

# SO YOU WANT TO TAKE YOUR MIGRAINE AND... GO SKIING!



Follow this advise and you will increase your chances of enjoying a pleasant and headache-free interlude at altitude

Speaking to her physician, LM, a 35-year-old female migraineur, reports: “I’m taking a week off to go skiing with friends at Park City, and instead of looking forward to my vacation, I’m dreading it. Every time I’ve gone skiing in the past, I seem to fall apart physically. I stay exhausted. My skin and mucous membranes get so dry, and I can’t quench my thirst. I’m up all night because I have to urinate so frequently, but that doesn’t really matter because I can’t sleep anyway. And my migraines go ballistic! I usually wind up spending most of the so-called vacation in bed-alone-trying to deal with my headache and wishing I was home.” No doubt about it, a skiing vacation can exact a physical toll from anyone, and the



ENJOY A  
HEADACHE-FREE  
INTERLUDE AT ALTITUDE

abrupt changes and peculiar environmental conditions associated with such vacations may make them particularly challenging for the migraineur. The effects of an uncharacteristic climate, physical exertion and alterations in one’s eating, drinking and sleeping habits can wreak havoc, leading the poor migraineur to wonder why he/she didn’t opt instead for a relaxing vacation on the sea-level beaches of Jamaica. Try following the advice offered here, however, and you will increase your chances of enjoying a pleasant and headache-free interlude at altitude.

## HIGH ALTITUDE ILLNESS

**Altitude sickness:** commonly afflicts flatlanders who suddenly transport themselves to the mountains. The symptoms of high altitude illness include insomnia, frequent urination, unquenchable thirst, fatigue, shortness of breath and headache, and they occur in migraineurs and non-migraineurs alike. Interestingly, the likelihood of one’s developing high altitude illness is unrelated to his/her degree of physical fitness Well-conditioned athletes who run, swim and cycle regularly at sea level may find themselves helplessly gasping for breath while an obviously unfit individual cheerfully vaults past them up the stairs to the ski lodge with nary a pause. The best way to avoid high altitude illness is to acclimate gradually; for example, if you live in Baltimore and plan to ski at 12,000 feet in Colorado, first spend a day or two visiting mile-high Denver. Unfortunately, the luxury of gradual acclimatization is not an option for those of us whose vacation days are limited; we prefer to get to the ski slopes without delay.



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## MEDICATIONS

**Symptom Suppression:** Medications may assist in preventing or suppressing the symptoms of altitude sickness, and the drug most commonly used for that purpose is acetazolamide (Diamox). Aside from occasionally inducing some transient numbness and tingling of the face or extremities and also inducing carbonated beverages – including beer – to taste discouragingly “flat”, short term use of acetazolamide is unlikely to provoke any side effects. The drug appears to work best when begun several days in advance of the anticipated trip and continued throughout the time spent at altitude. The usual dose of acetazolamide in this setting is 250 mg twice or three times daily. Remember, if you are taking topiramate (Topamax) chronically for migraine prevention, that drug has effects similar to those of acetazolamide and possibly may serve in itself as an adequate substitute for the latter. Regardless, when you ask your physician for a prescription for acetazolamide, list for him or her the other medications you currently are taking.



## INSOMNIA

**Sleep Distruption:** Insomnia is a common complication of travel across time zones and of a sudden translocation to high altitude. Disruption of one’s normal sleep pattern is notorious for triggering migraine, and it’s consequently wise for the migraineur to plan in advance for this complication and head it off at the pass. Use of a “prn” (ie, taken as needed) sleep promoter such as eszopiclone (Lunesta), zolpidem (Ambien) or temazepam (Restoril) can make an enormous difference, allowing you to enjoy a well-rested, headache-free interlude at altitude.



## MIGRAINE RX

**Specific Prescription:** When it comes to your usual migraine medications, don’t get caught short while on vacation. Make sure well before you leave that you have quantities of those medications sufficient to last for the time you are away . . . especially those drugs you normally take for acute migraine treatment. And if in the recent past you’ve had attacks of severe, disabling migraine that failed your usual self-administered therapy and required a trip to the doctor’s office or ED, it’s not a bad idea to bring with you on your trip a written statement by your physician that briefly summarizes your medical history, migraine history in particular and the medications that have been required to treat your migraine. Any migraineur who has undergone the experience will tell you that to seek treatment for acute headache at an unfamiliar medical facility can be a frustrating and even humiliating experience; to do so bearing a statement from your regular physician may go a long ways towards lessening the hassle.



## DEHYDRATION

**Fluid Volume:** Hydrate. In fact, over hydrate . . . even to the point where you’re feeling a bit soggy and consistently producing urine that is clear and colorless. The dryness and low humidity at high altitude subtly deplete your fluid volume, and the physical exertion associated with skiing-not to mention simply carrying out one’s usual routine activities at 10,000 feet-further compounds the problem. Don’t let the absence of sweating fool you; that bracing high mountain air dries your sweat as rapidly as it forms. As you take pains to maintain adequate hydration, avoid fluids that contain alcohol or caffeine; as does the rapid shift to high altitude itself, both chemicals promote

frequent urination, and the fluids you take in will make only a brief stopover within your cardiovascular system before exiting. Finally, if you start to get a migraine, don’t panic; the same medications that worked back home in San Francisco will work in Aspen or Sun Valley. And as always with acute migraine treatment, treat early, and use an adequate dose.



## RELAX!

**Don’t Overdo:** Flushed with the excitement of having shed home and work, one’s natural temptation is immediately to attack the slopes with wild abandon: first in line at the lifts when they open and last to come off the mountain, cramming in as many runs as possible. And afterwards, what better way to celebrate your alpine heroics than with a huge dinner and a long night spent dancing at the club afterwards, the evening of course punctuated by many glasses of wine and perhaps an exotic martini or three. Give yourself a break! The mountains, restaurants and clubs aren’t going anywhere, and to knock yourself out of action for the duration of the trip by overindulging on your first day and night makes little sense. This is supposed to be fun . . . not a competition to determine who can become the most exhausted. Consider initially skiing a half-day; take the morning at a leisurely pace, getting accustomed to your new surroundings and performing some stretching exercises in anticipation of the afternoon’s skiing. Go easy on the caffeine and alcohol, and, once again, don’t forget to hydrate with free water throughout the day and evening. Go to bed early, and use your medication if you have difficulty falling asleep. Save something for the rest of the vacation. Who wants to turn what could be an idyllic interlude into just another bout of prolonged migraine?

