

WHAT IS MIGRAINE?

Migraine is the most common neurological condition in the world, affecting about 1 in 10 people. It is 3 times more common in women and is usually inherited. It is a very individual condition. Some people experience only 1 or 2 attacks a year while others suffer on a weekly basis. Attacks can last from 4 to 72 hours.

There are 2 main types of migraine:

Migraine without Aura

The majority of migraine sufferers have this type of migraine. The most common symptoms are:

- Intense throbbing headache, usually on one side of the head.
- Nausea, sometimes vomiting
- Sensitivity to light
- Sensitivity to noise
- Sensitivity to smells
- Stiffness of the neck and shoulders.
- Blurred vision

If you experience 2 or more of these symptoms, and if they prevent you from continuing with normal daily activities, then you may be suffering from migraine.

Migraine with Aura

About 1 in 4 migraineurs experience 'aura' in addition to some or all of the symptoms listed above.

Aura refers to a range of neurological disturbances that occur before the headache begins, usually lasting about 20-60 minutes.

The disturbances are usually visual - blind spots, flashing lights or zig-zag patterns. Aura can also present in other ways:

- Pins and needles on one side usually starting in the fingers/arm, sometimes spreading up into the face
- Slurring of speech
- Muscular weakness
- Loss of co-ordination
- Confusion



Other forms of Migraine

Aura without Headache

About 1% of migraineurs experience the aura symptoms of a migraine without ever having a headache.

Basilar Migraine

A rare form of migraine that includes symptoms such as loss of balance, double vision and fainting. During the headache, some people lose consciousness. It occurs when the circulation in the back of the brain or neck is affected. It usually affects young women.

Hemiplegic Migraine

Another rare but severe form of migraine where temporary paralysis occurs usually on one side. In some people, aura symptoms can last for days or weeks. It often begins in childhood and there is usually a strong family history.

Childhood Migraine

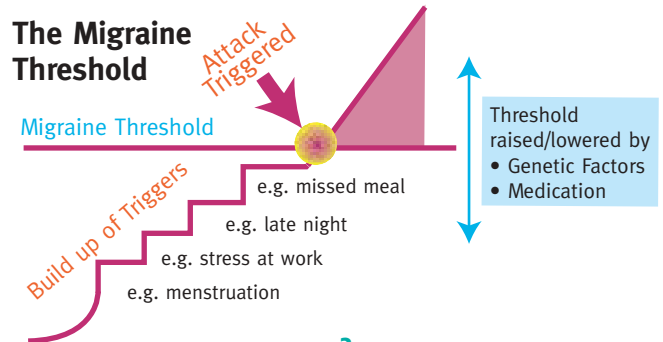
Children's attacks tend to be shorter. Also, symptoms such as nausea, stomach-ache and vomiting may be the major part of a child's attack, making migraine harder to recognise in children.

WHAT CAUSES MIGRAINE?

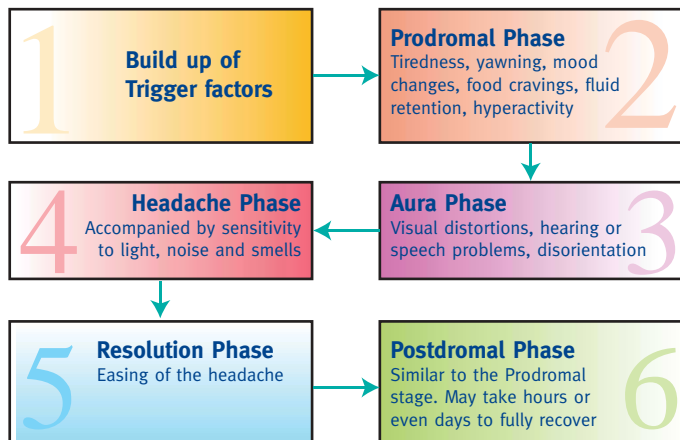
The exact cause of migraine is still unknown but it is accepted that migraine is a neurological condition affecting how the brain processes normal information such as pain, light and sound. A number of mechanisms play a part:

- Alteration in blood flow and levels of serotonin in the brain.
- Genetic factors which act to lower the "migraine threshold" at which attacks occur.
- Trigger Factors which can bring about individual attacks in people who already have a low "migraine threshold".

The Migraine Threshold



Phases of a Migraine Attack



Migraine attacks can be divided into different phases. Not all of these phases (see diagram above) will be experienced by everyone but if you can get to know your own pattern, it may help you predict an attack.

When to see your doctor about headache

This booklet deals specifically with migraine. There are a number of other 'primary' headache disorders including the common Tension headache and the rare but severe Cluster headache.

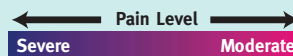
Headaches can also be 'secondary', meaning that they are caused by other more serious problems such as infections or malignant conditions.

Although sinister headaches are very rare, it is important to bring headaches to the attention of your GP, especially if you experience a different form of headache, worsening headache or if the headache is accompanied by new symptoms you have not previously experienced.



Other Headache Conditions

Headache Types



Chronic Daily Headache (CDH)

CDH refers to any headache disorder that exists on more than 15 days in the month. It affects about 3% of people in Ireland. The pain is usually similar to that of tension headache. It is always present and fluctuates throughout the day.

Analgesic Rebound Headache

The over-use of pain medication is one of the most common reasons for the onset of CDH. Sufferers often have a past history of headache/migraine that becomes more frequent or severe over time, leading to an increase in the amount of medication they take.

This over-use can cause a type of CDH known as Analgesic Rebound Headache. As the body gets accustomed to medication, it craves for more. When the medication wears off, a headache is triggered. This causes the person pain and leads him/her to take more medication. This leads to a vicious circle of taking medication to get rid of a headache that is itself caused by taking medication. Withdrawal may result in worsening headaches, nausea and anxiety for 1-2 weeks, but it is the only cure.



MANAGING YOUR MIGRAINE

Although there is no 'cure' for migraine, it *can* be effectively managed. Your first step is to educate yourself about it. Here are some self-management ideas that might help:

1. Find, then avoid your trigger factors.

Everyone's trigger factors are individual. Anything can be a trigger if you are susceptible to it. Recognising your own is the key to managing your migraine. Some of the most common include:

- Changes in daily routine
- Hormonal Changes
- Sleep related triggers
- Stress/Anxiety
- Certain foods and beverages
- Lack of food, fasting or dieting
- Flickering/glare
- Strong smells
- Overtiredness
- Head, neck or back injury
- Meteorological Triggers such as temperature and atmospheric pressure

For most people, it is a combination of trigger factors, not just exposure to one that brings them over the 'migraine threshold' and into an attack.

2. Keep a Migraine diary


The Migraine diary can help you in a number of ways:

- Establish patterns to your attacks.
- Identify trigger factors.
- Help your GP monitor your medication and side effects.
- Shows your GP the impact that Migraine has on your life.
- Identify changes occurring overtime.


Diaries are available from the Migraine Association. 

3. Watch your lifestyle

Stress is a common trigger factor. You may not be able to eliminate stress from your life, but you can certainly contain it.

If you think that stress is behind your attacks, techniques such as biofeedback, relaxation therapy, meditation and deep breathing exercises may help you. 

Changing your lifestyle can be difficult, but you may find that positive changes lead to major improvements in your quality of life.

- Take regular aerobic exercise 
- Eat a nourishing, well-balanced diet
- Use your leisure time effectively
- Get enough sleep
- Manage your time properly
- Take proper breaks at work

4. Self help measures

Even nowadays, some of the best ways to manage your migraine are the oldest and simplest ones:

- Sleep
- Retreat to a quiet dark room
- Cold or hot therapy
- Pressure applied to the temple
- Acupressure and self-massage



TREATING YOUR MIGRAINE

Visiting your doctor

If you think you may have migraine, it is important get an accurate diagnosis so that you can begin to manage the condition properly.

There is no test to diagnose migraine. The doctor must rely on the information you provide. Therefore, it is very important to prepare well before visiting your doctor.

Make sure that you can describe:

- The location of the headache
- How long it usually lasts
- The severity of the pain
- How often attacks occur
- What other symptoms you get
- How your everyday activities are affected
- Is there a family history of headache/migraine?

You may find a Migraine Diary useful for recording this.

People are sometimes sent for a CAT or MRI scan. These tests can help rule out other causes of headache, but they cannot be used to diagnose migraine.



Treatments

Acute Treatment

Acute treatment attempts to stop the attack once it has begun. It is appropriate for most migraineurs but should be used a maximum of 2 days a week, unless under the supervision of a doctor. Acute treatments should be taken as early as possible in the headache phase of an attack.



Analgesics

- Aspirin
- Paracetamol
- Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
- Combination Analgesics – Ones that contain aspirin or paracetamol as well as another drug such as codeine or caffeine. Anti-emetics can also be combined with an analgesic to help people who experience nausea as a major part of their attacks.

Analgesics work well for some migraineurs, especially the quick-acting or soluble formats. Please remember that even though many of these medications are available OTC, they can still be very dangerous if used incorrectly.

Triptans

Triptans are the migraine specific, prescription-only drugs that became available in the 1990's. They are not painkillers. Instead they target specific serotonin receptors in the brain that are involved in migraine attacks.

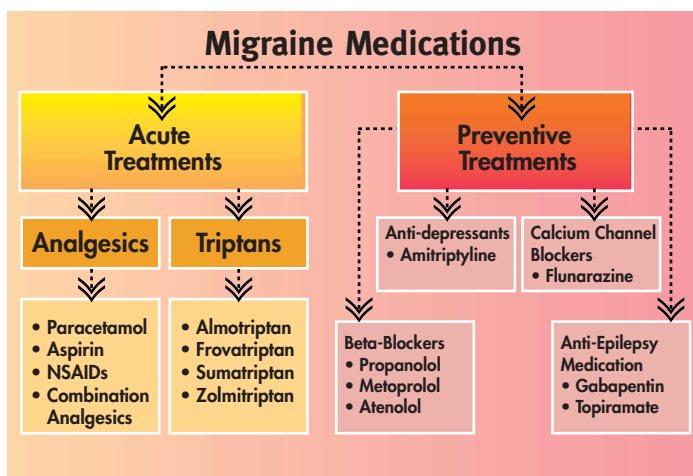
There are 4 Triptan drugs available in Ireland. These are Almotriptan, Frovatriptan, Sumatriptan and Zolmitriptan.

The tablet forms have been shown to relieve the headache within 2 hours in about 60% of people. In addition to tablets, other formulations such as orally disintegrating tablets and nasal sprays are also available, depending on the triptan. These are usually preferable for those who suffer from severe nausea.

All of the triptans have been proven effective, and although there are some differences in their clinical profiles, no one triptan is considered superior to the others. Some people find that although one triptan fails, another one works very well for them.

Like other acute medications, triptans should be taken as early as possible in the headache phase of an attack. In some people, the headache will recur within 24 hours and in this circumstance, a second triptan can be taken.

Triptans are not normally prescribed for children, pregnant women or people over the age of 65.



Preventive Treatments

Preventive treatment is used in an attempt to reduce the frequency and severity of anticipated attacks. Medication is taken every day, usually for at least 6 months.

They are normally prescribed in one of 5 circumstances:

- If you suffer from more than 2 or 3 attacks per month which you treat with acute remedies.
- If your attacks are particularly severe or disabling and do not respond well to acute treatments.
- To break the cycle of attacks.
- If your attacks follow a regular pattern (e.g. around the time of menstruation).
- You suffer from basilar or hemiplegic migraine.

Although preventives rarely actually prevent attacks altogether, their success rate of about 50% means that it is likely you will experience at least some benefit.

When taking preventives, it is important that you follow these 3 guidelines:

- Take the tablets as directed – do not skip days.
- Take the treatment for the period of time indicated by your GP. Some medications will show no results for 3 months.
- If side effects occur, let your doctor know as he/she may change the medication or the dosage.



There is a wide selection of preventive medications including:

- Beta Blockers such as Propranolol
- Calcium Channel Blockers such as Flunarazine
- Anti-Epilepsy drugs such as Topiramate and Gabapentin
- Tricyclic Anti-Depressants such as Amitriptyline
- 5-HT Antagonists such as Pizotifen

While some people get relief with the first medication they try, it takes most people quite a while to find something that works. Don't give up!

Headache/ Migraine Clinics

There are currently two Headache/Migraine Clinics in Ireland, in the Neurology departments of Beaumont Hospital Dublin and Cork University Hospital. While most migraine sufferers can and should be treated under the care of their GP, the clinics exist to treat refractory cases on referral from patients GP's.



MEMBERSHIP FORM

Membership Type New Renewal

Membership Category (Please Tick)

Member - Ireland / UK	<input type="checkbox"/>	€15
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Family Member *	<input type="checkbox"/>	€20
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International Member	<input type="checkbox"/>	€35
Health Professional	<input type="checkbox"/>	€35
Voluntary Donation		€.....
Total Enclosed		€.....

Method of Payment Cheque Postal Order Banker's Order

Title First Name

Surname

Address

Tel. Mobile

E-Mail

Year of Birth (optional)

Occupation (optional)

*If you ticked 'Family Member' above, please supply details of the 2nd family member on a separate sheet

Would you act on a voluntary basis for the Migraine Association? Yes No

Please tick here if you would like to receive our regular email news bulletin

The Migraine Association of Ireland (MAI) requires this information to process your application, post membership-related material to you, and to keep you informed of events, issues, and opportunities relating to migraine or to the aims of the MAI.

Occasionally, the MAI may determine that products/ services of appointed agents or third parties might be beneficial to our members and, under strict non-disclosure agreements, some of your information may be given to such parties, or may be used by MAI directly to inform you of the product or service. If you do not wish not to receive such communication, please tick here

BANKER'S ORDER

Please return this form to us and we will send it on to your bank.

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Please pay the sum of €..... to the account of The Migraine Association of Ireland at AIB Bank, Arran Quay, Smithfield, Dublin 7. Sort Code: 93-13-14, Current Account No. 11350086, on this date and on the corresponding date each succeeding year until further notice.

Account Number:

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MIGRAINE ASSOCIATION OF IRELAND

Our Mission Statement

We are a membership-based organisation consisting of people with migraine or other headache disorders and members of their family and friends. We speak on behalf of people with migraine to policy makers. We aim to empower people and optimise Life Quality through:

- Providing information & support
- Creating awareness and promoting education
- Encouraging research and treatment
- Seeking improved services

Our services include:

- 'Brainstorm' quarterly newsletter
- 'Migra-zine' regular e-mail newsletter
- Information leaflets and publications
- Call-save Helpline service – 1850 200 378
- Specialist Nurse Advice Line – 01 7979848
- On-line resources at www.migraine.ie
- Information meetings
- Public awareness campaigns
- Outreach events

CALL-SAVE HELPLINE
1850 200 378
(10.00 – 4.00, Monday to Friday)

Advice Line: 01 797 9848

(Specialist Nurse 2.30pm – 4.30pm, Monday – Thursday)

Phone: 01 806 4121 **Fax:** 01 806 4122

Address: The Migraine Association of Ireland,
All Hallows College, Gracepark Road,
Drumcondra, Dublin 9.

E-mail: info@migraine.ie

www.migraine.ie



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HELPLINE | 850 200 378