Treatment Tip of the Month

Migraine 101, an introduction to migraine that addresses migraine's clinical definition, biologic cause, and therapeutic management, remains far and away this magazine's most frequently downloaded article. Our tips this month are drawn from that article and others in which we have attempted to correct common misconceptions about migraine.

1. Even in the individual migraineur, episodes of migraine rarely are stereotyped. Migraine is the Baskin-Robbins of headache; it comes in a wide variety of flavors. The headache of a migraine episode spans the spectrum from no pain whatsoever (migraine aura without associated headache) to disabling, sickening, and unbearable pain… and with every variation in intensity between those two extremes. Nausea may or may not occur. The pain may or may not be one-sided or throbbing. In that minority of migraineurs who ever experience aura, relatively few will have aura symptoms with every migraine episode. Migraine is a leopard that routinely changes its spots.

2. Migraine is a disorder that reflects a biologically "sensitive" brain. Every human brain possesses electrochemical circuitry, which generates conscious awareness of head pain, and in migraineurs, that circuitry is inherently sensitized to such a point that it may spontaneously generate a headache. If that biologically sensitive brain circuitry is exposed to certain stimuli that typically involve a change in the internal environment (for example, the drop in sex hormone levels associated with menses) or the external environment (for example, certain types of weather change), the migraine circuit will be all the more likely to "light up" and generate a headache. Menses, drinking red wine, stress, and a sudden release from stress are

not the cause of migraine, but each may serve at times and in at least some migraineurs as a trigger for an acute migraine episode.

3. Related to #2, effective management of migraine may include avoidance of known triggers. On the other hand, if the migraine circuitry is adequately de-sensitized, what previously served as a trigger may no longer provoke an acute migraine episode… or, at least, will be less likely to do so. Such desensitization may be achieved in a number of ways in which medications intended for migraine prevention represent only one. Aerobic exercise, "mindfulness" techniques such as meditation or biofeedback, maintaining good sleep hygiene, and adopting a healthy diet are all non-pharmacologic methods useful in stabilizing migraine.

4. Acute migraine headache implies acute sensitization of a migraine circuit that is chronically primed to generate head pain. Stopping the headache will require acute de-sensitization, and the longer the headache persists and the more severe it becomes, the harder it may be to achieve desensitization. Treat early! Taken early, an adequate dose of aspirin washed down with a caffeinated beverage may be more effective in terminating acute migraine headache than intravenous pain medication taken late.

5. Don't stick with a loser. Similarly, don't just give up. If you are using a therapy for migraine prevention and not experiencing a meaningful reduction in your headache burden or are experiencing intolerable side effects…speak up! Don't slog along in silent misery or simply stop the therapy. Inform your provider. Thankfully, there are now too many good options for migraine prevention therapy to justify silence.