

HeadWise™

A Voice for People with Migraine and Headache Disorders

STRESS LESS

Don't let headache anxiety ruin your pain-free days

Healthy Mind, Healthy Body
Ease your pain with yoga therapy

Comfort Food
Learn to love what's on your plate

GOT PAIN?
Relax your neck

5

GREAT APPS

for tracking your triggers

PLUS

CAN REMOVING YOUR WRINKLES HELP YOUR HEAD?

THE NHF IS HELPING VETS FIGHT THE WAR AT HOME



Volume 1, Issue 1 • 2011

NATIONAL HEADACHE FOUNDATION 

www.headwisemag.org

Bridging the Gap Between Patient & Clinician

HEADACHE 2011 AWARENESS

Join the NHF for a series of patient education events for people with migraine and headache disorders.



Saturday, June 11, 2011

12:30 p.m. - 5 p.m.
Sheraton North Houston Hotel
15700 John F. Kennedy Blvd.
Houston, Texas

Saturday, June 25, 2011

12:30 p.m. - 5 p.m.
Chicago Marriott Downtown
Magnificent Mile
540 N. Michigan Ave.
Chicago, Ill.

Listen to national experts in headache treatment

Share your setbacks and successes
with people who understand

Learn to communicate more effectively
with your health care providers

PLUS Get a free one-year membership to the NHF

Space is limited. Pre-registration is required.
To register, call 1-800-843-2256 or visit www.headaches.org.
For questions about NHF regional conferences,
e-mail info@headaches.org.

Let's Start the Discussion

YOU CAN GET HELP. YOU DON'T HAVE TO SUFFER IN SILENCE.

That's the advice I've been giving headache patients for years, and it's the philosophy I founded the National Headache Foundation on decades ago.

Approximately 12% of Americans age 12 and older suffer from migraine—that's about 29.5 million people—and nine out of 10 migraine sufferers report they can't "function normally" when a migraine strikes. Those numbers don't even include the full spectrum of headache disorders, including tension-type headaches, cluster headaches, new daily persistent headaches, allergy headaches, post-traumatic headaches and the list goes on. In other words, if you're reading this in a waiting room, look around—one of your cohorts is probably a headache sufferer.

For too long, headaches have been underestimated and made the butt of jokes. Millions of people are suffering, and the public, health care professionals—sometimes even people's own families—don't fully understand the problem. When people miss work or social engagements because of a headache, they're often labeled as unreliable or flaky. But the reality is even mild to moderate headaches can be disabling. It's time for us to remove the stigma from headache disorders and get the problem out in the open.

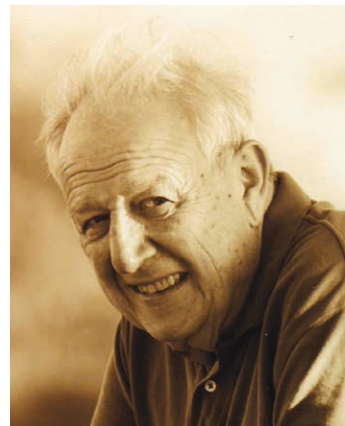
For years, the NHF has been working to create an environment in which headaches are viewed as a legitimate health problem. Sufferers should be able to confidently seek treatment from professionals who understand their affliction. But there's still a tremendous need for reliable headache information. That's where *Head Wise* magazine comes in.

This quarterly publication will cover a variety of topics of interest to the headache and migraine community, such as diet, fitness, research, triggers, treatments and advice. The magazine will be sent to our members as well as to health care facilities, putting the NHF and *Head Wise* in front of more than 80,000 patients, potential patients, physicians, families and loved ones. It will also give us a tremendous opportunity to reach out directly to you and discuss the issues and topics that matter most. To help us in this effort, the magazine has a companion website, headwisemag.org, which strives to be the ultimate online resource for headache and migraine information.

If you're a headache sufferer, or the loved one of a headache sufferer, there is help out there. You don't have to feel angry or alone because your health care professional, friend or employer doesn't understand what you're going through. Find a physician who is interested in your problem and dedicated to treating headache patients. And be persistent until you get the help you need.

Head Wise magazine and headwisemag.org will be with you every step of the way.

It's time for us to remove the stigma from headache disorders and get the problem out in the open.



Seymour Diamond, MD
Executive Chairman, NHF Board of Directors, and Director Emeritus and Founder, Diamond Headache Clinic

A handwritten signature in black ink that reads "Seymour Diamond M.D." The signature is written in a cursive, flowing style.



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High Anxiety

Pain-free days are precious. Don't let worries about when the next headache will strike ruin them. These seven simple steps can help you eliminate headache fears and start living a healthier, more active life.

By Sarah Fister Gale

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Don't Fear Your Food

Food alone might not cause your headaches, but it is a major trigger for most people. Learning how food impacts your pain can help you manage your condition and fall in love with eating again.

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The Mind-Body Connection

If you think yoga is not for you—or that it will only exacerbate your headache disorder—think again. Regular yoga practice can help ease both the mental and physical pain of headaches.

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One on One

The first step to relief is communicating effectively with your health care partners. Roger Cady, MD, shares his thoughts about building a strong patient-provider relationship.

By Gary Cohen



Your big day starts in **10** minutes.
So can your **migraine relief.**

For fast migraine relief, ask your doctor about **SUMAVEL® DosePro®**.

In clinical studies, relief started within 10 minutes for some patients, with most achieving relief within 2 hours.

Results may vary.

Scan and Save

Scan this QR code with your smartphone to learn more. If you do not have a QR scanner, search your smartphone applications for "QR Reader."



Life doesn't stop when you get that all-consuming migraine pain. So why wait to feel better? Ask your doctor if **SUMAVEL DosePro** is right for your migraines.

Try SUMAVEL DosePro and save

You can get **SUMAVEL DosePro** with **only a \$15 co-pay**. Just visit **SUMAVELDosePro.com** to learn more.

SUMAVEL DosePro is a prescription medicine given with a needle-free delivery system to treat adults who have been diagnosed with acute migraine or cluster headaches. It is not used to treat other types of headaches or to prevent or lessen the number of migraine or cluster headache attacks you have.

IMPORTANT SAFETY INFORMATION ABOUT SUMAVEL DosePro

- **SUMAVEL DosePro** can cause serious side effects, including death. Possible side effects include heart attack, fast heartbeat, increase in blood pressure, stroke, changes in mental status such as agitation, hallucinations or coma.
- Do not take **SUMAVEL DosePro** if you have heart disease or a history of heart disease, narrowing of blood vessels to the legs, arms, stomach or kidney, uncontrolled high blood pressure, or have taken another triptan or ergotamine medicine in the last 24 hours.
- Talk to your doctor before taking **SUMAVEL DosePro** if you have heart disease or a family history of heart disease or stroke, high cholesterol, diabetes, have gone through menopause, are a smoker, have had epilepsy or seizures, are pregnant, nursing, or could become pregnant, or if you are taking medications, especially antidepressants. Serotonin syndrome, a life-threatening problem, may occur, especially if used with antidepressants called SSRIs, SNRIs or MAO Inhibitors.
- You may experience some bleeding, swelling, redness, or bruising at the delivery site.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see Important Product Information on adjacent page and discuss with your doctor.

Sumavel® DosePro®
(sumatriptan injection)
Needle-free delivery system

LIFE IS WAITING

IMPORTANT FACTS ABOUT SUMAVEL® DosePro® (SUE-muh-vell DOSE-pro)



WHAT IS SUMAVEL DosePro?

SUMAVEL DosePro is a prescription medicine given with a needle-free delivery system to treat people who have been diagnosed with migraine or cluster headaches.

SUMAVEL DosePro is not used to prevent or lessen the number of migraine or cluster headache attacks you have.

SUMAVEL DosePro is not used to treat other types of headaches.

It is not known if SUMAVEL DosePro is safe or effective in people younger than 18 years of age.

WHO SHOULD NOT TAKE SUMAVEL DosePro?

Do not take SUMAVEL DosePro if you have:

- narrowing of blood vessels to the legs, arms, stomach, or kidney (peripheral vascular disease)
- heart disease or a history of heart disease
- uncontrolled high blood pressure
- migraines that cause temporary paralysis (unable to move) on one side of your body or basilar migraine. If you are not sure about this, ask your doctor
- had a stroke, transient ischemic attacks (TIAs) or problems with your blood circulation
- taken any of the following medicines in the last 24 hours:
 - almotriptan (Axert)
 - eletriptan (Relpax)
 - frovatriptan (Frova)
 - naratriptan (Amerge)
 - rizatriptan (Maxalt)
 - sumatriptan (Imitrex)
 - sumatriptan and naproxen (Treximet)
 - ergotamines like Bellergal-S, Cafergot, Ergomar
 - dihydroergotamine (D.H.E. 45 or Migranal)
 - are allergic to sumatriptan
- expired medication

SUMAVEL DosePro is not for people with risk factors for heart disease unless a heart exam is done and shows no problem. You have a higher risk for heart disease if you:

- have high blood pressure
- have high cholesterol levels
- smoke
- are overweight
- have diabetes
- have a family history of heart disease
- are a female who has gone through menopause
- are a male over age 40

WHAT SHOULD I TELL MY DOCTOR BEFORE TAKING SUMAVEL DosePro?

Before taking SUMAVEL DosePro, tell your doctor about all of your medical conditions, including if you:

- have high cholesterol
- have diabetes
- smoke
- are overweight
- have gone through menopause
- have heart disease or a family history of heart disease or stroke
- are pregnant or plan to become pregnant. It is not known if SUMAVEL DosePro will harm your unborn baby. Talk to your doctor if you are pregnant or plan to become pregnant
- are breast feeding or plan to breast feed. SUMAVEL DosePro passes into your breast milk and may harm your baby. Talk to your doctor about the best way to feed your baby if you take SUMAVEL DosePro
- are not using effective birth control
- have had epilepsy or seizures

Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal supplements.

Using SUMAVEL DosePro with certain other medicines can affect each other causing serious side effects. "Serotonin syndrome" is a serious and life-threatening problem that can happen with SUMAVEL DosePro, especially if used with certain antidepressant medicines. Tell your doctor if you take antidepressant medicines called:

- selective serotonin reuptake inhibitors (SSRIs)
- serotonin norepinephrine reuptake inhibitors (SNRIs)
- monoamine oxidase inhibitors (MAO-A)

Ask your doctor or pharmacist for a list of these medicines if you are not sure.

WHAT ARE THE POSSIBLE SERIOUS SIDE EFFECTS OF SUMAVEL DosePro?

In very rare cases, patients taking triptans, such as SUMAVEL DosePro, may experience serious side effects, including heart attacks, stroke, or death. Call your doctor right away if you have:

- severe chest pain
- shortness of breath

Call your doctor if you have any of these symptoms of serotonin syndrome:

- mental changes (hallucinations, agitation, coma)
- fast heartbeat
- changes in blood pressure
- high body temperature
- tight muscles
- trouble walking
- nausea, vomiting, diarrhea

Other serious side effects may include:

- changes in color or sensation to your fingers and toes (Raynaud's syndrome)
- gastrointestinal ischemic events
- peripheral vascular ischemia and colonic ischemia

GET MEDICAL HELP RIGHT AWAY, IF YOU HAVE:

- severe tightness, pain, pressure, or heaviness in your chest, throat, neck, or jaw
- shortness of breath or wheezing
- sudden or severe stomach pain
- hives (itchy bumps), swelling of your tongue, mouth, or throat
- problems seeing
- unusual weakness or numbness
- nausea or vomiting
- bloody diarrhea
- stomach pain
- high temperature
- unusual sweating

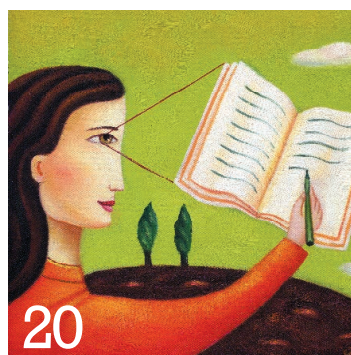
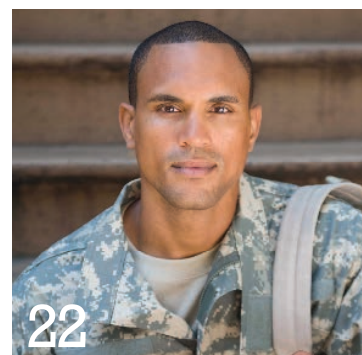
THE MOST COMMON SIDE EFFECTS OF SUMAVEL DosePro INCLUDE:

- bleeding, swelling, redness, bruising, and pain at the administration site
- tingling or numbness in your fingers or toes
- dizziness
- warm, hot, burning feeling to your face (flushing)
- feeling of heaviness or pressure
- discomfort or tightness in the chest, neck, throat, nose, or jaw

Keep SUMAVEL DosePro and all medicines out of the reach of children.

This summary provides the most important information about SUMAVEL DosePro and does not take the place of talking with your doctor about your medical condition or treatment. To report suspected adverse reactions, call 1-866-ZOGENIX or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

If you would like more information, please visit www.SUMAVELDosePro.com or call 1-866-ZOGENIX.



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DID YOU KNOW?

Many migraine experts suggest that Alice's adventures in the book *Alice in Wonderland* were actually inspired by author Lewis Carroll's migraine auras.

on the web

HeadWise™



Looking to head off headache pain? Say hello to headwisemag.org, the ultimate online resource for headache and migraine information.

Here's just some of what you'll find online:

Pinpoint Your Pain

You understand that a headache isn't "just a headache." Check out our online Headache Type chart for details on symptoms, triggers and treatments for every type of head pain.

Ask the Experts

Looking for advice and don't know where to turn? We've got you covered. Search through our Reader Mail to find advice and answers from the top minds in the field.

My Migraine Moment

Share your defining moments and offer words of wisdom to others who are going through the same things you are. Or read how headaches and migraines have impacted people just like you.

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www.headaches.org

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We welcome your comments. Please indicate your name, address and phone number. Letters may be edited for clarity and space.

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NATIONAL HEADACHE FOUNDATION



headwisemag.org

Head 2 Head

Found on Facebook:

How do you manage your time when you are not having a headache?

Kay D. - There never seems to be much time when my head is not hurting, starting to hurt, or feeling the after-effects of migraine or migraine meds. Living with migraine pain begins to take over everything, so when there is a moment of peace, it's often hard to take advantage of it. I feel "lazy" because all I want to do at that point is take it easy before the next wave rolls in.

Trent M. - Spend time doing fun things with my kids!!! They are so good to be quiet and let mommy rest when I have a really bad headache!

Danielle K. - I enjoy it. Go with the flow.

What frustrates you the most about living with a headache disorder or migraines?

Kevin C. - What frustrates me most is 1) I never know when and where an attack will occur, and 2) I feel like a drug addict because pain medicine is the thing that gives me relief, and then I get the third degree every time I go in for a refill.

Jenna S. - I miss my life. I miss freedom in my daily activities and diet. Being able to smell the roses. Not taking pills every night. I miss me, and that is what is most frustrating.

Becky S. - Living with new daily persistent headaches, there is no cure and there is no medicine for relief—whether it is over the counter or prescription. I don't want to live on pain meds for the rest of my life. And I don't want to live life with a daily headache as I have since 2006.

Do you tend to overdo it on your pain-free days? What do you like to do when you're pain free?

Ashley M. - I'm more productive at home and work. Play more with my son. Talk more with my husband. And as odd as it sounds, I worry about the next attack. You only have so many good days before the bad ones strike, but those good ones are worth every minute every time!!

Chris G. - Yes, I overdo it. When you only function one to two days per month, there's a lot to catch up on.

Overheard on Twitter at #Headaches #Migraines:

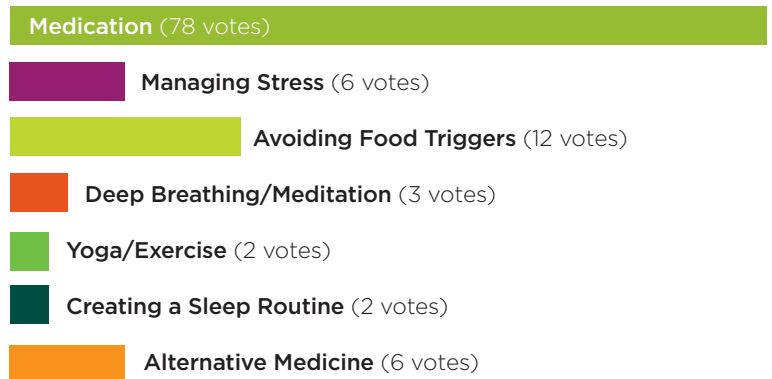
@Jo_shKaye

I swear Muhammad Ali is inside my skull right now! #headaches

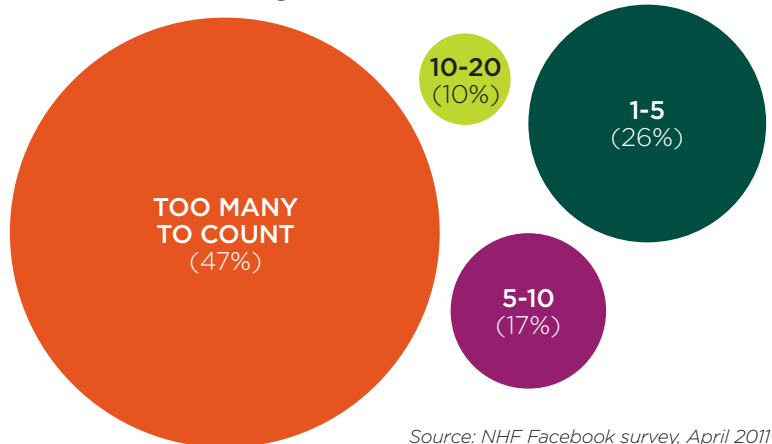
@jamiedavinci

It stopped raining outside. Temp beginning to rise again. Times like this, it sucks to have a barometer for a head. #migraines

Which treatment method do you find most effective for managing your migraines?



How many days of work or school have you missed in the last year due to headaches or migraines?



Source: NHF Facebook survey, April 2011

By the Numbers

1,789 people like the NHF on Facebook

456 people are following the NHF on Twitter



Follow us on Twitter:
<http://twitter.com/NHF>



Like us on Facebook:
www.facebook.com/pages/National-Headache-Foundation/26557489636



Visit us online:
www.headwisemag.org



Visit the NHF:
www.headaches.org



Looking for answers? You're not alone. In every issue of *Head Wise*, our experts respond to a series of reader-submitted questions that might provide just the help you've been searching for.

FEEL THE BURN

Every afternoon like clockwork, I experience a burning sensation that begins at the right side of my forehead and crosses to the left side. It surrounds my eyebrows and eyelids. It's not too dissimilar to the sensation of sunburn, but the best way to describe it would be tightness in the forehead. It can cause my eyelids to burn and swell, and exacerbate my dry-eye problem. At times, I experience a sharp dagger-like pain in my right eye and under the brow bone. The whole thing lasts about three

hours. A CT scan of my sinuses was clear.

Is this description consistent with cluster headaches?

Cluster headaches usually present with one-sided tearing, drooping eyelid and redness in the affected eye. The typical cluster headache lasts 15 minutes to two hours and does not cross from one eye to the other. Due to the severe pain, patients prefer to stand up and walk, or rock back and forth. This contrasts with migraine, in which patients prefer to lie down in a dark, quiet room.

Although people with cluster headache

do not always manifest typical textbook symptoms, there is a possibility you may have a migraine variant and not a cluster headache. If a neurological workup and CT or MRI scans of the brain are negative, it may be worth considering migraine-specific medications, such as topiramate, divalproex sodium or beta blockers. If you can tolerate nonsteroidal anti-inflammatories, you may want to try a trial of indomethacin as well.

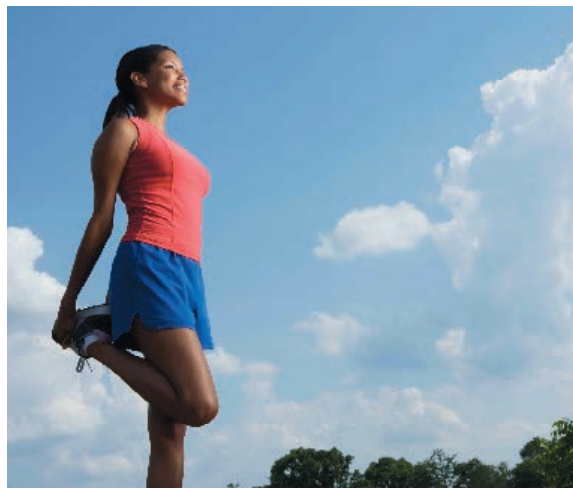
George R. Nissan, DO, co-director, Diamond Headache Clinic, Chicago

BACK IN THE SADDLE

When I was 16 years old, I had a horse-riding accident. The horse ran under a cement pylon, and the guidewire caught the entire left side of my body, knocking me off the back of the horse. I'm now 52 years old, and I have an almost constant headache. My maternal grandmother had headaches, and one of my daughters has them, too. I do notice that certain triggers, such as various foods and especially stress, aggravate my headaches. But I still keep wondering; could a head injury from my younger years cause me to have migraines even into my golden years?

It sounds like you have a family history of migraines, and I suspect the head injury was just a trigger that started a pattern to which you were already predisposed. While you certainly would be expected to develop headaches from the head injury, I don't think your headaches are related anymore. A chronic daily headache pattern often will persist even when the original trigger is no longer present. Migraine headaches are a lifelong condition that can become chronic over time if not aggressively managed. This could be related to medication overuse or could just have developed as a pattern over the years.

To help decrease your headache frequency, you



need to try daily preventive medications, stop taking short-acting pain relievers that could be leading to rebound, and maintain a healthy lifestyle by getting plenty of sleep, eating well and exercising regularly,

including stretching. Other alternative treatments that might be helpful are acupuncture, biofeedback, physical therapy, herbs and vitamins. Depending on how long the daily headaches have been present and what you have taken in the past, you may now be a candidate for Botox® for chronic migraines. (Learn more about this type of treatment in “Fringe Benefits” on page 12.)

Susan Rubin, MD, NorthShore University HealthSystem, Glenview, Ill.

ONE DAY AT A TIME

My wife is suffering from a headache that has lasted for four years. She's tried dozens of different medications, none of which give her any relief. At first, her doctors suspected she had migraine, but they eventually determined that wasn't the case. Then they said it was a “dead nerve” and gave her an injection, which did not change anything. If medical practitioners suspect a nerve issue is involved, could they do a nerve block to see if they are correct?

It is possible that your wife may be suffering from new daily persistent headache (NDPH). This is a headache that starts one day and never goes away. Most sufferers can even recall the exact day the headache started and have experienced daily headaches since that time. It typically occurs in a person with no past history of headache.

NDPH is extremely difficult to treat but occasionally will respond to some of the daily preventive medications we use for very frequent migraine and tension-type headaches. Should these treatments fail, I have had occasional success in treating this condition with greater occipital nerve blocks or with Botox. In fact, the discussion of a “dead nerve” makes me suspect that your wife's physician was considering deadening the nerve with a nerve block.

Although NDPH can be difficult to treat, your wife should not give up. The treatments mentioned above are occasionally helpful and should be given a chance.

Ira M. Turner, MD, The Center for Headache Care and Research, Island Neurological Associates, PC, Plainview, N.Y.

Maintain a healthy lifestyle by getting plenty of sleep, eating well and exercising regularly, including stretching.

Taking caffeine at bedtime is reported to be helpful in preventing hypnic headache attacks for some people.

AWAKE ... AGAIN

I am a 63-year-old woman with some type of headache that generally occurs during the night. I wake up because of severe pain above my right eye. Sometimes it travels down the right side of my head. I have to get up, and then I typically take two Excedrin® Migraine. If I stay up for 20 minutes, take a shower or eat something, it eases up and is almost gone.

Recently, however, I had the most severe attack yet. I followed my regular pattern, but this headache stayed for about five hours. I also experienced numbness on the right side of my head when the headache was at its worst. My family physician did a CT scan and other tests, which came out clear. I wonder, could this be a tension-type headache?

The normal test results are reassuring. I assume you had a blood test called a “sedimentation rate” to rule out temporal arteritis. If not, this should be done, because temporal arteritis occurs in persons over age 50 and can lead to loss of vision if not diagnosed and treated promptly. The headache of temporal arteritis, however, is usually more constant and persistent, not episodic as your headache appears to be.

It would be quite unusual for a tension-type headache to awaken a person, but it can happen, especially if bruxism—grinding or clenching of the teeth—is involved. Bruxism can occur at night and may be due to stress and/or a disorder of the temporal mandibular (jaw) joint (TMJ). A dentist can usually tell you if you have a bite problem or if you show signs of excessive clenching. If your headache occurs only sporadically, a TMJ disorder or clenching could be a factor.



The most common headache that wakes people up is cluster headache. Cluster attacks cause very severe pain, occur almost nightly for several weeks and then cease. The attacks are usually, but not always, accompanied by redness and tearing of the involved eye along with nasal congestion on the same side. The attacks last 30 to 120 minutes.

Another form of nocturnal headache is hypnic headache, and this is what I suspect you have. This is not a very common condition, and very little is known about it. It typically wakes a person up in the early morning hours. The pain is not as intense as in cluster headache and does not have the associated eye redness and tearing. It may be one-sided as in your case, but often



Do you have a question for the NHF experts? Just e-mail editor@headwisemag.org or visit us online at www.headwisemag.org.

is located more in the middle of the forehead. Once it begins, it tends to occur most nights, but not as frequently or on as regular a schedule as cluster. It usually stops spontaneously after several weeks or months.

Taking caffeine at bedtime is reported to be helpful in preventing hypnic headache attacks for some people. Excedrin, which you are taking, contains a moderately high amount of caffeine. Other medications reported to be helpful include certain antidepressants, nonsteroidal anti-inflammatory drugs and lithium carbonate taken before sleep as a preventive medication.

Robert Kunkel, MD, consultant, Center for Headache and Pain Neurological Institute, Cleveland Clinic, Cleveland

THE MAGNETIC TREATMENT

Have you heard about the use of magnetic stimulation to treat headaches?

Transcranial magnetic stimulation (TMS) is a technique that applies a brief magnetic pulse to the scalp and underlying brain. It was evaluated for the treatment of migraine based on the theory that a fluctuating magnetic field applied to the scalp would induce an electrical current. This would then disrupt the spread of abnormal brain currents, called cortical spreading depression (CSD), that are involved in migraine. Animal studies suggest that CSD can trigger pain receptors in the membranes that envelop the brain.

A small, randomized, double-blind, sham-controlled trial evaluated the use of single-pulse TMS in 164 patients who had migraine with aura. The study found that more patients who received treatment with



TMS were pain-free at two hours than those who received the sham treatment (39% vs. 22%). The trial was not able to show a reduction in pain from moderate/severe to mild/no headache.

TMS may be a promising and exciting new noninvasive, acute treatment option for patients who have migraine with aura, but more research is still needed to evaluate safety concerns, as it is theoretically possible that TMS could trigger seizures.

Barbara Lee Peterlin, MD, Drexel University of Medicine, Philadelphia

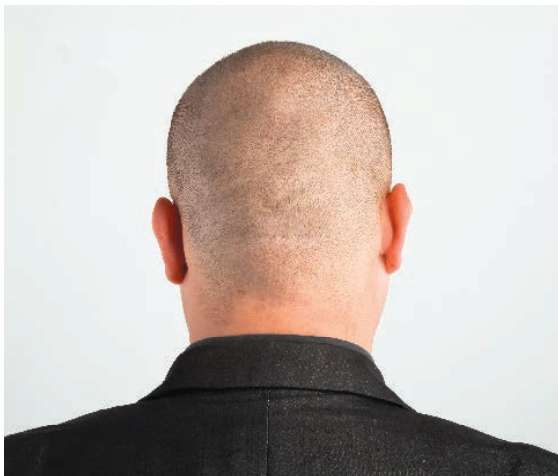
THE PERFECT FIT

Though lidocaine patches help with my chronic headache pain, they can be cumbersome to apply. My local pharmacists are in disagreement: One says patches cannot be cut, but the other said I could cut my lidocaine patch to a size more suitable to my needs. Who is correct?

As a general rule, medication patches should not be cut or otherwise altered. Cutting the patch could increase absorption of the drug, which could augment side effects, deplete the patch's medication too quickly and cause other problems.

Lidocaine patches are, to my knowledge, the only exception to that general rule. A lidocaine patch's dimensions are approximately 4 inches by 6 inches, which is rather large to place on the forehead (the location used by most patients). With a pair of scissors, patients can cut the patch to an appropriate size prior to applying it to their forehead or other hairless area. Typically, patches are left on for 12 hours and then removed for 12 hours prior to applying another patch.

Richard Wenzel, PharmD, Diamond Headache Clinic, Chicago



Fringe Benefits

A technique developed by cosmetic surgeons could have a big impact on migraineurs.



By Lesley Reed

COULD GETTING RID OF THE WRINKLES on your forehead also eliminate your migraine headaches? It might sound too good to be true, but a recent study found that 80% of patients who underwent a cosmetic-type surgery on one of three “trigger” areas experienced a significant reduction in headache frequency and intensity—even after one year.

The surgery was pioneered by plastic surgeon Bahman Guyuron, MD, chair of the Department of Plastic and Reconstructive Surgery at University Hospitals Case

Medical Center in Cleveland and former president of the American Association of Plastic Surgeons. A little more than a decade ago, he became intrigued when patients who had brow lifts—cosmetic procedures designed to smooth furrowed brows—reported that their headaches disappeared along with their wrinkles. Since then, he’s refined his procedures and conducted a number of studies to prove that the controversial technique is effective at controlling migraine pain.

In this new study, reported in 2009 in the journal *Plastic Reconstructive Surgery*, 69 of 79 patients who received the surgery (88%) experienced a positive response—29% reported complete elimination of their

88

Percentage of patients who experienced a positive response to a new cosmetic procedure for treating migraines

migraine headaches and 59% showed a significant decrease (at least a 50% reduction in headache frequency, intensity or duration). Only 11% experienced no real change.

So how does it work? Dr. Guyuron attributes most migraine pain to irritation of the terminal branches of

the trigeminal nerve, which is responsible for sensation in the face. The tiny nerves at the end of the branches can get irritated by surrounding structures like muscles, connective tissue, bones or blood vessels, according to Dr. Guyuron. When stimulated, these nerves carry pain signals to the face and head.

The surgery, which can range from removing a tiny nerve branch to removing the frowning muscles in the forehead, “deactivates” trigger areas that are susceptible to this irritation.

“The trigeminal nerve is like a tree with multiple branches,” Dr. Guyuron says. “In order for the tree to catch on fire, you need a match. Our surgery is like pouring water on the branch so it can’t catch on fire.”

To determine which trigger sites are involved, patients receive Botox® injections in the forehead, temples and back of the head. If they get relief from the injections, they are considered viable candidates for the surgery.

Although complications are typically minimal, like all surgeries, this one does carry risks, ranging from infection to blood clots. For this reason, many headache specialists remain skeptical. In addition, surgery in general is known to have a placebo effect—often migraineurs find their headaches disappear for a time following surgery.

The latest five-year study was devised, in part, to counter this criticism. “The placebo effect does not last for five years, and it is not almost 90% effective,”



DOUBLE TROUBLE

If you are double jointed, you may have more to worry about than finger dislocations and arthritis. A recent study out of the University of Cincinnati College of Medicine has confirmed a connection between migraines and joint hypermobility, or double jointedness, especially in women. The study, published in

75%

Prevalence of migraine in double-jointed patients

the International Headache Society’s journal *Cephalalgia*, examined 28 patients suffering from joint hypermobility syndrome and 232 controls, chosen from two primary health centers.

Researchers found that the prevalence of migraine in double-jointed patients was 75%, compared with just 43% in the control group. People who were double jointed also reported almost twice the amount of migraine days per month and a higher incidence of disability.

Double jointedness is a familial disorder of the connective tissue that primarily affects females. Although several studies have shown the association between migraine and joint hypermobility, this new study set stricter criteria for the diagnosis of migraine.

CONTINUED ON PAGE 15

Weight No Longer



IF YOU ARE SEVERELY OBESE AND LOOKING FOR MOTIVATION, you have more reason than ever to shed those extra pounds. A new study suggests that weight loss surgery may also reduce the frequency and severity of migraines.

The study, published in the March 29 edition of the journal *Neurology*, examined 24 severely obese patients with a history of migraine. The average patient was female, middle-aged and severely obese, with an average body mass index of 46.6. Normal body mass index is between 18.5 and 24.9, according to the Centers for Disease Control and Prevention. Six months after undergoing a gastric bypass or gastric banding procedure, almost half of these participants saw a 50% or greater reduction in the frequency of their headaches. And the more weight patients lost, the greater the benefits.

Prior to surgery, about 50% of patients reported that their migraines were moderately or severely disabling, meaning head pain prevented them from performing normal daily behaviors, such as work, social activities and household chores. Six months after surgery, that number was down to 12.5%.

Although there have been prior studies linking obesity to migraine, this is the first to examine whether dramatic weight loss and bariatric surgery have a palliative effect on migraine pain.

Researchers are still unsure of why obesity aggravates migraine pain, but they speculate it may have something to do with higher levels of inflammation in the body, the study found. Changes in diet, activity and mood may help remove triggers and alleviate migraine pain.

Because the sample size of the study was so small, further research is needed to confirm the results and determine whether more moderate, non-surgical weight loss has the same effect.

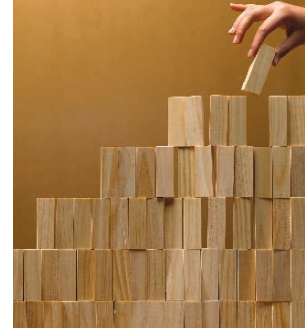
Almost half of the participants saw a reduction in the frequency of their headaches.

MYSTERY MIGRAINE

Migraine rates are on the rise—and nobody seems to know why. According to a comprehensive Norwegian health study, migraine rates in the small country have risen by 1% in the last decade, amounting to about 45,000 more migraine sufferers. Researchers from the Norwegian University of Science and Technology have no explanation for this alarming trend.

The researchers compared data from a study conducted in the mid-90s to data collected between 2006 and 2008, and found that the incidence of migraine is on the rise. While 12% of the Norwegian population met the criteria for migraine in the 1990s, 13% met the criteria just 11 years later. The biggest increase was seen in adults ages 20 to 50.

These findings are based on data from one of the largest comprehensive health studies in the world, called HUNT 2 and HUNT 3.



Dr. Guyuron says. “Even if you take the placebo effect into consideration, the surgery has a substantial effect. Patients are symptom-free or significantly improved.”

Richard B. Lipton, MD, director of the Montefiore Headache Center in the Bronx, N.Y., and professor and vice chair of neurology at the Albert Einstein School of Medicine in New York City, says the surgery has proven its value for select patients, but additional studies involving independent headache experts would increase confidence in the results.

“The approach is directed to the identification and treatment of factors outside of the brain that can make migraine worse, sometimes called peripheral factors,” he explains. “While it seems radical to some, mainstream migraine treatment has long included identifying other peripheral factors—for example, disease of the cervical spine, disease in the nose (concha bullosa) and temporomandibular joint disorder (TMJ). These peripheral factors vary from person to person.”

Though Dr. Guyuron’s treatment responses are impressive, Dr. Lipton cautions that this surgical approach is not for everyone. “Successful treatment depends upon targeting the factor, or factors, that matter in a particular individual,” Dr. Lipton says. “For many

patients, there is no peripheral factor, and this approach is, therefore, not relevant. It should be considered only for severe migraine sufferers who have not responded to less invasive and more conventional approaches.”

Dr. Guyuron agrees. “These have to be serious, disabling headaches,” he says. He recommends the surgery for only a specific set of migraineurs—those with at least two or more migraine days per month who have either not responded to medications or for whom medications are not recommended or tolerated. Before he will operate, he also insists patients have a diagnosis of migraine from a neurologist and don’t have medication overuse (rebound) headaches.

Even with the latest study, not all headache specialists are convinced. “This surgical procedure is still highly controversial in spite of the success rate in the reported study,” says Arthur Elkind, MD, director of the Elkind Headache Center in Mount Vernon, N.Y., and president of the NHF board of directors. “It is difficult to have a scientifically controlled group when the treated individuals are subjected to an invasive procedure. A large double-blind study with a sham procedure is still needed, and the patients will need to be evaluated by another physician who is not aware of the treatment given.”



For more information about ongoing research or to participate in clinical trials, go to www.headaches.org/Clinical_Trials.

The Heart and the Head

Children who suffer from migraine with aura may be twice as likely to have a common congenital heart defect, according to a new study published in the *Journal of Pediatrics*. Nearly 50% of children who had migraine with aura also had a defect called patent foramen ovale (PFO)—essentially a small hole in the heart. This is nearly double the rate in the general population. Only 27% of children who had migraine without aura had the heart defect.

“These data suggest that PFO may contribute to the [cause] of migraine with aura in children and have implications for clinical decision making,” said lead author Rachel T. McCandless, MD, in the study’s conclusion.

Researchers examined 109 children ages 6 to 18 who were diagnosed with migraine by pediatric neurologists at the Primary Children’s Medical Center in Salt Lake City between February 2008 and September 2009.

The relationship between migraine and PFO is not fully understood, but if PFO does contribute to migraines, health care professionals might be able to treat affected children with a simple catheter device.



50 Percentage of children with migraine with aura who also have PFO

Drug Resistant

New research investigates the effectiveness of aspirin use in women with migraine.

FOR SEVERAL DECADES, older adults have been popping daily low-dose aspirin to ward off heart attack and stroke. Because migraineurs with aura are twice as likely to experience one of these vascular events, it's logical to assume aspirin should be one of their prevention staples. Recent research, however, may prove otherwise.

Although aspirin is the cornerstone of cost-effective treatment for reducing the risk of heart attack in men and stroke in women, the vascular benefits of aspirin for people with migraine are unknown. In a study being conducted at Swedish Medical Center and The University of Washington in Seattle, researchers funded by the National Headache Foundation are investigating the effectiveness of aspirin on platelet function in women with migraine.

"Our short-term objective with this study is to determine the prevalence of aspirin resistance in women with migraine," says Jill Jesurum, PhD, principal investigator of the study. "Our long-term objective is to contribute to the development of guidelines for heart attack and stroke prevention in migraine. There are currently no published guidelines on this."

Because the U.S. Preventive Services Task Force recommends against the use of aspirin for the primary prevention of stroke in women less than age 55, specialized guidelines are necessary for migraineurs.

"Even cardiovascular specialists do not see the need of aspirin for prevention in women under 55," says Cindy Fuller, PhD, the study's director. "But most migraineurs are premenopausal, so how do you reduce the risk in this group?"

Aspirin is often used to stop blood platelets from forming clots, which can cause heart attack or

stroke. Aspirin resistance means the drug isn't able to adequately inhibit platelet function and prevent the formation of clots, increasing a person's chance of a cardiovascular event.

Jesurum and her team are curious whether migraineurs are even more susceptible to aspirin resistance due to platelet irregularities associated with migraine and frequent use of nonsteroidal anti-inflammatory drugs, which interfere with aspirin's effect. Although the mechanism is not understood, aspirin therapy for cardiovascular disease is four times more likely to be ineffective in women. Because the majority of migraineurs are women, it stands to reason that there may be a high incidence of aspirin resistance in the migraine population.

According to Jesurum, most medical providers do not test for aspirin resistance before prescribing the drug. They simply assume it is working as intended.

Jesurum says she is particularly concerned about the subsets of migraineurs who may have even higher risks for heart attack or stroke, such as those who experience migraine with aura and use tobacco or oral contraceptives, and those who have a patent foramen ovale, an incomplete closure of the upper heart chambers.

The team's preliminary research, the Response to Aspirin in Migraine Study (RAM), evaluated 50 episodic migraineurs who took 325 mg of aspirin for 14 to 21 consecutive days and found that 8% of them had aspirin resistance. This is significantly higher than published reports that fewer than 1% of non-migraineurs and 3.2% of people with cardiovascular disease have aspirin resistance to 325 mg. All of the migraineurs who were found to have aspirin resis-

Episodic vs. Chronic Migraine

For the purposes of this study, episodic and chronic migraine are defined as follows:

Episodic

- Participants must experience between two and 14 migraine days per month for three months prior to enrollment.
- Participants must have a diagnosis of episodic migraine for at least two years.

Chronic

- Participants must experience at least 15 or more headache days per month for three months prior to enrollment, and eight or more of those headaches must be migraine.
 - Participants must have a diagnosis of chronic migraine for at least two years.
-

tance in the RAM study were women.

To further refine their results, the researchers are enrolling for a new study, Aspirin Resistance in Women with Migraine (ARWM), at the University of Washington in Seattle. This study extends the initial research by using a larger sample size and administering only 81 mg of aspirin, which is the recommended dose for primary and secondary prevention of heart attack and stroke. The study is designed to compare the prevalence of aspirin resistance in women with episodic and chronic migraine to that of women without migraine. Secondary aims will include comparisons of aspirin resistance between episodic and chronic migraineurs and between migraineurs with and without aura.

Jesurum is seeking premenopausal women between the ages of 18 and 55 who have been diagnosed with episodic or chronic migraine to enroll in the study. Participants will be required to make three one-hour visits to the Seattle area within a one-month period and provide a blood sample (15 cc) at each of the visits. HW



If you are a migraineur who is interested in participating in this study, please contact research coordinator Elisa McGee at 206-598-9260 or emcgee@uw.edu. If you are a medical provider or researcher and would like to know more about the study, contact Jill Jesurum, PhD, at jill.jesurum@swedish.org.

High Five

Ready to start keeping track of your headaches?

The solution is as close as your mobile phone.

HEADACHE DIARIES ARE ONE OF THE BEST TOOLS you and your health care provider have for staying on top of your headache disorder. But for many people, keeping track of the incredible panoply of triggers that can set off a headache is a big stressor—which is yet another headache trigger.

If you need a way to keep a detailed history of your headache patterns and treatments, look no farther than your mobile phone. Thanks to a variety of handy apps, it's easier than ever to maintain your essential headache information and generate detailed reports for health care providers. Here are five apps to try on various smart phone platforms.



iHeadache

Available on: iPhone, iPod Touch, iPad, Blackberry

Cost: Free (\$4.99 for the ad-free version)

Developed by: Brian D. Loftus, MD, neurologist, researcher and headache specialist

Average Customer Rating (iTunes): 4 stars out of 5

This app uses the International Headache Society Criteria to tell you which type of headache you're having and helps you track your headache symptoms, duration, severity, triggers and medications. You can also keep individual notes about each headache and generate reports to share with your physician.

Pros: Allows you to track the amount of time you were disabled or partially disabled. Gives you a MIDAS (migraine disability assessment) score.

Cons: Pop-up ads in the free version. Can't customize triggers. Somewhat basic features.



Ubiqi Health Migraine Tracker

Available on: iPhone, iPod Touch, iPad, Blackberry

Cost: Free

Developed by: Ubiqi Health

Average Customer Rating (iTunes):

3.5 stars out of 5

Developed after talking to migraineurs about their needs, this tool can help you better understand your migraine and trigger patterns, as well as the effectiveness of your treatments. Before using the app, you need to create a user account at <http://ubiqihealth.com/sign-me-up/>. You can also view and print reports from your computer by signing in at www.ubiqihealth.com.

Pros: Good information about migraines and triggers. Can view and print reports online.

Cons: Complicated sign-in process. Difficult to use.



Headache Relief Diary

Available on: iPhone, iPod Touch, iPad

Cost: Free

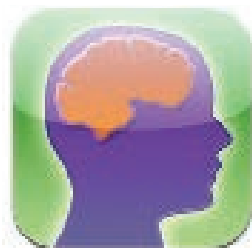
Developed by: New York Headache Center

Average Customer Rating (iTunes): 3 stars out of 5

Created by Alexander Mauskop, MD, the neurologist and headache expert behind Migralex®, this app helps you learn about possible causes and contributing factors, identify triggers and select appropriate treatments for your headaches. It also contains a wealth of information on various headache types, scientific research, and the latest non-drug and pharmacological treatments.

Pros: Can include the day's weather (barometric pressure, humidity, etc.) by entering your zip code. Easy-to-read e-mail headache diary and analysis report. More than just a diary—provides other useful headache information, as well.

Cons: If your medication is not on the list, you can't add it.



iManage Migraine

Available on: iPhone, iPod Touch, iPad

Cost: Free

Developed by: Merck & Co.

Average Customer Rating (iTunes):

2.5 stars out of 5

This app features the Migraine Management Square (an interactive tool that helps you better understand your migraines), a migraine journal, graphs, and other tools to help you and your health care professional manage your migraines.

Pros: Allows password protection. Great detailed charts for levels of pain, migraine symptoms, potential triggers, location of pain, effects on daily life and medications. Provides other useful information on migraines, such as triggers, symptoms, treatments, management and action plans. Explains how to use your headache journal. Excellent, fun graphics.

Cons: Lengthy terms and conditions. Can't customize triggers or symptoms. Fairly basic information (probably better for newbies).



My Headache Log Pro

Available on: Android Market

Cost: Free

Developed by: Donal Morrissey

Average Customer Rating (Android Market):

4 stars out of 5

My Migraine Log Pro

Available on: Android Market

Cost: \$2.67

Developed by: Donal Morrissey

Average Customer Rating (Android Market):

4.5 stars out of 5

These customizable apps can help you build up a history of your headaches and analyze them using charts, graphs and reports. For each headache, you can track headache type, start and end times, severity, triggers, symptoms, medications and more. You can also e-mail your headache log to health care professionals to help them better treat your problem.

Pros: Allows you to back up your diary and e-mail it to yourself or your doctor. Can customize your medications and symptoms. Has charts and graphs that track what time of day/week you usually get headaches. Easy to use.

Cons: Can't customize type of headache or migraine. **HW**

—Compiled by Gary Cohen and Allison Bratnick

Breaking the Cycle

Menstrual migraines are often more severe, but they're also predictable—which can make them easier to treat.

MIGRAINE DOESN'T DISCRIMINATE by gender. In fact, until puberty, migraine is equally prevalent in both sexes. Once puberty strikes, however, migraine incidence dramatically increases in girls for one simple reason—hormones.

During puberty, estrogen and progesterone levels rise in girls. When menses begins, these hormones start cycling from low levels just before a period to high levels afterward. This is a critical time in the development of migraine because fluctuations in estrogen levels are believed to be one of the biggest triggers of migraine headaches.

of their periods, while only 8% said they “definitely did.” For 33% of women surveyed, headaches usually worsened around the time of their periods.

Diagnosing menstrual migraine is generally simple if headaches only occur during a small window of the month: from two days before menstruation to the third day of menstruation. This is called pure menstrual migraine. But sometimes women have attacks at other times of the month in addition to recurrent migraines around their period. This subtype, called menstrually related migraine, is more common in mature women than in teenagers.

It also makes diagnosis more complex. For example,

Maintaining a healthy lifestyle, adequate hydration, and regular meal and sleep times can help you reduce susceptibility to migraine triggers.

For many girls and women, headaches are closely tied to the menstrual cycle. In particular, migraines are more likely to occur shortly before or during periods—a condition called menstrual migraine.

Recently, we at the Cleveland Clinic asked 75 female patients aged 10 to 20 years to fill out a questionnaire so we could better understand the effects of menstrual migraine. More than half (55%) reported they “definitely did not” have headaches before the onset

15-year-old Emily* was referred to our clinic with a history of constant headaches. She had both a chronic daily low-level headache, which began when she was 8 years old, and a more intense one-sided headache that occurred approximately once a month and was accompanied by nausea, light and noise sensitivity, and light-headedness.

We asked Emily to keep a headache diary for three months to help us pinpoint patterns and connections.

During that time, she recorded information about all of her headaches and periods. When we reviewed the diary, we were able to see a link between her severe headaches and her menstrual cycle. I recommend that all young women with headaches keep a diary for three months as Emily did.

Menstrual migraine is treated the same as other migraines—with nonsteroidal anti-inflammatories (NSAID), triptans or sedatives. If the headache generally lasts more than two days and periods are regular, short-term prevention may be considered. Although the Food and Drug Administration has not approved any treatment for the prevention of menstrual migraine, a number of medications have proven to be effective when taken for two to three days prior to menstruation and for the first two days of menstruation. These include the NSAID naproxen, the long-acting triptans Frova® and Amerge®, and magnesium supplements. Using oral birth control pills to modify menstrual migraine is generally not recommended as the initial approach.

Migraines that fall around menses are often more severe than those that strike at other times of the month. But here's the good news: Because these headaches are predictable, they can be planned for with acute or preventive treatments. Maintaining a healthy lifestyle, adequate hydration, and regular meal and sleep times can help you reduce susceptibility to migraine triggers. **HW**

* Name changed

A. DAVID ROTHNER, MD, is Director of the Pediatric/Adolescent Headache Clinic and Chairman Emeritus of Child Neurology at the Cleveland Clinic Foundation in Cleveland.



Download free headache diaries from the NHF website at www.headaches.org.

Collateral Damage

Many veterans of Iraq and Afghanistan are returning from the front lines with headache disorders. A new NHF website is doing its part to combat this growing problem.



AS MILITARY VETERANS RETURN from multiple tours in the Middle East, many are coming home with more than they bargained for. Research has shown that headaches often occur in tandem with conditions that commonly affect war veterans, such as post-traumatic stress disorder (PTSD), traumatic brain injury (TBI) and depression. With more than 1.6 million soldiers deployed to Iraq and Afghanistan since 2001, this relationship has been attracting increased public scrutiny and concern.

In a study published in the June 2008 edition of the

journal *Headache*, U.S. soldiers were screened within 90 days of returning from a one-year combat tour in Iraq. Of these soldiers, 19% were found to have migraine, with an additional 17% suspected of having migraine. By comparison, the prevalence of migraine in the general population is approximately 10%.

A 2009 study from the Veterans Affairs Center of Excellence for Stress and Mental Health in La Jolla, Calif., found that both migraine and tension-type headache were significantly associated with PTSD and combat-related injury. Of the 308 veterans who visited the clinic for health services during the study, about 40% reported migraine and/or tension-type headache as a current problem.

“Veterans with PTSD were four times more likely to report current headache than veterans without PTSD symptoms,” says study lead Niloofar Afari, PhD, director of clinical affairs at the center. “Veterans with both migraine and tension-type headache had significantly higher rates of PTSD than those who had migraine or tension-type headache alone.”

The study also found that veterans with combat injuries unrelated to TBI were more than twice as likely to report a headache. It did not, however, find a significant increase in headaches in veterans with TBI, which runs contrary to other studies. Dr. Afari speculates that this may be because so few subjects reported having TBI without combat injury.

Another surprising find was that veterans with substance abuse problems were only half as likely to report having headaches, possibly because they are already self-medicating, Dr. Afari says.

WAR VETERANS HEALTH RESOURCE INITIATIVE

These studies, like others that have preceded them, “speak very strongly to the need to assess and treat all the different problems that veterans are experiencing,” Dr. Afari says. “Veterans often come in to the VA and get tracked for one issue, like PTSD, when they would benefit from a more comprehensive assessment for both mental health and physical health consequences of combat.”

It also speaks to the need for better resources to help soldiers cope with headaches and other common post-combat issues. That’s why the NHF launched the War Veterans Health Resource Initiative, www.headaches.org/warveterans. This site will provide military men and women with a comprehensive list of resources for coping with neurological trauma—including headache and migraine—and other aspects of post-deployment life. Veterans can access links to information on a wide variety of topics, including military discounts, medical experts, treatment facilities, physical therapy, mental health counseling, job training and disability claims assistance. There are also online forums where they can share stories and discuss experiences.

“People need to understand that migraine is not just a bad headache. It is a neurobiological disease that often comes with severe nausea, blinding light sensitivity, extreme noise sensitivity, vertigo, and visual aura that makes handling weapons and heavy equipment nearly impossible,” says Marc Husid, MD, director of the Walton Headache Center at Walton Rehabilitation Health System in Augusta, Ga. “It is a disease that can take a physically fit and mentally tough young soldier and remove him or her from active duty. The NHF site is going to be useful to my patients and their families in dealing with this challenge.”

Dr. Afari’s study received the 2011 Seymour Diamond Lectureship Award for being the most significant paper in the field of headache or pain published in the last year. **HW**

“Veterans with both migraine and tension-type headache had significantly higher rates of PTSD than those who had migraine or tension-type headache alone.”

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— Dr. Alexander Mauskop, M.D., Director, New York Headache Clinic

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— C.W., California

As seen on *The Balancing Act* on **Lifetime**



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Pain is only a symptom of a Migraine. Now you can get relief at the source! MigreLief contains ingredients clinically proven to significantly prevent or decrease the frequency and intensity of migraines for many patients. It is the only multi-patented, physician recommended nutritional supplement for men, women and children who suffer from chronic migraines.

Go to MIGRELIEF.COM for more information and physician documentation. Enter coupon code ‘NHFJUNE’ for exclusive savings!

AKESO



For help dealing with post-combat issues, visit the War Veterans Health Resource Initiative at www.headaches.org/warveterans.



High Anxiety

Seven simple ways
to say goodbye
to headache fears
for good

By Sarah Fister Gale



How do you manage your anxiety? Share your tips at www.facebook.com/NHF.

SOMETIMES THE FEAR OF A HEADACHE IS ALMOST AS DEBILITATING AS THE HEADACHE ITSELF. The psychological and emotional trauma that comes with never knowing when your next headache is going to strike can be paralyzing. Left unchecked, this anxiety can take over, causing headache sufferers to decline invitations, avoid travel, and bypass new and exciting opportunities.

As upsetting as headaches are, however, you can't let the fear win out, says Michele Nicosia, a pain management physical therapist at St. Louis Behavioral Medicine Institute in Missouri. "Anxiety is a normal response to uncertainty, but it can also make things worse," she says. When people are anxious, they tense their muscles, which decreases blood flow and can lead to more headaches. "It becomes a vicious circle."

Chronic anxiety diminishes quality of life and increases the frequency of headaches, especially for tension-type headache sufferers, says Arthur Elkind, MD, president of the board of directors of the National Headache Foundation and director of the Elkind Headache Center in Mount Vernon, N.Y. "Many migraine sufferers get anxious they may get an attack when they're going to do something pleasant," he says. "That alone can make them upset and impact their quality of life, even though they may never get the migraine."

To break that cycle, you need to start by giving yourself a break, says Kathleen Farmer, PsyD, a psychologist with the Headache Care Center in Springfield, Mo., and author of the website *Managing Migraine: A Patient's Guide to Successful Migraine Care* (www.managingmigraine.org). "Migraine sufferers have hyper-excitabile brains," she says. Of course, that's not always a bad thing. It can lead to many positive attributes, such as having an excellent memory for numbers, a strong drive for achievement and a detail-oriented sensibility. But it also means migraine sufferers are more likely to be anxious about the feeling that they have no control over their condition, Dr. Farmer says.

The best way to tamp down that anxiety is to recognize it for what it is, and implement tools and strategies to calm your nervous system and put your fears into perspective.

Our experts offer this advice to reduce headache-related anxiety and get back to living a normal, more stress-free life.

1 ACKNOWLEDGE THAT YOUR STRESS IS REAL AND APPROPRIATE.

Anxiety is a common condition among migraine sufferers, who also are more likely to experience depression and sleeplessness, Dr. Elkind says. Because of the biochemical pathways in their brains, migraineurs are more vulnerable to stress, and the uncertainty of not knowing when a headache will strike is a legitimate trigger for feelings of anxiety.

Recognizing this fact can help ease your worries that you are overreacting to fears about when the next migraine will strike.

Rather than feeling bad about the anxiety, recognize it as a related symptom and take steps to mitigate it. "Things that will help reduce anxiety are biofeedback—which helps control anxiety by controlling bodily reactions—or diverting their attention by having them engage in exercise," Elkind says.

2 KNOW YOUR TRIGGERS.

People with hyper-excitabile brains are more susceptible to the environmental stressors that can trigger headaches and anxiety. But if you take the time to identify what these stressors are and manage your exposure to them, you can minimize both the headaches and anxiety about not knowing when headaches will occur. This launches a positive cycle of confidence and control. "Understanding what triggers anxiety can help dissipate it," Dr. Farmer says.





3 BE AN ACTIVE PARTICIPANT IN YOUR CARE.

The patient's role on the medical team is just as important as the physician's, psychologist's and physical therapist's, Nicosia says. Doctors and therapists can help identify the causes of headaches and offer medication and therapy to reduce headache occurrence, but they still need your support for their efforts to pay off. Unless you actively communicate your needs and concerns, take the time to identify your triggers, and actively participate in your treatment plan, the medical team can't be effective, she says. "You have to be on board to help yourself, or the treatment won't work."

Because migraineurs can be perfectionists, they sometimes see migraines as a flaw in their character.

4 USE RELAXATION TOOLS TO MANAGE YOUR STRESS.

Yoga, exercise, meditation, prayer, positive affirmations, and biofeedback (a technique used to consciously control involuntary body processes, such as heart rate) all can help ease your anxiety and give you a sense of power over your fears, which in itself is calming, Dr. Farmer says. "Whatever gets your mind off the negative thoughts is of value."

She encourages her patients to use biofeedback techniques twice a day while also monitoring their finger temperature so they have measurable proof of the impact they are having on their nervous system. She also urges people to schedule time every day for exercise and/or meditation to help them feel more grounded and in control of their lives and their condition. "If they feel anxiety coming on, I tell them to go for a walk or work out until they get rid of those negative feelings," she says.

5 GET PLENTY OF SLEEP EVERY NIGHT.

Not prioritizing sleep is one of the worst mistakes headache sufferers can make, Dr. Elkind says. It not only leads to more frequent headaches, but also ramps up anxiety and stress, and reduces your ability to function effectively throughout the day. "Attention to sleep is a very important factor," he says. "You have to pay attention to it to reduce the frequency of attacks."

6 DON'T MASK YOUR TRIGGERS WITH MEDS.

Medicine is a valuable part of the headache treatment process—and anti-anxiety and antidepressant medications can certainly be an important part of your treatment plan—but having a drug at your disposal is not a free pass to behave badly. If red wine triggers a headache, it makes more sense to avoid wine altogether than to respond to the ensuing pain with medication, Dr. Farmer says. "It's better to rid your life of triggers if you can."



7 STOP BLAMING YOURSELF.

Migraine sufferers often feel like they always have to do everything right, Dr. Farmer says. Because they can be perfectionists, they sometimes see migraines as a flaw in their character. This causes them to feel more anxiety and leads to more headaches. If you want to get control of your anxiety, you have to let go of this drive for perfection and give yourself a break, she says. "The best affirmation we use is, 'I forgive myself for being imperfect.'" **HW**



For more great tips on coping with migraine, check out Kathleen Farmer's site at www.managingmigraine.org.



F



To learn more about food triggers,
go to www.headwisemag.org.



Knowing your triggers
can help you manage
headache pain—and
enjoy meals again.

Don't Fear Your

By
Lisa
Zamosky

Food



These days,

people's relationship with food is getting increasingly complicated. Different experts say to avoid sugar, fat, preservatives, chemicals and a host of other ingredients, leaving people to wonder which foods should really be on their plate. But this struggle takes on new meaning when you know that ingesting certain foods can lead to a migraine.

Migraineurs have long been told to avoid the usual suspects—red wine, aged cheeses, cured meats (which contain additives, such as tannins and sulfites), chocolate and preservatives, such as monosodium glutamate (MSG).

But one person's migraine trigger might be another's delicious treat. That's because there are no universal food triggers, doctors say, when it comes to setting off a migraine.

"It's variable between people as to what foods play a role in their migraines," says Frederick G. Freitag, DO, FAHS, medical director at Baylor University Medical Center's Comprehensive Headache Center and member of the National Headache Foundation's board of directors.

Understanding the role food plays in triggering your migraines, and how what you eat interacts with other common triggers, is an important part of managing migraine pain.

THE ROLE OF FOOD

People who struggle with migraines commonly cite food as a major contributor to their pain. "About 20% to 40% of people coming into the headache clinic report having food as a trigger," says Bert B. Vargas, MD, assistant professor of neurology at the Mayo Clinic in Scottsdale, Ariz.

Although both health care professionals and patients have recognized a relationship between food and migraines for years, the science to support these claims has been largely lacking. Recently, however, a controlled study published in the International Headache Society's monthly journal, *Cephalalgia*, offers some credence to the idea that a connection between migraines and diet does exist.

According to Dr. Vargas, the study, which was "conducted on the presumption that allergens in certain foods precipitate headaches," tested patients for IgG antibodies, substances that help

the body fight infections, against 266 different food antigens, substances that cause the immune system to produce antibodies against them.

All study participants were subjected to a six-week diet that either excluded or included specific foods with raised IgG antibodies. After a two-week break, they switched diets so everyone in the study was exposed to both.

Researchers found that by eliminating foods to which participants produced IgG antibodies, the number of reported headaches decreased. “A food allergy could be at play in triggering migraines for some people,” Dr. Vargas says of the findings.

In spite of this promising study, the practice of removing foods from a patient’s diet to treat migraines is still largely based on anecdotal evidence. “If I had a patient come in and say, ‘I’m going to remove chocolate from my diet because it’s a trigger,’ I say, ‘Go ahead.’ But if they have a hard time giving it up, I’d have a hard time producing the evidence that eliminating it would make a huge difference,” Dr. Vargas says.

FOOD DOESN'T ACT ALONE

It’s difficult to produce hard evidence of the connection between food and migraines because there is often more going on than people realize when a headache strikes. Experts say food is rarely the sole cause of a migraine.

“Triggers with food don’t happen in isolation, and multiple triggers can play together at times to cause the headache,” Dr. Freitag says.

In fact, most people with sensitivity to certain foods won’t get a migraine every time they eat those foods. “You may be sensitive to the weather and not get a headache. But if a storm comes and you don’t get enough sleep and you eat food with MSG, you’ll get one,” explains Audrey Halpern, MD, clinical associate professor of neurology at New York University’s School of Medicine and director of the Manhattan Center for Headache and Neurology in New York City.

When required to keep track of the diet/migraine connection, people occasionally are surprised to find that food is not as big a trigger as they thought—even notorious culprits such as chocolate, caffeine and gluten, Dr. Vargas says.



Chocolate

Drawing an association between chocolate consumption and migraine is among the most common errors people make.

“Chocolate is tricky because there is good evidence to suggest that, with chocolate, patients may get a premonition to a migraine a day or two before in the form of a food craving,” Dr. Freitag says.

These cravings generally occur during what is called the prodrome phase, a period lasting from several hours to 24 hours before the onset of a migraine. Women, in particular, report experiencing cravings when premenstrual. The symptoms—sensitivity to light, cravings and irritability, among others—can be subtle and similar to premenstrual symptoms,

so they often go unrecognized by migraine sufferers.

Caffeine

Caffeine is another food trigger people often ignore. Small amounts of caffeine, Dr. Freitag says, actually may be helpful for migraine sufferers, but when you get beyond 250 mg a day (about 2.5



MOST WANTED

Watch out for these common food triggers.

ALCOHOL: Alcoholic beverages can dilate blood vessels in the brain and cause headaches.

DAIRY PRODUCTS: Cultured or fermented dairy products, especially aged cheeses, can be a powerful trigger.

MSG: MSG is often found in packaged foods, canned soups, frozen dinners and snack foods.

FRUIT: Citrus fruits (lemons, limes, oranges and grapefruits) are the worst offenders.

Source: *The Migraine Cookbook*

“You can’t remove one trigger and have [headaches] go away. A true migraine condition can’t be fixed with the removal of food.”

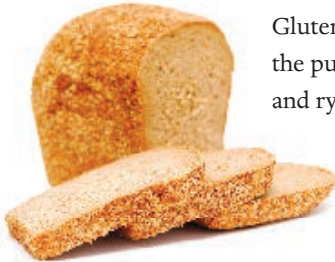


cups of home-brewed coffee), you increase your migraine sensitivity.

According to Dr. Freitag, people often get into trouble with caffeine because they don’t realize all the foods that contain it. Clear, non-cola beverages, for example, can contain high levels of caffeine. So can over-the-counter headache remedies, such as Excedrin®. If you increase your caffeine use over time, you also increase your risk of developing headaches.

Caffeine withdrawal is another major headache trigger. People who consume coffee regularly during the week but skip or delay drinking it on the weekend can end up with a massive headache on their days off.

Gluten



Gluten-free foods are all the rage these days due to a heightened awareness of the public’s widespread sensitivity to gluten, a protein found in wheat, barley and rye. Although people with an autoimmune disorder called celiac disease have a true allergy to gluten (there is a formal test to determine if you have celiac disease), many migraineurs say a gluten-free diet reduces the frequency of their headaches.

“There are some people who have sensitivity to gluten and report that their headaches get better without it,” Dr. Halpern says. Still, she cautions, a gluten-free diet is unlikely to be a magic cure.

TAKING CONTROL

A true migraine condition is the result of genetics and physiology. Although watching your diet can help you manage your headaches, food should never be seen as the sole cause.

“You can’t remove one trigger and have the condition go away,” Dr. Halpern says. “A true migraine condition can’t be fixed with the removal of food.”

But that doesn’t mean learning whether you have food triggers is a waste of time. Knowing and avoiding the foods that set you off “is an important way to take control over migraines,” Dr. Halpern says.

Here’s the good news: The best way to identify food triggers is also the simplest. “Keep a good log of your headaches and diet,” Dr. Vargas advises. “If you feel there are specific dietary triggers, find out if there is a true relationship.”

Monitoring food intake over time and reviewing your food diary with a health care professional can be very useful in treating migraines.

But, Dr. Halpern says, following a daily fresh food diet could do more for your overall health and migraine condition than focusing too heavily on a particular food trigger. “Cook your own meals, and eat more fresh fruits and vegetables,” she says. “You may eliminate potential food triggers without even knowing it.” **HW**

Migraine-Free Eating

Foods rich in nutrients believed to help fight migraines, such as magnesium, riboflavin and omega-3 fatty acids, are easy to work into your diet—even if you're not a gourmet cook. Try this quick and healthy migraine-free salmon recipe.

EASY!

3-Step Broiled Salmon

INGREDIENTS

- 2 wild salmon fillets (6 ounces each, 1/2-inch thick)
- 1 tablespoon olive oil
- 2 cloves garlic, minced
- 1/4 teaspoon salt, Kosher
- Ground black pepper

PREPARATION

Brush the oil evenly over the salmon and sprinkle with garlic. Season with salt and pepper to taste. Broil, turning fillets over every 3 minutes until the edges are flaky and the fish is cooked through.

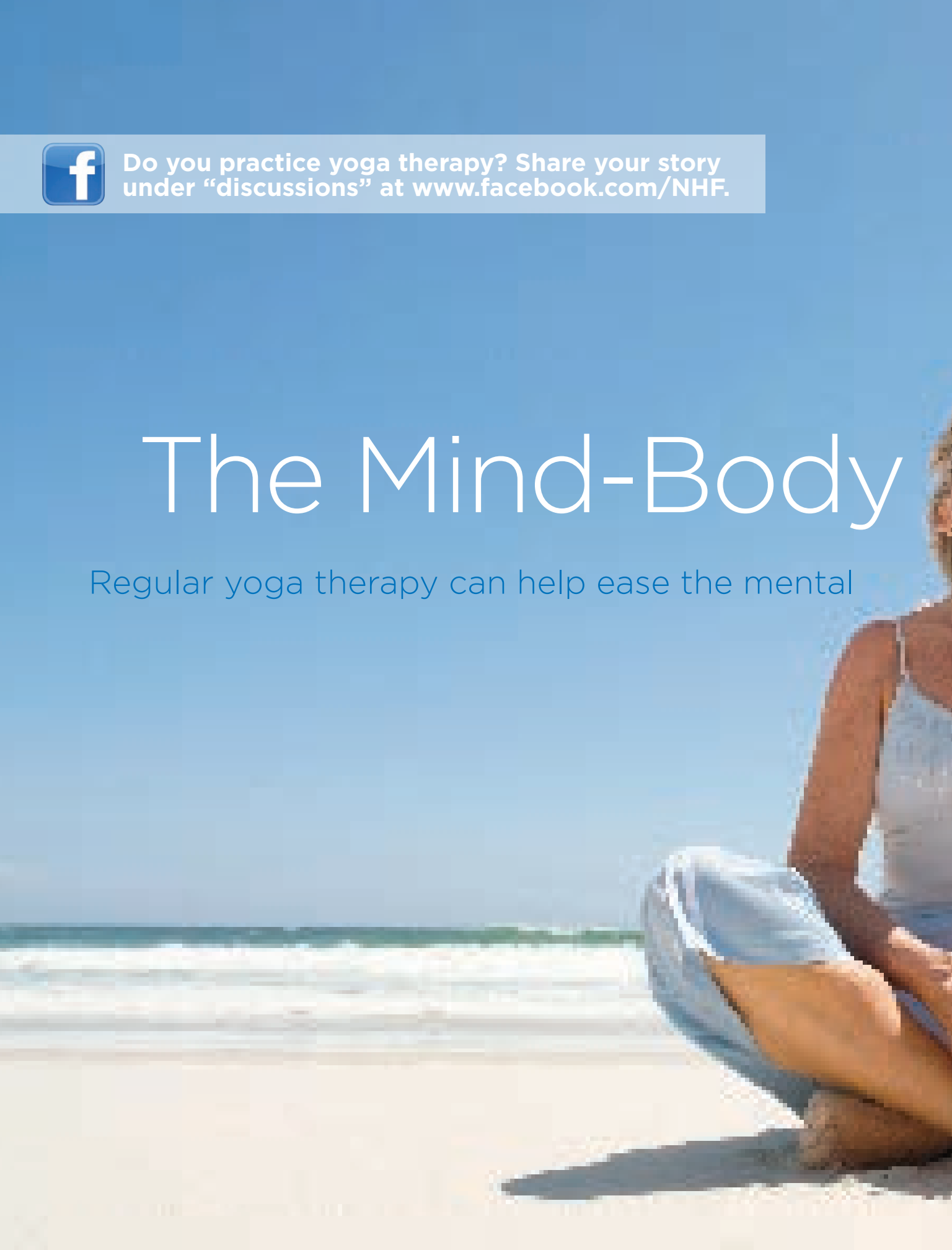




Do you practice yoga therapy? Share your story under “discussions” at www.facebook.com/NHF.

The Mind-Body

Regular yoga therapy can help ease the mental



A woman with long brown hair is sitting in a meditative pose on a sandy beach. She is wearing a light blue tank top and blue jeans. Her eyes are closed, and she has a serene expression. The background shows the ocean waves and a clear blue sky. The text is overlaid on the right side of the image.

Connection

and physical burden of headache disorders.

By Jessica Royer Ocken



“

had a fixed image of yoga in my head,” says longtime migraineur Teri Robert, patient educator, advocate and author of *Living Well with Migraine Disease and Headaches*. “It was for skinny, flexible, fit people, and none of those things was me. I was reluctant to try because it looked too freaking hard.”

But it turns out—limber, slender or otherwise—many headache and migraine sufferers can benefit from regular yoga practice. A study published in the May 2007 edition of the journal *Headache* found that three months of yoga therapy, which included gentle postures and breathing exercises, reduced both the frequency and intensity of migraines.

“Yoga postures are just the smallest part of what yoga is,” explains Gyan-dev Rich McCord, PhD, director of Ananda Yoga

Worldwide and the Ananda Yoga Teacher Training program and co-author of *Yoga Therapy for Headache Relief*. He notes that yoga’s breathing techniques can play a therapeutic role and that meditation sometimes can be even more beneficial than either postures or breathing techniques. “In any case, it’s not about doing the ‘triple-pretzel pose,’” he says. “It’s about doing simple things that most people can do fairly easily. Pain should never be involved.”

MIND OVER MATTER

Yoga is a mind-body practice, which means it can help mitigate both the mental and physical impact of chronic headaches.

When someone suffers from headache disorders, “there’s a sense of being out of control,” says Baxter Bell, MD, who does medical acu-

puncture, teaches yoga and is a therapeutic yoga educator in Oakland, Calif. “When a headache happens, life is put on hold to attend to the pain.” This can have serious repercussions on a person’s everyday life and emotional state. “They may feel anxiety, discouragement or even despair,” he says. However, several of Dr. Bell’s students have used yoga to reclaim “a kind of control over their lives...that’s encouraging and empowering.”

While practicing yoga, “the normal thought process and tendency to be anxious and fearful is suspended,” Dr. Bell explains. “You unconsciously step out of your habit of thinking and are guided in a very engaging way for an hour or hour and a half, which is refreshing to the spirit, mind and emotional balance.”

There’s also a physical component. Yoga helps adjust poor body posture, which McCord says is a regular cause of headache pain. “On a less obvious level, yoga works with the body’s subtle energy, or life-force,” he adds. “When the flow of that energy is blocked in some way, ill health results. Yoga can be used to promote a freer flow of energy.”

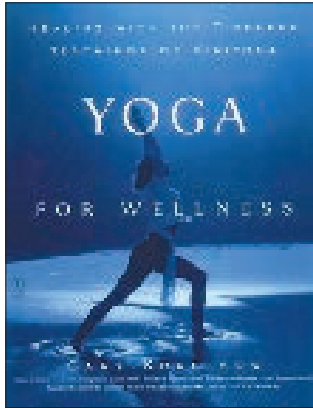
A PROCESS, NOT A PRESCRIPTION

Although both Dr. Bell and McCord believe

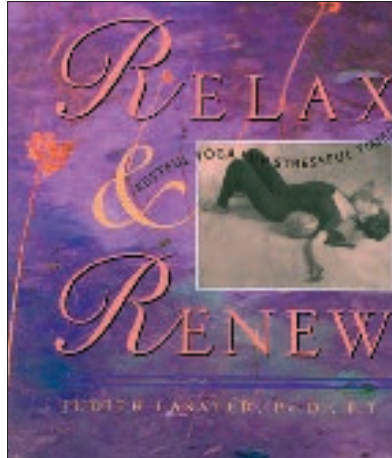
Stretch Your Mind

If you want to learn more about therapeutic yoga, start with one of these helpful resources.

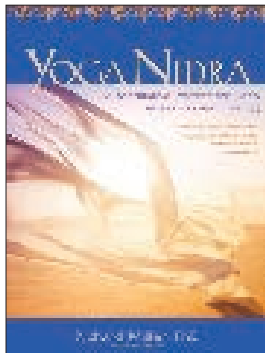
Yoga for Wellness by Gary Kraftsow (1999)



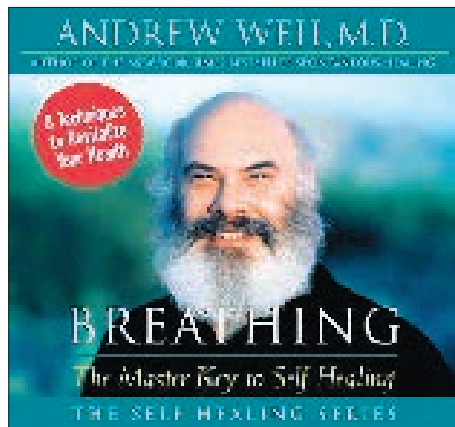
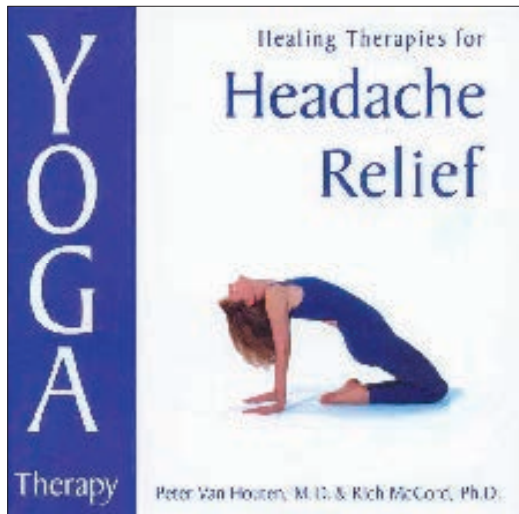
Relax and Renew by Judith Hanson Lasater and Fred Stimson (1995)



Yoga Nidra (includes audio CD) by Richard Miller (2005)

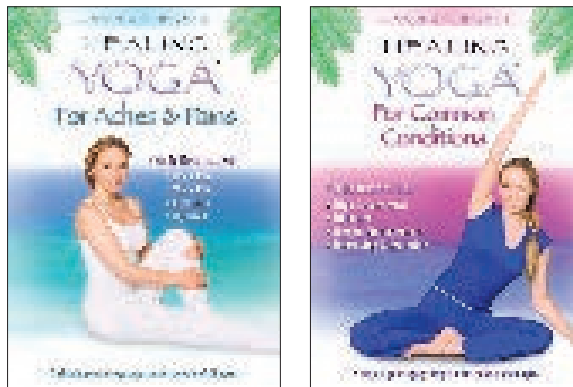


Yoga Therapy for Headache Relief by Peter Van Houten and Rich McCord (2004)



Breathing: The Master Key to Self Healing (audio CD) by Andrew Weil (1999)

Healing Yoga for Aches and Pains and Healing Yoga for Common Conditions (DVDs) by Charles Matkin and Lisa Matkin (2002)



Visit www.yogaalliance.org for a directory of Registered Yoga Teachers who have experience with mind-body practice and yoga teaching.

therapeutic yoga can help with headaches, this isn't a do-two-sun-salutations-and-call-me-in-the-morning situation. "Every once in a while as a healer, I'm thrilled by an immediate positive response," Dr. Bell says. "But I'm also pleasantly surprised. Yoga is an unfolding process, not a new thing to take." McCord agrees that yoga usually yields the most benefits to those who practice it patiently over time. "It depends on the person actually doing the practice regularly," he says. "That takes more commitment

work you do, your partnerships, your family."

Another benefit of yoga is that it can be added to your ongoing pain management regimen. When patients come in for acupuncture related to migraines and headaches, Dr. Bell often sends them on their way with a short series of yoga postures and breathing practices to try at home. "Sometimes they come back and say the yoga was more effective than the acupuncture," he says. Others report that yoga helped the pain relief of acupuncture last

aware of your headache problems, may be the best place to start. However, many general yoga classes will be too vigorous for beginners, particularly those suffering from frequent headaches.

McCord suggests working privately with a teacher who can tailor a practice to your needs and abilities. You can then do this personalized therapeutic regimen at home on your own. Dr. Bell has a few patients who used a book on therapeutic yoga as their guide, but he still recommends starting with a

for easing an active headache or migraine. "You are lying down in a position that requires no effort at all, with a great deal of support from cushions, and you stay there quite a while—five minutes, 10 minutes, maybe even more," he says. "We're talking about complete relaxation in a very comfortable position, always with the head above the heart."

Yoga can be even more effective as preventive care for frequent headaches, although these results may manifest slowly. "It can take time for [yoga] to

Another benefit of yoga is that it can be added to your ongoing regimen of pain prevention and management.

than swallowing a pill."

But sometimes that commitment is surprisingly easy to generate. "Even little changes feel huge for someone who has not been seeing any change at all," Dr. Bell says. "With yoga, you're engaging more than just the body, so you deal with all the circumstances of your life—from your role in your family to the physical position of your body during the day. Asanas [poses] get in and open you up from the patterns of musculoskeletal tension in your life. Yoga provides an antidote to the stress associated with the

longer. Some of Dr. Bell's yoga students who take Imitrex® and other medications for their head pain even say they find the drugs work more effectively after practicing yoga. "It kicks in faster, and the pain resolves more quickly," Dr. Bell says. "There's definitely a synergy."

PRIVATE PRACTICE

Despite the wide array of potential benefits, it's important to proceed with caution. For those in otherwise good health, a series of beginner yoga classes, particularly with an instructor who's

teacher to get familiar with yoga techniques.

Although yoga can provide some relief to a headache in progress, movement may not be an option during a severe migraine. If the headache doesn't preclude all activity, Dr. Bell says to avoid inverted yoga poses and be sure not to hold challenging poses for more than a few breaths. "It's often a better starting practice to move in and out of poses dynamically so these are more easeful, restorative practices," he explains.

McCord says restorative poses are your best option

make changes at the level of the body-energy-mind dynamic," McCord says. "The good news about that, however, is that such deep changes will tend to be long-lasting, whereas superficial changes might not be." Like Dr. Bell, McCord recommends a slow, gentle approach to yoga postures.

"[Yoga] is certainly worth a try," McCord says. "Chances are, something good will happen in the headache/migraine arena for you. And the chances are even better that you'll get a whole lot more out of it than headache relief." HW

case study



Teri Robert

TERI ROBERT WAS 6 YEARS OLD WHEN SHE HAD HER FIRST MIGRAINE.

Although the migraines became more frequent during college, they were largely manageable until her early 30s. A neurologist then “knocked them back to just a few a year” with Inderal®, which kept Robert’s condition stable until she hit 40. “In about 2000, they kept getting worse and worse. I was in bed five or six days a week, and at that point my doctor had retired,” Robert recalls. “You have no life if you’re in bed with a migraine nothing treats.”

She says she finally “got pissed off” and decided to take action. She’d had luck finding information about her diabetes on the Internet, but reliable migraine sites were harder to come by. “I saw lots of conflicting information,” she says. “But...I realized I wasn’t alone.” Not long after that, she was hired to create a migraine website for About.com, and through the discussion forum there, she discovered the Jefferson Headache Center in Philadelphia. It was eight hours from her house, “but that was a life changer,” she says.

The health care professionals there began a holistic approach—including medications, lifestyle changes, “everything,” Robert says—and she began making progress within about six months. “It took four years to get where I am now, which is eight to 12 weeks between migraines,” she says. “It was far away and insurance didn’t cover all the charges, but it was worth every minute, every mile and every dollar. There isn’t a cure, but a good preventive regimen is the next best thing.”

Robert says her physicians at the Center had been suggesting yoga for a long time, but other health issues—including a weight problem and glaucoma (and her belief that yoga was for the skinny and pretzel-like)—prevented her from trying

it. But they finally convinced her to test out a yoga DVD in the privacy of her own home. “A doctor at the Center said I could find one I’d be comfortable with, and she was right,” Robert says. Now Robert practices yoga every other day, alternating with tai chi. “I just needed to quit being so closed-minded,” she says. “I like [yoga’s] concentration on breathing. Breathing right is essential when you’re in pain.”

Robert also sees a parallel between the discipline and focus needed for yoga and the dedication required to manage a headache disorder. “You can’t use an external locus of control, telling the doctor to fix it,” Robert says. “Migraine is a disease just like diabetes or thyroid, but there’s lots we can do for ourselves to manage it.”

Although Robert’s migraines are now well controlled, she knows yoga is still benefiting her overall health. “The healthier you are, the less vulnerable you are to your migraine triggers,” she says. “Migraines don’t exist in a vacuum. They’re impacted by everything else going on in your body.”

She hopes other headache and migraine sufferers will overcome their reservations about yoga more quickly than she did. “Once your doctor says OK, go for it,” she says. “If you have limitations, that doesn’t mean you can’t do something. You just have to find a way—otherwise I’d still be lying in bed five or six days a week.”



For more advice on living with headache and migraine, visit Teri Robert’s website, www.helpforheadaches.com.



one on one

What's the best way to manage migraine pain?

Start by building a strong relationship with your health care provider.

By Gary Cohen



Many people view going to the doctor as a form of cruelty.

You're already feeling bad. Why make it worse by doing something that just makes you uncomfortable and will most likely result in bad news? But if you're a headache or migraine sufferer, this attitude actually could be adding to your burden.

Few people understand this better than Roger Cady, MD, founder of the Headache Care Center in Springfield, Mo., and a leader in the field of headache and migraine research for more than 20 years. Dr. Cady is a firm believer in the collaborative care model, in which patients and health care professionals come together to create treatment models that work. This all starts with forging better communication between physicians and patients.

Although Dr. Cady has been working in the field since the early 1990s, he's been personally involved with headache for much longer than that. He comes from what he calls a "migraine family"—both his mother and sister were affected by migraine—so for him working with headache patients is more than just a job.



HEAD WISE (HW): What's the biggest change you've seen in the headache field over the years?

DR. CADY: There's been a phenomenal amount of change. Basically, migraine was [thought of as] one of those psychosomatic stress disorders, viewed more as a disorder that women had. It really did not have a great deal of respect. When sumatriptan came onto the market, it changed everything because suddenly we had a drug that worked in a receptor, and it validated the whole biologic model of migraine. In those early clinical trials, it was like a miracle because people could literally have a severe migraine turned around in less than an hour. Prior to that, all we were doing was treating symptoms. We really didn't have medications that stopped migraine or worked on the process of migraine. So this was a huge paradigm shift.

It was a very difficult time for patients prior to that. There weren't good treatments. There was a lot of impact in terms of missing work. There was this notion that, in some way, people were bringing this on themselves. In the last 20 years, we've recognized much more the genetics of migraine, and we've developed better treatments. We certainly have a long way to go, but migraine has positioned itself in the field of neurology as a very important disease process.

HW: Is there still a lack of understanding about migraine in the public?

DR. CADY: Absolutely. Change takes a long time. There's been a huge education effort that's been made to help other physicians get involved, particularly in the primary care field. When you consider that migraine affects 18% of adult women—if you want to look at it in a more graphic way, probably one in five women in their reproductive years actually suffers with migraine—you realize that the real change is going to come when we get primary care physicians much more involved and active. I'm happy to say I see that change occurring, albeit slowly.

HW: What's on the horizon for the headache field?

DR. CADY: I think one of the things we're really missing is a diagnostic test. Migraine today is still a syndrome, meaning it's a collection of symptoms we recognize and say, "This person has migraine because of these symptoms." But the reality is that there are probably lots of types of migraine, and they all share these common symptoms. For example, you can have different kinds of infections in the lung that cause cough and fever, but there are still different ways in which that infection is being initiated or dealt with at a biologic level. I think for migraine what we're going to find is that these symptoms are a common final pathway for many different assaults on the nervous system. My hope for the future is that we will be able to subdivide migraine further, and we will be able to define and develop treatments for whatever it is that initiated migraine.

HW: You were integral in ushering in early intervention. How can this help patients?

DR. CADY: It can help a lot. When I started in migraine, from a scientific point of view, we wanted to know that we were dealing with a "true migraine." In those studies, we would have people wait until a migraine was fully developed, so their pain was moderate to severe. They were almost inevitably nauseated. They had light and sound sensitivity.

Many of them were vomiting. They were very, very impacted individuals. That helped us, of course, be certain we were treating migraine. However, when we got into clinical practice—and especially when oral drugs came on, which aren't as fast-acting as the injection—the idea of allowing people to wait until they were in the throes of a severe migraine was just untenable.

Early intervention came about really as an observation made by my own patients. When they came in, they said, "You know, the earlier I take this, the better it works." So we did a study in which we actually looked at a group of people who didn't follow the protocol. They were asked to wait until the migraine was fully developed, but they didn't want to do that. They took it early. And what we discovered was that this group of people—for those specific migraine attacks—were almost twice as successful at being pain-free from migraine within two hours. They also had fewer side effects from their medicines because their nervous system wasn't so sensitized from the migraine itself. And they had less recurrence. So this is a very important paradigm, but it's not a paradigm that can be used every time and by everybody. Some types of migraines come on very quickly. Sometimes they come on when you're asleep. Sometimes you're in situation where you can't take your medicine early on. What people need is to have a multitude of tools so they have the right tool for the right headache.

HW: How much can this condition really be managed?

DR. CADY: I think there's a lot that can be done with management. We always like to wait until the horse is out of the barn. People don't generally start to take this condition seriously until they've had years and years of very severe migraine. Unfortunately, the more migraine you have, the easier it is to get your next migraine. I think a lot of this effort needs to be started earlier. At the same time, realize that you can't control everything that happens in your life. Even saints can get migraine. Sometimes things happen, so you need to have good tools to be able to treat it,

If you want to hear more from Dr. Cady, you can download the full podcast or read the transcript online at www.headwisemag.org.



“We literally try to partner with our migraine patients. In that process, they teach us about their migraine, and we teach them about the knowledge we have as health care professionals.”

and you need to know how to use those tools. In that manner, you can control and certainly reduce the amount of impact and disability migraine creates. Remember, it's not a failure if you have a migraine.

HW: How can people protect themselves and guard against potential stressors?

DR. CADY: There are positive things you can do to protect your nervous system. Keep a regular schedule with meals and sleep patterns. Take a good look at your diet. Are you eating on time? Are you eating healthy foods? Are you enjoying regular exercise? Are you recreating—having some type of fun on a regular basis? Are you setting aside a time in the day that you let yourself disengage from the frantic pace of life, step back and recharge your battery? Those kinds of things are very important.

The other thing that is very important to me is a collaborative health care model. What this means is that we literally try to partner with our migraine patients. In that process, they teach us about their migraine, and we teach them about the knowledge we have as health care professionals. Basically, we have two experts in the room, and both of them are working on a one-on-one basis to solve that person's problems. I find that model very effective. Over time, people become very capable of making good, quality decisions about when to treat, what to treat with and how to protect their nervous system from migraine. And they really do take on an expertise that makes them much more successful as migraine patients.

HW: So patient education is integral to this process?

DR. CADY: It's the center of everything. To me, it's what makes managing migraine so very interesting. It's an ongoing process in which your patient is learning and so are you. With people who have migraine, you learn a great deal about medicine just in helping people manage their migraine more successfully.

HW: What is the most common question you get from patients?

DR. CADY: The most common need people have is to understand what is happening. Why do I get migraine? Why am I different than my friends? We go out and we do the same things, and I end up with a migraine and they seem to have no ill effects. When I sit down with patients, I like to make sure they understand that they were born with a brain that is unique and different than the brain of people who don't have migraine. The brain of a migraineur tends to be more vigilant, more sensitive to its surroundings. That often brings with it some very positive attributes if the nervous system is well controlled. Successful people in all walks of life live with migraine. Our goal is to learn to manage this nervous system successfully and bring out the good attributes—the positive side of this sensitivity. Then I like to make sure they understand why they get headaches. It's a relationship between the genetics that nature gave them and the environment in which those genetics function. Sometimes we think of migraine as being one thing, but a lot of times, it's many things that are impacting the nervous system simultaneously and putting that nervous system at risk. For example, if a woman is working to meet a deadline at work, she's maybe not been sleeping as well as she usually does and it's getting near the time of her menstrual cycle, that's probably not the best time to go out and drink some wine and eat cheese.

HW: If you could say one thing to headache sufferers, what would it be?

DR. CADY: Migraine is a biologic process. There's a lot that can be done to help manage it more successfully. Part of this, you, as the person that has this nervous system, need to take responsibility for. A lot of it, the medical system can help you discover and learn how to use. Find a partnership. Work with your health care professional, and in almost all instances, migraine can become a well-managed and well-controlled disorder. **HW**

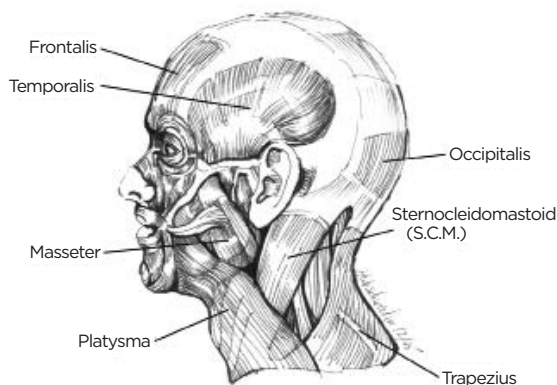
Loosen Up

Two simple neck stretches can help you reduce headache pain.

IF YOU THINK HEADACHE PAIN only affects your head, think again. It is extremely common for people with headaches to have muscle tension in their shoulders, neck, and head that is three or more times the normal level. By gently stretching these tightened muscles, blood and oxygen can enter the tissue, thereby bringing the muscles back to normal tension.

Although we turn our heads hundreds of times each day, we often use the wrong muscles for the job. You should be using the sternocleidomastoid (SCM) muscles, but many people instead use the trapezius muscles—muscles that are incredibly overworked already. We use them to shoulder our stress, tense them when we are breathing incorrectly and mistakenly engage them to turn the head. It is not surprising we carry so much excess tension there.

Figure 1



Releasing this extra tension in your neck is a critical part of taking control of your headaches. Take a look at Figure 1 to familiarize yourself with the neck muscles. It is helpful to have a visual image of what the muscles look like inside your body.

These simple exercises will help you relax your neck and start using the correct muscles—thereby reducing your headache risk.

NECK EXERCISES

There are a few things to remember as you do these exercises. First, read the directions completely before you get started. Next, remember to breathe deeply the entire time you practice the movements. Finally, don't overdo it.

With all of these exercises, the goal is to find the place where you feel a good stretch and release of muscle tension—but are not straining. You should never feel pain during or after any of these exercises. Remember, it is better to be gentle until you know where your limits are. If you have neck injuries, consult with your physician or a physical therapist before starting any physical activity.

1 Side stretch: Sit comfortably in a chair with your spine straight and tall. Imagine strings lifting upward from the top of your head and the center of your chest. Breathe, relax and let the shoulders drop as you feel the heaviness in them. Slowly turn your head as you inhale, and look over your right shoulder as far as you comfortably can. Feel the stretch in the neck, and hold that position for a moment. With the exhalation, move your head back to center. Then, inhale and turn your head to look over your left shoulder as far as you comfortably can. Pause and, with the exhalation, release the head back to center. Move slowly and with the breath as you turn your head from right to left two more times in each direction.

As you are turning your head, picture the SCM muscles doing the job rather than the trapezius muscles. Imagine the shoulder muscles being very heavy and relaxed, as if they could not possibly be used to turn the head. If you feel the trapezius muscle working as you turn, try to disengage it by not looking as far over your shoulder.

2 Ear-to-shoulder stretch: Sitting straight and tall, imagine that your shoulders are heavy and relaxed.



At the same time, visualize little lead weights on the tips of your elbows. Let the right ear drop toward the right shoulder. Breathe deeply as you feel the stretch, and let the left shoulder drop and be heavy. Picture blood and oxygen flowing to the muscles being stretched. Bring the head slowly back to center. Next, let the left ear drop toward the left shoulder, imagining that the right shoulder is heavy and relaxed. Feel the stretch on the right side of the neck. Bring the head back to center, and repeat two more times on each side.

As you add these stretches to your daily routine, you

will start releasing your neck tension. If you augment the stretches by doing breathing exercises, relaxing your body and calming your mind, you may be well on your way to controlling your headaches. **HW**



KELSIE KENEFFICK, MPS, BCB, LMHC, is the author of the award-winning book *Migraines Be Gone* and the founder of Naturally Pain Free. She has created a home program that helps headache sufferers learn how to control their headaches. Learn more at www.naturallypainfree.com.



Better Coping Skills for a Better Life

Although physicians can provide treatment regimens to improve a migraineur's quality of life, they can't always be there to help with the day-to-day struggles people face. This emotional battle is ultimately very personal, but learning techniques to mediate the psychological impact of migraine could lead to improvements in management and mood.

The University of Iowa is researching the benefits of a one-day skills workshop that teaches techniques to better manage migraine-related experiences, pain, thoughts and emotions. Migraineurs often face the emotional effects of migraine without much guidance. Researchers believe learning coping techniques will allow them to take greater control of their experience, thereby improving their quality of life.

The study is currently recruiting participants between the ages of 18 and 75. If you are looking for more information or would like to participate, contact Lilian Dindo at 319-353-4444.

Come to our 2011 Regional Educational Conferences

Starting in 2011, the National Headache Foundation will offer a series of regional conferences at venues throughout the country. These are meant to educate both health care providers and patients in the field of headache disorders. We are excited about this new opportunity to further our mission and serve our constituency. Come to our upcoming conferences:

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25

JUNE 11, 2011

Houston, TX
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15700 John F. Kennedy Blvd.

JUNE 25, 2011

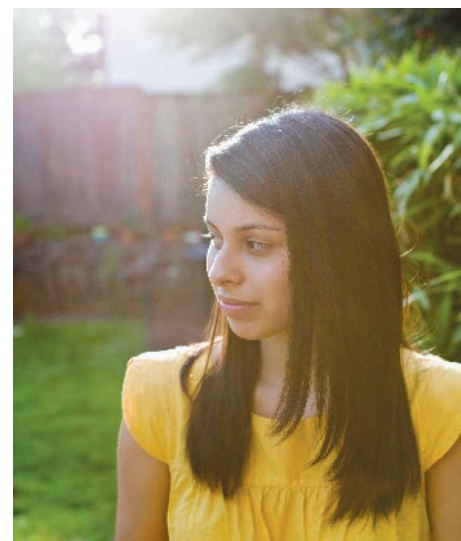
Chicago, IL
Chicago Marriott
Downtown Magnificent Mile
540 N. Michigan Ave.

NEW TREATMENT FOR ADOLESCENTS

Most people think of migraine headaches as an adult disease, but it is also a common complaint among children and adolescents. Around 65% to 80% of children with migraines experience disruption to their normal daily activities, which can greatly affect their quality of life.

PMG Research is investigating the efficacy of nasal spray administration of ZOMIG in adolescents between the ages of 12 and 17. ZOMIG is an abortive treatment for migraine headaches that works by reducing the swelling of blood vessels around the brain and blocking the release of natural substances that cause other migraine symptoms. This research could open up a new avenue for treating adolescents and reduce the social impact of this disabling disorder during an important developmental phase of life.

PMG Research is currently recruiting at two North Carolina locations: Winston-Salem and Hickory. They are looking for adolescent boys and girls who have been diagnosed with migraine headaches for at least one year and experience at least two migraines per month. If you would like more information on participating in this study, call 336-768-8062.



THE POWER OF WORDS

HEADACHE THERAPY COMES IN MANY FORMS. Although most sufferers need help managing the physical pain, others are looking for an emotional release. For these people, putting their thoughts, emotions, struggles and triumphs down on the page can be a great way to reach out to others who don't understand what it's like to live with a potentially debilitating headache disorder.



In April, winners were announced for the Putting Our Heads Together Migraine Poetry Contest—the brainchild of patient advocate and author Teri Robert. She started the contest, which she runs on her website www.helpforheadaches.com, in 2001 to help raise awareness of migraine and headache disorders.

“These disorders can make people feel very isolated and lonely,” Robert says. “Writing is a good creative outlet. When we write and share poetry about our migraines and headaches, it helps relieve those feelings.”

This year, she received 80 entries, all of which are posted on her website.

“The entries were dazzling,” Robert says. “Judging them took us from smiling to laughing to crying and back again. The depth of emotion and the impact of the poems entered in this contest never cease to amaze me.”

The following poem won first place.

A Parent's Lament

by Sandra Jaspén Hughes

He was just a baby, but I knew
The signs were there, I could see his pain.
A sudden shriek, alligator tears.
He clung to me in his anguish.
Help me. Help him. Help me help my son.

Blond, blue eyed, and smiling,
Running, climbing, tumbling, laughing—and then
He needed to stop.
He needed to sleep.
It hurt. He hurt. I hurt.

I can't go to school, it's too bright.
I need to stay in bed, turn off the light.
I'm missing my friends.
I'm missing my field trip.
I'm missing my life.
He's not making this up. Can't someone help?

Mama, I can't see one side of the TV.
Mama, I can't see all my fingers.
Help me, Mama.
I'm scared, Mama.
Make it go away, Mama. Make it go away.

Tall, blond, athletic, dynamic.
Playing forward in the Big Game.
The noise is unbearable,
The court is swaying;
Come pick me up, I can't drive home.

Of course he's in school.
What do you mean? He's not in his class?
Where is he?
Find him, don't punish him, help him.
Safe! Sound asleep in the school library.

My baby is sick and needs help.
My son just wants to be normal.
He'll say he has the flu.
He'll say he has a cold.
Putting on a face, he tries to mask the excruciating, yet invisible pain.

What will happen when he grows up?
Can he earn a living? Will someone love him?
It's not “just” a headache .
It defines his every decision.
Did I do this to him? Is it my fault? Is it his?

If nothing can stop the pain, what will happen next?

The man has a headache.
The headache has hold of the man.
Relentless is the pain.
Brave and courageous, he searches for relief, for cures.
Help him. Help us. Help him live his life.

© Sandra Jaspén Hughes, 2011



If you want to read more great poetry from the Putting Our Heads Together Migraine Poetry Contest, visit www.helpforheadaches.com.

wise words



NAME: Allison Bratnick, 24

RESIDENCE: Chicago

CONDITIONS: Chronic daily headache, menstrual migraine, hunger headaches, exertion headaches, TMJ headaches, migraine with and without aura, tension headaches

FIRST DIAGNOSED: 8 years old

Photography by Morgan Anderson

What is the most frustrating thing about your life?

Constantly disappointing friends and family by having to cancel plans. Especially since it's an invisible illness, it's hard for people to understand.

What are you most thankful for?

My parents—because they do understand. My dad understands because he's struggled with headaches all his life. My mom understands because she's my caregiver. She's seen me go through hell and back.

What's your greatest achievement?

Getting through it. Knowing I'm doing everything I can to manage it. Even only missing work once since I've been here is an accomplishment.

How do you live your day-to-day life?

Very carefully. I tiptoe through life. I think about everything I

do, everything I eat and everything I buy. My ex-boyfriend was a glass blower, and he used to say I was like his little piece of glass because I was so fragile.

What's your favorite book?

A Brain Wider Than the Sky by Andrew Levy or *Eating Animals* by Jonathan Safran Foer.

What is your idea of happiness?

Being pain-free. When I have a headache for a few days, and the next day I wake up and I don't have a headache, it's the best day of my life. **HW**

ALLISON BRATNICK is a production manager at Imagination Publishing and was integral in putting together the premiere issue of *Head Wise* magazine.



Get *Head Wise* at home -
**Become a
member today!**



If you think a headache is just a headache, think again. Millions of Americans suffer from migraines, cluster headaches and other serious headache disorders. Chances are, headache disorders affect you or someone you love.

Join the cause by becoming a member of the National Headache Foundation, the world's largest voluntary organization for the support of people with migraine and headache disorders. For more than 40 years, the NHF has assisted millions of individuals seeking education and treatment for their various conditions.



**Join the NHF today
and you'll receive:**

A free subscription to *Head Wise* magazine – a new quarterly publication from the NHF

The NHF News To Know monthly e-newsletter

Access to a wealth of headache research, support and information

Plus, your donation will support the NHF and help advance headache advocacy, education and support



**To join, go to www.headaches.org/store/membership
or call 1-888-NHF-5552.**

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