HEAD WISE

ET TU, BRUTE?

VOLUME 1, ISSUE 3

HeadWise™

A Voice for People with Migraine and Headache Disorders

TIRED OF TRADITIONAL THERAPY?

How reader Sarah Lawer found relief

Doctor, Doctor

Are you ready for inpatient care?

Right on Schedule

Get a handle on hormone headaches

4 TIPS TO BREAK THROUGH INSURANCE ROADBLOCKS

PLUS

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MIGRAINEURS ARE REACHING NEW HEIGHTS

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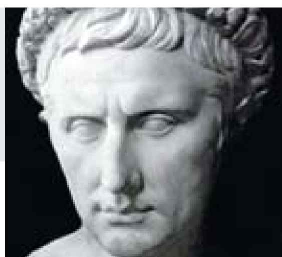

DID YOU KNOW?
Michele Bachmann's presidential foray prompted questions about whether a person with migraine could handle the job. But world leaders, from Julius Caesar to Napoleon to Thomas Jefferson, have all managed migraines—and changed the world.

HeadWise™

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on the web

Headwisemag.org is growing—be part of the community! Go online to check out our new blog and access exclusive online content you can't find anywhere else. Plus, join the discussion and see what others are saying on the NHF's Facebook and Twitter pages.

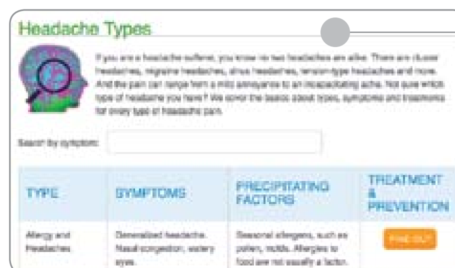
Here's what you'll find right now:

'Tis the Season

The holidays should be a happy time. Don't let seasonal stress add to your headache burden. Learn how to relieve tension by better managing your workload.
www.headwisemag.org/Articles/Lifestyle/Holiday-Stress

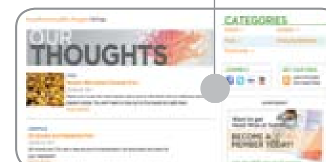
Knowledge is Power

There's much more to headache disorders than just migraine. We offer exclusive online content about different headache types, including nighttime headaches and new daily persistent headache.



Live Better – Every Day

Bookmark the new Our Thoughts blog to read the latest news and insights about migraine and headache disorders.
www.headwisemag.org/OurThoughts



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you said it

Breath of Fresh Air

A number of years ago, I read in your NHF newsletter, *HeadLines*, of oxygen inhalation as a treatment for cluster headache. I brought this to the attention of my primary care provider, and we gave it a try when my next spell ensued. The success in aborting or mitigating the severity of my headaches was far beyond my expectations and far superior to any of the medications I had tried over the years. I would say it changed my feelings about the spells—which mercifully recur only about every three years and last about a month—from utter dread to a manageable challenge to be met.

I was therefore surprised to see no mention of oxygen therapy in last issue's discussion of cluster treatments and medications. I think any piece on clusters should include this valuable information so it can reach and help others as it did me.

– THOMAS B.

Better Together

My heart goes out to Ellen R., who suffers from both chronic migraine and fibromyalgia, from the Reader Mail section (pg. 11) of the last issue. Somebody has to help her! Has she seen a neurologist? How about Neurontin? I know somebody who is on that and it's helping so much. Is she all alone? Thank you for giving her a vehicle to reach out for help.

– MARIA R.

HW: If you're looking for advice from other headache sufferers or just need an outlet, join the community on the NHF Facebook page.

School Days

Thank you for supporting people with headaches. As an 18-year-old college student who has had a nonstop migraine for the past year, it means a lot that people are raising awareness about this. Throughout my senior year of high school, it was hard to tell parents and teachers, "Yes, I do have a migraine every day." Thank you for reaching out to those who are in a similar situation.

– KAYLA P.

Come Back!

Your magazine is a tremendous disappointment. The vast majority of its content is for and about people with migraines. Those of us with other types of headaches get little or no attention or, most important, help. As awful as migraines are—and I know many people who have them—other headache disorders are awful, too, and deserve just as much attention. As far as the magazine goes, count me out.

– MARSHA H.

HW: Hey, Marsha, if you're still out there, we're sorry you feel that way, but we're working on it. Check out our website, www.headwisemag.org, for articles on nighttime headaches, new daily persistent headache and more.

Pass It On

Waiting in a doctor's office yesterday, I came across your magazine. Very impressive! I notified my California cousin, and she was very interested. She has lived with migraines for most of her life. I will also send your website link to my brother-in-law who gets those terrible cluster headaches. Again, I was impressed with your premiere issue. The articles and photography were so well done.

– ANN B.

Try, Try Again

Wonderful first issue, but no mention of how to receive a regular copy at home. I will be telling other sufferers. Thanks.

– KATHERINE H.

HW: Hey, Katherine, glad you like the mag. All you have to do to receive an issue is become a member of the NHF. Go to www.headwisemag.org/subscribe.

If you have comments or suggestions about *Head Wise* or www.headwisemag.org, send them to editor@headwisemag.org or post them on the NHF Facebook page.

CORRECTION: In our Volume 1, Issue 2 Q&A (page 24) with Frederick G. Freitag, DO, we mistakenly accredited Dr. Freitag as an MD. He is, in fact, a doctor of osteopathic medicine, or DO. Our apologies to Dr. Freitag.

Head2Head

There's strength in numbers. Connect with the NHF online community on Facebook and Twitter, or visit www.headwisemag.org.

Found on Facebook

Does your employer know you suffer from a migraine or headache disorder?

Angela C. - I was fired from five jobs due to attendance problems. I was told I was a great employee "when I was there," but I was gone too much. I also had to deal with my co-workers asking me why I was out so much with "just a headache." There are only a few people in my life who truly understand what I go through.

Elaine W. - If migraines had an easily identifiable physical symptom, it would be illegal to discriminate against sufferers. Unfortunately, migraines are "easy to fake," and the word "migraine" is thrown around as a synonym for a bad headache. As such, the word has lost all power.

Do you avoid or delay taking your medications when you start to experience a migraine attack?

Kathy R. - Since over-the-counter meds don't work and prescription meds are limited by insurance, I do delay. My doc hates that practice, but I'm afraid I'll run out before my next refill is available. One insurance company only allowed three pills a month—couldn't help but think they'd change their policy if they had to get through a migraine without meds!

Tricia B. - No, never delay. I have done it before and WOW did I regret it!

How do you prepare for a doctor's appointment to make it as successful as it can be?

Tom S. - I write my questions on a 3 x 5 card in advance. I ask my doctor to write down the diagnosis and prognosis each time. I make sure he gives me all my "numbers." I inventory all my meds in advance and ask for script renewals. A physician's time is valuable, and I want to make the most of it.

Janis S. - No one will ever have more compassion for people with migraines than a fellow migraineur. Find a doctor who suffers, too. They'll have sympathy!

Overheard on Twitter at #Migraine

@FantasticDork Awesome. Got that weird aura going on that usually precedes a massive **#migraine**. This ought to be fun. Vision at 60 percent. Annoyance at 100 percent.

@bevincate Dear head. Please don't explode on the students. They're lawyers and could sue. I'll let you rest later. **#migraine #negotiation**

@RetroMimi Woke up with no **#migraine** today. I would pay $1,000 a day to feel this good day every day.

@J_Kroll Sizzling visual aura. Tingling face and eyelid. Swirling electric gray blobs with bubbling cross patterns. Just another **#migraine** morning.

What are your reasons for medication delay?

Waiting to see if headache develops into migraine
34 votes

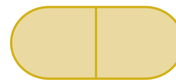
Only want to take meds if it's a severe attack
24 votes

Don't have enough meds/too expensive
21 votes

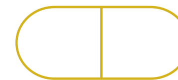
Concerns about drug effectiveness
11 votes

Concerns about side effects
6 votes

Are you currently on any preventive medication for migraine or headache disorders?



YES
61 votes



NO
10 votes

Source: NHF Facebook surveys, August 2011

Looking for tips from people just like you? Join the NHF Facebook community or see what people are saying on Twitter.

By the Numbers

3,578 people like the NHF on Facebook

844 people are following the NHF on Twitter

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reader mail

You ask. We answer.

Tired of searching the Internet for answers? It's time to learn from those in the know. In every issue of *Head Wise,* our experts respond to reader-submitted questions about migraine and headache disorders.

BAD MEDICINE

In the last seven days, I have been taking the prescription medications hydroxyurea and allopurinol. This is a regimen designed to reduce a very high blood platelet count. I take one pill in the morning and the other in the evening.

Unfortunately, I have been experiencing headaches after taking each pill. I realize I am in the early days of ingesting strong medicine and can experience a wide variety of side effects. Nevertheless, there is nothing in the literature indicating that headache is a side effect of either medication. I have been prone to headaches most of my life, but these new headaches are worse than the ones I usually get. I am aspirin averse because of an ulcer. Tylenol does not give me much relief. I am 67 years old and in generally good health aside from the blood issue. I have tried migraine medications but am reasonably sure these are not migraine headaches.

I am reviewing this matter with my doctor, but any advice or information you can share would be greatly appreciated.

– Marcia G.

It sounds like you have a diagnosis of essential thrombocythemia, a disorder in which the platelet count is quite high. In patients with this disorder, the platelets can back up in blood vessels, which might lead to headache. In addition, rarely patients can have a stroke or blood clots in the veins of the head, known as dural venous thrombosis. If these are new-onset headaches, you might consider getting an MRI (magnetic resonance image) and an MRV (magnetic resonance venograph) of the brain if your physician thinks it is appropriate.

Hydroxyurea therapy has been reported to cause headache. It is unknown how this happens, but it is possible the hydroxyurea destroys platelets containing chemicals, such as serotonin, that can trigger headaches. Typically, we would recommend aspirin or NSAIDs to treat such headaches, but if you have had an ulcer, it

might be necessary to use other pain relievers, such as narcotics or ultram. Any decisions involving treatment should be discussed with your physician, who will weigh the risks and benefits of each therapy.

– Vincent Martin, MD, University of Cincinnati College of Medicine, Cincinnati

PUMPING IRON

The typical treatment options for benign exertional headaches are NSAIDS or beta-blockers prior to exercise.

I get headaches whenever I lift weight above my head or strain my shoulder muscles in any way with weight lifting. What do you recommend?

– Steven T.

Your headaches likely represent exertional headaches. These are typically throbbing and last from five minutes to 24 hours after exertion. Most of the time, these headaches are benign and are not associated with any underlying diseases. However, I usually recommend an MRI of the brain and an MRA (magnetic resonance angiograph) of the blood vessels of the brain to be absolutely sure you don't have other causes for your headaches. The typical treatment options for benign exertional headaches are NSAIDS or beta-blockers prior to exercise.

Another possibility is thoracic outlet syndrome. This occurs when the muscles in the shoulders contract and tighten down on nerves or blood vessels. The most common symptoms are pain and numbness in the arms. Headaches are rare in this syndrome and typically occur in the back of the head. Your physician can diagnose this by putting your arms and shoulders in different positions, and it can often be treated using physical therapy.

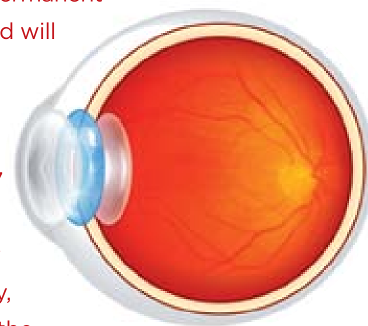
– Vincent Martin, MD, University of Cincinnati College of Medicine, Cincinnati

HAZY OUTLOOK

I have had chronic migraine for 17 years after getting a complete hysterectomy. I have a hyperexcitable nervous system with two main triggers. One is environmental—such as air flow, wind, cold, heat, humidity, etc.—and the other is certain visual stimuli—such as attempting to wear prescription eyeglasses or contacts, using a magnifying glass, watching a flat-screen TV, using a computer screen, etc.

I have natural monovision and diminishing vision in each eye due to aging. Plus, I now have cataracts in each eye.

Is cataract surgery feasible for a person with a hyperexcitable nervous system and visual triggers? Looking through prescription glasses, contacts or a magnifying glass—for literally only minutes—causes a migraine, so I am afraid having a permanent unclouded lens implanted will also trigger a migraine. And since this lens is permanent, I am afraid the migraine will be 24/7 with no way to stop it.



My ophthalmologist says my brain might adjust after surgery, but there is no guarantee, and the surgery is permanent. My neurologist and neuro-opthalmologist are aware of my problem but don't have a solution.

Do you have any recommendations regarding the feasibility of cataract surgery or other options for a patient such as myself?

– Maureen B.

The response to surgery is completely unpredictable. If vision is well corrected, surgery might give you less visual strain. At the same time, change in anything, including vision, can trigger attacks. Your best bet is to get optimal migraine treatment, and then get the vision corrected if you need it to see better, not for headaches.

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

reader mail

You ask. We answer.

BETTER WITH AGE?

Do you know if there are any groups of women over age 60 who are experiencing migraines regularly, and are there studies for women in this age group?
– Diane S.

Yes, the studies deal with populations that, in general, show a decline in migraine after the mid-40s. However, these are just statistical averages, and individuals cannot assume this will predict their course. Unquestionably, there is a subgroup of women who never even get migraines until after menopause.
– Mark Green, MD, Mount Sinai School of Medicine, New York City

UPS AND DOWNS

I am a 50-year-old female with at least a 25-year history of migraine. I currently use topiramate for prevention. I just returned from what was to be a four-day roller coaster tour at the country's "Coaster Capital."

The first day started great. My family and I rode at least four coasters—each getting gradually steeper. Then we rode a very steep, old, wooden coaster. It was extremely rough, and I immediately began to have severe head pain with the banging motions, side-to-side motions and forces that pressed me down into the seat. I tried to ride smoother coasters later in the day, but the pain was as bad or worse with each one, so I had to stop.

I took the second day off and tried again on the third day. But I had severe pain with those same forces. I would find some relief as the g-forces lifted, but it would return again with those other motions. It was so severe I would yell in pain.

Is it normal to get severe head pain from riding roller coasters? Could it just be that I had a low-level migraine before I started, and the coasters exaggerated it? It was a very hot day—could dehydration have been an issue? Could the rides have caused a concussion? Is there something I can do to avoid this in the future and ride pain free?
– Phyllis E.

Roller coasters are fun, but people with migraine are often very sensitive to movement—even carsickness is more common in those with migraine.

I am certain that roller coasters are generally safe, but many types of

Do you have a question for the NHF experts? Send it to editor@headwisemag.org, and it could appear in our next issue.

brain injuries have been reported following these rides. Significant headaches after the rides should always prompt a neurological evaluation.

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

PUT OUT THE FIRE

I have been suffering from migraines for many years, but in my 40s, they became more intense and longer lasting. Now I can go for months with a migraine. I take daily prophylactic medications, but my migraines are not deterred. My neurologist prescribed a Medrol dose pack, which broke the cycle, but the migraines eventually came back. He started me on a low dose of Depakote, which seems to have really helped. The problem is that I do not like the side effects of Depakote. I am taking only 125 mg daily, but I am always tired. I take it at night to try to avoid daytime drowsiness.

I had Botox years ago before it was approved for the treatment of migraines. It worked wonderfully. My insurance, however, does not completely cover the price of this treatment.

I would really like to know how to stop the firestorm in my brain. I am beyond tired of taking medications long term. I have heard of a nerve block, but I have several questions about the procedure. For example, which nerve is it performed on, how safe is it and have studies been done to determine the long-term effects?

My migraines are accompanied by nausea, photosensitivity and phonosensitivity. All I want to do is lie in bed with no noise and diminished light. I also suffer from fibromyalgia. Once the nerves are hyperstimulated, I am in agony. Then there is the rebound effect from the medication. What are the treatment options for people who suffer like this?

– Judith E.

All preventive medications have side effects and risks, although Depakote is one of only a few medications approved by the FDA for migraine prophylaxis. Botox is only used—and only useful—for chronic migraine, which means 15 or more days per month with headaches lasting more than four hours. Various nerve blocks and stimulators are used to treat some headaches, but their use is far too complicated to cover here. You need to discuss all of this, and further treatment options, with a headache specialist.

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

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Product Warning

The FDA cautions women of childbearing age about the dangers of topiramate, a popular migraine medication.

FOR YEARS, TOPIRAMATE, an anticonvulsant drug better known by the brand name Topamax, has been one of the most popular prescription medications for the treatment of migraine. But if you are pregnant or planning to become pregnant, it might be time to ask your doctor for another option.

The U.S. Food and Drug Administration (FDA) recently informed the public of new data that suggest an increased risk for cleft lip and/or cleft palate in infants born to women who are treated with topiramate during pregnancy. Research by the North American Antiepileptic Drug Pregnancy Registry at Massachusetts General Hospital showed that the prevalence of oral cleft birth defects among infants exposed to topiramate during the first trimester of pregnancy was 20 times that of infants whose mothers received no anticonvulsant treatment during pregnancy.

The FDA approved topiramate for the treatment of epileptic seizures in 1996 and for the treatment of migraines in 2004. But based on this new data, both the FDA and the Consumer Justice Foundation, a for-profit agency dedicated to consumer advocacy, now recommend expectant mothers talk to their physicians about alternatives to topiramate for migraine treatment.

"Health care professionals should carefully consider the benefits and risks of topiramate when prescribing it to women of childbearing age," agrees Russell Katz, MD, director of the division of neurology products in the FDA's Center for Drug Evaluation and Research. "Alternative medications that have a lower risk of birth defects should be considered."

Cleft lip and cleft palate are congenital birth defects that occur when the tissue that forms the upper lip and roof of the mouth do not join before birth. This can lead to problems with eating, speaking and hearing. Most birth defects occur during the first trimester of pregnancy, when the fetus is most vulnerable and many women do not know they are pregnant.

This is not the first time topiramate has been linked to birth defects. A 2008 study, published in the journal *Neurology*, also cautioned consumers about the popular drug. Product labels for Topamax and its generic equivalents already carry a warning about the risk of birth defects associated with the medication, but the labels will now use stronger language about positive evidence of fetal risk based on "human data."

BY THE NUMBERS

32.3 MILLION

The number of topiramate prescriptions dispensed at outpatient retail pharmacies in the U.S. from January 2007 through December 2010.

ROSE-COLORED GLASSES

WHEN YOU FEEL A MIGRAINE COMING ON, you probably already reach for your sunglasses to block out excess light. But a new study published in the journal *Cephalalgia* suggests that individually tailored, precision-tinted glasses may also help prevent migraines triggered by certain visual patterns.

In this study, researchers used a functional MRI machine to examine real-time brain activity for 11 migraine sufferers versus a non-migraine control group. Participants were asked to look at a pattern of high-contrast stripes—a specific visual stimulus known to trigger migraines—through three different pairs of glasses, one of which was precision-tinted. The precision-tinted glasses were customized for each patient to provide the least discomfort and pattern distortion.

Researchers noticed normalization in brain activity for migraineurs who were wearing the glasses. The migraine group also reported about 70 percent less discomfort. According to lead author Jie Huang, PhD, an associate professor of radiology at Michigan State University, up to 42 percent of people who suffer from migraine accompanied by visual aura could benefit from precision-tinted glasses.

DID YOU KNOW?

Sunglasses can also help ease migraine pain after the sun goes down. According to a study published last year in the journal *Nature Neuroscience*, even the dimmest light can make migraine pain worse, so don't be so quick to remove your shades in the evening hours.

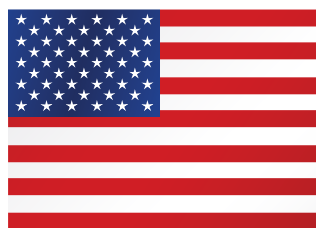
4.3 MILLION

The number of patients who requested topiramate prescriptions.

Source: SDI, Vector One: National (VONA) and Total Patient Tracker (TPT)

The **Real Cost** of Migraine

The International Burden of Migraine Study recently released numbers on the direct costs of chronic migraine and episodic migraine in the U.S. and Canada. For this Internet-based survey, 1,204 Americans and 681 Canadians with migraine were asked to document the medical services they used in the previous three months. These included headache-specific medications, ER visits, headache provider visits and diagnostic testing.



VS

IN THE U.S., the mean headache-related cost over a three-month period was $1,036 per person for chronic migraine, compared to $383 per person for episodic migraine.

IN CANADA, the three-month costs were $471 per person for chronic migraine and $172 per person for episodic migraine.

For more on the latest migraine and headache research, visit headaches.org.

STICKING POINT

The FDA recently rejected pharmaceutical company NuPathe's transdermal migraine patch, Zelrix, based on safety and manufacturing concerns.

© B. Boissonnet/BSIP/Corbis

The patch is an experimental treatment that uses a mild electrical current to push the popular antimigraine drug sumatriptan through the skin and into the blood stream. It was designed to eliminate some of the side effects inherent in oral medications and was the first of its kind to be reviewed by the FDA.

Although the regulatory agency acknowledged the transdermal patch is effective in the overall migraine population, it requested further study before it could approve the product.

After-Effects

If you suffer a traumatic brain injury (TBI), you may be at greater risk for headaches. According to a new study reported in the *Journal of Neurotrauma*, researchers from the University of Washington found that recurring headaches are more common during the year following a TBI. Regardless of the injury's severity, more than 70 percent of TBI patients reported having headaches during this recovery period.

FAST FACT: About **one in every 20 kids gets migraines**—that's nearly 8 million children with migraine in the U.S.

Source: www.kidshealth.org

Minor Misery

Studies have shown that many children suffer from migraine headaches, but there is still only one FDA-approved medication for the treatment of migraine in children. Axert was approved in April 2009 for adolescents ages 12-17.

The National Institutes of Health recently gave Cincinnati Children's Hospital Medical Center a $12 million grant to conduct the first clinical trials to determine the best medications to prevent migraines in children and teens. The trial, which will be a five-year study at up to 40 sites throughout the U.S., is being led by Andrew Hershey, MD, PhD, and Scott Powers, PhD, co-directors of the Headache Center at Cincinnati Children's Hospital.

Children and teens miss more than **130,000 school days** every two weeks due to migraines.

"Children and teens miss more than 130,000 school days every two weeks due to migraines," Dr. Hershey says.

The study will examine 675 children and adolescents between the ages of 8 and 17. The goal is to compare the effects of amitriptyline and topiramate, two of the most commonly prescribed medications for children and adolescents with migraine.

"The negative impact of having migraines on overall quality of life is similar to childhood cancer, heart disease and rheumatic disease," Powers says.

Monica Schroeder/Photo Researchers/Getty Images

ADVERTISEMENT

Happy Holidays

How to get through 'the most wonderful time of the year' without letting migraines and headaches play Scrooge.

By Kelly Rehan

AHH … THE HOLIDAYS. It's time for busy party schedules filled with platters of aged cheeses and smoked meats, festive cocktails and stress. Lots and lots of stress.

Let's face it: The holidays are a painful time for most people. For migraine and headache sufferers, they can be an absolute minefield. Trigger foods take center stage, stress levels spike and regular sleep patterns are out the window. Even winter weather fluctuations increase your chances of developing head pain.

But that doesn't mean you are resigned to a blue Christmas this year. If you're vigilant about your lifestyle habits, there are ways you can help manage your pain.

Here are five healthy habits that should be in every migraine and headache sufferer's toolkit.

1. KEEP A DIARY. Migraine and headache triggers vary widely from person to person, so the best way to identify your triggers is to keep a headache diary, says Joshua Cohen, MD, MPH, headache fellowship program director at Roosevelt Hospital's Headache Institute and Adolescent Headache Center in New York City.

"Each time you have a headache, jot down anything you can think of that may have triggered it—changes in sleep, skipping meals or what you ate," he says. "Over time, you will discover patterns in your diary that can help you determine what you need to avoid."

2. CONSIDER SHOPPING ONLINE. For shopaholics, the days between Black Friday and New Year's Day are like the Super Bowl and Mardi Gras rolled into one. But shopping malls can be a trigger wonderland for people with migraine and headache, Dr. Cohen says. If you're worried a holiday shopping spree might make your condition worse, you can find everything you need (and then some) online.

"Just walking into the mall to do some holiday shopping can be a challenge," Dr. Cohen says. "People are sprayed with perfume (an odor trigger), surrounded by lots of chaos (a sound trigger), exposed to fluorescent lights (a bright light trigger) and they may grab lunch at the food court where foods are often rich in MSG (a food trigger)."

3. MANAGE STRESS. Stress is a major trigger for migraine and headache sufferers, and the holiday season can cause anxiety levels to skyrocket.

George Rederich, MD, director of the South Bay Neurology Research Center in Redondo Beach, Calif., advises patients who struggle with holiday headaches to start thinking about pain prevention early—ideally months before the holidays. Headache sufferers need this extra time to learn and "master" the necessary preventive care techniques before the stress-filled holidays hit.

To help patients understand the precautions they should take, he recommends a book called *The Relaxation and Stress Reduction Workbook* by Martha Davis, et al. This guide helps people manage stress with a variety of skills based on their unique symptoms.

Additionally, he tells patients to use an even simpler stress-reduction strategy: Just say no.

"You can be pressured into participating in things you don't want to do," Dr. Rederich says. "If that is happen-

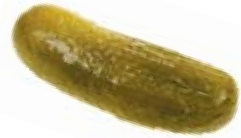
Foods that Hurt

Many traditional migraine food triggers are staples of the holiday table. Even though that meat and cheese platter might look appetizing, it's best to steer clear. To minimize the chances of exacerbating your condition, stick to foods that are fresh and free of additives. Your head will thank you. Below are the top trigger foods to avoid this holiday season (and any time of year).

Aged cheeses

Processed meats

Peanuts



Pickled foods

Alcohol, especially red wine

Bread and crackers containing cheese

Sourdough bread

Lentils, peas and broad beans

Chicken livers

Source: The National Headache Foundation

ing, you should say no. Sometimes you just have to be more assertive, knowing there's too big a price to pay."

4. EXPLORE SUPPLEMENTS. Most chronic migraine and headache sufferers are quite familiar with over-the-counter pain relievers, but Dr. Rederich suggests making a trip to your local health food store for lesser-known alternative remedies.

"There are about a half-dozen supplements that will make it harder to get a headache," Dr. Rederich says. "I ask people to take these four things: vitamin B2 (riboflavin), magnesium, the herb feverfew and co-enzyme Q10."

5. IMPROVE YOUR LIFESTYLE. Dr. Cohen says there are four basic healthy behaviors all migraineurs should embrace—eating, drinking, sleeping and exercising—and each can be thrown for a loop during the hectic holiday season.

No matter what else is going on, you should eat regular meals throughout the day, including lots of green, leafy vegetables and a good amount of lean protein, Dr. Cohen says. And don't forget to drink plenty of fluids.

"Drinking sufficient fluids, 2 to 3 liters per day, and avoiding caffeine, a potent migraine trigger, can make a significant difference," he says.

Holiday stress can wreak havoc on sleep patterns, as well. Don't let travel or late-night holiday revelry interfere with your sleep schedule—go to bed at the same time each night and wake up at the same time each morning.

Finally, resist the temptation to put your physical activity routine in the deep freeze once colder temperatures hit. You can reduce migraine frequency and severity by doing aerobic exercise at least three times a week for 30 to 40 minutes each session, Dr. Cohen says.

The holidays are a very special and stressful time of year, but you don't have to accept migraines and headaches as an inevitable "gift" of the season. If you learn how to avoid trigger foods and situations, you'll enjoy a much happier holiday. HW

growing pains | By A. David Rothner, MD

Big Problems

Childhood and adolescent obesity can cause a range of health and psychosocial problems—including an increased likelihood of headache.

RESEARCH FROM ALL PARTS OF THE GLOBE—including Norway, Germany, Israel and the United States—confirms that lifestyle is a major player in not only the frequency of headaches but also in their severity and treatment. Physicians and researchers agree that factors such as sleep, diet, hydration, exercise, smoking and stress all play an important role. One major determinant for all populations is obesity, a medical condition in which a person has excess body fat.

The obesity problem is reaching epidemic proportions worldwide. But when most people think of obesity, they picture a sedentary adult population. In reality, this condition is taking its toll on children and adolescents, as well. According to the American Academy of Child and Adolescent Psychiatry, between 16 and 33 percent of children and adolescents in the U.S. are obese, and this can have a significant impact on almost every aspect of their lives.

Obese children and adolescents have lower health-related quality of life (HRQOL) scores in physical, social and school domains when compared with children of normal weight. Overweight children are stereotyped as being unhealthy, academically unsuccessful, socially inept, unhygienic and lazy. They also tend to show symptoms of decreased self-esteem, sadness, loneliness, nervousness and high-risk behaviors.

In addition, this group is much more likely than their normal-weight counterparts to have headaches, according to Andrew M. Hershey, MD, PhD, pediatric neurologist and director of the Headache Center at Cincinnati Children's Hospital Medical Center. Although obesity does not cause headaches, it can increase headache frequency and the likelihood of disability in predisposed populations.

In a study published in the journal *Headache*, Dr. Hershey reported on data gathered from seven pediatric headache centers. The prevalence of overweight patients was similar in both the general and headache

population. However, body mass index (BMI) percentile significantly correlated with headache frequency and disability. As the BMI percentile increased, headache frequency and disability increased. Lowered BMI was associated with a positive change in headache frequency at both the three- and six-month follow-up visit. This study and others have shown that weight loss can contribute to a reduction in headache over time.

So why do obese children have more headaches? We simply do not know. The mechanisms are unknown, and the effects of physiological and environmental factors are also unclear. But study after study has confirmed the headache-obesity link.

In a 2008 study conducted in Israel and published in the journal *Obesity*, 16.5 percent of children were considered at risk for being overweight and 41 percent were overweight. In these groups, researchers found that females had an almost four-fold risk of headaches compared with girls of normal weight.

A comprehensive 2010 study of 6,000 teens in Norway, which was led by John Anker-Zwart, MD, of Oslo University and published in the journal *Neurology*, analyzed negative factors associated with increased risk of headache. These included obesity, smoking and lack of exercise. Both separately and collectively, these factors increased the frequency of headaches. However, it was not clear if negative lifestyle factors caused the headaches or simply triggered them in an already vulnerable population.

Although certain medical disorders can lead to weight problems in children and adolescents, these conditions account for less than 1 percent of all cases of obesity. The main cause is making poor lifestyle choices. To help keep childhood obesity in check, intervention programs should be aimed at both parents and children.

It's important to focus on modifiable factors. Children and adolescents should be encouraged to eat regular, well-balanced meals, and they should never skip breakfast. They also should get at least eight hours of sleep each night, maintain good hydration and exercise for at least one hour at a time, three to four times per week.

If kids are prescribed preventive headache medications, it's important to avoid medicines that increase appetite and promote weight gain. Some medications, such as Topamax, have actually been shown to decrease appetite and weight.

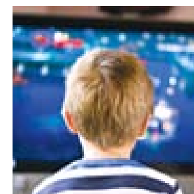
For young people who are overweight, BMI should be discussed at the initial doctor visit, and educational intervention should be initiated immediately. Such efforts to improve the management of obesity in children and adolescents will improve not only headache control but also emotional and academic well-being. HW

TAKE CONTROL

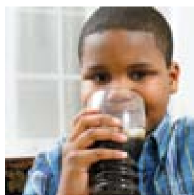
The following tips from the American Academy of Pediatrics can positively impact weight in children and adolescents:

Eat five fruits and vegetables every day.

Get one hour of physical activity per day.



Limit TV and computer time to fewer than two hours per day.



Limit consumption of sugar-sweetened beverages.

Eat breakfast daily.

Switch to low-fat dairy products.

Eat family meals together.

Limit fast food, takeout and eating out.

Eat a calcium-rich, high-fiber diet.

Stand Down

Exploring the relationship between migraine and PTSD in the military.

By Katherine Osos

THE FIRST TIME HE WAS UNDER FIRE, a shock wave from a distant explosion knocked him back in his seat. The second time, a mortar attack drove shrapnel into the left side of his head. The third time—the event that eventually forced Sgt. Christopher Nunnery home and required 19 reconstructive surgeries—a rocket-propelled grenade attack demolished the right side of his face.

After more than 10 years of service in the army—and after surviving three brutal encounters in Iraq—Nunnery had to medically retire in 2006. Today, at age 39, he lives in Harker Heights, Texas, and is still seeking relief from the intense chronic migraines that began after the second attack.

Although the head pain was initially attributed to his physical injuries, Nunnery's physician, Michael Ready, MD, later suggested the pain was perpetuated or worsened by post-traumatic stress disorder (PTSD), an anxiety condition some people develop after living through a harrowing event.

"With PTSD, you're putting undue stress upon yourself," Nunnery says. "Because you're ever-vigilant, you're always on edge, looking over your shoulder, thinking [something bad is] still coming. That makes the headaches even worse."

THE MILITARY RISK FACTOR

Due to advances in body armor and other protective equipment, soldiers today endure injuries and survive blasts that would have been fatal in previous wars, says Alan Finkel, MD, contractor for the Henry Jackson Foundation and Defense and Veterans Brain Injury Center at Fort Bragg, N.C., and co-founder of the Carolina Headache Institute. But while they survive, one in five soldiers returns home from combat with haunting visions of death and destruction that lead to nightmares, flashbacks, difficulty sleeping and emotional numbness—the signature markers of PTSD.

Military migraineurs are particularly vulnerable to this anxiety disorder. Of 2,200 returning soldiers, 19 percent suffered from migraine, and twice as many migraineurs had PTSD, according to researchers at Madigan Army Medical Center at Fort Lewis in Tacoma, Wash.

A BI-DIRECTIONAL RELATIONSHIP

It's unclear whether headaches trigger anxiety in soldiers or vice versa, says Dr. Ready, director of the Headache Clinic at Scott and White Healthcare in Temple, Texas, located just 30 miles from Fort Hood. But what is clear is that the two conditions make each other worse.

BY THE NUMBERS

Male migraineurs are four times more likely than female migraineurs to have PTSD.

Veterans with migraine are twice as likely to have PTSD, depression and anxiety than those without migraine.

Source: American Academy of Neurology

"People with migraine have a hypersensitive, hypervigilant nervous system," he says. "I think it's easier for people who have that underlying sensitive brain to end up developing PTSD."

Conversely, stressful events will actually cause biochemical changes in the brain, and aspects of PTSD—including nightmares that disrupt sleep—make it difficult for the brain to relax. Dr. Ready says this could worsen the underlying migraine condition.

Resources for Recovery

Addressing the symptoms of PTSD can reduce related migraine pain. To help with this, Michael Ready, MD, recommends book therapy.

"With any kind of chronic condition, the more we learn about it, the better we do," he says. He suggests the following two reads:

The Post-Traumatic Insomnia Workbook: A Step-By-Step Program for Overcoming Sleep Problems After Trauma

By Karin Elorriaga Thompson, PhD, and C. Laurel Franklin, PhD

Brain Injury Survival Kit: 365 Tips, Tools and Tricks to Deal with Cognitive Function Loss

By Cheryle Sullivan, MD

Don't have time to dive into a book? Try this mobile solution created by the U.S. Department of Veteran Affairs and the Department of Defense:

PTSD Coach: This smart phone app offers PTSD treatment information, tools for tracking symptoms, tips for handling stress and links to support—all at your fingertips. You can download *PTSD Coach* for free from iTunes or Android Market.

In addition, mild traumatic brain injuries—the defining wound of the wars in Iraq and Afghanistan—are almost always linked to headaches and are often associated with PTSD.

IT IS TREATABLE

Research has shown that people who suffer from both PTSD and migraine are more likely to have headache-related disability, so it is important to seek treatment as soon as possible. In addition to taking traditional migraine medications, such as triptans, sufferers need to address the psychological component with therapy.

"If we treat the PTSD, the pain gets better," Dr. Ready says. "It doesn't necessarily go away, but it's an essential part of what we need to do."

Certain lifestyle changes, such as exercise, improved diet and increased hydration, are also beneficial. Dr. Finkel notes that maintaining proper sleep, as well as managing the patient's environment, are particularly important.

"People with PTSD may feel very uncomfortable in crowds and in an unsafe environment," he says. "That kind of stress can lead to more headaches."

As researchers continue to explore the relationship between PTSD and migraine, Dr. Ready hopes their findings serve as a wake-up call for both physicians and veterans.

"If you're having frequent headaches, I think it's important to ask, 'Could I have PTSD with this?'" he says. "Because if it's there and we don't treat it, chances are it will make it harder to get your headaches under control."

For Nunnery, working with his physician, spending time at the gym and practicing tai chi have helped significantly reduce his migraine events.

"If you have PTSD, don't deny it," he says. "It was hell until I started getting help … now I almost have a normal life again." HW

q&a

By Gary Cohen

The Stroke-Migraine Connection

People who have migraine with aura are more than twice as likely to suffer a stroke.

Most migraine patients know their symptoms like they know their reflection in the mirror. But many of these symptoms—disturbances in vision and language, for example—can also be indicators of stroke.

Although the absolute risk is small, recent studies show that people who suffer from migraine with aura have double, or even triple, the risk of stroke compared with people who don't get migraines at all. The exact connection between the two diseases is still unclear, but there are things you can do to lower your risk.

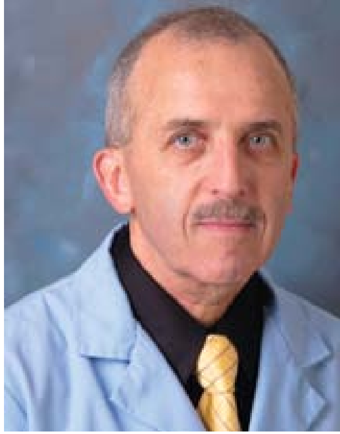
José Biller, MD, FACP, FAAN, FAHA, professor and chair of the department of neurology at the Stritch School of Medicine at Loyola University Chicago, has been a practicing neurologist for more than 30 years with subspecialty expertise in stroke and headache medicine. He recently sat down with *Head Wise* to discuss the migraine-stroke connection.

HEAD WISE (HW): How can people learn to recognize a stroke?

DR. BILLER: The symptoms of stroke depend on the area of the brain that is affected. The most common manifestations are characterized by the sudden onset of a focal neurological deficit. That can be visual loss in one or both eyes, or in half of the visual field; speech or language impairment; weakness or paralysis in one part of the body—that can be in the face, the arm or the leg; numbness or tingling in one part of the body; unexplained headaches; unexplained dizziness or vertigo; or a combination of these symptoms.

***HW*:** Recent research has solidified the connection between migraine and stroke. So how are the two diseases related?

DR. BILLER: First of all, true migraine-induced stroke, or migrainous infarction, is very rare. Migraine is associated with a low absolute risk of stroke or mini-stroke, also known as transient ischemic attacks. The risk of stroke, though, is largely associated to the subtype of migraines with aura and most commonly occurs in women under the age of 45. That is magnified by other associated risks, particularly the consumption of tobacco and the use of oral contraceptives. The incidence of migrainous infarction varies if you have associated risk factors or not.


Dr. José Biller

Prior stroke will increase your risk of having another stroke.

***HW*: What makes people who have migraine with aura more susceptible?**

DR. BILLER: One possibility is that during migraine, there is a component that is known as "spreading depression" that may cause changes in [blood] flow. There is an inflammatory component associated with that as well as a vasodilatation that can lead to reduced, or slowed, flow in the arteries. Combined with the possibility of other risk factors—particularly dehydration, vasospasm, increased viscosity (or stickiness of the blood), clustering or the adhesion of blood elements like platelets—this may cause a coagulation within the blood vessel that can impair delivery of nutrients and subsequently cause a stroke.

***HW*: How can someone with a lifelong history of head pain learn to recognize the distinct symptoms of stroke?**

DR. BILLER: As recommended by the International Headache Society, migrainous infarction has a strict definition. Number one, that one or more aura symptoms—the symptoms that antedate the headache phase—last more than an hour and are associated with a neuroimaging study confirming the presence of an ischemic stroke. In somebody who has a history of migraine with aura, the attack will be typical of previous attacks, except for the longer duration of the neurological deficit. And finally—and this is very important to highlight—that other causes of stroke have been ruled out. So in essence, we are talking about a diagnosis of exclusion.

***HW:* What should migraineurs do if they start noticing stroke symptoms?**

DR. BILLER: Stroke is a very serious disease that is highly treatable, and the treatment should be done immediately. Therefore, my advice would be for the patient to call 911, and hopefully be transported to the nearest emergency room where he or she can be evaluated by an individual with expertise in the diagnosis and management of stroke.

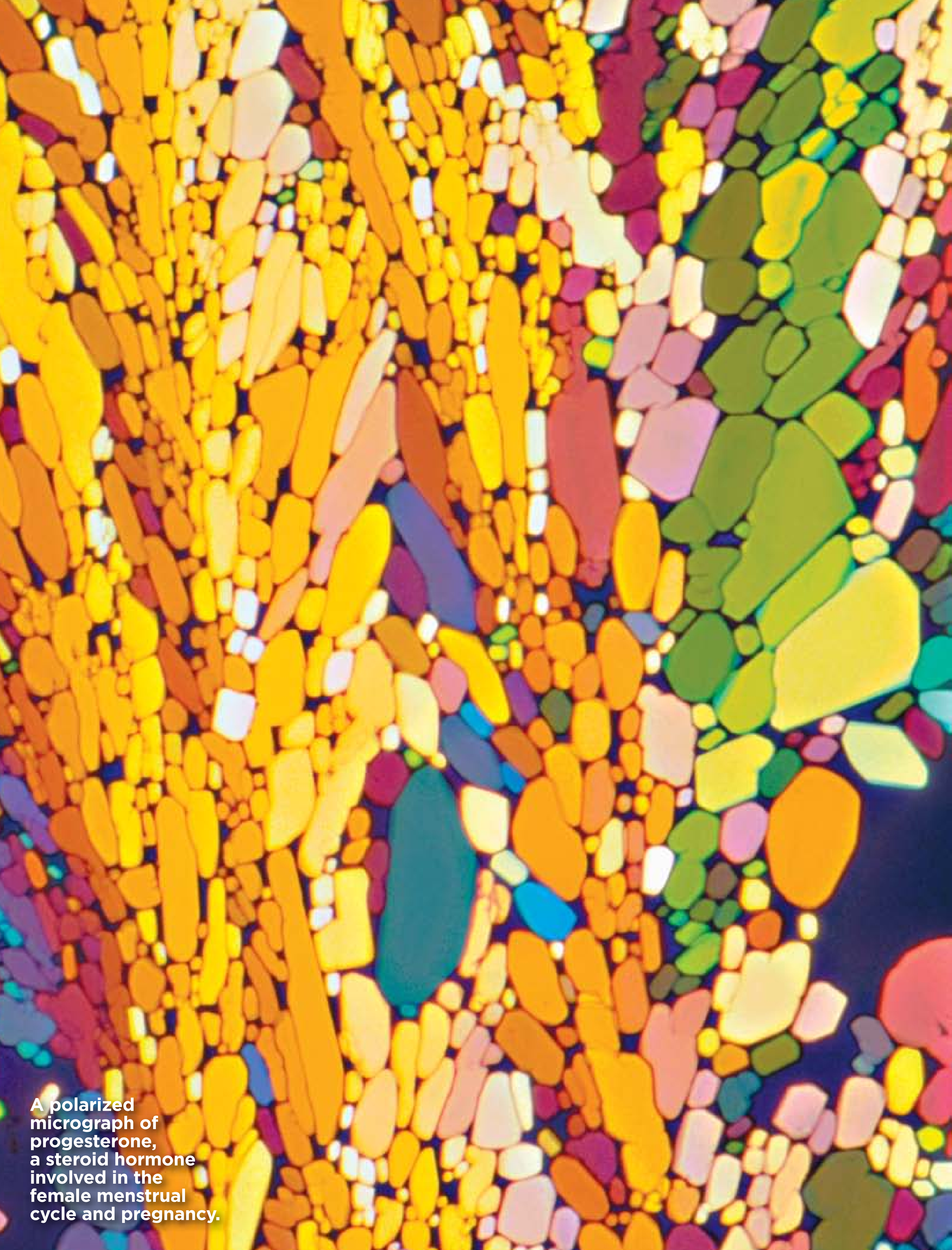
***HW*: What are some of the other risk factors for stroke?**

DR. BILLER: The modifiable risk factors include mainly high blood pressure or arterial hypertension, high cholesterol, diabetes and heart disease (particularly atrial fibrillation, carotid artery disease or carotid stenosis). Prior stroke will increase your risk of having another stroke. And certainly some lifestyle behaviors increase risk—particularly the consumption of cigarettes, excessive consumption of alcohol, obesity, sleep apnea and a sedentary lifestyle.

***HW*: What can migraineurs do to reduce the risk of stroke?**

DR. BILLER: First, they should be properly diagnosed to determine whether they have migraine with or without aura. Many patients with migraine have co-morbidities that need to be taken into consideration, and these co-morbidities dictate the best treatment approach, particularly when we are addressing preventive strategies. We want to know whether the migraineur has high blood pressure, diabetes, high cholesterol or heart disease. The patient should be encouraged to maintain adequate lifestyle, particularly as far as the consumption of tobacco products. They should maintain good sleep habits and good nutrition, and recognize their triggering factors. And obviously patients who have risk factors, for, let's say, coronary artery disease, should have a proper cardiovascular evaluation before receiving medications, such as triptans, commonly used for migraines. HW

If you want to hear more from Dr. Biller, download the full podcast at www.headwisemag.org/ExpertAnswers.



A polarized micrograph of progesterone, a steroid hormone involved in the female menstrual cycle and pregnancy.

AHEAD OF THE CURVE

BY SARAH FISTER GALE

Proactive treatments can help women who suffer from HORMONALLY TRIGGERED MIGRAINES control their WORST MONTHLY HEADACHES before they start.

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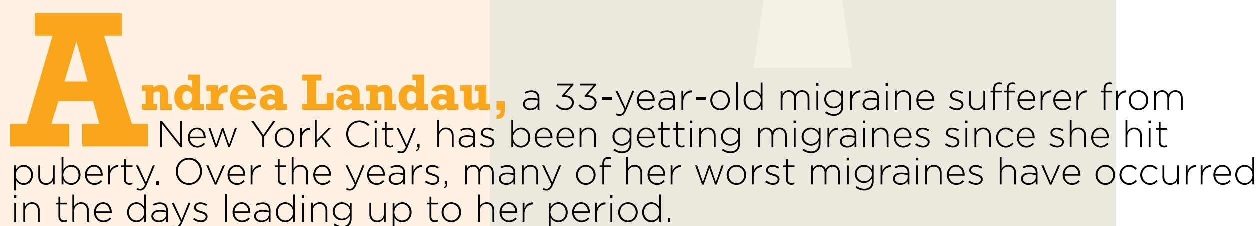


Andrea Landau, a 33-year-old migraine sufferer from New York City, has been getting migraines since she hit puberty. Over the years, many of her worst migraines have occurred in the days leading up to her period.

"I used to have to leave work because they were so intense," Landau says.

This story is not uncommon. Women are three times more likely to get migraines than men, and more than half of the migraines women suffer are triggered by changes in estrogen levels. In a recent poll of migraine sufferers on the National Headache Foundation's Facebook page, 82 percent of respondents said they are "much more likely" to get migraines before, during or immediately after their period than at any other time of the month (see sidebar below).

"Hormone fluctuation is a huge trigger that makes women more vulnerable to migraines," says Sheena Aurora, MD, director at Swedish Headache Center in Seattle.

ANATOMY OF A MENSTRUAL MIGRAINE

Roughly 75 percent of migraine sufferers are women. Among women with migraines, about 60 percent experience menstrual-related migraines, says Susan Broner, MD, a neurologist and headache specialist at The Headache Institute of New York and assistant clinical professor of neurology at Columbia Presbyterian Hospital. Fluctuations in estrogen are the primary culprit, creating a maelstrom of physiological changes that trigger intense and long-lasting migraines.

"The drop in estrogen lowers the pain threshold, enhances nerve excitement and causes nerve inflammation," Dr. Broner says. It also impacts levels of serotonin and dopamine. "Together, it leads to migraines that cause greater functional impairment."

These migraines commonly occur during menstruation, but also can be triggered by ovulation in the middle of the menstrual cycle when estrogen levels rise slightly and then drop, says Jan Lewis Brandes, MD, director of the Nashville Neuroscience Group at St. Thomas Health Services and assistant clinical professor of neurology at Vanderbilt University.

"It's not so much the drop itself as it is the fluctuation," she says. "It acts as a primer for the migraine."

PROACTIVE TREATMENTS CAN BE EFFECTIVE

Hormonally influenced migraines tend to be more intense and longer lasting than other migraines, Dr. Broner says. To make matters worse, the acute treatments that work for everyday migraines, such as triptans and anti-inflammatories, may not be as effective for hormonally related headaches.

But there is some good news. Because menstrual migraines are often predictable, they can generally be managed with a little advance planning.

Laura Barisonzi

“I still get [menstrual migraines], but they are a lot less intense now that I have the right combination of medications.”

Physicians recommend women avoid stacking triggers—for example, combining red wine and chocolate—in the days leading up to their period. Sufferers should also keep a diary of their migraines that includes when the attacks occur in relation to their menstrual cycle. This is particularly useful with menstrual migraines because many women find that by taking proactive measures (i.e., ingesting medication before a menstrual migraine starts), they can head off migraines and/or reduce their severity.

Estrogen drops two to five days before menstruation begins, and that is part of a cascade of events that triggers menstrual migraine. To combat this painful condition, doctors may prescribe mini-prophylaxis or mini-preventive treatments, in which patients begin taking triptans and anti-inflammatories two days before their menstrual migraine begins and for the five to seven days after.

"In many cases, this causes the migraines not to come at all or to be far less intense," Dr. Broner says.

PREGNANCY, MENOPAUSE AND MENSTRUAL MIGRAINE

Women who suffer from hormonally triggered migraines often worry about how they will manage their headaches during periods of hormonal change, such as pregnancy and menopause. During pregnancy, when medical treatment options are limited, this is a valid concern, says Susan Broner, MD, of The Headache Institute of New York.

"The first trimester can be difficult," Dr. Broner says.

Lack of sleep, changes in eating habits and hormonal fluctuations can cause the migraines to temporarily increase. But according to Dr. Broner, studies show that toward the end of the first trimester, more than half of women report improvements in their migraines. By the second trimester, more than 80 percent report improvements that last through the pregnancy.

For women who experience migraines and are planning pregnancy, Dr. Broner suggests implementing lifestyle changes—including regulating sleep patterns and meals, staying hydrated and weaning from caffeine—before getting pregnant.

"Caffeine can be a great tool to turn off a headache, but only if your body isn't used to a daily dose of it," she says. "Frequent use of caffeine should be avoided as that can cause more headaches."

In some lucky cases, women report that pregnancy can cause their migraines to essentially disappear, as was the case with Andrea Landau's mother. The younger Landau has suffered from migraines since she was a teen—a trait she inherited from her mother.

"My mother always had migraines before I was born, but after she was pregnant with me, they pretty much stopped," she reports. "Now she gets them maybe once a year."

For other women, entering menopause can cause their migraines to stop altogether.

However, during the years leading up to menopause, when the ovaries gradually begin to produce less estrogen and hormone levels tend to fluctuate more widely, migraines can get a great deal worse.

"Some women who haven't experienced migraines since their 20s find they return with a vengeance during perimenopause," Dr. Broner says. "Perimenopausal women in their 30s and 40s experience a lot of hormone fluctuations along with insomnia, hot flashes and irregular periods. And all of these changes can lead to more frequent migraines."

This can be a difficult time, but Dr. Broner urges women to remember that for many there is a light at the end of the tunnel.

"Once the hormone fluctuation stops and menopause begins," she says, "most women tend to see improvements."

For information on postpartum headaches, go to www.headwisemag.org/OurThoughts/Postpartum.

This has been the case for Landau, who began working with Dr. Broner five years ago to identify her migraine triggers and create a custom treatment plan, which now includes preventive medication around her period and not combining other migraine triggers during her most vulnerable days.

"It has changed my life," Landau says. "I still get [menstrual migraines], but they are a lot less intense now that I have the right combination of medications."

TREATMENT OPTIONS

Unfortunately, no one treatment method meets the needs of every sufferer or every headache, and the obvious solutions aren't always effective, Dr. Brandes says.

"The temptation with menstrual migraines is to want to simplify management of the hormonal influence," she says.

That might mean going on continuous birth control pills to prevent periods, or using an estrogen patch or other hormone therapies to blunt the hormonal fluctuation.

But such treatments don't work for everyone, according to Dr. Brandes. Many women who are on the pill suffer breakthrough bleeding or continuous bleeding that is triggered by hormone fluctuations, and this can lead to more migraines. Other women are not good candidates for estrogen replacement therapy due to a high risk for cancer or cardiovascular disease.

Instead of assuming a one-size-fits-all approach, doctors must work collaboratively with patients to understand their health risks and headache history. Once this record is established, they can try different combinations of medications and track the results.

"The often-missed hormonal influence on migraine is why it is so important to keep a headache and menstrual diary and for doctors to take a headache history that includes the hormonal influence," Dr. Brandes says.

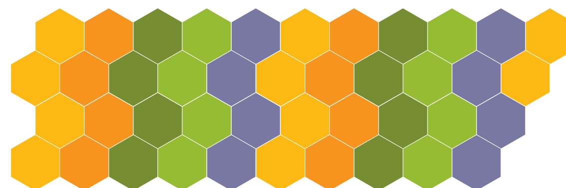
For women who suffer from menstrual migraines, that history should include when the migraines start in relation to their first period, when during the month the migraines most frequently occur in relation to ovulation and menstruation, and whether the headaches get better or worse as a result of using birth control pills or getting pregnant.

"If I know that the oral contraceptive pills made your migraines worse in your 20s, I would be more reluctant to prescribe them as a solution in your 40s," Dr. Brandes says. "Knowing your hormonal history increases the chances that the treatment we choose will be a success." HW

"Knowing your hormonal history increases the chances that the treatment [your doctors] choose will be a success."

POP QUIZ

How likely are you to get migraines before, during or immediately after your period?



Much more likely – 42 votes

Somewhat more likely – 1 vote

No more likely – 4 votes

Less likely – 1 vote

I never get menstrual migraines – 2 votes

Source: NHF Facebook and online survey

Adopting a gluten-free diet has helped Seattle attorney Sarah Lawer control her migraine pain.

Amos Morgan

The Perfect Complement

Migraine and headache patients are used to popping pills to manage their pain, but not every remedy comes from the medicine cabinet. **These seven alternative therapies might be your answer to pain relief.**

By Allecia Vermillion

Since childhood, Seattle attorney Sarah Lawer has been plagued by migraines brought on by exercise and heat. But as she grew up, her migraine triggers evolved.

"All my life, I've just tried to power through headaches," Lawer says. "But you get them and eventually you can't ignore them."

Like most migraineurs, she was willing to try almost any- thing to make the pain go away. Over the years, she experimented with a host of prescriptions and non-traditional therapies, including massage, acupuncture and biofeedback, each resulting in varying degrees of success.

Ultimately, it was ridding her diet of gluten that helped Lawer manage her migraine pain. According to the National Headache Foundation (NHF), the diet that she has followed is unusual and used primarily for celiac disease. Its effects could be due to many other factors, such as: age; spontaneous remission, which often occurs; a change in lifestyle; or the elimination of many of the multiple triggers associated with migraine. Most clinicians believe that in about 30 percent of migraine sufferers, diet can be a factor. Migraine patients are particularly susceptible to changes in lifestyle, such as missing a meal, oversleeping, fatigue and dieting. The food and beverage items that are most often cited as triggers to a migraine attack include chocolate, cheese, fermented or pickled foods, caffeine, and alcoholic beverages — in particular, red wine.

For most migraine and headache sufferers, managing head pain is a simple matter of taking prescription or over-the-counter medications. For some unfortunate individuals, drugs just don't work.

This uncertainty leads many people to try complementary or alternative therapies, a range of techniques that can be used in tandem with traditional medications. Some of these approaches have proven effective in clinical trials, while others have largely anecdotal support.

"If a person believes in it, there's a chance it might work," says Kathleen Farmer, PsyD, a psychologist with the Headache Care Center in Springfield, Mo.

Here are seven common complementary therapies—many of them relatively inexpensive—that could be your key to migraine and headache relief.

1. Lifestyle Adjustments

When Alexander Mauskop, MD, a neurologist and director of the New York Headache Center, sees patients, he always provides a handwritten list of suggested lifestyle changes and complementary therapies that usually includes exercise, meditation and certain supplements.

"The most proven thing we start with is regular aerobic exercise," he says.

He recommends 20 to 30 minutes of exercise five days a week. Good sleep habits are also important, and there are many dietary interventions that can help.

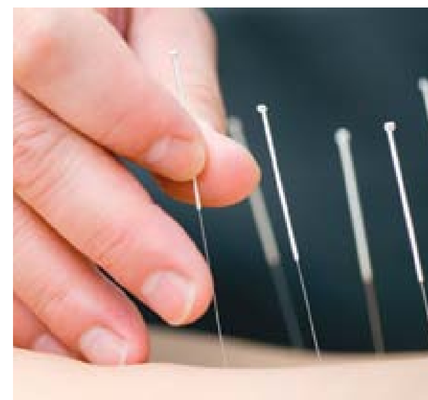
2. Vitamins and Supplements

Although vitamins and supplements have little scientific support as a migraine or headache treatment, many have proven effective for patients. In Dr. Mauskop's research, as many as half of all migraineurs have a magnesium deficiency, which can exacerbate the attacks. For these patients, taking daily supplements often improves matters. For many headache sufferers, he also recommends feverfew, butterbur and coenzyme Q10, better known as CoQ10.

Farmer cautions that the quality of a supplement is important, and patients generally get what they pay for. The inexpensive formulations available at chain stores can be less potent and less effective. She suggests researching supplements and brands online or visiting a reputable health food store.

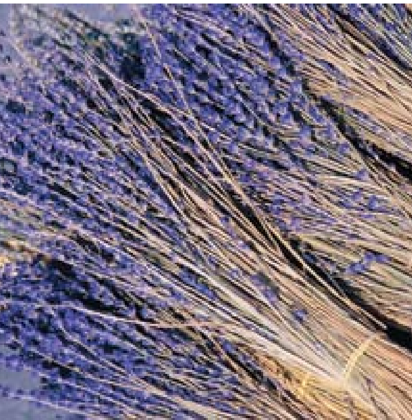
3. Acupuncture

Given acupuncture's lack of side effects and high success rate, Dr. Mauskop is quick to recommend it to his patients. From his experience, he estimates the therapy works for about 50 to 60 percent of migraineurs, though it usually takes four or five sessions to see any benefit.



The disadvantages? It's time consuming and somewhat costly. Patients must come in for weekly sessions, usually for 10 to 12 weeks. Because insurance generally doesn't cover acupuncture, this can get expensive fast. Although costs vary from provider to provider, each session typically runs about $100, Dr. Mauskop says.

According to the NHF, other physicians and patients who have used acupuncture extensively have reported equivocal results, and the outcomes have not been sustained.



“Massage helps undo the fight-or-flight response that a lot of migraineurs experience.”

4. Aromatherapy

Scientific studies suggest that lavender and peppermint scents can help manage migraines and headaches. A 2010 study by Shiraz University of Medical Sciences in Iran found that peppermint relieved nausea and vomiting associated with migraines. Other studies have shown that the smell of peppermint can reduce the perception of pain.

Rather than using aromatherapy to relieve a migraine, Dr. Mauskop recommends enlisting positive scents to avoid the bad smells that can trigger an attack. One option is a product called Migrastick, a small, inexpensive roller filled with lavender and peppermint essential oils. Dr. Mauskop tells patients who get stuck on a bus or train next to a heavy perfume wearer to take the product out, put it under their nose and inhale.

5. Cognitive Behavioral Therapy and Biofeedback

This model of therapy helps patients identify thoughts or mental triggers, such as self-doubt or relationship troubles, that excite the nervous system. Once these stressors are identified, the therapist and patient work together to develop methods of staying relaxed.

“When I see people who have trouble with migraines, I find there’s something else going on with them that they don’t know how to handle,” Farmer says. “They don’t want to admit it or maybe they’re not even aware of it.”

This tactic is especially effective when paired with biofeedback, a system that tracks patients’ responses to stress and teaches them how to lower their nervous system’s excitability.

Most psychologists are trained in cognitive behavioral therapy, Farmer says, but when you call a psychologist’s office, you should ask about experience working with migraine and headache patients. And if you don’t click with one therapist, try someone else.

“Not every psychologist is right for everyone,” Farmer says.

According to the NHF, biofeedback is an excellent adjunctive therapy. Many studies demonstrate that a course of biofeedback will reduce the severity and frequency of acute headache attacks.

6. Massage

When New York City dermatologist Debra Jaliman's migraines became a daily occurrence about six years ago, she made it her mission to research every available option. She tried acupuncture, compresses, thrice-daily doses of butterbur and thousands of dollars in other treatments. But the therapy that finally worked for her was massage.

"I get it twice a week, and it really does help me," Jaliman says. Before her sessions begin, she makes sure her masseuse is aware of her migraine trigger points.

"[Massage helps] undo the fight-or-flight response that a lot of migraineurs experience," Farmer says. "Many migraineurs do feel victimized by their migraine. They are in survival mode, which makes all of the muscles tense."

Other lower-cost relaxation techniques, such as meditation, yoga and tai chi, can also help ward off migraines. Farmer says some people even find relief from a relaxing facial.

7. Creativity

In addition to being fun and making your life more enjoyable, activities such as dancing, singing, painting, or crafting can help relax the body and raise your migraine threshold.

"When you do something creative, you go to a more relaxed state," Farmer says. "Anything that takes you out of the pain zone [is beneficial]."

She encourages patients to identify creative pursuits they enjoy and spend a little time every day doing them. HW

Glossary: Common Migraine-Fighting Vitamins and Supplements

Butterbur: An herb with anti-inflammatory effects that grows primarily in Europe and Asia and has been proven in some research to reduce migraine and headache frequency.

Coenzyme Q10: A substance produced in the human body and necessary for the basic functioning of cells. CoQ10 levels can decrease with age.

Feverfew: This plant is a member of the sunflower family. Studies show that taking capsules of dried feverfew leaves can decrease the frequency of migraines.

Magnesium: The fourth most abundant mineral in the body. According to the National Institutes of Health, magnesium is necessary for more than 300 biochemical reactions.

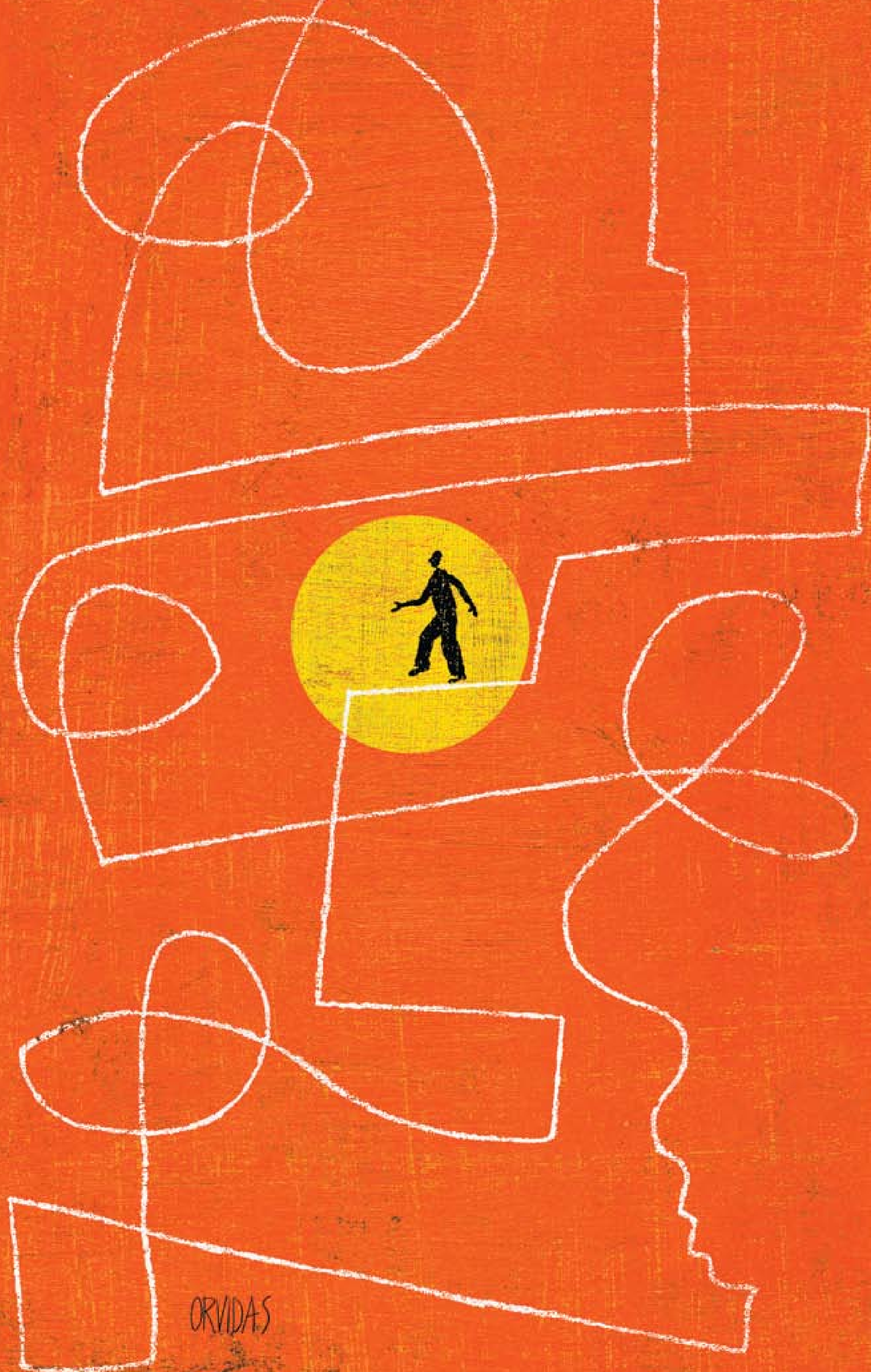
Riboflavin: This essential vitamin, part of the vitamin B complex, helps the body perform chemical reactions and break down carbohydrates, proteins and fats.

Migraine and headache sufferers need a good health care plan to cover the cost of treatment. But navigating the insurance maze can cause a different kind of headache.

By Jim Distasio

The Care Conundrum

Kev Orvidas/theispot.com


ORVIDAS

igraine and headache sufferers go through a lot—piercing head pain, nausea, visual auras and the lifestyle upheaval that accompanies their condition. But if there's one thing that rivals the sheer discomfort of a migraine or headache, it's figuring out the insurance issues surrounding the condition's care and treatment.

Understanding the most effective therapies, haggling over which costs are covered by insurance providers and putting a figure to the inevitable out-of-pocket expenses can all feel like a shell game, says Bray Patrick-Lake, a migraine sufferer and patient representative for the Food and Drug Administration (FDA).

"You see a migraine specialist, you pay for the appointment, you start the therapy and 30 days later you get a letter [from the insurance company] saying, 'We won't pay for this medication so you need to switch to this cheaper drug,'" Patrick-Lake says. "It's very frustrating."

That's why it's essential to get a handle on the process. Here are four recommendations gleaned from physicians, health insurance insiders and patient advocates to help remove potential roadblocks to care and put you in control of your life.

1. LOVE THE FINE PRINT

When it comes to insurance coverage, the cliché says it all: The devil is in the details. Most physicians and benefit industry reps agree that patients need to understand even the tiniest minutiae of their coverage.

"Benefit or plan documents often get put into the kitchen drawer and never looked at or read," says John Whitney, MD, an internal medicine and pulmonary specialist who is also manager and medical director for medical policy with insurer WellPoint. "One of the first things you can do is find them and read them."

Unfortunately, some insurance plan documentation is so thick and laden with industry lingo that even the symbologist from the *Da Vinci Code* wouldn't be able to tell whether, for instance, Imitrex falls under the coverage umbrella.

If migraine or headache sufferers don't understand something about their benefit plan coverage, they should direct specific questions to their insurance companies, says Alan B. Rosenberg, MD, a physician and National Headache Foundation board member who has also served as an executive for a number of health benefit companies.

"Benefit plan documents are sometimes difficult for individuals to understand," Dr. Rosenberg says. "But headache patients can always call their benefit plan customer service number, and most large benefit companies have online query processes. Electronically submitted questions, given that they are written, provide a response that is clearly documented for the beneficiary."

The takeaway from your research should be an encyclopedic knowledge of exactly what your plan covers—the specialists and physicians that are in-network, any copay requirements, the cost of generic versus name-brand prescriptions, the kinds of treatments classified as medically necessary, etc.

Moreover, Dr. Rosenberg says patients filing claims should understand which benefit they are trying to access. This is particularly important as it relates to pharmaceutical or medical benefits, as these may be directed to different places. For example, retail or mail-order pharmacy benefits are generally covered through pharmaceutical benefits. Physician office appointments, emergency room visits, hospital procedures, physical therapy and diagnostic imaging

If you need help paying for prescription drugs, try these NHF-approved patient assistance programs: www.headaches.org/education/Tools_for_Sufferers/Patient_Assistance_Programs-Sponsored

FACES IN THE CROWD

The NHF asked its Facebook community how insurance coverage impacts their medication usage and received some passionate testimonials. Here's what you had to say:

"My insurance has denied multiple preventives for me. They say the medication is not intended for migraines—no crap—there really is not much that IS developed for migraines. They need to be more accommodating with off-label use. It's a lot less expensive than inpatient treatment."
– *Katie M.*

"These insurance people who do the approvals have never had a migraine."
– *Cheryl W.*

"Insurance only allows me nine tablets of Imitrex or Zomig a month, which is not nearly enough when I have a migraine every day. So I have to try to ration my meds for the worst headaches. This goes against what you should do."
– *Patsy C.*

"I don't have insurance because I had to stop teaching due to my persistent daily migraines. Every time I need one of my rescue meds, I have to ask myself if the pain is at a high enough level to deserve the expense."
– *Sarah J.*

are generally covered through medical benefits. To make matters even more confusing, some medications given to migraineurs in the emergency room or in-office may be covered through medical benefits, not pharmaceutical.

Patrick-Lake learned of these classifications first hand after undergoing Botox treatments for her chronic migraines. Her insurance provider covered the $500 injection procedure fee, but the $1,500 drug got billed in an area of coverage that had a separate deductible, Patrick-Lake says.

Tackling both chronic pain and insurance authorizations demands a team effort.

2. GET TO KNOW YOUR DOCTOR

Headache patients need a physician who can do more than just diagnose and treat their illness; they need a true partner in care. Tackling both chronic pain and insurance authorizations demands a team effort.

"It's about finding the headache specialist who will go to bat for you," Patrick-Lake says.

Once you have located the right healer (chosen from a list of in-network doctors), it's important to get involved in the continuum of care, from diagnosis to follow-ups. A good place to start is where many migraine and headache sufferers square off with their benefit companies—over the prescription medications used to treat their conditions.

Some patients find name-brand drugs more effective than their generic counterparts, while others don't get enough triptans to cover all of the migraine attacks they experience in a month. In these cases, patients can find themselves digging deeper into their pockets—sometimes to the tune of hundreds of dollars per month—for drugs their payers won't approve.

Merle L. Diamond, MD, headache specialist and president of the Diamond Headache Clinic in Chicago, says it's unfair to penalize patients who don't want to take generic drugs that might not work as well.

"We're not Keebler cookies that all sit in the box and look the same," she says. "Genetically, there are clearly distinctions in how patients respond to medication."

Headache patients and their physicians, however, can often build a case for covering their preferred treatments. Not surprisingly, it's all in the paperwork.

Both parties should ensure the medical records submitted to the insurance company properly reflect what's going on. WellPoint's Dr. Whitney suggests migraine and headache sufferers involved in complex care keep a detailed journal that meticulously documents the incidence and length of the medical issue, specific medications taken, other treatment interventions and side effects.

"It helps the doctor and demonstrates the [condition's] severity," he says, adding that the information can also be a valuable record of treatment when presented to an insurance provider.

And while it might be an uncomfortable conversation, patients need to speak openly with their physicians about payment and ways to save money on treatments if their coverage is limited or possibly denied.

Some offices even bundle treatments together to give patients more reasonable rates for care, though Dr. Diamond cautions "not all offices are that creative or willing to do it." Be sure to inquire about all possibilities.

If health care costs are crippling your finances, you're not alone. Take a look at the unsubsidized cost of a **single dose** of these commonly used triptans based on national retail averages.

Drug	Cost
Relpax (20 mg)	$34
Frova (2.5 mg)	$37
Maxalt (5 mg)	$38
Amerge (2.5 mg)	$43
Imitrex (25 mg)	$39
Generic Sumatriptan (25 mg)	$24
Imitrex Nasal Spray (20mg)	$61
Generic Sumatriptan Nasal Spray (20 mg)	$44
Zomig (5 mg)	$38
Zomig Nasal Spray (5 mg)	$53

Source: *Consumer Reports*

3. STUDY THE RULES OF THE GAME

Migraine and headache sufferers need to make every effort to understand how their care is evaluated so they can equip themselves to deal with unfavorable health care decisions levied by their insurance companies.

Most major health insurance plans base their policy decisions on credible scientific evidence published in peer-reviewed medical literature, Dr. Rosenberg says. Published clinical trials make a treatment more likely to be covered than one based purely on anecdotal testimonials.

But for patients with chronic pain, some physicians enlist a battery of treatments, such as acupuncture or magnets, that are not covered by a benefit plan.

"Individual doctors may try a lot of things to see what works with migraineurs," Dr. Rosenberg says. "But health care companies are looking for more systematic evidence to see that a treatment actually works better than the placebo."

Even medications that have met benchmarks required by the FDA can be sidelined by providers until they are fully vetted. For example, Botox for migraine relief is classified as an off-label therapy by some providers because of the dearth of studies demonstrating its effectiveness.

Dr. Rosenberg suggests checking a benefit company's website for its coverage and

medical policies to see if specific treatments are covered. He also recommends migraine and headache sufferers enroll in reputable, well-constructed clinical trials to evaluate newer treatments and advance the clinical evidence upon which providers base their decisions.

"If there's good clinical evidence supporting a medical treatment, usually the benefits will follow," he says.

Migraine and headache patients also have ways to appeal services that are denied coverage. Most major health insurance plans allow for both an internal review and an independent external review if a patient and his or her physician think a denied treatment is medically necessary. In addition, federal legislation passed last year, the Patient Protection and Affordable Care Act, entitles patients whose benefit plans are covered under the act to an independent review process.

However, be forewarned: There are limitations to what a patient can procure through the appeals process. For example, if a benefit plan explicitly states a provider will cover only a certain amount of a drug, that determination may not be subject to an independent external appeal, Dr. Rosenberg says.

"If a person starts by reading what's in his or her specific benefit plan and if the treating physician submits the relevant clinical information, the appeals process is much more likely to be effective," he says.

Most major health insurance plans base their policy decisions on credible scientific evidence published in peer-reviewed medical literature.

4. DON'T GO IT ALONE

Like other people with chronic pain, migraine and headache sufferers can be at a disadvantage when charting their course of care. In addition to pain, patients often struggle with work issues related to their condition, a lack of time and money, and other health ailments—all of which make it difficult to spend time skimming coverage packets and questioning claims representatives.

"Patients often say, 'I'm too sick to take action,'" Patrick-Lake says. "But we have friends and family that can take action on our behalf. If we don't, we will continue to be denied therapies."

Strong patient advocates can help research health care plans, compare pharmaceutical prices, and speak with doctors and insurance companies on your behalf. It also pays to think slightly outside the box when choosing a resource. Patrick-Lake says people looking to switch health care plans or providers should talk to their doctor's front-office staff to see which companies respond promptly to requests for approval.

"I want to know the staff's impressions on various insurance carriers because those are the folks processing claims on my behalf," Patrick-Lake says.

Navigating the United States' convoluted health care system is a stressful process, but don't become discouraged by missteps, bad news or what appears to be an endless uphill climb.

"I'm a highly educated advocate, and I still got a surprise last year of close to $2,000 in out-of-pocket expenses that I wasn't expecting to pay," Patrick-Lake says.

What's most important for migraine and headache sufferers is to keep lobbying for the benefits they need—whether that's alternative therapies or specialist referrals—and not to take no for an answer, Dr. Diamond says.

"Patients need to be persistent," she says. "Not just for themselves but for the care they need." HW

Patients with extreme conditions get specialized treatment at the Diamond Headache Inpatient Unit.

Che

Nobody wants to be admitted to a hospital. But when all other options fail, it might be time to consider specialized inpatient headache care.

By Kelly Rehan

Photos by Morgan Anderson

Need more information about your headaches? Try the NHF's headache topic sheets at www.headaches.org/education/Headache_Topic_Sheets.

ckingIn

HEADACHES HAVE BEEN PART OF YOUR DAILY LIFE FOR SO LONG, YOU CAN'T EVEN REMEMBER WHEN THEY STARTED.

You've tried everything—over-the-counter medications, prescription painkillers, herbal supplements. You've changed your diet. You've changed your sleep habits. You've stopped going out with friends and family. But no matter what you do, the incapacitating headaches keep coming back.

For a select and unfortunate group of headache sufferers, this extreme scenario is the status quo. Despite doing everything they can to treat their headaches, their pain is persistent, severe and debilitating. Unique cases like this warrant unique care. That's where inpatient headache clinics come in.

Inpatient headache care is a multidisciplinary treatment approach administered by medical professionals who specialize in complex headache cases, says Wade Cooper, DO, director of the Headache and Neuropathic Pain Program at the University of Michigan. This type of care provides a host of benefits, including access to a team of specialists, close medical observation for more difficult cases and intensive therapeutic options, such as IV medications, that are not available at home or in most acute care settings.

For patients who can't find relief elsewhere, inpatient headache clinics can provide tools to reduce pain and improve quality of life.

FROM RIDICULE TO REVERENCE

The roots of inpatient headache care date back to the 1980s, when Seymour Diamond, MD, executive chairman of the National Headache Foundation and founder and director emeritus of the Diamond Headache Clinic, established the first dedicated acute inpatient headache unit at Bethany Methodist Hospital in Chicago.

The inpatient unit of the clinic has since moved to its current location at Chicago's Saint Joseph Hospital.

"Nobody really thought of a [headache] unit to help people who were acutely ill or had a medication problem," Dr. Seymour Diamond says. "The model of our unit was distinct."

Despite collaborating closely with a hospital, Dr. Seymour Diamond recognized the importance of keeping the unit separate.

"We didn't rotate nurses from a surgical ward to our ward—our staff was trained to take care of [headache] patients," he says. "That includes the nursing assistants, the unit secretary—everybody was attuned to the headache patient rather than the confusion of a general hospital."

The Diamond Inpatient Headache Unit—still the only dedicated unit of its kind in the United States—has always focused on multidisciplinary care, which was a unique treatment philosophy when the facility opened nearly 30 years ago. In addition to the physicians and nursing staff, the unit staff includes a full-time pharmacist, biofeedback therapist, dietitian, physical therapist, psychiatrist and two psychologists to treat all aspects of pain. The unit even incorporated special lighting in its design that is easier on headache patients.

"At the onset, we incorporated a lot of elements that people wouldn't think of doing in terms of headache care," Dr. Seymour Diamond says. "Today we're nationally and internationally accepted, but at that time, our efforts were questioned."

A LOOK INSIDE

Merle Diamond, MD, managing director of the Diamond Headache Clinic (and Dr. Seymour Diamond's daughter), says inpatient headache care is a good option for people who don't respond to traditional outpatient treatments. Although inpatient care likely won't make headache disorders go away, it can significantly improve quality of life—the clinic's inpatient population has a 75 percent improvement rate, she says.

"Our goal is to give patients the ability to recover from chronic headache and become part of their family's life again and part of the world again," Dr. Merle Diamond says. "A lot of these people have lost that ability because they are bedridden and often don't work."

The Diamond Inpatient Headache Unit offers 38 adult beds and eight pediatric and adolescent beds. Approximately 2,000 patients are admitted each year—some even travel from other countries because this type of treatment is so rare.

GETTING PATIENTS ON BOARD

One of the biggest challenges of treating complex headache disorders from an inpatient standpoint is setting realistic expectations.

"Virtually every patient we see says they want to be cured of their headaches," Dr. Merle Diamond says. "We have to adjust their expectations to the extent that they will be better, but sometimes they will still have headaches."

Many headache sufferers, especially those who have become accustomed to taking medication for quick bouts of relief, find it hard to accept a multidisciplinary inpatient treatment approach. According to Richard Wenzel, PharmD, the pharmacist at The Diamond Inpatient Headache Unit, changing ingrained patient behaviors takes time.

"Many would rather take a medication to treat their pain instead of trying non-medication options, including biofeedback or stress coping techniques," Wenzel says.

Wenzel, who also teaches classes to help patients fully understand their medications, says medication-induced, or rebound, headaches are a major problem. He estimates at least half the patients who walk into the inpatient unit are overusing medication.

"Some people didn't know what else to do, so they just took more medication—that's one side of the spectrum," he says. "On the other side, we do have a small number of people with some kind of substance abuse disorder."

DID YOU KNOW?

According to Dr. Seymour Diamond, **30 percent of migraine sufferers have some sort of dietary problem** that triggers their condition, and nearly half of chronic migraines and **10 percent of all headaches are caused by medication overuse.**

Help Wanted

If you are looking for more intensive treatment for your headache disorders, try one of the following facilities:

Diamond Headache Clinic
1460 North Halsted St., Suite 501
Chicago, IL 60642
(800) 432-3224
www.diamondheadache.com

Diamond Inpatient Headache Unit*
Saint Joseph Hospital, 9th Floor
2900 North Lake Shore Drive
Chicago, IL 60657
www.diamondheadache.com/headache-treatments/inpatient-unit
**Patients must be evaluated at the clinic before admission.*

Cleveland Clinic IMATCH and Center for Headache and Facial Pain Clinic
9500 Euclid Ave. – T33
Cleveland, OH 44195
(216) 636-5860 or (866) 588-2264
my.clevelandclinic.org/head ache_center/imatch.aspx

University of Michigan Headache and Neuropathic Pain Program
Burlington Office Center Headache and Neuropathic Pain Clinic
325 E. Eisenhower Pkwy., Suite 100
Ann Arbor, MI 48108
(734) 615-7246
www.uofmhealth.org/medical-services/migraine-headache-face-pain

Houston Headache Clinic
1213 Hermann Drive, Suite 820
Houston, TX 77004
(713) 528-1916
www.houstonheadacheclinic.com

The Pain Center at Cedars-Sinai
Cedars-Sinai Medical Center
Mark Goodson Building
444 S. San Vicente Blvd., Suite 1101
Los Angeles, CA 90048
(800) 233-2771
www.cedars-sinai.edu/Patients/Programs-and-Services/Pain-Center

Michigan Headache Clinic
1675 Watertower Place, Suite 600
East Lansing, MI 48823
(517) 324-3445
www.michiganheadache.com

There are many factors that contribute to complex headaches, which is why it takes a variety of approaches and techniques to create an effective treatment strategy. Regardless of whether a patient is overusing medication or simply doesn't recognize his or her triggers, the comprehensive care found at an inpatient headache clinic is designed to address all aspects of the disease.

"There's an unrecognized need for inpatient headache care," Wenzel says. "Patients don't know what to do—they just keep sucking down more medicine. If we identify these people sooner and get them treated sooner, we can prevent them from coming to our clinic."

INTENSIVE CARE

Although an inpatient clinic offers a wide range of benefits, most patients do not require such intensive treatment and might be able to find relief at an outpatient clinic, Dr. Cooper says.

"Development of outpatient detoxification programs, including those focused on opioid medications, has allowed many patients to be successfully treated as an outpatient," Dr. Cooper says.

For people with complex headaches, The Cleveland Clinic offers an intensive outpatient headache program, called the Interdisciplinary Method for the Assessment and Treatment of Chronic Headache (IMATCH). This is a three-week, structured day-hospital program that takes a multidisciplinary approach, just like an inpatient clinic. The first week is focused primarily on using intravenous infusions to clear patients' systems of medications that may be contributing to their headaches or on treating chronic daily headache. The next two weeks provide a combination of medical and psychological treatment, education, physical therapy and group sessions that enable patients to control their pain once they complete the program.

"The goal is to shift the locus of control to the patient—to give them the tools to manage their pain without resorting to the excessive use of medication," says Stewart Tepper, MD, professor of medicine (neurology) at the Cleveland Clinic Lerner College of Medicine.

While outpatient care can be helpful, there are circumstances for which a patient needs to be referred to an inpatient clinic. For example, if the patient shows symptoms of withdrawal, has a drug addiction or has a fragile psychiatric state (e.g., depression or previous suicide attempts).

"When a patient goes to an inpatient headache program, it's not a detox program, it's not a psychology program and they're not walking around in a drafty hospital robe," says Edmund Messina, MD, director of the Michigan Headache Clinic. "With inpatient care, patients are actively taught about headaches and given therapy and infusions, as well as other medical strategies that might not be safe or practical in the outpatient sector."

It's important, he says, for people to realize that complex headaches warrant complex care and that headache sufferers should not simply accept chronic headaches as part of their daily life.

"Most headache treatment is done in outpatient headache clinics, but there are times when an inpatient stay is essential," Dr. Messina says. "That is why it is essential for regional inpatient centers to exist. It's not OK for people to suffer with headaches." HW

By Kelsie Kenefick

Happy Thoughts

You can begin to control headache pain by reining in your negative thinking.

"WHY DOES MY HEAD ALWAYS HURT?" "Oh no, do I feel another headache coming on? I can't miss another day of work." "I hate my body."

When migraine and headache sufferers feel an attack coming on, negative thoughts like these are a common (and understandable) refrain. But did you know they could also be contributing to your pain?

You might be asking yourself, "What does my thinking have to do with my headaches?" The answer is: a lot.

Any thought that causes you stress contributes to headaches through a number of physiological changes. That's because every thought you have creates both a chemical change in the body and an electrical change in your nervous system. In other words, your thoughts are very powerful.

Make Your Own Positive Affirmations

Follow these five simple guidelines for writing your own positive affirmations.

Tara Moore/Stone/Getty Images

1. **Always state your affirmations in the present tense.** For example, "I will relax next month after my taxes are done," is a poor affirmation. It is better to say, "I choose to relax now."

2. **Keep your affirmations short.** Your subconscious mind will hear them better.

3. **Don't focus on the negative.** For example, replace, "I am not a cigarette smoker," with, "I put only healthy things into my body."

4. **Make your statements believable.** If there is no part of you that believes the affirmation, it won't be effective. For example, if your stressful thought is, "I will never get rid of these migraines," don't replace it with, "I don't have migraines." If it is not true, it simply will not work. A better affirmation is, "I am now in the process of controlling my migraines."

5. **Be specific.** "My life is getting better," is a poor affirmation because "better" is a vague word. Try, "My body is healthier and stronger with each passing day."

You may not be aware of it, but **you talk to yourself all the time in your mind.**

Thoughts have the ability to produce emotional and physical changes. For example, negative thinking can produce emotional reactions, such as anxiety, frustration or sadness. Physical reactions might include increased muscle tension, short and shallow breathing, increased heart rate and rising blood pressure. You might even notice your hands and/or feet getting cold as the arteries constrict.

To manage your headaches, you need to gain control of the tension in both your body and your mind.

SELF-TALK

You may not be aware of it, but you talk to yourself all the time in your mind. This never-ending stream of thoughts is sometimes called self-talk. One of the most powerful tools for keeping your body relaxed is reframing your stressful self-talk in a more positive light.

Your moods, emotions, and feelings are created and sustained by this inner dialogue, so it stands to reason that if you alter the way you talk to yourself, you can change the way you feel. Negative thoughts and their resulting emotions not only take the joy out of life but also directly contribute to headaches.

THINK POSITIVE

Because thoughts have such a powerful physical and emotional impact, you need to erase the stressful ones from your mind and replace them with positive affirmations—in other words, positive statements declared with feeling, power and belief.

Here are some examples of stressful thoughts (ST) and how they can be reframed as positive affirmations (PA):

ST: It's so unfair that I get headaches. I hate my body sometimes.

PA: I am patient with my body as I work to heal it. I accept my body just as it is.
I choose to be empowered. I am not a victim.

ST: I feel guilty if I take time to relax. I feel like I should be doing something.

PA: It's OK to relax. I choose to take time out to relax each day.
I need to relax for my health and well-being.

ST: I feel anxious that I will be getting another headache soon.

PA: I relax and stay present in this moment.

ST: I feel so helpless and dependent when I am in pain.

PA: I release my pride and am willing to accept help from others.
When I accept help, it does not take away from anybody else.

ST: I hate to ask for support.

PA: It is OK to ask for support.
I allow others to support me.

Even after you master this technique, it's not uncommon to notice your old, negative thoughts creeping back into your mind from time to time. This shouldn't be surprising. As they say, old habits die hard. It takes repetition to change these habitual thought patterns. Work with your new thoughts daily and see what magic you can create. HW

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

Your Contributions to the National Headache Foundation Help Fund Projects

What's being done to help your headache problem? There is an unprecedented amount of research being done regarding migraine and other headache pain. The National Headache Foundation is involved in this effort with the help of funding from you. Contributions are a key part of the financial support of important headache research. Your gift provides funds for (a) NHF-financed research projects, (b) education for healthcare providers, and (c) patient-education initiatives. You can help! The National Headache Foundation, the #1 source for headache help, provides these services and many others through the generosity of people like you.

Please select one of the following giving categories:

❒ $250 ❒ $125 ❒ $100 ❒ $75 ❒ Other ________________

Name: ____

Address: ____

City: ____

State/Zip: ____

Daytime Phone: _______________________________________

Method of Payment:

Check or Money Order payable to National Headache Foundation

❒ Visa ❒ MasterCard ❒ Amex ❒ Discover

Card #: ____________________ Expiration Date: ___________

Leave a Legacy to the National Headache Foundation

With a planned gift to the National Headache Foundation, you can combine your desire to give to charity with your overall financial, tax and estate planning goals. Your planned gift gives you a special connection with NHF: **you will help those suffering from recurring headaches and migraines now and for years to come**.

The following general forms are suggested:

> Specific Bequest in your will or trust – "I give to the National Headache Foundation, whose national office is presently located at 820 N. Orleans, Suite 411, Chicago, IL 60610-3132, [the sum of _______________($_________) or describe property] to be used for _________________ [describe purpose] or for general purposes."
>
> Residual Bequest in your will or trust: "I give to the National Headache Foundation, whose national office is presently located at 820 N. Orleans, Suite 411, Chicago, IL 60610-3132, [all or _______percent (_____%) of the rest, residue and remainder of [my or the trust] estate to be used for ___________________[describe purpose] or for general purposes."

This information is not intended as legal advice, but is merely suggestions as to content. The specific language should be written or adapted by your legal counsel.

Buy A Raffle Ticket Today

Support the National Headache Foundation

Only 700 tickets are available!

The winner will have a choice of:

2012 Chevy Equinox ~ The crossover, a 2012 Jeep Wrangler, a 2012 Ford Escape
(base prices are approximately $23,556 - $24,875), or $15,000 cash!

NATIONAL HEADACHE FOUNDATION CAR RAFFLE OFFICIAL RULES

The winning ticket will be drawn and announced at the NHF Annual Fundraising Benefit on Saturday, April 14, 2012. The winner need not be present to win. Winner has the choice of a 2012 Chevy ~ Equinox, a Jeep ~ Wrangler, or a Ford ~ Escape. Cash option (in lieu of car) is $15,000.00. To purchase a ticket, please complete this form. You must indicate your full name, address and day-time telephone number. Mail this form to NHF, 820 N. Orleans Street, Suite 411, Chicago IL 60610-3132, or fax to 312-640-9049.

Remember to include your credit card information, check, or money order for $100 per ticket made payable to the National Headache Foundation. If you prefer you may call 1-888-NHF-5552 with your credit card information to reserve your ticket. (Credit cards accepted are Amex, Discover, MC, and VISA.)

ELIGIBILITY: You must be 18 years or older to purchase a raffle ticket and a resident of the United States. Only one individual (1) may be identied as the purchaser of a raffle ticket. Federal, state and local laws and regulations apply. Void where prohibited. All purchases are final and non-refundable. By entering the raffle, the ticket purchaser acknowledges that he/she is aware of and agrees with the Raffle Official Rules.

DRAWING: A maximum of 700 tickets will be sold. All entries must be RECEIVED by 5:00pm CT on Friday, April 13, 2012. In the event there are remaining tickets that have not been sold, they will be available for purchase at the NHF's Benefit to be held at the Adler Planetarium on Saturday, April 14, 2012 up until 30 minutes prior to the random drawing that will occur at or about 10:00pm CT.

TAXES: The winner is solely responsible for all state and local costs and charges, including taxes, title, transfer fee and registration. The winner is also responsible for any and all federal, state and local income or excise taxes, fees, assessments and like charges associated with the prize. The IRS has taken the position that amounts paid for chances to participate in raffles, lotteries or similar programs are not gifts and, therefore, the price of the ticket does not qualify as a deductible charitable contribution.

You have a 1-in-700 chance of winning! These are great odds, so complete this entry now!

Name ______________________ Daytime Phone ______________________

Address ______________________ Email Address ______________________

City ______________________ State __________ Zip ______________

Enclosed is my payment for _____ ticket (s) at $100 each = ________

Method of Payment:

❒ Check ❒ Money Order (made payable to National Headache Foundation) ❒ AmEx ❒ Discover ❒ MasterCard ❒ VISA

Card # ______________________ Expiration Date ______________

Signature ______________________

National Headache Foundation, 820 N. Orleans, Suite 411, Chicago, IL 60610
Toll-Free: 888-NHF-5552 Fax: 312-640-9049 Email: info@headaches.org

By submitting this form you represent that you accept the official rules and certify that you are 18 years or older and that you are a resident of the United States.

National Headache Foundation, 820 N. Orleans, Suite 411, Chicago, IL 60610
Toll-Free: 888-NHF-5552 Fax: 312-640-9049 Email: info@headaches.org

wise words

NAME: Bray Patrick-Lake

RESIDENCE: Erie, Colo.

CONDITIONS: Migraine with aura (described as complex and transformed migraine)

FIRST DIAGNOSED: At 34 years old, when she found herself semi-paralyzed and unable to speak

Photography by Jon Glassberg

Submit your own story at www.headwisemag.org/WiseWords.

What's the most frustrating thing about living with migraine?
It's the constant energy that goes into managing an illness on a daily basis. It's very unpredictable, and you have to try to make your life as predictable as possible.

What are you most thankful for?
I'm most thankful for my family's resilience. My children have a vocabulary that's really inappropriate for children as young as they are. It relates to my disease. They understand that my migraine is a barometer of our world sometimes. It makes them have to function as adults in some sense rather than as free-spirited children.

What's your greatest achievement?
In the summer of 2010, I competed in the Teva Mountain Games in Vail, Colo. As soon as I arrived, I got a horrible migraine. I didn't even know if I could get out of bed. But I went to the competition, pushed my hardest and ended up winning a gold medal in my age category. My kids still talk about it because they didn't see me as a sick person that day.

How do you live your day-to-day life?
I have a large tattoo on my back that says, "Every day one step forward." It's how I live my life. When I can't do anything else, if I can just put one foot in front of the other, sometimes that's enough to get me through the day and move me closer to my goals.

What's your favorite book?
The Untethered Soul: The Journey Beyond Yourself, by Michael A. Singer.

What's your idea of happiness?
Happiness to me is being both pain-free and carefree at the same time. Every single thing I do has to be managed, and I'd really like to get to a place where migraine is just an afterthought.

BRAY PATRICK-LAKE is the executive director of Homeless Outreach Providing Encouragement (H.O.P.E.) and president of the PFO Research Foundation.

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

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

- A free subscription to *Head Wise* magazine
- The NHF News To Know monthly e-newsletter
- Access to a wealth of headache research, support and information
- Plus, your donation will support the NHF and help advance headache advocacy, education and support

When you have migraines with 15 or more headache days a month,

maybe you can really be there, maybe you can't.

Well, Maybe it's time you changed that.

Start today by finding out if you have Chronic Migraine. Knowing that what you've been living with has a name, means knowing you can find treatments that are right for you. After all, saying "yes, I'll be there"... and really being there... shouldn't be a luxury.

Don't live a Maybe life.

TO FIND A HEADACHE SPECIALIST TODAY AND FOR MORE INFORMATION, SCAN THE CODE OR GO TO

MYCHRONICMIGRAINE.com

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