

# Your Migraine, Your Symptoms: What You Need to Know

NATIONAL HEADACHE FOUNDATION



## Answers To Your Questions

- What is migraine?
- What symptoms do you have with your migraine attacks?
- What should you discuss with your healthcare professional?
- What treatment options are available?

# What is Migraine?

Migraine is a chronic and episodic disorder, characterized by headache attacks.<sup>1</sup>

- Recurrent headaches lasting 4-72 hours
- One-sided, pulsating, moderate-to-severe pain
- Decreased ability to function in everyday situations

## Associated Symptoms

Often 2 of these 3 key associated symptoms are also present during an attack:<sup>1</sup>

- Nausea and/or vomiting
- Sensitivity to light (called photophobia)
- Sensitivity to sound (called phonophobia)

Other symptoms may include sweating or cold hands, diarrhea, pale skin color, and scalp tenderness or pain from touch or pressure (such as a necklace touching skin, hair brushing, or shaving). This kind of pain is called allodynia.

## Migraine Is Very Common – You Are Not Alone

Migraine affects nearly 30 million people in the US.<sup>2</sup>

- 12% of people 12 years and older
- More common in women (17% vs 6% in men)
- Nearly 25% of migraine sufferers frequently lose time at work, home, or in social settings due to migraine
- More than 50% of sufferers have difficulty functioning or require bed rest during a headache attack

## QUIZ

**How many days in the last month have you had a migraine attack?**

**How well are you able to carry out your normal activities when you have an attack?**

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**How does migraine impact your daily life, including your work, family, and social life?**

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**How does having migraine affect you between attacks?**

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# Do you have these Symptoms?

Associated symptoms are common with migraine.<sup>3</sup>

- Nausea in 73% of patients
- Vomiting in 29% of patients
- Sensitivity to light in 80% of patients
- Sensitivity to sound in 76% of patients

In addition, 63% of patients have allodynia with their migraine attacks,<sup>4</sup> and 80% of patients with migraine have slow passage of stomach contents through the gut (delayed gastric emptying),<sup>5</sup> which may affect absorption of oral medications taken for migraine.

Migraine sufferers who experience associated symptoms with their attacks appear to have more severe migraine attacks, more impairment, and decreased quality of life.<sup>6,7</sup> In addition, people who experience nausea and vomiting during a migraine attack may choose to delay or skip taking oral medications — which delays relief and makes the attack much harder to treat successfully.

## QUIZ

Which of these symptoms do you experience when you have a migraine attack?

	Always	Usually	Sometimes	Rarely	Never
✓ Sensitivity to light					
Sensitivity to sound					
Nausea					
Vomiting					
Diarrhea					
Scalp or skin pain/tenderness					
Other:					

## What Can You Do to Help Yourself?

### Track your symptoms with a headache diary

Keep a headache diary — and share the results with your healthcare professional. A free downloadable diary is available on the NHF Web site at [www.headaches.org/pdf/Headache\\_Diary.pdf](http://www.headaches.org/pdf/Headache_Diary.pdf).

- Record frequency, severity, and duration of attacks
- Keep track of treatment(s), outcomes, and side effects
- Identify and avoid possible triggers
- Diet and eating schedule
- Sleep schedule
- Exercise schedule
- Stress level
- Exposure to lights, sounds, or smells
- Weather
- Menstrual cycle — for women

### Discuss your symptoms with your healthcare professional

Diagnosing migraine depends on clear communication with your healthcare professional. There is no test to show that you have migraine — diagnosis is made by discussing the history of your symptoms. Often, tests that are conducted are done to rule out other potential conditions.

Schedule a visit with your healthcare professional, and be prepared for your visit. Keep a headache diary, and consider completing a MIDAS questionnaire, a short list of questions designed to help measure the impact of migraine on your life (available online at [www.headaches.org/pdf/MIDAS.pdf](http://www.headaches.org/pdf/MIDAS.pdf)) before your visit. Be ready to:

- Describe the severity and type of pain, its specific location, and duration of attack
- Describe how you feel before, during, and after an attack
- Discuss other symptoms, including nausea and vomiting and sensitivity to light and/or sound

# What are the available options for Treatment?

## Treat early for best outcome.

- Treat at the first sign of an attack — don't wait!
- Keep medications with you when you go out or travel.
- Consider preventive therapy if you have frequent or severe attacks.

### TREATMENT OPTIONS IN MIGRAINE

Lifestyle modification	Identify and avoid triggers; maintain healthy sleep, diet, and exercise habits; reduce stress
Nonpharmacologic and complementary therapies	Relaxation training, hypnotherapy, biofeedback, cognitive/behavioral management, acupuncture, nutritional supplements, physical therapy, massage
Acute medications	Triptans, ergotamine derivatives, over-the-counter and prescription* pain relievers
Preventive medications	Antiepileptic drugs; beta blockers, calcium channel blockers, tricyclic antidepressants

Acute therapies are taken to stop an attack once it has begun. Preventive therapies are taken daily, whether or not a headache is present, to reduce the frequency or severity of attacks.

\*Prescription pain relievers are not commonly used.

For lists of potential triggers and more information about managing your migraine, you can visit [www.headaches.org](http://www.headaches.org). Speak to your healthcare professional about all your treatment options.

## How Do You Take Your Medicine?

How you take your medication — orally, by injection, or by nasal spray — may be important, especially if you experience nausea or vomiting with an attack. People with migraine often delay treatment for migraine — from minutes to hours. Nearly 40% of the time, treatment was delayed for more than a full hour.<sup>8</sup> Nausea is the second leading cause for patients to delay taking medication greater than 1 hour.

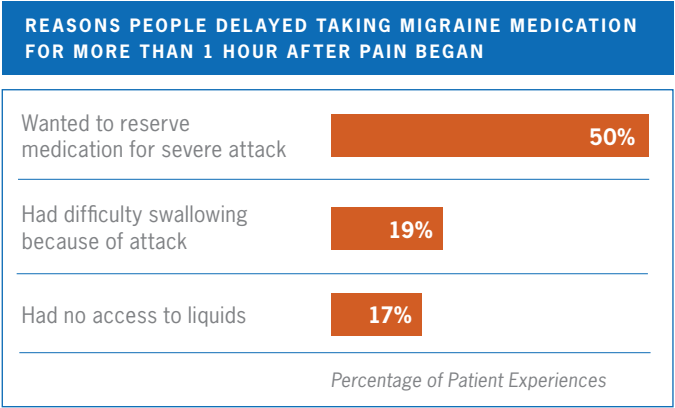


Figure excerpted from Golden and colleagues.<sup>8</sup>

ADMINISTRATION ROUTES FOR TRIPTANS

Oral tablet	Almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, sumatriptan plus naproxen, zolmitriptan
Orally disintegrating tablet	Rizatriptan, zolmitriptan
Nasal spray	Sumatriptan, zolmitriptan
Injectable and needle-free injectable	Sumatriptan
Transdermal patch (investigational)	Sumatriptan

Sumatriptan is available in several formulations, including non-oral routes such as nasal spray, injection, and needle-free injection.

QUIZ

How often do you ...

<input checked="" type="checkbox"/>	Always	Usually	Sometimes	Rarely	Never
Take additional medication to treat nausea or vomiting during a migraine attack?					
Delay or avoid taking migraine medication due to nausea or vomiting?					
Feel nausea or vomiting affect your ability to function normally during a headache?					

## Important Points to Remember

- Schedule a visit with your healthcare professional to discuss migraine, and prepare for the visit.
- Keep a headache diary and discuss your symptoms, including associated symptoms, with your healthcare professional. Be sure to share how many days in a month you had a migraine attack and how migraine impacts your daily life, both during and between attacks.
- Discuss treatment options for migraine with your healthcare professional: lifestyle modification, nonpharmacologic and complementary therapies, acute and preventive medications.
- Follow your treatment plan, and treat early — at the first sign of an attack — for the best outcome.
- If you have difficulty taking your medication at the first sign of an attack due to nausea or a concern about vomiting, inform your doctor.

## REFERENCES

1. International Headache Society. Cephalalgia. 2004;24(suppl 1).
2. Lipton RB et al. Neurology. 2007;68:343-349.
3. Lipton RB et al. Headache. 2001;41:646-657.
4. Lipton RB et al. Ann Neurol. 2008;63:148-158.
5. Aurora S et al. Headache. 2006;46:57-63.
6. Holroyd KA et al Cephalalgia. 2007;27:1156-1165.
7. Kelman L, Tanis D. Cephalalgia. 2006;26:548-553.
8. Golden W et al. J Headache Pain. 2009;10:93-99.

