

# Migraine

Migraine is a form of headache which is severe and usually one sided, frequently associated with nausea and vomiting. Attacks can be completely disabling forcing the sufferer to abandon everyday activities for up to 3 days. This is sometimes preceded by warning symptoms which usually affect the eyesight and are known as an "aura".



**How common is Migraine? “Very”** It affects 10% of people with over 190,000 migraine attacks a day in the UK. 54% of sufferers have one or more attack a month, equally some sufferers have one attack and then none for a long time. But a previous history of Migraine makes you more likely to have it in the future especially with the right trigger factors.

**Who have more Migraines “Men or Women?”** Women by 2:1.

## Symptoms

Classical Triad of symptoms:

### 1. Pre headache symptoms

a. People sometimes feel not quite right prior to a migraine eg depressed, unusually happy or hungry  
b. **Visual Aura** – Your vision changes temporarily may last minutes to a few hours. Typical this affects the peripheral vision/side vision with jagged Brocken up vision, or a constriction of vision. Other times described as like looking through water.

2. **Headache** – occurs after the change in vision, usually one side. Often described as throbbing.

3. **Nausea** -Quite quickly nausea and vomiting may follow. The bowels may also be affected and in children sometimes there is no headache but abdominal pain instead. Increased sensitivity to light, Sounds or smells may occur.

These symptoms may last for 4 to 72 hours

## Causes

Each person is different but there are some "trigger" factors which are commonly involved:

- tiredness
- physical exhaustion
- stress
- climatic change
- hormones, eg the "time of the month" in women
- foods, eg caffeine, cheeses, chocolate, red wine
- Glare, bright lights – Avoid such lighting that stimulates migraine. Some people are sensitive to fluorescent lights. Especially if they occur in the “Aura area of vision” which is the top peripheral part of your vision. Sharp contrast images in this area can trigger migraines. One famous incident occurred at our hospital where a very long mural was painted on the top part of the walls of the corridors. These images were high colour high contrast like surgical instruments in shape. Just in the Migraine aura area, and set off several peoples Migraine including myself. This image of a persons visual aura shows how the Football lightening in the top part of their vision triggered the migraine, causing Brocken glass like disturbance to one area of their vision.



## Treatment and prevention

- Note down your attacks in a diary and try to spot any common triggering factors, and avoid them if possible.

- Try avoiding any food which seems implicated and at a later stage take a small trial dose of the food again to see whether it genuinely is involved.

-At the first symptom of an attack take a pain killer eg aspirin or paracetamol, even if this means waking yourself up when you notice symptoms while half asleep in the early hours of the morning. (Often by getting up time it is too late to abort the attack.)

- **Migraleve** is a commercial preparation that is very effective and specifically formulated for Migraine available without prescription from the Chemist. My personal favourite. Migraleve contains not only a pain killer but also a medication which stops the nausea and vomiting (anti-emetic). These are often even more effective than the pain killer alone, as migraine is associated with poor absorption from the stomach and a tendency for food and drink to stay in the stomach much longer than usual (prior to being sick).

- **General Practitioner** If the over the counter preparations do not help then please consult your GP first for further advice. Your doctor may prescribe something along the lines of the above, or possibly one of the more modern specific antimigraine treatments, which work on one of the chemical pathways in the brain. If the attacks are frequent and disruptive, then the doctor may prescribe a drug to be taken daily as a preventative.

- **Relaxation** and meditation techniques may be helpful as may some of the complementary therapies.

- **Moderate Exercise** - Can help the frequency of migraine, though very strenuous exercise can be a trigger.

- **Botulium Toxin** Patients with chronic migraine (this is where Migraines occur more than 15 days each month) may benefit from Botulim Toxin to relax the facial muscles. Studies showed 70% benefited.

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Some people also find Amitriptyline taken either regularly or at the time of the attacks helpful and your GP can consider this.

If the migraines persist or very severe then review by a Neurologist is often a very good idea. Our local Neurologists in West London are:

Dr Omar Malik - Hillingdon Hospital Consulting Rooms - appointment on (01895 279679)

Dr Michael Gross - The Clementine Churchill Hospital Secretary on 020 8861 1777.

## **Further information**

British Migraine Association **Migraine Action association**

(formerly the British Migraine Association)

Registered charity No. 207783

Unit 6, Oakley Hay Lodge Business Park, Great Folds Road, Great Oakley, Northants NN18 9AS

Tel: 01536 461333 Fax: 01536 461444

- Migraine Trust <http://www.migrainetrust.org/>

Tel **020 7631 6970**

A wide of fact sheets are available from their website <http://www.migrainetrust.org/factsheets>

- Migraine Action group <http://www.migraine.org.uk/>

Tel **0116 275 8317**

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