

# Migraine headaches essay



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The word migraine is a Greek word which means “ half of head”. It is thought that people who suffer from Migraines usually experience pain on one side of their head. There are several signs or symptoms that are usually associated with migraines. Here are some examples.

\* Tiredness \* Sensitivity to light \* Nausea or vomiting \* Sensitivity to certain smells \* Reaction to eating certain types of foods There is no cure for a migraine. However, there are several different types of methods used to treat and diagnosis a migraine. The following pages will discuss these methods as well as go in to more detail about symptoms. Key words: causes for migraines, treatment or alternative methods to treat migraines, migraine triggers Ever wonder what causes a migraine and how a migraine is treated? In order to find out what causes them you have to know the meaning or definition of the word. The American Heritage Medical Dictionary defines a migraine as a severe recurring headache usually affecting only one side of the head, characterized by sharp pain often, accompanied by nausea vomiting and visual disturbance. Just about everyone suffers from or has had a headache at one point and time in their life.

But a migraine is not just a headache. It is an extremely debilitating collection of neurological symptoms that usually includes a severe recurring intense throbbing pain on one side of the head. An attack usually lasts betewwn 4 and 72 hours and is often accompanied by one or more of the following: Visual disturbances. Nausea, vomiting, dizziness, extreme sensitivity to sound, light, touch and smell, and tingling or numbness in the extremities or face.

Migraine is a syndrome, a collection of symptoms which arise from a common cause. A syndrome may occur in a complete form, with all of the typical symptoms, in a less complete form, with some symptoms, or in specific grouping of symptoms. Migraine is classified according to the grouping of its symptoms. Since symptoms vary widely, migraine is often misdiagnosed. Many people who suffer from migraine begin by treating themselves with over-the-counter medications.

Sufferers sometimes consult their doctor as symptoms become more severe and disabling. Doctors diagnose migraines by analyzing the symptoms, conducting medical tests and eliminating other possible causes of the headache. The doctor will diagnose your migraines based upon your family's medical history and a physical exam. However, if the pain is unusual or severe a CT scan or MRI may be necessary to determine if any underlying infections or tumors exist.

Many people fail to realize that migraine is a real illness, like asthma or diabetes. Every 10 seconds, someone in the United States goes to the emergency room with a headache or migraine. Migraine sufferers visit the emergency room because of the severity of the pain or the fear of unremitting pain, drug reactions or side effects from headache medications, severe nausea or vomiting, dehydration, and/or stroke-like neurological symptoms that might accompany the headache. Migraine ranks in the top 20 of the world's most disabling medical illnesses.

Amazingly, over 10% of the population, including children, suffer from migraine. Nearly 1 in 4 U. S. households include someone with migraine.

In addition to the attack-related disability, many sufferers live in fear knowing that at any time an attack could disrupt their ability to work or go to school, care for their families, or enjoy social activities. Less than 10% of sufferers are able to work or function normally during their migraine attacks. While most sufferers experience attacks once or twice a month, about 12 million people experience attacks on a near-daily basis. About 18% of American women and 6% of men suffer from migraine. This translates to about 36 million people in the United States alone! American employers lose more than \$13 billion each year as a result of 113 million lost work days.

Unfortunately, migraine is also very common in children. It has been reported in children as young as 18 months old. About 10% of school-age children suffer from migraine. Half of all migraine sufferers have their first attack before the age of 12. Before puberty, boys suffer from migraine more often than girls.

As adolescence approaches, the incidence increases more rapidly in girls than in boys. Migraine often goes undiagnosed in children and adolescents. In childhood migraine, head pain is often less dramatic or severe than other symptoms, such as unexplained nausea or vomiting, abdominal pain, or dizziness. Moreover, it is not uncommon for attacks to occur with only minor or even no head pain, making it hard to diagnose.

Motion sickness is an early warning of the predisposition to childhood migraine. In childhood, the non-headache symptoms are often referred to as migraine equivalents. While symptoms of childhood and adolescent migraine

may be different from those typically found in adults, children are just as disabled. Children who suffer from migraine are absent an average of 7.

days from school each year, compared to 3.7 days of absence for children without migraine. Treatment for childhood and adolescent migraine depends on the age of the child and the frequency and severity of the attacks.

Although there are well over 100 drugs used to prevent or treat migraine symptoms, none have been approved for use in children. However, they have been studied by researchers and are prescribed.

Expert help from migraine doctors or centers specializing in migraine may be indicated for children for whom diagnosis is difficult or who don't respond to typical first-line treatments. Over 27 million women are affected by migraine in the United States today. Three times as many women as men suffer from migraine in adulthood. In childhood, boys are affected more than girls, but after adolescence, when estrogen influence begins in young girls, the risk of migraine and its severity rises in females. Estrogen adversely influences the brain receptors that play a role in migraine development.

About half of affected women have more than one attack each month, and a quarter experience 4 or more severe attacks per month. More severe and more frequent attacks often result from fluctuations in estrogen levels.

Migraine treatment has changed dramatically over the years. In the past, doctors often diagnosed patients with disabling head pain as neurotic and dismissed their complaints as psychiatric in nature.

Later, researchers believed that the dilation and constriction of blood vessels in the head were the primary source of the pain. Early migraine medications

focused on the blood vessels as the principal target for treatment. The current theory of the source of migraine pain reflects the advances in technology that help us understand how the brain works. Researchers now believe that migraine is a disorder involving nerve pathways and brain chemicals. There is also evidence that links a number of genes to migraine, so that genetics is undoubtedly involved. Migraine can often be managed with proper diagnosis and treatment.

There are three principle approaches to treatment: acute, preventive, and complementary. Acute treatment uses drugs to relieve the symptoms of attacks when they occur. Preventive treatment uses drugs taken daily to reduce the number of attacks and lessen the intensity of pain. In some patients, life-style changes, biofeedback and other non-drug treatments can help avoid the triggering of attacks.

Complementary treatment, which does not use drugs, includes biofeedback, relaxation techniques, acupuncture, exercise, and proper rest and diet. Even with the correct diagnosis, treating migraine can be very difficult. There are well over 100 drugs, surgical treatments, and devices used to prevent or treat migraine symptoms and choosing one or a combination that might work is time consuming and frequently requires expert help from doctors or centers specializing in the treatment of migraine. For about 12 million people episodic migraine progresses to chronic migraine (sometimes referred to as chronic daily headache) when attacks come nearly daily and are severe.

Those who suffer from chronic migraine use a combination of acute, preventive, and complementary treatments to try to control or lessen the

disabling pain. Depression, anxiety, and sleep disturbances are common for those with chronic migraine. These sufferers are often significantly disabled, and their overall quality of life is greatly diminished. Although there are many contributing factors to the progression from episodic migraine to chronic migraine, medication overuse is the most common.

Over-the-counter as well as prescription drugs can cause overuse headaches. Overuse is defined as using pain killers, triptans, or certain other medications more than 2-3 days per week, week after week and month after month. This can create a headache-worsening pattern that results in more headaches and the resulting need to take more medicine. Not only is the pattern itself harmful, but while in this cycle, other effective treatments often do not work. The only way out of this cycle is to stop the pattern of overuse, which should be done under a doctor's care. Researchers are currently investigating the role of opiates and pain-killers in the progression to chronic migraine.

Migraine remains poorly understood and frequently mistreated. Researchers still do not understand many things about the causes of migraine, the role of genetics, the nature of pain, and the reasons why medications work only on some people and in some situations. As a result, sufferers often endure a lengthy process of trial and error to discover an effective treatment. Once a treatment is determined, it may not alleviate every attack, and it may prove ineffective over time. Some people suffer from several different types of migraine, making diagnosis and treatment that much more difficult.

Doctors used to believe migraines were linked to the opening and narrowing of blood vessels in the head. Now they believe the cause is related to genes that control the activity of some brain cells. Many things can trigger a migraine. These include: \* Anxiety \* Stress \* Lack of food or sleep \* Exposure to light Hormonal changes, especially in woman Migraine is an extraordinarily common illness that affects 30 million men, women and children in the United States.

Almost everyone either knows someone who has suffered from migraine, or has struggled with migraine themselves. \* Nearly 1 in 4 U. S. households include someone with migraine.

\* Amazingly, over 10% of the population – including children – suffers from migraine. \* About 18% of American women and 6% of men suffer from migraine. \* Migraine is most common during the peak productive years, between the ages of 25 and 55. Migraine tends to run in families. If one parent suffers from migraine, there is a 40% chance a child will suffer.

If both parents suffer, the chance rises to 90%. Many people do not realize how serious and debilitating migraine can be. In addition to attack-related disability, migraine interferes with a sufferer's ability to function in everyday life, whether that is going to school or work, caring for family or enjoying social activities. \* Migraine ranks in the top 20 of the world's most disabling medical illnesses. Every 10 seconds, someone in the United States goes to the emergency room with a headache or migraine. \* While most sufferers experience attacks once or twice a month, 12 million people or about 4%, experience attacks on a near-daily basis.



\* Less than 10% of sufferers are able to work or function normally during their migraine. Migraine is not just a bad headache. \* Migraine is an extremely debilitating collection of neurological symptoms. \* Migraine is a severe recurring intense throbbing pain on one side of the head, although in about 1/3 of attacks, both sides are affected.

Attacks are often accompanied by one or more of the following: visual disturbances, nausea, vomiting, dizziness, extreme sensitivity to sound, light, touch and smell, and tingling or numbness in the extremities or face. \* In 15-20% of attacks, other neurological symptoms occur before the actual head pain. \* Attacks usually last between 4 and 72 hours. For many sufferers, migraine is a chronic illness that significantly diminishes their quality of life.

\* For about 12 million people, episodic migraine progresses to chronic migraine (chronic daily headache) – when attacks come nearly daily and are severe. For more than 90% of all sufferers, migraine interferes with their education, career and social activities. \* Depression, anxiety, and sleep disturbances are common for those with chronic migraine. Migraine is a public health issue with serious social and economic repercussions. \* American employers lose more than \$13 billion each year as a result of 113 million lost work days due to migraine. \* Chronic illness – a category into which migraine can fall – is one of the country's biggest healthcare challenges, with sufferers representing one of the country's most costly and fastest-growing groups.

Migraine sufferers, like those who suffer from other chronic illness, face the consequences of high costs of medical services, too little support and limited access to quality care. \* People with migraine use about twice the medical resources –including prescription medications and office and emergency room visits– than non-sufferers. Migraine remains a poorly understood illness that is frequently undiagnosed and undertreated. \*Nearly half of all migraine sufferers are never diagnosed.

\* The majority of migraine sufferers do not seek medical care for their pain. Only 4% of migraine sufferers who seek medical care consult headache and pain specialists. Yet, in spite of the prevalence of migraine and its serious effect on individuals, families and society, research into the causes and treatment of migraine is severely under-funded. \* At present, NIH funding for migraine research is \$13 million – less than 0. 05% of the annual NIH research budget.

Children also suffer from migraine, which has been reported in children as young as 18 months old. \* The illness often goes undiagnosed in children. About 10% of school-age children suffer from migraine. \* Half of all migraine sufferers have their first attack before the age of 12. \* Children who suffer are absent an average of 7.

8 days from school each year, compared to 3. 7 days of absence for children without migraine. \* Before puberty, boys suffer from migraine more often than girls; as adolescence approaches, the incidence increases more rapidly in girls than in boys. Migraine disproportionately affects women, with approximately 22 million female sufferers in the United States.

Three times as many women as men suffer from migraine in adulthood. \* About half of affected women have more than one attack each month, and a quarter experience 4 or more severe attacks per month. \* In childhood, boys are affected more than girls, but after adolescence, when estrogen influence begins in young girls, the risk of migraine and its severity rises in females. \* More severe and more frequent attacks often result from fluctuations in estrogen levels. A migraine headache is the result of a disturbance in the neurochemistry of the central Nervous system . A migraine headache is caused by vasodilatation that causes the release of chemicals from nerve fibers that twist around the large arteries of the brain. Enlargement of these blood vessels widen the nerves that twist around them and causes the nerves to release chemicals. The chemicals that are released cause swelling, pain and further enlargement of the artery. The increasing enlargement of the arteries intensifies the pain.

There are many different symptoms that a migraine sufferer may experience before and during a migraine headache. Symptoms vary from person to person here is a list of the five most common symptoms. \* Prodrome: A variety of warnings can come before a migraine. These may consist of a change in mood (for example, feeling “ high,” irritable, or depressed) or a subtle change of sensation (for example, a funny taste or smell). Fatigue and muscle tension are also common. \* Aura: This is commonly a visual disturbance that precedes the headache phase.

Some migraine sufferers develop blind spots (called scotomas); see geometric patterns or flashing, colorful lights; or lose vision on one side (hemianopsia). Headache: Although migraine pain usually appears on one

side of the head, 30%-40% of migraines occur on both sides. Throbbing pain may be present. More than 80% of migraine sufferers feel nauseated, and some vomit. About 70% become sensitive to light (photophobia) and sound (phonophobia).

This phase may last 4 \* Headache termination: Even if untreated, the pain usually goes away with sleep. \* Postdrome: Other signs of the migraine (for example, inability to eat, problems with concentration, or fatigue) may linger after the pain has disappeared. Migraine headaches are usually diagnosed when the symptoms described previously are present. There are several diagnostic tests and lab test that doctors can run to diagnosis a migraine. A complete physical exam will be done to make sure that your headaches are not due to muscle tension, sinus problems, or a more serious underlying brain disorder. Tests are usually not needed if you have typical signs and symptoms of migraines.

However, your doctor may order a brain MRI or CT scan to rule out other causes. If you have a migraine with unusual symptoms such as weakness, memory problems, or loss of alertness, an EEG may be needed to rule out seizures. Rarely, a lumbar puncture (spinal tap) might be done. Migraine generally begins in childhood to early adulthood. When a migraine occurs, it means that something has altered several of the neurotransmitter-sensitive receptors located on the outside surface of the nerve cells (neurons) so that the nervous system is no longer able to constantly maintain the natural balance that the nervous system is intended to maintain. Neurotransmitters are chemicals that nerve cells (neurons) use to communicate messages to each other.

Trigger identification and management is an essential part of Migraine disease management. Migraine triggers are physical things that bring on a Migraine attack when a Migraine is exposed to them. There are a wide range of Migraine triggers — some avoidable, others not. Once triggers are identified, it's sometimes possible to reduce the frequency of Migraine attacks by avoiding those triggers.

One type of trigger that can be identified and avoided is food triggers. Not everyone has food triggers, but it's well worth checking into. Some Migraine will identify food triggers fairly easily by noticing that every time they eat something, they have a Migraine. Other Migraine employ an elimination diet to investigate food triggers. To do an elimination diet, you eliminate all the potential trigger foods from your diet, then add them back in one at a time, with a week between adding each food.

It's important to note that a Migraine can occur up to 48 hours after eating a trigger food. Keeping an accurate Migraine diary is essential to identifying trigger foods. Potential trigger foods Foods that can be Migraine triggers include: \* Vegetables \* beans \* pickles \* chili peppers \* olives \* Fruits \* dried fruits \* avocados \* red plums \* bananas \* Breads \* any fresh yeast product straight from the oven \* yeast breads \* pizza \* soft pretzels \* Meats and seafood \* any preserved or processed meat \* bacon \* hot dogs \* sausage \* Dairy products \* aged cheeses \* sour cream \* whole milk \* Beverages \* alcoholic beverages, especially red wine \* chocolate beverages \* caffeinated beverages \* Miscellaneous \* anything with MSG \* artificial sweeteners \* vinegar It can be frustrating to manage food triggers. It can seem especially difficult to eat in a restaurant or go to parties.

When managing food triggers means fewer Migraine, its well worth it. Most Migraine sufferers find that only a few foods are a problem. Every person responds differently to treatment. Some people have rare headaches that require little to no treatment. Others require the use of several medications or even occasional hospitalization. There is no specific cure for migraine headaches.

The goal is to prevent symptoms by avoiding or changing your triggers. A good way to identify triggers is to keep a headache diary. Write down: \*

- When your headaches occur
- \* How severe they are
- \* What you've eaten
- \* How much sleep you had
- \* Other symptoms
- \* Other possible factors (women should note where they are in their menstrual cycle)

For example, the diary may reveal that your headaches tend to occur more often on days when you wake up earlier than usual. Changing your sleep schedule may result in fewer migraine attacks. When you do get migraine symptoms, try to treat them right away. The headache may be less severe.

When migraine symptoms begin: \*

- Drink water to avoid dehydration, specially if you have vomited
- \* Rest in a quiet, darkened room
- \* Place a cool cloth on your head

Many different medications are available for people with migraines. Medicines are used to: \*

- Reduce the number of attacks
- \* Stop the migraine once early symptoms occur
- \* Treat the pain and other symptoms

**REDUCING ATTACKS** If you have frequent migraines, your doctor may prescribe medicine to reduce the number of attacks. Such medicine needs to be taken every day in order to be effective. Such medications may include: \*

- Antidepressants such as amitriptyline
- Blood pressure medicines such as beta blockers (propanolol) or calcium channel blockers (verapamil)
- \* Seizure

medication such as valproic acid and topiramate \* Serotonin reuptake inhibitors (SSRIs) such as venlafaxine STOPPING AN ATTACK Other medicines are taken at the first sign of a migraine attack. Over-the-counter pain medications such as acetaminophen, ibuprofen, or aspirin are often helpful, especially when your migraine is mild. (Be aware, however, that overuse or misuse of such pain medications may result in rebound headaches.

) If these don't help, ask your doctor about prescription medications. Your doctor can select from several different types of medications, including: \* Triptans — the most frequently prescribed medicines for stopping migraine attacks — such as almotriptan (Axert), frovatriptan (Frova), rizatriptan (Maxalt), sumatriptan (Imitrex), and zolmitriptan (Zomig) \* Ergots such as dihydroergotamine or ergotamine with caffeine (Cafergot) \* Isometheptene (Midrin) These medications come in different forms. Patients who have nausea and vomiting with their migraines may be prescribed a nasal spray or injection instead of pills. Some migraine medicines narrow your blood vessels and should not be used if you are at risk for heart attacks or have heart disease, unless otherwise instructed by your health care provider. Ergots should not be taken if you are pregnant or planning to become pregnant, because they can cause serious side effects to an unborn baby.

TREATING SYMPTOMS Other medications are primarily given to treat the symptoms of migraine. Used alone or in combinations, these drugs can reduce your pain, nausea, or emotional distress. Medications in this group include: \* Nausea medicines such as prochlorperazine Over-the-counter pain relievers such as acetaminophen (Tylenol) \* Sedatives such as butalbital \* Narcotic pain relievers such as meperidine \* Nonsteroidal anti-inflammatory

drugs (NSAIDs) such as ibuprofen. If you wish to consider an alternative, feverfew is a popular herb for migraines. Several studies, but not all, support using feverfew for treating migraines. If you are interested in trying feverfew, make sure your doctor approves. Also, know that herbal remedies sold in drugstores and health food stores are not regulated.

Work with a trained herbalist when selecting herbs. Even with medical treatment you may still find yourself banging your head against the wall from persistent Migraine attacks. Many Migraine sufferers find themselves turning to complementary or “alternative” treatments out of frustration when they are having limited success with prescription drugs and other approved medical treatments. The following section will introduce you to some non-pharmaceutical therapies.

These treatments offer many of us additional relief, but are NOT an excuse to abandoned approved medical care. Rather they will offer you an opportunity to gain more control over your Migraine disease management. They will work better if integrated into your overall care, and you should always advise your attending physician of every non-drug treatment you are trying. Keep in mind even so-called natural remedies are drugs too, and some can effective other prescription drugs you may be on Migraine or other illnesses you also suffer from.

In addition, OTC or herbal/vitamins can sometimes cause serious illness or interfere with prescription drug effectiveness. A number of non-pharmacological approaches are sometimes used to relieve headache and/or Migraine pain. These alternative methods may help to reduce or relieve



headache pain, but usually do not treat all of the Migraine associated symptoms. They are often used along with attack-abortive or preventive measures. Examples include: Acupuncture involves insertion and manipulation of fine needles at various, prescribed body- pressure points. Results for Migraine sufferers are somewhat mixed with acupuncture.

But for many of us Acupuncture offers relief and a better quality of life which may be worth exploring. According to the American Academy of Medical Acupuncture there are many areas of Western medicine, rigorously controlled research and carefully documented experience allow fairly definitive answers to questions of diagnosis and treatment of any given malady. Although the quality of research in acupuncture is now better meeting the requirements of Western medicine, we still can rarely answer questions based on a Western scientific-evidence- based model. The reasons for which lie in the nature of the two systems themselves. Nature does not reveal itself to us, but only gives answers to the questions that we pose.

In November of 1997 the National Institutes of Health (NIH) convened a conference on acupuncture to determine what answers we do have from a rigorous scientific standpoint. Biofeedback is believed to help reduce some types of headache pain, but, because of the different biological mechanisms involved, not Migraine pain. Biofeedback encompasses a range of relaxation therapies designed to control the body's response to stress. Techniques include deep breathing exercises, meditation, and visualization. Chiropractic methods employ a holistic approach to pain relief through massage, spinal manipulation and periodic adjustment of joints and soft tissue. Although many who suffer from Migraine fail to find relief with chiropractic treatment,

some have quite positive results. Therefore we feel you should explore all non-drug option with an open mind.

If you enjoy positive results, stick with it, and if not—move on! We have noted several studies that also show promise. Take a look at the follow example: One hundred and twenty-seven Migraine patients (at least one Migraine per month) were divided into two groups for comparison. Group 1 received chiropractic adjustments at specific vertebral subluxations determined by the treating practitioner; group 2 served as controls and received inactive treatment (electrical stimulation with no current delivered). Subjects receiving chiropractic adjustments reported substantial improvement in Migraine frequency, duration, disability, and medication use following two months of treatment. One in five participants reported a 90% reduction in Migraines, and half reported significant improvement in Migraine severity.

Tired of Migraine headaches ruining your day? With conventional over-the-counter medications proving less than effective (and often accompanied by dangerous side effects), it's time to fight the pain from another angle. To find out more about the potential benefits of chiropractic care, schedule an appointment with your doctor of chiropractic. The best option for people who suffer from frequent or severe migraines is usually to try to prevent them. While prevention isn't always effective either, there are a number of things you can do that have been proven to reduce the severity and frequency of migraines in many people.

1. ————— 1 Keep a headache diary. The exact causes of migraines aren't clear, and migraines seem to be triggered by a wide variety of different things. While this article deals with some of the more common triggers, there is no substitute for knowing what triggers your migraines.

A headache diary can help you determine this, and it can also help you and your doctor monitor the effectiveness of treatments 1.

————— 2 —————

Recognize the early warning signs of a migraine.

————— Many migraines are preceded by certain symptoms, called prodrome symptoms. Taking special  
————— care to relax and to avoid potential triggers when you notice these signs may prevent an

————— impending migraine or lessen its severity.

It's also important to try to keep a positive attitude if

————— you notice these symptoms, as the additional stress and anxiety can worsen the migraine.

————— Symptoms include: Visual disturbances:

About a third of migraine sufferers experience migraine with aura, a condition in which the migraine headache is preceded by visual disturbances, including the appearance of flashing lights, blind spots, or "snowy" vision. The aura may also manifest itself as tingling or numbing sensations in the skin or in the form of auditory disturbances. \* Mood changes, including depression, euphoria, and irritability \* Increased thirst and/or fluid retention \* A marked increase or decrease in appetite \*

Sensitivity to light and sound \* Fatigue or restlessness \* Difficulty communicating or understanding people Stiffness in the neck \* Feeling dizzy or lightheaded \* Diarrhea or nausea: these symptoms often accompany a migraine in addition to, or instead of, preceding it. 2.

----- 3 ----- Get into a regular sleep schedule. ----- Too little sleep and too much sleep have both been implicated as migraine triggers. Beyond ----- making sure you get adequate sleep, however, it's also helpful to stick to a regular schedule of ----- hen you go to sleep and when you wake up. Disturbances to the sleep schedule seem to ----- trigger headaches in many migraine sufferers. 3.

----- 4 ----- Manage stress. ----- Stress has long been known to trigger both tension headaches and migraines. Managing stress ----- through the use of relaxation techniques, positive thinking, and time management can help ----- ard off migraines. Relaxation and the use of biofeedback have also been shown to help many ----- migraine sufferers treat a migraine that has already begun. ----- Limit your alcohol intake. ----- Alcohol can cause hangovers even for people who don't suffer from migraines.

For many ————— migraine sufferers, however, alcohol in general, and beer and red wine in particular, can trigger ————— eadaches, nausea, and other migraine symptoms that last for days. Some migraine sufferers ————— find that alcohol doesn't affect them at all, while others can't tolerate even a little bit. Make use ————— of your headache diary to determine your threshold, and be wary of crossing it—avoid alcohol ————— completely if need be. 4.

————— 6 ————— Control your exposure to intense stimuli. ————— Bright or flashing lights can sometimes precipitate migraines.

Wear sunglasses on sunny days, ————— and rest your eyes periodically when watching TV or using your computer. Non-visual stimuli, ————— such as strong scents, can also precipitate migraines in some people. Once you've been ————— exposed to a certain scent (whether it be paint fumes or a certain cologne) that seems to ————— rigger a migraine, try to avoid that scent. 5.

————— 7 ————— Avoid caffeine. ————— Caffeine is one of the most commonly-suspected migraine culprits. Like all the other possible ————— triggers, however, it affects some people significantly and others not at all. If you regularly use ————— caffeine and suspect it may be causing

migraines, you may want to wean yourself off it

----- radually, as caffeine withdrawal also seems to precipitate migraines.

To further complicate ----- the matter, some people find that if they drink a cup of coffee at the first sign of an impending ----- migraine they can reduce the severity of the symptoms or stop the migraine altogether. 6.

----- 8 ----- Exercise. ----- Regular exercise seems to reduce the frequency of migraines for many people, possibly ----- because it helps reduce stress. Sudden or strenuous exercise, however, has also been ----- implicated as a migraine trigger, so don't overdo it.

In addition, warm up slowly, and make sure ----- you're well hydrated before and after exercise. Avoiding exercise in particularly hot or cold ----- conditions may also help. 7. ----- 9 -----

Think twice before taking hormonal medications.

----- Many women who suffer from migraines find that they are more likely to develop migraine ----- headaches and nausea before or during menstruation or during pregnancy or menopause, and ----- scientists posit that this may have something to do with fluctuations in the body's estrogen ----- levels.

High-estrogen birth control products and hormone replacement therapy may exacerbate \_\_\_\_\_ the problem for many women, so it may be best to avoid these medications or, if you're already \_\_\_\_\_ taking them and notice an increase in the severity or frequency of migraines, to stop using \_\_\_\_\_ them. \* Some women find that these medications actually reduce the occurrences of migraines. Others find that migraines are triggered only when skipping a week of the pills, as is common practice with many contraceptives. Talk to your doctor about possible solutions to these problems.

\* Women whose migraines tend to correspond with menstruation may find that certain over-the-counter medications prevent or reduce the severity of migraines. Take 220-440 mg of naproxen (Aleve) every 12 hours or 400-800 mg of ibuprofen every 8 hours, starting 2-3 days before your migraine usually sets in and continuing until your period is done. 8.

\_\_\_\_\_ 10 \_\_\_\_\_ Take prophylactic medications.

\_\_\_\_\_If you suffer from frequent or severe migraines, ask your doctor whether prophylactic \_\_\_\_\_ (preventative) medications might help.

These medications are available only by prescription,

\_\_\_\_\_ and many of them have possible serious side effects, so they should only be used under a \_\_\_\_\_ doctor's supervision. The sheer number of different medications, combined with the fact that

----- very migraine case in is many ways unique, means that finding the right combination of ----- medicines for migraine prevention can take a while, especially since it can take several weeks ----- to evaluate a particular drug's effectiveness. Several drug classes have been found to be ----- effective for many migraine sufferers:

-----  
Cardiovascular medications, including beta blockers (e. .

propranolol and atenolol), calcium ----- channel blockers (e. g. verapamil), and anti-hypertension medications (e. g. lisinopril and ----- candesartan). Anti-seizure medications such as valproic acid and topiramate.

Warning: valproic ----- acid can cause brain damage if the migraines are due to a urea cycle disorder. If you have any ----- reaction to taking valproic acid or depakote stop the medication immediately nd seek out a ----- metabolic specialist that treats urea cycle disorders for further tests before the disorder ----- advances to a more serious stage.  
----- Antidepressants including tricyclic antidepressants (TCAs) such as amitriptyline and the newer ----- selective serotonin reuptake inhibitors (SSRIs) such as fluoxetine (Prozac) have proven effective ----- in many cases.



----- Cannabis is a traditional migraine remedy that has sparked renewed scientific interest.

It's ----- illegal in many jurisdictions, but is available by prescription in others and is legal and

----- uncontrolled in a few places.

----- Take non-prescription supplements. ----- Prescription drugs

aren't the only prophylactic remedies that have been shown to reduce the

----- severity and frequency of migraines in

some people. Certain herbs and minerals have also

----- shown promise in warding off migraines.

Keep in mind that you should always consult with your

----- physician before taking any herbal or

nutritional supplements, especially if taken in conjunction

----- with prescription medications.

----- Magnesium: Researchers have found fairly strong correlations between magnesium deficiency

----- and the onset of migraines, and some

studies have found suggest that regularly taking

----- magnesium supplements may be beneficial

for migraine sufferers. Oral magnesium (600 mg per

----- day of trimagnesium dicitrate) was found to

reduce the number of migraines by as much as

----- 0% after several weeks. Ask your doctor

before taking any supplements, but as magnesium is

<https://assignbuster.com/migraine-headaches-essay/>

----- cheap and relatively safe, it's often recommended. ----- Several herbal supplements have been purported to reduce migraine frequency, but extracts of ----- the feverfew and butterbur plants, as well as kudzu root seem particularly promising based on ----- clinical studies.

These supplements should not be taken by women who are pregnant.

----- At least one clinical study strongly suggests that daily 100 mg supplements of coenzyme Q10 ----- may be as effective as prescription medications in reducing migraine frequency. Fairly high ----- doses of Riboflavin (Vitamin B2) also seem to be effective for some patients. ----- Metabolic and hepatology studies also indicate that coenzyme or active B-6 (may be known as -----P5P/PAK as pyridoxal 5' phosphate, pyridoxal alpha-ketoglutarate) assists with amino acid ----- metabolism (liver) and glucose metabolism as well as neurological transmissions. All three areas ----- may be related to migraine sources. ----- \* Some migraine triggers, such as weather changes and menstruation can't be avoided.

If you're affected by things beyond your control, you may find that being especially diligent in relaxation and the avoidance of other triggers will help.

\* Unfortunately, there is no known "cure" for migraines. Even with the use of trigger avoidance and prophylactic medication, migraine sufferers will

likely still experience some migraines. \* Migraine triggers are not well understood. While there are many recommendations for foods and activities that you should avoid, the only triggers you need to avoid are the ones that cause your migraines.

\* Some headache specialists have reported success in preventing migraines using Botox injections. Some people report that acupressure, acupuncture, massage, and chiropractic treatments seem to help control migraines, but there is currently no scientific evidence that suggests these methods are beneficial. Still, they are generally harmless when practiced by a trained professional, so if nothing else seems to work, they might be worth a try. \* You could also try different herbal remedies until you fall upon the one that works best for you.

You can also discuss herbal migraine treatments with your doctor especially the more troublesome migraines! They can help you to find a more headache cure other than the use of medication. Despite advances, migraines can be difficult to treat. About half of migraine sufferers stop seeking medical care for their headaches because they are dissatisfied with treatment results. This is unfortunate because the right drug or combination of drugs will eventually be found if the migraine sufferer keeps visiting his or her doctor for follow-up visits. Migraines can be treated with 2 approaches: abortive and preventive.

\* Abortive: The goal of abortive therapy is to prevent a migraine attack or to stop it once it \* \* starts. The prescribed medications stop a headache during its prodrome stage or once it has \* begun and may be taken as needed.

Some can be administered as a self-injection into the \* \* thigh; others, as a wafer that melts on the tongue. These forms of medication are especially \* \* useful for people who vomit during a migraine, and they work quickly.

Abortive treatment medications include the triptans, which specifically target serotonin. They are all very similar in their action and chemical structure.

The triptans are used only to treat headache pain and do not relieve pain from back problems, arthritis, menstruation, or other conditions. Migraine is a health condition that predominantly affects people of working age. Whilst it may start in the teen years or earlier, and continue to affect retired people, nevertheless, in general, migraine is at its most disruptive during the working years.

Managing migraine within the workplace can be very difficult. We regularly hear of someone in trouble with their employer; often simply not believed when they know they are about to undergo an attack – even sometimes when they are undergoing an attack. Employers who are sympathetic on the other hand may still view the recurrent migraines as an inconvenience.

People can request “reasonable adjustments” to be made to their workplace in order to help manage their igraine, but modifications alone may not stop all migraine attacks. Those sufferers who have a migraine one to two times a year are most likely able to manage their absence from work, by taking sick leave or by setting aside some annual leave. However for sufferers who experience migraines at least once a month this can be more difficult.

For those who are at the severe end of the migraine spectrum work may simply not be possible and they may turn to the benefits system for support.

Migraine, according to the World Health Organization, is among the 20 most disabling lifetime conditions. People who suffer with a disability are able to claim different benefits from those without. Incapacity Benefit has been the main benefit people have turned to since its introduction in 1985 when it replaced Invalidity Benefit. In 2007 it was reported that of the 2.

7 million people on Incapacity Benefit, 4000 claimants had headaches and a further 2700 had migraines. The number of people claiming Incapacity Benefit has risen steadily since its introduction and its very existence has become ‘ political’. The last Conservative Government was often accused of shifting people who were unemployed on to Incapacity Benefit. Whilst under Labor, plans to change it caused concern amongst disability charities, particularly due to a new Work Capability Assessment. Nevertheless in 2008 the Employment and Support Allowance (ESA) was introduced for new claimants running alongside Incapacity Benefit, complete with the new Assessment.

During 2010-2014 people on Incapacity Benefit were due to be moved to the ESA. The new Work and Pensions Secretary Iain Duncan Smith has announced that, whilst the ESA would remain in place, the new Work Capability Assessment would be brought in earlier, in 2012. The new assessment aims to test whether people on Incapacity Benefit could work in a desk or administrative capacity, possibly on a part time basis, rather than as a return to full time work. The Work and Pensions Secretary pledged to cut benefits to people if “ they do not do the right thing”. For those 2700 people who have migraine and are on Incapacity benefit it looks likely they

will have to undergo the new assessment at some point in the foreseeable future.

For migraine sufferers who are only now experiencing migraine to such an extent that they cannot work, the ESA will be the benefit that applies to them. With a tightening on Government expenditure it can be expected that those migraine sufferers who are unable to work due to their migraine are likely to experience tougher criteria, either to maintain their existing benefit, or to be awarded new benefit. Irrespective of what benefit is sought, migraine sufferers are going to be hard pushed to justify to the Job Centre that they are unable to work, particularly as migraine is an episodic condition. Already we know of a case where a Job Centre refused to recognize migraine as a valid health condition, despite evidence from health professionals being provided. For some migraine sufferers this new approach could be potentially helpful in enabling them to return to work.

Yet this has to be on the basis that meaningful support is provided, not just in order to help people back into the labor market but also to be available once they are back in work, otherwise people will simply find themselves in the Job Centre again six months later. It may be that people who know their migraine is too frequent and too severe for them to work will leave the labor market completely and join the eight million people classified by the Office of National Statistics as being economically inactive. In the latest CBI/Pfizer Absence and Workplace Health Survey entitled ‘ On the path to recovery’ migraine/chronic headache is reported as being the second highest cause of short term absence amongst non-manual workers. Within the survey respondents representing over one million employees were asked to identify

the three main types of illness that caused short term absence. 95 per cent of respondents identified minor illnesses such as a cold. The second major cause for non-manual workers with 49 per cent of respondents identified migraine/chronic headache.

For manual workers this figure dropped to 28 per cent, but that was still higher than work related injuries, stress and heart/blood pressure problems. When asked to identify the main causes of long term absence, however, migraine/chronic headache are hardly cited. Migraine affects eight million people in the UK and there are an estimated 190, 000 migraine attacks every day. As a chronic episodic health condition it is not surprising then that this latest survey reveals that migraine is so important to short term sickness absence but that it does not figure in long term sickness absence.

One of the reasons why migraine/chronic headache is more prevalent amongst non-manual workers compared to manual workers may be that more women work in non-manual jobs. Statistics from the Office for National Statistics (Labor Market Statistics May 2010) show that in December 2009 over 92 per cent of employed women worked in sectors such as finance, education, health and hotels/restaurants compared to more manual sectors such as manufacturing. Women are four times more likely than men to have migraine. This survey provides further evidence that migraine should be recognized as a major public health issue. Migraine as a condition needs to be taken more seriously within the workplace and more needs to be done by employers to support employees who have migraine. The Migraine Trust also wants to encourage migraine sufferers to manage their condition better and to visit a health professional.

Fewer than 50 per cent of people who have migraine consult their GP to get a formal diagnosis which means they may not be managing their migraine effectively. (The Migraine Trust Magazine) One good thing about a migraine is that they are so common that there is a wealth of information and support available. By all means use the internet to seek advice, but try to be choosy about which sites you take advice from. Look for some indication that medically qualified personnel are involved, such as by visiting sites run by university medical schools.

Avoid sites clearly intended to sell you something, or at least always remember that this is primarily the reason for their existence. If in doubt, be sceptical. Works Cited Health Line . (n. d. ).

Retrieved from <http://www.healthline.com/adamcontent/migraine/5> how to prevent migraines. (n. d. ).