Migraine Myths of the Month

Rather than focus on one particular myth, we decided to start off 2021 in style and tackle 10(!) common myths. Six previously have been discussed in issues of this magazine dating back to Winter 2016/17, and 4 are new.

1. Migraine is caused by... stress [or hormones, weather changes, sinus disease, temporomandibular joint (TMJ) problems, etc.]

No. Migraine results from a genetically sensitized brain whose "primed" neurons may be triggered by a variety of external or internal environmental stimuli to ignite the nervous system circuitry that produces a migraine episode. A multitude of factors may trigger or aggravate migraine, but they do not cause migraine.

2. A variation on #1: Migraine results is a psychological disorder.

No. While migraine is comorbid with a number of other medical conditions that include everything from certain heart abnormalities to bipolar disorder, depression, generalized anxiety disorder and panic attacks, migraine does not cause the other conditions, and the other conditions do not cause migraine. While depression or anxiety may aggravate migraine or be aggravated by migraine, and while successful treatment of one may indirectly have a positive influence on the other, the relationship is not causal.

3. Many migraine patients are allergic to injectable sumatriptan.

No. While many migraine patients experience side effects from the injection of sumatriptan which they mistake for an allergic reaction, true allergy to the drug is rare. See the "Migraine Treatment of the Month" in this issue for more details.

4. The diagnosis of migraine requires a brain MRI scan.

No. As is discussed in the "Incidentalomas" article contained in this issue, brain MRI is not particularly useful in the diagnosis of migraine and, when performed, may demonstrate irrelevant "abnormalities" that lead to unnecessary patient alarm and additional medical expense.

5. If you have a history of migraine and experience a change in the character

or frequency of your headaches, you should be concerned that you have developed a brain tumor or another serious neurologic disorder.

No. Migraine is a highly variable disorder, and in the life of each migraineur its symptomatology may change significantly over time. Sometimes the reason for that change is obvious - a change in hormonal status; a change in level of stress - but many times there is no obvious precipitant. Migraine is the "Baskin Robbins of headache", and either from episode to episode or over the years, one should anticipate a number of different flavors.

6. **There is a definite "migraine personality". Specifically, migraineurs are type A perfectionists whose rigidity often results in behavior that could justifiably be described as neurotic.**

No. While the stress and anxiety associated with an ultimately doomed attempt to strive for perfection may aggravate migraine, there are many laid-back and underachieving migraineurs who are more than happy to leave the dirty dishes unwashed in the sink.

7. **For women, migraine always ceases following menopause.**

No. Very little is *always* when it comes to migraine. Migraine is nothing if not variable (see "Baskin Robbins" analogy in #5), and this is certainly true regarding its relation to menopause. While migraine often improves or even ceases following menopause, for some women their headache burden may increase, and for a few migraine may make its first-ever appearance. For those women who have had aura in the remote past, aura symptoms may re-emerge, often accompanied by little or no headache and consequently raising concern that what are actually benign aura symptom indicate transient ischemic attacks (TIAs) heralding imminent stroke.

8. **Female migraineurs have a low sex drive.**

No. We put this moldy old myth to rest in the Spring 2018 issue of this magazine. Enough said.

9. **Migraine headache is always preceded by aura.**

No. Only about 25% of migraineurs ever experience aura, and very few of those who do experience aura with every migraine episode. About a third of the time aura may occur during the headache phase itself rather than before. Finally, it's quite common for aura to occur without any associated headache.

10. **If your headache responds to a triptan, it is migraine. If the headache fails to improve, it's not migraine.**

No. There is nothing diagnostic about a headache which responds or fails to respond to acute treatment with a triptan (e.g., sumatriptan/Imitrex). The triptans are specific for certain serotonin receptors which are present in the nervous system circuitry which signals head pain, and head pain from many different sources may respond to treatment with a triptan. Conversely, at least 30% of migraineurs fail to experience headache relief following administration of a triptan.

Whew! That's a lot of myth to debunk. And, rest assured, there is much more to tackle. Take that journey with us in 2021.