NHF Insights - Edition 2
Part 2: Care Considerations for Those in Frontline Professions

Hope O'Brien, MD:
Welcome to NHF Insights podcast, a platform presented by the National Headache Foundation where you can expect open discussions with special guests together with industry partners on the latest findings in research and treatment for people living with migraine and recurrent headaches. Today, I am your host, Dr. Hope O'Brien, and you're joining us for the second part of our three-part edition, where we will continue the conversation around frontline workers living with migraine.

I want to let you know that I'm a neurologist who specializes in headache, and I am joined by my colleague, Dr. Merle Diamond. Dr. Diamond, please introduce yourself. Tell us a little bit about something we didn't hear last time.

Merle Diamond, MD:
I'm Merle Diamond. I'm an MD from Chicago, and I've worked at the Diamond Headache Clinic for the last 35 years. I was fortunate enough to work with Seymour Diamond, who was my dad, but also an amazing clinician and headache specialist. And his passion was patients and helping them, and I got a little bit of that myself. It's very exciting to be here today.

Hope O'Brien, MD:
Well, I'm excited you're here as well. And I remember when I was learning headache, just reading the information published by your dad and from you as well. It's just a pleasure having you today. In this session we're going to focus on migraine triggers that are routinely encountered by frontline workers. But before we dive into the data, Dr. Diamond, can you share some of the common triggers for migraine?

Merle Diamond, MD:
I think there are triggers we can control and triggers we can't control. I think virtually every migraine patient talks about the weather. They talk about sleep. They talk about their food stuff. And we used to focus on specific foods that were triggers. But quite frankly, it's often skipping meals and not being adequately hydrated and fed that can be a trigger. So these are all things that we can control, excessive caffeine, not taking your blood pressure medicine, not getting good sleep. Sometimes we can't control that because we might have stuff going on at home and stuff going on at work, and sometimes we don't get to do our good personal hygiene, as I like to tell my patients.

And then there are things that are specific triggers for certain patients. For example, a good number, almost two thirds of our patients who have chronic migraine, actually have significant trauma histories. There's all kinds of stuff that add to that risk for migraine attacks.

Hope O'Brien, MD:
Absolutely. And I know when I talk to some of my patients, they may not even be able to identify what the trigger is. But I'm glad we're having this discussion because I think for many of our patients are

going to find this session very helpful. And as we mentioned in our previous episode, the National Headache Foundation and Pfizer conducted a survey of about 1000 people with migraine, with a specific focus on those in the front lines, those front line professionals who are more likely to work positions that require this change, and shifts and hours that may result in a regular sleep patterns or sleep schedules, or sleep disruptions in their circadian rhythm, and also eating habits. Dr. Diamond can you give us some of the data or statistics about what we've found in that study?

Merle Diamond, MD:
I think 70% of our emergency workers didn't, almost 70%, didn't have time to recover from their migraine attacks and also what was going on around them. And I think it's important to remember that it's not just not eating, not sleeping, or having that shift. But it's that acute change like you work nights for a week and then you shift to days and then you switch to that middle shift.

I think the other thing that we often don't talk about, because it's hard to talk about, is trauma and the impact of trauma on all of that. And I don't think you can be an emergency worker without probably experiencing some of that today. And some of it can be very subtle, and some of it can be just overwhelming.

And we don't have time to debrief. We don't have time to really get the help we need when those kind of events happen. I can remember in my own experience as an emergency physician many years ago, stuff would happen. And I go, oh, we're okay, and on to the next case. But that's really not dealing with some of the very awful things that we have to deal with.

Hope O'Brien, MD:
Absolutely. Especially I mean, I can't imagine being an EMT or an emergency room physician, and you're seeing some really traumatic experiences, whether it involves a child or some disastrous situation. And we know that PTSD or post-traumatic stress disorders is common among first line responders. And some of the most common symptoms that we see, or maybe these nightmares and flashbacks of these distressing events, patients may develop chronic pain or sweating and headaches as well.

And we know that with PTSD, irritability comes along. People have anger outbursts or sleep problems, difficulty concentrating. And I think this is a population that we really haven't focused on in terms of not just addressing some of the mental health issues, but also in dealing with maybe underlying migraine that they may not talk about.

In your own experience, Dr. Diamond, can you tell us how you approach this to someone who has had some of these experiences?

Merle Diamond, MD:
Well, I think it's important for your clinician, whoever it is, to first of all, endorse and ask the question. A lot of times that's don't ask, don't tell. I'm fine. And we know what fine can stand for. It's not necessarily fine. And I think that it's important to leave an open outlet and asking the questions, do you have nightmares? Are you getting good sleep when you can sleep? What happens during the night, whatever your night is? And also allowing patients to come through and share some of that stuff. I think

it's really important. And I think for migraine patients, they often think they're being sent to a psych person because they can't manage their stress. And the reality is the world, what's happening in your life, has an impact. You carry the disease of migraine, but what happens in your life really is important in terms of how you manage things.

Hope O'Brien, MD:
Absolutely. And I think it's important that they understand that they're not alone. I think oftentimes they feel like a sense of isolation. And if we look back at the data for EMT, firefighters, and law enforcement, the percentage of emotional stress is about 40%. For physicians and nurses, that's 35%. When you're looking at sleep disruptions and disturbances for EMT, firefighters and law enforcement, that number is 37%, with 53% reported that sleep interruptions and sleep disturbances result in a migraine attack.

And for physicians and nurses, we know that 40% have some type of, unfortunately, the sleep interruption as well. As you can imagine, being a physician, a nurse, you're oftentimes sleep deprived. And so, I think making sure that individuals know they're not alone and that it's okay to talk about it, it's important.

And then when we think about those outside of the medical profession, for instance, those who are in the education sectors and their demanding roles that they face, and the challenges that they can exacerbate their headaches. Stress, of course, is almost constant for our education colleagues and often can lead to muscle tension and subsequently recurrent headaches and the classroom environment and it of itself can be the center stage of triggers.

Can you imagine being in a classroom with twenty 5-year-old kids, twenty 5-year-olds? Or imagine being an education professional, like a speech therapist who works with students with special needs, and you walk into the classroom and are faced with a student who physically lashes out and emotionally will lash out or cause harm to you and other students.

These are some of the experiences I've heard from my patients. What have you heard in particular from your patients?

Merle Diamond, MD:
Well, I think teachers tend to be superstars in the sense that they supply all the stuff their kids, the kids, their kids, they assume they're like their kids, right? All the things they're not getting at home that they can help with. I think my best example was that we used to work on Saturdays at the clinic because my dad said we should, and we did, and not, well, a little bit.

But in May and in August, my Saturday appointments were all teachers. So the first piece of that is that they would never miss work if they could avoid it. And the second piece is the stress of when you go back into that working environment is significant. And I would say to them, you got too much to do. And they go, no, I'm fine.

Except they all came in May and in August. So, I think giving them room, making sure they have good therapies, endorsing the fact that sometimes it's disabling. And if what you're getting isn't working, there's so many good options available. I think today we have as clinicians that opportunity to give support to our patients and give them more tools like, yes, this is really hard.

What do you do before you go to bed at night? Are you doing any breathing, relaxation, maybe restorative yoga? There's simple things that they can add to their day perhaps that will help with their migraine attacks. And then of course, having appropriate medication when you need it.

Hope O'Brien, MD:
Absolutely. So important. And when we look at the five main triggers for our education sector, what was shown was that being overworked, lack of sleep, the sun, noise, fatigue were all major issues. And also, headaches resulted in discomfort during daily activities. And unfortunately, there was an increased number of absenteeism and missing classes, reduction in sleep time under five hours.

And we know that sleep is so important not just for my brain, but for brain health as well. And also dehydration tends to be overlooked when you are going through a busy school day and can quickly become a primary culprit for that nagging pain of migraine. Dr. Diamond, as a society, what are some of the things that we can do to support people with migraine in these professions?

Merle Diamond, MD:
I think obviously giving them the correct diagnosis, which still half of our patients don't get. I think being able to look at migraine as a disease, not just a headache. And then recognizing that at times a teacher may need a half hour out of the classroom. What kind of support could you give them. There are a lot of teachers' aides now in schools. And sometimes if you have a difficult classroom and you need to take your medication, making sure you have, I call it the escape hatch. Someplace where you can go for 15, 20 minutes. Most of my teachers won't leave school or not show up for a day. But if they need a little bit of a break in a quiet area, hopefully getting that kind of support. And also not shaming them. Teachers put enough shame on themselves. You know, I'm not doing enough.

Hope O'Brien, MD:
Absolutely. And I think as women we do that as well. I absolutely agree with you.

Well, Dr. Diamond, this has been an enlightening discussion. Thank you so much for all of your insightful insights. And for those of you who are tuning in, this is the second session of our three-part series on the impact of migraine on frontline workers.

Please join us for our final episode where we'll discuss how to really talk about treatments and care accommodations for our frontline workers. Thank you so much. Take care.