

HeadWise™

A Voice for People with Migraine and Headache Disorders

CLUSTER BUSTER

Don't let pain get the best of you

PLUS
LEARN TO
READ YOUR
BODY'S
SIGNALS

IS IT TIME
TO SEE A
SPECIALIST?

YOU'RE NOT ALONE

Get the support you need from skeptics and sympathizers

7

SURE-FIRE WAYS TO SEND STRESS PACKING

**Tossing
and Turning**
Help your kids
say goodbye to
sleepless nights

**Daily
Grind**
Is jaw tension
going to
your head?

\$6.99

Volume 1, Issue 2 • 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, September 17, 2011

12:30 – 5:30 p.m.
The Fairmont Dallas
1717 N. Akard St.
Dallas, TX 75201

Saturday, October 1, 2011

12:30 – 5 p.m.
Sheraton New York Hotel and Towers
811 7th Ave.
New York, NY 10019

Saturday, October 15, 2011

10 a.m. – 5 p.m.
Renaissance Seattle Hotel
515 Madison St.
Seattle, WA 98104

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.

Help us spread the word about headache disorders

WELCOME TO THE SECOND ISSUE of the National Headache Foundation's *Head Wise* magazine. We received a great deal of positive feedback after the first issue, but the words that struck home most with me came from a close friend of the organization, Rebecca Martin, a volunteer who previously served on our board of directors.


She wrote: "As a 22-year sufferer, I read [the magazine] thinking it creates a voice for those like me and will help do exactly what Seymour [Diamond's] introductory letter states: remove the stigma of headache disorders as well as establish a view of headaches as a legitimate health problem. Thank you for the very large move to make a footprint for the cause."

After reading that, I felt proud of the achievement, but I also recognize the challenges that come with those kind words. I have had the chance to talk with hundreds of migraineurs this year, and it is clear that one of the greatest obstacles people with headache disorders face is simply getting their family, friends and employers to recognize that it's not *just* a headache. Headache disorders have been stigmatized for a long time. It will not be easy to create the higher level of understanding you deserve, but this is one of our primary goals with *Head Wise*.

There are two main groups of people who will read this magazine: NHF members and donors who receive a copy at home, and people who pick it up in health care offices and waiting rooms.* I would like to add a third category to that list—people who get a copy from you. There are articles and features in this issue that will help headache sufferers manage their disease. And for those who don't understand the challenges of migraine and chronic headache, this could be a real eye-opener.

If the copy you are reading right now is in an office waiting room, feel free to take it with you or give it to someone who needs it. The NHF sends these magazines out in quantity, and we will send more to any office that requests them. If you want to get *Head Wise* at home, look for the tear out card in this issue or go to the NHF website, www.headaches.org, and become a member. The more we can spread the word, the sooner you will receive the support and respect you deserve.

R Dalton

 The NHF would like to give special thanks to a supervisor at the Broward County Sherriff's Department in Florida who requested six copies of *Head Wise* to share with his human resources department. Anyone with a similar request can e-mail us at NHF1970@headaches.org.

One of the greatest obstacles people with headache disorders face is simply getting their family, friends and employers to recognize that it's not *just* a headache.



Robert R. Dalton
Executive Director,
National Headache Foundation



FEATURES

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Don't Go It Alone

Every migraine sufferer has heard a loved one say, "It's just a headache." But you know better. Learn how to get the support you deserve from the people who matter most in your life.

By Matt Alderton

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The Magnificent Seven

If you have regular head pain, stress is unavoidable. But anxiety doesn't have to send your already agonizing headaches over the edge. Try these seven tips for keeping your stress triggers in check.

By Jim Distasio

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Mind Over Migraine

Once the pain starts, it can push everything else out of your head. But being aware of how your body reacts to headaches can help you manage your condition. That's why many sufferers are turning to biofeedback.

By Erin Golden

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A Second Opinion

If you've had migraines and headaches for years and nothing your general practitioner tries seems to help, it might be time to put your care in the hands of a headache specialist.

By Jessica Royer Ocken



FOR ACTIVE MIGRAINE HEADACHE WITH OR WITHOUT AURA

If you're not getting the migraine relief you need,
maybe it's time you...

Make a Move to MIGRANAL[®]

(dihydroergotamine mesylate, USP)
NASAL SPRAY

Chances Are, It's a Move You Haven't Tried Yet

No migraine medication works for everyone. You may need to try more than one to find one that's right for you. MIGRANAL Nasal Spray belongs to a different category of drugs than the triptans, the most commonly prescribed migraine medications. Ask your doctor if MIGRANAL is right for you.

MIGRANAL—

- Can be used **any time** during a migraine attack*
- Provided **rapid, long-lasting relief** to most migraine sufferers in two studies
- Is a convenient nasal spray containing the same active ingredient as a medication used intravenously in emergency rooms for migraines

*1 spray in each nostril, repeat after 15 minutes.

INDICATION

Migranal (dihydroergotamine mesylate, USP) Nasal Spray is used to treat an active migraine headache with or without aura. Do not use it to try to prevent a migraine if you have no symptoms, to treat a common tension headache, or to treat a migraine that is not typical of your usual migraine.

IMPORTANT SAFETY INFORMATION

Serious or potentially life-threatening reductions in blood flow to the brain or extremities have been reported rarely due to interactions between dihydroergotamine (the active ingredient in Migranal Nasal Spray) and protease inhibitors and macrolide antibiotics. As a result, these medications should not be taken together.

Do not use Migranal Nasal Spray if you:

- Are taking certain anti-HIV medications
- Are taking a macrolide antibiotic such as troleandomycin, clarithromycin or erythromycin
- Are pregnant or nursing
- Have any disease affecting your heart, arteries or blood circulation
- Have taken other medications for the treatment or prevention of migraines within the last 24 hours
- Have severe liver or kidney disease
- Experience hemiplegic or basilar migraines, which often cause paralysis or impairment of speech

The use of Migranal[®] Nasal Spray should not exceed dosing guidelines and should not be used on a daily basis. Serious cardiac (heart) events, including some that have been fatal, have occurred following use of injectable dihydroergotamine, the active ingredient in Migranal Nasal Spray, but are extremely rare.

The most commonly reported side effects in clinical studies with Migranal Nasal Spray were runny nose or congestion, altered sense of taste, application site reactions, dizziness, nausea and vomiting.

You are encouraged to report adverse side effects of prescription drugs to the FDA.

Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see Important Information for Patients, including Boxed Warning, on adjacent page, and discuss with your doctor.



You may **save up to \$40** on each MIGRANAL prescription if you qualify. Find out more at www.migranal.com.



Make a Move to MIGRANAL

Patient Information

Migranal®

(dihydroergotamine mesylate, USP)

Nasal Spray.

The solution used in Migranal® Nasal Spray (4 mg/mL) is intended for intranasal use and must not be injected.

Please read this information carefully before using your Migranal® Nasal Spray for the first time. Keep this information handy for future reference. This is not all of the information on Migranal® Nasal Spray. Your pharmacist and/or healthcare provider can provide more detailed information.

Migranal® Nasal Spray has been evaluated in a limited number of patients long term (e.g., 1 year or longer).

WARNING

Serious or potentially life-threatening reductions in blood flow to the brain or extremities have been reported rarely due to interactions between dihydroergotamine (the active ingredient in Migranal Nasal Spray) and certain medications, including protease inhibitors and macrolide antibiotics. As a result, these medications should not be taken together.

Purpose of your Medication

Migranal® Nasal Spray is intended to treat an active migraine headache. Do not try to use it to prevent a headache if you have no symptoms. Do not use it to treat common tension headache or a headache that is not at all typical of your usual migraine headache. Migranal is only intended for use upon a clear diagnosis of migraine, and is not intended for use in patients with basilar or hemiplegic migraine.

Administration of Migranal® Nasal Spray, should not exceed the dosing guidelines and should not be used for chronic daily administration. There have been reports of fibrosis (stiffening) in the lung or kidney areas in patients following prolonged daily use of injectable dihydroergotamine mesylate. Rarely, prolonged daily use of other ergot alkaloid drugs (the class of drugs to which Migranal® Nasal Spray belongs) has been associated with heart valvular fibrosis. Rare cases have also been reported in association with the use of injectable dihydroergotamine mesylate; however, in those cases, patients also received drugs known to be associated with heart valvular fibrosis.

Do not use Migranal® (dihydroergotamine mesylate, USP) Nasal Spray if you:

- Are pregnant or nursing.
- Have any disease affecting your heart, arteries, or circulation.
- Are taking certain anti-HIV medications (protease inhibitors).
- Are taking a macrolide antibiotic such as troleandomycin, clarithromycin or erythromycin.
- Are taking medications that cause peripheral or central vasoconstriction.
- Are taking certain migraine medications, such as 5HT₁ agonists (commonly referred to as triptans), ergotamine derivatives or methysergide, or within 24 hours of taking one of these medications. Please speak with your healthcare provider before starting any medication.

Migranal should also not be used following vascular (blood vessels) surgery, or if you have sepsis (blood infection) or severely impaired liver or kidney function.

Cerebrovascular events such as stroke have been reported (including fatalities) in patients treated with the injectable form of DHE, the active ingredient in Migranal. On rare occasions, significantly increased blood pressure has been reported following treatment with Migranal in patients with and without a history of high blood pressure.

Migranal may cause coronary artery vasospasm; patients who experience signs or symptoms suggestive of angina (chest pain) following the use of Migranal should be evaluated for the presence of coronary artery disease or a predisposition to angina before receiving additional doses.

Important questions to consider before using Migranal® (dihydroergotamine mesylate, USP) Nasal Spray

Please answer the following questions before you use your Migranal® Nasal Spray. If you answer YES to any of these questions or are unsure of the answer, you should talk to your doctor before using Migranal® Nasal Spray because you may be at increased risk for serious side effects. If you have any of these risk factors, your doctor may take extra precautions to make sure you are an appropriate patient for Migranal.

- Do you have high blood pressure?
- Do you have chest pain, shortness of breath, heart disease, or have you had any surgery on your heart arteries?
- Do you have risk factors for heart disease (such as high blood pressure, high cholesterol, obesity, diabetes, smoking, strong family history of heart disease, or are you postmenopausal or a male over 40)?

- Do you have any problems with blood circulation in your arms or legs, fingers, or toes?
- Are you pregnant? Do you think you might be pregnant? Are you trying to become pregnant? Are you sexually active and not using birth control? Are you breastfeeding?
- Have you ever had to stop taking this or any other medication because of an allergy or bad reaction?
- Are you taking any other migraine medications, erythromycin or other antibiotics, or medications for blood pressure prescribed by your doctor, or other medicines obtained from your drugstore without a doctor's prescription?
- Do you smoke?
- Have you had, or do you have, any disease of the liver or kidney?
- Is this headache different from your usual migraine attacks?
- Are you using Migranal® Nasal Spray or other dihydroergotamine mesylate containing drugs on a daily basis?
- Are you taking a protease inhibitor for HIV therapy?
- Are you taking a macrolide class of antibiotic?

REMEMBER TO TELL YOUR DOCTOR IF YOU HAVE ANSWERED YES TO ANY OF THESE QUESTIONS BEFORE YOU USE Migranal® (dihydroergotamine mesylate, USP) NASAL SPRAY.

Side Effects To Watch Out For

In clinical trials, most migraine patients have used Migranal® Nasal Spray without serious side effects. You may experience some nasal congestion or irritation, altered sense of taste, sore throat, nausea, vomiting, dizziness, and fatigue after using Migranal® Nasal Spray. These side effects are temporary and usually do not require you to stop using Migranal® Nasal Spray. Although the following reactions rarely occur, they can be serious and should be reported to your physician immediately:

- Numbness or tingling in your fingers and toes
- Pain, tightness, or discomfort in your chest
- Muscle pain or cramps in your arms and legs
- Weakness in your legs
- Temporary speeding or slowing of your heart rate
- Swelling or itching

Drug Interactions: Please see the **Do Not Use Migranal** section for information on Drug Interactions, and speak to your healthcare provider about any medications you are taking.

Dosing Information

- Each vial contains one complete dose of Migranal® Nasal Spray, which is 1 spray in each nostril followed in 15 minutes by an additional spray in each nostril, for a total of 4 sprays.
- Studies have shown no benefit from acute doses greater than 2.0 mg (4 sprays) for a single administration.
- The safety of doses greater than 4.0 mg in a 7-day period has not been established.
- Migranal® Nasal Spray, should not be used for chronic daily administration.

Learn what to do in case of an overdose

If you have used more medication than you have been instructed, contact your doctor, hospital emergency department, or nearest poison control center immediately.

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Milan, Italy

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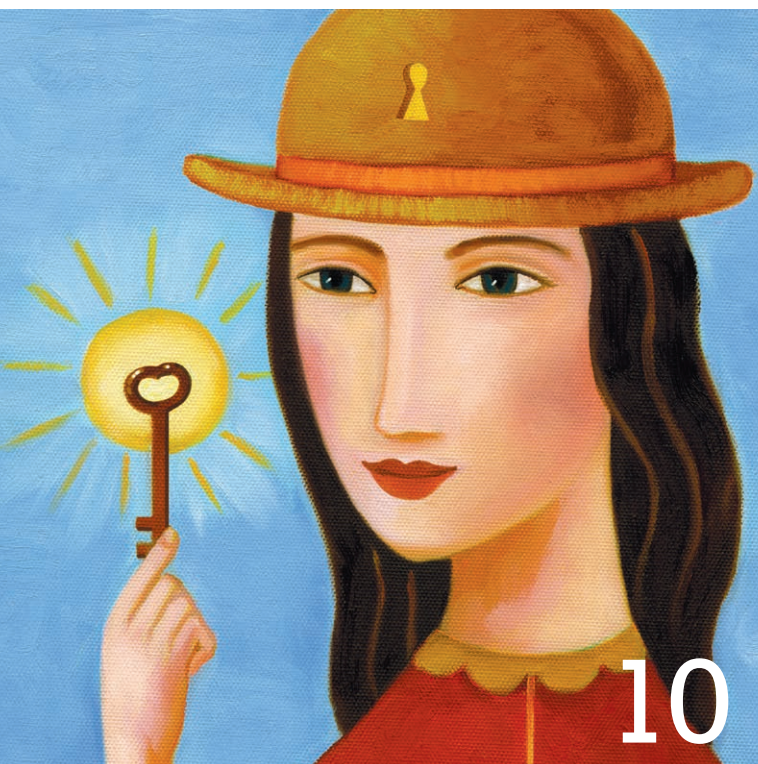
www.migranal.com

August 2011

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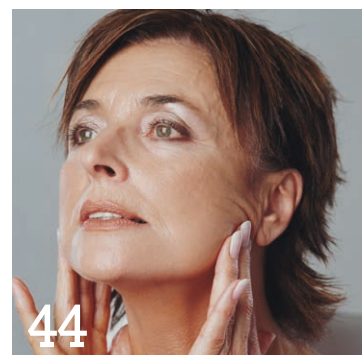
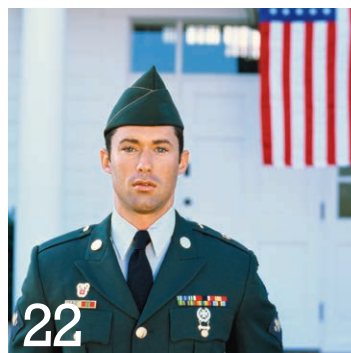


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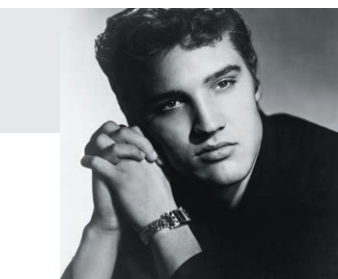
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DID YOU KNOW?

Ever wonder what had Elvis Presley all shook up? It might have been his migraines. Many even suggest the King's "abuse" of prescription drugs was actually part of his migraine treatment.

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Dr. Mauskop's Migralex™

Maximum Strength Pain Reliever
Aspirin buffered with Magnesium

HEADACHE RELIEF FOR MORE THAN JUST HIS PATIENTS™

Patented breakthrough formula for
Headaches

Tension Headaches

Sinus Headaches

Stress Headaches

Menstrual Headaches

Rapid release formula

No caffeine

Fast acting

No sodium

Gentle on the stomach

No preservatives

DOCTOR TESTIMONIALS

“I've had several patients with chronic headaches who've tried every possible drug without any relief for whom Migralex worked wonders.”

— Benjamin Asher, MD - "One of America's Top Physicians", Consumers' Research Council of America, New York, NY

“I have been prescribing Migralex for a large gamut of headache types with singularly excellent results.”

— Robert April, MD, Mount Sinai Medical School, New York, NY

CONSUMER TESTIMONIALS

“Quick, reliable relief! I am so grateful. Migralex knocks out these budding monsters without making me sleepy. To add to its credit, it is fast-acting.”

— EBK

“Brilliant! In a house with two sufferers, Migralex has become a godsend. One day my dad brought home some Migralex for me to try and I haven't wanted to use anything else ever since. Thank you Dr. Mauskop!!!!”

— Dina

“Migralex works. I have had headaches all my life and strong prescription medicine has been the only thing that worked until I tried Migralex. I was hesitant at first to risk trying something new, but amazingly, it worked fast with no side effects.”

— Ellen B.



TO ORDER GO TO: www.migralex.com

HeadWise™

The National Headache Foundation

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



Head 2 Head

You're not alone. Connect with the NHF online community on Facebook and Twitter. Or visit www.headwisemag.org.



Found on Facebook:

Have you experienced a time when you thought someone wasn't taking your disease seriously?

Eileen G. – An easier question to answer would be, “Was there a time when someone DID take my disease seriously.” Since you can’t “show” or “prove” migraine or fibromyalgia, my life is one big eye roll. :(

Debra G. – I think that could be the hardest part of this condition to live with. Having relationships with people is very difficult. People don't understand why most of the time it “appears” you are fine. Mine are every day, all day.

Marcy L. – No one takes it seriously until I'm in the hospital over and over again and having to go get MRIs, CT scans and take massive amounts of medications to try to control the disease.

How do you describe the impact of your migraines and headaches to others?

Katharine Z. – I've tried numerous times and in a variety of ways, but only the people closest to me really understand even a little bit. I've had the same headache for almost 12 years. That means everything I do is affected by it, and that is very difficult to explain to someone who hasn't been there.

Patsy C. – I had to miss my father-in-law's funeral recently due to a migraine. That's something I can never get back.

Wanda R. – At this point in my life, I just say, “I have a migraine, no can do.” Short and simple. If I stress about their reaction, the migraine gets worse. And I no longer care what they think. The migraine is bad enough.

What type of research would you like to see completed?

Joy P. – I'm ready for a cure already!

Richard H. – Understanding the mechanism of the headache precisely would give an understanding of how to prevent it—i.e., how to develop abortives and preventives. And research on controlling pain in a sustainable way that did not itself become a liability would improve our quality of life.



Overheard on Twitter at #Headaches #Migraines:

@MadamConnect

Who did I think I was to go to Super#Walmart with two kids, a man and a #migraine! #success today will deserve a medal!

@SiSystemsDana

Yet another #migraine headache from a perfume smell. Love the perfume, but please don't wear it so strong. Please, please, please, please!!!

@curryalley

Eyes going cross-eyed, the sunlight hurts and I want to throw up. Not good. #migraine

Environmental factors can provoke a headache or migraine. When are your headaches the worst?



Summer 19%
17 votes



Fall 2%
2 votes



Winter 6%
5 votes



Spring 9%
8 votes

No difference 64% 56 votes

How many people in your family, including yourself, suffer from migraine?



One
25 votes



Two
26 votes



Three
19 votes



More than three
18 votes

Not sure 1 vote

Source: NHF Facebook survey, July 2011

Do you have a question you want answered by an NHF expert? Send it to editor@headwisemag.org, and it might appear in our Reader Mail section.

By the Numbers

3,078 people like the NHF on Facebook

697 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

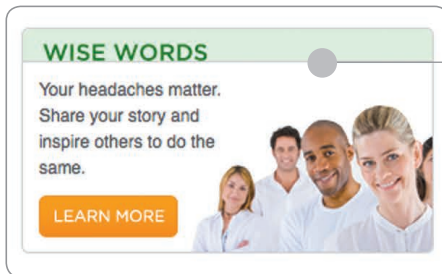
Head *Wise* on the web

Get connected to the headache community and learn more about your condition at headwisemag.org, the ultimate online resource for migraine and headache information.

Here are some of the great tools you can find online:

Wise Up

Everyone has a story to tell. Share yours and learn how other migraine and headache sufferers are living life to the fullest at www.headachemag.org/WiseWords.



Get Informed

Migraines and headaches are always topical. Our dynamic news feed will keep you up to date on the latest and most relevant information.



Reach Out

It's time to join the movement. Become an NHF member, submit questions for our experts, and check out what people are saying on Facebook and Twitter.



you said it

The Next Level

Love, love, love the new magazine! It is packed with so much useful information. I have always looked forward to receiving my NHF newsletter each quarter. This magazine takes it to a whole new level. Well done!! The website looks just as informative. I wish this was around 12 years ago when my journey living with chronic migraine began. The magazine and website will serve as a beacon in what could be a very dark and lonely place. Thank you.

KIM O.

Hypnosis and Migraine

I thoroughly enjoyed your first issue. I have suffered from migraines for 30-plus years and appreciate having a professional source such as *Head Wise*. Is there any literature about the use of hypnosis and migraine? Thanks so much.

CAROL G., RN, PHD

HW: Hey, Carol, check out our research section on page 16.

Equal Opportunity

Thank you for an awesome magazine. It was nice to find out I am not alone in my feelings—like not making plans because I might get a migraine. One comment or plea for help: You mentioned one of your goals was to educate people about headaches. My health insurance provider has predetermined how many pills I will need over a 30-day period. This was decided because migraines have been linked with a woman's menstrual cycle. They used that to determine how many days I would have a headache each month. I am a man. Besides, [number of migraines] can't be predetermined ... can it? I think they could use the information in this magazine, but I am not giving up my only copy (I mean that in a good way).

WILLIAM S.

Support System

I cried when I realized I am not the only one with all of these issues. I have shown this magazine to my family and friends to let them know I am not crazy. Thank you so much for this magazine!!

MELANIE Y.



headwisemag.org



Pain in the Neck

I found the magazine very useful and complete. I got confirmation for some things I'd suspected for a

long time and learned useful information, particularly about stretches and neck pain accompanying migraines. Thank you!

KATHY K.

Who's Who?

I was very surprised and impressed to see a magazine all about migraines [and headaches]. I would like to know more about the authors of each article—are they physicians, patient advocates (like Teri Robert), migraineurs, etc.? I am sure the articles are well sourced, but that information is very important.

KATIE M.

HW: If professionals write them, we'll list it. But all articles are double-checked and physician-reviewed by the NHF.

Perfect 10

The magazine is amazing and speaks directly to many issues I face as a woman with chronic migraines.

If I see it in print, I realize that I am not alone with these unique issues and worries. I found the entire magazine helpful and very informative! Overall, I give it a 10!

JENNIFER G.

The Real Thing

Congratulations on the wonderful new magazine!

When it arrived, I expected lots of drug company ads and a few lightweight articles. What a pleasant surprise to find real content!

ANN L.

Strength in Numbers

Great! Other people were describing the same things I go through. I feel validated.

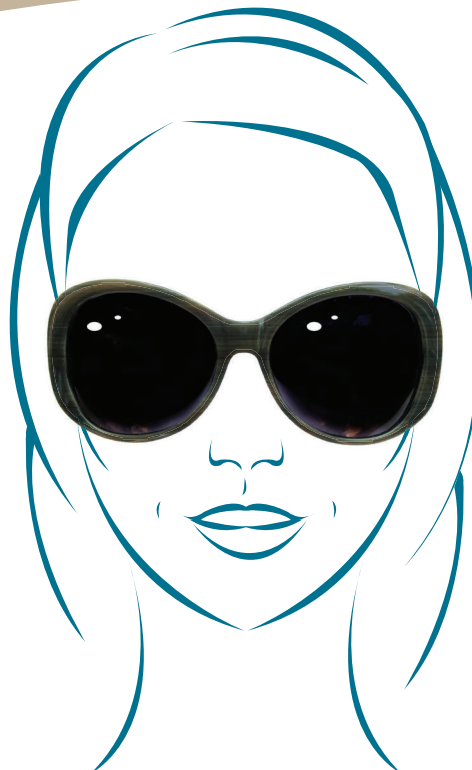
ROBIN W.



Do you want to see your name in print? If you have comments or suggestions about *Head Wise*, let us know at www.headachemag.org/ContactUs or post them on the NHF Facebook page.

New!

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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.

MIRACLE CURE?

What does the research show about taking magnesium supplements for migraines? I was reading a book called *The Magnesium Miracle*, and it said 300 mg supplements might be able to help migraine sufferers. The book also spoke of combining magnesium with B2 and feverfew. The health food store was selling a supplement like this, but I wasn't sure about it. Do you have any advice on taking magnesium supplements for migraine treatment? —*Ellen F.*

The clinical trials that have been conducted on taking magnesium to prevent migraine suggest that it might have some benefit, but less so than has been found with a number of prescriptive, preventive medicines. The best evidence for it as a successful preventive treatment appears to be in short course treatment of menstrually associated migraine. There is similarly limited evidence for treatment with B2 and feverfew. The most effective form of feverfew is only available in Europe.

Other than diarrhea, there is little risk of adverse events with magnesium. Some prefer the magnesium

oxide formulation, others the magnesium glycinate. There are individual differences in the risk of diarrhea between these. The dose required can range from 200 mg to 1000 mg.

—Dr. Frederick Freitag, MD, Baylor Health Care System, Dallas

NIGHT VISION

Two nights ago at 3 a.m., I awoke with what looked

like a black set of lines in a spider web configuration on a dark field in front of my eyes. I saw it with my eyes both open and closed, but it was hard to make out. As far as I know, I have never had this happen before. The vision did not move, so it was unlike my scintillating scotoma. However, half an hour later, a headache began. I often awaken with headaches but never noticed scotomas in the night, so I am not sure this was one. What do you think? —Jane A.

While possibly related to migraine, visual disturbances like you describe could be a result of transient ischemic events, also known as mini strokes. These attacks trigger symptoms similar to stroke, but they only last a few minutes. Although they cause no permanent damage, they can be a warning of other problems. You should consult your physician as soon as possible for further evaluation and treatment.

—Dr. Frederick Freitag, MD, Baylor Health Care System, Dallas

TERRIBLE TWO

I have been suffering from chronic migraines and headaches since 2003. I also suffer from fibro-



myalgia throughout most of my body. I have been to several doctors and neurologists over the years and tried several medications, but nothing works to alleviate the pain.

I have also been to the emergency room for the migraines. Most recently, I had a migraine for four days and finally had to call 911. They gave me an IV cocktail to rid me of the nausea and pain. When that did not work, they gave me a drug that eased the pain in my head enough to send me home. I managed to sleep through the night but still

had a throbbing in my head the next day.

My most recent neurologist said he can do nothing more to help me because he does not think they are true migraines and he does not treat fibromyalgia pain sufferers. I have a really bad case of fibromyalgia, which started in September 2003. Before that, I never had a migraine. My first visit to the ER with a migraine was in February 2004, and it lasted a total of nine days.

I have tried to tell the doctors the pain comes from my upper back, neck and shoulders, which, in turn, triggers the migraines and chronic headaches. Some last for days, and even the Imitrex does not work. I am on Topamax (200 mg per day) and Verapamil (180 mg per day).

If I do wake up in the



The clinical trials that have been conducted on taking magnesium to prevent migraine suggest that it might have some benefit.

morning without a headache, I will have one within a few hours because all of my neck muscles get sore from holding my head upright. Even resting my head back on the softest pillow in a reclining position does no good. The muscles on either side of my neck and the tops of my shoulders are tender to the touch all the time. Sitting upright aggravates them and radiates pain upward into my neck and head.

No one listens to me. They only seem to want to mask the pain instead of trying to find and treat the real problem. I am a Medicaid recipient, and the only rheumatologist in my area will not see me. She has refused the referral. Traveling makes me ill, so going to the University of Michigan in Ann Arbor, where there is another rheumatologist, is physically and economically impossible.

I suffer from so much chronic pain that I cannot do much of anything during the day. I am light sensitive and heat sensitive. I have all of the shades drawn in my home and cannot go outside. I also cannot stand loud noises. Other than quickly checking e-mails, I do not use my computer much anymore. Even fixing a bowl of cold cereal has become difficult for me. It pains me greatly to type this message. Do you have anything you can suggest that will help me? —Ellen R.

It is certainly challenging to have two significant disorders that are often completely incapacitating. Unfortunately, the complexities of your condition require careful professional evaluation, including a review of previous treatments, diagnostic tests and cooperative work in a multidisciplinary environment to try to find an answer. Going to a university medical center, such as the University of Michigan in Ann Arbor, might be one of the best ways to find

solutions for your unique situation. I wish you success in finding answers that will afford you an improved quality of life.

—Dr. Frederick Freitag, MD, Baylor Health Care System, Dallas

DAY AFTER DAY

What can you tell me about new daily persistent headache? I was diagnosed with the condition and have had a daily, non-stop headache since Sept. 22, 2006. It started after I had a seizure at the age of 30. Some days I manage with my “normal” headache, and other days I have a terrible headache that nothing seems to help. —Becky S.

New daily persistent headache begins suddenly and remains largely unchanged. Although it resolves on its

New daily persistent headache begins suddenly and remains largely unchanged. Although it resolves on its own for some, for others it may continue indefinitely.



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



If you use Botox, plan on getting three treatments three months apart. My experience is that if it's not effective after three treatments, it's unlikely to help.

own for some, for others it may continue indefinitely. It is speculated that a virus is the cause, but the true cause of this unusual syndrome is still unknown. It is also very difficult to treat. Doctors typically attempt to treat it with the same preventive agents that are used to treat migraine.

—Mark Green, MD, Mount Sinai School of Medicine, New York City

AN INTERESTING WRINKLE

My wife has chronic migraines, and we are looking at Botox. What does your research or experience tell you about Botox for migraines? —Trent M.

Botox was approved by the FDA for the treatment of chronic migraine in late 2010. Interestingly, it has not been shown to be effective with a frequency lower than 15 headache days per month. I inject Botox almost daily in my practice. Most, but not all, people experience a reduction in the number and frequency of their attacks. Although some become headache-free, this is unusual and should not be expected.

If you use Botox, plan on getting three treatments three months apart. My experience is that if it's not effective after three treatments, it's unlikely to help. But it should not be abandoned if the first treatment fails. Botox does not interact with the usual preventive headache medications, so those can be continued during the time the Botox is administered.

—Mark Green, MD, Mount Sinai School of Medicine, New York City

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* Cady RK, Goldstein J, Nett R, et al. A Double-Blind Placebo-Controlled Pilot study of Sublingual Feverfew and Ginger (LipiGestic™M) in the Treatment of Migraine. Headache. 2011;0017-8748.

In the Moment

New research investigates the effectiveness of mindfulness-based cognitive therapy for migraine and headache sufferers.

FOR YEARS, migraine and headache patients have looked to alternative therapies, such as meditation, biofeedback and acupuncture, to help manage their condition. One newer therapy that is gaining traction in the headache community is mindfulness-based cognitive therapy (MBCT), a method of managing pain and negative feelings by focusing on the moment and accepting life's challenges.

In a study being conducted at the University of Alabama in Tuscaloosa, researchers with grants from the National Headache Foundation and the Marchionne Foundation are investigating the effectiveness of MBCT for chronic headache pain. MBCT teaches people skills to manage pain so it doesn't get in the way of everyday life, says Melissa Day, a senior graduate student and sub-investigator for the trial.

"The program likely won't remove your pain, but it will help you work with the pain and potentially remove the extra baggage you pile on top of it," she says. "It helps one regain appreciation of the things that are often overshadowed by the all-encompassing identity of being a chronic headache pain patient."

The interest in MBCT as it pertains to migraine and headache stems from a belief that "living in the moment" will be especially beneficial for headache patients.



"Many headache patients are highly driven, detail-oriented individuals," says Beverly Thorn, PhD, principal investigator on the study. "An approach that deliberately targets cultivating awareness and acceptance of the moment is a radical shift for such persons. We believe

This study is currently recruiting patients in the Birmingham and Tuscaloosa, Ala., areas. They are seeking patients age 19 years or older who have suffered from migraine or headache pain for at least three days per month for the past three months. Participants must have no history of seizure or facial neuralgia, as these conditions might preclude the accurate diagnosis of headache. If you are on psychotropic or headache medications, you must have been using them for at least four weeks prior to treatment. Patients can continue to sign up for the study through March 2012. **If you are interested in participating, please contact Beverly E. Thorn, PhD,** at (205) 348-5024 or bthorn@as.ua.edu. You can also contact Melissa Day at (205) 348-5024 or day014@crimson.ua.edu.

people who make this shift will obtain a significant benefit that is sustainable for the rest of their lives.”

The University of Alabama trial integrates mindfulness meditation with traditional cognitive behavioral therapy and mindfulness-based stress reduction. The goal is to extract the key components of each approach to form an integrated treatment package.

As part of the study’s MBCT program, treatment groups meet once a week for two-hour sessions. Each session consists of an extended, guided meditation, which becomes more advanced as the program progresses. Patients also get a series of meditation CDs for daily, at-home practice.

“On the surface, the meditation techniques serve as a relaxation exercise that lowers stress reactions,” Thorn says. “More deeply, meditation exercises are thought to train the brain so it is less prone to react reflexively with negative thoughts, emotions and behaviors that elevate the stress thermostat.”

Sessions also include basic yoga and other group exercises to help patients “get out of their head.” Both Thorn and Day hope to conclude that MBCT will be a feasible treatment alternative or a solid complement to medication-based pain management.

“We know that traditional biomedical approaches can only go so far and [have] substantial side effects,” Thorn says. “Physicians recognize that triggers, such as stress and lifestyle, are important components of overall headache management, yet they lack the time and expertise to address this critical aspect of headache pain.”

The researchers are using a randomized controlled trial that compares MBCT—an immediate treatment strategy—to a delayed treatment control group. Participants complete pre-, mid- and post-treatment assessments, in addition to a six-month follow-up, to determine any long-term benefits.

Throughout the eight-week program, patients in both the MBCT and control group complete a daily headache diary online. MBCT patients also complete a daily practice diary.

“This allows us to track patients on a day-to-day basis and examine patterns of change across individuals,” Day says.

In addition to researching outcomes, such as headache intensity, frequency and pain-related disability, researchers also want to know how patients carve out time for meditation, how they react to mindfulness exercises and how

MBCT changes the way they approach their headaches.

“One patient said at the end of [her] program, ‘I still have headache pain, but it doesn’t have me,’” Day says.

While the researchers say it’s too early to report the statistical findings of this trial, interim analysis suggests patients who completed treatment substantially improved on one or more headache-related outcome measures. Patients randomly assigned to the control group experienced minimal change.

“The biggest challenge to patients has been overcoming the obstacle of carving out time from their busy lives for daily meditation practice,” Thorn says. “However, around midway through treatment, most patients have come to place their practice at the top of their to-do list.”

The researchers expect those who stick with MBCT practice to not only experience reductions in the frequency of their headaches and in the amount of medication they take, but also to be more aware and accepting of the present moment—even if that moment brings a headache. **HW**



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Saint Joseph Hospital



A Healthy Addition

Studies show about 71 percent of migraine sufferers are dissatisfied with their acute treatment. According to the NHF, there are about 30 million Americans with migraine. That's a lot of unsatisfied people who are looking for a new alternative.

Many books and studies have touted the effectiveness of magnesium supplementation for migraine. Although magnesium treatment only works for people who are magnesium deficient, about 50 percent of migraineurs have this problem, says Alexander Mauskop, MD, director and founder of the New York Headache Center.

For migraine patients, magnesium performs many different functions in the brain, including regulating serotonin receptors where migraine drugs work.

"This is no secret," Dr. Mauskop says. "The American Academy of Neurology guidelines for the treatment of migraines recommend magnesium supplementation."

Dr. Mauskop has spent the last several years developing a new over-the-counter product, called Migralex, which combines two staples of migraine treatment, aspirin and magnesium. Dr. Mauskop says aspirin is still the best, and most studied, analgesic, but it can cause stomach issues. Because magnesium is very alkaline, it neutralizes the stomach side effects of aspirin.

"Magnesium has other benefits, as well—not just the headache effects," Dr. Mauskop says. "It makes people feel relaxed, their vision improves, their head feels clearer. They just feel better in general."

By the Numbers



The National Institutes of Health (NIH) is the major source of governmental research funding in the United States. In 2007, the NIH granted:

\$13 MILLION
for migraine research

\$294 MILLION
for asthma research

\$1.037 BILLION
for diabetes research

Source: americanmigrainefoundation.org

A Cheaper Alternative

Although prescription medication is an essential part of most migraine treatment plans, there might be a more cost-effective option. According to a new study published in the June issue of the journal *Headache*, behavioral therapies, such as relaxation training, hypnosis and biofeedback, can be a cheaper, and long-lasting, alternative to medication.

Researchers compared the costs of several types of minimal-contact behavioral treatment with preventive prescription drugs. With minimal-contact treatment, a patient sees a therapist only a few times a year and uses instructional literature or relaxation CDs to practice behavioral techniques at home.

After six months, minimal-contact behavioral treatment was comparable to drug treatment using medicines that cost 50 cents or less per day. But after one year, minimal-contact therapy was nearly \$500 cheaper.

The cost of prescription migraine medications might not seem like much at first, but it keeps adding up over time, says study co-author Donald Penzien, PhD, director of the Head Pain Center at the University of Mississippi Medical Center.

"The cost of behavioral treatment is front-loaded," he says. "You go to a number of treatment sessions, but then that's it. And the benefits last for years."

DID YOU KNOW?

In a 2004 study, the total health care costs of a family with one migraine sufferer were **70 percent higher** than those of a non-migraine family. Most of that difference came from outpatient and pharmacy costs.

Source: World Health Alliance



SHOW ME THE MONEY

More than 30 million people suffer from migraines—that's more people than are afflicted with diabetes and asthma combined. But funding for migraine research is still surprisingly low.

Migraine specialists who attended a June American Headache Society meeting in Washington, D.C., say more government funding for migraine research offers the best chance of finally winning the battle against the disease. According to David W. Dodick, MD, president of the American Headache Society, the National Institutes of Health allocates less than \$13 million a year to migraine research. He estimates that about \$260 million is needed, given the magnitude of the disease.

Nearly 35 percent of migraine specialists surveyed at the conference believe a greater investment of money in the field will lead to new therapies and treatments. Doctors attending the conference were asked to rank four areas of research need:

AREAS OF GREATEST MIGRAINE RESEARCH NEED:

- 40 PERCENT** Increase in public funds
- 28 PERCENT** Understanding the role of early intervention
- 25 PERCENT** Greater understanding of migraine genetics
- 06 PERCENT** Understanding the role of the thalamus



IN THE GENES

WOMEN ARE NEARLY THREE TIMES MORE LIKELY than men to suffer headache disorders, and new research may point to a genetic reason why. Researchers at Brigham and Women's Hospital (BWH) in Boston have identified three genes in which a genetic variation is tied to increased risk for migraine headache—and one of these genes is exclusively linked to women.

According to findings published in the journal *Nature Genetics*, inheritance of any of these genetic variants raises the risk of migraine by 10 to 15 percent. Two of the genes, PRDM16 and TRPM8, were specific to migraines (TRPM8 is found exclusively in women). The third gene, LRP1, is involved in sensing the external world and in chemical pathways inside the brain.

"While migraine remains incompletely understood and its underlying causes difficult to pin down, identifying these three genetic variants helps shed light on the biological roots for this common and debilitating condition," says lead author Daniel Chasman, PhD, assistant professor in the Division of Preventive Medicine at BWH and Harvard Medical School.

Sweet Dreams

Children and adolescents with chronic headaches can experience a spectrum of sleep disorders, which warrants a multidisciplinary treatment approach.



THE RELATIONSHIP between childhood sleep disturbances and headaches has fascinated physicians for more than a century. Kids who have headaches experience a wide range of sleep problems, including getting too little sleep, snoring, struggling to fall or stay asleep, and having problems staying awake at school. These issues negatively impact physical and psychological health as well as academic performance.

Studies have shown that sleep disorders are more frequent in children and adolescents who have headaches than in the general childhood population. The modern study of this sleep-headache connection dates back to 1962, when Swedish school physician Bo Bille found that 47 percent of children with migraines suffered from sleep disorders, as well. More recent research indicates that children with headaches also

have a higher prevalence of other sleep problems, such as excessive daytime sleepiness, narcolepsy and insomnia.

The most common form of headache in pre-adolescents is migraine, followed by chronic daily headache (CDH), a condition in which headaches occur more than 15 days per month. Adolescents, on the other hand, more frequently have CDH, as opposed to migraine alone.

The sleep disorders seen in young headache sufferers vary depending on their age and headache type (see sidebar). Younger kids with headaches tend to get very little sleep, co-sleep with their parents and snore. If they have migraines, they also tend to resist sleep and have sleep anxiety.

Older children with migraines and headaches don't get enough rest because they have difficulty falling asleep and wake frequently during the night. This sleep deprivation can directly impair daytime function, academic performance and overall mood.

JONATHAN'S STORY

Jonathan was evaluated for chronic headaches when he was 15 years old. His earlier medical history was normal, and his academic performance was above average until his headaches began 18 months prior to his evaluation.

Initially, the headaches were sporadic and moderately severe, but Jonathan soon began to experience them constantly. He described the pain as "squeezing," and it worsened with activity. These were not typical migraines, as they were not associated with nausea, vomiting, or sensitivity to light and sound.

For two years before his headaches became constant, Jonathan's parents noticed he had problems falling asleep at night and getting up in the morning. These sleep problems exacerbated his headaches and his classroom issues. As a result, his grades dropped, and he occasionally fell asleep during class.

Jonathan's primary care physician and neurologist evaluated him, but all laboratory tests came back negative. They tried a regimen of pain medications, but nothing relieved his headaches.

Jonathan was eventually diagnosed as having several problems: insomnia, delayed sleep phase syndrome (a condition in which sleep and wake times get pushed later and later), medication overuse headache and somatoform disorder (a condition in which patients manifest psychological stress in physical ways). He was admitted to the inpatient adolescent pain program at the Cleveland Clinic, where he stopped using medications and caffeine and began a regular sleep routine. He also began daily psychological counseling and group therapy, entered a physical rehabilitation program, engaged in occupational and physical therapy, and ate a more balanced diet free of additives, such as nitrates and MSG.

Within 10 days, he reported changes in his function and attitude. After three weeks, his sleep quality improved dramatically. As for his headaches, they still occurred daily, but they were shorter and less severe and interfered less with his daily activities.

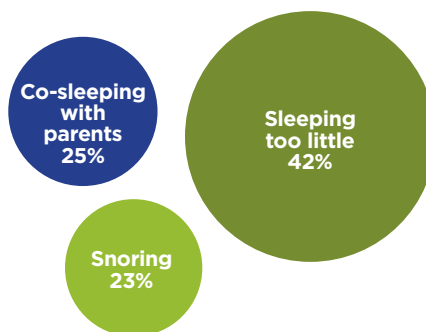
A MULTIDISCIPLINARY TREATMENT APPROACH

Jonathan's outpatient treatment addressed the entire spectrum of issues children with headaches typically face. Because there are many co-morbidities associated with pediatric headaches, including school absences, medication overuse and sleep disturbances, a multidisciplinary treatment program is the best approach.

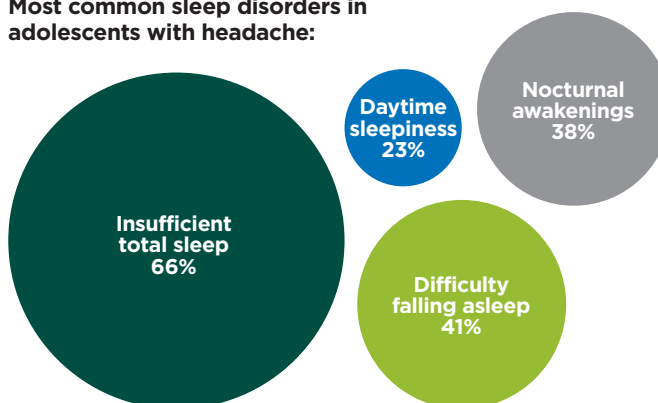
To successfully treat complex headache disorders, it is essential for children to get into a normal sleep pattern. That's why a consultation with a sleep specialist or an evaluation in a sleep laboratory can help. An expert diagnosis followed by treatment that promotes restorative sleep is a major component of a successful headache-prevention regimen.

In addition to regulating sleep patterns, it is common to prescribe medications, psychological treatment, and lifestyle changes to relieve chronic headaches and migraines.

Most common sleep problems in pre-adolescent children with headache:



Most common sleep disorders in adolescents with headache:



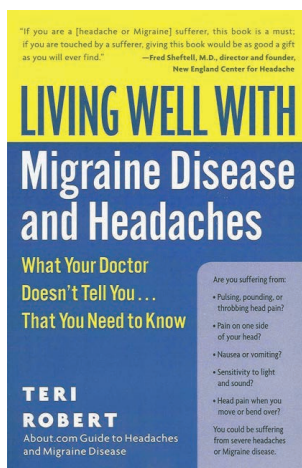
If a child experiences headaches for more than 10 days a month—and if the headaches interfere with daily functioning or are associated with medication overuse and frequent school absences—then the child should see a doctor. Though these headaches are not life-threatening, they, along with their associated problems, can have a significant negative impact on quality of life and sleep.

Although the connection between childhood headaches and sleep disorders has held the interest of physicians for many years, more research is needed to fully understand this relationship. In the meantime, a multidisciplinary regimen that combines lifestyle changes—such as getting adequate hydration, eating right, losing weight and exercising regularly—and regulation of sleep patterns is the most effective treatment for these complex disorders. **HW**

A. DAVID ROTHNER, MD, is the director of the Pediatric/Adolescent Headache Clinic and chairman emeritus of child neurology at the Cleveland Clinic Foundation.

Knowledge is Power

If you want to take control of migraine disease, you need to become an active participant in your care.



BOOK REVIEW: *Living Well With Migraine Disease and Headaches*, By Teri Robert

By Allison Bratnick

IN GENERAL, PEOPLE ARE THE SUM TOTAL of their life experience. Patient advocate Teri Robert has used her wealth of experience living with migraine disease—from being accused of partying too much in college to being dismissed by doctor after doctor—to forge a valuable tool that can help other sufferers.

Robert’s excellent and immersive guidebook, *Living Well With Migraine Disease and Headaches: What Your Doctor Doesn’t Tell You ... That You Need to Know*, is an easy-to-read, comprehensive resource for anyone suffering from head pain—and the family members and friends who are trying to understand them. Robert, a patient advocate and migraine sufferer herself, writes directly from the heart, and her stories connect with readers because she has gone through the same painful experiences. She opens the book by sharing anecdotes from her lifelong battle with migraine disease and the struggles she’s had finding good—or even adequate, non-dismissive—treatment. Her accumulated knowledge will help other people living with pain avoid the challenges she faced.

Migraine is not “just a headache,” and this is not just another headache book. It might be better described as a migraineur’s toolkit or workbook. *Living Well With Migraine Disease and Headaches* covers everything you need to know to take control of your condition, including migraine and headache basics, treatments, medications, triggers, alternative therapies and medical risks. Robert also delves into new research, discusses how to find a headache specialist and covers patient rights.

Unlike many other migraine books that espouse a specific philosophy (try X, Y and Z and you’ll feel better!), Robert takes a more realistic and practical approach. She stresses that there is no cure-all for migraine disease. Instead, she takes a holistic view that incorporates lifestyle changes, medication, patient education and alternative therapies. Speaking from more than 40 years of experience, Robert urges readers not to let migraine take control of their lives and to become active participants on their health care team.

Robert’s philosophy is that migraine and headache patients are ultimately responsible for their own health, so they must take responsibility for their care. She preaches a message of empowerment: You do not have to accept the pain. You can do something about your condition. The more you educate yourself about your disease, the better you will be at managing it.

There is also a permanent website for the book, www.helpforheadaches.com, with supplemental materials that

are available for reference and/or download. Readers can go online to find resources, such as a medical checklist, an emergency room visit form, and a letter to give to your family and friends to educate them about your disease. As simple as these resources seem, they can be a lifesaver for someone in the throes of a migraine attack.

In the interest of full disclosure, I can relate to Robert's experiences because I have suffered from migraine disease and other headache disorders since I was 8 years old. I remember when I went to a local ER for the first time, they needed all of my information. Having to look for my insurance card and driver's license and write down my medical history all while having a severe migraine attack was unbearable. Robert provides treatment registration information documents in her book and on the corresponding website. You and your doctor can fill out all of the necessary information when you're feeling good, so you have it ready if you ever have to go to the ER.

Of course, as with any book bold enough to include Web links, several of the items referenced in the text are now out of date. For example, in one of the resource appendices, she mentions that you can purchase migraine awareness wristbands, but they are no longer available.

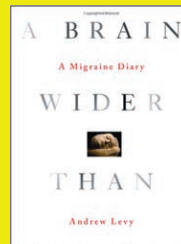
Like most migraineurs, I have a bookshelf full of treatises on migraine and headache, but this is the only one I keep returning to. I check in with it when I have questions. I refer back to it for advice. I check the online resource guide and go to the complementary website. In fact, my copy looks more like a college textbook, complete with dog-ears, scribbled notes and yellow streaks of highlighter.

But as in-depth as this book is, it is far from a textbook. Writing a compelling book about pain is no easy task, but Robert rises to the occasion. The majority of the books I've read on this topic are extremely dense, cold and

ON THE SHELF

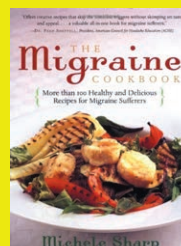
If you're looking to read more about migraine and headache disorders, try these other helpful works.

***A Brain Wider Than the Sky*, By Andrew Levy**



Levy, who has suffered from debilitating migraines for much of his life, eloquently shares his personal struggle and delves into the history of the disease.

***The Migraine Cookbook*, By Michele Sharp**



This NHF-approved book offers more than 100 healthy and delicious recipes—from appetizers to main courses—that avoid common migraine food triggers.

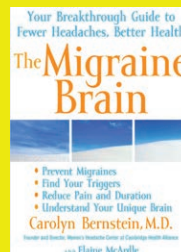
The more you educate yourself about your disease, **the better you will be at managing it.**

clinical. Although Robert covers a wide range of information, her text is still user-friendly. She provides all of the necessary tools and information you need to start tackling this disease head on, but she also personalizes the book by sharing her own stories and letters from other migraine sufferers.

Many of these letters are touching, sad or horrifying, but they provide information migraine and headache sufferers need to know. By demonstrating the absolute worst risks of migraine disease, Robert makes readers aware of the responsibility they have when using medications and treatments.

I finished this book feeling truly empowered and inspired to take my migraine disease into my own hands. I've had migraine and headaches for 18 years and can honestly say I learned more in this book than I ever have in a doctor's office. HW

***The Migraine Brain*, By Carolyn Bernstein, MD, and Elaine McArdle**



Dr. Bernstein, founder of the Women's Headache Center near Boston, offers advice on mitigating migraine's effect on every aspect of life.

Self Defense

Military service members are accustomed to helping other people. But when it comes to finding help for their own head pain, many don't know where to turn.

THE HEALTH RISKS that accompany war don't always go away as soon as military service members plant their boots on home soil. Many soldiers suffer head injuries during their tour of duty, which puts them at a high risk for developing migraine and chronic headaches.

Although this pain can cause serious complications if left untreated, some soldiers don't seek help for their headaches. Years after returning from the battlefield, many veterans still feel the effects of combat through post-traumatic headache and traumatic brain injury (TBI).

Fortunately, resources are available, and military health professionals are actively researching ways to effectively treat combat-related head injuries so they can improve quality of life for veterans.

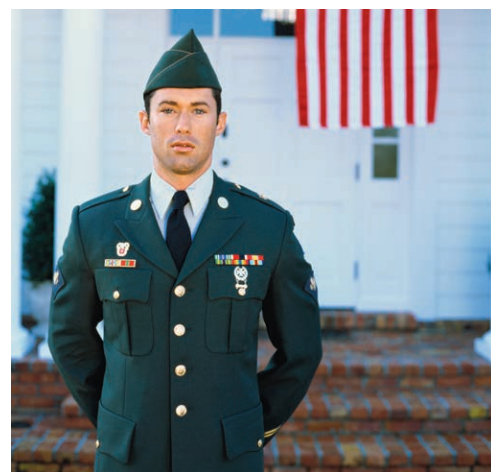
TBI IN SOLDIERS

In the first quarter of 2011, more than 9,800 members of the Armed Forces experienced some form of TBI—and about 30,000 military service members suffer a TBI each year—according to the Armed Forces Health Surveillance Center.

“Most of these injuries are mild TBI, also known as a concussion,” says Lt. Col. Jay Erickson, MD, PhD,

neurologist and assistant chief of neurology at Madigan Army Medical Center in Tacoma, Wash. “Less than 1 percent of TBIs in soldiers are severe TBI.”

But when it comes to head injuries, mild doesn't necessarily mean minor. Dr. Erickson has conducted extensive research on headaches in the military. In a study published in the journal *Headache* in 2010, Erickson and his colleagues found that nearly 20 percent of soldiers returning home from Afghanistan or Iraq experienced a concussion as a result of combat. In addition, they found that more than one in three of these soldiers had post-traumatic headaches, which are more intense than the “normal” headaches civilians typically experience. More than half (58 percent) of those post-traumatic headaches were classified as migraine.



HELP FOR HEROES

Whether you are looking to learn more about TBI, find a health care provider or connect with other soldiers, these online resources can help:

- **Defense and Veterans Brain Injury Center:** www.dvbic.org
- **NHF's War Veterans Resource Initiative:** www.headaches.org/warveterans
- **The Bob Woodruff Foundation:** www.ReMIND.org

“Compared with headaches not directly attributable to head trauma, post-traumatic headaches are associated with a higher frequency of headache attacks and an increased prevalence of chronic daily headache,” wrote Dr. Erickson and his colleagues.

There are a number of ways soldiers can develop post-traumatic headaches—both combat-related and otherwise.

“Head injuries in service members can be related to combat—shrapnel and fragments, bullets, explosions, etc.—but also to falls and motor vehicle accidents,” says Ann I. Scher, PhD, associate professor of epidemiology at Uniformed Services University in Bethesda, Md. “There is a lot of interest right now in blast-related injuries, including repeated mild injuries.”

Scher is currently involved in a study at Fort Carson and Fort Bragg in which she and her colleagues are measuring headache symptoms in soldiers returning from deployment in Iraq or Afghanistan. The research team found that most soldiers—regardless of whether they experienced a TBI—reported headaches after returning home. However, migraine was more common in soldiers who had a TBI.

“We are doing a follow-up study in which we will be studying their headache symptoms more carefully and will also be following them for one year to see how they do,” she says.

DIAGNOSIS AND TREATMENT

The symptoms of TBI vary depending on a number of factors—namely the severity of the injury and how much time has lapsed since the injury, Dr. Erickson says. Headaches are among the most common symptoms of TBI. Other symptoms include dizziness, difficulty with memory and concentration, sleep problems and mood changes.

It’s important that soldiers—particularly veterans—learn to recognize these symptoms, Dr. Erickson says. Although it might be easy to downplay the seriousness of headaches or delay treatment, doing so opens the



If you’re a soldier looking for help, visit the NHF War Veterans Resource Initiative at www.headaches.org/warveterans.

Know Your TBI

Mild TBI

Characterized by a confused state lasting less than 24 hours, memory loss lasting less than 24 hours and a loss of consciousness lasting less than 30 minutes.

Severe TBI

Characterized by a confused state lasting more than 24 hours, a loss of consciousness lasting more than 24 hours and memory loss lasting more than seven days.

Source: The Armed Forces Health Surveillance Center

door to potential complications, such as chronic headaches, insomnia, depression and anxiety.

For deployed soldiers who suffer a potentially concussive event, the military conducts a medical evaluation as soon as possible. Soldiers also have TBI screenings when they return from deployment and when they enter the Veterans Affairs system, according to Dr. Erickson. If a soldier meets the criteria for TBI, one major goal of the treatment regimen is to avoid a repeat event.

“A rare but potentially fatal complication is second-impact syndrome, which occurs when someone has another concussion before they have fully recovered from the initial concussion,” Dr. Erickson says.

For a successful recovery, military service members need a treatment regimen that includes medications for headaches, nausea, sleep difficulties and mood changes; plenty of rest; and a gradual return to regular activities. Migraine medications may also be necessary for those who develop chronic headaches, Dr. Erickson says.

Regardless of whether the headaches are chronic or less frequent, the important thing is to get them treated as soon as possible. With all of the resources available, soldiers and veterans don’t have to suffer their pain alone. **NHF**



Dr. Frederick G. Freitag

Seeing Red

The pain of cluster headache can bring sufferers to their knees, but Dr. Frederick G. Freitag says the condition is manageable—with the right treatment.

When it comes to pain, there are many varieties—and headache sufferers are intimately familiar with all of them. There is the persistent, dull ache. The sharp, stabbing sting. The relentless, steady drum. But few headache varieties are more painful than cluster headache, a rare neurological disease defined by cyclical, “clustered” attacks.

Frederick G. Freitag, MD, osteopathic physician and vice president of the National Headache Foundation, has treated thousands of cluster headache patients during his career. After 27 years at the Diamond Headache Clinic in Chicago, Dr. Freitag recently became the medical director and director of headache medicine research for the Comprehensive Headache Center at Baylor Health Care System in Dallas.

In the past, he has been involved in drug research for cluster headache and has worked with organizations, such as ClusterBusters, to help spread the word about this excruciating headache disorder. He recently sat down with *Head Wise* to discuss cluster headache and what can be done to treat it.

HEAD WISE (HW): Tell us a little about cluster headache.

DR. FREITAG: Cluster headache is considered one of the primary headache disorders. It has been thought to be akin to migraine. In fact, for years, it was called “red migraine.” Cluster attacks are very different, though. They are a disorder that we believe to be related to a dysfunction in a small gland called the hypothalamus. This is, in essence, the Pentium chip for your brain because of how it controls a variety of things, including pain modulation and the autonomic nervous system.

HW: Who does cluster headache most commonly affect?

DR. FREITAG: From the newer epidemiologic studies, it is still a male predominant disorder. It’s

about the reverse ratio from migraines. So 70 percent of all migraine sufferers are women—about 70 percent of all cluster headache sufferers are men.

HW: How can people learn to recognize cluster headache?

DR. FREITAG: It’s a much more severe pain than we typically associate with migraine. It’s usually located primarily in the eye and temple region. Many people will describe it as feeling like a hot, burning poker is being run through their eye. Thankfully, the pain is relatively brief in comparison to migraine. For patients with cluster headache, the attacks usually last 15 minutes to several hours, and they occur in groups, or bunches. They occur all together and then, as fast as they came on, they’re gone until the next cycle of

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



cluster headache, which can be anywhere from a few months to 20 years later.

HW: What differentiates cluster headache from migraine?

DR. FREITAG: The intensity of the pain. The strict one-sidedness of the attack. The tendency for headaches to occur in these bunches and then disappear for long periods of time. Most patients with cluster headache don't get nauseous, don't vomit and don't get visual auras before their attacks. They do get intense nasal congestion and a runny nose. They get a red, watery, teary eye and a droopy eyelid on the side of the headache. They get flushed in the face and sweat when they have their attacks—as compared to migraine sufferers, who look pale and sickly. Cluster sufferers' behavior during attacks is also dramatically different. While patients with migraine retreat to a dark, quiet place, cluster headache sufferers rock back and forth. They pace. They hold their head. They pound their head on the floor. They put pressure on their head to try to stop the pain.

HW: What causes cluster headache?

DR. FREITAG: We don't know what the cause is. It doesn't seem to have the same kind of genetic predisposition as migraine.

HW: Does this make the condition difficult to diagnose?

DR. FREITAG: The biggest problem is that the symptoms may lead inexperienced physicians astray. When patients have cluster headache, they get intense nasal congestion and a runny nose. So the inexperienced physician might think this to be allergies or sinus headaches, and they may prescribe patients a course of antibiotics. Because of the cyclical nature of cluster, patients take the two to four weeks of antibiotic, and at the end of that time, their clusters are gone. But it's not because they resolved a sinus infection.

HW: What's the best course of treatment?

DR. FREITAG: There are no good techniques we know of that lend themselves to a natural course of treatment. Cleaning up one's act, avoiding caffeine, avoiding alcohol, quitting smoking, keeping a regular schedule—those kinds of things, generally speaking, don't help cluster sufferers gain freedom from their attacks. They really have to rely on medications.

HW: What medications do sufferers take?

DR. FREITAG: Cortical anti-inflammatory steroids will oftentimes stop a cycle of cluster headache within a matter of 24 to 48 hours. But if you just do that, as the dose is reduced, the clusters come back. So we often couple that with a medicine known as a calcium channel blocker—a drug called Verapamil. It's been around for two decades now. It's used in migraine, but it is a drug of first choice for patients with cluster. Anti-seizure medications like Depakote, Divalproex and Topiramate are also extremely useful. And an old anti-depressant medication called Doxepin can be extremely useful for stopping a cycle of cluster headache.

HW: Are there any promising new treatments on the horizon?

DR. FREITAG: There has been some interesting stuff done out of Harvard where they have looked at hallucinogenic mushrooms as a treatment. There's work being done to try to synthesize the chemical in mushrooms without the hallucinations and other problems. We shouldn't be surprised that these work. When we look at one of the drugs that was the mainstay for treating cluster for about 40 years until it went off the market—Methysergide—it is a chemical cousin to LSD-25. They are all in the same chemical family. So if researchers could find the right one, they might have themselves a very successful therapy.

HW: When do cluster sufferers need to see a doctor?

DR. FREITAG: If they're getting what seems like cluster headache—brief, very intense headaches, watery eye, red eye, runny or stuffy nose—they need to see somebody. And if they don't get prompt, accurate diagnosis and treatment, they need to seek out a neurologist or headache specialist to start properly addressing their condition. The devastation of these attacks on people's lives is tremendous, and the therapeutics are highly effective for the majority of patients.


HW: If you could tell cluster sufferers one thing, what would it be?

DR. FREITAG: Find a doctor who understands what cluster is and gives you treatment that works quickly and successfully. That way, you have your quality of life restored without the fear of what's going to happen when the next bout of cluster headache hits. **HW**



Don't Go It Alone

Migraine may be an invisible disease, but that doesn't mean you have to suffer in silence. **Here's how to seek and find support among sympathizers and skeptics alike.**



Most teenage girls are a little boy crazy: Did he notice me? Does he like me? Will he ask me to the prom? These questions are a bottomless pit of adolescent angst that can cause anxiety, acne and even depression. For Karen Jerabek, however, it caused migraines.

“The migraines started during my senior year in high school,” says Jerabek, now 35. “When I was under stress, especially stress from dating, I would have a series of bad migraines.”

When Jerabek, a writer and single mother of 3-year-old twins, got divorced in her

20s, her condition worsened, resulting in chronic, daily migraines. But—as is the case with many migraineurs—Jerabek’s relationships haven’t only caused migraines; they’ve also been casualties of them.

The ancillary effects that typically accompany migraines—from missing appointments to fatigue and irritability—can cause friction with co-workers, bosses, romantic partners and family members. And with chronic migraines, these negative effects aren’t just a fluke; they can happen several times a month, which means they are constantly impacting oth-

ers. For many migraineurs, the social symptoms of migraines can be just as devastating as the physical ones.

“It’s frustrating,” says Judy Brown, a Nashua, N.H., resident who has suffered from chronic migraines and cluster headaches for more than 30 years. “I had my best friend tell me, ‘You’ve got to stop worrying about it, Judy. It’s all in your head.’ That really hurt.”

These types of situations can cause migraine sufferers to feel very isolated—like no one truly understands what they are going through. That’s why building a strong

support system is key, according to Jack David Schim, MD, co-director of the Headache Center of Southern California in Encinitas, Calif.

“A natural response during a migraine attack is to shut down and withdraw from the world because that’s what your nervous system requires,” he says.

“[Migraine sufferers] get a



sense of being abandoned, which is very disruptive and very corrosive. It’s important to have backup and support among family, friends and co-workers.”

ONLY A HEADACHE?!

People who suffer from migraines hear it all the time:

“It’s only a headache. Can’t you just get through it?”

Before migraineurs can get the support they need, they must help others truly understand what they are going through, says Mark Green, MD, director of headache and pain medicine at New York’s Mount Sinai School of Medicine. People with migraine usually get head pain, but that’s not the only issue. They also experience other symptoms, such as cognitive issues, exhaustion, nausea, and light and sound sensitivity—all of which get worse with activity.

“What that means is people tend not to be able to do anything,” Dr. Green says. “With any kind of exertion, they get worse, so they become immobilized.”

In November 2010, market research firm Harris Interactive conducted an online survey of

1,218 migraine patients and found that migraines negatively impact 94 percent of patients’ lives, forcing them to avoid, cut short or interrupt daily activities, such as chores, work and spending time with family (see “Life ... Interrupted” sidebar).

This other, emotional half of the story is often the most disruptive—and the most difficult to explain to non-sufferers, says Merle Diamond, MD, managing director of the Diamond Headache Clinic in Chicago. Dr. Diamond, who also suf-



fers from migraines, recalls missing her son’s 10th birthday party due to an attack.

“If you took 100 migraine patients and put them in a room, all of them would probably say they are still surrounded by people who are somewhat ignorant and think it’s just a headache,” she says. “It’s very traumatic.”

PORTRAYING YOUR PAIN

One reason non-sufferers can’t understand migraines is that many migraineurs are reluctant to talk about their condition. The Harris Interactive survey found that 41 percent of patients avoid talking about migraines with family and friends. The typical excuses: “They don’t understand how severe migraines are;” “I don’t want to burden them;” “They can’t relate to what I’m going through;” and “They don’t think it’s a serious condition.”

Although verbal communication is often lacking, it is incredibly important for migraine sufferers seeking support—especially since migraines are “invisible.”

“It’s not like diabetes or asthma,” Dr. Diamond says. “You can’t see it and you can’t really touch it, so it’s harder for people to get what it is. That means you have to explain it to them

3 GREAT RESOURCES FOR NON-SUFFERERS

If you’re looking for a way to help your friends and family understand your condition, these three resources can help.

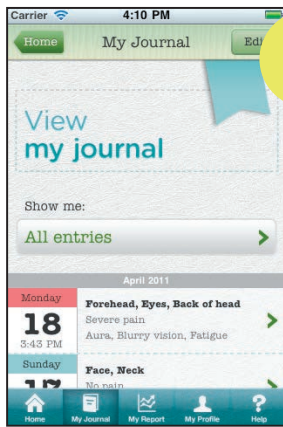
1

A Guided Tour of Hell: In the Words of Migraine Sufferers, by Kristine Hatak: This revealing book presents a compilation of descriptive quotes—ranging from the frustrated to the humorous—designed to translate the migraine experience for non-sufferers.



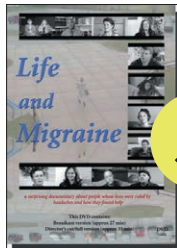
2

Migraine Notebook: This free app—available for Apple’s iPhone, iPad and iPod Touch—was created by the National Headache Foundation and GlaxoSmithKline. It allows you to keep track of your triggers, treatments, and symptoms and gives you a written record you can share with non-sufferers.



3

Life and Migraine, a 2005 documentary by Edmund Messina, MD: *Life and Migraine* chronicles 13 migraine sufferers, who recount their experiences with friends, family, co-workers and medical professionals.



... say what you have, and don't be embarrassed to say you have it."

According to Dr. Green, people close to headache sufferers need to read about the biology of migraine, so they understand it's every bit as tangible as a heart attack or stroke. Dr. Schim recommends patients bring their spouse or significant other to office appointments, so they can listen to the conversation and hear directly from the doctor that migraine is an extremely complicated condition.

But if those closest to you still struggle with sympathy, it might be time to seek professional help. Many doctors refer patients to family counselors or therapists.

"Sometimes, a spouse doesn't see you resting in a dark room with a puke bucket next to you. They only see the end result: 'You didn't pick up the kids? What happened?'" Dr. Schim says. "It can be helpful to have a forum where you can be open and honest, and where you feel comfortable talking about your issues."

ASKING FOR EMPATHY

Often, the sympathy gained from open, honest communication and understanding is all the support a migraineur needs. But if words aren't enough, don't be afraid to let people know. For example, adult migraineurs might need a flexible schedule at work, and students might need to adjust testing schedules.

Family, friends and co-workers also can help with trigger management and treatment.

"The general principle with people with migraines is their brains don't like change: change in stress, change in sleep, change in meals, change in fluids, etc.," Dr. Green says. "Making

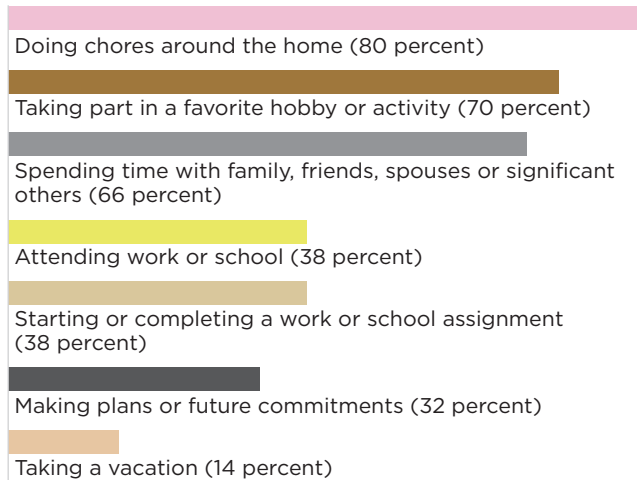


sure migraineurs don't miss meals, getting rid of things like fluorescent lights—migraineurs will function better if you meet them halfway, so it's worth everyone's while to remove as many triggers as possible."

Dr. Green also asks spouses, friends and family to help migraineurs recognize when they're getting a migraine because this can

LIFE ... INTERRUPTED

A recent online survey found that migraines negatively impact 94 percent of sufferers' lives, forcing them to avoid, cut short or interrupt the following daily activities:



SOURCE: HARRIS INTERACTIVE

help expedite treatment. The earlier a migraine is treated, the better the outcome.

If you do have to miss important events or cancel planned activities, you can mitigate hurt feelings and damaged relationships by communicating in any way you can—e-mails or phone calls, for example—and by encouraging family and friends to be active without you, guilt-free.

"When I missed my son's birthday party, I tried to go to dinner with him that evening so I was at least present for part of his day," Dr. Diamond says, stressing that the party went on

without her. "It's important for your family to be able to lead their lives as normally as possible."

Ultimately, no matter how much you compensate, not everyone will understand your condition. In that case, you might decide the stress of the relationship is no longer worth it. And that's OK, according to migraine sufferer Judy Brown. When a member of her regular golf foursome recently confronted her about canceling too often because of migraines, she decided to leave and join a new foursome.

"If people don't understand, maybe they're not worth being in your life," she says. "I changed my golf group, and now I'm much happier." **HW**



If you're looking to build your own support system, check out the NHF's Facebook page.

The Magnificent



For more information about collaborative care, check out Dr. Roger Cady's podcast at www.headachemag.org/ExpertAnswers/ExpertQnA.

Seven

LEARN SEVEN
STRESS-RELIEVING
TIPS THAT CAN
HELP YOU TAKE
CONTROL OF YOUR
LIFE AND MANAGE
YOUR PAIN

BY JIM DISTASIO



It happens every year like clockwork.

By April 1, Jessica Kubasak has run out of sick days at work. By New Year's Eve, she has 20 illness-related absences on the books.

Kubasak, a 30-year-old health care provider from California's San Fernando Valley, has been a migraine sufferer for more than 15 years. She says her migraines occur eight or nine times a month and last two or three days at a time—that's at least 384 hours worth of nausea, headaches and light sensitivity every month.

"It tortures every part of your body," says Kubasak, who relies on provisions in the Family and Medical Leave Act to acquire the unpaid sick days necessary to treat her condition.

Unlike most migraineurs, Kubasak isn't affected by common triggers, such as chocolate, citrus-packed foods or even hormonal shifts brought on by

her menstrual cycle. Unfortunately, her migraine's accelerant—like a match to dry brush—is stress.

"Migraines look for change and tend to get people when the boat is rocked," says Jason Rosenberg, MD, a neurologist and director of the Johns Hopkins Headache Center at Bayview in Baltimore. "On average, people who have very frequent headaches are suffering disproportionately from mental health issues, ranging from anxiety and PTSD to major life stressors and counterproductive coping skills."

In several medical studies, migraine patients have reported stress as a serious trigger, often edging out missed meals, bright sunlight and weather changes as the most common precipitant. Chronic stressors, such as economic uncertainty, career difficulties and family issues, can wreak havoc on anybody, but they're

especially tough on migraineurs, who already walk an emotional tightrope.

"The body was not created to handle that kind of stress on a regular basis," says Kathleen Hall, PhD, noted stress expert and founder of the Stress Institute in Atlanta.

The body's response to stress is to reduce body temperature and dilate blood vessels, which makes patients more susceptible to other migraine triggers, according to Hall. However, by embracing a stress reduction and relaxation plan, she says migraine sufferers can impact brain function and spur the release of pain-blocking chemicals, such as serotonin, dopamine and endorphins.

Relief is possible, but it requires a coordinated plan of attack. Here are seven essential moves every migraine sufferer should master.



1 Know your enemy

Before declaring war on stress, migraineurs should channel their inner Sherlock Holmes and uncover the sources of their triggers.

“I always ask my patients, ‘What’s your number one stressor?’” says psychologist Kathleen Farmer, PsyD, co-founder of the Headache Care Center in Springfield, Mo. “And they look at me as if they have no clue.”

Some migraineurs find it helpful to keep a headache journal or just a simple list detailing the actions, events and emotions that precede a migraine, says Farmer, who has worked with headache sufferers since 1996.

“You need to recognize your behavior and see how you can prevent that stressor from affecting it,” she says.

After a relatively calm period, Kubasak noticed an uptick in her migraines about two years ago, coinciding with a period of increased anxiety at her job. As a child life specialist at a comprehensive cancer center, Kubasak is tasked with helping kids—many of them terminal—cope with their diagnosis.

“That’s when I started listening to my body and finding out what causes it stress,” Kubasak says. “I knew immediately what was behind the change.”

2 Get serious about sleep

Most overextended adults treat a good night’s sleep like

a luxury instead of a necessity. But even something as seemingly minor as missing a bedtime or logging fewer than seven hours of rest each night can disrupt a migraineur’s hyper-excitable nervous system and produce stress, Farmer says.

Good sleep habits elevate your mood and equip you to better handle the day’s stresses. They also aid in the production of migraine-alleviating brain chemicals, such as dopamine and serotonin.

To achieve better rest, Farmer recommends going to bed and waking up at the same times each day—

even on weekends. Sheep-counting migraineurs also should follow the National Sleep Foundation’s tips for ensuring optimal sleep. These include maintaining a quiet, cool and dark place to sleep; engaging in a relaxing activity, such as reading a book or chilling out to music, before bedtime; and upgrading those flat pillows and lumpy mattresses, which can cause overnight discomfort.



CAREER THERAPY

Many people are extremely susceptible to their stress triggers during the perilous hours between 9 a.m. and 5 p.m., Monday through Friday. Migraine sufferer Jessica Kubasak offers her go-to stress reliever when work anxieties pile up and she feels the onset of a migraine headache.



- 1 **Find a quiet, dark place.**
- 2 **Lie on your back** or, if the office floor is too heinous, cross your arms on your desk and rest your head on them.
- 3 **Focus on the location of the pain.**
- 4 **Take long, deep breaths** and hold them to the count of 10 before exhaling to the count of 10.
- 5 **Imagine a blue light** that cools your entire body. Picture a beam of that light starting at your toes and working its way up your body to your head, relieving the pain and tension as it moves.
- 6 **Do this three to five times** until you feel your heart rate return to normal and your body loosen up.
- 7 **Drink a cool glass of water.**

iMeditate

Stressed-out, plugged-in migraineurs seeking relief should look no further than their smart phones. Whether you're an Apple or Android user, there are hundreds of apps that can help with breathing, relaxation and meditation. Here are five choices for under \$5.

RELAX: STRESS & ANXIETY RELIEF

Android Market, iTunes

\$4.99

This app uses quiet music and guided breathing exercises, and promises stress relief in just five minutes. It contains programs for both migraine and headache sufferers.

BRAIN WAVE — 25 ADVANCED BINAURAL PROGRAMS

iTunes

\$1.99

Choose from 25 different binaural tones that sync with your brainwaves to promote relaxation in durations ranging from just 10 minutes to eight hours.

WHITE NOISE

Android Market, iTunes, Blackberry

\$1.99 (Free version available)

Migraineurs looking for a sleep or relaxation aid can check out this app, which boasts 40 ambient sounds designed to run quietly in the background.

BREATHING ZONE

iTunes

\$2.99

Plug in a micro-phone-equipped headset, and this app analyzes your breathing rate as you run through personalized exercises to clear your mind, decrease your heart rate and improve your blood pressure.

SLEEP PILLOW AMBIANCE

iTunes

\$1.99

Get out of your head and into nature with this timed ambient noise program that features soothing sounds, such as water, the forest and tribal music.

3 Vote your stressors off the island

It may be impossible to rid your life of everything that stresses you out—unfortunately killer bees and the Internal Revenue Service aren't going anywhere—but you can adapt to your

stressors and modify your reactions.

"Migraineurs are known to put themselves last and put other people and their deadlines first," Farmer says.

She suggests inoculating yourself from people and situations that are certain to push your emotional buttons,

whether that means avoiding a confrontation with a toxic co-worker or letting voicemail pick up that call from your in-laws after a trying day at work.

"You have to ask yourself, 'What can I do to protect my migraine threshold?'" Farmer says.



“PEOPLE THINK OF STRESS AS A MENTAL STATE, BUT THERE ARE PHYSICAL STRESSES, AS WELL.”

4 Eat smart, drink like a genius

Think of your body as a brand new, gleaming CL-class Mercedes Benz. You wouldn't fill its tank with low-grade gasoline, so why are you fueling your body with sub-optimal foods?

"People think of stress as a mental state, but there are physical stresses, as well," Dr. Rosenberg says. "Skipping a few meals and pigging out at a fast food restaurant does things to the body that can be considered stressors."

That's why migraineurs need to monitor their diet, make sure they're staying hydrated and avoid skipping meals—especially breakfast, which gives the body the resources it needs to tackle internal and external stressors.

Java junkies and Diet Coke fiends who suffer from migraines should definitely limit themselves to two caffeinated drinks per day, according to Farmer.

"On one hand, caffeine is good for headaches because it constricts blood vessels," she says. "But too much of it actually can produce headaches."

Over the last year, Kubasak has found stress relief by eliminating foods that rely on non-essential fats and sugars, as well as embracing a daily meal plan heavy on vitamin-packed fruits and vegetables, lean animal proteins and water.



5 Get fit

If you were to stack all of the unused gym IDs hiding in wallets and purses around the world, you could probably construct the world's tallest gym—and still few people would find time to visit it. But exercise is a proven stress reliever, and a regular fitness regimen will better equip you to handle life's mental and physical rigors.

"Exercise takes your mind off things," Dr. Rosenberg says. "It makes you more physically healthful, relieves muscle tension, gets the blood moving, reduces inflammation and provides an overall sense of well-being."

Dr. Rosenberg recommends breaking a sweat for at least 20 minutes three times a week to pre-emptively reduce stress levels and improve overall health. If you're concerned exercise might exacerbate your condition, he suggests low-impact activities, such as yoga and tai chi.

The greatest challenge for most migraineurs is getting up and active, which is why Hall urges people to start small. Simply learning meditation, relaxation techniques, controlled breathing or visualization can be useful, especially for people who are unable to fall asleep at night.

"You don't have to do aerobics to reduce stress," she says. "You can walk up and down the stairs, or place five-pound weights by your chair and lift them while watching TV. You're still building muscle and reducing stress."

6 Reprogram your mind, rehabilitate your body

"Retraining your nervous system to relax is a process.

Migraineurs need to relax every single day for at least 10 minutes, which is sometimes hard to do," Farmer says. "A behavioral response to pain and stress has to be unlearned."

Biofeedback (see full story on page 36) is one way to change your physiological response to stressful events. Attaching a biofeedback system, which monitors the body's heart rate and tension levels, will let you know when it's time to relax—either through measured breathing or quiet meditation. The at-home systems are small, roughly the size of an iPod, and can be purchased for as little as \$100 at amazon.com.

When Kubasak feels a migraine coming on, she enters lockdown mode.

"I immediately go to a quiet place and practice deep-breathing exercises and guided imagery, where I picture myself in happy surroundings to get away from that sensation for a minute," she says.

7 Be patient with yourself

Gaining control over your stress triggers doesn't happen

overnight. Stress is an evolving, shape-shifting organism that affects each host differently. Often the biggest impediment to successfully taming stress is the fear of change.

"There are all sorts of barriers to doing the right thing, even if the patient knows what the right thing is," Dr. Rosenberg says.

That's why he prefers to start by focusing on the lowest-hanging fruit. Then he gradually nudges migraine and headache sufferers onto a positive path.

"For most people, it's more realistic to take small steps in the right direction with positive reinforcement rather than trying an immediate whole-life makeover," he says.

When headache patients know which medications to take, develop an action plan for life's twists and turns, and adopt coping strategies, they can begin to let go of the anxiety and chronic components of pain, Dr. Rosenberg says.

It's not easy, but that doesn't mean the struggle isn't worthwhile. Just ask Kubasak, who recently experimented with acupuncture as an alternative migraine treatment.

"My acupuncturist creates a stressless environment during my appointments that helps me get centered and become a little more understanding and patient," Kubasak says. "I don't expect to ever completely rid myself of migraines, but I hope I can control my stress and make them less frequent and less debilitating in the long run." **HW**

MIND OVER

IT SEEMS LIKE A SIMPLE CONCEPT: When you're in pain, it's important to pay attention to what your body is telling you so you can help it fix the problem.

But as any migraineur knows, that's easier said than done.

When all you can focus on is the throbbing, aching and everything else that comes with a migraine attack, you're probably not thinking about how the rest of your body is working. You might not notice that your fingertips are cold or that your breathing has gone shallow. And even if you do notice these phenomena, you might not think they have anything to do with the awful feeling going on in your head.

But, as it turns out, it's all connected—and focusing on relieving some of the physiological symptoms of migraine can go a long way toward easing your pain. A system called biofeedback, which involves tracking the body's functions and using visualization and stress-relief techniques to manage them, is gaining fans in the migraine community.

Biofeedback may not consistently halt a migraine, but it can be useful in helping reduce headache intensity and duration, says Morris Levin, MD, professor of neurology and psychiatry at Dartmouth Medical School and the co-director of Dartmouth's Headache Center. The idea has been percolating for decades, as physicians and specialists in emotional and behavioral health have worked together to learn about the connections between thoughts and feelings and the tangible issues they create in our bodies.

The bottom line, he says, is that the way the body handles stress—whether it's just the daily grind or a particularly difficult event—can spark a harmful chain reaction.

"I think there's something about the way humans respond to stress," Dr. Levin says. "The fast heart rate, higher blood pressure, tighter muscles, cold hands and feet—the whole situation we get into in the fight-or-flight response causes all sorts of physical problems, like headaches."

LEARNING AND LISTENING

Biofeedback is actually more of a learning process than a treatment. It's taught by a variety of professionals, including psychologists, physicians and physical therapists, and can be a good fit for many people, according to Dr. Levin. Experts say even children and teens can benefit from learning about the connection between their body and their pain.

"[Good candidates are] patients who have not done well with other treatments; patients who

don't like taking medications or don't want to try more invasive surgical options; or patients who say to their physician, 'I feel like this is all stress, and if I could just relax, I'd feel better,'" he says.

The experience usually begins in the same way—with an appointment at a clinic where patients get an up-close look at how their body is working. Thermometers, monitors and other sensors provide relevant physiological information, such as skin temperature, heart rate and muscle tension.

Derek Schwartz, PhD, a California-based psychologist and biofeedback expert, says this is a valuable experience for patients, who are often out of touch with their body's responses and the internal factors that may contribute to their migraines.

"With biofeedback, patients can see this information displayed on a computer

MIGRAINE



Biofeedback is helping migraineurs understand their body and how its changes affect migraines and headaches

BY ERIN GOLDEN



Have you used bio-feedback to treat your migraines? Share your story on the [NHF Facebook page](#).



BIOFEEDBACK TOOL KIT

Type “biofeedback equipment” into any search engine, and it’s easy to get overwhelmed. You can spend anywhere from thousands of dollars on machines that measure your brain waves to just \$14.95 on a relaxation CD.

Although most of this equipment can be purchased online, some of the most expensive biofeedback tools are found in a clinical setting. Here is a quick look at the tools of the trade:

Finger thermometers

These are used in a technique called finger warming. Higher temperatures generally mean more migraine relief.

Electrodes

Sensors, which are stuck to the skin with an adhesive and attached to a machine with cables, are used to measure brain or heart activity.

Portable sensors and monitoring devices

There are sensors for just about every function of the body, from a wristband that measures joint motion to a machine that measures changes in the activity of your sweat glands and the size of your pores.

Light and sound machines

These are aimed at reducing stress and helping patients feel calm.

CDs, DVDs and software

These can be handy for at-home guided visualization exercises.

screen, which can potentially help them control certain physiological functions and responses that may affect their headaches,” he says. “They can look at it and say, ‘Oh, that’s why I’m feeling better.’”

This information often holds some pretty surprising information. For example, cold hands can be a clear signal that something isn’t right, says Kathleen Farmer, PsyD, co-founder of the Headache Care Center in Springfield, Mo.

“Your finger temperature is a predictor of how much stress your body is carrying,” she says. “The average finger temperature in an average person is 85 degrees. Migraineurs often have finger temperatures in the 70s. The goal of biofeedback is to warm the finger temperature to 96 degrees.”

Warmer fingers, Farmer says, help put the brain in a state that promotes relaxation and concentration. In other words, when you’re stressed out and in pain, your fingers are probably cold. Feeling good? You’ve likely got warm hands.

PUTTING KNOWLEDGE INTO ACTION

Of course, knowing the temperature of your fingers or the efficiency of your breathing isn’t much good to you if you can’t do anything about it. Once the numbers are in, the next step in biofeedback is empowerment. The patient must recognize that he or she can do something to change those numbers—and in doing so, help manage a migraine.

A practitioner typically guides the patient through a series of visualization exercises aimed at reducing stress levels. As the migraineur imagines him or herself in a quiet, peaceful place, for example, the monitors track various indicators.

A beep or flashing light often helps alert patients to changes in their body. After a few sessions, which usually last around one hour, patients should begin to see the connection between how they think and how they feel.

Armed with that information, many migraine sufferers can start using biofeed-

back on their own, without any help or fancy equipment. Farmer says she’s had patients get so comfortable with recognizing and controlling their physiological processes that they’ve been able to go from having a migraine every day to only getting them occasionally. Others have been able to ease the severity of their attacks.

Some at-home practitioners use CDs or DVDs to provide the same type of step-by-step guidance they would get at a clinic. Music or recordings of soothing nature sounds can also be helpful. Eventually, many people figure out what their body needs and how to accomplish it without using a finger thermometer or heart rate monitor.

But no matter how skilled biofeedback practitioners become, they can still get rusty if they don’t put in some effort.

“It’s up to the person to do it,” Farmer says. “I can demonstrate how to do it, and they can actually experience it. But they have to practice. It’s not like taking a pill.”

One drawback of biofeedback is that in-office sessions can be fairly expensive. A typical clinic session generally runs between \$75 and \$150. For hypertension patients, insurance will cover a portion of the treatment—Farmer says it’s usually about 50 percent—but that can vary quite a bit from provider to provider. For at-home practitioners, the additional cost can be minimal or significant depending on which tools they use. High-tech biofeedback machines sell for hundreds, and sometimes thousands, of dollars.

Schwartz says some of those tools can be valuable on a basic level, but the most important thing is to fully understand the mind-body connection—the interaction between a person’s thoughts, behaviors, emotions and physiology.

“From a holistic perspective, biofeedback is about creating physiological, cognitive and emotional awareness,” he says. “It’s being more aware in the middle of craziness to take some deep breaths, drop the shoulders—do those kinds of things. Smell the roses.” **HW**

case study



Jenn Rutledge

“I didn’t realize it, but when I was having migraines, I always felt cold in my fingertips, my nose and my toes.”

Breaking the cycle with biofeedback

BY THE TIME JENN RUTLEDGE TURNED UP FOR AN APPOINTMENT at the Headache Care Center in Springfield, Mo., she was desperate.

The 31-year-old mother of three from Summersville, Mo., had suffered from migraines for more than a decade. With her husband stationed overseas in the military, the stress of day-to-day life was taking its toll, and her migraines had gone from bad to worse. Doctor after doctor provided what she calls a “Band-Aid” approach: They’d listen to her story, hand over some pain medication and tell her she’d feel better soon.

She didn’t.

Until her appointment at the specialty clinic, Rutledge had never heard of biofeedback. After getting a general explanation—that they would monitor some of her vital signs and teach her how to change her body’s reactions to stress—she was a bit skeptical. But she was still willing to take the risk.

At the initial session, which took a couple of hours, the biofeedback practitioner hooked a thermometer to one of Rutledge’s fingers and explained that she wanted to monitor the temperature. Cold fingers are associated with migraines.

With the thermometer on, Rutledge was asked to envision different scenarios in her mind. One in particular, in which she thought about cool liquid, prompted a negative reaction. The more she thought about water, the more anxious she felt. When she finished the session, her finger temperature had dropped by a few degrees—the exact opposite of what the session was trying to accomplish.

Rutledge went to her hotel room frustrated. She wondered about what went wrong until it suddenly dawned on her: She had a near-drowning experience as a child, and thinking of water was a major stressor. She considered the way her

body reacted to the scenario and realized she felt the same way when a migraine was coming on.

“I didn’t realize it, but when I was having migraines, I always felt cold in my fingertips, my nose and my toes,” Rutledge says.

After a few more sessions of focused breathing with guided visualization, Rutledge found she could use the technique on her own. She learned to pinpoint her migraine symptoms—cold fingers and shallow breathing—and she would take a few minutes to go to a quiet place in her home, imagine a peaceful setting, and slow down or stop those reactions.

It hasn’t been a cure, but Rutledge says she can manage her migraines more effectively by identifying the warning signs early. She is even using biofeedback to help manage other stressful situations.


“Part of it was just breaking the cycle of the headache,” she says. “The way I treat them now is different.”



A SECOND



If you want to find a headache professional in your area, use the NHF's physician finder at www.headaches.org/physicians.



If headaches are getting the best of you and you're at the end of your rope, it might be time to see a specialist

BY JESSICA ROYER OCKEN

Lorel Brown was a teenager when she started having migraines. For years, she handled them on her own. The problem was, nothing she tried was very successful.

"I always managed them with over-the-counter medications—lots of ibuprofen, Excedrin Migraine, ice packs and a dark room," she recalls. "Mostly I suffered through. I used to get them about once a month."

About five years ago, when Brown was in her early 30s, her migraines became more frequent, more severe and longer lasting. This finally drove her to see a doctor. But after

OPINION

visiting a general practitioner who suggested medications that created more side effects than relief, she got a referral to a neurologist who specialized in headaches. Only then, after several months of treatment, did Brown's chronic migraines begin to recede.

"Most people don't have to spend three days in a dark room or feel like that's normal," she says. "Your quality of life is compromised by even one or two [migraines] a month. You're functioning at 60 percent and don't even realize it."

When you're overwhelmed by pounding head pain, it can be hard to get motivated to seek care or find a new provider—especially if previous treatment has been unsuccessful. But as Brown's experience illustrates, your current doctor isn't all that's out there.

"People just assume, 'Well, I entered the health care system,' and they think [their first experience is] all there is," says Roger Cady, MD, associate executive chairman of the National Headache Foundation. "They may give up, and of course their migraines rage on until later when they're experiencing disability."

WHEN TO SEE A SPECIALIST

"In most cases, primary care does a good job taking care of migraine patients," says Dawn A. Marcus, MD, co-author of *The Woman's Migraine Toolkit*. But in some cases, migraine and headache sufferers need more focused, specialized care.

Richard B. Lipton, MD, an advisory board member of the National Headache Foundation



and a professor of neurology and epidemiology at the Albert Einstein College of Medicine in the Bronx, N.Y., has identified three key reasons to call in a consult:

1. The headache diagnosis is in doubt. If a primary care physician is having difficulty determining the type of headache or the reason for the headache, a specialist may be able to help. In some cases, rather than being a primary disorder, a headache could be a symptom of something else. “If it’s a really weird headache that doesn’t fit in any of the primary care physician’s boxes, that’s a reason to see a specialist who may have a few more boxes,” Dr. Lipton says.

2. The diagnosis is clear, but optimal treatment is uncertain. A headache patient might have other health issues that complicate care, such as asthma or ulcer disease. Beta blockers cannot be used with asthma, and NSAIDs cannot be used with ulcers, Dr. Lipton says. That eliminates two of the go-to medications for migraine right away. A headache specialist might have additional ideas for treating a patient with this sort of complex medical history.

3. Initial treatment is unsuccessful, and the patient continues to experience intense symptoms. “Treatment fails for a number of reasons that specialists are trained to look for,” Dr. Lipton says. The patient could have more than one headache disorder with overlapping symptoms; an exacerbating factor, such as obesity, which may predispose him or her to bad headaches that are hard to treat; or a very powerful trigger factor, such as sleep apnea, that hasn’t been identified or addressed. There could also be medication overuse. “The same medications that relieve symptoms when taken occasionally can become a [headache] cause or exacerbating factor if taken too frequently,” Dr. Lipton says.

This is not to say you should abandon your primary care physician if pain relief isn’t instantaneous. But if you’re still having disabling headaches after three or four different treatments, it might be time to consider a referral.

“Sometimes patients are reluctant to ask for a referral because they don’t want to insult their general practitioner,” Dr. Marcus says. “But the doctor may be relieved to get another opinion if the usual stuff is not working.”

Even though a second opinion might be warranted, it’s important not to bounce from doctor to doctor any more than you have to, Dr. Cady notes.

“What people need is someone who can help them manage their headaches over the long term,” he says. “Living with the disease impacts your life for decades, so you want to form a relationship with someone.”

WHAT TO EXPECT FROM SPECIALIZED CARE

Depending on the outlook of your general practitioner, you might not have explored treatment options beyond medication. A headache clinic or specialist can suggest alternatives, such as using biofeedback, trying relaxation techniques, working with a psychologist or getting nutritional advice.

“Most headache specialists have a menu of resources beyond what’s available in primary care—or even from general neurologists, who usually stick to a medical model,” Dr. Cady says.



For more information about collaborative care, check out Dr. Roger Cady’s podcast at www.headachemag.org/ExpertAnswers/ExpertQnA.



A Natural WOMAN

Laurie W.* began having weekly, and sometimes daily, headaches shortly after she went to college. Two of her older siblings also suffered from migraines, and they each saw a specialist. So the next time Laurie was home from school, her mother took her to a local headache clinic. The doctors assessed Laurie and prescribed medications that worked for others in her family, but they were not as successful for her.



She continued to visit the clinic on her breaks from school, but her migraines grew more intense during her junior year.

"I would wake up with them," she recalls. "I got depressed, too, because I was in pain constantly."

That summer, Laurie took an internship in Times Square in New York City—a location she admits may not have been the best place for a migraine sufferer. Sure enough, her migraines worsened until she was not getting any relief from her medications.

"You just feel really fragile," she says. "You tilt your head the wrong way, and you get [a migraine]."

The headache clinic referred Laurie to a neurologist, who then sent her to a pain therapist. "The thing that really saved me and brought success was the pain therapy," she says. "No drugs—[the therapist] gave me only advice about how to change my life."

Laurie learned biofeedback methods and how to control her breathing. The therapist also addressed things Laurie had never considered, such as the way she held her hands and head while sitting at a desk.

When Laurie returned to school in the fall, she decided to "go natural" and manage her migraine solely through lifestyle

choices. She read many books on the subject and began a regular exercise regimen.

Today Laurie is a college graduate looking for a job, and she's migraine-free most of the time.

"If I get one once in awhile, I meditate and say to myself, 'OK, I can do this,'" she says. "There's always an option, whether it's medicine or non-medicine. You just have to be willing to find what will work for you."

* Name changed

Headache-focused practices will usually have an array of valuable information for headache patients, including medication sheets for common drugs, lists of typical triggers and ideas for behavioral interventions. They also may use therapeutic techniques that are not widely available in a primary care setting, including nerve blocks, occipital nerve stimulators and treatments for people trapped in a cycle of medication overuse.

Another nice surprise for patients new to specialized care is the length of the appointments. Dr. Lipton says he often spends 45 minutes to an hour with a new patient—a luxury rarely afforded primary care physicians. "The biggest resource I have in assessing headache patients is time," he says.

TIPS FOR A SUCCESSFUL SPECIALIST EXPERIENCE

For many migraine and headache sufferers, going to a specialist or headache clinic is the first step to finding relief. Your primary care doctor should be able to provide a referral to get you started. But if you choose to do the research on your own, "look for a medical center—they often have a broader view of treatment options or are involved in research," Dr. Marcus suggests.

The National Headache Foundation offers an online physician referral service that can point you in the right direction (www.headaches.org/physicians). You also might be able to get a personal recommendation—someone who has helped a friend could be able to help you, as well.

No matter how you locate a specialist, creating positive outcomes starts with building a strong doctor-patient relationship. Make sure you're having a two-way conversation. Your input should be a factor in determining your course of treatment.

"One model I've been a strong proponent of is collaborative care," Dr. Cady says. "The patient and health care professional form a relationship and consider each other experts. Both are working on the best solution to the migraine problem."

To create an objective record of your symptoms, the specialist will likely ask you to start a headache diary. It's important to keep track of all of your headache episodes (not just the severe ones) as well as any other pain you have. And be sure to note which treatments you tried and how well they worked. Without a complete picture of your pain, you and your doctor can't create an effective treatment plan.

Following your appointment, your physician should ask you to return for a follow-up evaluation in a timely manner, Dr. Cady says. They also should provide tools and resources to help you learn more about your condition so you can take an active role in monitoring your progress. After you and the specialist get your condition under control, you'll likely return to your general practitioner—particularly if you have other ongoing health problems.

"Be up front with both of them about who you're seeing, what you're taking and what else you're trying," Dr. Marcus says.

Remember—there is no quick fix. The solution to your head pain, and better overall health, is likely to be a long journey with many collaborators.

"Like so many things in life," Dr. Cady says, "it takes a village." **HW**



Clench ... and Release

Is jaw tension contributing to your headaches?

EVERYONE CARRIES TENSION DIFFERENTLY. In the face of bad news, some people tense their shoulders; others tense their neck. But if you hold your tension in your jaw or grind your teeth, this could be leading to more than just a sore mouth.

Tension in the jaw—and the resulting tension radiating from the jaw—can cause muscle tension headaches and contribute to migraines by restricting blood flow. That's why relaxing your jaw is crucial to eliminating headache pain.

Some people are aware that they clench or grind their teeth, but others have no idea they are doing it—for example, people who grind their teeth when they sleep. Here are some questions that can help you determine whether you hold tension in the jaw area:

- Does your jaw ever feel sore?
- Are your teeth wearing?
- Has your partner told you that you grind your teeth while you are sleeping?
- Are your teeth touching right now or are they slightly apart?
- Is your tongue relaxed and lying on the bottom of your mouth or is it holding tension and touching the roof of your mouth?
- Has your dentist told you it looks like you grind your teeth or recommended a night splint?
- Can you easily open your jaw to three finger widths without straining?
- Do you experience clicking or popping in your jaw?

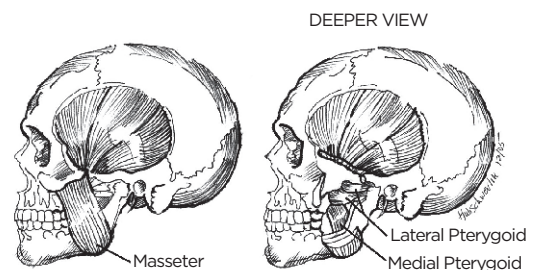
There are many reasons people have excess tension in their jaw. People clench or grind their teeth when they are feeling physical pain, repressing anger or holding back something they want to say. Problems can also result from poor dental work or a motor vehicle

accident, which can throw the jaw out of alignment, creating temporomandibular joint (TMJ) disorders.

Dentists often prescribe night splints if a person has a problem with clenching or grinding. These splints can help protect the teeth from damage and wear, but they generally do not get to the root of the problem—the contraction of the muscles in the jaw.

That's why it pays to familiarize yourself with the bones and muscles in the TMJ area. Take particular notice of the masseter and pterygoid muscles (Fig. 1), as these are the muscles that generally constrict when people clench and/or grind their teeth. The masseter,

Figure 1



located directly below the surface of the skin, is the primary muscle used for chewing, talking, and opening and closing the mouth. The supporting pterygoid muscles are deeper and can be felt only from within the mouth.

Constriction in the masseter and pterygoid muscles creates jaw tension, but it can also create increased muscle tension in the head that radiates into the temples, causing the temporalis muscles to tighten. This can, in turn, lead to headaches.

TAKING CONTROL

Excess clenching or grinding can damage your teeth—and necessitate very expensive dental work—but it is also preventable. You simply need to become aware of



Relaxing your jaw is crucial to eliminating your headache pain.

the problem and learn how to control it.

Here are a few feel-good tips that can help you relax your jaw area:

1 Jaw and temple massage: This is a quick and effective massage you can do while at your desk or watching television. With your teeth apart, use your fingertips to massage firmly around the TMJ. Then move your fingertips downward and massage the muscles lower on the jaw. Finally, move your fingertips up to the temporalis muscle and massage it in a circular motion. You should notice this area feeling really good after just a couple of minutes.

2 Pterygoid massage: The pterygoid muscles are located inside the mouth near the TMJ, so they are harder to access. Prepare by washing your hands thoroughly or using latex gloves.

Go into your mouth with your index finger and massage the pterygoid muscles, making sure to move in the direction of the muscle. If these muscles hold any excess tension, it will be easy to find them, as they will be somewhat tender or sore to the touch. Use firm

pressure and massage for 30 to 60 seconds on each side. After removing your hand, pause for a moment to notice how these muscles now feel. They should feel slightly tender from being worked. If they don't, try going a little deeper next time. Conversely, if they feel extremely sore, use softer pressure in the future.

If you are not sure you are doing this technique correctly, you can have a chiropractor, a massage therapist or an osteopathic physician guide you through pterygoid muscle massage.

There are a number of factors that contribute to head pain. If you want to keep your headaches in check, it's important to mitigate as many of these factors as you can. Start today with these two simple exercises, and you can help keep jaw tension—and the resulting headaches—at bay. **HW**



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

www.naturallypainfree.com.



Left to right: Martha Gale, migraine blogger; Teri Robert, patient advocate; Roger Cady, MD, NHF; Carroll Geraldine, Allergan; Christina DeFlorida, Allergan; Karen Sun, Pacific Communications; Crystal Muilenburg, Allergan.

Strength in Numbers

June was National Headache Awareness Month, and the National Headache Foundation celebrated the occasion in style. Throughout the year, the NHF has held a series of regional education conferences throughout the country for both health care providers and patients. On June 25, Chicago played host to the most recent Bridging the Gap Between Patient and Clinician event, which featured CBS2 Los Angeles' Serene Branson as the keynote speaker. Branson shot to national prominence in February when she suffered a severe migraine with aphasia while reporting live from the Grammy Awards. More than 400 health care providers and

patients attended the daylong conference.

On that same evening, the NHF held its 25th Annual Fundraising Benefit at the Art Institute of Chicago. The evening included cocktails, a light dinner, music, guest speakers, a silent

The event **raised \$160,000** for migraine and headache research and advocacy.

auction and a car raffle. Attendees also had after-hours access to several of the museum's exhibits. Thanks to the generosity of the more than 300 guests, the event raised \$160,000 for migraine and headache research and advocacy.

ATTEND A 2011 REGIONAL EDUCATION CONFERENCE

Whether you're a health care provider or a patient, you can join the NHF for an upcoming Bridging the Gap Between Patient and Clinician event. Attendees will have the opportunity to interact with other migraine and headache sufferers, and talk to leading health care professionals in the field. You can also hear about the latest migraine and headache research, and learn new ways to take control of your treatment. For more information or to register, visit the NHF website, www.headaches.org, or call (800) 843-2256.

Upcoming Events:

SEPT. 17, 2011

12:30 - 5:30 p.m.

The Fairmont Dallas
1717 N. Akard St.
Dallas, TX 75201

OCT. 1, 2011

12:30 - 5 p.m.

Sheraton New York
Hotel and Towers
811 7th Ave.
New York, NY 10019

OCT. 15, 2011

10 a.m. - 5 p.m.

Renaissance Seattle Hotel
515 Madison St.
Seattle, WA 98104

A HELPING HAND

If you suffer from migraine or headache disorders, the pain can affect more than just your head—it can also hit your wallet. Over time, the cost of prescription drugs adds up, creating a huge burden for the uninsured and underinsured.

Patient assistance programs (PAPs) are services designed to help low-income individuals and families who can't afford their medication. Because many headache clinics don't accept Medicaid or Medicare, PAPs are a good way to minimize cost and get some help.

Nearly all of the major pharmaceutical companies, including Abbott, AstraZeneca, GlaxoSmithKline, Merck and Pfizer, provide specific programs for their most popular drugs. But each program is different, and eligibility requirements vary.



If you need help paying for prescription drugs, visit the following NHF links:

NON-PROFIT PROGRAMS

www.headaches.org/education/Tools_for_Sufferers/Patient_Assistance_Programs

PHARMACEUTICAL-SPONSORED PROGRAMS

www.headaches.org/education/Tools_for_Sufferers/Patient_Assistance_Programs-Sponsored



Rewrite History

One of the most complicated aspects of dealing with chronic migraine is navigating social situations. Just because your sister is having her wedding or your child is celebrating a birthday doesn't mean you won't have a migraine. That adds up to a lot of missed moments—and a lot of regrets.

To raise awareness about chronic migraine and its debilitating impact, the NHF is partnering with HealthyWomen, a website that focuses on women's health, and Allergan Inc. to launch the Rewrite Your Day campaign. As a nod to the 15 or more headache days a month experienced by people with chronic migraine, 15 people will win the opportunity to have a special moment they missed "rewritten" by celebrity event planner Mindy Weiss.

The cornerstone of the campaign is www.RewriteYourDay.com, a website on which people with chronic migraine can learn more about their condition and find a wealth of resources to help treat and prevent it. Visitors also can use the site to share stories of special moments they missed due to chronic migraine and detail how they would rewrite those days if given the chance. Weiss and an independent panel of health advocates will review the submissions and choose the winners.

Approximately 3.2 million Americans suffer from chronic migraine. If you think you have chronic migraine, you should seek advice from a board-certified neurologist or headache specialist who is qualified to evaluate, diagnose and manage the condition.



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wise words



NAME: Sheila Jones-Lineberry

RESIDENCE: Orangeburg, S.C.

CONDITIONS: Migraines, cluster headaches

FIRST DIAGNOSED: Suffered an aneurysm in 1978, and headaches began shortly after the surgery

Photography by Morgan Anderson

What's the most frustrating thing about living with migraine?

I can't articulate what I go through when I have a migraine. People look at me and say, "You're always so happy-go-lucky. You couldn't be as sick as you're saying." That's what the public thinks when they look at you—you're pretending. I've stopped trying to convince people I'm sick.

What are you most thankful for?

Having a supportive family. My mother suffered from migraine so she was really, really supportive. My dad was supportive of my headaches, too. And now that I'm married, my best support system is my husband, Isiah.

What's your greatest achievement?

I think my greatest achievement is the fact that I was able to rear wonderful, God-fearing children.

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

When my kids used the word "can't," that was like profanity in my household. We'd say, "What do you mean you can't? You can do anything." And that's the way I try to live. Anything I think I can do, I try to do. I'm the little engine that could.

What's your favorite book?

The Bible—reading the Healing Scriptures.

What's your idea of happiness?

Living from day to day and week to week with as few migraines as possible.

SHEILA JONES-LINEBERRY is an early-childhood coordinator for Save the Children at Dover Elementary School, Orangeburg Consolidated School District 5.



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.

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