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Family Health Care
Counselor

Migraine Options

About 25% of Canadians have experienced a headache and 8% a migraine headache. However, these numbers may be low because people may not report headaches, choosing instead to "wait" them out or self-treat with a non-prescription product. To identify the frequency and type of headache, keeping a headache diary is a good idea and can help in choosing the right treatment options.

Keeping Healthy When Migraines Occur

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Types of Headaches

A headache is a common complaint and can occur for many different reasons. Headache can be associated with changes in vision and occurs as a throbbing, dull ache behind one or both eyes, or across the brow. One of the major causes is exophoria. The condition occurs with aging and makes reading and focusing difficult due to the tendency for the eyes to turn outward. This makes reading and focusing more difficult.

Headache can be a symptom of various diseases such as brain tumour, meningitis, brain hemorrhage, high blood pressure, alcohol withdrawal ("hangover"), stroke, seizure conditions, dehydration, thyroid problems, allergies, and celiac or Lyme disease. By treating the underlying disease, these secondary headaches are usually controlled.

Headache can be associated with coughing, straining, sneezing, or laughing. The pain can be severe but is usually self-limiting. Sometimes, you may have a headache and know that it's the result of lack of sleep, stress at home or work, or even a sinus infection; you know what caused the headache and once you solve the problem, the headache disappears. However, some types of headaches may continue and even become chronic:

- Depression headache - occurs especially in the morning after waking up. While headache may be the only symptom, treatment for depression usually resolves the problem.
- Tension headache - described as vise-like or 'tight' in quality. They account for 90% of all headaches. Stress, tension, extended periods of concentration, anxiety, emotional problems, fatigue, noise, or glare can cause and worsen them. Your head hurts in general, and the muscles in your back and neck may ache and feel tight.
- Cluster headache - occurs, as their name suggests, in clusters of headaches that happen in closely spaced bouts for several weeks and then stop. Middle aged men are more often affected and the headaches often occur at night.
- Post-traumatic headache - follows a head injury; think of a hockey player or a boxer being hit on the head. Dizziness, balance problems, impaired memory, poor concentration, irritability, and even emotional changes can occur. The headache usually appears within one day of the injury but may persist and, with extensive trauma, brain damage may occur.
- Cold headache - or "brain-freeze" is the result of eating something cold, such as ice cream. The cold temperature affects nerves in the roof of your mouth which, in turn, sends messages to pain receptors in your brain.
- Sinus headache - the result of a sinus infection and congestion. Not only do you feel pain, but a "full" or "plugged" sensation as well. The skin over the sinus area can be tender and bending over, blowing your nose, or even moving your head can intensify the pain.
- Dental headache - caused by a dental or temporomandibular joint problem. It occurs in the area that is affected; however, the pain may also be felt in other areas of the head.

Migraine Headaches

About 8% of Canadians are affected by migraine headaches which usually occur on only one side of the head at a time. A dull, throbbing or pulsing pain is characteristic with other symptoms including nausea, vomiting, light sensitivity, sound sensitivity, and blurred vision.

Migraine headaches are a nervous system condition which produces vascular symptoms such as throbbing, pounding and pulsing. It is thought that they occur when the nervous system becomes hyper-excitable due to sensory inputs such as light, sound, or movement being perceived as painful. This process of heightened nervous system sensation may involve inflammation and neurochemicals like serotonin.

Some people experience an aura or warning symptoms of a migraine about half an hour before the headache occurs. This is referred to as "migraines with aura" and less than 20% of migraine sufferers experience them. Examples of such symptoms can be dizziness; ringing in the ear; visual disturbances such as seeing stars, sparks, and light flashes; "heightened" awareness; numbness; and tingling.

The acronym AUSTIN is a handy way to remember the characteristics of migraine headaches:

- **A**ggravated by activity
- **U**nilateral location
- **S**ensitivity to light or sound
- **T**hrobbing
- **I**ntensity moderate or severe
- **N**ausea or vomiting

Treating for Pain Relief in Migraine Headaches

The group of drugs known as triptans are the drugs of choice for treating migraine headaches. They are thought to work by mimicking the effects of serotonin and by stabilizing some nervous system sites. They are most effective when used as soon as headache symptoms appear and before the headache is fully developed. Triptans cannot be used before symptoms occur, and people cannot take them on a preventative basis because they work to interrupt the actions within your nervous system; the symptoms need to have started to occur for these drugs to be effective. One triptan example is sumatriptan; it is available as a nasal spray, injection and tablet. Others include zolmitriptan, rizatriptan and naratriptan. Choose one that works for you!

For mild or moderate migraine headache pain, acetaminophen or a non-steroidal anti-inflammatory drug may be sufficient. Many of these analgesics do not require a prescription; however, you should still have your headache pain diagnosed so that you know it is a migraine headache and all other potential causes are ruled out.

Many prescription non-steroidal anti-inflammatory drugs are effective in relieving the pain of migraine headaches but there are also a few non-steroidal anti-inflammatory drugs available without a prescription; both can be used to treat migraine headache. Some migraine headache non-prescription products combine acetaminophen with ibuprofen or acetylsalicylic acid.

Narcotic pain relievers are effective for more severe migraine headaches but drowsiness, constipation, and dependency can limit their use. Many are found in combination with acetaminophen and most require a prescription.

Keeping Healthy When Migraines Occur

Risk Factors for Migraine Headaches

Knowing the risk factor for migraine headaches is important; if you know you're at risk, you can take preventative measures:

- Genetics – there is a family history with the majority of migraine headaches.
- Gender - three times as many women are affected. This may relate to hormone changes.
- Hormones - some women are affected with monthly cycles; birth control pills may contribute.
- Age - children can be affected, but migraines commonly begin in the 20's and 30's; first time sufferers are rarely older than 40 years.
- Being overweight - weight loss can reduce the severity and frequency.
- Some medical conditions - depression, anxiety, seizure conditions, irritable bowel syndrome, and high blood pressure may contribute to an increased risk.

Triggers are activities or substances which can cause a migraine headache. By identifying your migraine triggers, you can avoid them and avoid the headache:

- Skipping meals and going on diets.
- Changes in sleep habits - not enough or too much sleep.
- Hormone changes - for example monthly cycles.
- Changes in weather, barometric pressure changes, and extreme hot or cold weather.
- Foods such as chocolate, caffeine, monosodium glutamate (MSG), artificial sweeteners, nitrates, and alcohol.
- Odours such as smoke and perfumes.
- Flashing or strobe lights and computer screens.
- Stress and anxiety.

Non-Drug Approaches to Migraine Headache

About 50% of migraine headaches are disabling because of their effect on one's ability to perform; one may miss school, work and social activities. If you think you may be affected by migraine headaches, don't ignore the symptoms. Non-drug approaches are your first steps:

- Know your risk factors and understand them; some you can change, others you cannot.
- Keep a headache diary in order to identify any triggers you may have, and then avoid or minimize any triggers.
- Eat regularly and make sure that your nutrition is good. Canada's Food Guide is a great resource.
- Keep physically active.
- Reduce stress by trying time management techniques and taking rests.
- Make sure you get enough sleep.
- Get a massage or use cool compresses.
- Try relaxation techniques such as deep breathing and visualization of a pleasant scene.
- Be prepared with biofeedback or cognitive therapy techniques.

When a headache does occur, resting in a quiet, darkened room may help by reducing sensory input. Avoid activities that could worsen symptoms such as reading and working at a computer.

Medications used to Prevent Migraine Headaches

Prevention of migraine headaches is important because it helps you lead a normal life, especially if you have severe headaches or you cannot take triptans. By taking routine medications, one may experience fewer and less severe migraines. There are several types of medications used this way:

- Beta-blockers such as propranolol, metoprolol, and atenolol keep blood vessels relaxed. Not everyone can tolerate beta blockers, for example, people with low blood pressure, asthma or depression.
- The tricylic antidepressant amitriptyline can be effective but sedation, dry mouth, and weight gain side effects can be problematic.
- The newer antidepressant venlafaxine seems to be effective for some people with fewer side effects.
- Drugs like valproic acid and topiramate are usually used for seizures, but when taken regularly, reduce both the frequency and severity of migraine headaches.

Ask Your Helpful FHCP Pharmacist

Provided by Marie Berry, Your Family Health Care Pharmacist

Q. What is a rebound headache?

A. If you take pain relievers, especially those containing narcotics, on a regular basis you may experience a rebound headache when you stop or reduce the dose. This is a headache that occurs on a rebound from medication withdrawal. Pain reliever doses often increase over time, and if you experience a rebound headache, you may increase your dose even more. This begins a vicious cycle which is difficult to stop. Sometimes rebound headaches are called "medication overuse headaches" or MOH. The condition needs to be recognized and treated with gradual withdrawal from the medication and the incorporation of alternative treatments.

Q. Are there any natural remedies for migraine headaches?

A. Several natural products have been suggested for preventing migraine headaches; for example, butterbur, riboflavin, magnesium citrate, coenzyme Q10, and feverfew. However, researchers have not found conclusive evidence to support their use. If you don't want to use various medications, you can focus on non-drug approaches such as identifying and avoiding triggers; relaxation techniques; and lifestyle changes including weight loss, healthy nutrition and sufficient sleep.

Q. Is it true that Botox™ is being used to treat migraine headaches?

A. Yes, Botox™ injections are being used when migraine headaches are severe. Severe is described as 15 migraine headaches per month for at least 3 months. Botox™ is botulinum toxin which is a neurotoxin that is believed to relax muscles and block sensory nerves that relay pain messages to the brain. The injections are targeted at specific sites and the effects last anywhere from 2 to 6 months. Botox™ requires a prescription and your doctor needs to evaluate if you are a suitable candidate for such injections.

A Healthy Position

What is the Dose for Acetaminophen?

Acetaminophen is one of the most widely used medications as both a single ingredient drug and in combination products. It works by raising pain threshold; the pain remains the same, but with a higher threshold you do not feel it. The two benefits to acetaminophen are that it does not cause stomach irritation like non-steroidal anti-inflammatory drugs do, and it is considered safe for people of all ages, including children. However, it is important to only take the recommended dosage of acetaminophen as overdose may occur. Here are a few measures you can take to reduce your risk of overdose:

- Know exactly what your dose of acetaminophen is and include any acetaminophen that might be an ingredient in combination products. You will need to read the package labels and do the math.
- Keep to a maximum of 4000 mg/day.
- For children, calculate their dose based on their weight.
- Pay attention to the acetaminophen concentration in children's liquid preparations and whether the concentration is expressed in dropperfuls or teaspoonfuls.
- Do not drink alcohol when taking acetaminophen
- If you are taking acetaminophen for a chronic condition like osteoarthritis, try spacing your doses evenly throughout the day to provide uniform pain relief.

Take The Check-Up Challenge

Whether you are taking a prescription medication, a non-prescription product, or a natural remedy, know what the potential side effects are and know what to do if you experience any of them. This is important to discover before you take your first dose.

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Next Month's Feature!

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Childhood ADHD

Attention deficit hyperactivity disorder (ADHD) occurs in about 5% of children and about 60% of these children will continue to have symptoms into adulthood. Drug therapy has shown to be effective in increasing attention and impulse control while reducing hyperactivity, but the drug choice needs to be right for the individual child and needs to be used in combination with non-drug approaches.

In Next Month's Feature Find Out More About:

- What ADHD is
- Risk factors for ADHD
- The prognosis for childhood ADHD
- Non-drug approaches to treatment
- Drug therapies

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