



Migraine Headache Treatment

A headache may only be one symptom of the migraine process; other symptoms may include sensitivity to light or sound, nausea, vomiting, diarrhea or neurological symptoms. Migraine patients who have associated (usually occurring 20-40 minutes before the headache) neurological symptoms such as numbness, altered (not just blurred) vision or tingling are said to have migraine with aura. Most migraine patients do not have an aura, but for those who do estrogen-containing contraceptives may be contraindicated.

Research suggests that a group of cells at the base of the brain, present in all humans, may cause migraines in some people as a result of an increased or unstable firing pattern. This in turn may promote inflammation of blood vessels in the covering of the brain and alterations in blood vessel caliber. Many medications effective in the control of migraine are now felt to work by stabilizing or reducing the firing rate of these brainstem cells or by reducing inflammation and/or blood vessel dilatation.

For some, triggers of migraine may include sun glare, alcohol, smoking and other fumes, certain foods (caffeine, cheese, chocolate, nuts, processed meats and monosodium glutamate), or some medications (most notably birth control pills). Skipping meals and “sleeping in” can both trigger migraine, for some. Trying to discern your triggers can be difficult...and rewarding.

What can you do to manage your migraine? First, do not try to ‘work through’ a migraine. The longer you let a migraine develop, the more difficult it is to reverse. Stop what you are doing, lie down in a darkened room, and take your migraine reversal medication. Thus, you should have your medication available at all times.

Migraine treatment consists of migraine reversal and, for some patients, migraine preventive medication (taken daily to prevent or reduce the frequency of migraines). Migraine reversal medication should not be routinely used more than two days per week; overuse or frequent use of reversal medications can lead to rebounding, a syndrome in which daily or near daily consumption of headache relief medication actually results in daily headaches. Examples of migraine reversal medications include acetaminophen, aspirin and caffeine mixes (e.g. Excedrin Migraine), ibuprofen (Advil), naproxen (Aleve), dihydroergotamines (DHE, Migranal), “triptans” (imitrex, maxalt, zomig, relpax and others) and Midrin.

For patients having more than two headaches per week, or whose headaches last days at a time, preventive medications may be appropriate. Migraine preventive medicines were originally developed to control other conditions such as hypertension, depression or seizures—yet have been found to have this additional property in common.

The choice and use of both the reversal and preventive medications for migraines require a partnership between the clinician and patient; without a ‘patient kept’ headache diary to track the headache frequency and pattern(s), the clinician cannot make rational medication adjustments. Each type of medication (reversal and preventive) may require a two or three month trial to fully evaluate its effectiveness.