



# MANAGING YOUR MIGRAINE

## 1 Migraine Tip of the Month: What to Do When Nothing Works

Sometimes, despite your best efforts, a migraine attack just will not respond to the therapies you self-administer. At such times the only alternative to suffering at home may be a visit to a health-care facility for help. Be it a medical provider's office, an urgent care center or an emergency room, if the providers at that facility are unfamiliar with you and your migraine, here are some tips that may help smooth the process and lead to more rapid and effective treatment:

- Take with you copies of any clinic notes which concisely address your headache disorder and its management
- Better yet, in advance of the need ask your headache provider to give you a brief summary that outlines your headache history, diagnosis and therapeutic management
- Best of all, ask your headache provider to give you a suggested treatment algorithm for urgent care or ER providers to consider using as they decide how to treat your acute, severe migraine
- Bring with you a list of your current medications (especially those you are taking for migraine), and tell the providers what medications you have tried thus far for this acute attack

ER providers often are inundated with patients, many of them critically ill. To seek care for acute migraine in an ER

can be a daunting and unpleasant experience. Improve that experience by assisting the ER providers. They may have no idea who you are, whether or not you do indeed have migraine or - for that matter - how acute migraine best can be treated. Your ability to supply relevant information typically will be much appreciated.

## 2 Migraine Treatment of the Month: Injectable Sumatriptan

Related to the "Tip of the Month" are reviews published in the medical literature which indicate that the most effective therapy for acute migraine in the setting of the ER may be injectable sumatriptan... ironically a medication for migraine rescue that a patient may administer themselves and avoid the need to utilize an ER.

The effectiveness of a medication for acute migraine headache is largely a function of the speed with which it reaches its maximum concentration in the blood. Relative to oral or intranasal acute migraine medications, injectable sumatriptan obtains that maximum concentration much faster. Not surprisingly, after 3 decades and the emergence of various new medications for acute migraine treatment, subcutaneously (under the skin) injected sumatriptan remains the most effective self-administered "rescue" therapy.

Despite this, injectable sumatriptan remains underutilized. This is a shame. Used in the patient population for which

it is indicated, injectable sumatriptan is extremely safe and highly effective. If you need a "rescue" therapy for acute migraine, this is an option to be strongly considered.

## 3 Migraine Myth of the Month:

### Myth: Diagnosis of Migraine Requires a Brain MRI

Reality: No matter how much your head may hurt or how it feels like something must be very, very wrong with your brain, migraine is rarely associated with any structural abnormality detectable by brain MRI. The diagnosis of migraine is made largely on the basis of the history you provide. If your history is consistent with a diagnosis of migraine and your neurologic exam is normal, the likelihood that a brain MRI scan will demonstrate an abnormality that will alter diagnosis, management or clinical outcome is extremely low.

There is nothing therapeutic about brain MRI. For the patient with migraine and a heavy headache burden, much more important than expensive and esoteric diagnostic testing is the development of an effective treatment program.

In short, rarely will brain MRI - or repeated brain MRI - be of benefit to the typical migraine patient. Given its lower resolution and the exposure to radiation conveyed, this is even more true for brain CT.

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