

# HEADFIRST

Newsletter / December 2020



**NHF IS A PROUD RESOURCE IN RAISING AWARENESS FOR THE MORE THAN 40 MILLION INDIVIDUALS WHO LIVE WITH HEADACHE DISORDERS AND MIGRAINE DISEASE.**

Your contributions help the Foundation continue to raise awareness and advocate for those experiencing headache disorders and migraine disease, as well as provide easy access to the resources and research needed to better understand these conditions.

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 **FEATURED ARTICLE:**

## Holiday Headache

For the more than 40 million individuals living with headache disorders and migraine disease, the holidays can be challenging. While this time of year is always busy and stressful, the added anxiety of tackling the holidays during COVID-19 presents even more opportunities for headache and migraine to manifest. NHF wanted to share a few tips to navigate this holiday season pain-free:

- **Maintain a regular eating schedule:** With an increased number of Americans driving to visit family instead of flying this holiday season, adhering to your normal meal schedule on the road can be a challenge. Additionally, while it is easy to skip a meal while out shopping or busy baking, the consequence can be triggering a migraine. Be sure to keep high protein snacks handy to remain satiated and prevent headache and migraine. Also, avoid common holiday high-tyramine foods such as aged cheeses and cured meats.

- **Avoid dehydration:** From increased alcohol consumption to cooler temperatures, water intake may decrease during this time of year and dehydration can be a primary trigger for migraine. If drinking alcohol, be sure to drink one glass of water between every alcoholic beverage and ensure that staying hydrated during all your holiday activities remains part of your routine.
- **Practice stress relief activities:** Between work, shopping, and the added anxiety of COVID-19, make sure you set aside time to take care of yourself. Consider meditating and stretching to relax and destress, while keeping an OTC medication handy.

Our team at NHF hopes these tips can help to reduce your headache and migraine attacks during this time of year and we wish you all a peaceful, relaxing and healthy holiday season.

### ? DID YOU KNOW?



Worried your migraine disease medication has stopped working? It is not fully understood why this happens, though some experts theorize that the body may build a tolerance to certain medications, and often as lifestyle factors change, medications may become less effective. Keeping a [migraine diary](#) that you share with your doctor may help you get the relief you need, or try using a downloadable [migraine app](#) to collect data to provide to your doctor. Additionally, taking proactive steps to prevent migraine may also help your medicine to be more effective.

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## IN THE NEWS

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As doctors continue to evaluate treatment options for headache disorder and migraine disease, they are exploring how medications can block the pain receptors that cause these conditions. Triptan medications, growing in popularity, effect the nervous system and block pain receptors, which doctors believe may be a key way to treat and prevent migraine disease. A recently released, over-the-counter FDA-approved treatment uses this nerve stimulation approach by delivering mild electrical shocks to the forehead to prevent or treat migraine. To learn more, see Harvard Health’s full story below on the research and treatment.

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## TIPS & TRICKS

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Could essential oils be an effective homeopathic way to treat headache disorders and migraine disease? By rubbing certain essential oils into your temples, neck, shoulders, and over your sinuses and abdomen in a clockwise direction, you may be able to relieve headache and migraine symptoms. The below essential oils were noted as the best for headache disorders and migraine disease relief:



- **Peppermint**
- **Chamomile**
- **Lavender**
- **Rosemary**
- **Geranium**
- **Eucalyptus**

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Listen to [Heads UP](#), the National Headache Foundation's official weekly podcast where experts discuss a range of topics related to headache. Now available on Apple podcasts. Recent episodes include:

**Episode 77:** [White Matter Lesions and Migraine Disease](#)

**Episode 78:** [Medical Update on Nocira](#)

## ASK THE EXPERTS

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### QUESTION:

*I have taken Fiorinal for over 40 years for my headaches. It is the only drug that has ever relieved my headaches and still allowed me to live a normal life. I now need to find an aspirin-free medication as my hemoglobin dropped to 4.5 due to an ulcer. I have had several blood and iron transfusions over the years, but my doctors have never found a drug that worked like Fiorinal. If I switch to Fioricet —would it help or simply cause a new set of problems? Is there a drug that has same properties as Fiorinal without the aspirin? I am terrified to stop my Fiorinal because the headache pain never stops. The Fiorinal allows me to live my life and stops the pain, but the blood transfusions are becoming more difficult due to the matching of antibodies. It took 48 hours and two states to find a match this last time. Please advise and let me know my options.*

### ANSWER:

Fiorinal (butalbital, aspirin and caffeine) and Fioricet (bultalbital, acetaminophen and caffeine) are indicated for treatment of tension-type headaches and not specifically for migraine. Butalbital is in the barbiturate class, which has sedating qualities, and is not designed to be



taken on a chronic basis. The aspirin component also leads to the increased risk of peptic ulcers and possible liver and kidney dysfunction. The risk of medication overuse headache (rebound headache) is very high when Fiorinal or Fioricet is taken on a chronic basis.

George Nissan, DO

In the early 2000s, headache specialists began to receive guidance not to utilize butalbital products for management of chronic migraine patients due to the high risk of rebound headache, adverse side effects and dependence on the medications. There is also a risk of lowering the seizure threshold. It is important to avoid the use of Fiorinal after development of an ulcer, especially with significant anemia. There are new preventive medications that have been FDA approved for episodic and chronic migraine over the last two years, the new anti-CGRP monoclonal antibody monthly injections (Aimovig, Emgality and Ajovy) and most recently an IV infusion given every three months (Vypti). Also, new acute migraine medications such as the gepant class (Ubrelyv and Nurtec ODT) and ditan (Reyvow) class have recently been FDA-approved and do not have the increased cardiovascular risk or risk of ulcers when compared to older drugs such as the triptans, ergotamines and NSAID classes. It is important to discuss these treatment options with a headache specialist or neurologist.

*George Nissan, DO*

*North Texas Institute of Neurology and Headache  
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*Each month we will feature your questions and our answers about headache disorders and migraine disease in the newsletter. If you have a question about migraine disease and headache disorders, please email us and keep an eye out for the answer from one of our doctors!*

***Email: [info@headaches.org](mailto:info@headaches.org)***

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