

## **Episode 173: Migraine Chronification**

### **Lindsay Weitzel, PhD:**

Hello, everyone, and welcome to HeadWise, the weekly video cast and podcast of the National Headache Foundation. I'm Dr. Lindsay Weitzel. I'm the founder of Migraine Nation, and I have a history of chronic and daily migraine that began at the age of four. I'm excited to tell everyone that I am here today with Dr. Amelia Barrett. Hi, Dr. Barrett, how are you doing today?

### **Amelia Barrett, MD:**

I'm good, hello. Thanks for having me.

### **Lindsay Weitzel, PhD:**

Dr. Barrett is a repeat guest. Everyone seems to love her opinions, her point of view, her approach to treating chronic migraine. And so we have brought her back today. Dr. Barrett is a board-certified neurologist and the creator of the Migraine Relief Code, which is an online course for people with migraine. Today, we are going to talk about the chronification of migraine. This is such an important topic to delve into, especially for people who might still be episodic or who are chronic and are working to decrease the number of migraines that they get.

We're going to ask Dr. Barrett a number of questions related to this topic. And I love, she always has a very different point of view, lots of things that we haven't heard before. So let's get started. Dr. Barrett, first, let's give people an indication of what migraine is. In case we have some listeners today who don't know for sure if they actually have migraine. Let's sort of define it for them.

### **Amelia Barrett, MD:**

Oh, and I think this is such an important topic. I'm glad you brought it up because it's a small percentage of people who actually have migraine, who have been diagnosed and treated with migraine medication. I think for our listeners, the most important features to recognize are nausea, which of course in severe cases can progress to vomiting, light sensitivity and sound sensitivity.

There are very specific diagnostic criteria that your doctor can run through when you go in for a visit, but for you as a listener, those are the important things to pay attention to. And if those are happening to you, you may well actually have migraines rather than sinus headaches or tension headaches or stress headaches or headaches from sleep deprivation, whatever it is you're blaming it on, it could actually be migraine.

### **Lindsay Weitzel, PhD:**

Let's move into the topic for today. Let's discuss the difference between episodic and chronic migraine, which are medical terms used to describe how often someone gets migraine attacks.

**Amelia Barrett, MD:**

Chronic headaches, chronic migraine, is defined as having more than 15 headache days a month. And at least half of those, eight to be precise, have to have some migraine features, one of the couple of things that I just mentioned. And so for all practical purposes, if on average you are having more than a couple of headache days per week, it's probably chronic migraine. Especially if you have those features we were talking about with the nausea, the light sensitivity and sound sensitivity.

And it doesn't have to be for all of your headaches. I want to be super clear about that. You do not have to be in bed with debilitating pain 15 days per month in order to have chronic migraine. A lot of people have migraine maybe once or twice a month, and yet they're still having some kind of headache on most days, not realizing that that actually meets the diagnostic criteria for chronic migraine.

**Lindsay Weitzel, PhD:**

I love that you said that. I was going to ask that next, because I think so many people don't understand that they either have migraine or have chronic migraine because they'll get some really big, debilitating migraine attacks, and then in between, they have smaller head pain days. And they think that that means that those days don't count in this diagnosis. And I think it's important that we reach those people and help them understand that not every single day has to be this extreme debilitating migraine that throws you into bed for you to have a diagnosis of chronic migraine. How common do we think chronic migraine is? Do we know?

**Amelia Barrett, MD:**

The statistics are that it's only a couple percent of people with episodic migraine. The thing is, the number of people with episodic migraine is so huge that that actually ends up being an awful lot of people. And so what we know is that migraine is actually the number one cause of disability in women under 50. So that's actually very common, very impactful. I feel like it is a huge under recognized problem. And part of the solution is to really increase awareness for our listeners of whether or not they could have chronic migraine and may be on that path.

**Lindsay Weitzel, PhD:**

I kind of laugh at the numbers and the definitions because if you're someone that has 14 days of month where you're impacted by migraine, it's really not that different than 15 days per month, which is the actual definition. Your life is still pretty miserable. So, these numbers and these definitions, they don't matter quite as much as how your life is affected. Let's talk about some of the common risk factors for becoming chronic when you are already episodic. What are some of the things that put you more at risk?

**Amelia Barrett, MD:**

This is more common in women. So we'll just begin there. And then what symptom that I really want our listeners to know about is something that we call cutaneous allodynia. And all that really means is you start getting abnormal sensations. So, they often, for example, it may feel worse than it should. So for example, you might touch the right side of your face and it just feels horrible. It feels so painful. That can

be an example of cutaneous allodynia. It really means that your body is processing pain signals abnormally.

Now, if this is happening to you, please pay close attention to that. I have many, many people who come into my office concerned about that, whether or not it might represent a stroke or other neurological problems. And really it is a sign to you that it is time to get into your doctor's office. It is time to get treated, or this thing is going to get a whole lot worse because as this process of chronification kicks in, people's headaches can really start to spiral out of control. And sometimes their medications stop working as well, which really puts people into a bind. So, I want to really make sure everybody knows about that feature as being a risk factor for becoming chronic.

Other factors can include things like not sleeping well or full-on sleep disorders. It can actually be just not having effective tools for the migraines that you do get. So, you haven't been in, you haven't gotten the newer migraine targeted rescue medications, then it's really hard to keep those episodic migraines from getting worse. So, I think getting in and getting treated is important. And so those are some of the risk factors for becoming chronic.

**Lindsay Weitzel, PhD:**

I think that the bottom line really is that poorly controlled episodic migraine is one of the biggest risk factors for becoming chronic. So, if you aren't getting in, getting medications, getting treatment, seeing a headache specialist, this is our time where we try to encourage everyone to do that, maybe get a preventive medication that works for you. One of the questions that I find so interesting, and I can't wait to hear your answer to it, is can we see structural changes in our brains as we move from episodic to chronic?

**Amelia Barrett, MD:**

We sure can. And I feel like this is something that we neurologists have known about for decades, but we haven't done a good job of telling patients that headaches can actually get so bad that it physically changes the structure of your brain. And this is something that I talked about a lot in my TED Talk, because I want people to know that this is not just pain. It's not just something to power through or minimize, it's something to take seriously.

And so two of those changes affect different parts of the brain. The first of those changes is that a part of the brain called the amygdala, which is related to emotions, actually gets larger. It physically changes in size and gets bigger on scans. And what we see in people's lives is that they are feeling less emotionally resilient. As the headaches start to get worse, of course, it has more of an impact on your life. So just at the time when you need all of your emotional resilience, your brain is changing in ways that make it harder for you to cope. So I think that's an important structural change to know about and a symptom that probably resonates for a lot of people.

And then the second thing we can see is there is actually iron deposition, deposits of iron, just like in a tool, in the pain processing centers in the brain. That's how altered those pathways can become. So, there are some significant, legitimate changes that happen in the brain as people go into chronification.

**Lindsay Weitzel, PhD:**

And do we know why that happens other than just we have more migraine. We're in more pain? Do we have an explanation for this?

**Amelia Barrett, MD:**

I think that it's fundamentally related to neuroplasticity, which is that your brain becomes very good at doing whatever it does over and over. And although none of us want our brain to get really good at generating migraines, when you continue to have those episodic migraines over and over and over, your brain says, all right, okay, I get it, I'm supposed to do this. And it gets good at doing that. So, it's kind of neuroplasticity working against us. We can flip a lot of that around. So I don't want to give too pessimistic of a message here.

**Lindsay Weitzel, PhD:**

What is that point where we know or we tell people that they should probably be on a preventive medication? How many headache days per month?

**Amelia Barrett, MD:**

I'll talk about this with my doctor hat on. And honestly, I have a fairly low threshold for recommending preventive medications or supplements for people. So even people having just one or two headache days a week, if they're significant, I think you can start then. And because we really want to prevent that one or two a week from going into two or three, three or four, four or five, down that path, because then the brain does start to change. And I'm not saying it can't be changed back, but it's much harder then, much harder. Really it is all about prevention.

So, just so everybody's clear, there are some medications that you take when you get a headache, and those are called rescue medications. And then there are other medications you take every single day to cut down on the frequency and severity of the medications. And we have a new class of drugs called CGRP meds that work in various different ways on that particular receptor that are incredibly effective. And they are really changing the lives of people with migraine.

**Lindsay Weitzel, PhD:**

What is the likelihood once someone does become chronic that they might go back to being episodic or having fewer and fewer migraine attacks?

**Amelia Barrett, MD:**

I absolutely see it happen every single week, so it can absolutely happen. I don't know if there are any really great statistics on it. And I think a lot of it relates to whether or not you go get care, what other kinds of self-care or as I like to call it, self-preservation strategies you're embracing. There are a number of lifestyle, diet changes that can be super, super helpful. So, I think it depends a little bit on how much you engage with the healing process.

And I'm just going to say this, not in a blaming way at all. I totally get it that it is incredibly frustrating to be in that space of having super frequent headaches that are impacting your life. And I so get it that there can come a point where you're just like, I give up. I really get that. But please, all of you listening, don't give up. Don't ever give up. Keep trying. Figure out what your body needs. Figure out how to get better. Go access medical care so that you can get back the life you love.

**Lindsay Weitzel, PhD:**

Well, thank you so much. Is there anything else you'd like to add to this topic today?

**Amelia Barrett, MD:**

No, I think we covered it.

**Lindsay Weitzel, PhD:**

Well, thank you so much for being with us here today to discuss this important topic. And thank you everyone for listening to HeadWise, the weekly video cast and podcast of the National Headache Foundation. Bye, everyone."