

There are three basic types of headaches:

1. **Tension headaches**, which are the most common type of headache.
2. **Vascular headaches** which include migraine and cluster headaches.
3. **Organically caused headaches** i.e. those caused by viral infections, diseases of the brain, diabetes, neck disorders, diseases of the nose e.g. sinusitis.

What is migraine?

Migraine is a neurological or central nervous system disorder. The symptoms are as follows:

- Recurring headaches characterised by severe pain, usually restricted to one side of the head and throbbing in nature.
- Pain that worsens on movement and can be accompanied by nausea, vomiting, sensitivity to smell, light and noise.
- Headache that can last a few hours, or if left untreated can linger for weeks.
- Visual disturbances that precede the headache. This is known as an 'aura' and may include flashing lights, zig zagging lines, bright spots, partial loss of vision and may be accompanied by tingling in the hand, tongue or side of the face.

Migraines preceded by an aura are known as classical migraines; those without aura are called common migraines. Migraines can afflict some people two or three times a year, others as often as twice a week. Some individuals are rarely migraine free.

The symptoms of migraine can cause a considerable degree of disability. Normal physical activity can intensify migraine to the degree that some individuals are unable to work and need to retire to a semi-dark, quiet room. Others have to find new jobs or careers.

How can I find out if my headache is a migraine?

There are no specific medical tests for migraine so the diagnosis is based on having all or some of the following symptoms:

- Moderate to severe pain – usually on one side of the head
- Pain lasting anything from four to seventy-two hours
- The presence of nausea - with or without vomiting
- Sensitivity to light and sound

Who gets migraine?

Anyone can get migraine, it affects all age groups including children. However, around 90% of migraine sufferers have a family history of migraine.

Migraine affects women more than men. Migraine is a stroke risk factor for women who have a family history of migraine. In this group, taking oral contraceptives, hormone replacement therapy or smoking increases the stroke risk factor. Sometimes the onset of migraine can be tracked to puberty, pregnancy or menopause. Migraine can also be exacerbated by menstruation.

Women taking oral contraceptives or hormone replacement therapy sometimes experience migraine as a side effect of those medications.

PREVENTION AND TREATMENT OF MIGRAINE

Treating migraine

There are several classes of medications used to alleviate migraine:

- Medications taken during attacks such as analgesics e.g. aspirin, paracetamol, ibuprofen.
- Preventive medications e.g. verapamil.
- Medications taken when analgesics have failed to work e.g. sumatriptan, ergotamine.
- The administration of an anaesthetic injection in the neck to block pain.

- Anti-nausea medications such as maxalon or promethazine maybe given with analgesics if the migraine is accompanied by nausea.

While many medications are available over-the-counter, it is best to consult a medical practitioner to ensure:

- there is not some underlying reason for the headaches,
- the medications do not interact adversely with other medications or natural therapies,
- the medications are not contraindicated e.g. aspirin sensitivity.

Rebound headaches

Sometimes medications can actually contribute to migraine. Rebound headaches can occur when the analgesic effect wears off and higher doses are needed to eliminate pain. In such cases an alternative medication is required and overused medications may need to be withdrawn. Hospitalisation is sometimes necessary to withdraw from old medications and work out a new regime.

Transformed migraine

Transformed migraine occurs when individuals begin to experience a daily pattern of migraine. In some cases there is an element of analgesic rebound headache, while in other cases individuals may be predisposed to frequent migraines.

Failure to control migraine pain may cause neuronal kindling, which can also account for an increase in headache frequency.

Neuronal kindling is a process in which constant pain causes the sensory nerve endings to become ultra sensitive to migraine triggers and the pain threshold is dramatically lowered (i.e. increased levels of pain). Aggressive treatment early in the course of migraine is essential to prevent the occurrence of an uncontrolled daily headache pattern and greater sensitivity to pain.

Preventing migraine

Medical practitioners can assist with the treatment of migraine by finding the right medications for specific symptoms. However, migraine sufferers can significantly help themselves to reduce the frequency and severity of attacks. Careful observation and avoidance of factors that trigger attacks can play a critical role in migraine prevention and pain control.

Some migraine triggers

Some known migraine triggers are:

- Lifestyle changes e.g. change in sleep patterns
- Physical triggers e.g. change in exercise patterns, head trauma, jaw or neck disorders.
- Overuse of headache medications
- Hormonal factors such as the onset of puberty in girls, around the time of menstruation and during pregnancy.
- Sensitivity to some medications e.g. hormones, aspirin based medications.
- Food sensitivities – e.g. citrus or foods high in amines such as strong cheeses, chocolate, red wine. Some food additives e.g. 282 (calcium propionate) commonly found in bread that is usually eaten on a daily basis, MSG.
- Environmental factors such as bright or flickering lights, strong fragrances or other odours, detergents, disinfectants, mould, pesticides, paint, fumes from industrial facilities, wood smoke, cigarette smoke, loud noises, weather changes, electrical storms.

Tracking triggers

A daily diary is a good tool for tracking migraine triggers. A food/symptom diary used to identify food sensitivities is easily modified to track migraine triggers. If food sensitivity is suspected an allergy dietitian should be consulted as reactions to foods may not be apparent for several days. Other factors that need to be tracked are medications taken, weather conditions, unusual chemical exposures e.g. very strong odours e.g. glue or fragranced products, new carpet, house paint, or pest control.

Where can I go for help

Many individuals in the community suffer in silence, as they have been unable to get relief from their migraines. It is important not to do this. The following practitioners may be of assistance:

- Acupuncturist
- Allergist/immunologist
- Allergy dietitian
- Anaesthetist
- Chiropractor
- Dentist/Orthodontist
- Environmental medicine practitioner
- General practitioner
- Homoeopath
- Natural therapist
- Neurologist
- Pharmacist
- Physiotherapist
- Psychologist

Further reading:

Breakey, J. 1998. Are You Food Sensitive. www.ozemail.com.au/~breakey

Dengate, Sue. 1998. Fed Up. Random House. www.fedupwithfoodadditives.info

Bowes, D. 2002. About migraine: Did you know? From ASEHA Qld Inc Australian \$10

Some websites to explore are:

www.achenet.org

www.migraines.org

www.ihaveaheadache.com

www.worldheadachealliance.org

Some rules to remember

- 1. Treat migraine as soon as the warning signs become obvious, this is the most successful way to deal with the problem. Always aim at not letting the headache develop as higher doses and multiple medications are required when a migraine is fully developed.*

- 2. Make sure the migraine is fully resolved otherwise it can hang around for an indefinite period and may increase sensitivity to pain.*

- 3. Learn what triggers migraine – keep a daily diary.*

- 4. Avoid known triggers – avoid migraines*

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Is It Really Migraine?

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