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Migraines - What a Headache!

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What a lovely day, you're off work; the sky is bright blue, without a cloud to be seen. The children are playing in the freshly cut back yard, you're setting up the BBQ for a wonderful meal and then BAM, you start to see a shining point in your vision. You hope it is nothing but soon that visual disturbance spreads to cover an entire third of your visual field. Wondering what is happening, you begin to get nauseated. The vision clears as you hurry to the bathroom to vomit. In the mirror, you see your reflection and feel that throb behind your left eye. The nausea is still there as you squint from the light and wish your children would please be quiet. The pain in your head intensifies as you go to your bedroom, turn the lights out and wonder why this beautiful day will be ruined with such an intense headache.

Those who suffer with classic migraine headaches are probably familiar with this scenario. This article will try to explain the differences between common headaches and migraines and discuss types, symptoms and treatment options of each.

Types of headaches

Sinus headaches are characterized mostly by facial pain. The pressures from the build up of mucus and nasal secretions in the nasal cavities cause pain in the sensitive sinus tissue that radiates through the skull causing intense headaches. This pain is around the eyes, ears and radiates toward the base of the skull. Treating the sinus problems with antihistamines and expectorants is the usual solution.

Tension headaches, probably the most common headaches, usually start in the back of the head as the muscle of the upper back and neck begin to tighten from multiple causes. Stress from various situations initiates these headaches. These headaches are the adult version of having your hair pulled in a tight ponytail. You will eventually get a headache from the tension pulling on your head all day. Over the counter analgesics usually are able to handle this discomfort.

Migraine headaches are recurrent, throbbing headaches that are generally felt on one side of the head. There is usually a warning of the oncoming migraine called an aura or

prodrome. Nausea, vomiting, and sensitivity to light and noise usually accompany the headache. Migraine headaches are usually classified as moderate to severely painful headaches. The worse symptoms include numbness and tingling of the lips, face, hands (on one or both sides), weakness of an arm or leg, dizziness, unsteadiness in walking, drowsiness, slight confusion of thinking, and inability to speak or slurred speech. Some migraines can even present with stroke type symptoms.

The classic Migraine is described in the scenario above and includes an aura of visual disturbances, nausea then headache. Migraine headaches were not considered migraines without the aura. This has proven to be false. The headache with aura is now considered the “classic” migraine.

In truth, approximately 75-80% of migraine headaches do not have the aura associated with it. However, this does not mean that all bad headaches are migraines. It is misleading to believe that minor headaches are just common headaches and terribly painful headaches are migraines.

Migraine headaches do not follow any rulebooks when presenting themselves. The symptoms that one person may have could be completely different in another. Unfortunately, there are no tests to diagnose migraines. So how do you know if your headaches are migraines? Discuss them with your health care provider.

Migraines occur in approximately 18% of women and 6% of men in the United States and are more prevalent in whites than in blacks. Migraines usually present in the adolescent years; affected young adults and diminishing as one gets older. Fifty-three percent of those who suffer from migraine headaches say their activities are limited and they require bed rest.

Treatments

It is important for patients to understand if the headaches they are having are migraine headaches. Once the migraine has been diagnosed, the appropriate treatment plans can be initiated. Headache calendars are essential tools in this process. Documenting the frequency, intensity and duration of headaches along with potential triggers is necessary. Associated symptoms with the headache including nausea, vomiting and aura should be documented.

Once a migraine headache has been diagnosed and the appropriate factors associated with the headaches are determined, a comprehensive treatment plan can be initiated. A treatment plan includes the following:

- Education and reassurance
- Prevention of attacks by avoidance of triggers
- Use of non-pharmacologic treatments such as relaxation therapy, and lifestyle regulation
- Acute treatment of migraine attack to relieve pain and restore normal function

- Preventive therapy to reduce the frequency, severity and duration of attacks
- Periodic visits to provider to assess effectiveness of the treatment plan

The treatment for migraine headaches is as individual as the person that has the migraine. Over the counter analgesics, such as Tylenol, Advil and Aleve are effective for some. A combination medicine of aspirin, acetaminophen and caffeine is found in the drug named Excedrin and is specifically indicated for migraine pain.

Some older prescription medications for migraines are called ergotamines. Ergotamines helped for some but often were ineffective and had side effects. The newest prescription medications are referred to as triptans. These block special receptors in the brain that are believed to cause specific migraine pain. These have been life-changing medications and finally provide relief for migraine head pain.

There are presently five triptan medications available by prescription. These medications include: Imitrex, Zomig, Amerge, Maxalt and Axert. Each has subtle differences but all have been proven to be effective. These drugs stop the dilating of blood vessels within the brain, which is thought to cause migraine head pain. With the constriction of the dilating blood vessels, migraine head pain is relieved. These medications do not work by providing pain relief; they actually stop the process that causes the pain.

Because these medications cause vasoconstriction, those with heart disease or uncontrolled high blood pressure should avoid them. Other side effects include a hot tingling sensation, flushing, dizziness and chest discomfort. It may be likely that if someone has side effects on one triptan, they may be able to take another without side effects. It is also true that one triptan may be more effective in one person and not another.

For those who have frequent problems with migraines, preventative treatment can also be tried. This includes taking daily medicine to prevent migraine attacks. Inderal is one such medication that can be effective when taken daily to slow down or prevent migraine headache attacks.

Migraine headaches are no laughing matter. These headaches cause three million bedridden sick days each month. With the proper diagnosis and treatment, the disability associated with them can be kept to a minimum. Those beautiful days are to enjoy with the family, not to suffer in bed with a migraine.