. (See Chapter 4 for more on these and other headache types.)

The format used in the drug section is the brand name first, with the generic drug name in parentheses. In each category, we describe a sample drug (or drugs) in detail — one(s) commonly prescribed.



REMEMBER

Follow your doctor's instructions on dosing. Don't take more (or less) medication than you're supposed to.

Nonsteroidal anti-inflammatory drugs (NSAIDs)

Often used for chronic pain, the NSAIDs are popular migraine remedies that come in both over-the-counter and prescription versions. People use these medications for abortive treatment of migraines. Possible side effects include diarrhea, nausea, and stomach bleeding. Taking NSAIDs causes an increased risk for heart attack and stroke and can cause serious gastrointestinal bleeding. Examples are Advil, Motrin, Naprosyn, and aspirin.

Naprosyn (naproxen)

People often use Naprosyn to relieve the pain of menstrual cramps and arthritis, as well as mild to moderate migraines. Aleve, Naprelan, and Anaprox also contain the same generic medication naproxen, but their dosing is different.

- » **Mode of delivery:** Tablet.
- » **Possible side effects include:** Abdominal pain, peptic ulcers, gastrointestinal bleeding, heartburn, nausea, and sleepiness. Taking more than the recommended amount of naproxen can cause problems such as vomiting, drowsiness, and heartburn.
- » **Don't use if:** You have had a bad reaction to aspirin, Naprosyn, or any other NSAID in the past. Don't take Naprosyn if you're pregnant or breastfeeding, you have liver or kidney disease, you have a history of ulcers, you take blood thinners, or you have clotting problems.



WARNING

Celebrex (celecoxib)

People use this NSAID to treat mild to moderate migraine attacks. Limit taking this med to fewer than 14 days per month to avoid getting a medication-overuse headache.

- » **Mode of delivery:** Capsule; the Elyxyb brand version of celecoxib comes in an oral liquid form.



WARNING

- » **Possible side effects include:** Abdominal pain, peptic ulcers, gastrointestinal bleeding, heartburn, and nausea.
- » **Don't use if:** You have had a bad reaction to aspirin, celecoxib, or any other NSAID in the past. Don't take Celebrex if you're pregnant or breastfeeding, or if you have liver or kidney disease, clotting problems, a history of ulcers, or you take blood thinners.

Tylenol (acetaminophen)

Don't take this drug if you have impaired liver function because the liver breaks down acetaminophen. Even if you're healthy, don't exceed the recommended dosage because it can cause liver damage. Take 1,000 mg for a migraine attack, but do not exceed 4,000 mg in a day. Some experts even recommend keeping the maximum acetaminophen intake per day to less than 3,000 mg, and less than 2,000 mg per day in people with liver disease or heavy alcohol use.

Triptans

A group of drugs that totally transformed the treatment of migraines because of their amazing effectiveness, the seven triptans appear to affect a certain serotonin receptor in your brain that results in the constriction of blood vessels, but more importantly, they block pain impulses from getting to the brain. Possible side effects include dizziness, chest pain, and anxiety. Some examples are Zomig and Imitrex.



WARNING

You shouldn't take triptans if you have cardiovascular disease (heart disease) or a history of stroke. And, unless your doctor evaluates you and suggests otherwise, you shouldn't take triptans if you have major risk factors for heart disease (such as diabetes, obesity, high cholesterol, high blood pressure, or a family history of heart disease), you smoke, or you're pregnant or breastfeeding. However, there are a few triptans that doctors occasionally use during pregnancy or breastfeeding, so it's best to discuss this with your doctor, who knows your medical history.



TECHNICAL
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In one study of 43 hospital employees, researchers at the Georgia Headache Treatment Center in Augusta, Georgia, compared patients using their regular therapy for 12 to 18 weeks, followed by injections of sumatriptan as needed for migraine pain for six months. The number of migraine days that patients got pain relief by using sumatriptan was 75 percent, whereas it was only 25 percent with their usual therapy. Lost workplace productivity (and non-workplace activity time) were 35 percent lower with sumatriptan therapy. This figure underscores the finding that treating migraines with sumatriptan improves pain relief, reduces lost workplace productivity and non-workplace activity time, and enhances quality of life.



WARNING

You can use triptans to relieve migraine headaches with or without aura, but you shouldn't take them for unusual types of migraine, such as hemiplegic migraine or migraine with brainstem aura.

Amerge (naratriptan)

Amerge works for a longer time span than the other triptans, so it works well if you have trouble with recurring headaches. Doctors commonly prescribe this medication for migraines with or without aura as well as for menstrual migraines. You may take it anytime after your symptoms begin.

- » **Mode of delivery:** Tablet.
- » **Possible side effects include:** Nausea, dizziness, drowsiness, and fatigue. Rarely, serious cardiac problems may occur.
- » **Don't use if:** You have migraine with brainstem aura or hemiplegic migraine (see headache types in Chapter 4), heart disease, uncontrolled high blood pressure, a history of stroke or transient ischemic attack (TIA), which is an episode of neurological dysfunction resembling a stroke that resolves fully within 24 hours in most people.

Frova (froatriptan succinate)

Frova became available in early 2002 for the treatment of migraines in adults.

- » **Mode of delivery:** Tablet.
- » **Possible side effects include:** Fatigue, flushing, dizziness, dry mouth, chest and throat tightness, and, rarely, serious cardiac problems.
- » **Don't use if:** You have heart disease, a history of stroke or TIA, uncontrolled high blood pressure, or you have taken other triptans or ergotamine-type drugs within the previous 24 hours. Don't use for migraine with brainstem aura or hemiplegic migraine.

If you have liver problems or risk factors for heart disease, or if you're elderly, pregnant, or breastfeeding, your doctor will consider whether a different medication is best for you.

Imitrex (sumatriptan)

Known as an excellent first-line therapy, Imitrex even works on tough headaches that are hard to shake. Doctors use it for acute migraines but not for hemiplegic migraines or migraine with brainstem aura. You should take Imitrex when

symptoms first appear, but you may also use it anytime during an attack. You often get relief within an hour or two. Doctors sometimes prescribe this triptan for the acute treatment of migraine during pregnancy.

» **Modes of delivery:** Tablet, nasal spray, injection, nasal powder.

» **Possible side effects include:** Flushing, muscle weakness, dizziness, drowsiness, anxiety, agitation, headaches, itching, chest pain, sweating, and, rarely, stroke and serious cardiac problems.

Too much Imitrex may cause such problems as sluggishness, tremors, or seizures.

» **Don't use if:** You have a history of heart disease, heart attack, angina, strokes, or TIAs; you have migraine with brainstem aura or hemiplegic migraine, uncontrolled high blood pressure, or liver problems; or you've taken ergot-type drugs or any other triptans within the previous 24 hours or MAOIs within the last two weeks.

If you're at high risk for heart disease (such as having obesity or diabetes, high blood pressure, or a family history of heart disease), you have kidney problems, or you're pregnant or breastfeeding, your doctor will consider whether a better medicine is available for you.

Maxalt (rizatriptan)

Maxalt is laudable for working soon after you take it, often within an hour or two. You can take the orally disintegrating tablet form without water because it melts on your tongue. Rizatriptan comes in both Maxalt-MLT (the melting tablet form) and Maxalt.

» **Mode of delivery:** Tablet (common tablet form and orally disintegrating tablet form).

» **Possible side effects include:** Sleepiness, chest pressure, dizziness, nausea, fatigue, and, rarely, serious cardiac problems.

» **Don't use if:** You have heart disease, uncontrolled high blood pressure, hemiplegic migraine or migraine with brainstem aura, history of TIA or stroke, or you've taken ergotamine-type drugs or other triptans within the previous 24 hours or MAOIs within the previous two weeks.

If you are pregnant or breastfeeding, have risk factors for heart disease (such as diabetes, obesity, or smoking), or have liver or kidney problems, your doctor will consider whether a better medication is available for you.

Zomig (zolmitriptan)

Zomig is a triptan that works fast and, for some people, helps relieve nausea.

- » **Modes of delivery:** Tablet (common tablet form and orally disintegrating tablet form), nasal spray.
- » **Possible side effects include:** Dizziness, nausea, skin tingling, dry mouth, cold or warm sensation, drowsiness, weakness, trouble swallowing, chest or throat tightness, and, rarely, serious cardiac problems. Too much Zomig may make you feel sleepy.
- » **Don't use if:** You have a history of heart disease, angina, or heart attack, uncontrolled high blood pressure, history of TIA or stroke, or you have taken ergot-type drugs or other triptans within the previous 24 hours or MAOIs within the previous two weeks. You should also avoid using Zomig if you have risk factors for heart disease (such as smoking, diabetes, or being overweight), an irregular heartbeat, liver problems, or you're pregnant or breastfeeding. Don't take this medication for migraine with brainstem aura or hemiplegic migraine.

Symbravo (rizatriptan and meloxicam)

Symbravo, approved by the FDA in January 2025 for the acute treatment of migraine in adults, combines two drugs that have been available for years: rizatriptan (Maxalt), an acute migraine treatment from the triptan family; and meloxicam, an NSAID for pain.

- » **Mode of delivery:** 20 mg meloxicam/10 mg rizatriptan tablets. This medication uses the technology MoSEIC to provide quicker absorption of meloxicam with little effect on duration.
- » **Possible side effects include:** Nausea, drowsiness, dizziness.
- » **Don't use if:** You cannot use triptans or NSAIDs safely because you have the red flags of cardiovascular or gastrointestinal risk, or history of TIA or stroke. Avoid with severe kidney disease.
- » **Potential drawback:** Increased risk of a medication-overuse headache, so triptans should be limited to no more than 10 days per month.

Other triptans include Axert (almotriptan) and Relpax (eletriptan).



TIP

Always check with your doctor for interactions with any medications you're taking.

Calcitonin gene-related peptide (CGRP) antagonists

CGRPs are a new class of medications for migraine treatment. Doctors often prescribe them for people who don't get enough relief from triptans or who can't take triptans. You will see these mentioned again as preventives because they also serve that purpose effectively. Certain CGRP antagonists are used for abortive treatment, and certain others are used for prevention. Nurtec ODT is the only CGRP antagonist used for both prevention and abortive treatment.

Nurtec ODT (rimegepant)

Rimegepant is the only CGRP antagonist that is FDA approved for both acute treatment of migraine with or without aura and for preventive treatment of episodic migraine. For prevention, the dosing is one tablet every *other* day instead of daily.

- » **Mode of delivery:** Orally disintegrating tablets.
- » **Possible side effects include:** Nausea, high blood pressure, Raynaud's phenomenon.
- » **Don't use if:** You have severe liver or kidney impairment. Monitor for the development of new or worsening high blood pressure. Stop taking rimegepant if Raynaud's phenomenon develops.

Ubrelvy (ubrogepant)

This CGRP antagonist medication was approved by the FDA in 2019 for the acute treatment of migraine.

- » **Mode of delivery:** Tablet.
- » **Possible side effects include:** Nausea, drowsiness, dry mouth.
- » **Don't use if:** You have severe liver or kidney impairment. Monitor for the development of new or worsening high blood pressure. Stop taking ubrogepant if Raynaud's phenomenon develops.



WARNING

Do not take or use a calcitonin gene-related peptide antagonist medication if you have had a hypersensitivity reaction to one in the past. A hypersensitivity reaction can include a rash or shortness of breath.



CGRP antagonists can cause new-onset or worsening of preexisting Raynaud's phenomenon. Raynaud's phenomenon is a condition that affects blood flow to the fingers, toes, or both. It is characterized by sudden, significant color changes of the fingers or toes after exposure to cold.

- » The other CGRP antagonist that doctors prescribe for acute treatment of migraine is Zavprent (zavegepant), which is a nasal spray.

Selective serotonin receptor agonist

In 2019, the FDA approved the serotonin receptor agonist medication lasmiditan for the acute treatment of migraine.

Reyvow (lasmiditan)

Lasmiditan is a serotonin receptor agonist given as a single dose in 24 hours. It does not cause constriction of blood vessels, so people with heart disease risk factors who can't take triptans can take this drug.

- » **Mode of delivery:** Tablet.
- » **Possible side effects include:** Sedation, dizziness. Avoid driving for at least eight hours after each dose.
- » **Don't use if:** You have severe liver disease or are pregnant or breastfeeding.

Ergotamine derivatives

Ergot derivatives are drugs that reduce inflammation and help blood vessels constrict, thus relieving headache pain. You can't use ergot derivatives if you have heart disease or certain vascular diseases. They also have some serious interactions with certain medications, so make sure your doctor is aware of the current medications you are taking.



WARNING

If you take ergotamine and experience numbness, tingling, weakness, or coldness in your toes or fingers, call your doctor immediately.

Made from a fungus, these drugs constrict blood vessels in your brain. They sometimes cause vomiting, nausea, and muscle cramps. Some examples of ergotamine derivatives are Migranal, Cafergot, and DHE-45.

Cafergot (contains ergotamine tartrate and caffeine)

You can use Cafergot for migraine with or without aura. Take it when symptoms of a migraine first appear.

- » **Modes of delivery:** Suppository, tablet.
- » **Possible side effects include:** Severe vomiting, elevated blood pressure, nausea, slow or fast heartbeat, numbness, weakness, chest pain, and muscle pain. Too much Cafergot may cause convulsions, headaches, leg pain, coldness in your extremities, high or low blood pressure, vomiting, coma, or drug dependency. Ergot poisoning can be a very serious matter.
- » **Don't use if:** You have kidney or liver disease, uncontrolled high blood pressure, heart disease, peripheral vascular disease, allergy to drugs that contain caffeine or ergotamine, or you're pregnant or breastfeeding.

Migranal (dihydroergotamine mesylate)

This ergotamine-containing nasal spray provides pain relief by altering the amount of serotonin in your brain and constricting blood vessels. It contains the same active ingredient as the injectable form DHE-45. Migranal is a good drug choice for combating migraines that keep coming back, but it can interact with many other meds, so it's important to let your doctor know the full list of medications you're taking.

- » **Mode of delivery:** Nasal spray.
- » **Possible side effects include:** Dizziness, drowsiness, nausea, vomiting, nasal congestion, heart problems, and hot flushes. Too much Migranal may cause ergot-poisoning symptoms such as headaches, convulsions, muscle pain, numbness, or cold extremities.
- » **Don't take if:** You have migraine with brainstem aura or hemiplegic migraine, heart disease (including angina), uncontrolled high blood pressure, liver or kidney disease, blood vessel problems (such as Raynaud's phenomenon), you've taken triptans or other ergot-type medications within the previous 24 hours or MAOIs within the previous two weeks, or if you're pregnant or breastfeeding.

Migranal can also interact with multiple other medications, so let your doctor know all the medicines you're taking.

Emergency room therapies

When a migraineur's usual acute medication treatments haven't worked, they may end up in the emergency room (ER) for a severe, persistent migraine attack. Besides the treatments listed in this section, the ER doctor may give you a migraine cocktail, which is an infusion of several medications that may include Benadryl, Toradol (ketorolac), and Reglan (metoclopramide), or an injection of the NSAID medication Toradol (ketorolac).

Corticosteroids

Corticosteroids are usually the court of last resort for headaches that just won't go away. These drugs mute your body's inflammation response. Possible side effects include anxiety and insomnia. Dexamethasone and prednisone are examples of corticosteroids (see the section "Calling on Superhero Medications," later in this chapter).

Opioids (or narcotics)

Doctors usually reserve these painkillers for terrible migraine pain that won't go away after trying more targeted migraine medications. Side effects may include a sedated feeling, dizziness, vomiting, and sweating. The risk of rebound, dependency, and addiction exists.

Some examples of opioids are hydrocodone and oxycodone. (See the section "Calling on Superhero Medications," later in this chapter.)

Stopping Migraines Before They Start: Preventive Meds

During your info-gathering venture, you may become intrigued by the drugs called preventives because they hold the enchanting lure of keeping migraines at bay entirely. Typically, if you've tried avoiding triggers and using relaxation techniques and biofeedback, and you still can't control your migraines, your doctor may think that you can benefit from a regimen of preventive medications.

You're a good candidate for preventive therapy if you

- » Have frequent migraine attacks (two or more severe headaches per month or four or more moderate headaches), and they're so annoying that your quality of life is compromised.

- » Have severe migraines that aren't relieved by forms of symptomatic treatment (treatment to relieve symptoms such as pain and nausea).
- » Have menstrual migraine attacks that haven't responded to other methods of treatment. (A woman may be able to prevent migraine attacks by taking an NSAID a few days before starting her period, or during the first few days of menstruation.)

If your doctor thinks that preventive therapy is a good option for you, the goals are to have less frequent headaches, less severe migraines, and improved quality of life.

But for a number of reasons, you don't just jump willy-nilly into using preventives instead of trying to stop a migraine that has already begun. Check out the following downsides of preventives:

- » **You need to be monitored.** Your preventive treatment must be monitored by a physician because each preventive medication has rare, potentially dangerous side effects.
- » **You're subject to side effects.** To reap the benefit (warding off headaches), you may experience medication side effects. However, if bothersome side effects occur, you can work with your medical provider to find a medication that helps with your migraine attacks without causing side effects that negatively impact your quality of life.
- » **You must stick to a scheduled regimen.** This medicine won't relieve headache pain, so you have to take it every day to prevent a headache. Some people don't want to take drugs on a daily basis. (Preventive meds are now available that you take as injections once a month or every three months.) But, prophylactic therapy just isn't necessary for those who have only occasional migraines.

Your doctor will usually start you on a low-dose migraine preventive and then gradually increase the dosage until it works well for you. Or the doctor will stop increasing the dosage if the side effects become too annoying or you have reached the highest safe dosage. Don't give up on a drug and switch to another just because the low-dose version fails to help.

Most people can find a preventive medication that can be very helpful in preventing migraine attacks.



REMEMBER

Preventives won't help a migraine that's already in progress.

Make sure to follow a very specific doctor-prescribed schedule when taking prophylactics. Doing so will help prevent the spiral that starts a migraine. Along with taking the preventive properly, you should also eat a healthy diet, get enough rest, and exercise regularly to maximize the benefits of the drug.

The following sections cover some common groups of prophylactic migraine drugs.

Antidepressants

Some antidepressants, which are actually meant for treating depression, have crossover appeal because they can also help prevent migraines. Possible side effects include constipation, dry mouth, elevated blood pressure, and weight gain. Some examples of antidepressants listed in this section are amitriptyline and venlafaxine. Other antidepressants that help with migraine prevention include nortriptyline, duloxetine, and mirtazapine.

Elavil (amitriptyline)

Doctors commonly use this tricyclic antidepressant to treat depression, eating disorders, and chronic pain.

- » **Mode of delivery:** Tablet.
- » **Possible side effects include:** Sleepiness, dry mouth, constipation, weight gain, irregular heartbeat, nausea, and suicidal thinking. Too much Elavil may cause convulsions, very low blood pressure, confusion, heart problems, or coma.
- » **Don't take if:** You have a history of seizures, liver problems, an enlarged prostate, glaucoma, you've had a heart attack recently, you've taken MAOIs within the previous two weeks, or you're pregnant or breastfeeding.

Effexor (venlafaxine)

This antidepressant medication is a serotonin/norepinephrine reuptake inhibitor (in the brain). It is effective for migraine prevention.

- » **Modes of delivery:** Tablet, capsule.
- » **Possible side effects include:** Sweating, weight loss, drowsiness, elevated blood pressure, glaucoma, sexual dysfunction, suicidal thoughts, an increase in risk of bleeding.
- » **Don't take if:** You have a history of seizures, glaucoma, or uncontrolled high blood pressure. The dose needs to be decreased in people with significant kidney or liver problems.



WARNING

- » To avoid problems with medication interactions with multiple other medications, be sure to stay in close contact with your doctor.

Antiseizure medications

Some medicines aimed at seizure prevention are also good for migraine prevention. Possible side effects include hair loss, nausea, and weight gain or weight loss (depending on the medication). Some examples of antiseizure medications are divalproex, gabapentin, and topiramate.

Topamax (topiramate)

Studies comparing topiramate and the beta blocker propranolol show them to be similar in their ability to decrease the frequency of migraines. Some studies indicate that topiramate is more effective than divalproex.

- » **Modes of delivery:** Tablet, capsule.
- » **Possible side effects include:** Weight loss, fatigue, kidney stones, dizziness, and numbness/tingling in fingertips. Kidney disease requires a decreased dose.
- » **Don't take if:** You are pregnant or breastfeeding, or have a history of depression.

Depakote (divalproex sodium)

Long used as an anticonvulsant, Depakote is also a successful migraine preventive. Doctors consider Depakote to be a second-line treatment option (behind topiramate) for migraine prevention. Depakote won't help a migraine that is already under way.

- » **Modes of delivery:** Tablet, capsule.
- » **Possible side effects include:** Weight gain, nausea, tremors, hair loss, malaise, pancreatitis, anorexia, drowsiness, and liver toxicity. Stop using Depakote and contact your doctor if bleeding, bruising, or a rash occurs.
- » **Don't take if:** You have liver disease or you're pregnant or breastfeeding. Too much Depakote may cause a drugged feeling or coma.

Your doctor will monitor the level of Depakote in your blood.

Blood pressure medications

Doctors recommend blood pressure medications for migraine prevention because they work well and are inexpensive. Many migraineurs find that these common meds reduce the number of days they experience migraines per month.

Beta blockers

The beta blockers, known for treating heart problems and high blood pressure, have proven to be crossover successes in the migraine-fighting arena. This is the medication class most often used for migraine prevention. Possible side effects include depression, fatigue, and dizziness. Some examples of beta blockers are metoprolol, propranolol, timolol, atenolol, and bisoprolol. Doctors consider some beta blockers, such as atenolol and bisoprolol, less effective than other beta blockers at migraine prevention.

BLOCADREN (TIMOLOL)

Blocadren is a beta blocker that has been approved by the FDA for the prevention of migraines.

- » **Mode of delivery:** Tablet.
- » **Possible side effects include:** Fatigue, breathing problems, cold extremities, dizziness, and slow heart rate. Avoid abruptly stopping this medication because doing so sometimes causes chest pain and, in rare cases, heart attack.
- » **Don't take if:** You have asthma or other lung problems, a slow heart rate, heart block (electrical disturbance in the heart), overt heart failure, low blood pressure, or you're pregnant or breastfeeding.

TOPROL XL OR LOPRESSOR (METOPROLOL)

Doctors use metoprolol to treat various heart conditions, and this drug is also one of the most commonly used medications for migraine prevention.

- » **Modes of delivery:** Tablet, capsule.
- » **Possible side effects include:** Fatigue, slow heart rate, dizziness.
- » **Don't take if:** You have asthma or other lung problems, heart block, overt heart failure, low blood pressure, or you're pregnant or breastfeeding.

INDERAL (PROPRANOLOL) AND INDERAL LA (LONG-ACTING)

Inderal, which doctors often use for treating angina and high blood pressure, is a popular migraine preventive.

» **Modes of delivery:** Tablet, capsule.

» **Possible side effects include:** Fatigue, sleep disturbances, insomnia, breathing problems, low blood pressure, slow heart rate, dizziness, cold extremities, impotence, and depression.

» **Don't take if:** You have asthma, slow heartbeat, heart block, low blood pressure, or overt heart failure, or if you're pregnant or breastfeeding. Too much of a beta blocker medication can cause problems such as shortness of breath, irregular heartbeat, or seizures.

Your doctor will consider whether a better medication is available for you if you're pregnant or breastfeeding, or if you have any of the following conditions: diabetes, Wolff-Parkinson-White syndrome, lupus, or lung problems.



WARNING

Avoid stopping beta blockers abruptly. Give them a trial of two to three months to see whether they help decrease your migraine frequency. If you do decide to stop taking beta blockers, ask your doctor for advice on the best way to do so.

Calcium channel blockers

Originally meant to treat high blood pressure and heart disorders, calcium channel blockers prevent migraine attacks with only mediocre success. They serve to interfere with calcium's ability to constrict blood vessels. Possible side effects include fluid retention, congestive heart failure, shortness of breath, and impotence. Flunarizine is a calcium channel blocker used to prevent migraines. It is not available in the United States.

CALAN SR OR VERELAN (VERAPAMIL)

Calan is a migraine-preventive calcium channel blocker. Verapamil is also marketed as Verelan PM and Isoptin. Doctors usually use it to treat high blood pressure and angina. Some doctors consider verapamil the best calcium channel blocker for preventing migraines.

» **Modes of delivery:** Tablet, capsule.

» **Possible side effects include:** Dizziness, heart failure, constipation, nausea, low blood pressure, and flushing. Too much Calan may cause a drop in blood pressure and serious heart problems.

- » **Don't take if:** You have low blood pressure, heart failure, sick sinus syndrome, heart block, you're pregnant or breastfeeding, or you've had a bad reaction to a calcium channel blocker. People with liver disease should use a decreased dose.

Angiotensin receptor blocker

Doctors use this type of medication to treat high blood pressure and heart failure and to help slow down kidney damage from diabetes. Atacand is also used to help prevent migraine attacks.

ATACAND (CANDESARTAN)

- » **Mode of delivery:** Tablet.
- » **Possible side effects include:** Low blood pressure, dizziness.
- » **Don't take if:** You are pregnant or breastfeeding or you have liver failure. People with kidney and liver problems need to take a decreased dose.

Calcitonin gene-related peptide (CGRP) antagonists

This is a class of medications that target the calcitonin gene-related peptide receptor to help treat and prevent migraines. The CGRP antagonist medications discussed earlier in this chapter are used for acute treatment of migraine attacks, whereas the ones discussed here are for migraine prevention (with the exception of Nurtec ODT, which can be used for treatment or prevention but with different dosing). There are two types of CGRP antagonist meds: the monoclonal antibodies and the *gepants*, which are oral, small-molecule antagonists. Patients receive the monoclonal antibodies by injection or intravenous infusion. They get injections monthly or, in certain cases, with the drug Ajovy, every three months. The gepants Qulipta and Nurtec ODT are tablets that you take by mouth.

Many people tolerate CGRP antagonist medications better than they tolerate other preventive meds because of fewer side effects. Doctors often prescribe CGRP antagonists to stop migraine pain that's under way and to prevent migraine attacks as well. Some people who do not get pain relief with triptans or don't tolerate triptans well can benefit from CGRP antagonist medications.

Aimovig (erenumab)

- » **Mode of delivery:** Once-monthly injection below the skin of the abdomen, thigh, or upper arm.
- » **Possible side effects include:** Severe constipation, cramps, new or worsening high blood pressure.
- » **Don't take if:** You have a history of hypersensitivity to erenumab or to any of the components of this medication, or if you are pregnant or breastfeeding. Monitor for the development of new or worsening high blood pressure. Stop taking erenumab if Raynaud's phenomenon develops.

Qulipta (atogepant)

- » **Mode of delivery:** Tablet.
- » **Possible side effects include:** Nausea, constipation, sleepiness, new or worsening high blood pressure.
- » **Don't take if:** You have a history of hypersensitivity to atogepant or to any of the components of this medication, or if you are pregnant or breastfeeding. Avoid use if you have had a recent heart attack or stroke, or if you have severe kidney or liver disease. Your doctor will monitor for the development of new or worsening high blood pressure. Stop taking atogepant if Raynaud's phenomenon develops.

Other CGRP antagonists include the following:

- » **Emgality (galcanezumab):** Injection.
- » **Nurtec ODT (rimegepant):** Tablet (can be used for prevention of migraine and for acute treatment of migraine pain).
- » **Ajovy (fremanezumab):** Injection.
- » **Vyepti (eptinezumab):** An intravenous infusion every three months.

Monoamine oxidase inhibitors (MAO inhibitors or MAOIs)

Normally used for treating depression, the MAO inhibitors can also be used to prevent migraines. Doctors occasionally prescribe them for migraine prevention.

Possible side effects include constipation, dry mouth, weight gain, and insomnia. The downside of these medications is their many negative interactions with certain foods and drugs.

Nardil (phenelzine sulfate)

Doctors use this MAOI as a migraine preventive, but not as much as they prescribe other preventive medications because this one has so many possible interactions with drugs and foods. Typically, Nardil treats depression. In most cases, doctors believe the drug's benefits are cancelled out by its risks. (It can be fatal if you take it with certain other medications or certain foods!) Ask your doctor about side effects, medication interactions, and so on.

Trying Other Possible Treatments

In researchers' ongoing search for new and better migraine treatments, they unveiled some surprises. One was the migraine-pain-fighting benefit of Botox, a substance that doctors inject into facial muscles to smooth wrinkle-prone skin, but in this case, Botox is used for headache pain, not the aesthetic effect.

Another surprise was seeing the epilepsy drug Topamax cross over into the realm of migraine painkilling and discovering that it also results in weight loss. This drug has now gained great popularity for chronic migraines and medication-overuse headaches, and reports of weight loss as a side benefit of taking the pill for headaches are not uncommon.

Botox

The media has long touted Botox for its wrinkle-smoothing properties. Now we see Botox spreading its magic into the realm of headaches.

Basically, Botox (or onabotulinum toxin A) interferes with the transmission of nerve impulses that cause muscles to move and blocks the release of chemicals related to pain. It is FDA approved for chronic migraines (headaches of 15 or more days per month).

Nerve-block treatments

A medical provider performs nerve-block treatments by injecting a numbing medication that targets the occipital nerve to relieve occipital neuralgia and headache pain. Blocking the nerve can provide temporary pain relief.

Choosing a Delivery Method

Migraine remedies are available in tablets, wafers that dissolve on the tongue, capsules, shots, nasal sprays, and suppositories. In some cases, you have a choice of delivery mode that will depend on these factors:

» **Nausea/vomiting:** You probably need a shot or suppository if you're worried about keeping a pill down. (You won't get any help from a pain-relief tablet that you upchuck!)

» **Urgency:** If you have a horrible headache and you go to the emergency room for evaluation and treatment, you'll probably receive an injection or intravenous medication if the doctor determines that your pain is from migraine. Doctors use these delivery modes in such cases because you get pain relief fast (the medication takes effect quickly when injected or delivered by IV).

You can go in for a once-a-month migraine preventive shot of CGRP, or you can self-inject Imitrex (see the "Imitrex (sumatriptan)" section, earlier in the chapter) when you're getting a headache.

» **Personal preference:** The type of delivery mode that works for you personally also figures in. Some folks hate capsules. Some can't stand suppositories. Others like orally dissolving tablets.

Calling on Superhero Medications

Sometimes you must bring out the big guns when you're fighting a migraine.



TIP

Superhero medications usually work well, but their downside is that they put you out of commission because they sedate you. However, you may welcome sedation if you think that it will make you feel better.

Typically, if you're resorting to a superhero medication, you aren't too worried about whether you'll be articulate when doing a work presentation. Hampered by debilitating pain and vomiting attacks, you aren't even going to work. Work may not even be a distant consideration for the moment. The big issue of the day is simply ridding yourself of agony.

Getting heavy-duty pain relief

Heavy-duty pain-relief medications include opioid drugs, steroids, combination medicines that contain butalbital, and the injectable NSAID Toradol.

Doctors sometimes prescribe opioid drugs (narcotic pain relievers) to knock out very resistant headaches, but they can make your nausea worse, and they'll definitely make you feel too drowsy to function normally. They also have the huge downside of carrying the risk of addiction.

Pain relievers that contain an opioid are often injected; they provide rapid pain relief. Narcotic analgesics used to relieve migraines include Stadol (butorphanol) and Tylenol with codeine, which comes in a pill form.

Toradol (ketorolac)

Toradol works well for migraines that are moderate to severe. Doctors usually reserve this drug for times when you fail to respond to other, less potent meds. People get Toradol for migraines in the emergency room.

- » **Modes of delivery:** Tablet, injection.
- » **Possible side effects include:** Nausea, dizziness, drowsiness, diarrhea, fluid retention, itching, and gastrointestinal bleeding and/or perforation.
- » **Don't take if:** You have an allergy to aspirin or other NSAIDs, a history of peptic ulcers, a history of gastrointestinal bleeding or perforation, elevated potassium, low sodium, kidney failure, high risk of bleeding, or if you're breastfeeding. Also, don't take Toradol if you're taking aspirin or other NSAIDs. If you have liver or kidney problems or high blood pressure, or if you're an older person or are pregnant, check with your doctor before taking Toradol.

Opioids

Although opioid drugs — narcotic pain relievers — are considered to be “strong” medications, they typically are not as effective as migraine-specific medications at getting rid of migraine pain. Also, the price you pay for that pain relief can be threefold: extreme drowsiness, risk of addiction, and a worsening of your nausea.

One example of an opioid is Stadol NS (butorphanol), which is a synthetic opioid that your doctor may administer when a bad migraine doesn't respond to other meds. You get quick pain relief, and the effects last for several hours. But you can get addicted to this painkiller. Building up a tolerance and having medication-overuse headaches are two other possible downsides of Stadol. Modes of delivery include nasal spray, injection, and intravenously. Possible side effects are drowsiness, sweating, nausea, high or low blood pressure, addiction, medication-overuse headache, and tolerance buildup. Stadol is not for anyone who has lung, liver, or kidney problems; heart disease, drug abuse problems, or is pregnant or breastfeeding.

Corticosteroids

If you have prolonged migraine attacks, corticosteroids may be a good solution. Prednisone, for example, is very effective.

DELTASONE (PREDNISONE)

Although Deltasone is effective for treating migraines, doctors don't often prescribe it because the side effects tend to increase the longer you take it.

- » **Mode of delivery:** Tablet.
- » **Possible side effects include:** Mood swings, insomnia, increased susceptibility to infection, ulcers, and high blood pressure. Prolonged usage may lead to weight gain, osteoporosis, and multiple other problems.
- » **Don't take if:** You have a fungal infection throughout your body, or you're also receiving a live vaccination, such as an oral polio vaccine. Your doctor may want to consider other treatments for you if you have problems such as tuberculosis, kidney problems, diabetes, cirrhosis, a history of peptic ulcers, or if you're pregnant or breastfeeding.

If you take this drug, your doctor will need to monitor your progress carefully. Discuss with your doctor the dosage, side effects, drug interactions, and precautions.

DECADRON (DEXAMETHASONE)

Decadron is used to stop migraine attacks that don't respond to any other treatment.

- » **Modes of delivery:** Tablet, injection, intravenous.
- » **Possible side effects include:** Mood swings, increased susceptibility to infection, ulcers, insomnia, and high blood pressure. Prolonged usage may lead to weight gain, osteoporosis, and multiple other problems.
- » **Don't take if:** You have asthma, have had a recent heart attack or a systemic fungal infection, or are receiving a live vaccination. Your doctor may want to consider other treatments for you if you have problems such as tuberculosis, kidney problems, diabetes, cirrhosis, a history of peptic ulcers, or if you're pregnant or breastfeeding.

Discuss with your doctor other aspects of this medication, such as dosage and other side effects.

Combination pain medications

These migraine drugs are so named because they contain acetaminophen or aspirin combined with another medication. The combo analgesics that contain a barbiturate or an opioid have habit-forming potential. Though some primary care providers and neurologists prescribe Fioricet, others do not recommend it. Fiorinal differs from Fioricet only in that it contains aspirin rather than acetaminophen. Fiorinal also comes in a preparation called Fiorinal with codeine, which has the same components of Fiorinal in addition to codeine phosphate. These drugs are meant for occasional use in the treatment of moderate to severe migraines.

Fioricet or Fiorinal comes in tablets. Some people experience drowsiness, gas, stomach pain, dizziness, nausea, vomiting, or a drugged feeling. Too much may cause headaches, sweating, confusion, liver damage, breathing difficulty, coma, or a dependency (mental or physical). Don't take this medication if you have depression, past or current drug abuse, kidney or liver impairment, suicidal ideation, or an allergy to components of this medication. Also, you shouldn't use Fiorinal if you're pregnant or breastfeeding, older than 60, debilitated, or have an allergy to NSAIDs, a bleeding or clotting disorder, gastritis, thyroid problems, enlarged prostate, or asthma. Teens who have chicken pox or flu should not use Fiorinal.

These meds are rarely used today because they are addictive and are associated with medication-overuse headache.

Bracing for the side effects of high-intensity meds

High-intensity medications usually do their job well — knocking out your headache — but you may also feel a bit disoriented and loopy.



TIP

If you're on one of the high-intensity migraine drugs, don't plan to operate heavy machinery, drive a car, or do anything else that requires hand-eye coordination and high alertness. You should also avoid making any serious decisions while taking these drugs. Go to bed, let the medication do its work, and fall asleep if you can. Hopefully, you'll wake up to find your migraine gone.

Quelling Nausea

The terminators for migraine-associated nausea and vomiting are usually administered through injection or rectal suppositories. The pill form will not be able to do the job if your body quickly rids itself of the helpful anti-nausea tablet.

When you take the *antiemetics* (medications that relieve nausea and vomiting), you get relief from nausea and vomiting, as well as a sedative effect that helps the pain go away. Some examples of anti-nausea medications are Reglan (metoclopramide) and Compazine (prochlorperazine).



TIP

The possible side effects of the antiemetics include drowsiness, involuntary movements, low blood pressure, and rashes. Migraineurs who use antiemetics typically experience few serious problems with the side effects.

Reglan (metoclopramide)

Sometimes in emergency rooms, doctors give patients Reglan to treat migraines.

- » **Modes of delivery:** Tablet, injection, intravenous.
- » **Possible side effects include:** Drowsiness, involuntary movements, restlessness, dizziness, and depression.
- » **Don't take if:** You have gastrointestinal problems, such as bleeding, obstruction, or perforation. Don't use with pheochromocytoma, epilepsy, and medications such as Haldol and the phenothiazines. If you have Parkinson's disease, tardive dyskinesia, or you're pregnant or breastfeeding, talk to your doctor before taking this medication. Reglan is not recommended for children.

Compazine (prochlorperazine)

Although once used to treat schizophrenia, this medication is now primarily used to treat nausea and vomiting.

- » **Modes of delivery:** Tablet, rectal suppository, injection, intravenous.
- » **Possible side effects include:** Drowsiness, blurred vision, constipation.
- » **Don't take if:** You are taking other sedating medications. Avoid with alcohol. Avoid if you have a history of seizures.



WARNING

All medication information in this chapter is meant for adults. For information on medications for children's headaches, ask your physician for recommendations. (Also, Chapter 18 has treatment information for children who have migraines.)

- » Trying neuromodulation devices to relieve pain
- » Using mind-body remedies
- » Looking into behavioral treatments
- » Checking out alternative physical treatments
- » Managing your treatment program

Chapter 9

Checking Out Alternative Remedies

Even if you already tucked one or two mainstream pain relievers into your headache-bashing bag of tricks, you can still tack on a few other types of therapies to spice up your treatment package. Of course, you need to check with your physician before trying any alternative remedies.

When first-line treatments fail, some migraineurs like to sample a few non-mainstream approaches. Other people with migraine turn to these treatments for extra comfort during times of head pain. However, most people who have severe migraine headaches won't find relief through alternative treatments alone.

You can choose from a variety of alternative therapies, ranging from the bizarre (such as a visor-like device that massages your head) to ones that are known to offer significant relief (such as biofeedback).



REMEMBER

When you try gimmicky alternative-therapy products, you have little to lose but time and money, assuming that the therapy is not invasive. If you have any doubt about an item's safety or compatibility with your other treatments, however, you should check with your healthcare provider before going forward.

Relaxation techniques, neuromodulation devices, and biofeedback are three of the most successful therapies in the field of alternative migraine treatments. So if you like the idea of alternative therapies, check out the kaleidoscope of options in this chapter.



TIP

Don't be lured into buying a product just because it advertises itself as "all natural!" Advertisers can toss around the word *natural* freely, even if everything in the product is artificial. No standards exist, at least in the United States, for regulating the use of the word.

Sampling Neuromodulation Devices

Many migraineurs are excited about the development and FDA approval of drug-free interventions, which feel like lifesavers to migraineurs who can't tolerate migraine medications or are resistant to treatment. Researchers have studied both invasive and noninvasive devices for decades, and some of these devices have been launched after FDA approval.

One device is for peripheral neuromodulation, which uses mild electrical impulses to block pain signals before they reach your brain and is popular for hard-to-treat migraines. Neuromodulation devices are designed to excite the nervous system with electric or magnetic energy to regulate the abnormal behavior of neural pathways in migraines. These devices reduce pain by targeting certain parts of the nervous system related to migraine pain. Neuromodulation devices combat the pain of acute migraine attacks and may even stop their progression to chronic disease.

In contrast to the noninvasive devices, the invasive ones come with risks, and doctors typically prescribe them only when migraine medications fail to provide relief. Noninvasive devices are user friendly, safe, and well tolerated — all factors that have etched them a place in the orbit of therapies for primary headaches.

The following list of neuromodulation devices is a sampling of cutting-edge items that many migraineurs report using with success in eliminating the pain of migraine attacks. The fact that these are "wearables" makes them quite handy for use as directed in manufacturer instructions, and many people who live with migraines report a significant amount of pain relief with these devices.

» **Single-pulse transcranial magnetic stimulator (eNeura SAVI Dual;** <https://eneura.com/>); One of the newest neuromodulation devices is the transcranial magnetic stimulation single-pulse eNeura. Via a magnetic coil, power modules, software, and user interface, this device externally delivers

short and rapidly alternating or pulsed magnetic fields directed at the brain to induce electric currents that may reduce pain. Available evidence suggests that this device can be effective for migraine prevention and treatment.

- » **External trigeminal nerve stimulator (Cefaly;** <https://www.cefaly.com/product/cefaly-connected>): This device was the first noninvasive neurostimulator FDA approved for migraine treatment. When worn, it stimulates and desensitizes the trigeminal nerve, the main pathway for migraine pain. In rare cases, people dislike the tingling feeling, and a few are allergic to the electrode gel. Many people, however, find the Cefaly device safe and effective for treating episodic migraines.

According to research, the device decreases migraine days and reduces the number of attacks in some people. The only people with migraine who can't use the device are those who have experienced recent brain or face trauma. Cefaly also reduces the risk of acute medication overuse, wherein a migraineur takes more medication than prescribed and gets a rebound headache, called a medication-overuse headache.

- » **Noninvasive vagal nerve stimulator (GammaCore;** <https://www.gammacore.com/>): This device was the second noninvasive neurostimulation device to win FDA approval. Its single-pulse transcranial magnetic stimulator, SpringTMS, is used to treat migraine with aura. GammaCore is a hand-held vagal nerve stimulator applied to a migraineur's neck to relieve the pain of migraine and cluster headaches. (The vagal nerve helps control functions of your nervous system.)

- » **Remote electrical neuromodulator (Nerivio;** <https://www.nerivio.com/>): This wearable for the upper arm is an FDA-approved device for users from eight years old to adults. A device available by prescription, Nerivio can prevent migraines and treat ones that are in progress, and the FDA considers it safe and effective. Migraineurs don't report intolerable side effects.

Getting Relief through Mind-Body Methods

For a moment, forget about medium- to hard-driving prescription drugs and over-the-counter meds. Instead, feast your eyes on biofeedback and relaxation techniques, both of which get an almost universal thumbs up from healthcare providers for their usefulness in treating migraines.

You may be able to relax away some of your pain or visually transport yourself to a pain-free state. In fact, these two techniques — relaxation and visualization (or guided imagery) — work extremely well for the treatment of migraines.

Calming techniques often used to relieve the pain of migraines include progressive muscle relaxation, deep breathing, and visualization.



REMEMBER

Some alternatives, such as hypnosis and acupressure, come to you on shaky footing (especially if you're looking for your health insurance to cover your treatments). Because these options lack persuasive studies that underscore their usefulness in migraine relief, many healthcare providers consider them iffy.

Some migraineurs believe that relaxation techniques and biofeedback help relieve their pain. Others argue that they produce little more than a *placebo effect* — it's effective only because you believe it will work. But the only way you can tell if these techniques have a pain-reducing effect on your headaches is to try them. And why not? They're certainly not going to hurt you, and they just may help.

Nevertheless, when you're looking for pain relief, the one treatment that you haven't tried yet may be the perfect fit for you.

Picturing yourself pain free

Visualization (guided imagery) is a technique in which you dream up a special relaxation scene that you can mentally float away to while imagining yourself free from headache pain. You transport yourself to your own Shangri-La, where you finesse your pain down as many notches as possible. The technique gives you a peaceful getaway to visit anytime as you seek to relieve your migraines by visualizing yourself as free of pain.

Your dream scene must be one of your own choosing. You can select a video snippet in which you're rocking your toddler in your arms, lying on the beach in the sun, or sipping hot buttered rum by the fireplace. (Whatever makes you feel good.) The point is, you waft away to a place where you feel totally unwound and relaxed.

You may have to practice a bit to make this scenario work, but when you do get it going, you can slip away anytime. In your private place, drink in peacefulness and subdue your migraine pain. Using visualization techniques may help you reduce the frequency of your migraines and alleviate the symptoms when a headache has already started.



REMEMBER

When you perform visualization techniques, you persuade your brain to immerse your senses in a safe, soothing scene. You experience smells, sights, and sounds of your relaxing environment. During a headache or when you feel one brewing, practice using imagery to achieve relaxation.

Keeping your cool with relaxation techniques

You can use relaxation techniques to stave off headaches that result from an over-dose of daily stress. When you're stressed, your breathing and heart rate become more rapid, causing the blood flow to your muscles to increase. A prolonged state of these physical changes can lead to migraines and sleep difficulties (see Chapter 13 for more on the migraine/sleep-habit link).

Using relaxation techniques, you can slow your heart and breathing rates and decrease your brain's sensitivity, which may prevent headaches from developing.

You can add relaxation techniques to your migraine-treatment arsenal simply by studying up on the processes in the following sections or using an instructional tape.

Encouraging your muscles to relax

With progressive muscle relaxation, you take yourself through a slow, thorough ritual of concentrating on toe-to-head muscle relaxation. You start at the tip of your toes, contracting and relaxing your muscles, and then work your way up, gradually working through all muscle groups.

Start by lying down with your arms at your sides, palms down. Make your hands into fists, tighten them, and then relax them. Imagine all muscles losing their tension and becoming pliable. Go through the tense-and-relax process with the following body parts, one by one: toes, feet, legs, pelvis, stomach, back, and shoulders. Tense for about 10 to 15 seconds, and then relax for 20 seconds.

Combining this practice with deep breathing can reduce migraine pain for some folks. You must practice this technique, of course, to get good at doing it. Be sure to place extreme focus and attention on each muscle group.

Meditating on meditation

One approach to reaching a relaxed state is to sit in a comfortable position, close your eyes, breathe deeply, and repeat a mantra. You can choose a mantra or go with the oft-used meditation mantra "om."

A *mantra*, by the way, is a calming and pleasant word or sound that you repeat to focus on that sound rather than your pain or stressful thoughts. Allowing a state of peacefulness may empty your mind of stress and help your pain recede. If you don't want to utter mantra sounds, you can simply focus on your own breathing.

Free your mind to concentrate on easing yourself away from migraine pain. Relax and let calmness caress you, but don't try too hard. It may take time to get a feel for meditating.



REMEMBER

Think about creating a natural oasis free from pressure.

Breathing deeply with deep breathing

Breathe deeply and slowly, and conjure up relaxing, positive images in your mind. Deep breathing serves as a strong foundation for relaxation. Use calming sentences to help you attain a state of peacefulness that can aid you in reaching a plateau of reduced pain.

To get started, place one hand on the lower part of your ribs, above your abdomen. Keep your hand in place and breathe deeply through your nose, letting your ribs expand and contract fully. After a couple of minutes of breathing in and out, exhale deliberately and fully through your mouth. Count to three as you let your stomach push the air out. After you exhale completely, inhale through your mouth for a count of three.

You should continue repeating the exercise for several minutes. You can practice this exercise when sitting or walking. If you begin to feel lightheaded, just resume normal breathing.

Harnessing the power of suggestion

Hypnosis is a trancelike condition in which subjects are responsive (with certain limitations) to suggestions made by the person who induces the hypnotic state. You can use this state of heightened awareness and concentration to manipulate your perception of pain.

A hypnotist can access the power of suggestion to relieve migraine pain as well as other symptoms, such as nausea and vomiting. The goal is to reach the mind's subconscious by inducing a relaxed, trancelike state. When your mind is in this gear, you're open to receiving and embracing ideas that the hypnotist plants (or suggests). In the case of migraine pain, you hope to substitute negative thoughts about migraines with positive thoughts, such as "I'll soon feel relief from the pain in my head," or "This is going to make me feel so much better."

If you want to find a hypnotherapist, you can check the following websites:

- » American Association of Professional Hypnotherapists (www.aaph.org)
- » National Board for Certified Clinical Hypnotherapists (www.nbccch.com; click "Find a Therapist")

Therapists routinely use hypnosis to treat everything imaginable, including substance abuse and chronic pain. The success rate of hypnosis varies. In some cases, it is completely successful. In other cases, it doesn't work at all. You simply decide whether it's right for you.

Hypnosis can be comparable to trancelike states that everyone has experienced:

- » While driving, you're focusing on some problem or issue in your life. Suddenly you find yourself pulling up to your destination and realize that you've been on automatic pilot. This state of mind seems almost magical and somewhat disconcerting.
- » You're doing paperwork or computer work while watching television, but you're so into the project that absolutely none of the TV sound really permeates your mind. It's as though the TV has been muted.



TIP

Entertaining positive thoughts on a regular basis can make your immune system work better, reduce pain and anxiety, and enhance your health.

For some people with migraine, hypnotherapy is a truly effective way to curb pain. For others, the positive impact of hypnotherapy stems from having a feeling of being in control. This uplifting feeling can help relieve pain in some people.

You may find, as others have, that having some control over the migraine force can be extremely empowering. This, in turn, may lead to an enhanced ability to reduce your own headache pain.

Some people seek migraine relief by having a therapist hypnotize them, whereas others use self-hypnosis.

If you go to a hypnotherapist for migraine relief, you can expect to be moved into a state of trance by listening to a therapist's velvet voice tell you how heavy your eyelids are getting. Your therapist may ask you to count backward and fall into a state of relaxation.

The therapist offers positive suggestions that are meant to ease your pain. You should brush away any extraneous thoughts that get in the way of these soothing ideas.

Here are some positive affirmations that you may want to try:

- » "I'm going to awake feeling relaxed and unworried, free of headache pain."
- » "I do not want to hurt; I do not want to lose valuable time because my head is hurting."

- » "I am empowered to banish my pain."
- » "I'm imagining that my skull is bound by a headband that is too tight, so I will simply unwind it, remove the headband, and free myself from the throbbing pain. When I do this, the ache will be gone, and I can use this same approach again if the pain comes back."

To bring you out of the hypnotic state, your therapist will plant a few last thoughts as to how you'll feel when you return to a fully conscious state. Your therapist wants you to experience a pain-free, relaxed state of improved health — your migraine pain is diminished, and you're back in action.

Banking on biofeedback

Both children and adults sometimes benefit from biofeedback as a treatment for migraine and tension-type headaches. Biofeedback is painless and effective. It works best when used on a regular basis.

EMPOWERING YOURSELF WITH DO-IT-YOURSELF HYPNOSIS

You may be able to perform self-hypnosis after watching videos or listening to audiotapes. You're more likely to have success with self-hypnosis, though, if you take lessons from someone who has credentials in hypnotherapy.

With self-hypnosis, you can lead yourself into deep relaxation. Using music or the repetition of a soft sound, you reduce the noise in your head by replacing it with relaxing, stress-curbing thoughts. You get loose and comfy and focus on ridding your body of tension. You may use a special calming scene (such as a secluded room) as a retreat for your do-it-yourself hypnosis spot. Breathe slowly and deeply. Repeat your mantra. In the trance state, you can listen to a tape of positive messages. (Self-help tapes describe how you're banishing the headache pain, sending it away.) When negative thoughts enter your brain, you just wave them aside.

Gradually, through self-hypnosis, you may be able to reduce the distress that is attached to your migraine pain. As you lower your anguish somewhat, the pain eases.

To release yourself from the hypnotic place, count backward from ten to zero, and in so doing, you reassure yourself: "I'll feel calm, pain free, and content upon awakening."

In the context of migraine treatment, *biofeedback* is a technique in which you're taught to relieve migraine pain by manipulating your own physical signals. Researchers have found that people can alter their involuntary responses when they're fed back information about what's happening in their bodies, whether that information is transferred visually or audibly. Some of the functions that biofeedback measures are heart rate, sweat-gland activity, brain-wave activity, skin temperature, and muscle tension.

For example, the therapy may use flashing lights or beeps to indicate that your muscles are getting tense. You can slow the flashing or beeping by relaxing your muscles. Eventually, you learn to perform the response even when you're not hooked up to sensors. Some of the problems treated by biofeedback are migraine and tension-type headaches, premenstrual syndrome, incontinence, panic and anxiety disorders, high blood pressure, bedwetting, and Raynaud's disease. Performance enhancement in athletes is another use for biofeedback.

Biofeedback teaches you to control your body's responses with concentration.

If you're interested in trying biofeedback, consult with a certified biofeedback practitioner who specializes in migraines. You can find one through the Biofeedback Certification Institute of America at www.bcia.org.

Doing yoga

Some movie stars swear by yoga. Moms-to-be take pregnancy yoga classes. Older folks maintain their flexibility by doing yoga poses. Some people even find that yoga works well for migraine prevention.

This form of exercise may serve as a worthy complement to other therapies you use for pain relief. Some people do yoga to relieve stress, promote the release of *endorphins* (mood-boosting chemicals), and positively affect digestion as well as the nervous system.

You can take a yoga class at your local YMCA or a health club. Or you can learn yoga poses through an app, a book, or a YouTube video.

Yoga slows your heart rate and breathing as you perform movements that stretch your muscles.

Detoxifying

Some people believe that short-term detoxification (cleansing) will help decrease migraine attacks by cleansing your body of alcohol, caffeine, sugar, preservatives,

and pollutants. The process usually includes hydration, gentle exercise, and a plant-based diet. Health spas also may administer what they call “vitamin shots” to help fortify your body as you eat a better diet, exercise, and detoxify. The change in diet may cause bloating, gas, constipation, irritability, and even headaches.

No scientific data supports the effectiveness of detoxification for migraines, and, in any case, this is a short-term solution.

Experimenting with Behavioral Headache Bashers

Behavioral therapy focuses on the role that behaviors play in migraine progression. You find out how you react when the pain starts — or when you feel a headache coming. Then you sample new-and-improved ways of reacting and see if they ward off pain.



REMEMBER

You won’t know whether a new behavior can really affect your migraine until you sample it, although you have little to lose by giving new behaviors a try. With behavioral therapy, you and your doctor or therapist will

- » **Set up the problem to be resolved.** For example, you want to iron out your sleeping problems so that they no longer trigger migraines.
- » **Establish a goal.** You want to get restful, healthy sleep (of about the same duration) nightly.
- » **Monitor your progress.** You want to determine whether the methods you use to alter your sleep-preventing behaviors are working.
- » **Modify environmental factors that are contributing to your sleep problem.** You want to create a sleep environment free of distractions, lights, and noises that can interfere with your slumber.
- » **Begin using behavioral therapies.** You may use reframing, self-talk, desensitization, role-playing, and positive thinking.

You can try behavioral changes alone or in conjunction with drug therapy. (Seek the advice of your physician.) Basically, you replace unproductive behaviors with ones that help you manage your headache pain or keep it from forming.

The following tips may help you replace unproductive behaviors with migraine-curbing habits:

- » **Try simple methods first.** Try to manage your pain with simple behaviors (walking, neck massage, and breathing and relaxation techniques) instead of reaching for pain-relief medication at the first twinge of a headache. (This idea applies only to people who have mild to moderate migraines. If you have severe headaches, you need to take something at the onset of your headache or you'll end up suffering for sure.) Also, if simple methods don't help within an hour, take your medication because postponing it will probably make your headache last longer or harder to treat as it progresses.
- » **Check your support network.** Assess your response to having family members baby you when you're feeling bad. Is this a strong positive, a neutral, or a negative? If you experience a great deal of gratification when you're given extra attention, your behavioral response may be a subconscious factor in prolonging your migraine symptoms. Why not ask the coddling family member to do a little less sympathizing during your next headache episode so that you can see how their behavior affects you?
- » **Wage war on negative self-talk.** When you think "Why me?" or "Bummer, my head's killing me — I never get to go anywhere!" replace the thought with "I'll feel better soon!" or "This is a family legacy I must live with, along with the many good traits I inherited."
- » **Own your migraine fate.** Reframe your headache issue so that you think of yourself as the person in charge of your migraines — not as the victim of them.

Fighting pain with fitness

If you don't have trouble with exertion headaches (explained in Chapter 4), you can use movement to help ease the pain of your headaches. Movement can relax you and help decrease your stress.



TIP

You can expect to see a reduction in the frequency and severity of your migraines if you follow a consistent program of walking, cycling, swimming, or cardiovascular classes. Many studies emphasize the importance of consistent cardio workouts for overall health maintenance and enhancement. (See Chapter 11 for more on exercise.)

Giving yourself a neck or scalp massage

Many of the people who suffer from migraines and tension-type headaches also experience a great deal of muscle tightness in their upper back and neck.

If you're a heavy-duty computer user, you probably have knots in your upper back and neck muscles from hours of sitting in a rigid position. Unraveling muscle kinks may relieve your migraine pain.

Feel the base of your neck and your upper back for tight muscles. When you find them, press down with your fingers and give those knots a gentle but firm massage to soften them. Then massage your neck, skull, temples, and ears. Be very gentle. Stop massaging occasionally to move your head up and down, and side to side. If you enjoy massage oils (and if strong smells aren't headache triggers for you), rub them into your skin and savor five or ten minutes of soothing self-massage. If you have frequent or chronic neck pain, you could see a physical therapist.



WARNING

If your headache seems to get worse during a neck massage, or if the massage causes intense pain, stop immediately and see a doctor.

Resting in a dark room

For some migraineurs, especially those who experience vomiting or dizziness, going to bed for a short period of time is the best answer. Turn off the lights, cover up, think peaceful thoughts, and hopefully you'll feel better soon.

Examining Alternative Physical Treatments

Physical treatments are often used to help prevent migraines. Many approaches to physical treatment are available, including acupuncture and cervical (or neck) manipulation and mobilization therapy.

Maybe you don't want acupuncture needles poking out of your body. Sounds like pure fright night, right? Similarly, you may not like being "cervically manipulated and mobilized."

These physical treatments might be worth a try for the following reasons:

- » You want to avoid using medications, or you don't do well on migraine drugs.
- » You can't take migraine drugs because of other medical conditions.
- » You're either pregnant or trying to get pregnant, or you're breastfeeding.



TIP

If you're trying to avoid drug therapy, don't kid yourself if you don't benefit from physical treatments. If you're still hurting big time, they're not working! Remember that drug therapy can be a safe alternative for eliminating migraine pain. You may end up at your pharmacy in the long run, anyway.

Balancing your energy with acupuncture and acupressure

Acupuncture has long been used for migraines, and many people keep going back for more because it helps them. The treatment is based on the idea that your body has a harmonious flow of energy called *chi* (pronounced *chee*). An acupuncturist tries to restore your body to a state of balance by stimulating some of your hundreds of pressure points.



TECHNICAL
STUFF

To relieve pain and induce anesthesia, acupuncturists pierce the skin with fine needles. They can also use pressure — as in acupressure — in the form of pressure or massage. The belief is that the stimulus releases pain-killing endorphins.

Many migraineurs report that acupuncture is effective for the prevention of episodic migraine. Recommended frequency and duration is one to two sessions per week, with eight to ten sessions per round. Typically, acupuncture treatment periods range from four to 24 weeks, with total sessions of eight to 24.

Manipulating your body to zap migraine pain

Some people undergo cervical manipulation to treat migraine. In this treatment, a therapist manually moves your neck beyond its normal range of movement. This method carries some risks, including a remote chance of stroke, so use it only as a last resort for headaches.

Cervical mobilization involves the *oscillation* (or movement back and forth) of your neck within its normal range of movement. The goal is to increase your neck's

range of motion. It should be performed gently. Physical therapists and *chiropractors* (licensed professionals who manipulate body joints to restore normal functioning) often perform both cervical manipulation and cervical mobilization.



TIP

Many doctors do not recommend cervical manipulation or mobilization, and research does not support their effectiveness in the long term.

Typically, a chiropractor or physical therapist looks for a structural (musculoskeletal) cause for your migraine. If they find one, they focus the treatment on the spot that is causing the migraine. This area may be a lack of mobility in a joint, a muscle spasm, or even bad posture. For example, if you have a muscle spasm in your neck, the therapist can mobilize and stretch the muscle in hopes of reducing or eliminating your headache pain altogether. You may need several sessions of physical therapy, along with at-home exercises, before you notice any pain relief. For some people, it works. Others may get no relief whatsoever.



TIP

Try massage before you turn to chiropractic treatment for migraines. Evidence suggests that chiropractic adjustments are more helpful for lower back pain than for other conditions.



REMEMBER

Chiropractors attend chiropractic college, not medical school, so they can't prescribe medication. Few physicians recommend chiropractic manipulation for severe migraines.

Micromanaging Your Treatment Program

An early step in your migraine treatment program is to meet with your doctor and come up with a plan. Medical professionals will make suggestions based on their experience and knowledge. Next, you choose the treatments that you think will mesh smoothly with your life and ease your pain.

Together you launch a first-round approach, which may or may not be the final word in your treatment plan. Some folks find answers in a matter of a few weeks, whereas others may pursue solutions for months. Either way, you're actively involved in the process — and the outcome.

Your treatment plan will feature the following elements:

- » A list of all treatments you intend to use
- » A Plan B treatment for those times when Plan A doesn't give you pain relief

When you firm up your treatment plan, share it with all concerned: your primary care doctor; headache specialist if you have one; and any psychologist or psychiatrist you may see.

Charting new migraine patterns after treatment changes

Inevitably, you'll hang on to some of the ideas in your treatment plan and toss the others.

Keep journaling the patterns of your migraines — frequency, severity, and triggers — every time you make treatment changes. Keeping a journal enables you to stay abreast of what is and isn't working, as well as what is making things worse.

You may want to keep a chart or headache calendar to track the days you miss work or school because of a migraine, and note the treatments you use.

Marshalling the troops: Cyber updates and support groups

Think of your treatment plan as a living, growing thing. Maybe you have a nice nucleus of support, but don't be afraid (with the help of your doctor) to add new therapies. Your current strategies may need embellishments, so continue to look for new information.

If you're feeling anxious or depressed because of your migraines, consider seeing a counselor or joining a support group, whether in person or online. You can stay on top of what's happening in the world of migraine treatments through your doctor, the internet, and support groups. These websites provide migraine information and support:

- » American Migraine Foundation: www.americanmigrainefoundation.org
- » American Headache Society: www.americanheadachesociety.org
- » JAMA: <https://www.jamanetwork.com/journals/jama/fullarticle/193308>
- » National Headache Foundation: www.headaches.org

Migraine support groups include the following:

» **HealingWell:** www.health.HealingWell.com

» **Miles for Migraine:** www.milesformigraine.org



WARNING

Consulting the internet for health information can be quick and useful, but the information is not always correct, so be sure to check with your healthcare provider before starting any new headache treatments. You'll want to discuss the safety and efficacy of the treatment and whether it mixes well with options you're already using.

YOU DON'T HAVE TO SING "THRILLER" TO LOVE OXYGEN

Supposedly, the singer Michael Jackson once had a "youth-maintaining" hyperbaric oxygen chamber. You, too, may benefit from a hyperbaric oxygen chamber that some consider effective in relieving the pain of cluster and migraine headaches. You can ask your headache specialist whether they recommend this treatment.

To undergo this therapy, you enter a hyperbaric chamber in which you breathe 100 percent oxygen. Some hospitals offer this very pricey specialty treatment. A healthcare staffer must perform the treatment for you, making it more costly than at-home alternative therapies, so it's obviously an impractical solution to pain relief.

Your insurance probably won't cover hyperbaric oxygen therapy for the treatment of headaches. On the other hand, if you have money to burn, and hyperbaric oxygen therapy appeals to you, ask your healthcare provider where the treatment is offered.

Note: In recent studies, researchers found that most participants who had resistant migraines did experience pain relief from hyperbaric oxygen therapy. However, these studies are limited and based on case reports rather than a randomized controlled trial.

4

Committing to Lifestyle Changes

IN THIS PART . . .

Examine the impacts of dietary triggers.

Find out which kinds of exercise are migraine-friendly and which ones aren't.

Get familiar with environmental migraine triggers and explore their solutions.

Discover effective ways to correct disorderly sleep patterns that may cause migraines.

- » Pinpointing taste triggers that set off migraines
- » Eliminating trigger foods from your diet

Chapter **10**

Acknowledging the Power of Dietary Triggers

When it comes to migraine management, how aware of food triggers do you need to be? Well, your goal in the food arena is the same as the one that applies to other lifestyle variables: You want to maintain your brain's delicate balance. Let a trigger sneak into the mix, and your nervous system may spur a migraine.

By keeping a headache journal (see Chapter 3), you can chart your headache trends and spot foods that trigger migraines. Some ordinary foods do give migraineurs fits. The sooner you identify your food triggers, the sooner you'll find ways to conquer migraine pain. Although much of the information on migraines and diet is anecdotal and not based on strong science, many migraineurs swear that certain foods give them headaches, and avoidance is the answer.

Some migraine experts don't even think of foods as headache provokers. Instead, they believe that triggers we link to migraines are just signs that a migraine is in the works. Some scientists argue that heredity and chemical changes in your brain cause migraines (see Chapter 4).

Nonetheless, triggers do rate attention because they can kick off the cascading events that result in significant pain. Though no one knows exactly what causes migraine headaches, it's to your advantage to know your migraines, own your

migraines, and take charge of your migraines. Figure out what foods may super-size your headache there at the dinner table. In the end, a personalized migraine plan can dramatically reduce the amount of pain you suffer at the hands of a migraine. Knowledge is power.

Identifying Migraine-Inducing Parts of Your Diet

The tricky part of dealing with the food issue of migraine management is this: Some triggers ignite headaches only when taken in large amounts. Further, dietary triggers don’t result in headaches every time a migraine-prone person is exposed to them.

Track down and eliminate dietary mischief-makers early in your migraine-busting journey.

A few foods and drinks are notorious for serving up headaches. Table 10-1 lists these common culprits.

Although some studies have shown a link between dietary triggers and migraines, many migraineurs note that they often get a migraine after consuming a certain food. Simply avoiding a particular food, additive, or drink is easy, so you can incorporate it into your migraine avoidance plan.

TABLE 10-1 **Ingestible Potential Migraine Triggers**

<i>Meats</i>	<i>Dairy (if lactase deficient)</i>
Aged, canned, cured, processed, or smoked meats	Aged cheeses
Bacon*	Buttermilk
Bologna*	Cream
Chicken livers	Ice cream
Canned ham*	Sour cream
Corned beef*	<i>Breads</i>
Fermented sausages	Freshly baked yeast breads
Herring, pickled or dried	Sourdough bread

Hot dogs*	Vegetables
Pâté	Broad beans
Pastrami*	Fava beans
Pepperoni*	Lentils
Salami*	Lima beans
Sausage*	Navy beans
Smoked fish*	Onions
Spiced meats	Peas
* Contains nitrates, a migraine trigger	Sauerkraut
Fruits	Desserts
Avocados	Cake
Citrus fruits: Lemons, limes, oranges, tangerines	Candy
Figs	Chocolate
Condiments	Cookies
Olives	Snack cupcakes
Pickles	Miscellaneous
Salad dressing	Aspartame (an artificial, low-calorie sweetener)
Soy sauce	Beef flavor concentrates
Seasonings	Cheese balls
Artificial sweeteners	Chinese food
Monosodium glutamate (MSG)	Food dyes
Seasonings and spices	Meat tenderizer
Vinegar	Nuts
Beverages	Peanut butter
Alcoholic beverages (including wine)	
Caffeinated drinks	

Food triggers are very individual in nature. Although lunch meats and nuts may be instant headache triggers for you, your sister (another migraineur) may be able to consume everything on the “avoid” list except red wine.

You probably can reduce your headache frequency by identifying your personal food and drink triggers and listing them in your migraine management plan. Some people can reduce migraine headache frequency by avoiding their dietary triggers.

Cleaning up your beverage intake

If anything seems totally innocent, it’s your beverage cart, right? But after you start sorting your favorite drinks and checking for migraine triggers, you may be dismayed.

Just limit beverage intake to no more than two cups of caffeinated tea, coffee, or cola per day, whether you have migraines or not. Also important is to reduce or discontinue alcoholic beverages. Red wine is a common culprit. By the way, water is always a great option.



REMEMBER

Don’t forget that many drinks contain sugar substitutes such as aspartame. Many migraineurs report getting occasional headaches after consuming anything with this artificial sweetener.

Harping on alcohol

When migraineurs are asked to list dietary triggers, alcohol is always at the top of the list. Many people with migraine just can’t drink alcohol, especially red wine. On the other hand, some can drink vodka, gin, and white wine without developing a headache.

Alcohol is such a potent trigger that some migraineurs report getting a splitting headache shortly after taking only a few sips of a drink.



REMEMBER

If you keep drinking alcohol even though it’s a trigger for you, be prepared to live with hangover migraines and headaches from the sulfites and tyramine in some beverages. Alcohol is not your friend.

Coming across caffeine’s contradictions



REMEMBER

Caffeine is the biggest wild card of the food triggers. It can set a headache into motion, or it can cure one! Also, it’s common. Coffee seeds, cocoa, chocolate, and tea leaves contain caffeine, as do most soft drinks and some pain medications.

For migraine folks, caffeine has major downsides. Your body becomes dependent on caffeine, so if you take in less than your normal amount one day (say, you usually drink three cups of coffee and then one day you have just one), your body is going to rebel with a migraine (see Chapter 4). Also, over time you need more and more caffeine to provide the stimulation you want. The upshot is that people tend to steadily increase their consumption of caffeine drinks.

Caffeine often causes headaches when you curtail the amount you take in, whether purposefully (you're trying to cut down) or accidentally. (*Weekend migraines* come from drinking less coffee on weekends than weekdays.) On the flip side, some migraine remedies contain caffeine as a therapeutic agent, which makes it both a helper and a hindrance.

One woman with migraines says, "I always had to make sure that every hotel [on trips] had room service or a coffee pot in the room. Failing to get my morning fix would give me an awful migraine, so coffee gradually became more of an enemy than a friend. I didn't like the dependency." Interestingly, her caffeine intake had started when she was a child and her parents gave her little just-for-fun cups of what they called "coffee milk" — a small amount of coffee diluted with lots of milk and sugar.

Assessing your water intake

Are you getting enough water? Or too much? Many people don't drink enough water, but some actually gulp down too much.

Proper hydration can be confusing. You don't want to drink so much water that you upset your electrolyte balance (which can lead to a very serious and sometimes fatal health event), but you also don't want to drink so little that you get dehydrated, setting the stage for a headache and interfering with the smooth running of body processes.

Check out these recommendations for maintaining the proper intake of water:

- » Drink eight to ten 8-ounce glasses of water per day. (If you need an incentive, drop a slice of orange, lime, or lemon in your water to spice it up.) But, if you have medical conditions such as heart or kidney failure, you need to ask your doctor how much daily water consumption is recommended for you.
- » Drink water before, during, and after physical activity; be sure to increase your intake of water (above the requirement) on days that you exercise.
- » Make a special effort to drink water regularly while you're traveling by plane — plane travel tends to dehydrate you, and skipping the peanuts (possible triggers) is another good idea.



TIP

COOKING WITHOUT RED WINE OR MSG

Red wine and monosodium glutamate (MSG) are the two most common migraine food triggers. If you're sensitive to either of these, you need to find recipes that don't use them. Even if you don't have migraines, serving foods that contain red wine or MSG when you have guests isn't wise unless you know that no one has migraines or is allergic to either.

If a recipe calls for red wine, you can just omit the ingredient. You may want to add spices to compensate for the lost flavor.

Bear in mind that a number of seasonings and seasoning products contain MSG, although it's best known as an ingredient in Chinese foods. Food manufacturers use MSG to pump up the taste of some processed meats, packaged foods, canned foods, meat tenderizers, seasoned salts, instant foods, TV dinners, roasted nuts, and potato chips.



REMEMBER

If you're on a weight-loss regimen that emphasizes low calories and increased water consumption, have a doctor monitor your progress so that your high intake of water doesn't result in a dangerous electrolyte imbalance. Likewise if you're playing a sport or exercising in hot weather: Be sure to stay hydrated with an electrolyte-balancing drink, not just straight water.

The saying "you can't drink too much water" is untrue. Signs that your body may be overhydrated include

- » Confusion
- » Dizziness
- » Nausea
- » Extreme tiredness in conjunction with preceding symptoms



WARNING

Overconsumption of water can lead to a disastrous problem of electrolyte imbalance (low sodium level) that can put you in dire straits. If you're experiencing the symptoms in the preceding list, go to the emergency room for medical assessment.

Checking out histamine, phenylethylamine, and tyramine

Some *amines* (compounds derived from ammonia) are strong suspects in the lineup of headache triggers.

- » **Tyramine:** This bully is found in the protein of foods. Levels of tyramine increase when foods are aged, fermented, or stored for a long time. High tyramine content is found in processed meats and cheeses, including brie, camembert, Roquefort, mozzarella, English Stilton, blue cheese, sharp cheddar, Parmesan, and gorgonzola.

Tyramine is also the villain that makes red wine virtually the fastest migraine trigger in the West — in other words, if you can't handle red wine, your head pain can come on fast and be brutal.

- » **Histamine:** In some people, dietary histamine figures into migraine development. Research studies show that IV-infused histamine produces headaches consistently. So it's not surprising that high-histamine foods (deli meats, smoked meats, sausage) and alcoholic drinks (beer and wine) may trigger migraines in some individuals when histamine affects the central nervous system. In the dairy section of the store, histamine-loaded foods are cheeses that are blue, aged, smoked, pasteurized, and unpasteurized. Foods that may be histamine packed or have histamine-like chemicals are beans, lentils, soybeans, peas, chickpeas, and peanuts. Other elevators of histamine level are preservatives, pork, chocolate, colorings, and tea.

- » **Phenylethylamine:** Scientists believe that this natural compound is the key problem that triggers headaches in people who are sensitive to chocolate. Other foods that contain phenylethylamine are the Japanese dish Natto, eggs, flaxseeds, almonds, walnuts, chickpeas, green peas, lentils, aspartame, and soybeans.

Sampling modified headache diets

Although evidence doesn't support the premise that following a certain diet will reduce the intensity or frequency of migraines, some migraineurs do report that they have found the following eating regimens helpful. The individualistic nature of migraine proclivity makes it difficult to predict what kinds of foods will be aggravators or soothers for migraine attacks. Nonetheless, many migraineurs find it helps to experiment with different dietary regimens. For example, today's popular plant-based diets are having a heyday as some migraineurs experience fewer migraines by following that path most of the time.

- » **Modified Atkins (Ketogenic) Diet:** Some migraineurs benefit from this high-fat, low-carb diet that is based on mimicking fasting to elevate ketone bodies (compounds produced by the liver). Elevating ketone bodies appears to help prevent migraines in some people, and they affect inflammation, brain excitability, and the environment in your gut (your *gut microbiome*). You can enhance your gut microbiome by eating a plant-based diet (fruit, veggies,

whole grains, beans, nuts) and probiotic-rich foods, exercising regularly, managing stress well, and limiting your intake of ultra-processed foods.

» **Low-Tyramine Headache Diet:** Foods with high tyramine levels are a stark contrast to fresh foods. Foods with high tyramine levels are aged, fermented, or stored for a long time. See diet information at National Headache Foundation's Tyramine Diet (<https://headaches.org/wp-content/uploads/2021/05/TyramineDiet.pdf>).



REMEMBER

When you try any migraine-management diet, you'll want to enlist the help of a healthcare professional who can monitor your changes. The tricky part of dealing with food issues is that some triggers kick off headaches only when consumed in certain amounts. Also, dietary triggers don't contribute to headaches every time you're exposed. You don't want to create nutritional deficiencies when the goal is to eliminate migraine agony. That means you still need an overall well-rounded diet.

Watching out for food additives



TIP

Because many additives and preservatives are migraine triggers, you may think that you can avoid these triggers by eating only natural foods. But you must use common sense to identify which foods are natural, because food manufacturers can use the word “natural” pretty much any way they want in product packaging. The only truly natural foods are those that are grown or raised — vegetables, seeds, herbs, fruit, seafood, and meats. Natural foods aren't ones that are processed or packed with preservatives and chemicals, wrapped up in a box, and called “Magic-Meal-in-One Casserole.” A long list of ingredients is your clue that the product is additive-laden, so if you want to ensure that you're not serving foods cram-packed with antibiotics, pesticides, preservatives, and other unnatural substances, buy organic products, preferably ones that are locally grown.

The names of some foods and additives keep coming up when migraine folks compare notes. MSG, red wine, and hot dogs top the lists of tabletop items that appear to trigger migraines. Although some experts dismiss the culpability of diet in migraine development, numerous people with migraine dodge chocolate, lunch meats, and alcohol, no matter what the experts say. If you're a migraineur who has often developed migraines after eating Chinese food, for example, it's safe to conclude that a legitimate connection exists between MSG and your headaches. You don't need a study to convince you when your own repeated “results” indicate that certain foods are complicit in churning up your migraines.

Note that the following substances are the ones most often implicated as migraine triggers:

- » **Aspartame:** The artificial sweetener aspartame has two normal amino acids: aspartic acid and phenylalanine. Some researchers believe that an excessive intake of phenylalanine may increase the excitability of brain cells, and this agitated state is associated with the chain of events in a migraine-prone brain that causes a pounding headache.
- » **MSG:** People have used MSG for a long time to flavor and preserve foods. If you have migraines, you may respond to the consumption of MSG with a fast and brutal headache, so be alert for the presence of MSG in your food. Read labels on the products you purchase. Look for some of MSG's many aliases, such as hydrolyzed vegetable or plant protein, yeast extract, sodium caseinate, autolyzed yeast, "broth," or "natural flavorings."
- » **Nitrites/Nitrates:** When consumed, nitrites and nitrates can activate pain-sensitive nerves and trigger headaches in people who are sensitive to these chemicals.

Meat processors commonly use nitrites in bacon, ham, hot dogs, and other processed meats to preserve the meat's red coloring and prevent the growth of bacteria.

Nitrates and nitrites are part of the chemistry of plants. Beets, radishes, and spinach have high nitrate levels.

Some heart medicines contain nitrates. We don't advocate eliminating medications if you try the elimination diet in the "Weeding out triggers with the elimination diet" section, later in this chapter. Check with your doctor about switching to another kind of heart medication if the drug you currently take seems to trigger migraines.

The use of nitrites in foods spurred concern when researchers noticed that nitrites could be converted into *nitrosamines*, chemicals believed to be carcinogenic in human beings. The researchers' findings led the United States Department of Agriculture (USDA) to restrict the amounts of nitrates and nitrites that are allowed in foods.

- » **Sulfites (food additives):** Food producers have long used these additives to keep fruits and vegetables from turning brown, prevent black spots on shrimp and lobster, condition bread and pastry dough, and keep wine from developing bacterial growth during fermentation. Some supermarkets spray foods with sulfites to give them a fresher look.



TIP

Some common sulfite-containing foods are salad-bar items; soft drinks; maraschino cherries; French fries; trail mix; dehydrated, pre-cut, or peeled potatoes; molasses; soup mixes; hard cider; shrimp; condiments; baked goods; jams; canned vegetables and vegetable juice; pickled foods; gravy; dried fruit; potato chips; beer and wine; bottled lemon or lime juice; and tea.

On food labels, sulfites may also have the following names: sodium sulfite, sodium bisulfite, and sodium metabisulfite.

Pulling the Plug on Migraine Foods

When you finally harness your dietary troublemakers, you'll feel like a conquering superhero.

You may also try to control your reaction to triggers that are impossible to eliminate. Perhaps you can tolerate a certain trigger if you eat it when you aren't dealing with other contributing factors, such as extreme stress or a new environment.

Facing the bad news that your favorite foods can trigger migraines

Some people report that common, everyday foods can trigger migraines. The reason that these foods cause problems for migraine-prone people is unclear, but there's no doubt that some pure, unadulterated, and preserved foods are migraine-raising culprits. Examples include:

- » Citrus (lemons, oranges)
- » Chocolates and cocoa-based products
- » Aged cheese and yogurts
- » Shellfish
- » Smoked meats
- » Nuts (walnuts, cashews)

"So," you may ask, "if avoiding a trigger is as easy as pinpointing troublesome foods and drinks, how do so many migraine folks go wrong?"

Well, living with dietary restrictions isn't easy. The following list describes common traps that migraineurs fall into when trying to maintain a proper diet. Look for your own downfall(s):

» **Deny, deny, deny.** For years, you may have suspected that certain foods aggravate your system and generate headaches. You love those foods!

Because you're human, you occasionally eat something "just this one time." When you hang out with friends, you may yearn to be "normal."

Shortly after you toss the rules, though, you may face hours of severe head pain. Maybe your food trigger teamed up with other troublemakers to give you a migraine attack.

» **Triggers are erratic and unreliable.** "I love pastrami, and it doesn't always give me a headache!" This phrase is a common rebuttal from people with migraine. You're confused by the fact that one day a glass of red wine slams your head, and then two weeks later you drink two glasses of wine and have no problem. Triggers are inconsistent. They are problems when they team up with other lifestyle factor(s) such as intense exercise, stress, and hormonal shifts. You may not ever find a food that your body reacts to consistently because of the interplay of key factors:

- **Your system:** Triggers must contend with your nervous system's preset migraine startup threshold. If you have an inherited migraine tendency, you have a low threshold. It's important to understand your threshold level so that you can make food triggers a minimal threat.
- **The bombardment factor:** The more triggers that gang up and assault your brain's control center, the greater the chance that they'll beat down your defense door and admit migraine symptoms. Combine a brightly lit room, a high-chaos day, and a bacon sandwich, and the trio may choose to scale your threshold wall like a gang of hooligans who leave a dustup in your skull.

» **Being painstaking is a pain.** Besides making a list of obvious foods that incite headaches, you must discover the sneakier triggers that aren't as obvious. You may find that your migraine tendency makes you supersensitive to certain substances in food, such as additives or preservatives. So, you steer clear of foods that contain those substances if you find out that they contribute to your head pain.

To warm to the idea of abandoning foods that you like, get your arms around the following ideas:

» You (as a migraineur) have a very sensitive nervous system that's ultra-reactive to certain substances — caffeine, MSG, nitrites, tyramine, and nicotine.

- » Your delicate system needs structure to stay happy and balanced. To provide this stasis, eat at regular times (so that your body gets nourishment when it's expecting it).
- » As described in Chapter 3, you may want to keep a food journal for a few weeks to identify foods and drinks that lead to migraines and figure out how you're going to reduce their roles as mainstays of your diet. If you take the time to keep a journal now, you can bypass tons of wasted hours — the ones that result from being sidelined with massive headaches that food triggers spawn.
- » Remember that your system works best when you provide foods free of preservatives, coloring, and so on. (Natural foods build good health and keep migraines at bay.)



REMEMBER

True food allergies are more serious than a sensitivity to food triggers that may give you migraines. If your body is broadcasting “I’m allergic to this food or drug,” you’ll get hit with symptoms such as hives (an itchy red skin rash that breaks out in spots), with or without swelling of your lips, difficulty breathing, rapid heartbeat, vomiting, headache, and, in severe cases, anaphylactic shock. If you think that you’re reacting to a food allergy, get someone to rush you to the emergency room of the nearest hospital or call 911. For hives alone, see a doctor as soon as possible. If you have hives with other symptoms, such as swelling around your mouth or difficulty breathing, go to the emergency room immediately. You can even have an allergic reaction to a medication that you’ve taken with no problems in the past.

Weeding out triggers with an elimination diet

An elimination diet identifies and gets rid of offending dietary triggers, including nuts, citrus, caffeine, MSG, alcoholic beverages, dairy products, not to mention histamine, tyramine, phenylethylamine, nitrite, and aspartame. Whether you are allergic to a certain food or intolerant of it, the trick of the elimination diet is to figure out your own problematic foods and drinks. As we describe in Chapter 3, you may need to keep a food diary to keep an accurate record of the cause-effect factor.

You use an elimination diet to see whether removing certain foods from your dietary regimen eliminates or reduces the number of your headaches. You essentially become an expert on what foods trigger your migraines. It’s a good idea to have medical supervision during this project because you don’t want to end up dehydrated or nutrient-deprived.



REMEMBER

Although the chart of headache-trigger foods in Table 10-1, earlier in this chapter, looks daunting, don't forget that your personal list of tricksters won't include every item. You may have a special sensitivity to only two or three of the foods — or it may take several to trigger your headaches.

Typically, trigger foods (see Table 10-1) are more likely to give you grief if you're stressed when you eat them.

The following elimination diet requires you to drop all possible triggers until you no longer have headaches. In other words, you're finding answers by the process of elimination. You can personalize this diet by dropping only the foods you suspect to be headache triggers.

1. Eliminate all potential trigger foods (refer to Table 10-1).

You can still eat vegetables, brown rice, fish, chicken, and fresh fruits (except citrus fruits).

2. Drink lots of water.

3. Stick with nothing but bland food for two to three weeks.

Make it the healthiest food you can get your mouth around.



REMEMBER

Just be sure that good intentions don't take you on the rocky detour of a low-blood-sugar headache. Low blood sugar (hypoglycemia) can cause many symptoms, one of which is a headache. To avoid a drop in blood sugar level that can lead to a migraine, eat several times a day, get enough protein, and avoid high-sugar, high-fat foods. *Grazing* (small meals or snacks every three to four hours all day) works well. Also, no crash diets.

4. Add the potential trigger foods back in, one by one.

Be good to yourself by starting with a favorite. Keep the amount small.

5. As you reintroduce each food, spotlight the troublemaker(s).

You can sample citrus fruits, which may trigger headaches, in varying amounts to see what you can tolerate. Fruits are nutritious foods, so you don't want to drop them if you can handle them in moderation.

6. Ban food-and-drink triggers from your diet.

Tweaking your diet with this elimination approach can help you cut the frequency of your headaches.

You may feel like you're gearing up to eat absolutely nothing, but you just need to be realistic about what works for you — and what works against you (and spurs a headache).



TIP

If you intend to eliminate only a few items initially, be sure to include those that are infamous for giving migraineurs trouble: alcohol (especially red wine), nuts, cheeses, chocolate, soy sauce, foods and sauces containing MSG, pizza, hot dogs, and avocados.



WARNING

If you drink alcohol daily (or almost daily), talk to your doctor before you quit, because you may need help navigating the process. Sudden cessation of alcohol can cause serious problems.

AXING NIGHTSHADES — OR TAKING YOUR CHANCES

How would you feel about giving up French fries to reduce your number of migraine attacks? Or skipping that delicious pasta sauce you love? Casting doubt on the reputations of nightshade vegetables is a new preoccupation of internet influencers, especially foodies and cookbook authors. But are these vegetables really migraine triggers and overall “bad guys” in the diet arena?

Nightshades’ best-known members of this family of edible plants are tomatoes, bell peppers, eggplants, and white potatoes. Nightshades make glycoalkaloid compounds that repel predators in the garden but cause stomach inflammation or migraines in some people. Most people aren’t allergic to nightshades, but those who are sometimes have headaches, diarrhea, heartburn, or bloating after eating nightshades.

Sweet potatoes are fine for people with migraine, but tomatoes, white potatoes, and bell peppers may cause head pain if your body is predisposed to migraines. Some research suggests that people who restrict their nightshades have fewer migraines than when they were still eating veggies that triggered head pain for them. Yes, eliminating foods that make your head hurt can be a game changer in your battle to achieve a life with fewer headaches.

Naturally, the need for lifelong monitoring of what you eat and drink may be hard to accept. But if you can swallow this truth, it becomes second nature.

- » Easing head pain with exercise
- » Knowing which forms of exercise to avoid

Chapter **11**

Exercising without Triggering a Migraine

Exercise boosts your health and sense of well-being. Massage and physical therapy can also make you feel great. But can these treatments relieve migraine pain?

Like many migraine remedies, exercise, massage, and physical therapy work wonders for some people and fall flat for others. However, never underestimate the importance of lifelong movement in your overall health maintenance. As med-school professors tell their students, “Motion is lotion.”

This chapter offers suggestions for helpful forms of exercise and therapies to try as you add to your arsenal of migraine remedies.

Loosening Migraine’s Grip with Movement

Regular exercise can help you stave off headaches. Studies have even shown that regular exercise reduces the frequency, severity, and duration of headaches. For people with migraine, though, it’s important to discover what kind of exercise works *for* you, not *against* you. Some people have trouble with extremely intense

workouts. At any rate, always warm up before you work out, and be picky about the exercises you choose.

When done right, exercise offers two clear benefits for migraine management:

- » **Prevention:** Exercise figures into migraine relief as a preventive. Regular brisk walks can help reduce the frequency of headaches.
- » **Resilience:** Exercise helps your body handle headache pain more effectively simply because it makes you a healthier person.

Regular exercise makes your body work more efficiently and calms your mind. Good exercise will almost undoubtedly reduce the frequency and severity of your migraines — and that's just one of the many payoffs.

Studies show that people who exercise regularly have better focus and quicker problem-solving abilities than those who don't. When you exercise, your brain chemistry is changed in a positive way because exercise increases the production of *beta endorphins* (mood-boosting chemicals). Higher levels of endorphins enhance your mood and stabilize brain chemistry, countering the quirks that often spark migraines. The result can be fewer, less severe attacks.

Showing up for exercise

If you suffer from migraines in general and exertion migraines in particular, you may want to ease yourself slowly into a new exercise program. You can do a long, slow warm-up and see whether it keeps you from getting a headache. Or, if you can't handle high-intensity exercise no matter how much warming up you do, opt for something calming and uplifting, meaning low-impact activities like walking, massage, or physical therapy.

Take a long, slow walk (15 to 20 minutes) before you climb on a bike or start an exercise class. Studies suggest that walking may help people with migraine acclimate their bodies to movement so that vigorous exercise doesn't result in a headache.

Bottom line: If your workouts get to your head, warm up for a long time, or try a calmer exercise program. But don't give up on exercise! It's too valuable.



TIP

If you're having trouble getting pain relief, talk with your doctor about trying therapies like massage. Be sure to get your doctor's green light before venturing into new territory.

Sweating out migraines

If you're thinking about taking up some form of migraine-curbing exercise, consider these guidelines for picking a program:



REMEMBER



TIP

» **Get your doctor's go-ahead first.** Don't assume that your physical condition allows you to do just anything that comes to mind.

If you haven't exercised regularly for months or longer, have your physician check your heart, lungs, blood pressure, and other aspects of your health to evaluate your readiness for an exercise program.

If you have a history of not exercising, it's a good idea to have a qualified fitness consultant or personal trainer help you start an exercise program (after you're evaluated by your doctor). A fitness pro can show you how to avoid getting injured and how to get the maximum gain from your workouts. (One best-kept secret of gyms is that many people get minimal benefits from exercising because they don't use exercise machines correctly, they use poor form and execution, or they spend most of their time socializing.) The fee for an hour of personal training ranges from about \$40 to \$150, and you can typically get a regimen rolling in two or three sessions. The lower end of the price range is usually for a group session of two or three people.

» **Choose a type of exercise you like.** You may have to sample several forms of exercise before you land on a winner. (Check out *Weight Training For Dummies*, *Yoga For Dummies*, *Power Yoga For Dummies*, *Mind-Body Fitness For Dummies*, and *Pilates For Dummies*, all from Wiley Publishing.)

» **Keep it convenient.** Join a health club that's close to home or work, or find a nearby park or high school track where you can walk. Studies show that people almost always abandon their workouts if they join a facility that is out of the way. It's human nature to make excuses to avoid going to the gym: "I need to start cooking dinner, and it's so far." "I forgot to take my workout clothes." "I hate driving all that way just to exercise!" Make it easy to show up, and you'll find that the workout is the easy part.

» **Do something that fits your nature.** If you're a group person, take a class. If you enjoy your alone time, try a solitary form of exercise, such as walking, running, or cycling.

To stay consistent with your migraine-fighting exercise program, reward yourself for showing up. When you're consistent with exercise for three weeks, buy yourself a new pair of yoga pants or a shirt. Also, tack up mental notes to remind yourself that your fitness routine is a huge plus for headache prevention and overall health, not a grueling duty that you have to slug your way through. Exercise is an adventure with real payoffs.



TIP

To get the best results from your exercise, work on improving your diet. Adopt a mindset that requires you to fuel up to complement your fitness training. (This tactic will suit your new dietary plan for avoiding foods that trigger migraines; see Chapter 10 for more on trigger foods.)

Stay flexible and curious. Think of yourself as a freewheeling person-of-the-world who's looking for movement and training that you might like. Be choosy. Be realistic. You may find yourself doing something that ends up being the best hobby you've ever had — and all because you were shopping for a form of exercise that your migraines might like, too.

Combining weight training and walking

Walking and weight training are two low-impact (and helpful) forms of exercise for people with migraines. Neither is intense or known for spurring migraines. Although you can certainly choose just one or the other, this exercise combo is perfect for migraine fighting. With weight training, you can join a gym or buy free weights and other accessories for exercising at home. To walk, of course, all you need are good shoes and the great outdoors (or even a nearby mall or indoor track).

Weight training has many payoffs: It tones muscles, improves muscular endurance, relieves stress, and strengthens bones (good for staving off osteoporosis). Walking is good for weight reduction, blood circulation, stress, and pain relief, and it improves overall health.



TIP

If you're just starting a walking program, aim for three times a week, and walk as far as you can handle comfortably. (Wiley Publishing's *Fitness Walking For Dummies*, by Liz Neporent, can help you get started.) If you can only walk a couple of blocks at first, that's okay. Pat yourself on the back, and keep working to improve your stamina. Gradually walk longer distances over a period of months.

For tips on weight training, refer to *Weight Training For Dummies*, by Liz Neporent and Suzanne Schlosberg (Wiley Publishing), or hire a knowledgeable bodybuilder or fitness professional to show you proper form and execution. You must use free weights and weight-training machines correctly to achieve gains. Bad technique wastes time. (Many people in the gym don't use weights or machines the right way and then wonder why they never make any progress!)



REMEMBER

Do a 45-minute weight-training session three times a week. If you combine a weight-training program with walking three to four times a week, you'll have a good migraine-fighting regimen. (Put workouts on your calendar just as you would any other appointment. Make your health a top priority!)

FRED ASTAIRE YOUR WAY TO BEING HEADACHE-FREE

One 54-year-old person with migraine took up ballroom dancing as a pain-relief complement to his prescription migraine pills and ended up competing in top hat and tails. “For me, it was a way to unwind from my high-stress job and try something radically different from anything I’d ever done before. The cardio worked wonders for me physically, and meeting new people was refreshing for me mentally.”

His headaches decreased in frequency, and, as a fringe benefit, he found a wife on the ballroom circuit!

You’ll notice amazing improvements in muscle tone, self-empowerment, and confidence after only a few months of weight training. That boost might inspire you to keep lacing up those walking shoes. Then your overall gains may motivate you to walk regularly for cardio. Add exercise to your schedule seamlessly, and you’ll be proud of yourself for moving more.

Staying afloat with Pilates, dancing, swimming, and skating

In your sampling of exercise options, you may want to try something you’ve never done before, such as something trendy that sounds fascinating to you. Ever consider dance classes? Swimming? Inline skating? Pilates?

You can find classes for all ages and levels of ability for just about every type of exercise. If you’re 60 and thinking of trying Zumba, for example, you don’t have to worry about getting thrown into a class for teens. By the same token, swimming groups exist for kids, young moms with babies, and seniors with arthritis. Or if you feel like trying inline skating, those nifty kneepads look cool on everyone!

Sampling various types of dance can tell you what works for you. You may like ballroom, tap, jazz, or all three, but your headache proclivity may not. Water exercise may appeal to you, but perhaps the chlorine acts as a migraine trigger. (Chlorinated chemical compounds have been linked to headaches.) Even something as harmless as the vibrations of inline skates may aggravate headaches because your body is a delicately calibrated instrument.

One non-jolting form of movement that may suit you is Pilates. Formerly used by professional dancers exclusively, Pilates is a popular form of movement practiced

in health clubs and Pilates studios all over the country. You do precise movements to strengthen and firm the body, focusing on strengthening your core (abdominal) muscles to improve your health without injuring yourself. By emphasizing muscle balance and strength, the instructor helps you increase your flexibility and develop a strong back and good posture. The reformer (Pilates equipment) helps you access weak areas of your body to improve alignment and balance.

Fine-tuning via physical therapy

You may discover that physical therapy can help relieve your headache pain, particularly if neck pain is a migraine trigger for you.

Physical therapists offer quite a few options for keeping headache pain at bay, but you must run the options past your physician before you participate in a physical therapy program (usually focused on the head/neck area). In fact, you need a doctor's prescription to see a physical therapist.

You should talk to your doctor about supplementary treatments under consideration for your coordinated and effective headache-management plan.



REMEMBER

Certain treatments that physical therapists offer are designed to reduce the severity and frequency of headaches. Sometimes people with migraine visit physical therapists during a migraine attack because they're searching for a reprieve from the headache or the neck pain that leads to migraines.

Some physical therapy options for migraines include the following:

- » **Multi-station electrical therapy:** The therapist stimulates trigger points — typically the earlobes and the loose skin between the index finger and thumb — with a neuro probe (an electronic muscle/neuromuscular stimulator) until they become somewhat painful. The therapist touches these points to break the cycle of pain.
- » **Manual cervical (neck) traction:** The therapist supports your head as they apply a gentle, controlled force with their hands. This technique helps stretch and mobilize your spine.
- » **Mechanical cervical traction:** If you find manual traction to be tolerable but your headaches persist, the therapist may apply mechanical traction, which takes the pressure up a notch or two. In mechanical cervical traction, a head halter with an attached weighted pulley system exerts force on your upper neck. You lie back into the equipment while you're lying on a table. Physical therapists find that this type of therapy often helps people who suffer from migraines that are aggravated by whiplash.

- » **Vapocoolant spray and stretch:** The therapist uses a fluori-methane spray (which acts as an anesthetic) on muscle groups, typically in the neck or upper back, where the pain is radiating to the head or neck. The spray blocks pain impulses (by making your skin cold) while the therapist stretches the muscles that may be associated with your headaches.
- » **Kinesiotaping:** Using a special physical therapy tape, the therapist tapes the whole length of the muscle group that is associated with your headaches in hopes of relieving pressure that may be causing head pain. This therapy may be good for correcting the hunched posture of many people in pain.

Here are some home remedies a physical therapist may recommend:

- » **Moist heating pads:** You apply pads of moist heat to ease pain and improve mobility in your neck, head, or shoulder area.
- » **Ice massage:** Here's a good migraine home remedy from physical therapist Charles Libby: Fill a paper cup three-quarters full of water and freeze it. Take the frozen cup into the shower with you. Rip down the sides until half of the ice is exposed and only half of the cup remains. As you're pelted by the shower's warm water, rub your head with the ice.
- » **The hair pull:** Physical therapist Charles Libby grabs a few handfuls of the migraine patient's hair and then tightens his fist to place light traction on the head. He holds the patient's hair for 10 to 30 seconds. You can also try performing this remedy on yourself, or you can have a friend do it. (Make sure that it's a very good friend!)



REMEMBER

Although some people with migraine report that physical therapy helps relieve their migraine pain, not enough studies have been done on these treatments to establish their degree of effectiveness.

Massaging migraines away

Several types of massage can be helpful in relieving the pain of migraine headaches. But as with physical therapy treatments, not enough studies exist to show how effective — or ineffective — these therapies are. Typically, people with migraine who benefit from massage use it as one component of their pain-relief plan, along with medications, lifestyle changes, and so on.

You may want to give some of the following massage options a try:

- » **Craniosacral therapy:** With this type of therapy, you lie back as a therapist gently massages your skull bones and scalp. Your nerve endings get some

touchy-feely attention, which soothes the nerves and lessens the pain waves they send.

- » **Neuromuscular massage:** This therapy, also known as trigger-point therapy, is a muscle-relaxing treatment that applies moderate pressure to your body's *trigger points* (spots in a muscle that are painful when stimulated by pressure or touch). Some believe that this kind of massage can reduce nerve compression and relieve pain in tense or overworked muscles.
- » **Reflexology:** This therapy revolves around the pressure and massage of points on the soles of the feet. The healing art of reflexology is often used to relieve stress and pain. It is based on the belief that there are zones in the feet that correspond to all areas of the body. Therapists manipulate these zones to benefit the corresponding areas throughout the rest of your body.
- » **Deep-tissue massage therapy:** People get massages to get rid of pain and discomfort or to give themselves a relaxing treat. A massage therapist uses pressure, movement, and stretching to render your body more pliable and comfortable. For headaches, a therapist will usually use therapeutic, deep-tissue techniques. Deep-tissue massages may improve circulation and reduce muscle tension. When performing a deep-tissue massage, a massage therapist focuses on specific areas of the body to relieve pain and release stress. Many believe that massage can reduce muscle pain and ease muscle tension and stiffness. *Deep tissue* refers to the use of deep finger pressure and slow strokes on areas of the body that are suffering from muscle tension or aches.

Because deep-tissue massage works well on tense shoulders and necks, it can sometimes provide relief from headache symptoms. (If you aren't sure whether your physical condition is amenable to massage, check with your doctor before having a massage. Massage isn't recommended if you have varicose veins, a recent fracture, sprain, or nerve injury, or if you've recently had chemotherapy or radiation.)

- » **Acupressure:** For headache relief, an acupressure therapist applies gentle finger pressure to various points on your head. Practitioners believe that this therapy can help by calming muscle tension and enhancing blood circulation. In a more ethereal sense, some think that acupressure promotes self-healing of the body by reestablishing energy balance. At any rate, this therapy is painless. If you're eager to try it, consult your physician, who probably will give you the green light.

You can learn how to perform a simple form of acupressure in minutes. Apply gentle and continuous fingertip pressure with two fingers for two to three minutes. Use one hand to work the top of your skull, and the other hand to apply pressure to the spot between your eyebrows. Of course, you can use many other acupressure moves as well, which you can find out from a book on the subject or by having an acupressure practitioner take you through the steps.

» **Rolfing:** This therapy is one of many variations on the theme of massage. Its roots go back to the belief that most of us get knotted up with muscle contractions, which throws our bodies off balance. By applying deep pressure to your muscles, a Rolfing practitioner may be able to ease your headache pain by ratcheting down the tautness of your muscles. For some people, Rolfing reduces pain. For others, Rolfing is way too vigorous for their taste. Rolfing is not for the person who dislikes aggressive body manipulation. (Basically, Rolfing is massage that is taken to a tougher intensity level. It's not a surefire headache remedy, by any means.)



WARNING

The pressure of massage may cause some discomfort, but if you experience a great deal of pain, tell the therapist to stop. You may need to see your doctor for an evaluation.



TIP

Check with a local school of massage for the names of qualified therapists in your area. Also, when you're interviewing therapists, ask to see proof of membership in the American Massage Therapy Association (AMTA). Therapists with membership in this association have completed training approved by the Commission on Massage Training Accreditation/Approval, hold a state license that meets AMTA standards, and have passed an AMTA exam or the National Certification Examination for Therapeutic Massage and Bodywork.

Avoiding Exercise That Spawns Your Migraine Attacks

Maybe you love the butt-blaster class at your health club, but your head usually hurts after exertion. (Chapter 4 tells you more about exertion migraines.) The pain outweighs the gain. When you're forced to go home because of an awful headache, the fun goes out of your workout.

So what can you do? Two things: Know which types of exercise work for you, and know which ones work against you. In addition, keep in mind that warming up for at least 15 minutes may keep you from having exertion migraines.

If you can warm up enough to get through major athletic events without migraines, good for you! But if you just keep having the same problem over and over, you may decide that intense exercise regimens just aren't for you.



TIP

Don't give up on exercise, though. Regular workouts are great migraine deterrents.

Checking the effects of spinning, cycling, and other cardio

Competitive cycling, spinning (stationary cycling in a health club), and cardio classes can trigger headaches in people who have a tendency to have migraines.

Cardio classes have grown increasingly creative, so you have to scrutinize the offerings carefully to figure out which classes are the intense types. When checking out the descriptions of classes, look for names such as “endurance workout,” “circuit training,” and “athletic conditioning.” These classes are usually ones that are vigorous enough to spur migraines.

Some classes that you can probably handle without getting a headache are sculpted yoga, upper-body pump (you lift free weights), barre burn, and hip-hop dance.

You may be able to prevent migraines during intense workouts if you participate in a long, slow warm-up before you begin, such as a slow 15-minute walk.

Moderating your running regimen

You want to run, but you get headaches every time you try. Here are some ideas for avoiding headaches when you run:

- » **Warm up more fully.** You have to follow the same warm-up rule that other exercisers who get headaches abide by — especially if you’re often getting headaches from full-tilt running. Chances are, you already warm up before you run. Now you’re going to make your warm-ups even more extensive (perhaps a 15-minute walk prior to even the slightest trot).
- » **Run shorter distances.** Trim your mileage to see whether it makes a difference.
- » **Talk to your doctor about running marathons and triathlons.** Over-the-top exertion may not be for you. But if it is important to you, discuss your exercise goals with your doctor because there are medications that could help treat and prevent migraine attacks.

- » Checking spaces for migraine triggers
- » Kicking triggers out of your home
- » Understanding why normal activities can feel painful
- » Investigating your surroundings
- » Preparing an oasis for relaxing your head

Chapter **12**

Eyeing Environmental Enemies

You can be victimized by environmental “hazards” that instigate migraines, so one of your first missions on your migraine-conquering quest is to nail your own personal triggers in your home, yard, and workplace. You may be exposed to such things as mold and dust mites — who knows what can be giving your brain’s neurotransmitters and blood vessels a rough time? But you can handle most of these environmental triggers, just as you can handle other types of triggers.

In this chapter, we talk about trying simple remedies, such as using chemical- and fragrance-free products in your home and changing air filters frequently. Or you can fly off the rails and replace carpeting with ceramic flooring that’s easier to clean and less of a haven for mold and dust mites.

This chapter focuses on fixing your migraine-triggering environment. Find your culprits and send them packing! You can come up with endless creative ideas for environmental improvements, both to get rid of migraine triggers and to create a soothing space. When making upgrades, remember this: Even if they really don’t make your migraines less severe or less frequent, a cleaner environment has no downside.

Investigating Your Environment

When creating your overall migraine management plan, check for environmental triggers in your home, lawn, and workplace.

Elements that bother some people with migraine are allergens such as dust, mold, and pollen; changes in the weather or temperature; glaring or fluorescent lights; and strong odors and high altitudes. Even computer screens can be a problem when they cause eyestrain, but you can alleviate uneven light by balancing the light of your monitor with that of your room. It also helps to take regular breaks and moderate your light. In some people, eyestrain leads to migraine attacks.

Any kind of upset — sleep deprivation, weather change, exposure to an allergen — can move a person with migraine tendency to experience a migraine, and the point at which the triggers become problematic differs among people.

The following signs may indicate that your body is rebelling against something in your environment:

- » Asthma or breathing problems
- » Headaches
- » Puffy eyes
- » Rashes
- » Runny nose
- » Throat clearing (from postnasal drainage)



TIP

If you believe that environmental triggers are involved in your headache evolution, take the time to journal the places where you spend a lot of time, and see what trends you can spot.

Step one in environmental troubleshooting is pinpointing your personal triggers. You can discover your triggers rather efficiently by noting certain information: when you experienced the migraine; where you were shortly before the migraine hit; and what you were exposed to in a particular room, building, or outdoor space.

You can use the headache journal in Chapter 3 when you're ready to journal environmental (and other) clues to migraines.

Kicking Troublemakers Out of Your Home



TIP

To start ridding your home of migraine gremlins, give your indoor environment a thorough critique, or hire someone to do this for you. An environmental inspector can evaluate your home and give you a list of recommendations for ways to eliminate toxins and improve the environment.

Take steps to eliminate as many allergens as possible — and, if needed, take an allergy medication to cut down on allergy symptoms, which can include headaches. Purify your drinking water, change air filters often, and do some spring cleaning.

The following list covers the most common indoor pollutants and tells you how to eliminate them or mitigate their effects:

- » **Dust mites:** These microscopic-sized “cousins of spiders” (arachnids) live in pillows, mattresses, blankets, and other bedding. They’re virtually invisible to the naked eye, and they feed on the dead skin scales of humans. Allergy symptoms are caused by the waste and body fragments of the mites, not the mites themselves.

To ward off dust mites in your home, be a cleaning wizard. Dust, mop, and vacuum often. Change the filters on your air-conditioning units often. Install air filtration devices to purify the air. Keep the humidity level low and the room temperature moderate because mites thrive in warm, humid environments. (They can’t survive at a humidity level that is less than 50 percent.) Change sheets, blankets, and bedspreads once a week, and wash them in hot water. You can also use zip-up covers on pillows and mattresses to hamper the mites’ growth in bed dust.



TIP

Dry-steam vapor cleaning can deep-clean and sanitize your home without the use of chemicals. It removes dirt and kills dust mites, bacteria, and mildew.

- » **Mold:** Keeping rooms on the dry side is a good mold preventive. Vent the clothes dryer to the outside of your house. Get rid of old books and mementos that can harbor mold. And stave off bathroom mildew with frequent and thorough cleanings.
- » **Tobacco smoke:** Make your home a smoke-free environment, and ask all smokers to do their puffing outside. Smoking can really contaminate indoor air with formaldehyde, carbon monoxide, and other fumes. Smoke can also cause nasal congestion, headaches, bronchitis, and other health problems.
- » **Carbon monoxide:** This colorless, odorless gas can come from tobacco, poorly ventilated fireplaces, wood stoves, gas appliances, burning charcoal, unvented kerosene heaters, and car engines running in your garage. It’s

poisonous and can cause fatigue, sleepiness, confusion, shortness of breath, headaches, heart and brain damage, and even death.

To control sources of carbon monoxide, make sure that any combustion process is well-ventilated. And ensure that each combustion device is as efficient as possible (see the manufacturer's instructions for how to accomplish this). You can monitor the levels of carbon dioxide in your home with a carbon monoxide detection device that plugs into a wall outlet. This device can be found at any home supply store.



TIP

If you want to go to extreme measures, replace your home's carpeting with ceramic flooring that won't harbor mold and dust mites. Wear cotton clothing, and swear off using chemical-filled products for bathing, grooming, and housecleaning.

Finding Everyday Experiences Painful

You may have days when things in your environment that shouldn't bother you absolutely do. In fact, they cause pain. Chalk it up to "Just when you thought it was safe to go back in the water." Right? This situation can have a negative impact on your life, so seek answers from your physician. *Allodynia*, a condition of experiencing pain from something that shouldn't cause it, is a sign that your nervous system has been sensitized, which happens in neuropathic and chronic pain conditions, like migraine.

Spotting allodynia

You may feel like something that doesn't usually cause pain is painful, such as brushing your hair. You know that as a migraineur, you're super-sensitive to things in your environment, even sources you can't seem to identify.

You may experience the perception of pain when, for example, your skin is being stimulated quite harmlessly. In people with migraine, this condition most commonly affects the scalp. Migraine-related allodynia may evoke a painful headache.

Types of allodynia include tactile (pressure or touch that shouldn't be strong enough to elicit pain); thermal (temperature changes); and dynamic (an object being moved against your skin). You can test for tactile allodynia by rubbing your skin with a cotton pad. If you feel a tingly "ouch," you may be experiencing allodynia.

Like any abnormal pain, allodynia requires medical assessment.

Taking pain medication if needed

When you tell your doctor about feeling pain for no apparent reason, try to be as descriptive as possible. Is the sensation off and on, constant, throbbing, burning, or something else? Your doctor may run tests or give you a medication — an NSAID or calcium channel blocker or a topical treatment containing lidocaine, capsaicin, and menthol.

When doctors pinpoint the cause of your allodynia, they can treat you accordingly. Conditions that increase your risk of allodynia are migraine, diabetes, shingles, and trigeminal neuralgia (facial nerve pain).

Checking Your Surroundings

Typically, just by virtue of being a person with migraine, you're ultrasensitive to your surroundings. Lighting, smells, and even atmospheric pressure can affect you dramatically. Environmental elements can trigger migraines in some people and cause severe throbbing, nausea, light sensitivity, and other sensory disturbances. You can change some of the external conditions that affect you, but not others. For example, barometric changes, high humidity, and heat can wreak havoc by touching off a headache spiral. You can't control the weather, but you can try to reduce your exposure to elements that upset your system.

Boring into buildings

If you keep an environmental journal, you may discover that the allergen triggering your headaches is outside your home. That cause may fall under the banner of "not much you can do about it." An environmental ogre in your workplace is problematic because it's something you can't really escape unless you change jobs, and that's a pretty drastic solution.



TECHNICAL
STUFF

The term *sick building syndrome* refers to a workplace that causes illness through agents in the air, often causing symptoms such as headaches, nausea, and dizziness. You can try treating the symptoms, or you can attempt to avoid the physical factor causing the headache. Ask to be relocated to another work site, or consider looking for another job if the company won't perform environmental troubleshooting.

If your company is amenable to "cleaning house," you may want to suggest that they hire a consultant to come in and evaluate the building's environment. If your company declines, you could offer to foot the bill (especially if you're the only one who's having headaches associated with the workplace). The inspector can provide ideas for improvements.

CARING ABOUT CARPET CHEMICALS

Indoor chemicals, such as gases from new office carpeting, can cause migraine attacks. The carpet industry recommends ensuring good air quality by ventilating well, choosing a low-emitting product, and cleaning.

Admittedly, some people report allergy-like symptoms after new carpet is installed. Often, the emission level of new carpet drops within 24 hours of installation, and fresh-air ventilation can cause that level to dissipate within a few days.

To find out whether a carpet, cushion, or floor-covering adhesive has been tested for emissions, look for a label showing that the product has undergone Carpet and Rug Institute Indoor Air Quality Testing. This label proves that the product meets stringent indoor air quality requirements for very low volatile organic compound emissions.

VISITING AN ENVIRONMENTAL HEALTH EVALUATION CENTER

You receive a barrage of environmental input daily, and if the load is bearable, your body manages it efficiently. If the load is too much to handle, however, you may develop symptoms, such as migraines.

So maybe you're wondering how to get a diagnosis of all your environmental baddies. The Environmental Health Center-Dallas (EHC-D) in Dallas, Texas, specializes in environmental medicine and works to solve difficult clinical problems, so that's one place that caters to people with this need (as well as other needs). The staff includes physicians, researchers, nutritionists, counselors, and other specialists.

When patients visit EHC-D, their exposure to environmental triggers is limited. EHC-D boasts porcelain walls, Spartan décor, large air filters, and computers with screens that filter out electric fields. Patients cannot wear perfumes. They also must wear cotton clothing (no synthetic fabric) that has not been washed or cleaned in chemical products. Smoking isn't allowed, and the EHC-D is pesticide-free. Lighting is full spectrum — no fluorescents. Flooring is hard surface only. (Carpet is notorious for harboring dust and mold.) Special water filters have no plastic parts, thereby guaranteeing you are drinking highly purified water.

The staff of the EHC-D can test you for allergies to animal dander, molds, pollens, dust, food, and chemicals. They also perform electromagnetic sensitivity testing. After testing, you may receive treatment, which comes in several forms:

immunotherapy with preservative-free antigens, autogenous vaccines, nutrition plans, nutrient therapy, energy balancing, psychological support services, and a chemical depuration program, which combines dry heat, exercise, massage, vitamin replacement, and monitoring of toxin levels.

The doctors at the EHC-D search for the cause of illness. To find the underlying environmental cause, they study the reactions of patients during their stay in the clinic — usually four to six weeks, a time frame that provides a window of opportunity free from home exposures. Upon leaving, patients will know what lifestyle modifications patients need to make and what allergens they must avoid. Some people choose to model a “clean” room at home by following EHC-D standards.

EHC-D also does evaluations of homes and commercial buildings. You can check your state environmental agencies for information on similar facilities near where you live.



TIP

Although some allergists may tell you to get rid of carpeting if you have allergy headaches, the carpet isn't the actual cause of your problems — it's the dust, pollen, and mold spores that hide in it. Using high-efficiency microfiltration vacuum bags (if you're using a vacuum cleaner with bags) or a vacuum with a HEPA (High Efficiency Particulate Air) filter can help get rid of carpet contaminants.

Often, changing to a new environment is out of the question. For example, if you're taking night classes at a community college and something in the room is triggering a migraine cycle, the school administrators probably aren't going to let you do a sweep of the premises to clean it up and make it less aggravating for you.

With this type of situation, your options are to

- » Live with the problem and take an allergy medication
- » Use a medication when a migraine occurs
- » Drop the class so that you're no longer exposed to the offending allergen

Pulling up roots in your own backyard

Maybe every time you're having a barbecue on the grill, you end up with a migraine. The cause-and-effect connection seems undeniable. Why not root around for the exact problem so that you can get rid of the trigger?

Consider all the usual backyard suspects: pollen; fumes from fresh paint; burning wood or charcoal; gasoline fumes from a car or lawnmower; fresh grass clippings; compost or leaf piles; and pet dander.

Pesticides and cleaning products can also add emissions to your environment. If you use such products, you should mop, sweep, or vacuum thoroughly afterward to reduce any residue left behind, making headache development less likely. Your lawn service may kill the weeds in your lawn (and the fish in your local water) but inadvertently grow a migraine in your head.

Clean up your lawn areas so that you can feel comfortable sitting or playing outside. Zap the toxins and create a healthier outdoor environment for yourself (and your headache proclivity) and other family members as well.



TIP

If you're just not sure what the problem is — but a headache always develops after you've been in your backyard — hire an environmental specialist to inspect your lawn for problems and offer insight on possible causes. (See the “Visiting an environmental health evaluation center” sidebar, earlier in this chapter.) Also, remember that prolonged sun exposure gives some people migraines.

Preparing a Safe Space

You can relieve the disharmony of your environment somewhat by creating your own oasis, removed from the outside forces that lead to physical and emotional imbalance.

It's a good bet that these two people with migraine, Lisa Kudrow and Ben Affleck, both have places where they can go to unwind from migraine pain. Although you may not need anything grand, you can still benefit from setting up a home spa where you can spend time being comforted by soothing smells, sights, and sounds.

You may want to sample aromatherapy and let your nostrils absorb some special scents that are renowned for their soothing properties. (See the “Savoring aromatherapy” section, later in this chapter.)

Springing for a home spa

What helps you relax when you have a headache? Think beautiful images. Fresh fruit on a tray. Pampering treatments. Home spa treatments are cool because you don't have to go anywhere.

To create a home spa, look inward and discover the kinds of things that soothe you. “I hate the idea of all those candles around the bathtub because I'm afraid something will catch fire,” says one woman with migraine. Clearly, her spa setup

should be candle-free. In other words, one woman's dreamy, posh bath is another woman's anxiety-producing water torture.

You can set up a total spa zone that's free of migraine triggers. You may want your spa to come complete with all the fringe benefits: exercise equipment, sauna, whirlpool bath, and shower. Or your zone may be as simple as your bath space. Use spa elements to provide you with a getaway from daily stressors, and make it an occasional refuge or something that you turn to regularly. Try to zero in on the luxuries that work for you, settle you down, and provide relaxation. You can use your spa as a migraine preventive or as a pain reliever when you have a headache.

Be sure to use chemical-free shampoos, conditioners, and bath products in your trigger-free zone. (You can buy these products in health food stores and specialty shops.)

A few ideas for soothing or pampering are

- » **Setting the scene:** Put on some good music. Place unscented candles around your spa space. Put drops of lavender essential oil in your bath. Set a tray of fresh fruit and a tall glass of water on the side of the bathtub.
- » **Creaming calluses:** For rough, callused heels, soak in your tub for 15 minutes and then get out and give them a vigorous sloughing treatment. Use a pumice and cream for foot exfoliation (both are available in drugstores and grocery stores). After you exfoliate, apply a rich moisturizing cream, put on socks, and luxuriate for an hour or so.



REMEMBER

Just because a magazine tells you that a home spa should have certain elements doesn't mean you have to follow its suggestions. Do what works for you. Your migraine; your home spa.

Savoring aromatherapy

Aromatherapy is the use of plant oils, called *essential oils*, to soothe and enhance well-being. It's a fun treatment that's benign for most people when using most oils. (The exception is someone who's allergic to a particular oil or fragrance.) Options in aromatherapy include potions, candles, shampoos, potpourri, and devices that hold essential oils. Just make sure you don't have your pet in the spa with you because many essential oils (peppermint, for example) can harm animals.

Many healthcare providers remain unconvinced that aromatherapy is beneficial to your health, but the pleasing scents can relax you and perhaps reduce your anxiety (and thus stave off headaches). Some people use aromatherapy for insomnia.



REMEMBER

When you first use an essential oil, use only one drop on a tissue to make sure that you don't have an allergy or a bad reaction to it.



REMEMBER

If you have skin allergies or asthma, or if you're pregnant, don't try aromatherapy until you clear the idea with your doctor.

You may want to have a certified aromatherapist treat you initially to demonstrate the proper technique and amounts. After the first treatment, you can do it yourself. (If scents soothe your head, you can buy takeout aromatherapy. Try the scent-filled sachets widely available online.)

To relax and ward off a headache cycle, try the following:

- » **Compresses:** Hot and cold aromatherapy compresses are popular for relieving headaches. Put six to seven drops of essential oil in a cup of water and soak a washcloth in the solution. When the cloth is fully soaked, squeeze out excess water and place it on your aching head.
- » **Steam inhalation:** Pour two cups of boiling water into a bowl and add six or seven drops of essential oil. Put a towel over your head to funnel the steam toward your nose. With your face about a foot away from the water, breathe deeply once, stop, and then inhale again. Do this exercise a few times.
- » **Diffusion:** Spray an essential-oil/water solution into the air. (See cautionary note below.) You can buy spray units at gift and fragrance shops, or you can make your own by adding six to seven drops of essential oil to a cup of distilled water and pouring the solution into a spray bottle. (Remember to shake the bottle to distribute the oil before spraying.)
- » **Massage:** Some people like to use essential oils as part of a massage, rubbing them into the skin. You can buy massage oils at drugstores and some grocery stores.
- » **Bath or Jacuzzi:** Add five to seven drops of essential oil to 1 ounce of carrier oil (a base), and then add the solution to your bath or Jacuzzi water.



WARNING

Inhaling essential oils may irritate or damage your lungs. Read the safety data for the essential oils you choose; each oil has safety precautions. Also, don't use essential oils for cooking! These oils aren't meant to be consumed internally. Some are poisonous.



TIP

Don't go overboard with scent sniffing. Too much of this good thing may give you a headache!

- » Looking for dysfunctional sleep patterns
- » Knowing what you can change to avoid a migraine spiral
- » Sampling behavioral remedies

Chapter **13**

Fixing Disordered Sleep

Depending on its quality, sleep can both relieve and trigger migraines. Although much about slumber remains somewhat of a mystery, at least one fact is clear: For those who have a headache tendency, having routine times for going to bed and getting up can help prevent headaches. Both too much and too little sleep can lead to a migraine attack. Any type of off-kilter sleep (insomnia, sleep apnea, dozing while binge-watching TV) can spin off into a migraine attack.

Clearly, dysfunctional sleeping looms as a pivotal lifestyle factor that you can strive to change to get your body back into a positive groove and help avoid migraines. Improving poor sleep habits is one key to restoring balance and eliminating sleep issues as a migraine trigger.

Waking Up to Sleep Issues

Although exact sleep requirements aren't fully known, some people thrive on four to five hours, whereas others grind through the day to a slow meltdown on anything less than eight hours. A baby may sleep 14 to 16 hours a day, and a senior (someone 65 or older) may average five or six hours overnight. Generally, though, adults should try to get at least seven hours of sleep per night. Like many things, the amount of sleep you need is a very individual thing. In older people, there are those who do fine with five hours of sleep; others, though, need seven to eight.

SLEEPLESS FROM SEATTLE TO SARASOTA

Consider the following findings from the 2025 Sleep in America Poll commissioned by the National Sleep Foundation (NSF, at www.sleepfoundation.org). The NSF compiled this sleep-habit information data (and many other factoids) from phone interviews of 1,372 adults:

- 36 percent characterized their quality of sleep as fair or poor.
- 58 percent reported having at least one of four symptoms of insomnia — waking up feeling fatigued, waking a lot during the night, waking too early and being unable to get back to sleep, or having difficulty falling asleep — at least a few nights a week. And 36 percent said that they had at least one of the four symptoms nightly or almost every night during the previous year.
- Of respondents, 77 percent experienced at least one symptom of a sleep disorder a few nights or more a week. Symptoms of sleep disorders include the insomnia symptoms (see the previous bullet point), snoring, having pauses in breathing, and feeling an urge to move your legs when at rest (when you're lying down or sitting still).
- In the people with “good sleep health,” 72 percent reported they were flourishing, compared to 46 percent of those with “poor sleep health.”
- Of those surveyed, 50 percent gave an “F” to sleep satisfaction; 21 percent, a “D,” and 13 percent, a “C.” Only 16 percent had an “A” or a “B” in sleep satisfaction.
- Almost half of adults have trouble staying asleep three or more nights per week.
- Of the people reporting good sleep health, only five percent were unhappy, but 21 percent of those with poor sleep health were unhappy.
- In this survey, 87 percent of American adults reported that getting enough sleep has a positive effect on how happy they feel.



TIP

If you feel very sleepy during the day, you're probably not getting enough sleep at night, or your sleep isn't restful. You need quality sleep in a sufficient amount.

Lifestyle factors can disrupt sleep habits: working the graveyard shift, for example, or taking a vacation. A trip leaves you with jet lag; you sleep late on weekends to try to catch up; you can't stop watching TV or browsing social media.



TECHNICAL
STUFF

One prevalent belief among sleep researchers is that the ups and downs of serotonin and its fellow brain transmitters during sleep may be what activate the road that leads to head pain. (Some migraine medications affect serotonin receptors; see Chapter 8 for more information about these medications.)



If you're prone to migraine attacks, make establishing regular sleep patterns a prime focus of your headache management program. Establishing regular sleep patterns may be as simple as having more structure than in the past: You go to bed at the same time every night; you get up at the same time every morning; and you get the same amount of sleep regularly.

But harnessing regular sleep patterns may be more complicated if a sleeping disorder is spurring your headaches. If you think a sleep disorder may be your problem, enlist a physician's help in treating it.

Charting how you sleep

Say that your sleep tallies are all over the map. One night you get seven hours of sleep, the next night you catnap for two hours, and on Saturday you sleep for ten hours. Your innocent little brain chemicals can't handle the craziness, so they report their distress by stirring up a migraine headache — they're crying out for orderly sleep habits!

Oversleeping is one of the top migraine triggers. That's why the bonus sleep hours that come with sleeping late on the weekend may kick off a headache. The other factor is that weekend late-sleepers drink their first cup of coffee later than usual, allowing time for caffeine withdrawal to set the migraine roller coaster in motion. For some folks, daytime naps seem to initiate headaches; others find that napping helps zap headache pain.

To get to the bottom of poor sleep habits as migraine triggers, start a sleep diary and chart your sleep patterns for several weeks to see what you can discover. When you find your specific triggers, you can go to work on tweaking your sleep cycles.

When you wake up each morning, list the following things in your sleep diary (and keep track of them for about a week):

- » What time you went to bed
- » How long you took to fall asleep
- » How long you slept
- » How you felt when you woke up (refreshed, tired, sleepy)
- » How many naps you took during the previous day (and how long they were)
- » Whether you woke up with a headache

You can also document whether you exercised the day before — and what time of day you exercised. By charting your sleep patterns, you can find out quickly whether you sleep too little, too much, too restlessly, or too unevenly. That information may steer you to an easy fix — for example, if you find that napping during the day makes you wakeful and restless at night, you can eliminate napping.

Seeking help from sleep specialists

The specialists at sleep clinics are not migraine treatment specialists, but they can evaluate and treat sleeping disorders. The spin-off of their treatment may be a reduction in the frequency and severity of your migraines.

Sleep clinics have a staff of experts that typically includes a specialist in sleep disorders medicine.

The clinics usually treat you as an outpatient. You may undergo a physical exam, an interview, and possibly a screening test for psychiatric disorders. In some cases, the clinic may have you sleep in the laboratory for a night or two so that staff can track your sleep.

In a sleep study, your body's responses (brain waves, EKG, leg movements) are measured during night sleep. A doctor may also perform another study to measure the length of time it takes for you to fall asleep during day hours and your level of daytime sleepiness. Your healthcare provider uses this information to diagnose potential sleeping disorders.

When your body is hooked up to monitoring devices, sleep clinic personnel can chart your sleep periods, assess your medical information, and find the answers to the following questions:

- » Are you actually getting a restless night's sleep?
- » Are you sabotaging your own efforts to get to sleep? (Some activities, foods and beverages, and medications interfere with restful sleep.)
- » Do you have a sleep disorder?
- » Can you benefit from treatment?



TIP

When selecting a sleep clinic, look for credentials from the American Academy of Sleep Medicine, which issues accreditation to clinics that meet its guidelines. To obtain a roster of accredited sleep disorder centers and clinics in the United States, call the American Sleep Disorders Association at 630-737-9700. (For more information on sleep disorders, visit the American Academy of Sleep Medicine at www.aasm.org.)

Defining and Treating Sleep Disorders

To correct a sleep problem that leads to headaches, first identify the nature of the problem. Just because you think you have insomnia doesn't mean you know what's causing it or what you should do about it.

Certain sleep disorders can contribute to daytime sleepiness for the simple reason that you don't get enough sleep. To discover if your daytime sleepiness is the result of a sleep disorder (and probably merits treatment), go through the following list to determine whether you frequently doze off or feel like you're going to fall asleep in the following situations:

- » Watching television
- » Listening to a speaker or sitting in church
- » Reading
- » Talking to someone
- » Driving or riding in a car
- » Sitting in a movie theater
- » Eating at a restaurant
- » Sitting at a computer
- » Sitting at work

If you answered yes to several items in the list, your level of daytime sleepiness may be indicative of a sleep disorder (especially if it's an ongoing problem), so you should seek evaluation. Chances are, you may benefit from treatment.



TECHNICAL
STUFF

Sleep disorders are more common in women, substance abusers, older folks, and people with mental and medical disorders.

If you have sleep troubles that you can't resolve, seek help from a doctor so that you can remove dysfunctional sleep from your migraine trigger list.

The following sections describe sleep disorders that can result in sleep loss and contribute to headaches.



Investigating insomnia

Although you may not be able to diagnose the more esoteric sleep disorders, such as sleep apnea or narcolepsy, you can easily identify insomnia. Check out the following list of symptoms:

- » You have a hard time falling asleep even when you're tired.
- » You often wake up in the middle of the night.
- » You rarely feel rested when you wake up in the morning.
- » You wake up much earlier in the morning than you need to for work or play.

If these symptoms sound familiar, you may have insomnia. To eliminate sleep troubles as a migraine trigger, you need to discover what's behind your insomnia.

Insomnia is the most common sleep problem. Many people experience a bout of insomnia at some point. Stress or a physical problem such as pain usually triggers the short-term version of insomnia. You may be caught up in the throes of worrying about a divorce, an upcoming exam, a business problem, money woes, health concerns, or illness or death of a family member, or you feel physically sick — you're having acid reflux or your head hurts, for example.

Insomnia can be a fleeting issue, lasting just a few days or weeks. But when it persists even longer, it's worth digging deeper to discover the root cause.

If you suffer from *chronic* (long-lasting) insomnia, determining the underlying cause of your sleep problem before starting treatment is important. Chronic insomnia may result from a specific disruptive factor: Your house is by a freeway where the noise of passing cars never stops; your shifts at work frequently rotate from day to night; you have a medical condition that makes it hard to sleep; or the medication you take induces sleeplessness.

Some of the health problems that may cause insomnia are

- » Anxiety disorder
- » Arthritis
- » Asthma
- » Bipolar disorder
- » Depression
- » Gastroesophageal reflux disease

- » Sinusitis
- » Sleep apnea

Drugs and alcohol can contribute to insomnia. So can loading up on caffeine or overusing sleeping pills.

Insomnia treatments that may prove effective include getting out of bed when you can't sleep; using the bed for sleeping and sex only; avoiding daytime naps; practicing relaxation techniques; and taking sleep-inducing medication for short periods of time. If you don't discover an underlying cause for your chronic insomnia, you may want to try behavioral therapy. Studies suggest that behavioral therapy, in the long run, is more effective than taking sleep aid medications.

Troubleshooting sleepwalking

Sleepwalking is more common in children than adults. Some people compare sleepwalking to bedwetting in that it's a problem most children outgrow.

When you sleepwalk, you take a nighttime stroll, which you may or may not remember. You may get out of bed, move around the house, and even perform daytime acts such as eating, talking, dressing, or walking outside.

This temporary sleep malfunction happens during non-REM (non-rapid eye movement) sleep. Current theory holds that a person can be partially awake and partially asleep.

Unfortunately, some people do get hurt during these nocturnal wanderings. Treatment for children is usually protective in nature — keeping doors locked and having children sleep in an environment where they can't hurt themselves. Adults who sleepwalk may have an underlying issue (such as sleep apnea or restless leg syndrome) contributing to sleepwalking. So adults should consult with a doctor regarding their sleepwalking.

Resolving restless limbs

If you have *periodic limb movement disorder (PLMD)*, also known as *nocturnal myoclonus*, you repeatedly move your arms and legs — especially your legs — while you're sleeping. These movements occur every 20 to 60 seconds and may make you wake up — or not. You may be completely unaware of the movements.

PLMD is typically diagnosed when a bedmate reports your activity. You can treat the disorder with exercise and medication.

Restless legs syndrome is characterized by an uncomfortable or crawling sensation in your legs, typically when you're trying to sleep. It's also described as an almost irresistible urge to move your legs. You may have this sensation when your legs are at rest and you're trying to go to sleep, but it can also occur with prolonged sitting. In some instances, this condition lasts all day long.

You can usually relieve the sensation by getting up and moving around. Massaging your legs may help, too. Restless legs syndrome is often due to low iron stores in the body, so it is important to have iron blood tests. Restless legs syndrome is sometimes accompanied by periodic limb movement disorder (see above). Both disorders are seen often in patients with migraine. Medications are available to treat restless legs syndrome.

Treating night fears

Night terrors disorder and nightmare disorder are two conditions that people can experience on either a rare or frequent basis.

When you have a *nightmare disorder*, you have a pattern of waking up frightened by a scary dream. A nightmare (just like other dreams) is a phenomenon of REM (rapid eye movement) sleep. Nightmares may happen during high-stress times, or they may be experienced off and on, lifelong.

Typically, no treatment is required for nightmare disorder, because waking up from a nightmare usually is all that it takes to put you back on an even keel — you become reoriented quickly. However, if nightmares cause functional problems in your everyday life, your doctor will probably want to try a medication such as a tricyclic antidepressant drug, which suppresses REM sleep.



REMEMBER

Nightmares associated primarily with post-traumatic stress, or a side effect of a drug, are different from run-of-the-mill nightmare disorder because they're actually caused by a precipitating factor.

With *night terrors*, you wake up terrified and yelling. Night terrors are most often seen in children. In rare cases, night terrors may be a sign of temporal lobe epilepsy; your doctor may want to do neurological tests to determine if you have this disorder.

Treatment for both nightmare disorder and night terror disorder can range from simple reassurance to medications.

Understanding narcolepsy

Narcolepsy causes sleep attacks, during which you fall asleep like a curtain falling. When you have these attacks, you may stay asleep for varying lengths of time (a few seconds to 30 minutes). The attacks can happen anytime, whether you're walking down a path, talking to someone, or sitting in church.

Sometimes a condition called cataplexy accompanies narcolepsy. *Cataplexy* is a sudden loss of muscle tone brought on by an emotional stimulus, such as laughter or surprise. With this condition, you may experience weakness in your legs or paralysis of muscles (causing a collapse), or your jaw may drop. If you experience muscle paralysis, you may be unable to speak or move.

Doctors usually consider narcolepsy to be a result of a central nervous system abnormality, and they use drug therapy to manage the condition. If you suspect that you have narcolepsy, seeking treatment is very important. Otherwise, you put yourself and others in jeopardy, especially when driving.

Coping with sleep apnea

Loud snoring? Morning headaches? Extreme fatigue? Daytime sleepiness? All are signs of *sleep apnea*, a condition in which your breathing stops briefly during sleep. It often occurs many times throughout the night.



TECHNICAL
STUFF

Snoring, a common symptom of sleep apnea, refers to the noisy breathing that results from the vibration of soft tissue at the back of the mouth. Drooping tissue, large tonsils and adenoids, or obstructed nasal airways may result in snoring. In children, enlarged tonsils or adenoids usually cause loud snoring and obstructive sleep apnea. Surgical removal of the tonsils or adenoids can solve these problems.



REMEMBER

Sleep apnea can be life-threatening, resulting in problems that range from heart attacks to car accidents (from the daytime sleepiness). Sleep apnea also increases the risk of stroke and heart disease. Your primary care doctor can order a sleep study. Or you can seek treatment from a sleep specialist or an otolaryngologist (ear, nose, and throat doctor), who will examine your nose, throat, neck, and palate and may order a *polysomnography exam* (a sleep study).

Treatments for sleep apnea include weight loss, avoidance of sleeping on your back, an oral device during sleep, cervical support pillows, treatment for nasal obstruction, surgical removal of tonsils, laser surgery, and a mechanical breathing device called a CPAP (continuous positive airway pressure) machine. With the *CPAP machine*, you wear a mask over your nose (or use a nasal pillow), and a pump keeps your airway open using air pressure.

Sampling specific sleep remedies

Sleep aids can help you fall asleep faster and make waking during the night less likely. On the downside, sleep aids may make you feel drowsy the following day and cause problems with withdrawal when you stop taking them. Insomnia all over again.

Making use of medications

Doctors usually recommend sleep medications for short-term use only (if at all).

For short-term insomnia, your doctor may prescribe a sleep medication such as Ambien. Some doctors use antidepressant medications such as trazodone and mirtazapine to treat insomnia.

You may also want to try eating a bedtime snack that's high in the amino acid tryptophan, which may promote drowsiness. Milk and yogurt are examples.

People with depression often experience improved sleep after taking an antidepressant for a few weeks. However, antidepressants can also cause insomnia.



WARNING

Make sure that you have your doctor review your current medications before you take anything to induce sleep. Sleeping pills can sometimes be a huge health hazard when combined with other drugs or medical conditions. If you're 60 or older, the risk is even higher because your nervous system may be more sensitive and your body slower to metabolize medication.

Tuning in to melatonin

Some studies suggest that the dietary supplement *melatonin* — a synthetic version of a hormone that your body produces naturally — can sometimes help people develop normal sleep patterns. It works like this: The pineal gland deep within your brain produces melatonin. A higher melatonin level reduces your alertness and makes your temperature fall. Your natural melatonin levels are low during the day but increase at night. Bright light inhibits your pineal gland's melatonin secretion (so sleeping with a light on isn't a good idea).

You have more melatonin as a child than you do as an adult, and even less as you age.

You can buy melatonin at grocery stores, health food stores, and drugstores. Unfortunately, the wild hype in the 1990s that caused millions of Americans to line up for “miracle melatonin” did consumers a disservice. Touted as a cure for aging, a treatment for jet lag, and a perfect solution for insomnia, melatonin failed to live up to the hype. Many people who tried it were disappointed. Many Americans then dismissed melatonin when the pills didn't instantly solve their problem.



REMEMBER

If you choose melatonin as a sleep aid, take it only under medical supervision, and not at all if you're pregnant. Your doctor will probably limit you to four weeks of melatonin.



REMEMBER

Makers of melatonin can't claim that it cures or treats disease, but can promote it as a sleep aid. Also, you should know that melatonin hasn't been tested extensively. Because it's not sold as a drug, manufacturers don't have to list its side effects on the label. Some users report side effects of depression and hallucinations. (Note: The FDA considers melatonin a dietary supplement.)

Improving Your Sleep by Changing Your Behavior

A therapist can guide you in altering behaviors that contribute to poor sleep patterns. By improving your disordered sleep, you eliminate a lifestyle factor that's often a migraine trigger.

Your goal is to replace nonproductive behaviors that cause sleep problems with new habits that may reduce the sleep issues triggering your headaches.

You decondition yourself from certain ways of thinking — such as using the bed as a place to work or watch TV — and condition yourself to the new mindset of using your bed only for sleeping and sexual activity.

In mentally reframing your sleep situation, you may want to use the following methods:

- » **Rethink the role of your bed.** Reduce your habit of using it as a recreation space. Look at your bed as a sleeping place (not a be-all and end-all activity spot).
- » **Try stimulus control therapy.** The goal is to change your habits that disrupt sleep. Some recommendations for changing your sleep behaviors are to use the bed only for sleep and sex; get out of bed when you can't fall asleep and do a calming activity such as reading; and try to go to bed at about the same time each night.
- » **Use self-talk to banish your anxiety about sleep.** If you go to bed and immediately start worrying that you're going to have trouble sleeping, adopt the practice of using self-talk that is upbeat: "I will soon start feeling sleepy. I am going to fall asleep soon. I will no longer have trouble with sleep. Sleep is going to flow as easily as breathing." Also, if your mind wants to rehash

problems during the night, have a line ready to push it away: “I can’t do anything about that problem during the night, so I won’t think about it right now.”

- » **Do progressive muscle relaxation.** Tense and then relax your major muscle groups by starting with the ones in your feet and moving up your body to your head. Some doctors recommend biofeedback to relieve muscle tension and stress (see Chapter 9).
- » **Try role-playing.** You take yourself through the steps of going to bed, relaxing, and imagining yourself falling off to sleep and waking up rested in the morning. You practice going back to sleep after you get up during the night to go to the bathroom, or when you wake up and your mind starts buzzing. You manage your fears (“I won’t get enough sleep to go to work!” “I’ll never get back to sleep!”) by replacing them with self-affirming outcomes: “It doesn’t matter if I wake up during the night; I’ll lull myself back to sleep in seconds.”
- » **Improve your sleep hygiene.** Avoid caffeine and late meals. Avoid or limit your alcohol consumption. Also, try to improve environmental problems, such as excessive noise and light, and uncomfortable room temperatures.
- » **Take notes.** If you’re lying in bed awake because you’re worrying you’ll forget to do something the next day, get out of bed and write it down. Then you can get back in bed and relax.
- » **Stay positive.** Stop criticizing yourself, and avoid labeling yourself as a hopeless insomniac. Being unable to sleep isn’t tragic. Think of it as “a problem in living.” Be optimistic about improving the situation, and you’ll be successful.
- » **Use sound as a sleep aid.** Many people swear by the benefits of white-noise machines, ceiling fans, smartphone apps, or calming music.

Changing how you handle sleep issues

If you have sleep deficiencies or disorders, you need to exercise, eat a healthy diet, and avoid throwing your body out of sync. In fact, you can make simple lifestyle changes that may correct your sleep troubles with relative ease.

You also need to know what *not* to do. The following are habits that can disrupt your sleep:

- » **Consuming foods or beverages that contain too much caffeine:** Don’t drink or eat anything that contains caffeine within three hours of bedtime. Avoid alcoholic drinks and hot chocolate; though rumored to aid sleep, they

can instead disrupt it and trigger migraines. Chocolate can serve as a stimulant, and alcohol can make you wakeful during the night.

- » **Gorging late at night:** You can have a light snack before bedtime, but avoid eating a big meal after 7 p.m.
- » **Using illegal drugs:** Illegal drugs such as cocaine or amphetamines can cause a wide-awake state (and other, more serious problems). The answer is simple — stop using illegal drugs.
- » **Taking medications that can affect sleep:** Ask for your doctor's help in looking over your medications to see whether any of them have the side effect of acting as a stimulant or interfering with your sleep in some other way. Common sleep-curbing offenders include diet pills; diuretics; over-the-counter meds containing caffeine; nasal decongestants; steroids; attention deficit hyperactivity disorder (ADHD) medications; some antidepressants; and certain asthma and blood pressure medications.
- » **Overusing sleep medications:** This is one of the most common causes of sleep problems. The notorious medication-overuse headache problem that plagues migraineurs when they overuse pain medicines can be paralleled by overdoing sleep meds: You take so many sleeping pills that you eventually have to take more for any sleep-inducing effects. After a while, you establish a dependency on these medications.
- » **Sleeping with a partner who snores:** You can grab your pillow and sleep in a different room or try to find a way to correct the snoring (that's another book!). If you sleep with a person who snores, a nudge in the ribs and a "please turn over" may nip the problem in the bud. The snorer, when repositioned, may stop snoring. However, if the person snores excessively or has episodes in which they briefly stop breathing, they need to see a healthcare provider to be evaluated for sleep apnea. (See the "Coping with sleep apnea" section earlier in this chapter for symptoms of sleep apnea.)
- » **Exercising right before bedtime:** If possible, schedule exercise for morning or afternoon. Avoid all vigorous exercise just before sleep because your revved-up body can keep you from falling asleep. However, we don't recommend a sedentary lifestyle. Regular exercise definitely promotes sound nighttime sleep and steady sleep patterns. (See Chapter 11 for tips on exercise that you can do without triggering a migraine attack.)
- » **Sleeping in an environment that's not conducive to relaxation:** This sleep antagonist has a simple solution: You just figure out what's bothering you and fix it. If the room is too quiet, get a ceiling fan — the nice hum will help put you to sleep. If your bed is too hard, too soft, or otherwise uncomfortable, buy a mattress pad or a new mattress. Replace your worn-out pillow. Play soft music to dull sounds coming from nearby houses or apartments. Keep the temperature at a comfy level.

You can also set up a dreamy bedroom. If it takes a lacy canopy to make you feel soothed and sleepy, put one over your bed. If you want to sleep in total darkness, use heavy blackout drapes and shades on your windows. To get rid of irritating noises, buy a white-noise machine, or do what you can to sound-proof your bedroom.

- » **Smoking tobacco:** People who smoke often have disrupted sleep. Now you have yet another reason to stop smoking — you'll sleep better and keep migraines at bay.
- » **Experiencing arthritis pains:** Check with your doctor for ways to relieve aches and pains that wake you up at night. It may be as simple as taking an over-the-counter (OTC) medication such as Tylenol at bedtime.

Focusing on regular eating, sleeping, and hydrating

If you want to avoid the migraine spiral that your erratic sleeping jumpstarts, you must improve your slumber situation by adopting healthier sleep habits.

Here are ways to reset your body clock for success and avoid the migraine spiral:

- » **Learn how to wind down.** Just like a child who won't go to sleep after a few minutes of roughhousing right before bedtime, you may have trouble shifting from high to low gear. Find a way to soothe yourself into a peaceful mode. Take a long, warm bath. Drink a glass of warm milk. Use a relaxation technique before you go to bed: Take yourself through muscle relaxation, starting with your toes and moving up to your head (see Chapter 9 for more about relaxation techniques).
- » **Get out of bed when you can't sleep.** When you can't sleep, get up and read or watch TV. If you lie in bed and think, "I need to get to sleep because I've got to go to work tomorrow," you can produce exactly what you don't want — a wide-awake state of worry and stress. Try not to think too much about your sleeplessness or turn your inability to fall asleep into a catastrophe. If you're not sleepy, you can't go to sleep, so why force it? And if you can't fall asleep even though you're sleepy, vow not to fret about it. Just get up and do something, and then return to your bed when your eyelids are feeling heavy and your body is ready to let you fall asleep.
- » **Avoid the nap syndrome.** Sleep labs reveal that people who take lengthy daytime naps often experience disrupted nighttime sleep patterns. So if you're sleeping poorly at night, don't give in to the impulse to take a catnap in



TIP

the afternoon. (The exception to this rule is older adults, who may need to nap.) Try to avoid napping more than 30 minutes, and do it before 3 p.m.

If you're having problems with insomnia, don't nap to make up for lost sleep. Your body will compensate naturally with extra deep sleep the following night to make up for what you lost.

» **Don't pop a pill.** Don't take any form of sleeping medication without consulting your doctor. (If your doctor says it's okay to use sleeping pills, do so very seldom and use the smallest dose that's effective.) Sleep medications may make it harder for you to sleep or give you a drugged feeling the next day. You can also become psychologically or physically dependent on some sleep drugs.



WARNING

Don't drink alcohol when you use a sleep medication. It can add to the sedative effect of the drug. Instead, just let the sleep med do the trick for you.

» **Get enough sleep:** Get enough sleep to help you feel refreshed and ready to seize the day, but not so much that you feel groggy and lethargic.



TIP

Improving your child's unstructured slumber patterns may eliminate their sleep problems as a migraine trigger (see Chapter 18 for info on children's migraine attacks). Correcting erratic sleep habits in children with migraines reduces the frequency and duration of their headaches. Improvement in their headaches apparently stems from cutting down on end-of-day caffeine consumption, increasing nighttime sleep hours, and following consistent wakeup times and bedtimes.

Ending binge-watching

Maybe someone in your exercise class recommended a great new series on Netflix. If you're bad about binge-watching, you'll likely have a hard time turning it off. The regret hits at about 3 a.m. when you realize that your long, busy day ahead starts in just a few hours.

Unfortunately, migraineurs who love binge-watching have a hard time thinking ahead to how bad they'll feel the next day. Instant gratification has a strong allure that the internet has only amplified. It's easy to justify doing whatever you want in the moment, but what if you knew that binge-watching was 100 percent guaranteed to bash your sleep and set the stage for an awful migraine?

The problem is your mottled, messed-up sleep patterns. Your body doesn't like it when you throw it curves. A migraineur's specially calibrated system thrives on regularity of sleep hours, meals, exercise, and caffeine.

As a person with migraine, you need to resolve erratic sleep as a key part of your overall healthy living.

Achieving healthier sleep

The ideas proposed in this chapter can help you vanquish a major trigger behind migraine attacks: disordered sleep. Think in terms of fine-tuning healthier sleep patterns, just as you did when you decided to eat better, and doing the right thing for yourself will become second nature.

We tell children to “make healthy choices,” and that marching order applies to grown-ups, too. That would be *you*.

5

Sharing Your Migraine Truth

IN THIS PART . . .

Familiarize yourself with sound tips for living comfortably as a migraineur.

Grasp the best ways to handle migraine pain in your workplace.

IN THIS CHAPTER

- » Embracing the migraine issue
- » Doing what it takes to get rid of your head pain
- » Knowing when to sleep and when to go places
- » Maintaining an active social life
- » Responding to people who think you're faking it

Chapter **14**

Living the Good Life as a Migraineur

So what's a migraineur supposed to do while waiting to get better? The enormity of the disability aspect of migraines is enough to take your breath away, not to mention mess with your mind. Plagued all too often with an aching head, you may feel dazed and daunted, flummoxed and fragmented, tormented and troubled. But, truth be told, you actually can live a normal life despite being hobbled by pain from time to time.

You really don't have to write off the jubilant parts of life just because you suffer from migraines. Far from it. Just make a few adjustments so that your festive nights aren't followed by days of blinding misery. Also, discover how to cope with the migraine blues.

This chapter offers tips and advice for achieving three main goals:

- » Know when to go full-bore into being a migraine recluse — that is, when to just go to bed and sleep off your pain
- » Figure out how to have fun or be productive despite head pain

» Accept the times when your best play is to draw on your patience and good nature when people act like they think you're faking it

Handling the Migraine Blues

Migraines may make you feel sad and lethargic. Your appetite may be limited, and you may have trouble sleeping. You may tell confidantes that you're really depressed, because it's the only word that comes close to describing the taxing, persistent pain.

SWITCHING FOCUS TO LOSE THE BLUES

If you've had headaches for years, you're familiar with the low mood a migraine may bring on. But how good are you at dealing with it?

A nurse we know found herself steeped in self-loathing every time she had to miss work with a migraine. She loved her job and hated the debilitating part of headaches. "One day I decided I was going to fix my migraine grumpiness," she says. "I was driving my husband crazy, the way I grumbled all the time."

She sought the help of a psychotherapist, who asked her the hot-button question: "Do you really think you're worse off than most people?"

"I felt so silly," recalled the nurse. "One of my friends has breast cancer, and another is going through the stress of a lawsuit. Yet another is getting her third divorce." She admitted that several of her friends had worse problems. "But knowing that really doesn't help," she said.

"Getting outside yourself will help, though," the therapist told her. "Look at some volunteer opportunities and pick one. Then, make time for it. When you're feeling down about your migraine burden, go to the volunteer center and help some really unfortunate people."

She took that good advice and found that helping others did change her feelings about her own lot in life. "I still don't like having migraines, but I know how to shake the gloomy feeling. Helping other people makes me focus less on myself. I highly recommend trying this kind of thing."

Give yourself permission to hate migraines. After all, you're in major denial if you try to pretend that you aren't affected by having horrible headaches. In fact, dealing with the blues is one of these challenges. Chronic illness simply comes with the risk of depression.

Researchers believe that having migraines probably makes you more likely to develop depression. Likewise, depression makes you more likely to have migraines.



TIP

Don't be surprised (or frightened) if your doctor prescribes Elavil (generic name is amitriptyline) — an antidepressant that is good at fighting depression and excellent for preventing migraines. A common use for certain antidepressants is not only to fight depression but also to help prevent migraines.



REMEMBER

If you're having symptoms of clinical depression, see a doctor immediately. These symptoms include the following:

- » Despondent mood
- » Disinterest in normal activities
- » Fatigue and low energy level
- » Feelings of worthlessness or guilt
- » Indecisiveness or inability to focus
- » Insomnia or *hypersomnia* (sleeping too much)
- » Restlessness or a feeling of general slowness
- » Significant weight loss or changes in appetite
- » Suicide plans or attempts
- » Thoughts of death

Get evaluated as soon as possible if you have five or more of these symptoms in a two-week period, especially if they interfere with your ability to function. If you have either of the bottom two (thoughts of suicide or death), seek help immediately: Call a suicide hotline, go to the emergency room (ER), or talk to your doctor.

Feeling the Freedom of Ditching Pain

Don't be afraid to take aggressive moves when battling migraine pain. Some people, despite their migraine misery, don't feel entitled to pull out all the stops when trying to combat head pain, mainly because of the stigma attached to drug use. Plus, they may fear that taking a strong pain medication will make them feel

worse (the “dull brain” haze). But many people use meds to fight headaches. If medications work for you, don’t let the stigma of the drug’s name or strength level hold you back. You need what you need. Why hurt if you can resolve the headache pain efficiently?

You may dislike taking strong painkillers or antidepressants (the ones used to prevent migraines) because it feels like giving in to the need for a formidable drug. Remember that numerous people take strong medications to keep medical conditions at bay or to reduce symptoms of chronic illnesses. It’s just life.

Migraine is a disease just like high blood pressure or diabetes, and it needs to be treated. People take medication for other diseases, and it’s also smart to take a medication for migraine attacks.

When deciding to take a medication, consider the following:

- » How well the drug works for you
- » How tolerable its side effects are
- » How liberating the effect of being migraine-free will be, thanks to the drug



TIP

Don’t feel bad about occasionally using strong medication if that’s what it takes to get rid of your headache pain. Freedom from pain is what these drugs are for. Just be sure to follow your doctor’s instructions for using the drug, and don’t increase your dosage or frequency of taking it. If you’re lying in your bedroom writhing in headache pain, take advantage of pain medication, of course. Ideally, though, don’t wait until pain gets intolerable. Delaying treatment reduces the likelihood that the medication will work and may lengthen the attack to multiple days. The start of a headache is a great time to treat a migraine attack.



REMEMBER

It’s a good idea to have your doctor on board when making decisions concerning pain alleviation, both for medications and other treatments such as herbal supplements and chiropractic care. You can feel safer and more secure with your physician monitoring your progress and answering your questions about side effects.

Weighing the Risks and Rewards of Going Out Versus Staying In

One of the most difficult tasks for a migraineur is figuring out how to deal with everyday life when suffering from a splitting headache. You ask yourself, “Can I manage a headache with medication and still get out of the house to do a few things? Or should I just forget about running errands and go to bed to sleep it off?”

Knowing when it's okay to leave the creature comforts of home is a critical part of migraine management — and not always an easy call. How can you tell if a course of action on a headache day is doable? The following list gives you tips for knowing if you're up to taking care of business when dealing with a headache:

- » **Assess your attitude for the day.** Don't take part in regular workplace or home activities unless you're sure that you can stay on an even keel. (If you're going to be cranky with coworkers or your kids, wait until you shake the headache and rise up in finer form.)
- » **Determine exactly why you're trying to get out and about.** If you're truly miserable with pain, but you feel like you must achieve super-parent or super-worker status, stay home. You probably won't be able to accomplish anything anyway; it's hard to turn out your best work or do cheerful parenting when you're hurting.
- » **Evaluate the effects of your medication on your ability to function.** Don't go to work or run family errands if your migraine brain haze can jeopardize your or someone else's safety: Drive only when you have a clear head despite taking medication. (If in doubt, ask your doctor about the safety of driving when you're taking a certain medication.)

Basically, personal experience will teach you what's workable with your pain-severity level. You may find, over time, that taking medication and then going about your usual routine can have a pain-relieving effect. Or you may discover that your pain worsens with activity.

Sleeping off a migraine

Taking pain medication and sleeping off a migraine may be the double whammy you need to get rid of your migraine pain.

If sleep works wonders for you when you're suffering from a migraine, don't hesitate to get some extra sleep. The fact that you snooze away migraine pain doesn't make you lazy, reclusive, or any of the other adjectives that an outsider may use to brand you. A time-out or a day off may be the best solution to get you back in the mix soon.



TIP

Do what you need to do. Take care of getting rid of your headache. If freeing yourself from outside noise, light, and household confusion helps, it's the right way to go. Plus, a good night's rest is always a good idea.

Taking care of business

Many migraineurs go to work with headaches. Many stay-at-home moms continue carpools and grocery-store trips, even though they're in pain. Lots of people conduct board meetings, close deals, and give seminars while dealing with headaches.

Here are coping strategies for days when you have not-quite-incapacitating headaches:

- » Take an over-the-counter medication that takes the edge off your pain.
- » Rely on a steady stream of reassuring self-talk. ("I can run this errand and then go home and go to bed.")
- » Set parameters. ("I won't try to work on that major presentation today; I can get through the simple stuff, but it would be foolish to tackle anything that requires extreme focus.")

Socializing Smartly

From the time you were first diagnosed with migraines, you probably wondered what it would mean for your social life. Do migraines necessarily have to affect your relationships and social activities negatively? No, that doesn't have to happen. Decide what you want to do and be, and set your sights on finding a way to make it happen. Migraineurs accomplish major feats all the time. If you want to be an Olympic gymnast, for example, just work hard, have a migraine-pain kit, and train to soar!

Sure, you'll have to cancel plans occasionally because of a bad headache. Feeling disappointed is natural, but people bail for all kinds of reasons: food poisoning, menstrual cramps, family emergency, and work deadlines. So it's really not *awful* if you must cancel sometimes.

Dating without alienating

You set up a date, the big evening arrives, and a migraine sneaks up and delivers overwhelming head pain. You have no choice but to take your migraine medication and go to bed after calling your date to say, "I can't go anywhere tonight. I have a migraine, but I promise to make it up to you."

If the person you cancel on winds up as your life partner, that means living with your migraines long-term, so why not discover early on how they handle adversity?



TIP

Everyone has problems they cope with, so try to have a sense of humor about having to cancel a date when you're suffering from a migraine. Tell your date that you feel bad, and ask for a rain check. Make it clear that the headache isn't an excuse — it's a reality.

Demonstrate an upbeat attitude: "When I have a migraine, I usually feel better the next day, so let's reschedule. I'm excited about going out with you."

Handling party-poopers migraines

How is it possible to join the party when you've succumbed to migraine pain?

Dancing and socializing shouldn't cause any issues — *if your headache is on the way out*. Essentially, you must decide whether you actually feel like enjoying yourself. Don't be in denial. When a migraine unfolds, you need to listen to your body, like it or not.

If alcohol is a headache trigger for you, be sure to avoid alcoholic beverages. When a date (or mate or gal pal) begs you to "have just one," stand your ground. Otherwise, you could end up holding your pounding head in your hands at midnight.

When you do feel good, though, cut loose and enjoy!

FUMING BY THE FIRESIDE

One person with migraine recalls an especially unpleasant trip to an Aspen resort. "When I go on ski trips, I always get headaches sitting by the cabin's fireplace."

This anecdote shows the quirkiness of migraines. Something as innocent and delightful as a fireside evening carries three to four migraine triggers: hot chocolate, hot toddy, and the smell and smoke of the wood fire.

Your memo to self goes like this: Track down the things that upset your brain's delicate system, and honor those. Then, if you want to try something that's an unknown on the trigger scale (helicopter skiing, for example), be sure to have your medication close by. Don't get caught unprepared!

Finding pastimes you can enjoy

Look for fun opportunities! If your brain's balance sometimes topples into a migraine, seize every chance you get to make the most of your uptime.



REMEMBER

People with migraine have a disproportionate appreciation for enjoying every day because they know what it's like to look forward to an event and be sidelined. Getting blindsided by migraine pain is never a welcome development, whether it forces you to bow out of being your roommate's bridesmaid because you're sick with a migraine, or your dad can't attend your college graduation because a migraine hits him like a brick in the head. It's not fun to have fate mess with your plans, but the less of "a deal" you make of it, the more people will enjoy you when you do get to show up for the festivities.

For every activity that you can't do, there are thousands that you can manage reasonably. Just eliminate the few that you can't handle.

Intense cardio, for example, is often troublesome for migraineurs, so you may not be able to be a snow skier, a triathlete, or a mountain climber. But you probably can be a dancer, swimmer, skater, fast walker, hiker, yoga enthusiast, knitter, or gardener.

Here are some ways to weigh the headache potential of any form of recreation:

- » **Consider the weather and setting:** Will the activity feature changes in altitude and weather, both of which can be migraine triggers? One study suggests that half of all migraines have weather changes as an ingredient in their inception.
- » **Review the environment of the activity:** Will there be bright lights, loud noises, rough waves, or strong fumes? For example, playing volleyball in the bright sun could bring on a headache.



TIP

Try workarounds. If you're going to a birthday party in a Mexican restaurant, and avocados are on your trigger list, stuff your soft corn tortillas with chicken, refried beans, and rice, and leave out the guacamole, which is made from avocados.

Responding When People Don't Believe You Have Migraines

It *will* happen. One day when you're powering forward, gaining momentum, someone will crush your spirit by rolling their eyes when you mention having a headache. Let them be rude. You can't go through decades of pain and manage to avoid migraine skeptics altogether.



TIP

Ignore snide comments. You can wish people were kinder, but that may not be your daily reality.

Say, for example, that you're visiting your spouse's family, and everyone is sitting down for a holiday dinner. Wine glasses accent place settings all around until your sister-in-law snatches up your wine glass and says curtly, "Well, you won't need this, because you always have a headache."

Ouch. You can't help but feel injured by the insinuation that you're a charlatan who's fabricating the whole migraine thing. You shouldn't care, but it hurts.

You start wondering why a person would marginalize someone for recurring pain that they know nothing about. You have nothing to gain, however, from a confrontation with relatives. People who haven't experienced migraine pain don't understand that you didn't ask to be afflicted. A little empathy would be great, but you don't always get what you want, and the less said about such situations, the better. You just won't be able to make an unsympathetic person sweeter.

The stigma associated with migraine does exist, however. Even some physicians are skeptical, and people who haven't had an excruciating headache are often quick to downplay the pain and assume that you're just being dramatic. In such cases, it's quite all right to mention that it is a neurologic brain disease that frequently comes with significant pain.

Remember, though, that the only people who truly understand migraines are those who experience them. Some people who don't get severe headaches will be doubters who assume that migraineurs use the "little migraine thing" to avoid doing things they dread. Accept this attitude as a fact of life and move on.

Should you try to explain migraines? No. Just recall your dear aunt who responds to "how are you?" with a full-blown account of her elective, super-expensive full-body scan. Believe us, beyond your doctor, no one wants to hear your down-and-dirty health report.

With luck, you have family or friends who will have your back when you're reeling in pain. A marketing executive who has suffered from migraines for 30 years tells how her husband smoothed things over for her when she had to leave a party because of a migraine. "He would say something sweet like 'I can always tell when my beautiful wife is getting a migraine.'" After that, people recognized her suffering, and no one dared to offer a skeptical word. Amazing what a little compassion can do!

- » Keeping up despite missing workdays because of migraines
- » Responding to headache naysayers
- » Maintaining a positive attitude when you have migraines
- » Handling migraine disability

Chapter **15**

Keeping a Cool (Migraine) Head at Work

Your boss confronts you: “Do you expect me to believe you have *another* migraine?”

The enormity of the workplace migraine issue simply can’t be overestimated. This situation is one you may be all too familiar with if you’ve lived with headaches for years. You may wish that you could wear a MedicAlert bracelet or get a big “M” tattoo — anything that would warn people in advance that you have real headaches that hurt and sometimes sideline you. Then again, employers probably wouldn’t hire you if they knew that, right?

In fact, many people at work (peers and bosses) lack patience when it comes to illnesses, and often you’ll face a low tolerance for “silly old headaches.” (How bad can they be?) Some coworkers and supervisors may think you’re a slacker and gossip about your migraines.

Most of the time, people with migraine try to work around their headaches, but they remain misunderstood, and their incomes and productivity still suffer.

For people aged 50 or younger, migraine is the leading cause of days lost because of disability. Hence, studies show that many employers view migraineurs as both less

productive and more frequently absent than non-migraine workers. The fact that many migraineurs go out of their way to be big producers may go unnoticed in corporate settings simply because of the emphasis on the strong link between headaches and short- and long-term employment disability as well as migraine-related disability, specifically. Daily attendance stands out to employers — sometimes even more than work quality or productivity, which makes it difficult for a person living with migraines to shake the “slacker” stigma. (See “Relationships between headache frequency, disability, and disability-related unemployment among adults with migraine,” by Robert E. Shapiro, MD, et al., at JMCP.org, <https://www.jmcp.org/doi/full/10.18553/jmcp.2023.29.2.197>; and “Disability, quality of life, productivity impairment and employer costs of migraine in the workplace,” by Toshihiko Shimizu, et al., in *The Journal of Headache and Pain*, at <https://link.springer.com/article/10.1186/s10194-021-01243-5>.)

Some migraineurs freely admit that they have problems dealing with awkward work situations and quandaries, from handling unsympathetic attitudes to making sure that their professional profile doesn’t suffer.

Of course, people with migraine can be excellent employees, top-notch supervisors, and terrific entrepreneurs and CEOs. This chapter shows you how to handle migraine downsides in the workplace with confidence by employing migraine remedies and surefire survival skills.

Minimizing Migraine in Your Workplace

Living with migraine issues can make it hard (but not impossible) to be a shining example of a great work ethic. If you have migraines on a regular or semi-regular basis, you probably call in sick occasionally or retreat to a dark office to recuperate, or sometimes leave work early because you can barely do your job.

Sure, you hate having absences and needing downtime, but you also don’t like going to work when you’re operating at half-mast. You simply can’t do quality work when you’re not up to speed. When a migraine batters you, it may feel like your brain is sputtering and your concentration is faulty.

Because you want to be perceived as the professional you are, try to abide by these eight critical workplace rules for migraineurs:

- » **Be up front about your migraines.** Let your employer know that you have migraines and that you have the situation covered — you have effective



TIP

medication and relaxation techniques, for example. But don't trot out your treatment plan unless your boss inquires about it. Reassure your supervisor that headaches haven't made you unproductive or unpredictable in the past, and they won't in the future, either. Many employers are understanding and perfectly willing to work with you. Others, however, will impose their preconceptions.

If your employer seems skeptical when you reveal your headache malady, provide a letter from your doctor that validates your migraine problem and states that it should not hamper your ability to perform well. Point out that you like your job and don't want anyone to interpret your calling in sick as an attempt to avoid responsibility or a sign of job burnout.

- » **Know when to clam up around coworkers or clients.** At work, it's important to know when to admit that a headache is bothering you. Most of the time, keep your pain to yourself.
- » **Avoid the temptation to unload.** Don't reveal more than people want to know. And remember, few people want to know much about your health issues or anyone else's.
- » **Accept the inevitable backlash.** Figure out the best way to handle the reactions of migraine-free colleagues and supervisors who don't understand why headache pain sometimes leaves you with no choice but to go home (or stay there in the first place). The best answer by far is to produce outstanding work that wins rave reviews and gives you a "proof-is-in-the-pudding" edge. You may have to work harder to prove yourself, but after you do, supervisors and colleagues will be thankful you're on their team. A positive attitude and cheerful collegiality help, too. Be the first to volunteer when someone needs help.
- » **Request special accommodations.** Unless your supervisor lacks empathy for employees' issues, you can ask whether an empty room is available for you to rest in after taking your medication. Check the Occupational Safety and Health Administration (OSHA) website for information on handling workplace issues — such as mitigating stress, which is one of the top migraine triggers. Look under "Employee Assistance Programs" (<https://www.opm.gov/policy-data-oversight/worklife/employee-wellness-programs/>).

Even simply requesting a blue-light screen filter for your workplace computers and screens may be a proactive move that helps keep migraine attacks at bay. Many employers are happy to do whatever they can to make employees comfortable at work.

» **Do a good job.** If you get behind after missing a day, make up for your lack of production by taking work home. Do everything you can to show that you're a top producer whose work is impeccable.

» **Don't overdelegate work.** Sometimes a headache makes you want to hand out your assignments to make sure that they get done on time.

This tactic leaves you open to criticism: "Jack never gets his work done; he always pawns it off on coworkers when he has migraines." Colleagues quickly tire of people who don't hold up their end of obligations. Remember, coworkers and supervisors feel the impact of an employee who lacks follow-through, and you never want to be that person.

» **Take care of yourself.** Don't delay taking your pain medication. If possible, take refuge in a dark office and lie down for an hour. If you don't start feeling better, go home. Just be sure to keep your supervisor abreast of what you're doing. Don't slip out the door like a thief in the night; you have a legitimate illness, and you don't need to be ashamed.

Coping with Attitude and Agony

You're experiencing the agony of a migraine, and you're thrown into a lion's den of snarling coworkers and eye-rolling bosses. Nevertheless, you can develop ways to weather the workplace dilemma with flair and confidence.

Survival skills for the office boil down to three key points to catalog for future reference:

» Don't overshare the graphic details (vomiting, nausea, pain) of your migraine. (No one needs to know.)

» Don't dramatize your situation. (That's the fastest route to becoming the subject of gossip.)

» Don't be fazed by smirking coworkers. (Some people won't ever believe that you're hurting, but what difference does that make?)

Responding to "How are you doing?"

Here's the deal: People you work with — those alongside you and those who are your bosses — may ask how you're feeling. But — and here's the real rub — they probably don't *really* want to know.

Yes, they may care that you're hurting. But many people get bored in a heartbeat if you supply any of the gory details (pain level, nausea, starry visuals, and so on).

Coworkers are usually just being polite when they ask how your headache is. If you were to translate what they're really thinking but would never say, it would sound something like this: "Wow, I sure hope Sam is up to speed by tomorrow because we have a big project due, and I don't want to have to do his work."



TIP

Follow the golden rule of the workplace when it comes to illness: If someone asks how you're feeling, thank that person for their concern and keep your response short. Resist the temptation to unload your burden; save that venting for a loved one who must listen. As one Houston real-estate mogul likes to tell her employees, the only *right* answer to the question "How are you?" is "Terrific!"

On the other hand, it's never a mistake to offer responses that are short, matter-of-fact, and honest. It's okay for people to know that you have migraines — in fact, it's probably best. Otherwise, someone will see you taking medication and start the rumor mill grinding ("He's definitely on drugs. I saw him taking something!"). Get a jump on corporate character assassination by admitting that you have migraines. It's not like they're contagious!

SETTING THE RECORD STRAIGHT

We know a graphic artist named Boone who began having migraine headaches at age 20. After a couple of years of unsuccessfully treating himself with over-the-counter medications, he saw a doctor, who labeled the problem as expected: migraines. The diagnosis spurred Boone to eliminate some food triggers, and the doctor tried him on several medications until they found a drug that worked. So he managed to handle his problem long ago, but now he was facing a new headache-related problem. His cubicle-mate was driving him nuts with know-it-all comments. She would say, "You need to cheer up. Stress is what's giving you headaches."

Finally, Boone just had to set the record straight: "I'm not overstressed. I have no problems meeting deadlines or turning out my work. Stress sometimes contributes to setting off a migraine, but it usually takes more. Many people with migraine have an inherited tendency to start with, and then they inadvertently eat something or smell something that triggers a headache, and that could be combined with stress. My point is, stress alone can't do it."

Way more than his cubicle-mate wanted to know, but Boone's outburst put an end to the lectures. In other words, if someone at work, whom you can't escape, is making you crazy by fielding migraine myths, speak up. You live with migraines. You know more about it than they do. They will hear you and shut up.

Avoiding theatrics

Even when migraine pain is enough to inspire major theatrics, avoid office cameos.

In the workplace, talking about your pain usually comes back to haunt you. Far better to stay low-key and do what you need to do. Go lie down somewhere until you feel better, take your pain medication, or simply go home if it's the only thing that will do the trick. If you need to lie down in an unused office, be sure to clear it first with your supervisor.

Most important, skip the drama and be proactive. Take a medication that will help you get back to your usual self, which is exactly where your boss wants you to be.

Sloughing off skeptics

You may have trouble with the attitudes of coworkers and supervisors who are suspicious of you when you leave work early, go to the restroom to vomit, grow uncharacteristically quiet when you feel bad, or take refuge in a vacant office to regroup. Remember, what makes sense to you may look like neurotic behavior to others.

Sure, some people may look at you funny when you announce that you're leaving work to go home and get over a migraine. Some may even tell you to "tough it out" and question your integrity. Others will be sympathetic and wish you well.

The point is, you can't change other people. Don't think for one second that you're going to shape up your colleagues' attitudes or teach them about migraines. They don't get it — and that's okay. Deliver great work and get along.

Furthermore, if you try to stick up for yourself when you're feeling bad, the high emotion can make your head hurt worse or make you say something that sounds irrational. Don't respond to nastiness. Just be on your way.

If your supervisor is the one giving you flak, rest assured that firing you for a chronic illness isn't going to fly with the workforce commission (unless you're missing work all the time).



TIP

Be aware that some people use migraine attacks as an excuse to miss work frequently. You should avoid using your illness as an excuse when it's inappropriate. Stay home to treat a headache only when absolutely necessary.

HANDLING MOMENTS OF FEELING MISUNDERSTOOD

On rough days filled with hard-hearted responses to your migraines, remind yourself that people are discriminated against in the workplace every day for all kinds of things, not just headaches.

One man tells of having to leave work early one day to take his sick five-year-old to the doctor and hearing his supervisor yell in the hall, "I'm never hiring anyone with kids again!" Instead of trying to respond to the bully boss, the dad just left the office, did what he needed to do, and came back the next day without a word about the incident.

You're probably not going to change your supervisor's biases. And unless you're miserable enough to look for another job, you need to cope. The one thing you can do, however, is stow away the info about your boss's behavior as a note to yourself: "If I'm a supervisor someday, I'll make a point of being compassionate when my employees have problems."

Staying Positive While Fighting Migraines

Sure, you know how to count your blessings. Ever since you first discovered that you were cursed with head-stabbing horrors, you learned to say "At least it's not something more serious" or "This won't last forever."

At the same time, maintaining a strong work profile can be tough on the days your head is getting slammed by boulders (figuratively, of course).

Making sure you're heard

You can do several things to make sure that people understand your migraine philosophy. Here are some helpful tips for conveying how you feel effectively:

- » **Tell the truth.** The first time you must leave work early or call in sick because of a migraine, explain to your supervisor that you get a headache about once a month (or however often), and promise that the drawback won't affect how you handle your workload or diminish the quality of your work.
- » **Be straightforward, not sappy.** When you need to take off work or ask for an extended deadline, state your case clearly and succinctly. You're not asking for a raise. You're only asking for the same consideration any employee should get.

- » **Be a bit of a stoic.** Let your boss know that you don't let a little twinge of pain send you running. It takes a really bad headache for you to throw in the towel. Explain that you prefer to stay at work, and going home will happen only when a migraine makes working impossible.
- » **Show your confidence.** Don't grovel. Never act as if your employer is doing you a huge favor by keeping you on the payroll. You earn your keep.
- » **Don't act like you expect special treatment.** Make it abundantly clear that you will always do your work by meeting your job description and more. Volunteer for extra tasks. Present yourself as an exemplary employee (a good idea for anyone in the workplace, even without migraines).

Keeping your chin up when your head hurts

When you suffer often from migraines, maintaining a positive attitude can be a tricky enterprise, especially at work. You don't want to give in to despair — even though, at times, it feels like the cards are stacked against you. Take a survivor's attitude and defuse your frustration.



TIP

If you feel too bad to drive home from work, lie down on a sofa in a vacant office and wait out your migraine attack. But first, get permission from your employer.

GRABBING A LIFELINE ON AN IMPORTANT WORKDAY

A stockbroker had just landed a primo job. Five months into the stint, he was going strong, finding his footing and taking on extra responsibilities. His boss was having him hold meetings. Also, he was in the running for a promotion — a position supervising 15 people and interacting with top management.

"Things were looking good until one day when I was supposed to give a big presentation to a major client and I got a migraine," he told us. "I took Advil Migraine, but that didn't help, and by noon, I was vomiting, and my head was hammering. I had no idea how I was going to speak and sound like I was making sense at the meeting that afternoon. Things were looking dim, and I was in despair. This was a deal-breaker — if I bowed out with a headache, who among this group of men would take me seriously after that?"

Fortunately, he remembered some survival-skill pointers that his father — also a migraineur — had mentioned years ago. With the help of those tips, he was able to reschedule the meeting without annoying anyone or jeopardizing his rising-star status.

“My father told me to proceed with certainty and refrain from making excuses or overexplaining. He said that most people tell way too much. Instead, say what you want to do (change a meeting date, in this case) and don’t go into detail or even mention your migraine.”

He was able to notify the client two hours in advance (before the client left his office) by sending an email that read: “An unforeseen problem has arisen. Sorry to topple your schedule, but could we reschedule the meeting, at your convenience, of course?” They wound up meeting a week later. He got the client on board, and no one ever even knew (or cared) why the date of the meeting was changed.

The following tips can help you handle workplace snafus without missing a beat and reduce the likelihood of spiraling because of a headache:

- » **Protect your professional boundaries.** Confidently manage your conversations about migraines. Share only what’s necessary to maintain control of your work responsibilities.
- » **Avoid putting too much information on the table.** In many instances, you don’t need to alert people that you’re off your game.
- » **Reduce your anxiousness by coming up with a game plan.** Sketch out in advance what you’ll do on headache days. Decide how much you can handle on a workday when your head is hurting and do just that. Save your most difficult projects for days when you’re at full steam.

Take time to reflect. Recognize when you’re not being effective or can’t communicate well. That’s the time to go home and recover. Continuing to work when you’re obviously unwell may impact your overall performance. Remember, it’s okay to step back and prioritize your health.



TIP

If you’re constantly getting upset because your migraines cause you to miss work so often, see your doctor to discuss starting preventive migraine medication. You also may want to consider looking for a job that is less structured or one that you can do as a contractor or freelancer. If you’re slowed by a headache at a less structured job, you can make up for lost time later when you’re feeling better — as long as you deliver the work by the deadline.

Working through Periods of Disability

Some people with chronic migraines face periods of disability, possibly a few days every month. Your best bet is to devise a strategy for handling periods of disability.

If you're debilitated by your headaches, or if your loved one faces periods of migraine disability, you may live in fear that the time will come when headaches disrupt your ability to earn a living. A migraine not only causes physical pain but can also impair your mental and physical functioning, which can make it a disabling factor.

Applying for disability benefits can be complex. With migraines, you must struggle with the challenge of having a disability that can't be quantified via diagnostic tests. Currently, Congress is investigating adding medical evaluation criteria for migraines to Title II of the Americans With Disabilities Act.

No one should treat you unfairly because you have migraines. If you're capable of doing your job satisfactorily, no one can fire you just because you have migraines. You, as a person with migraine, have rights under the Americans With Disabilities Act. At the same time, though, you must accept the responsibility of doing everything you can to cope successfully with your headaches so that you can work.



REMEMBER

In most cases, migraineurs can find a medication that works well. Effective medications prevent having to miss work as often as you did when you had no medication to eliminate headache pain.



TIP

How do you know if your migraines qualify as a disability? According to the disability rules, you must have a physical and/or mental problem that keeps you from working for at least 12 months or is terminal (will result in death). It's unlikely that your migraines will fit this description — you aren't going to die from them, and headaches rarely can disable anyone for a year. But if you want to find out if you're eligible for disability payments, call the National Social Security office at 1-800-772-1213. You can file a claim at your local Social Security office. If necessary, take along a family member or friend to help you.

When you place your call or go to the Social Security office, have this information handy:

- » Your Social Security card (or number)
- » Your medical records (Ask your doctor for copies of these. List any abnormal tests you had, all medicines, and all treatments.)
- » A list of all doctors and clinics that have evaluated and treated you (with phone numbers, mailing addresses, email addresses, and fax numbers)
- » A list of the medications you're currently taking
- » A work resume (If you don't have a resume, make a list of your jobs since high school. Include names of companies you worked for, each supervisor's name, your duties performed, and the years you were there.)



TIP

You can find information on U.S. government disability programs at the Social Security Administration website (www.socialsecurity.gov). Filing a claim is no swift process, but if you're approved, the money will be helpful if you're disabled.

Your Social Security office refers your claim and all related information to a state agency that will determine whether you're eligible for disability benefits. A board of reviewers will look over your file and notify you if they need additional information or medical testing. After the review board has everything in hand, they will make a final determination and let you know whether your claim was approved. If it is approved, the board will tell you the amount of money you'll receive and when payments will begin.

If your claim is refused, you can appeal the decision. The office that issued the refusal can tell you how to file an appeal.



TIP

Many large companies have disability benefits. If your company offers disability benefits, and you're rendered disabled by your migraines, you may be granted an early retirement with disability pay.



REMEMBER

Today, with numerous migraine medications that can work wonders to alleviate headache pain, the likelihood of your experiencing a permanent disability from migraine is negligible.



TIP

Handling absences with dependability and competence is your best bet for workplace survival. Also, celebrate living in an era when you have access to excellent migraine remedies that can help you live a normal life.

6

Brainstorming Special-Situation Migraines

IN THIS PART . . .

Spot symptoms of dangerous headaches that may require an emergency room evaluation.

Find out how to navigate painful hormone-linked migraines.

Discover the best treatments for your children's headaches.

See how to tackle sex (exertion) headaches effectively.

Figure out the best approaches to stress-based migraines.

Check out the kinds of head pains that older people experience.

IN THIS CHAPTER

- » Detecting abnormal head pain fast
- » Spotting the red flags of a dangerous headache
- » Knowing when it's time to head for the emergency room
- » Finding out when to see your doctor ASAP
- » Knowing what to do about a "thunderclap" headache

Chapter **16**

Spotting Dangerous Headaches

Whether you're newly diagnosed with migraine attacks or have experienced them for decades, it's critical to recognize symptoms that warrant immediate medical attention. A horrible headache can be a sign of some very serious medical problems. As a migraineur, you may be at a disadvantage in recognizing these danger signs as a problem because you naturally just think, "Here we go — another bad headache."

You should know what's different about a dangerous headache and be prepared to handle one. For most people with migraine, setting up a game plan for a seriously awful headache is a great idea. You probably won't need to use your game plan, but the preparation may prove useful if you do ever experience a debilitating headache.

Responding Fast to First-Ever and Worst-Ever Headaches

First-ever and *worst-ever* are two key terms to remember when assessing whether a gut-wrenching headache should send you rushing to the emergency room (ER). Signs include sudden, severe pain; increased pain; or a change in headache type. So when you get a really awful headache, ask yourself: “Is this my first-ever such headache?” and “Is this my worst-ever headache?” If you answer yes to either question, rush to the nearest ER, or ask someone to take you if you’re too sick to drive.

In truth, the likelihood that you have a serious medical problem is slim. Very rarely does a bad headache signal an emergency situation in your body. Also, if something is amiss in your brain, a headache often won’t be the only symptom.

Knowing when to see your doctor ASAP

You may have a headache that alarms you — maybe it’s a different kind of headache or a more severe type, or it doesn’t respond to medication. This is the perfect time to follow the old-but-true adage “listen to your body.”

If one of the following items describes your experience, see your doctor for evaluation as soon as possible, and be sure to ask for a priority (urgent) appointment:

- » Your headaches are getting worse and more frequent.
- » You have headaches caused by exertion.
- » You’re older than 50 and your headaches are different from ones in the past.
- » The medication you use for headaches no longer gets rid of the pain.
- » You have had some sex-related headaches but have never had a medical evaluation for them.
- » You have pain and possible tenderness in the temple area.
- » You have a family history of brain aneurysms, and you’re having headaches.

CRYING WOLF ONE TOO MANY TIMES (THE ER FREQUENT FLYER)

We heard of a man who went to the emergency room with frightening headaches four times before he finally realized that he needed to see a headache specialist. Over-the-counter (OTC) remedies clearly weren't working for Bart. When these remedies failed, he got so frantic that he rushed to the ER.

"The ER doctor gave me an injection to stop the horrible pain and told me that what I was using wasn't optimal — and suggested that I see a headache specialist for evaluation and treatment." He knew that he felt distressed because his headaches were so excruciating. He wasn't sure which symptoms or signs were ER worthy and which ones were just the result of another migraine.

After three visits to his headache specialist, Bart had a plan, a prescription medication, and good information about when to go to the ER. Of course, he never meant to end up as an ER frequent flyer, but head pain drove him to desperate measures. Fortunately, a doctor encouraged him to investigate his migraines.

Recognizing when to go to the ER

If the words "worst-ever headache" are flashing in your mind, pay attention. Don't take severe headaches lightly. If your gut feeling is that you should go to the emergency room for evaluation, do so. You can have someone take you or call 911.

In short, just don't fool around with any of the following symptoms; these are clear-cut signs that you need immediate medical attention:

- » You have a headache as well as a stiff neck, fever, or rash.
- » Your head pain strikes like a thunderclap — very suddenly and very painfully.
- » You experience a worst-ever headache.
- » At age 50+, you have your first-ever awful headache.
- » With your headache, you have vision loss, coordination problems, or feel disoriented or dizzy.
- » You've had a head injury recently, and now you're having headaches.
- » You have a medical condition such as cancer or history of cancer, high blood pressure, or a weakened immune system — along with bad headaches.



WARNING



TIP

- » With your headache, you have arm or leg weakness, numbness, slurred speech, or vision problems.
- » You have a migraine that lasts more than 72 hours, and you may be vomiting or dehydrated. These symptoms may signal status migrainosus (see Chapter 4).

Women who take birth control pills, smoke, or have high blood pressure are at higher risk for stroke associated with migraine.

A doctor will want to check you out if you show any of these red-flag symptoms, but remember, you probably *aren't* experiencing a serious health condition. However, seeking prompt evaluation is still extremely important. Depending on your symptoms, the doctor may order an MRI or CT scan (see Chapter 6 for more about testing) to rule out serious problems. In the case of a brain tumor or hemorrhage, it would be quite out of the ordinary for a headache to be the only symptom.

Detecting what's different

You need to be able to detect what's different about a headache that may point to a serious condition so that you'll know when you need a medical evaluation. The simple rule is that the headache may signal trouble in either of the following situations:

- » Your headache is unlike anything you have experienced in the past (more painful, more intense, more sudden, and so on).
- » You're older than 50 and having your first awful headache.



REMEMBER

A thunderous head pain has many possible causes — from migraine to eye disorders to stroke — so have it checked out right away.

Handling escalating trouble

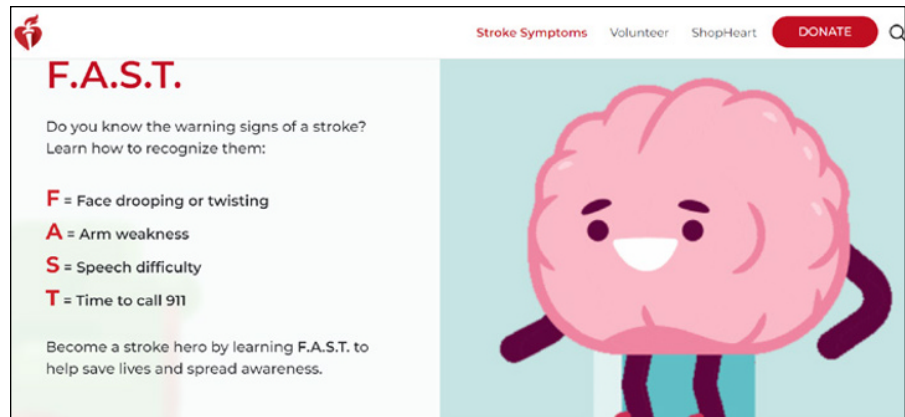


WARNING

If your headache is sudden, severe, and persistent, seek medical attention as soon as possible.

A headache accompanied by symptoms such as dizziness, weakness on one side of the body, numbness in any part of your body, staggering, slurred speech, droopiness on one side of your face, or vision problems may indicate a serious problem such as a stroke. The American Stroke Association uses the F.A.S.T. acronym to help people remember the warning signs of a stroke (see Figure 16-1).

FIGURE 16-1:
Act F.A.S.T. if you
see or experience
signs of a stroke.



Source: American Stroke Association (<https://www.stroke.org/en/fast-experience>)



WARNING

If you suspect that something is wrong, an immediate trip to the ER is in order. At the hospital, your doctor may decide that you need surgery, medication, or some other form of treatment. But every minute counts if you're having a stroke, so don't waste time deliberating about whether to seek help or not. Just do it.

Ruling out aneurysm

The ER doctor's goal is to exclude the presence of life-threatening conditions as soon as possible. The doctor will perform a physical and neurological examination. If the exam is normal, the doctor may not order additional diagnostic tests (depending on your symptoms).

A neurological exam involves a series of simple exercises to test your strength, reflexes, coordination, and sensation. Your doctor may ask questions to assess your short-term memory and mental acuity.

The physical and neurological examinations can usually rule out life-threatening conditions. If the doctor decides that you don't need more tests, you'll receive medication to help you get rid of your unbearable headache. (The intense pain may make it hard to believe that you don't have something catastrophic, but getting good news is always a relief, nonetheless.)

Essentially, your doctor weighs your red-flag symptoms (see "Recognizing when to go to the ER" and "Knowing when to see your doctor ASAP," earlier in this chapter) and the findings of your physical exam and decides whether you need additional tests to determine what's wrong. Examples of tests you may receive are a computed tomography (CT) scan, magnetic resonance imaging (MRI), or lumbar puncture (spinal tap). (Chapter 6 provides more details on these tests.) Usually, tests aren't required to diagnose migraines. Instead, doctors use these tests to rule out other problems.

HAVING THAT WORST-EVER MIGRAINE ON VACATION

From coauthor Diane: My most unforgettable migraine occurred on a family reunion in the mountains of California. In past years, I'd had bad headaches for the first two days because of the high altitude, but I had my migraine medication and my eternal optimism, so I thought I would be fine. Then, during my first night in the cabin, I felt a migraine forming, took a pill, and hoped for the best. Within 30 minutes, I was in horrendous pain. The pounding didn't stop, and by nightfall, I was writhing in pain. We were many miles away from an emergency room, but what flashed in my mind was "the worst-ever headache." Here I was: The worst was happening, and I felt like I wasn't going to make it.

Family members huddled around, looking very worried. I grew so desperate that I took another pill — too soon. All I could do was lie curled up on a bed and moan. I'd never felt hopeless during a headache, but that time, I did. It took hours to recede, and thankfully, I fell asleep. I assumed at the time that pain had knocked me out, but in retrospect, it was surely the medications.

When I awoke the next day, I was grateful to be alive. When we returned home, I researched altitude headaches and found that this type of migraine attack typically occurs within 24 hours of going to an altitude above 10,000 feet. The best treatment: Take migraine medication and descend to a lower altitude. Better yet, plan before ascending to a high altitude: Gradually acclimate your body by going up higher and higher over a few days. That plan, of course, doesn't jibe with a family reunion; had my husband and I done that, by the time we arrived, the rest of the family would be packing to go home.

I didn't return the next year, and the memory of that "worst ever" migraine haunts me to this day. Everyone attending the reunion was convinced that migraines can be vicious. The alarm on their faces was very real, and their compassion was comforting. (I'm lucky to have an empathetic family.)

Note: In rare cases, migraine headaches lead to stroke and extremely severe migraines. Complications of migraines, such as status migrainosus (prolonged migraine attack) or migrainous infarction (a rare type of stroke), can be life-threatening if not treated quickly. That's why your best bet is a trip to the ER to be evaluated.

Treating Thunderclap Headaches

A high-voltage, thunderclap-type headache accompanied by other signs of subarachnoid hemorrhage — stiff neck, confusion, nausea and vomiting, sensitivity to light, or decreased consciousness — may indicate bleeding in the brain. Have someone drive you to the ER or call 911.

A sudden, severe headache without signs of subarachnoid hemorrhage also may occur. People suffering thunderclap headaches usually need neuroimaging to rule out problems such as aneurysm or stroke.

IN THIS CHAPTER

- » Understanding why more women than men have migraines
- » Handling menstruation-related migraines
- » Weighing in on oral contraceptives and migraines
- » Grappling with postmenopausal migraines
- » Fighting migraines before and after childbirth

Chapter **17**

Understanding Hormone-Linked Migraines

According to the Migraine Research Foundation, of the 39 million people with migraine in the United States, 28 million are women. Women's headaches usually last longer, and women experience worse complications from migraine than men do. Also, women's migraines are more frequent and often come with nausea and vomiting.

Hormone fluctuations play a role in females' lifetime migraine occurrence, often starting with their first menstrual period at age 12 or 13. Hence, an apparent link exists between hormonal shifts and women's migraine susceptibility during menstrual cycles, pregnancy, and menopause.

Women aged 30 to 45 have the most migraines. After age 50, many female migraineurs see a decrease in the number and severity of headaches. (Who says middle age doesn't have some advantages?)

Most researchers believe that the biggest triggers behind women's migraine headaches are female hormones — estrogen, in particular. Estrogen affects the functioning of *serotonin*, a neurotransmitter substance (brain messenger) in the nervous system. Basically, when estrogen levels fall, serotonin levels are affected, often giving rise to migraines. Hormonal fluctuations are a trigger. Also, most people with migraine (of both genders) seem to have an inherited condition that makes them ultrasensitive to the effects of serotonin changes.

This chapter offers solutions to the headaches some women experience when their bodies undergo hormonal shifts. Discover clues in estrogen/progesterone patterns that can lead you and your doctor to the most effective medications and the most beneficial lifestyle changes, no matter what stage of life you're in. If you're pregnant, you need to know which drugs won't hurt the baby in tow. If you're 40-plus, you may need information on battling the migraines of menopause. At any rate, you'll find empowerment on these pages.

Understanding Why Migraines Plague Women

If you're female, you're very likely to experience headaches along life's long and winding road. Migraines may first hit when you begin having menstrual periods in adolescence. Frankly, your menstrual cycle may force you to navigate migraine land mines for years because starting your period typically kicks off decades of vulnerability to migraines.

However, even if your migraines are as big as Texas, they are probably manageable. Or you may have tension headaches, cluster headaches, sinus headaches, or even ones secondary to a medical condition or injury. (See Chapter 4 for more on these types of headaches.)



REMEMBER

Fluctuations in estrogen can be a migraine trigger in women who get migraines.

Female hormones can trigger (and perpetuate) migraines by affecting blood flow to the brain. Hormones may also alter the brain's electrical activity. *Serotonin*, considered a catalyst in migraine mischief, is a message-carrying neurotransmitter that's also a migraine trigger in men's headaches. When serotonin hits low levels, it initiates chemical changes that expand blood vessels in the brain and irritate nerves. The dilated vessels are starring players that send pain signals to your brain.



TECHNICAL
STUFF

THE RISE AND FALL OF THE HORMONE EMPIRE

At the start of your cycle, the two hormones that direct the process — progesterone and estrogen — are at their lowest levels. Gradually, over the next 14 days, estrogen creeps up higher until it reaches a peak around day 15, when you ovulate (prime time for getting pregnant).

You're much less likely to have a migraine during the first part of your cycle, but matters shift quickly after ovulation. Estrogen levels decline for a few days before reaching their next high four or five days before your period starts. Progesterone, which began rising right after ovulation, peaks on about day 21.

The tricky part comes after day 21, when both estrogen and progesterone do a free fall, upsetting the delicate body balance and wreaking havoc in women who are predisposed to migraines.

Your physical response to these hormone swings can be significant — your body reacts to the hormone swings by cranking up its production of prostaglandin, a hormonelike substance that makes you more sensitive to pain. So, you get a hormone-trifecta that doesn't do you any favors.

LOOKING FOR PAIN RELIEF ON THE OPERATING TABLE

Watch out! Someone may propose vanquishing your migraines via a hysterectomy, thus getting rid of those cumbersome female organs and their hormone hailstorms. This may not be the best solution, so seek a second opinion if a doctor tells you that a hysterectomy is your best bet.

A California woman tells a poignant tale: "I'm 42, and I get two to three migraines a week. People think I'm imagining them, so I feel defective. If you go to the emergency room with a headache, they think you're just there to get pills. Also, you're a low priority in the ER. Basically, I'm always in bed. People tell me I'm depressed or stressing, but I don't feel like I'm causing them. I can't go to my son's soccer games, or plan much of anything. I've spent a fortune looking for answers, and I even had a hysterectomy because I was convinced my hormones were the problem; a week later, I had a migraine." Finally, she found Imitrex (sumatriptan), a drug that worked for her. "That has made all the difference. I finally got my life back."

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Of course, Imitrex won't work for everyone, but many women find prescription drugs helpful in getting rid of migraines. Just keep advocating for yourself until you find something that eliminates the pain. Your female hormones aren't necessarily the key cause for your migraines.

Current data does not show that hysterectomy is recommended for getting rid of migraine attacks.

Your migraine pain and other headache symptoms are a result of this complex glitch in usual brain activity. The special system that makes this chain of events a health problem came to you through your gene pool — you were born female, so you're more likely to have headaches. In addition, you may have a hereditary penchant for migraines.



TECHNICAL
STUFF

Many researchers believe that when estrogen falls, so do serotonin levels. And we all know that the female hormone estrogen is pivotal in women. With too little of it, you'll have a hitch in your step. Right before a woman starts her period, her estrogen levels fall. In the years leading up to menopause (*perimenopause*), estrogen levels are all over the map. The decrease in estrogen is thought to explain why lots of women are hit with migraine pain right before their periods — or in the years right before menopause.



REMEMBER

Emotional distress doesn't bring on headaches in either women or men. Sure, your head may be pounding when you're upset, but it's not because you're high-strung. You have female hormones that can wreak havoc with your brain's messenger troops — and that's a biochemical thing, not a "women's issue."

Physicians once believed that women, stressed by the rigors of child-rearing, were a bit hysterical in describing headaches. But over the years, research has borne out the truth — that migraines are no exaggeration or imagined scenario. They're bona fide biological problems.

Stress is a number-one trigger of migraines, but migraine folks don't have more stressors than other people in the world. They face the same pitfalls encountered by the rest of the population. (See Chapter 20 for more about the anxiety-migraine link.)



TIP

Be sure to get a handle on your migraines because the pain is horrible, plus you don't want this chronic ailment to define you. No doubt, people with migraine suffer from workplace gossip: "That woman with the migraines is always bailing. You can't count on her." Remember, many medications and alternative

treatments are available that help you get control of your migraines. Finding the right treatments for you means you'll never have to worry about headache-related aspersions.

Combating Menstrual Migraines

Sixty percent of females with migraine have migraine headaches during menses as well as at other times during the month, and 14 percent have migraines only during their periods.

Treating menstrual headaches can be tricky because what works for one woman does not necessarily work for another. So, your doctor may have you try different medications to find what works best for your one-of-a-kind body (see Chapters 7 and 8 for info on medications).

Hormone swings make women super susceptible to migraines. So, sample the following:

- » Avoid foods, activities, and so on that set off your trigger-happy migraines.
- » Make lifestyle changes that improve your overall health picture.
- » Discover the drug that's most effective for you.

PMS WOES: MIGRAINES ACCESSORIZING MONTHLIES

In some women, migraine headaches come hand in hand with PMS (premenstrual syndrome): And, often, a migraine isn't the only unwanted passenger on the PMS train. Lots of women have scads of PMS symptoms — both physical and emotional. As if crying jags, mood swings, backaches, and bloating aren't disruptive enough, add a severe migraine to the mix and you can see why some women feel incapacitated when their period looms near.

The following criteria point to a diagnosis of PMS:

- Your symptoms ebb and flow, increasing as your period approaches and decreasing when the flow starts.

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- During several consecutive menstrual cycles, you have PMS symptoms (bloating, irritability, mood swings, weight gain, breast tenderness, backaches, binge eating).
- The symptoms disrupt your normal activities.

Here's a word to the wise for the partner of a PMS-ing woman who's having menstrual migraines: Please don't tell her that it's "all in her head." The pain is in her head, all right, and it's as real as a train wreck.



REMEMBER

You can beat migraines, but you'll have to be assertive in letting your healthcare provider know how bothersome the pain is. Make an appointment *specifically for this issue* rather than discussing this problem along with other medical complaints in one appointment. (For tips on finding a good migraine doctor, see Chapter 5.)

Sometimes you can prevent menstrual headaches altogether. Your doctor may prescribe a brief course of a nonsteroidal anti-inflammatory (NSAID) drug such as naproxen to take for several days before menstruation and during the first few days of your period. If you can't stave off your migraines in advance, the doctor will give you a prescription for one of the strong medications that can knock out a headache when it starts. (See Chapter 8 for more on prescription medications.)

Finding answers in your monthly patterns

You may have migraines so in sync with your hormone shifts that it seems like your migraines and hormones are instant-messaging each other.

You can confirm their communication patterns by taking the first step to finding out what's behind your migraines: Keep a journal of headaches to see if you can detect patterns with foods or habits that may be kicking off trouble. Start by trying self-help measures. If your journaling shows food-to-migraine links, avoid those foods to see if doing so helps.

If nothing seems to work, set up an appointment with your doctor to discuss your headaches, and prepare a headache diary to take with you. Give a rundown on the frequency and length of your headaches, where you are in your menstrual cycle when they occur, the location of the pain, the intensity rating (on a scale of one to ten), and your symptoms. (See headache journals in Chapter 3.)

Typically, the woman who's having an *MM* (*menstrual migraine*) is spared the *aura* — flashing lights or a visual disturbance prior to the pain's onset. The

migraines, though, tend to hit in the two-day period right before menstruation or on the first day of flow. Some women report having migraines at midcycle, when ovulating — another time for a drop in estrogen.



TIP

If you're getting the feeling that you're a delicately calibrated instrument who must take good care of herself, that's pretty much the case. And it's especially true if you come equipped with migraine vulnerability, meaning that horrible headaches run in your family. (For more information on the inherited headache gene, see Chapter 1.)

Staving off symptoms

Hormone-associated migraines sometimes respond to the same kind of treatment that's used for migraines that don't include hormone tribulations. You can manage the migraine that doesn't rock your world with over-the-counter meds or prescription NSAIDs. However, your doctor will probably recommend one of the amazing triptans if medications you've tried aren't relieving your headache pain. Triptans revolutionized migraine treatment because they can zap headaches in as little as four to six hours. (See Chapters 7 and 8 for more information on medications.)

Essentially, you can avoid menstrual migraines in a few ways. Researchers know that

- » Oral contraceptives help some women steer clear of menstrual migraines. Head-pain problems are less severe and less frequent because the pills even out hormone imbalances. Some women benefit further by taking continuous oral contraceptives (skipping the placebo pill week). (But the Pill can also induce headaches in some women. See the upcoming section "Spelling Relief or Trouble: Oral Contraceptives and Migraines.")
- » Some meds work especially well for menstrual migraines. These medications include over-the-counter naproxen sodium (Aleve) and the prescription triptans frovatriptan and zolmitriptan.

Look at the entire lifestyle spectrum of migraine-busting. If you're in your 20s, 30s, or 40s, you face many years of womanly hormone havoc, so get a jump on things: Find an approach that works for you, and stick with it. Also, identify (and avoid) your food triggers, identify migraine-friendly workouts, and keep anxiety and other lifestyle bullies in check (see Chapters 10, 11, and 20 for more on these approaches to managing migraines).

Spelling Relief or Trouble: Oral Contraceptives and Migraines

Who would imagine that an innocent little birth control pill could majorly mess with your body? It's true, though. For some women, taking contraceptive pills makes migraines worse, increasing frequency and intensity. On the other hand, some gals get some sweet relief when they start taking birth control pills. After years of battling headaches, these women enter a new trajectory of less severe, less frequent head-pain because the pills steady hormones.



WARNING

Most women have migraine without aura rather than migraine with aura. (See Chapter 2 for more on auras.) But if you have migraine with aura associated with tingling sensations, visual disturbances, or both prior to headaches, don't use oral contraceptives; women with migraine with aura have an increased risk of stroke. Plus, a small risk of stroke is inherent in taking combined oral contraceptive pills, anyway. (This risk increases further if a woman smokes.) In some rare circumstances, doctors prescribe an estrogen-containing oral contraceptive pill to women who have migraine with aura, but you should discuss it with your doctor.

If you're using an oral contraceptive with a progestin of high or medium *androgenic* (masculinizing, and thus acne-causing) activity, switch to a progestin-containing pill with lower androgenic activity, which is less likely to trigger migraines. Ask your healthcare provider about the progestin in the pills you're using. (All combined oral contraceptive pills have progestin — it's the synthetic version of the hormone progesterone.)

If your headaches continue to knock you for a loop while taking oral contraceptives, your doctor probably will recommend another form of contraception.



WARNING

By the way, don't take your roommate's birth control pills or pull out a packet of pills you've had for years, especially if you smoke and have high blood pressure. Before getting on the pill, you need clearance from your doctor because a small risk of stroke exists that each of the following factors increases: having migraine, smoking, and having high blood pressure.

If you're on the pill and don't want to try another form of birth control (despite the ragged curse of migraines), experiment with controlling headache triggers through diet and lifestyle behaviors. (See the chapters in Part 4 for more on prevention and treatment.)



REMEMBER

Speaking of birth control, don't feel guilty when you hurt too much to have sex with your honey. "Not tonight, dear, I have a headache" is a cliché all right, but the idea that women use migraines as excuses to avoid sex is a myth and a bad rap. Faking headaches no doubt happens, but when you do have a migraine, and a migraine is hammering ten-inch nails into your head, sex rarely sounds appealing. You fear any movement at all, and you want to avoid physical activity because it makes the pain worse.

Tackling Migraines While You're Pregnant and After Childbirth

Thank goodness for small favors. While your uterus is enclosing one of the most important things ever (a *baby*), you get a payoff in the form of no migraines, or at least fewer. Although the first trimester can be rocky, most pregnant women with migraine experience a welcome "break" from migraines. In the majority of women, the migraine frequency and pain decrease in pregnancy. For the unlucky few, however, migraines get worse, start for the first time ever, or stay the same during pregnancy.

Basically, migraine-prone women have two possible windows of relief: when they're pregnant and when they're in their senior years following menopause.



WARNING

If you have trouble with migraines during pregnancy, don't take any medication without checking with your doctor first. Drugs and alcohol creep across the placenta, so you shouldn't drink alcohol or self-medicate during pregnancy. Your doctor may recommend placing an ice pack on your head, along with taking some acetaminophen. Avoid using aspirin or ibuprofen. You can also discuss the use of certain triptans or neuromodulation devices with your doctor.



WARNING

Pregnant women shouldn't take Depakote (valproate) because it can cause birth defects!

Chances are, if you still have migraines when you're pregnant, they'll improve significantly in your second trimester. Around that time, hormone levels even out, morning sickness usually disappears, and your headaches are less hurtful.

After you have your baby, all is joyful and stork-filled until your migraines return in full force. Again, blame it on hormones, especially estrogen, which is rearranging its input now that you're no longer providing direct life support for a fetus. In breastfeeding women, the headaches are more likely to return when weaning from breastfeeding.

Medications that doctors usually consider okay to use with breastfeeding include acetaminophen (Tylenol), ibuprofen, naproxen, sumatriptan, and eletriptan.

Sample the medications your doctor prescribes until you find something that works. (See Chapter 8 for more information about prescription medications.)

Ditching Migraines in Menopause

At some point, you'll probably zero in on some perfectly reliable meds for migraines. These medications allow you to chug along merrily for years — that is, until you edge up on the perimenopause years (the years leading up to menopause). At that time, you'll become subject to another hormonal whirlwind. Migraines tend to decrease with age; however, they can increase again in the perimenopause or early menopause time period.

Sure, midlife is supposed to be ultracool. You hit that plateau where you're poised, accomplished, and confident. But just when you get your professional expertise polished and the exercise/nutrition thing down pat, you're hit with middle-age migraines.

In the years before and during menopause, hormones dance through your body like heathens, causing hot flashes, night sweats, insomnia, and mood swings — to name a few menopause symptoms. Rampaging hormones can also trigger migraines. And if you have your ovaries removed, causing *surgical menopause*, you can still get migraines.

For some women, hormone replacement therapy (HRT) is a godsend. It evens out hormones and eliminates headaches. For others, HRT kicks off headaches or makes them worse.

Your doctor or healthcare provider can recommend medication that will help ease your migraine pain, whether you're using hormone replacement or not.

If you've had double the migraine trouble since you've been on HRT, your doctor will probably try changing the type of HRT you take or the delivery method. For example, if you're using a pill, switching to a patch may ease your mind and your migraines. Getting estrogen via the transdermal patch (placed on the abdomen or upper buttocks) often helps women with migraine get rid of headaches because the patch provides steadier delivery of estrogen than the pill.

MAKING THE MENOPAUSE/MIGRAINE CONNECTION

One 53-year-old woman tells of going through menopause smoothly: “The last thing I wanted to be during menopause was one of those handwringing women. Two days after my first hot flashes, I went to my gynecologist and walked away with a hormone replacement prescription in hand.

“I’ve been on hormone replacement since I was 45, and I’ve never felt better; I don’t have to worry about getting pregnant. I no longer have the weepy mood dips of menstrual days. The debilitating migraines I had for decades are history. And now I’m just happy that this age can feel so good.”

If you’re postmenopausal and having frequent migraine attacks, your doctor may prescribe a preventive medication. Many good preventive medication options are now available. (See Chapter 8 for more info on prescription medications.)

Whether you’re 16 or 64, don’t let horrible head pain get you down. Do what it takes to tame the beast so that you can enjoy being female.

- » Knowing the types of headaches kids can have
- » Pinpointing triggers
- » Treating your child's migraines
- » Taking care of migraine emotions

Chapter **18**

Helping Little Ones Conquer Big Headaches

Researchers report symptoms of headaches in some babies and young children, and migraine headaches are often sidekicks to common childhood infections. Puberty, however, is the most common startup time for kids' migraine pain.

Because of the hereditary aspect of migraines, children with a family migraine history are especially susceptible. Although many people inherit a migraine tendency, your migraines may be quite different from the kind your father, for example, experiences (he has nausea; you don't).

If children who are otherwise healthy have a headache, you can just give them a pain reliever, tuck them into bed, and hope that they'll sleep off the pain. Occasionally, though, the simple remedies — such as rest and over-the-counter medications (OTCs) — don't provide relief, making prescription drugs necessary. With migraine, some children may experience vomiting, nausea, and slowed stomach activity. Because the latter problem renders medications ineffective, children may benefit most from rectal suppositories for a migraine attack.

Nonetheless, your child with migraine can still thrive, excel, and become a joyful life force — just help your child avoid migraine triggers, get pain and nausea relief, and handle the social and psychological aspects of being a Headache Kid.

(Missing school, soccer games, dance lessons, and family outings can take a huge toll on a youngster.) Yes, migraine attacks are a big pain, but in this chapter, we show you how to make sure that your beautiful child doesn't become an under-study in the grand production of life.

Recognizing the Signs

An especially troubling aspect of children's migraines is that they usually go undiagnosed. Even though you're a migraineur, your child's symptoms may be just different enough that you don't recognize their headache as a migraine.

Handling kids' symptoms

What trips up even parents who are migraineurs themselves is that kids' migraines are different from the kind adults have. Instead of experiencing the hallmark one-sided head pain, children often feel two-sided pounding — and their aches may last no more than a few hours, compared to the marathon monstrosities that big people can face. On the other hand, kids — like adults — can have nausea and vomiting, light sensitivity, and dizziness. Their hands and feet may feel cold, too. Oddest of all is the *abdominal migraine* — an attack of vomiting and stomach pain, sometimes without the headache itself!



REMEMBER

If your child was having a headache once a month or so and is now getting them two or three times a week, seek medical attention as soon as possible. (See “Heading for the hospital,” in this chapter, for more symptoms that require medical attention.) Headaches that increase in number and severity signal the need for a doctor's assessment.

In babies and toddlers, signs of headaches are odd restlessness, lack of appetite, and lots of crying. However, these signs are also symptoms for a wide range of other problems, so have a healthcare provider evaluate your young one to rule out other medical causes.



TIP

A child with frequent and acute headaches is almost always suffering from migraine or tension headaches.

In childhood, migraine headaches are frequently accompanied by tummy aches, but in a small percentage of kids, migraine attacks occur without the headache. This condition can last hours or days, with the child perhaps reporting a feeling of spinning or dizziness and a desire to get away from bright lights. Diagnosing a migraine is usually a case of eliminating all other possibilities.

DRAWING CONCLUSIONS

Five-year-old Emma woke up with a headache. It was the third time in three weeks. She was cuddled up at the end of her bed with her “blankie” and didn’t want to eat. She whimpered and patted her head and said, “My head hurts.” Her mother was taking her to the doctor that morning, so she gave her acetaminophen and a glass of water and asked her to draw a picture of how she was feeling. The young child lacked the vocabulary to express the badness of her malady, but she certainly drew a terrific picture, with zigzag lines dancing in front of her eyes (showing a visual disturbance), and her hands holding her head on both sides.

After seeing this nice “diagnostic” drawing, a doctor examined Emma and prescribed an appropriate medication that eased her headache pain. Hence, with small fry, it’s a good idea to come up with an illustration or word game to get a proper description, which will, in turn, help the doctor immensely.

Sorting headache types

The most common headaches in children are migraine and tension headaches. (Tension headaches are most often the problem.) Cluster headaches are rare in children and adults.

The following list covers these headache types in more detail:

- » **Tension-type headache:** Your child may have tight neck muscles, head or neck pressure, and a dull ache on one or both sides of the head, and the child may squint when reading or watching TV. This headache probably won’t cause vomiting.

Factors that can aggravate or trigger tension headaches include bad posture, eyestrain, hunger, skipping meals, and anxiety over dreaded events (scary tests, parents’ fighting or divorce, and so on). Ibuprofen and acetaminophen usually relieve these headaches in children. Also, try to figure out whether family or school problems are stressing your child, and, if so, seek a resolution.

- » **Migraine headache:** A child may have throbbing pain on one or both sides of the head, which can be accompanied by nausea, vomiting, fatigue, dizziness, food cravings, diarrhea, noise or light sensitivity, or visual disturbances (such as seeing flashing lights or having tunnel vision). The pain of a migraine can awaken a child from sleep. See treatment options later in this chapter, in the section “Treating Kids’ Headaches.”

Migraine headaches with vomiting and stomach pain — or typically just stomach pain without the head pain — are called *abdominal migraines*. Some children experience light and noise sensitivity with abdominal migraines. If your child has vomiting and stomach pain, don't try to diagnose the problem yourself. Seek medical attention for your child as soon as possible. Your doctor will want to examine your son or daughter and may run tests to check for other causes of stomach pain (such as appendicitis) before making the diagnosis of abdominal migraines.

Exertion migraines, headaches you get during or after physical activity, can occur in kids. Teen girls may experience menstrual migraines and birth-control-pill-related migraines (see Chapter 17). Three rare kinds of migraines found in children are ophthalmoplegic migraines, migraine with brainstem aura, and hemiplegic migraines (see Chapter 4).

- » **Cluster headache:** Your child may complain of severe one-sided pain located around or behind an eye. These headaches usually last about 30 minutes and can be accompanied by a runny nose and one eye tearing up. Fortunately, cluster headaches are rare in kids.

About half of children's headaches are symptoms of infections; the other half are linked to causes such as stress, dietary triggers, caffeine, menstruation, or heredity (or a combination of these factors). Many child migraineurs have a strong family history of migraine.

Teachers, parents, and outside caregivers need to understand migraine symptoms and prevention measures. That way, they can identify the problem and get the child treated promptly and effectively. Share migraine information with your child's nanny or caregiver by sharing this chapter of *Migraines For Dummies* and National Headache Foundation's site: www.headaches.org.

Knowing when to head for the hospital



WARNING

The following symptoms signal that you should take your child to the emergency room (ER) as soon as possible:

- » **High fever, bad headache, vomiting, stiff neck, confusion:** These are signs of meningitis (bacterial and viral). Because meningitis can be fatal, it's important to see a doctor as soon as possible for prompt treatment.
- » **Sudden, awful head pain, and weakness or clumsiness:** The source of these symptoms can be a tumor, infection, *hematoma* (an abnormal collection of blood in the brain from head trauma), or another serious problem.

- » **Headache accompanied by double vision, vomiting, dizziness, loss of balance, slurred speech, lack of coordination:** These can be signs of the very rare migraine with brainstem aura (see Chapter 4) or a serious medical condition. Go to the ER for evaluation.

Disarming Triggers

Finding the cause of a child's head pain requires close observation and sifting through symptoms of different types of headaches (see the "Sorting headache types" section, earlier in this chapter). Because a young child probably won't be adept at describing what's wrong, you must look for clues.

When you're thrashing around to uncover the reasons for your child's migraine attacks, check for the usual suspects, which include the following:

- » Caffeine, trigger foods, dehydration
- » Environment
- » Erratic sleep patterns (too much or too little sleep)
- » Menstruation (and possibly birth control pills)
- » Physical exertion
- » Skipping meals
- » Stress or excitement

Observe your child's eating patterns for a week to see whether skipped meals or dehydration may be triggering migraines. To monitor your child's sleep, set up a chart to keep track of bedtimes and wake-up times for about two weeks. You can also chart the other triggers from the previous list. The following sections tell you how to disarm triggers.

Resolving organic causes: infections and diseases

About half the time, kids have migraine headaches because they have a fever and a virus or other infection. In such cases, your doctor treats the infection, and usually the migraine headaches become history. Illnesses such as strep throat, Covid-19, ear infections, and, more commonly, upper respiratory infections can cause headaches.

Organic causes of children's headaches range from the common and less serious (fever and viral infections) to the rarer and more serious (brain tumors, meningitis, leukemia, and head trauma).



REMEMBER

If the cause isn't one that can be resolved easily (lowering fever or treating infection), you move into the next level of treatment — a treatment program for the disease your child has — or drug therapy (if they're suffering from chronic migraine headaches).

Making sure your child doesn't skip meals

Make sure that your child doesn't miss meals, which often sets the stage for a migraine headache. Missing meals can be a big problem when you're dealing with a teenager who may feel virtually immortal — until migraine pain hits.

The following are good ways to curtail the bad habit of meal-skipping:

- » **Buy foods your child likes for that rushing-out-the-door breakfast.** Good choices include energy bars, plain yogurt with fruit mixed in, and avocado toast.
- » **Explain the downside of missed meals.** Tell children that they'll be less likely to have migraine attacks if, on a daily basis, they consume three meals and two snacks to prevent being empty.
- » **Talk to your youngster about ways to maintain a healthy weight without skipping meals.** Help them understand that nutritious meals have big payoffs: an energetic body and a mind firing on all cylinders.



TIP

For more information on diet and nutrition, check out the following websites:

- » **USDA Food and Nutrition Information Center:** www.nal.usda.gov/fnic
- » **Children's Nutrition Research Center:** www.bcm.tmc.edu/cnrc
- » **Texas Children's Hospital:** www.texaschildrens.org

Reining in food villains

To figure out what kinds of nonbehavior-related factors kick off your child's headaches, follow these lifestyle-inventory guidelines:



REMEMBER

- » Keep a food diary of what your child eats and drinks, and include their caffeine intake. (Ask an older child to maintain this diary.)

Your child gets caffeine in chocolate, tea, energy drinks, soft drinks, and coffee.

If you discover that your child is loading up on migraine-triggering foods, help with dietary changes. Common villains behind kids' migraines are hot dogs, smoked meats, foods with MSG (monosodium glutamate), cheese, nuts, peanut butter, chocolate, caffeine drinks, and some fruits (plums, bananas, and oranges). See other food triggers in Chapter 10.

- » Pump up your child's consumption of nutritious foods to promote overall health. Good health is always a boon in migraine-fighting. Offer plenty of healthy foods, and don't keep pointless snacks in your house. No child really needs cake, potato chips, and preservative-filled snack foods. Parents who don't have junk food around help their children develop preferences for nutritious foods that assist the growing brain and body. (Plus, adults don't need junk food, either!)

Keeping your child well hydrated

Many children don't drink enough water. Be sure to let them know how important this is to avoid sickness and keep them humming and energetic. Children up to 100 pounds should drink, in ounces, half their weight in pounds per day. For example, a 60-pound ten-year-old needs about 30 ounces of water a day. Carbonated drinks, lattes, and "energy drinks" don't count as water but do add empty calories and sugar. Babies under six months old don't need to drink water.

Eradicating environmental triggers

Indoor and outdoor environments may be rife with problems for children with headache pain. If you think that your child's headaches are related to allergens, visit your doctor for an evaluation and, if necessary, the doctor will prescribe an allergy medication such as Claritin.

Besides the headache, other symptoms that may signal that an environmental bugaboo is giving your child trouble are

- » Breathing difficulty or asthma
- » Chronic ear infections

- » Eye puffiness and dark circles under the eyes
- » Rashes
- » Runny nose
- » Sinusitis
- » Throat clearing

Naturally, many factors other than environment may cause the preceding symptoms, but you and your child's doctor should consider allergens.



TIP

To help determine whether your child's headaches stem from environmental causes, use a journal to track the symptoms, the places where they occurred, the exposures in that environment, and so on. By keeping a journal, you may be able to pinpoint the troublemakers. If the problems are in your backyard, at school, at daycare, or in a caregiver's home, take measures to reduce your child's exposure to the allergens that trigger migraine pain — or do what you can to improve the problem areas.

If your child still seems highly sensitive to environmental allergens even while taking allergy medication, try cleansing the child's environment. Some common environmental headache triggers that kids may need to avoid (or find ways to cope with) are weather changes, smoke-filled rooms, places with strong odors or vapors, dusty outings, pets, and flickering or fluorescent lights.

Also, check for possible headache-causing odors or allergens in your child's bedroom or your home at large. Remember that stuffed toys, pillows, and blankets can be havens for allergens. (See Chapter 12 for more on environmental triggers.) Dust allergies are a common cause of headaches in some people. Unfortunately, allergic folks may react to dust that lurks all over the place — in linens, drapes, carpet, and mattresses.

If you can, get rid of the environmental trigger that bothers your children — or show them how to avoid it. On the other hand, if your kid is stuck with being in the presence of a trigger (something at school, for example), explain how to relax and use imagery to reduce stress. (Chapter 7 includes nondrug remedies.) Your child may need to take an over-the-counter medicine when a headache starts.

If you want to know specifically what your child is allergic to, see an allergist for testing. But first try some of the following remedies for eradicating the environmental antagonists that sometimes trigger migraine attacks; the changes make their headaches and other allergy symptoms less frequent:

- » **Detox the bedroom:** Change bedding (sheets, blankets, mattress cover, bedspread) once a week, and replace pillowcases daily. Use hot water to wash bedding. Put coverings on mattresses and pillows to ward off mite growth in bed dust. Don't let your child sleep on a feather pillow because feathers are common allergens.
- » **Make it easy to avoid triggers:** Help your child avoid plants, dust mites, mildew, animal dander, and insects such as cockroaches.
- » **Take household precautions:** Make sure that indoor appliances and fireplaces are well ventilated so that your child isn't subjected to carbon monoxide fumes. Ask smokers to go outside to smoke.
- » **Keep a cleanliness checklist:** Keep home interiors well dusted, mopped, and vacuumed to minimize house dust. Get rid of furniture and wall hangings that collect dust. Install air filtration devices for air purification. Frequently change air filters on air-conditioning and heating units.
- » **Keep your child's stuff clean:** Wash stuffed animals, pillows, and security blankets often because they can harbor allergens.
- » **Do dust-mite busting:** Stave off dust mites by cleaning carpeting and rugs regularly, and keep the humidity low and the temperature moderate (a balmy atmosphere helps dust mites thrive). Dust mites burrow in carpets and furniture and thrive in hot, wet rooms; they live off your ever-shedding skin cells and deposit waste pellets daily.
- » **Protect your children:** Help your kids avoid pollen, fumes, mold, and allergens (fresh-cut grass, fresh paint, aerosol sprays, solvents, garbage odors, and cleaning chemicals).

Harnessing hormones

Puberty is by far the most common startup time for youngsters' migraines (although some kids are lucky enough to outgrow them). Also, throughout childhood, migraine headaches are often sidekicks to common infections.

Boys have as many headaches as girls, if not more. But the gender gap widens permanently at the onset of adolescence. Menstrual hormones start rocking the boat, and girls begin to outnumber guys in the number of headaches.

Many women first have migraine headaches during puberty, and some develop headaches only during their periods. Migraine attacks can become more (or less) frequent during other times of shifting hormones: when you're taking birth-control pills, when you're pregnant, or during menopause, for example. For more on women's migraine attacks, see Chapter 17.

Help your adolescent alleviate hormonal triggers by implementing these suggestions:

- » Avoid food triggers because they can join ranks with hormones and cause a migraine.
- » Make lifestyle changes: stop smoking, start a walking program, and assess the impact of birth-control pills on migraines.
- » Take medications to alleviate pain and nausea and vomiting (see Chapters 7, 8, and 17 for information on helpful medications).

Replacing exercise that hurts with exercise that helps

Perhaps your child gets a migraine headache right after playing basketball or participating in gym class at school. Maybe their head begins to ache following football practice or karate class.

If your child's doctor says the diagnosis is the rare *exertional migraine* (and other problems have been ruled out), some possible remedies your child can try are these:

- » Do a slow warm-up before beginning the activity.
- » Take acetaminophen or ibuprofen before the physical exertion. (Do this sparingly.)
- » Find a form of exercise (walking or cycling) that doesn't result in migraine pain.
- » Drink plenty of water to stay well hydrated before, during, and after exercising. (Dehydration can contribute to migraine development at any time.)
- » Avoid exercising in extreme heat.

Resolving dysfunctional sleep patterns

Uneven sleep patterns almost guarantee occasional head pain in children who have an inborn migraine tendency. What works much better with the ultra-sensitive systems of these young bodies is a structured sleep scene. If you can make sure that the migraine-prone child has routine bedtimes and wakeup times, and the same number of hours of sleep per night, you're likely to see a huge decrease in headaches.

Here are ways to help shape up a youngster's sleep patterns:

- » Avoid giving your child food or drinks that contain sugar or caffeine during the evening.
- » Make sure your child is getting about eight to nine hours of sleep per night.
- » Avoid screen time one hour before bed.
- » See that your children go to bed at about the same time every night, and wake them at the same time each morning.

If you follow these tips, your child will get approximately the same amount of sleep nightly. You can loosen up a bit on weekends, of course, when the whole family probably prefers to sleep a bit longer. But be careful because sleeping in can contribute to erratic sleep that heightens the chances of a migraine headache.

Dealing with stress and excitement

Kids get excited about upcoming trips, parties, and events. They sometimes dread tests and hate the prospect of speaking in front of a class at school. These are normal stressors that come with growing up. But kids may also feel responsible for their parents' divorce and suffer super-sized stress. Or your child may dislike a certain teacher or bullying peer.

Of course, you can't take away all of life's bumps and detours, but you can help your migraine-prone child by showing how to deal with stress and joy triggers. As with adults, children often do well using relaxation techniques and imagery (see Chapter 9). Even too much excitement gives some children headaches.

You can also help your child reduce stress by doing the following:

- » **Teach children to take breaks:** Encourage school-age kids to break up homework and computer time by getting up and moving around.
- » **Give your child a hug or back massage:** Give your child frequent reassuring hugs, and give an upper-back massage during study time.
- » **Help children walk off anxiety:** Ask your children to join you on a walk and encourage them to talk about things that are on their mind.
- » **Prep a child for new situations:** When a young person faces a change in routine (new school, new caregiver, field trip, college interview), role-play the experience ahead of time to psych up for a good time rather than a scary one.

Treating Kids' Headaches

Treating your child's head pain may be easier than defusing the ticking migraine bomb in a grownup's skull. Treatments for kids' migraines work! You have lots of options.

You can run the gamut, sampling everything from home remedies to behavioral changes to prescription drugs. You *will* find the solution for the migraine-plagued child in your life.

First, try putting a cold pack on your child's hurting head and tucking them into bed in a dark room. If sleeping off the pain doesn't work, give an over-the-counter medication. Follow the dosage recommendations on the bottle — proper doses depend on your child's weight, not age. If you're nervous about giving the right dose, get advice from your doctor's office. If your child isn't experiencing nausea or vomiting with the headache, see whether fruit for a snack sounds good. At the outset of the headache, make sure your child drinks a bottle of water. Other treatments include magnesium supplements, prescription drugs, biofeedback, imagery, and relaxation techniques.

Withholding aspirin



WARNING

Don't give aspirin to a child or teen younger than 18 years old. Reye's syndrome, a serious neurological disorder, has been linked to aspirin use in children.

Good alternatives for pain relief are children's ibuprofen and acetaminophen. (You can check labels to make sure that pain relievers don't have aspirin.)

Accessing home remedies

Before you decide how to treat your child's migraines, consider the age of the youngster and the frequency and severity of the headaches. A very young child (aged five or younger) may benefit from taking a mild over-the-counter (OTC) medicine and spending an hour sleeping off the pain, whereas an older child may need a stronger headache remedy.

When giving OTC medications, follow dose recommendations on the bottle. If you feel shaky about giving your child a medication, it's fine to check with your doctor's office to confirm that you're doing the right thing. (When in doubt, check it out.)



REMEMBER

If you give your child OTC pain medication, and the headache persists for more than 24 hours, call your doctor.

Home remedies (OTC meds) can be good first approaches for children five and older, too, but if the simple stuff fails to work, try having your child avoid well-known migraine triggers and use relaxation techniques, imagery, or biofeedback. (See Chapter 9 for info on these and other alternative treatments.) If necessary, move from home remedies up to the next level of migraine-busting techniques — prescription medications.



TIP

If you and your child have trouble pinpointing food triggers, try an elimination diet, which can usually unmask troublemakers at the dinner table. (See the elimination diet in Chapter 11.) The elimination diet should be a last-resort measure, though, because it's especially tough for kids to follow strict dietary rules.



REMEMBER

If the simple measures don't help, take your child to see a pediatrician or family medicine doctor for treatment.

You may be able to manage your child's migraine pain with one of the following home treatments:

- » Give your child ibuprofen, acetaminophen, or naproxen (usually just for ages 12 and older) at the onset of the headache, and have them lie down to rest or sleep. (Follow your doctor's advice or the package's instructions for dosing appropriate to your child's weight and age.)

If they still feel bad after taking one dose of a medication, repeat the dosing as recommended on the label. (If you have questions, check with your child's doctor.)

- » If you're away from home and need a fast solution, try giving your child a caffeinated soft drink. The caffeine may help eliminate the pain and can also make pills go down more easily. Caffeine can be a migraine trigger for some children, but it may also work as a headache pain reliever. If you know that caffeine is a headache trigger for your child, substitute a bottle of water.
- » Show your child how to experiment with relaxation techniques. Your child may get pain relief from biofeedback or deep breathing. (See Chapter 9 for more on these techniques.)

Kids are excellent at using imagery. Tell your child to imagine seeing the blood pumping through their blood vessels, working its way down to warm the chilly hands and feet that are often migraine symptoms. Explain that they can create this picture in their mind any time. For some children, this technique helps relieve pain.

Many children get nauseated with a migraine headache, so keep a basin nearby. See Figure 18-1.

Children may actually be enthusiastic about looking for ways to handle their migraine attacks and find their triggers. Because these headaches are highly individual in nature, the sooner children learn to self-manage, the better off they will be.



FIGURE 18-1:
Keeping a basin
near a migraine-
stricken child is a
good idea.

Seeing your doctor

Don't fool around with childhood headaches. If your child doesn't get relief from the pain and other symptoms after 24 hours of home remedies, see your health-care provider so that the three of you can work up a migraine plan. You may want to take your child's headache journal with you to the doctor's office (see the headache journal in Chapter 3).

Get your child checked even sooner if they have associated fever or seem very ill.

Get in the habit of being an advocate for your child's health (and your own). Of course, most doctors are extremely thorough and careful, but it never hurts to underscore a special health condition that may have gone unnoticed on your tot's medical chart.

Getting a diagnosis

For children who have migraines, getting them diagnosed is important. In the doctor's office, the physical exam may include:

- » **Measuring head circumference:** Your child's doctor checks for normal development of the skull. An excessive head-growth rate can point to increased intracranial pressure, which may be caused by tumors or *hydrocephalus* (an enlargement of ventricles in the brain caused by an abnormal increase in cerebrospinal fluid).
- » **Blood pressure and temperature check:** The doctor checks your child's temperature for fever, which can indicate an infection.
- » **Tooth inspection:** The doctor checks for cavities or a tooth abscess that may be causing your child's headaches.
- » **Examination for signs of sinusitis:** Your doctor wants to determine whether your child has sinusitis, because that condition can cause headaches.
- » **Neurological exam:** This part of the physical checks out the status of your child's cranial nerves, reflexes, coordination, and so on.

Typically, your doctor will want information about your child's head-pain episodes. The doctor will also ask questions like the following:

- » **Onset and frequency:** How often does the child have headaches, and how long has this been going on? What time of day do these headaches usually occur? Have the headaches increased in number or severity? How long does a headache typically last?
- » **Headache characteristics:** How does your child describe the pain, and where does it hurt — one side of the head or both? Do other symptoms appear before, during, or after headaches — weakness, tiredness, nausea, vomiting, or visual disturbances? Does your child ever have unexplained vomiting or nausea without a headache?
- » **Headache causes and triggers:** Have you noticed anything that seems to make this youngster's headaches worse (noise, bright lights, exercise, coughing, stressors at school or home, lack of sleep, certain foods)? Has your child fallen and hit their head recently? Does your family have a history of headaches? Do you have migraine headaches? Does another family member have them?
- » **Headache treatments:** What helps your child get over a headache (sleep, cold cloth on their head, quiet)? What kinds of medications have you tried, and did they help?
- » **Odds and ends:** Does this child get motion sickness? Was your child a colicky infant?

In rare cases, the doctor may order tests such as a computed tomography (CT) scan, or CAT scan, of the head to check for a tumor or other abnormality.

Another possible test is an MRI (magnetic resonance imaging) of the brain to look for tumors, bleeding, or blood-vessel abnormalities while avoiding radiation exposure. In some cases, a lumbar puncture, or spinal tap, may be necessary to evaluate for possible meningitis. (See Chapter 6 for more information on tests.) Alternatively, your doctor may want you to take your child to see a neurologist.

If answers are hard to find, the doctor may also evaluate your child for some very rare headache syndromes.

Understanding your child's prescription medications

In all likelihood, your doctor will prescribe medication if the remedies you have tried so far haven't helped your child's pain and nausea.



TIP

If your doctor prescribes medication, ask for a list of possible side effects. Make sure that you understand the amount of medicine to give your child and the frequency with which you should give it. In addition, ask questions such as “Can I presume that this medication is safe for my child's medical condition?” You definitely want to ask whether the drug is advisable for your child in light of any existing medical problems such as asthma or any others.

If your son or daughter is a picky pill-taker, ask whether the medication comes in a flavored liquid version.

Acute treatment medications (drugs that help stop an existing headache) can provide migraine pain relief for children. For the possible side effects associated with these drugs, see Chapter 8.

The acute treatment medications include the following drugs:

- » **Non-steroidal anti-inflammatory drugs:** A prescription form of naproxen is available.
- » **The triptans:** Imitrex, Maxalt, and Zomig are all triptans, a highly effective group of migraine medications in adults that have revolutionized migraine treatment because of their effectiveness. Data regarding their use in children is still limited, but doctors prescribe some of the triptans in certain dosing forms (such as the intranasal form of Imitrex, or sumatriptan) to alleviate migraine pain safely and effectively in children six years and older.

- » **Third-tier treatment options:** A combination prescription medication called Treximet contains sumatriptan and naproxen. Also, sometimes the anti-nausea medication promethazine is used with a triptan. Talk to your doctor about the dosing and age limitations for taking these meds.
- » **DHE (dihydroergotamine mesylate):** This drug is delivered into the vein by needle or by an intranasal version of the med and used only in the case of persistent, very severe migraine attacks. An anti-nausea med such as metoclopramide is given orally or intravenously before the DHE.
- » **Calcitonin gene-related peptide antagonists:** Research is under way to assess the safety and efficacy of these medications in children.

If your child has disabling migraines that cause significant problems with inactivity and school absences, preventives (medications to prevent migraines) may be prescribed to take on a daily basis for a set period of time. (See Chapter 8 for more on preventives.) After that period, you meet with your doctor for a reassessment to decide whether your child should continue taking the medication.

Preventives include the following:

- » **Cyproheptadine (Periactin):** Chiefly used in young children aged 3 to 12.
- » **Beta blockers:** Propranolol.
- » **Calcium channel blockers:** Verapamil and diltiazem.
- » **Anticonvulsants:** These drugs sound scarier than they are. Anticonvulsants are just a class of medication that's been found to relieve migraine headaches. Doctors usually prescribe the medication topiramate.
- » **Tricyclic antidepressants:** Amitriptyline (Elavil) is the one of this major class of medications that doctors prescribe for migraine prevention.



REMEMBER

Have an adult (you or another caregiver) act as the dispenser of medication for children who are 12 or younger. For kids older than 12, monitor drug use carefully and often.



WARNING

Never give your child someone else's prescription drug. When you're dealing with children, their size, age, and other medical conditions determine dosing. You don't want any accidental overmedicating.

Keeping It Real While Staying Positive

You want your child to flourish. You hope to raise a strong, capable, happy youngster who faces challenges with confidence and aplomb. But seeing your child curled up on the bed in the fetal position, crying from the pain of an awful headache, is hard to bear and makes you want to take charge and fix it.

Although you can't wave a magic wand and make it all go away, with the right medication and other approaches for the worst days, you can definitely help ease your child's burden.

You can also help your child transition seamlessly from headache days to healthy days. Show your child how to finesse the problem. Exude optimism and can-do spirit; these enormous assets can be contagious. (You have a good background for helping your kid with migraine challenges if you're a migraineur yourself.)

It can be hard to help a child cope with migraine because you know that headache pain is genuinely awful, but you also know that a good work ethic and positive outlook will serve your child's development better than habitually regarding headache days as fallback positions. Many migraineurs find out that they can sometimes shake the pain if they get out of the house and do things rather than give in to the "misfortune" and retreat to bed.



REMEMBER

Of course, going to bed after taking a migraine medication is not at all unusual. Often, it's the only way to go. And headaches that are bad enough to make a child unable to cope with school or other activities affect about one out of ten kids aged 10 to 19. Being temporarily sidelined by migraine pain can be very disappointing for a child.

Building your child's confidence

A low self-image is often a big problem for children who have migraine. Don't be surprised if your child turns to you with the "Why me?" question. Help your children develop a habit of positive thinking as a good coping tool for any and all hurdles ahead.



REMEMBER

Your children will key into your response to the migraine. If you get upset by your children's scraped knees, so do the kids; if you got them up and back into action, they don't see the injury as a crisis. They rally.

Unsurprisingly, though, migraine pain will cause a child to feel somewhat disadvantaged by missing activities and school, which can lead to a poor self-image. The following tips can help you address this problem:

- » **Play up strengths.** Any child with a chronic illness needs to be led to focus on all their good qualities. Tell them, “No one gets through life without aches and pains, but who has the great sense of humor you do?” Or “Who is so well-liked by friends?”
- » **Model a positive approach if you also cope with migraine.** Your child will be watching to see if you try to keep moving on headache days or if you fall back under the covers.
- » **Cite examples of pop-culture icons who have migraine.** You can name pro athletes, singers, and musicians. This information can make your child feel less alone. Model Elle Macpherson has had her share of migraine pain, and so has tennis icon Serena Williams.
- » **Make sure to tell your child that people don’t get migraine attacks because they’ve been bad.** Some young children may think that the Great Big Goblin Headache-Giver in the Sky is punishing their occasional naughtiness.



You can easily turn a kid with migraine into a semi-invalid because you’re dying to comfort your child. But the kid who’s encouraged to get up and get out when they have a mild headache develops a can-do attitude, which is always an asset. If you teach a migraine-prone child to avoid dealing with adversity, they can become isolated from peers and wind up feeling like a fragile person.

Deciding whether to send your kid to school with a headache

Many children consider school to be a headache trigger. The whirlwind atmosphere — noise, bright lights, and sometimes harassment from other kids — can lead to severe migraines.

Part of you wants to send your child to school despite a headache to avoid getting a reputation as a wimp. However, you also know that trying to cope with peers and teachers while a drill is rat-tat-tatting in their head will make for a rough day. Also, pain can ruin focus, leading to poor performance.

On the other hand, if you don’t send your child to school, they have the stress of missing classes, and they may wind up feeling like an outcast. Getting behind in studies, sports, and social activities can be huge disappointments for a kid.

Is this a time to push a little, or a time to be a buffer and have your child excused from school? Should you have a doctor provide a note that lets your child opt out of participating in gym or track?

We offer these tips for handling school issues when migraine pain affects your child:



REMEMBER

- » **Weigh the risks against the benefits of attendance versus nonattendance on migraine days.** At a time when your child is pain-free, both of you list the pros and cons of going to school with a headache. Pros of attending would be not getting behind, getting to see their friends, and knowing what's going on. Cons of going to school despite pain would be seeming unresponsive, failing to do good work, and possibly upsetting others because of moodiness.

You may think that you're oh-so-clued-in to what bothers your child the most about missing school or what's troublesome about going to school with a headache, but you may not necessarily be right. Encourage your children to talk about how headaches affect them, and you may be surprised. Don't forget, this is your son's or daughter's head — and *their* life.

- » **Consult with your doctor to come up with a headache management strategy that you can share with the school.** If your child needs medication on occasion, the school nurse needs information on file about the required doses. The school will also want to know if your child requires an hour or so to lie down in the school clinic from time to time.
- » **Come up with a school-versus-no-school game plan for migraine days.** If you come up with a plan, you won't have to deal with this issue time after time and repeat the anxiety attacks over what to do.
- » **Encourage your child to go to school if the pain is just "nagging."** Tell your child to let you know when the pain is too awful to be in a learning frame of mind. Sometimes, going to bed to sleep off a headache is absolutely the best (and only) thing to do.



REMEMBER

Give your children lots of praise when they tough it out on headache days. If they manage to take part in a class or activity, they deserve congratulations and a pat on the back.

Let your children know (gently) that someday, in adulthood, they'll face days when they're not feeling up to par but must show up and cope with a work-day. Tell them that treatments for migraines are constantly being improved over time, fortunately, and will only continue to get better. Also, thinking positive will help them frame their migraines in a way that makes their drawbacks less disruptive.

REFRAMING YOUR MIGRAINE PROFILE

For many people, the roots of migraine management begin in the formative years. One adult migraineur (Calvin, now 55) recalls that when his migraines were diagnosed at age five, his mother seemed angry with him. She gave him Tylenol, put him to bed in a dark room, and treated him like an invalid. As one of seven children, Calvin never got his mother's undivided attention except during headache episodes — but he still got the impression that she liked his brothers better than him because they didn't have migraine — and were therefore “less trouble.” For Calvin, migraine headaches became an agony/ecstasy thing. Migraine attacks were legitimate pain causers, but they were also sad forms of getting attention.

As an adult who still experienced incapacitating, frequent migraines, Calvin routinely called in to work sick; he would pop a pain pill and sleep off the pain. Taught early in life that he was “handicapped,” Calvin made no attempt to work through the headaches until he read an article that described an alternative approach. At age 39, he discovered that he could take his medication and still go to work; to his surprise, being active helped him get rid of headaches more quickly than sleeping did. In addition, he reduced his amount of unproductive time, which had always been unsettling to him. In middle age, he reframed his idea of what migraine pain meant and followed a new battle anthem.

The moral of the story: The handling of a migraine kid can massively mold their lifelong self-image. As any motivational speaker will tell you, “You are what you think you are.” Perception is everything. If you give your migraine child the poor-pitiful-me crutch, that kid may wield it as an excuse for not trying. But telling your child all the great things you know about them — capable, one-of-a-kind, smart — they have the opportunity to embrace the I-am-worthy platform. Think how cool that will be.

- » Understanding sex-related headaches
- » Talking frankly with your doctor
- » Exploring how to manage sex migraines

Chapter 19

Coping with Sex Headaches

The sex headache is an unfortunate spin-off of sexuality.

However, any kind of exertion, including exercise, can make a migraine begin or worsen. It just so happens that sex is commonly a high-energy event. Experts think that the exertion factor is exactly why sex can trigger a severe, sudden migraine in some people — mostly men.

Though clouded in mystique, most sexual headaches are typically harmless except for the fact that they really hurt. Further, you will need to see a doctor for a careful evaluation because these “attacks” aren’t always benign. In fact, a *hemorrhage* (bleeding) in the brain is sometimes the cause of a sex headache.



REMEMBER

If you experience a first-ever or worst-ever headache during or after sex, immediately go to the emergency room for evaluation to rule out the possibility of a very serious health condition. Recurrent headaches during or after sexual activity signal the need for a healthcare provider’s scrutiny.

This chapter fills you in on the common symptoms of sex headaches. It also covers the medications you can use to get headache relief and resume a normal sex life.

Examining Sex-Related Headaches

Two types of benign headaches are associated with sex:

- » A dull head pain that increases in intensity as sexual excitement heightens.
- » An intense headache called an “orgasmic migraine,” which usually features generalized head pain that hits like a bolt from out of nowhere just before or at the time of orgasm (this is the most common type of sex headache).



WARNING

If you have a thunderbolt headache during sex, and you’ve never experienced this type of sex headache before, go to the emergency room (ER)! Other signs that make a trip to the ER an absolute must are neck rigidity with the headache; vomiting; problems with coordination; and unresponsiveness. Even though most sex headaches aren’t dangerous, have yourself evaluated (just to make sure you’re all right).

As Houston neurologist Brian Loftus explains, “There is nothing in history about a headache at the onset of orgasm (when blood pressure rises) that allows you to know it is not a subarachnoid bleed [bleeding in the brain].” Dr. Loftus states that he has to consider the possibility of a warning bleed even if the patient’s exam is normal at the time. On the other hand, if someone comes to him with a 20-year history of headaches during sex and exertion, with multiple occurrences each year, he doesn’t perform a scan or spinal tap if the patient’s neurological exam is normal because, as he says, “no one has 100 warning bleeds without the big one.”

SEX HEADACHES AREN’T ALWAYS INNOCENT

One doctor tells of a young woman who was wrongly informed that her sex headaches were a benign condition. Later, a second doctor found that she had two aneurysms, one of which had ruptured to produce a subarachnoid hemorrhage — a potentially life-threatening condition. Luckily for her, both aneurysms were clipped surgically, saving her life.

Anyone who has a so-called “benign sex headache” should go to a doctor for evaluation to exclude the possibility of a very serious health condition.



WARNING

Headaches that occur with orgasm can be a symptom of a stroke, bleeding in your brain (a brain hemorrhage), or an arterial dissection (bleeding into the wall of an artery), so it's important to get them checked out the first time they occur.



REMEMBER

By the way, you don't have to have a partner for sex-related headaches to hit. Solo sexual activity can bring them on, too.

What's a sex headache all about? Here are some characteristics of sex migraines:

- » **The bombshell pain:** You may look (and feel) as though you've been hit by a missile. Shocked by the sudden pain, you grab your head and groan.
- » **Very bad timing:** This explosive head pain can occur right before or at the moment of orgasm.
- » **Short but not sweet:** These headaches are short-lived. They often subside a few minutes after orgasm, but occasionally they last for hours.
- » **Slow creeper:** For some folks, sex headaches start with a dull roar during sexual activity and unload the big blast of pain at the time of orgasm.
- » **Likes men better:** For some reason, men have sex headaches more often than women do.



TIP

If a sudden-onset headache happens to you — either during sex or right at the moment of orgasm — the first thing to do is forget about sex. Stopping sex will probably eliminate the pain; you may feel it diminish fast as your body calms down and resumes normal pacing.



TECHNICAL
STUFF

Researchers and physicians conjecture that sex headaches occur when there is abnormal regulation of the blood vessels in the brain with exertion of the body.



REMEMBER

You won't know for sure whether a thunderclap headache signals that your health is in jeopardy. If you've experienced sex headaches in the past, and you've felt them fade away right after orgasm, the chances are good that they'll fade the next time, too. But be alert for any signs that make a headache different or worse. If you have a headache that doesn't go away after a couple of minutes or hours like previous one(s), see a doctor to have it checked out.

Having a Candid Chat with Your Doctor

To find a medication that works for a sex migraine, you may need to try several different ones over a period of time. The more information you provide your doctor, the better the chances of getting the right drug. So don't be afraid to be perfectly candid.

Your doctor can look at your headache history to see whether an obvious cause exists for the trouble you're having. If unable to determine the cause from your medical history, your physician will dig deeper to investigate what's going on.

If you persevere with fact-finding, you and your doctor are likely to find an answer.



TIP

Giving a doctor incomplete information on a sex-related health problem is the norm rather than the exception. Try your best to leapfrog over your reticence about discussing matters of intimacy and tell your doctor all the pertinent information needed to diagnose. Your doctor is not going to judge your sex life. The goal is to help you solve your problem.

Be forthcoming about your sex headaches for two main reasons:

- » You may have a life-threatening condition that requires prompt testing and treatment.
- » You need to find a solution for your headaches because sex-related problems often make people avoid sexual activity.



REMEMBER

Just because you have a migraine history doesn't rule out the possibility of having a headache that signals a life-threatening condition. To be safe, get checked out.

Managing Headaches without Giving Up Sex

Your goal in the headache arena is to find a way to have sex but not face the horrible headache that rides in orgasm's sidecar. These headaches are bad enough to make almost anyone shy away from repeat sexual encounters.

After a doctor evaluates you, performs tests, and determines that you're having benign sex headaches, your options are

- » Over-the-counter pain relief for sex headaches that persist
- » A prescription medication if mild pain medications don't help
- » A prescription medication that you take before having sex to ward off an explosive headache

» A prescription medication that you take daily to help prevent frequent sex headaches

Sampling over-the-counter analgesics

You may want to try taking an over-the-counter (OTC) pain pill before you participate in sexual activity.

The drug of choice is usually a nonsteroidal anti-inflammatory such as naproxen (Aleve). Take the recommended dose prior to sexual activity with a partner or solo.

Taking a prescription medication

If you keep having sex headaches, your doctor may prescribe a medication, such as indomethacin (Indocin) to take before intercourse or the beta blocker propranolol (Inderal) to take daily to ward off repeat headaches. Or your medical provider may want you to try a medication for the pain of a sex headache only if you develop one. You usually take preventive medicine on a regular basis only in special instances (see Chapter 8 for reasons that people use prophylactic migraine medications).



REMEMBER

Don't be reluctant to use your prescription migraine med for sexual headaches, but take the medication exactly the way your doctor recommends. Don't use more pills than you're supposed to, and don't use them more frequently than you're supposed to.

Getting help for sex-related anxiety

If you often experience sex headaches when you have an orgasm, your interest in sex may drop dramatically. If pleasure comes with that kind of pain, who needs it, right?

If you face this predicament, try using relaxation techniques. They may help reduce the anxiety that stems from the fear that you'll get a migraine every time you have sex. (See Chapter 9 for more on relaxation techniques.)

Don't just decide to skip sex altogether! It is important to have a doctor evaluate these headaches to make sure that they are benign. Then you can have a treatment or prevention plan in place for future sex headaches.

TAKING CARE OF YOUR PARTNER

"I'm so worried about my husband because his head almost explodes after orgasm," a teacher named Megan said. "This used to happen now and then, but it has become the norm. I've tried to get him to see a doctor, but he refuses because the headache goes away so quickly. So, I asked my gynecologist if this could be a sign of something serious."

Megan's doctor suggested that she get her husband to see a doctor for evaluation. Although the doctor thought it was probably just benign sex headaches, the fact that they were becoming more frequent was a good enough reason to get checked out.

When she told her husband that worsening severe headaches were symptomatic of serious conditions such as a brain tumor or hemorrhage, he was ready to see a doctor. The doctor who evaluated Megan's husband ordered a CT scan, which was normal. He then ordered a *lumbar puncture* (spinal tap), also normal. These tests essentially ruled out anything other than what is usually happening when someone has a bad headache during or after orgasm — a benign sex headache. The doctor recommended that they try sexual abstinence for a couple of weeks to see whether it would help, and then if the problem continued, he should take a nonsteroidal anti-inflammatory, such as naproxen or indomethacin, an hour before sex to prevent a headache.

The doctor explained to the couple that sex headaches are usually harmless, and a serious condition causes only a small percentage. But the possibility of something life-threatening makes emergency medical evaluation important for anyone experiencing a new-onset headache during sex.

- » Accessing mind-calming techniques
- » Eliminating stressors that lead to migraines

Chapter 20

Dismantling Stress-Related Migraine Attacks

Divorce and child support. Disintegrating families and violence. Information overload and technology overkill. Global disasters and terrorists. We all face a multitude of existing (and imagined) threats and problems. So, yes, you probably obsess a bit, and if you have a migraine tendency, you may find your stressors ganging up with your headache triggers to produce head pain.

Stress can crop up anywhere: work, home, coffee shops, freeways, malls, grocery stores, and church. But you'll never cut out all stressors, so your best bet is to accept that you'll face them and try to temper the impact of stress on your life. Even if you could make your life completely stress-free, that wouldn't necessarily be a good thing. Stress can be a positive force that nudges you to action, helps you take on challenges, and powers you forward. But it can also team up with fellow migraine triggers and agitate your brain.

You can combat stress with relaxation techniques and biofeedback (see Chapter 9) and behavior modification (see the following section). Because studies show that stress can antagonize your brain's sensitive neurons, the sooner you figure out how to avoid meltdowns and reactivity, the less often you'll see stress joining the ranks of other triggers that cause a migraine. This chapter walks you through ways to work with stressors, such as by using the mind-calming techniques of self-talk and reframing, and by eliminating habits and behaviors that increase your stress.

Mastering Techniques for Calming Your Mind

For a person who has headaches, the stress spiral works like this: When you feel stressed, the hormones adrenaline and cortisol go into overdrive, pumping up your heart rate and blood pressure, which sometimes leads to brain changes that evoke headache pain.

Aside from whatever else is going on in your head, your mind can be extremely powerful in moderating how stress affects your perception of events and your methods of coping with them. Many doctors believe that you actually can think yourself sick — or well.



TIP

The key skill you need is a way (or ways) to keep stress from disabling you. By arming yourself with techniques that fit your personality, you can handle stress in a way that makes you less anxious and more proactive. People who seldom fret will discover that when they have their emotions under control, stress is less likely to cause collateral damage in the critical head space.

You can gain expertise at self-talking your way down from high-wire stress. Also, you can reframe thoughts or events that once overwhelmed you as ones that you can take in stride.

Choosing positive approaches

Give tough situations a positive tilt. Just resolve to abandon your bad habit of being a worrywart who asks “What if this happens?” and “What if *that* happens?”

One of the top ways to quit worrying is to ask yourself, “What’s the worst thing that can happen if my fears do come true?” Then you look at that outcome and acknowledge that although it may be unfortunate, it’s not crippling or terminal. Then you can get on with your day.

Getting with the game plan

You can examine any problem and list ways to solve it instead of letting yourself escalate into doomsday-scenario thinking.

Perhaps your marriage isn’t going well, and you expect to receive a “domestic-partner pink slip” very soon.

Just presume that the worst will happen and draw up a one-two-three action plan. That way, you have at least the following options:

- » See a therapist for counseling to help you navigate your distress.
- » Take up a new hobby as a distraction to keep you from jumping on the dating bandwagon too soon. (After a breakup, heal for at least six months before dating.)
- » Do as Dr. Phil suggests — perform an “autopsy” on your dead relationship and try to learn something from what went wrong.
- » Maximize your good qualities. Remember that some people really appreciate those traits.
- » List things you want to work on.
- » Check to see what the split actually did to you. Did you die? Did you go crazy? If you didn't self-destruct, you're probably going to be all right eventually.

Reframing a problem

Face your problem: Maybe you don't have enough money (the same head-scratcher that lots of people struggle with). You can't cover your bills, and you certainly don't have enough to sock away savings. The cause: Your profession is low-paying. You enjoy what you do, but you hate being strapped financially.

You can start a stress-worry cycle, thinking “I don't know what to do! There's no answer to this!” Or you can reframe the problem: Instead of seeing your financial picture as bleak and stewing in despair, outline some solutions. The following are options to consider:

- » Find another job that's not as much fun but pays more.
- » Find a job you like that pays more.
- » Look for supplemental income sources — consulting work, substitute teaching, or freelance or contract opportunities.

Now examine the options and choose the one you can handle. Suddenly you realize that you have reframed favorably what looked like a dismal, no-win dilemma into a plausible answer. At any time, too, you can reevaluate your choice by revisiting options and picking another.

Adjusting your attitude about migraines

Sometimes you may feel discouraged because your life isn't pain-free, and no one understands the level of agony you experience. But you can always reframe your situation in several ways:

- » **Accept what is.** Although it feels far from fair that you have to put up with headaches, there are people with worse health issues, so count your blessings and try to be more accepting.
- » **Decide what you want to do.** Set goals and decide how to get there. You lower your stress the minute you choose empowerment over pretending that you're a victim of fate.
- » **Define yourself as an upbeat, involved, can-do individual.** Don't let anyone or any number of headaches convince you that you can't have the kind of life you want. You will no longer think of yourself as disabled and realize that how you "brand" your migraines will determine the size of the role these trouble-makers play in your life.
- » **Be proactive.** Do smart things to manage headaches: regular exercise (see Chapter 11), avoidance of food triggers (Chapter 10), proper rest (see Chapter 13), relaxation techniques (Chapter 9), and the use (*not* overuse) of migraine medications (see Chapters 7 and 8).
- » **Display healthful behaviors at home and work.** Stop expecting people to bow to your headache tendency. Instead, start rolling with the punches and making your own opportunities. Millions of people have health problems that they live with and work around.
- » **Get good at your coping strategies.** Manage your stress in a way that keeps it from being a major factor contributing to your migraine development. Stress is definitely one of the biggest triggers that affects people with migraine, so it's important to decide how you'll chuck the habit of needless worry.

Using self-talk to hobble migraines

You can use self-talk to reduce stress and make anxiety less likely to gang up with other migraine triggers and haunt your brain.

If you're like most people, you may be telling yourself that you're not good at doing certain things. But why not end the negative brain-chat? Instead, tell yourself that you're going to start each morning of your job well prepared; doing so

will ensure your success. Take the reins, and you'll feel a freeing effect just from knowing that life is not going to sweep over you; instead, you're going to sweep over it.

Positive self-talk can ratchet down the severity of a migraine or keep one from forming. Also, make use of self-encouragement as a tool to reduce stress and the likelihood of a migraine.

Articulate strong, positive messages that grant you the expectation of doing well. For example, you can use proactive self-talk before giving a sales presentation: "People really are going to be wowed by the extent of my preparation today. By the time I get through, I expect to find my clients very interested in doing business. I will make my talking points clear and to the point. I will smile and act relaxed. I will ask for feedback and show that I care about understanding and fulfilling their business needs."

Okay, now that you have the gist of the process, try using self-talk to enhance your ability to handle anxiety. Hopefully, you're discovering how to convert stress into positive actions and minimize migraines to some degree through the power of positive thinking.

Rearranging Priorities to Scuttle Stressors

Feeling aimless, disorganized, or scattered always contributes to stress. You can improve this situation, though, by rearranging your priorities. Drop the old "I fly by the seat of my pants" motto and replace it with an orderly mindset that has you standing out as the most prepared and well-spoken person in the room. You may think that some people succeed professionally by luck, but really, about 99 percent of the time, success takes a willingness to work hard, be kind, and deliver tight, smart projects, thereby pulling off an amazing productivity record. By resetting priorities, you automatically eliminate the stressors that come with not having your act together. You replace the blockhead of yesteryear with today's cool producer, destined to succeed and reap the benefits of being great at a job.

It's usually wise to steer clear of naysayers who just increase your stress level by rarely seeing the glass as half-full. Why make yourself anxious if you don't have to?

Be logical and smart. Indulge in self-care. And adopt a daily stress-scuttling frame of mind.

Organizing stress-free days and screen-free evenings

If you're basically an unstructured person, how do you get organized? Some people argue that changing erratic ways is impossible, but it's really one of the easiest things to change — *if* you want to.

To become more organized, try the following:



TIP

- » Evaluate your home and work systems to decide whether they're working for you. Decide on a place for everything — and keep things in their places.

Putting things where you'll first think to look for them is a simple organizing philosophy.

- » Have a plan for your day and week. Use your cell phone, computer, a planner, or a simple checklist to help you

- Start each day by reviewing your day's plan.
- Designate tasks that you must do first (very important), second (somewhat important), and last (not important).
- End the bad habit of postponing key planning and preparation sessions. Be strict with yourself until you establish a high bar of excellence for your own prep and performance. Don't let yourself off the hook.
- Take care of your top priorities in the morning, when your energy level is high and your mind is fresh. That way, if you get off track because of emergencies or distractions, you'll have crossed off the key items on your list.
- Put a few easy (or already-finished) tasks on your list so that you can check them off and feel the positive vibe. ("Hey, this feels good — I can do this!")



TIP

Avoiding people and situations that stress you out

You may butt heads with people who cause you high stress. Why do this to yourself?

Instead, figure out if you really need to be around folks who contribute to your stress. Also, question whether you really need to do any of your activities that make you feel anxious.

You can handle stressful situations with the following tips:

- » **Set up defined times to deal with problem people or situations.** You have a dreaded meeting with your child's third-grade teacher. This wacky guy drives you nuts because he rattles on endlessly. You can't avoid him entirely, but you can set up meetings with specific ending times (you have an appointment, you must make a call, and so on). Take control.
- » **Tweak standoffs your own way.** You may hate stressful meetings with your boss, but you can make these encounters better by shaping them to your advantage. Go into these meetings with a list of your own questions and a readiness to take notes. Be polite and efficient. This approach is not only professional but also gets you in and out fast. Less muss and fuss. Less stress. Better opportunity for you to get things done properly.
- » **Prepare for stressors.** Be ready to manage stressful situations that are unavoidable. For example, if you know that you must spend holidays at the home of your in-laws, who always bicker, limit your exposure. Make a mental list of things to talk about (positive subjects!), and don't feel like you have to contribute to depressing topics. Especially avoid talk of politics and religion. Pal around with the family members you enjoy.
- » **Try an all-new tactic.** Making even small changes in your own perspective can sometimes yield large rewards. For example, if your child whines and cries while you cook dinner, and nothing you say seems to help, do something different. Get down on his level, look him in the eye, and ask if he wants to help. Give him a tiny task; make him feel valued and loved. Turn dinner preparation into a family enterprise, and shed stress in the process.



REMEMBER

One of life's true ironies is that we worry about the opinions of people we don't even like. Consider the wasted time you devote to white-knuckling when you field certain thoughts: "What does he think of me?" "What can I do about that?" "He's always saying horrible things about people, so I know I'll be on his list at some point."



TIP

Try to release yourself from the grip of living in others' opinions. Absolutely *do* care what loved ones (friends and relatives) think about you, and make them proud with exemplary behaviors. But *don't* care what strangers and adversaries think of you. These people have very little to do with your life, so why spend time worrying about what they think? They probably don't know you, and perhaps they don't want to. That's okay. You don't have to please the world.

Loosen the stress vise in your life that contributes to migraine evolution.

GETTING A HANDLE ON THINGS

A single guy we know (Gilbert) just couldn't seem to get organized. His haphazard ways were even jeopardizing his job. This situation led to stress that caused migraine attacks — or at least that was his assessment.

He got anxious. He worried that his supervisor would find out that he wasn't up to speed for a big meeting. Soon his head started pounding, making him even less capable of delivering a professional presentation. And he bombed.

Finally, this guy decided to make some rules for his out-of-control lifestyle: Stop all the late-night clubbing during the week; work on organizational skills; spend time each morning preparing for the day; and take migraine medication as soon as a headache starts.

"I figured things couldn't be worse," he said candidly. "I had nowhere to go but up."

After a month of being strict on himself, Gilbert made strides in improving his work ethic and performance. He's still no Marie Kondo of organization, mind you, but he's doing much better.

"Now I'm not anxious all the time," he said. "I feel like my stress trigger won't lead to migraines easily because I'm not freaking out over the fear of losing my job anymore. Being prepared made a tremendous difference. I've improved my corporate image, and I'm happier and less frazzled."

IN THIS CHAPTER

- » Having fewer migraines (some seniors' lucky fate!)
- » Experiencing migraine headaches for the first time ever
- » Getting your doctor's advice on new headaches
- » Monitoring for eye problems and abnormal head pain

Chapter **21**

Mastering Migraines as You Age

Just when you begin to wonder whether growing older has any advantages other than senior discounts, someone tells you the good news about migraine headaches. Many people with migraine who have lived with this malady life-long see a major decrease in the frequency and severity of their headaches after age 50. Various factors may account for this welcome trend, including lifestyle (such as less stress from work), physiological changes, and better management of factors that can lead to a migraine.

For other older people, though, headaches first show up in the golden years. This situation calls for a prompt medical evaluation to find out why it's happening. Very often, new-onset headaches in older people are symptomatic of a separate medical condition that needs to be diagnosed and treated.

Basically, seniors are subject to a wider realm of health problems just because their bodies are older, so they need to see their doctors for any new or different kind of headache. The head pain may simply be a first-time migraine headache, or it may signal a serious health condition that urgently needs evaluation and treatment. Either way, a senior needs a doctor's evaluation.

Experiencing Less Migraine Pain as You Age

Although you may dislike some aspects of growing older, you're sure to love the gradual fading away of your migraine headaches. After years of battling these headaches and having them ruin your plans, they seem to go on sabbatical.

Migraineurs who experience a decrease in the severity and frequency of headaches in their early 50s will usually see this reversal of ill fortune just get better and better. You may be in disbelief at first — the change seems too good to be true — unless your doctor told you to expect this phase. Here it is at last: Respite from regular bouts of migraine pain, nausea, and other symptoms.

No one really seems to know why migraine symptoms become less severe and more infrequent as we age. But many migraineurs report far less trouble with headaches after the age of 50.



WARNING

Any new severe headache, especially after age 50, is cause for concern. Thus, if you haven't had bad head pain for years, and a headache occurs suddenly, see a doctor as soon as possible because it may indicate a serious health condition.

Heeding Wisdom on Migraines

One of the strangest aspects of migraine symptoms is their individualistic nature, which makes them difficult to understand. For some people who pass the 50th-birthday mark, migraines are still part of their senior years. In rare cases, they show up for the first time ever, baffling the brand-new migraineur. Why now?

Sometimes headaches in the senior years are caused by a medical condition. Although you may automatically think "Yikes, brain tumor!" your migraines are much more likely caused by a medication you're taking, glaucoma, high blood pressure, neck arthritis, or a sleep problem. But because you can't know for sure what's going on, you need a medical evaluation.

Often, in older folks, headaches aren't serious — they may be tension, cluster, or migraine.



REMEMBER

Folks older than 50 who have been mostly headache-free are more likely than younger ones to have a serious or life-threatening cause behind their headache — including glaucoma, tumor, stroke, or high blood pressure. Therefore, you should see a doctor if you're having headaches for the first time after age 50. Your doctor can determine whether you need tests (see Chapter 6) or just a prescription for pain medication.

Some medications that seniors commonly take, such as some high blood pressure drugs, angina medications, and meds for erectile dysfunction, can cause headaches.



WARNING

Don't try to improvise treatment by taking a migraine medication used by a friend or your partner. The pill you borrow may not interact well with a health condition you have or other drugs you take regularly. This bad interaction may result in a complication or mask the signs of a serious illness.

By the way, exercise sometimes triggers exertion headaches in seniors just like it does in some younger people. Regardless, seniors need exercise, and many people enjoy it well into their 80s and 90s. But if you think that your workout or running or tennis contributes to headaches, you may want to tone down the intensity or find a different form of exercise. Also, although maintaining flexibility is important as we age, seniors must be aware that balance can be more problematic than when they were younger. You obviously want to avoid falls, so keep in mind that the fast moves of a Zumba class, for example, may not be senior friendly.

Adjusting lifestyle headache triggers

Assuming that other headache causes have been ruled out and you've been diagnosed with migraines, you — a 50-plus migraineur — may need to make lifestyle changes to things that appear to trigger your headaches. (Chapters 3, 10, and 12 walk you through finding and managing migraine triggers.)

Many experts agree that the more consistent you are with sleep habits, movement, meals, and environmental input, the less likely your triggers are to unite and cause you grief in the form of a headache. Regular exercise, a good diet, and ample rest are adjuncts to migraine prevention.

Don't underestimate the importance of simple changes. The more you can do to streamline your lifestyle and make things smoother for your brain, the better your chances of subduing your migraines.

Making dietary changes

If you're new to the migraine realm, you may have no idea what types of food or drink are your headache triggers.

Monitoring what you consume can be a cumbersome undertaking, but keeping a food diary is one of the best ways to flush out your triggers. (See the headache journal in Chapter 3, and check out Chapter 10 for advice on ridding yourself of headache-inciting food and drink.)

Monitoring the timing of caffeine, sleep, and food

Headaches in older people can result from erratic timing of caffeine, sleep, and meals.

Seniors who have a lot of unstructured time may have trouble with regular sleep habits. For one thing, if you go to sleep at 10 p.m., you may find yourself waking up rested at 3 a.m. What's going on? It's surprising to you, maybe, but not unusual in this age group. Binge-watching TV series is a lure for all age groups, but as noted elsewhere in this book, an erratic sleep schedule with varying morning wake-up times can lead to headaches for two reasons. One, if you're a coffee drinker, you're getting your "dose" of caffeine at different (uneven) times, and your body balks by giving you caffeine-withdrawal headaches. Second, all age groups do better with regular hours of sleep, and when they don't get them, a bad headache can materialize.

Fighting headaches that wake you up

The *hypnic headache*, a rare headache seen most often in people 50 and older, is known for head pain that's bad enough to wake you up at night. The hypnic headache is felt on both sides of the head, is often accompanied by nausea, and occurs almost every day during sleep or daytime naps. You may have this sleep-related benign headache several nights per week in the early-morning hours. It usually lasts two hours or less, and the cause is unknown.

To prevent more hypnic headache episodes from occurring, doctors treat the patient with indomethacin. An alternative is taking caffeine in a tablet or drink before you go to bed at night.

New headaches that wake you from sleep need to be evaluated by a medical provider to make sure that you don't have an underlying medical condition causing the headaches.

Seeing Your Doctor for Help

Don't try to go it alone. If you're new to headaches — or you've had them for years but never coped well — get a doctor to help you work up a migraine management plan (see Chapter 6).

Perhaps the treatment you used in the past for pain relief is no longer working. If so, you need to reassess your situation and have your doctor evaluate you.

Investigating health conditions that cause headaches

Have your doctor examine you to rule out the possibility that your brand-new headaches may indicate an altered health situation.

Doctors often used to automatically diagnose depression when a senior complained of headaches. Today, healthcare providers rarely believe that newly occurring headaches in people older than 50 have a psychological origin.

Some health conditions may cause seniors to develop headaches. These types of headaches include the following:

» **Cervicogenic headache:** A dull back-of-the-head headache that gets worse when you move your neck often accompanies cervical disk disease. In older people, changes of cervical spondylosis (or degenerative arthritis in the neck), which aren't unusual, are frequently seen on X-ray films of the neck.

You can treat this pain with medications such as acetaminophen (Tylenol) or celecoxib (Celebrex), but the treatment varies depending on your other medical conditions. Physical therapy can help, as well as nerve blocks done by pain-management doctors.

» **The headache of a transient ischemic attack (TIA):** This headache is often nondescript, dull, and moderate. It may last from minutes to hours. The headache itself may act as a precursor of other *brain ischemia symptoms*, which are symptoms that result from inadequate blood flow, such as weakness on one side of the body or slurred speech. These symptoms mean you should go to the ER immediately.

Although a TIA is similar to a stroke and doctors may refer to it as “a mini-stroke,” the effects resolve in 24 hours. Along with a headache, you may experience any of these symptoms: dizziness; weakness in your arm or leg on one side of your body; confusion; visual disturbances; coordination problems; and slurred speech.

The cause of a TIA is a brief interruption in blood flow to the brain from a blood clot or an artery that is narrowed due to *atherosclerosis* (plaque in the arteries). After a TIA, your doctor is likely to recommend that you take an anti-platelet medicine such as aspirin or clopidogrel to help prevent stroke or another TIA. To keep the attacks from happening again, it's important to make lifestyle alterations, such as quitting smoking. In some cases, surgery is necessary to correct the narrowed artery.

» **Hunger headaches:** Seniors may fail to eat enough food for several different reasons. Some older people become less active because of decreased mobility, and their taste buds may have become dulled to the pleasure of eating.

Some older people lack adequate access to food and must rely on others for a daily meal. Obviously, this situation needs to be addressed.

Skipping a meal or not eating enough can result in a drop in blood sugar. The treatment is simple: Fuel up regularly. Strive to get ample nutrients, including protein and complex carbohydrates.

IF IN DOUBT, CHECK IT OUT

Maggie, a retired teacher, saw a health expert on television talking about serious health problems that can cause migraine headaches in people older than 55. The television show sent her off on a roller coaster of worry about her health. She had always suffered from migraine headaches, but lately she'd been having a brand-new type of headache that was a little alarming. She felt some pain on one side of her head at the temple, but more so at the TMJ (jaw joint). This headache pain had been going on for five days — not as the usual awful migraine pain, but its odd nature worried Maggie.

She had put off going to the doctor to save money. For this 60-year-old retired woman living on a fixed income, every penny counted. But after agonizing over possibly having giant cell arteritis (formerly called temporal arteritis), she made an appointment to see her internist.

An examination revealed no signs of giant cell arteritis. Maggie learned from the doctor that giant cell arteritis is a rare condition, and patients can indeed feel the headache on

one or both sides (bilateral) of the head, as well as tenderness at the temples, jaw pain with chewing, and sometimes have vision problems (and even vision loss). However, the doctor believed that Maggie's pain resulted from her grinding her teeth during sleep.

After a blood test helped confirm the absence of giant cell arteritis, the doctor advised Maggie to take naproxen (Aleve) when the situation came up again. A mouthpiece obtained from her dentist would also keep her from grinding down her teeth.

Going to the doctor provided peace of mind for Maggie, who thought it was well worth the \$20 co-payment.



WARNING

If you think that you may be having a stroke, get immediate medical attention. Call 911 or have someone take you to the emergency room.

Finding a prescription drug that's compatible with your older body and other meds

If you're a senior (or even if you're younger), warding off the possibility of adverse drug interactions is a prime consideration when your doctor is treating you for headaches.

After your doctor determines that your recurring headaches do not indicate you have a life-threatening condition, you'll still need a medication that you can use occasionally and that will jibe with other drugs that you take on a regular basis.



REMEMBER

Many seniors take prescription medication, so beware of drug interactions when you add your migraine painkiller. When using a drug for migraines, tell your doctor about side effects that are disconcerting or aren't ones your doctor (or the prescription information sheet) lists.

Understanding Secondary Headaches That May Come with Aging

In contrast to primary headaches, such as those from migraine or tension, a *secondary headache* is a symptom of a separate, underlying medical condition. Secondary headache causes include blood vessel disorders in the brain (such as

stroke); brain tumor; brain injury; high blood pressure; seizures; substance abuse or withdrawal; and infection.

Temple-area headaches

A rare and serious condition, giant cell arteritis (a.k.a. temporal arteritis), comes with throbbing pain in the temples, as well as pain when you touch your temples. This serious health condition usually occurs in older people, and doctors recognize it by the appearance of new-onset headaches after age 50 in the temple area. Pain worsens with time, and you may experience jaw pain with chewing, joint and muscle aches, tiredness, and temple tenderness because of an affected artery underneath.

With giant cell arteritis, one or both temporal arteries on the side of your head can become inflamed. Although no one knows the cause, it appears to involve a flawed immune response that inflames artery walls.

With this condition, you need timely medical evaluation because it can lead to blindness. However, when diagnosed and treated early, giant cell arteritis responds well to medication.

Your doctor will check your blood's erythrocyte sedimentation rate or your C-reactive protein, or both. A high level of one or both indicates body inflammation. An ultrasound of the temporal arteries can confirm this diagnosis. A surgeon may remove part of the blood vessel to study for artery-wall changes and ensure that this is the right diagnosis.

After being diagnosed, you will take steroids for months, which can cause weight gain and increased risk of osteoporosis.

Face pain

Some headaches stem from *neuralgia*, or nerve pain. *Trigeminal neuralgia* is a severe, sudden nerve pain that occurs on one side of the face. (This pain is often caused by compression of the trigeminal nerve by a blood vessel.)

Trigeminal neuralgia (also called *tic douloureux*) causes severe facial pain that feels like jabbing or burning. A brief pain may start near one side of your mouth and then shoot toward your ear, or you may feel it around your ear when you chew. Also, a blast of cold air may cause this facial pain.

Trigeminal neuralgia is a rare disease seen more often in women than men and more common in people who are middle-aged or older. Sometimes the problem

goes away on its own — and later comes back and stays for a week, only to disappear again.

This condition typically responds well to medication. But if the medication fails to work, surgery may be necessary. The type of surgery depends on the cause of the trigeminal neuralgia. Most often, it is a surgery done to move a blood vessel so that it no longer compresses the trigeminal nerve.



WARNING

In rare cases, trigeminal neuralgia can be a sign of an underlying problem such as multiple sclerosis or a brain tumor, especially in younger patients.

Back-of-head pain

A rare condition called occipital neuralgia causes you to feel throbbing, shooting, burning, or aching pain around the head. Usually, pain starts in the neck and spreads upward.

Occipital neuralgia affects the occipital nerves.

Bleeding in the brain

Chronic subdural hematomas (an abnormal pooling of blood on the brain) are more common in older people.

Chronic subdural hematomas aren't unusual in older people because of the increased problem of poor balance, which leads to falls and head trauma.

If you have signs of a hematoma, your doctor will probably do a computed tomography (CT) scan or magnetic resonance imaging (MRI) exam of your brain (see Chapter 6 for more information on tests) to diagnose the problem. If they find a hematoma, the situation may require surgery. Signs of a subdural hematoma include headache, drowsiness, confusion, and (rarely) one-sided weakness.

Brain tumor

Some symptoms associated with a brain tumor are the following:

- » A dull headache is common, but people give various descriptions of it.
- » A headache is common with a brain tumor but is rarely the only symptom. More often, other symptoms appear as well, including seizures or weakness of one part of the body (such as one arm or one side of the face).

- » Head pain gets worse with movement.
- » Headaches have changed by becoming more frequent or more severe.
- » The headache comes on slowly and progresses, but it can also come and go.
- » Nausea and vomiting occur.
- » You wake up with a headache.



WARNING

In rare cases, a headache may be a sign of a tumor, aneurysm, or subdural hematoma (a pooling of blood on the brain). An *aneurysm* is a balloon-like bulge in the wall of a blood vessel that may rupture or leak blood slowly, causing an awful headache that's sometimes accompanied by vomiting and a stiff neck. With a tumor, the head pain gets worse over time and is sometimes accompanied by *projectile vomiting* (when you vomit, the substance flies from your mouth like a spewing fountain), visual problems, trouble with balance or coordination, and personality and speech changes. A subdural hematoma is often caused by head trauma, but it may sometimes result from a ruptured aneurysm.



REMEMBER

If you're 55 or older, your risk of stroke is greater than it was when you were younger. Headaches occur in about a fourth of stroke cases.

A headache associated with stroke can cause pain anywhere on your head. You may vomit, feel dizzy, disoriented, or weak, and experience visual disturbances, paralysis, slurred speech, or difficulty with coordination. You may also breathe irregularly, have a seizure, go into a coma, or die. The stroke results from a blocked blood vessel, a blood vessel that is bleeding in the brain, or a blood clot that travels to the brain and blocks an artery.

Monitoring Eye Issues and Atypical Head Pain

If you experience headaches associated with eye problems after age 50, report them to your healthcare provider. The combination of symptoms will make your doctor want to check for specific problems that may be causing your headaches. Another problem that your doctor should check out is unfamiliar, sudden facial pain, which can point to trigeminal neuralgia (explained in the “Face Pain” section, earlier in this chapter).



WARNING

Eye problems associated with headaches may be a sign of glaucoma (which requires prompt treatment) or another medical condition. As we discuss in the “Temple-area headaches” section, earlier in this chapter, giant cell arteritis is another condition that can result in headaches and vision loss.

Noting throbbing behind your eyes

If you have a throbbing pain behind one or both eyes or in your forehead, it may point to glaucoma. The visual symptoms sometimes reported with glaucoma include bad eye pain, seeing halos around lights, blurred vision, and reduced peripheral vision. Nausea is also common.

Glaucoma develops in the first place because impaired drainage leads to a fluid buildup in the eye, which spins off into increased pressure inside the eye.



WARNING

Angle-closure glaucoma (whose symptoms are redness of the white part of one eye and pain in that eye, a bad headache, blurred vision, and nausea/vomiting) is an emergency. If you experience the symptoms of angle-closure glaucoma, you need to see an eye doctor (ophthalmologist) as soon as possible, because you can permanently lose vision within hours to days.

Open-angle glaucoma is a much more common condition. It results in the loss of peripheral vision over a period of many years and, ultimately, blindness, if untreated. If this condition is diagnosed by a yearly eye exam, prescribed medications can help control the progression of vision loss.

Most at risk for glaucoma are people of African, Asian, or Hispanic descent; people with nearsightedness, an eye injury in their past, or a family history of glaucoma, diabetes, or high blood pressure; and people who have a history of steroid use.



TIP

If you're older than 40 and at increased risk for glaucoma (or if you're older than 60), have a yearly eye exam and measurements of the pressure within your eyes.



WARNING

If you have symptoms of glaucoma, seek treatment immediately. Vision loss can result if you wait too long. The correct medications or laser surgery can prevent further vision loss and help your headaches at the same time.

Reporting atypical head pain

Trigeminal autonomic cephalalgias (TACs) are rare conditions that have one-sided head pain and symptoms like nose congestion, eyelid swelling, and facial sweating.

Subtypes of the TAC umbrella are cluster headache, paroxysmal hemicrania, hemicrania continua, and short-lasting one-sided neuralgiform headaches (SUNCT).

SUNCT headaches cause pain described as burning, piercing, and throbbing and are usually on one side of the head or around the temple or eye. Attacks last from a second to ten minutes and usually occur in the daytime. Typically, you have several attacks in an hour and may have a watery, red eye on the side of the pain.

BITING THE BULLET AND GETTING HELP

A woman we know has been dealing with her headaches on her own for most of her life. At 73, she lost her sister to cancer and had to live alone, which made her suffering even worse and more isolating when she got a migraine. People believed her when she said, “Oh, I’ll be fine,” even though she really wasn’t.

Then she read an article that encouraged people with migraine to establish some kind of control over their situation. The article also referred to “pain behind the eye” headaches that could indicate glaucoma, which really frightened her. She went to see her doctor, who linked her to a support group and encouraged her to make a few lifestyle changes to tone down her headache triggers. (For years, she suspected that the MSG, or monosodium glutamate, in Chinese food led to her headaches, but she seemed to forget between headaches.) The doctor also gave her a prescription medication that staved off most of her migraines. Fortunately, her eye doctor found that her eye pressure was normal — no evidence of glaucoma.

“Why didn’t I do this years ago?” she wondered. She finally felt in charge of her health, which made living alone less daunting. When a migraine hit, her prescription drug helped the headache get better fairly quickly. Later, she could call a member of her support group to talk about what she went through. The human element proved to be a key part of improving her quality of life.

A large, bold, white number 7 is positioned on the left side of the image. It has a subtle drop shadow to its right, giving it a three-dimensional appearance against the light gray background.

The Part of Tens

IN THIS PART . . .

Get a grip on ten cool ways you can help the migraineur you know and love.

Discern ten things migraineurs do that may hurt more than they help.

IN THIS CHAPTER

- » Accepting what you can and cannot do
- » Showing understanding and compassion
- » Illustrating readiness to smooth their path to recovery
- » Avoiding the tendency to minimize their pain

Chapter 22

Ten Things You Can Do for the Migraineur You Love

Love those headaches away! That's what you'd like to do for the dearly beloved migraineur in your inner circle, but it isn't something you *can* do. Instead, you must summon that fabled "wisdom to know the difference" between what you can and can't control.

In fact, you may feel like a total third wheel when you're watching a person you love suffering with a migraine. But remember, from the migraineur's point of view, you're pivotal.

Most people take great comfort in knowing that someone cares — that a person is nearby and ready to fetch a cold compress, fix a bowl of soup, and zip into a drive-through for a restorative drink.

Conversely, what's not comforting to migraineurs is the friend who tells them to shake it off. The last thing sick people need is hearing someone chirp, "You'll get better if you just try!"

Really, the best way to comfort a migraineur is to jump in and do what you can (in a low-key and quiet way) to be a source of sustenance and support. No razzle-dazzle. Just *serenity now*.

You'll feel helpless when your partner gets an awful headache. Of course, you've probably seen the symptoms before, and you've always hated that migraines can be debilitating and cause so much pain. But it's your job, as one who loves a headache-vulnerable person, to be on call when a headache strikes. Maintain a relatively silent vigil. Ask no questions, make no demands, and expect no witty repartee.

The following sections cover ten things you can do for the migraineur you love.

Treat Their Pain Like It's an Existential Crisis

Enormous compassion is needed — in boatloads — when you're the partner of a migraineur.

Our advice for supplying what your person needs is to act in direct response to the utterly awful pain you see in their face from this migraine to end all migraines. Show your empathy in spades, and that unfailing kindness of yours will convey the amazing love you feel and your sincere wish that your very own migraineur were not hurting.

You know this person is experiencing a rough moment in time — a slice of life that will improve, whether it takes hours or days for your beloved to recover. Fortunately, the two of you have huddled already with your doctor and have planned for days like this. The right medication. The calming music. The quiet house. The plentiful beverage cart. Do everything you can to support your partner's road back to feeling well again.

Also, stand ready to fly into action if called. Declare your willingness to go to the pharmacy, store, or fast-food eatery. You want to take all duties off the person who's suffering. And most important, be relentless in your reassurance that you're right there "in sickness and in health."

Stay Cheerful

Keep your attitude upbeat, not somber. But don't try to engage the migraineur in conversation.

Talking is one of the hardest things to do for a person who's sick with a headache. They may want to talk, but it's tough with your mind in a sling. So don't make your loved one overexert. If you start a conversation, the migraineur will try to accommodate you (that's what migraineurs do), but the pain may grow worse with brain strain, so respect that.

Crank Up Your Compassion

Even if you're not ordinarily a touchy-feely type, your partner's migraine suffering is a great time to learn how to cover up cold extremities with a light throw, fetch glasses of water, and lower the lights. The little things are often the most welcome to a person who's experiencing a head-throbbing extravaganza of sensory miseries.

Don't Cajole Them into Activity

Perhaps you're tempted to urge your love to try to get better so that you two can attend the party of the year or the company picnic, but *don't do it*. If necessary, go by yourself. But don't press a migraineur to get up and socialize. It's just not fair.



TIP

A gut feeling lets someone with a headache know when being active is possible and when it's not. Your pressure doesn't help. It just makes a migraineur feel guilty for being unfun.

Serve as a Social Secretary

Answer the phone, take messages, and offer opt-out excuses for social engagements.

Go to the store, drive the carpool, and stand in at the soccer game.

Don't give out personal information about the migraineur unless they give you the green light to do so.

Do call the doctor if something seems awry and you're not sure the migraineur is okay.

Take Charge of the Kids

When a parent of small children suffers from a migraine, childcare can be difficult and highly frustrating. As a friend or mate, you can assist by helping the small fry understand that their other caretaker is temporarily out of commission and needs a bit of quiet.

It is way too much to ask a person suffering with a migraine to keep the kids quiet (when already feeling awful about missing time with them).

Handle Work-Related Phone Calls

Does the migraineur need you to contact their work supervisor to say that they can't come in today?

Ideally, the person with migraine should call in sick, but if that person is too out of it due to feeling horrid and taking medication, you can place the call. Just inform the boss that this person will be temporarily off the grid because of illness.

Call for Help When Headaches Escalate

Watch for signs that migraine pain, nausea, or vomiting are getting worse. If these symptoms don't improve, call your migraineur's doctor. Don't try to diagnose — just summon help if any red flag alarms you (see Chapter 16 to see what red flags to watch for).

Deliver Special Tea or a Smoothie

Close the drapes if the light is bothersome. Ask whether they want to listen to soft music or watch TV. Do what you can to help the person in pain endure the period of isolation.

One of the most welcome deliveries for a migraineur is something soothing to eat or drink. Something simple. My favorite migraineur loves Medicine Ball tea from Starbucks or a smoothie. Both can lift a migraineur's spirits.

Ask what your person wants, or operate on a hunch.

Downplay AI Advice

Make the most of your existing migraine knowledge bank, and call the doctor if you need help. Don't put much stock in artificial intelligence (AI) advice online. If you want information that's scientifically based, go to Google Scholar and look for doctors' advisories on "migraine red flags."

Most important, stand by your person. Ask "What can I do to help?"

If the migraineur finds a shoulder massage relaxing, and you're up for it, do it. If hearing "I hope you feel better soon" helps, say that. But if the person who isn't feeling well just wants everyone out of sight, try to make it happen.



TIP

Any migraineur will tell you that it's wonderful to know that someone is nearby, eager to cater to your needs and fully aware that you're miserable. Sometimes a helper's mere presence and compassion are enough to make the hurting party feel hopeful that the end of the pain can't be far away. Lying in bed in a tunnel of agony can be a lonely feeling, especially when migraine attacks are recurrent.

Because you love this individual, put your own needs on the back burner while you help them recuperate. A true friend knows when to lie low and serve as a loving helpmate.



REMEMBER

Just be watchful. Remember to rely only on solid information (not AI), and if you sense that the migraine attack is going off the rails, call your loved one's doctor or take them to the emergency room if needed.

IN THIS CHAPTER

- » Showing evidence of your migraine savviness
- » Making sure that you stick with your management plan
- » Sidestepping the “I’m over my migraine triggers” trap

Chapter 23

Ten Ways NOT to Treat a Migraine

You know how it is with migraines: There are some things you can do about them and some things you can’t. But one rule of how to work with your migraines should be an out-and-out federal law: Don’t repeat mistakes you made in the past. That’s what we mean by “ways NOT to treat a migraine.”

To highlight the importance of relying on a valid headache plan (and not zigzagging madly into the land of improvisation), here are ten important things *not* to do to treat a migraine.

Go Off Your Program

Sure, you know that you get headaches from MSG. Or red wine. Or peanuts. But you still want to believe that your triggers will lose their oomph someday. However, this belief probably isn’t going to come true. It’s far better to stick to the migraine management plan that you devised and not go veering off on side streets. However, if you’re on a preventive medication and it’s working well, you could try occasionally enjoying something that is ordinarily a trigger. You shouldn’t have to feel hamstrung 100 percent of the time by the program you follow.

Methodical folks are unlikely to have trouble with migraine pain after they get their management plan worked out. But the wafflers of this world, the loose-cannon types who experience a brand-new world every day, are too quick to abandon or forget the basics — and oops, their headache does it again.

So try your best to be sensible and practical. You can't rewrite your migraine-attack plan each time the weather changes. When you land on what works, don't abandon it.

If you pick up some new tips along the way, you can incorporate them into your migraine-attack plan. But don't go changing too much after you discover what keeps your headaches in line. If your migraine-relieving strategies have reduced frequency and severity, why not say, 'That's my story, and I'm sticking to it'?

Double Up on Migraine Meds

One day, you throw caution to the wind and take someone else's drugs. Another day, you experiment with several different medications during the several hours that you're fighting a migraine.

Don't do it! Experimenting with drugs that aren't on your headache management plan may result in nasty drug interactions and perhaps even the horrible medication-overuse headache. Run new ideas past your doctor and get an okay first.

A doctor gave you sound advice about how much medication you should take — and how often. So don't start improvising because of a thought like "Oh, that helped a little bit, so I'll take twice as much an hour from now."

Again, don't do it! Knowing the right amount of medication to take and when to take it are critical parts of getting good results. If you go jogging off the path of good medicine, you may end up with worse problems than a bad headache.

Believe Crazy Claims

"If you'll just put your head in this vise and let me drill a few holes, you'll never have migraines again."

Sometimes, bizarro-world treatments may sound intriguing, but talk with your doctor before you add to your headache treatment plan. Unless you have a medical

background, you probably aren't qualified to weed through bogus product claims and detect which alternatives are legit. Social media is full of myths on unique ways to "cure" migraines, but it's best to talk to your doctor before trying novel approaches.

Sure, plenty of hucksters may want to sell you a crystal ball for predicting when a headache is coming, or a magic carpet that will zap migraine energy when you start feeling bad. But the truth is, you're going to find far more comfort in treatments that have been validated for their helpfulness and safety in reducing the pain, nausea, and other symptoms of migraine attacks.

Keep Taking a Drug That Isn't Working

Don't keep taking a medication that isn't working or has never worked for you. It probably never will work. Nothing miraculous will happen just by virtue of your commitment to a drug. Instead, look for a replacement. Get with your doctor and try a different direction.

Gut It Out So That You Can Go Out

When a migraine has you feeling incapacitated, you may try to just endure the pain and go someplace anyway.

Of course, you don't want to miss anything, and that's a real motivator. But going places when you feel bad is always a mistake. Chances are, you won't make it through the activity, and you'll be forced to cut the evening short and drive yourself home. Or you may wind up too sick to drive, and then you'll be in a real fix.

Stuff Yourself with Tons of Food

Migraineurs have been known to overeat, thinking that some food might knock down their pain a few notches. They've tried everything else, for heaven's sake!

But food-stuffing won't do any good. The only reason your headache may seem to disappear right after you eat is probably just lucky timing: Your headache is already on the wane because you took appropriate medication. As a side note, packing on extra pounds isn't likely to make you happy, either.

Try a Sun-and-Fun Remedy

Someone may try to convince you that you'll feel better if you just get out of bed and go to a festival or county fair or the beach. "A little sunshine, a beer or two, and a turkey leg, and you'll be as good as new."

Not so fast there. Sunshine and activity (or alcohol) aren't likely to make you feel better if you're already in the throes of a bad migraine. In fact, such activities will probably aggravate migraines.

On the other hand, if you have only the nagging edge of a headache, you may want to take some medication and go ahead with your plans.

Doctor-Hop

You don't like what you hear from one doctor, so you go to another, and another. Soon, you're making a hobby of it.

Seeing just *one doctor* who focuses on your headaches and helps you find answers is a far better use of your time and money. When a physician understands you and can help you manage your migraines, hang in there. Pay attention to medical advice until, together, you finalize a headache management plan that works for you.

Foster a "Sick-Person" Reputation

A gut feeling tells you that, despite what your doctor says, you really won't get well. Ever. You fear that you'll face a lifetime of debilitating migraines. Nothing is going to work for you.

One default way to ensure that you'll always have headaches is to get overly comfy with the victim role, deciding that all the coddling and tender, loving care is pretty nice. Take this approach, and you'll not only give migraineurs a bad name but also end up as a grumbler, languishing in bed and ignoring all the valid solutions and great meds that will send your migraine pain packing.

People don't have much patience for friends who won't even try to follow a doctor's orders and appear to want lifelong sympathy and babying.

Far better is to get well, get up, and get out. That outcome happens only if you don't fall into the trap of making the same mistakes over and over again, ignoring triggers and forgetting medications.

End Up As an Emergency Room Frequent Flyer

For some people, it's too much trouble to see a specialist and set up a migraine management plan. Instead, they just head for the emergency room when they get a bad headache.

Bad idea. If you become an ER frequent flyer, you risk bringing several big problems onto yourself. The staff may begin to dismiss your complaints because you cry wolf too often. You may build up a tolerance to the medications you take time after time. You may even become a drug-abuse suspect.

Instead of just flying by the seat of your pants every time you have a migraine attack, take the time to see a headache specialist and find out what you should be doing to help yourself.

Good migraine management requires a degree of maturity and respect for the malady.

Ultimately, you'll find that being well is infinitely better than being sick. Millions of fellow migraineurs support you taking that valiant road to conquer migraines.

Look at it this way: Standing astride the world and labeling your migraines "handled" is a great feeling. And with today's terrific migraine medications, abundant information, and wonderful doctors, why pay the pain-piper when you could kick it to the curb?

It feels good to *feel good*, fully empowered to take charge of your migraines for the rest of your life.

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About the Authors

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Dedication

Migraineurs, we hope this book helps you get rid of headache pain. We want you to have plenty of pain-free time to enjoy friends and family and all the great things that life has to offer. Our deepest appreciation goes to those who supported us during the long and winding road to completing this book — a second edition but, really, it's a total revamp of the original because so much has happened in the migraine realm in the past two decades. It took many chai lattes (and a few headaches), but ultimately, we coauthors were delighted to lead migraineurs to happier, healthier days by sharing today's best secrets to managing migraines.

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