Taking Charge of Headache™
Episode 8: Deployment Readiness with Headache and Migraine

Diego Colón:
Welcome back to Taking Charge of Headache, a podcast from Operation Brainstorm, an initiative by the National Headache Foundation in partnership with Shero Coffee Club. Together, we're focused on empowering veterans, their families and their care teams with the tools, knowledge and support to better navigate headache, migraine and other intersections of identity. And we're so glad that you're here. My name is Diego Colón. I'm the associate director of military partnerships at the National Headache Foundation. I'm joined by Melissa, founder of Shero Coffee Club, Army veteran, and someone living with migraine.

Melissa Farmer-Hill:
Hi everyone. I'm so glad to be here today. We're talking about something that doesn't get enough attention: preparing for deployment when you're living with headache or migraine. Deployment is a full life transition. It's not just packing. It's organizing everything. You're getting your paperwork in order. You're preparing your loved ones emotionally and practically. And what often gets overlooked is in all of this is your health. So today we're talking about how to prepare, not just logistically, but medically, so you can maintain stability even in a changing environment.

Diego Colón:
And we are so glad to bring back today Operation Brainstorm superstar Dr. Karen Williams, nurse practitioner, who's a nationally recognized leader in integrative headache management and veteran focused care with more than four decades of clinical experience serving service members and veterans around the world. Dr. Williams, thanks so much for being back here with us.

Karen Williams, DNP, FNP-BC:
Thanks, Diego. It's great to be back.

Melissa Farmer-Hill:
Great to see you again. The first question is there's so many service members preparing for deployment, so can you just give us some practical advice, especially for those who are living with headache and migraine? Can you give us some practical advice on how they can support themselves?

Karen Williams, DNP, FNP-BC:
Sure, sure. Yes. That's a great question. And there are several things that come to mind. One of the first ones is to understand what your personal contributing factors are, whether that be that you need a specific environment to be in, specific types of things that you might be exposed to. There's a change when you're deployed, depending on where you're deployed to, that it could be hot, it could be really cold. And we know the migraine brain likes to stay stable. It likes a very calm environment. And being prepared and knowing ahead of time where you're going and what those stress factors may be that may be causing part of that possible increase in the migraines themselves.

And then for women, tracking the connection between the migraine itself and the menstrual cycle, extremely important. We know that the change in the menstrual cycle during ovulation and then during the actual menstrual flow, you're going to have that change in the hormones that's going to possibly increase the chance of a migraine. So being able to track that and then being able to build a protocol for you that works best for you and being proactive with that.

Diego Colón:
Let's talk treatment options. There are a lot for people now— preventative, acute, supplements, neuromodulation. For someone who is deployed and has migraine attacks, what should they be thinking about?

Karen Williams, DNP, FNP-BC:
Well, first of all, what works best for them, what have they tried that is really helpful. And that could be nutraceuticals that they could probably take with them. They may also have some sort of neuromodulation device that they're able to take with them and that is readily able to be charged. Now they need to know if they're on something, say like, botulinum toxin or if they're getting occipital blacks or trigger point injections, those types of things, those may or may not be available for them where they're being deployed to. So, they do need to check into that and see if there's other alternatives.

Also, some of the other treatments, such as the triptans to stop a migraine may be available, should be available. But can they get the calcitonin gene-related peptide treatments that they possibly were getting? Those are some of the things they need to be making sure that are available for them. They also need to know what the side effects are and how that's going to impact their performance as they are deployed. We know that these could be very austere environments, and so they need to be ready to say, hey, you know what, I need to take a step back. I'm not where I should be right now. Or asking for some guidance on when they need to be able to stay away from whatever is causing part of the migraine.

Melissa Farmer-Hill:
Wow. Thank you for that, Dr. Williams. We have a thing called pre-deployment checklists and those tips that you gave us for supporting themselves and what the things that they need to check is really vital. So those are maybe some things that they might be able to add to their pre-deployment checklist, so thank you for that. Now I have a question because migraine impacts women three times more than men. Now you did give us some advice earlier. But for women specifically, what should they consider before deployment?

Karen Williams, DNP, FNP-BC:
Some of that depends on how long they're going to be gone for and what is their options for the different treatments. Again, as I talked about before, birth control options can be very, very helpful, but that depends on if they have a migraine with aura. If they have migraine with aura, it is not recommended that they're on an estrogen/progesterone type of pill. That doesn't mean they don't have treatment options. They do. They could do a progesterone only pill, an injection, a Nexplanon which goes into the arm and stays in, or a progesterone only IUD. The beauty of doing the injection is that it stops the menstrual cycle over time.

And you can also, if you don't have migraine with aura, you can use birth control pills to take straight through for three months at a time and then have a withdrawal bleed at the end of the three months. So, there are many options for that. And the beauty of that is that that should help reduce the contributing factors to possible migraines if we keep a steady state of those hormones. We also need to talk with your provider to find what is the safest treatment for you and make sure they know what type of migraine you have. That's really important. And you may have some migraines that are migraine with aura and some that aren't. It's not typical to have migraine with aura every time.

And let me back up just a second. The most typical types of migraine with aura is the visual changes, so maybe the little blinking lights or the zigzags, those types of things or having that spot that grows bigger and bigger until it finally fades away. But you can also have other types of aura where you get numbness down part of your body, maybe an arm or your face, difficulty with speaking and cognitively being able to stay up front with all of that, making sure you're being able to coordinate and think clearly. Those are really important things. Nausea, vomiting, those other things that go along with a migraine can really affect your ability to do your job down there or wherever you are deployed to.

Diego Colón:
I really appreciate all of that insight, especially about what it takes to do the job. And I think when we we're talking about military service, a lot of the tools that people are given in service are similar, are the same. The gear is pretty much the same. The looks are pretty much the same. How they are made to carry things are pretty much the same, but migraine and headache are all different. You've met one migraine. You meet one headache. You met one migraine. You met one headache. So how does protective gear that is made for everyone, how can that affect someone's headache or migraine specifically?

Karen Williams, DNP, FNP-BC:
That's a great question, especially looking at like the helmet. The helmet itself can be 3 pounds or even more if we put on the night gear or those other attachments to the to the helmet, and that causes a bobble head type of effect. And that can put a lot of strain, not only on the neck but on the shoulders themselves, so that could increase the migraines. Also, the gear that goes over the whole body can be heavy enough to cause musculoskeletal issues not only in the neck and the shoulders, but also in the low back, the knees, and the hips, especially in women, and the ankles. There was a study done some years prior that looked at the weight of all of the safety gear, and it found just wearing it 4 hours a day increased the chance of musculoskeletal issues. So, it's important to make sure pre-deployment that you are really physically fit and that your safety gear is comfortable for you. Now they've made some

adjustments for women, but you really need to make sure that that equipment is safe for you. I know when I was working with the active-duty service members, sometimes they slept in that equipment because they were on high alert. And so, it really can cause some increase issues. So that's something to be aware of and try and find the best solution for you ahead of time. You may want to ask about accommodations or alternative equipment when possible in order to help with that.

Melissa Farmer-Hill:
Having known about the heavy headgear and then you attach the NVGs, that's really good information to have, especially as you go into those deployments, because like you said, that that headgear is really heavy and it can affect so many parts of the body. And then especially when you're someone who has migraines or headaches. So, thank you for that.

Now in male dominated spaces, it can be hard to talk about all of this, especially accommodations like you just referred to. So, what advice do you have for someone who feels uncomfortable speaking up and talking about it?

Karen Williams, DNP, FNP-BC:
Stigma is a major barrier not only for service members, but also in general for several different things, several different issues. People don't want to feel like they are weak. And we know that in the military, that's even a stronger stigma to be able to say that. So, it can be harder to talk with your provider about it or the teams or the leadership to let them know that you have this. But it's imperative that you do let them know so that you are at your ready best for working with that.

You can also have self-stigma where you feel like, oh, I'm not good enough, or here comes another one, those types of things. And possibly working with psychologists or somebody who can really help you work through that is helpful in order for you to understand this is not just something that occurs to you. This occurs to almost half of our population that have headaches in that you're not alone with that. And you do need to speak up and be that advocate for yourself.

Diego Colón:
I would love to touch on that. Thank you for bringing that up, because speaking up and being an advocate for yourself is difficult. As you mentioned, not only is there stigma standing in the way between just clear communication between servicemen or women and the military, but there is also sort of maybe this, for lack of a better term, darkness that they're kind of wading through of like, what do I even say? Like what do I even bring up? How do I even disclose this? They're like, not being in this role, I would imagine that even knowing what to tell people about migraines would be difficult. So, what advice would you have on disclosure, on how to disclose, what's important information for the military to know?

Karen Williams, DNP, FNP-BC:
I would start with their primary care provider and talk to them. Some of that may be that their migraines are not as well controlled as they could possibly. And I want to just bring up an important point with that. If they're having even one migraine a month, but it's lasting up to seven days, they probably need a preventative treatment as well. And it doesn't always have to be medication. It could

be other treatments, such as the neuromodulation device, or the nutraceuticals, or even cognitive behavioral therapy to understand what are your contributing factors and try taking away as many of those contributing factors as possible. So, again going back to what types of areas that may be affecting your migraines is really important to understand. Keeping a headache calendar is really helpful for that so that you can understand how many days a month am I actually having a headache, and how many days are actually headache free. And making sure the medication that you have to stop the migraine is effective. That's another reason to maybe go with a preventative.

But as far as the stigma is concerned, I would start with their primary care and maybe talk with some other folks who have migraine. It's more common than we think. And people again think that they're the only one that has this and they're not. And as women, sometimes we tend to downplay it even more because we're the caregivers. We're the ones that want to be able to be able to help. And it's hard to say I'm not up to it today, but it's okay to do that.

Diego Colón:
Based on that answer, I'd like to ask just like a little bit more, a question to dive a little bit deeper. Why is it so important for the military to have these records, to know these?

Karen Williams, DNP, FNP-BC:
Well, one of the main things is that you can actually get treatment for that even when you retire from the active-duty side and so you can get treatments in the VA for that. And that is really important to have that in your record that you have the migraines and is it service connected, because there could be a disability there with that. But the other thing is to get the treatments that you actually deserve.

One other area I want to bring up, I hadn't brought up earlier, one of the contributing factors that we now know is increasing migraines or causing migraines in service members is burn pit exposure. If you are exposed to a burn pit, and I can't remember the exact amount of time, but that is something that many service members have been exposed to. And it can increase the chance not only of migraine, but of other health issues as well. So, it's important to document that and to make sure that is in your record, so that when you get back, you can get treatments that are appropriate for you.

Melissa Farmer-Hill:
Dr. Williams, thank you for that response. It's so important for people to know what you just said, because not only for their future medical records and future benefits and things like that, but also the importance of safety, of putting not only themselves at risk, but others too.

Karen Williams, DNP, FNP-BC:
Absolutely, absolutely. When you are in a deployed setting, you count on your buddy. And that's really important. Your buddy also wants to be able to know that you're there. And when I was working in the traumatic brain injury, I recall very clearly some service members that were lying for all the right reasons. They needed to go back to be with their buddies, but they weren't ready medically. And I had to hold them to that and say, you know what, I'm sorry, we just can't send you back right now because your buddy wants you to get the care that you need. And it is the same for both sides of that. And so

being able to make sure you can count on your buddy, but your buddy can also count on you is tantamount when you're deployed.

Melissa Farmer-Hill:
Absolutely I agree. Having been deployed to Iraq and Kosovo, I totally understand the safety part and the importance of having a battle buddy who has your back and can recognize symptoms or know when you need care. So that's very important. Another question is, if you could give one piece of advice to someone with migraine preparing for deployment, what would that be?

Karen Williams, DNP, FNP-BC:
That would be to know your body and to know what does stress do. Because deployment is stressful. Are you a person who needs to get that regular sleep at the same time? Or are you a person who can change your sleep habits? Are you a person who does not tolerate a lot of heat or a lot of cold? Those types of things. We really need to understand how unique our body is, and how we need to be the advocate to go forward with that and discuss openly about what your needs are. And again, looking at maybe accommodations in order to help with being able to be that person you need to be for them.

Diego Colón:
Dr. Williams, thank you so much for coming in again, and we would love to know if there are any other resources besides OperationBrainstorm.org that you would encourage people who are on their way to be deployed to check out.

Karen Williams, DNP, FNP-BC:
That would be great. Thank you, Diego, for asking that question. There is actually two on health.mil. There's preparing for deployment,[1] and then there's also contraceptive and deployment.[2] So very important different links to look at. And then there's one other one. It's a downloadable app and it's from Military OneSource.[3] And that is deployment readiness for service women. And that is a really helpful site that you can use and actually download the app as well.

Diego Colón:
Thank you so much, Dr. Williams, thank you for joining us here today.

Karen Williams, DNP, FNP-BC:
Thank you. You guys are great.

Melissa Farmer-Hill:
Deployment is already a major transition. Taking care of your health, especially your migraine care, is essential. For more resources, visit National Headache Foundation Operation Brainstorm[4], where the Mission Ready Navigation Guide[5] can help you walk through your own personal journey. And for more stories like the ones we share here, stories rooted in real experiences and real resilience, you're in the right place.

And don't forget to visit Shero Coffee Club and use code OPB2026 for 10% off your next coffee order. Taking charge of your headache starts with treating your health with the same commitment you've given to others, and recognizing you deserve that same care, because taking care of yourself is part of the mission.

Thank you for watching Taking Charge of Headache™, a podcast brought to you by Operation Brainstorm™, an initiative to support veterans living with headache and migraine through education, resources, and community by the National Headache Foundation in collaboration with Shero Coffee Club. If you found this episode helpful, be sure to subscribe and share it with someone who might benefit.

Learn more at OperationBrainstorm.org.

This videocast is for educational purposes only and you should consult with a healthcare provider about your symptoms.

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[1] Preparing For Deployment https://www.health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Real-Warriors-Campaign/Articles/Preparing-For-Deployment

[2] Contraception and Deployment https://health.mil/Military-Health-Topics/Womens-Health/Health-Topics/Contraception-and-Deployment

[3] Military OneSource https://www.militaryonesource.mil
Military OneSource Application https://www.militaryonesource.mil/resources/mobile-apps/my-military-onesource

[4] Operation Brainstorm™ https://www.operationbrainstorm.org

[5] Operation Brainstorm Mission Ready Navigation Guide
https://www.operationbrainstorm.org/curriculum/mission-directive