



Migraine

This fact sheet provides information on migraines. Our fact sheets are designed as general introductions to each subject and are intended to be concise. Sources of further support and more detailed information are listed in the Useful contacts section. Each person is affected differently by migraines and you should speak with your GP for individual advice.

What is a migraine?

A migraine is not simply a bad headache. A migraine is an intense headache accompanied by other symptoms such as nausea (feeling sick), vomiting (being sick), visual problems and an increased sensitivity to light or sound.

Migraines commonly last between four hours and three days. Some people experience migraines several times a week. Others might only experience attacks every few years. If you experience headaches on 15 days or more each month, and eight of these headaches are migraines, this is known as **chronic migraine**.

Although migraines are not life-threatening and do not shorten people's life expectancies, they can significantly damage the quality of people's lives. A World Health Organisation study identified migraine as the sixth highest cause worldwide of 'years lost due to disability' (which could also be understood as the number of years spent in less than ideal health). Repeated migraines can have a negative impact on family life, social life and employment.

There are two main types of migraine: migraine without aura (sometimes called common migraine) and migraine with aura (sometimes called classical migraine).

Migraine aura

Around a third of people who experience migraines experience an aura before their attack. Whilst most auras happen before the migraine, they can occur during or even after the headache stage.

Aura is the name given to part of the migraine made up of a range of temporary neurological symptoms. The main symptoms of an aura are visual problems such as blurred vision (difficulty focussing), blind spots, flashes of light, loss of half of the field of vision (hemianopia) or a zigzag pattern moving from the central field of vision towards the edge.

Other aura symptoms include tingling sensations (pins and needles) and numbness in the face, lips and tongue, or in the arms and legs; speech problems such as slurred speech; dizziness; a stiff neck; and, very rarely, loss of consciousness.

What are the symptoms of migraine?

The main symptoms of migraine are an intense, throbbing or pounding headache often affecting the front or one side of the head, nausea (feeling sick) and sometimes vomiting (being sick), and an increased sensitivity to light smells and sound. The throbbing headache is often made worse by the person moving.

Other symptoms of migraine might include poor concentration, feeling hot or cold, perspiration (sweating), and an increased need to pass urine. This can occur before, during or after the migraine attack.

People might also experience stomach aches and diarrhoea.

It is common for people to feel tired for up to two or three days after a migraine.

Migraine triggers

There are various factors which might trigger a migraine. Each person is different and you should try to identify which factors might apply to you and try to avoid them. Many people find that they are able to tolerate one of the triggers on its own but a combination of more than one trigger can push them over their threshold and cause an attack.

Emotional triggers

Emotional triggers include stress, anxiety, anger, excitement, and shock.

Physical triggers

Physical triggers include tiredness, loss of sleep, irregular sleep, strenuous exercise, tension in the neck or shoulders, eye strain (for example, after looking at a computer screen), and dental problems (for example, teeth grinding).

Dietary triggers

Dietary triggers include lack of food (dieting), irregular meals, dehydration, alcohol, caffeine, certain foods such as chocolate, cheese and citrus fruits, and certain food additives such as monosodium glutamate (MSG), aspartame (a sweetener), Tyramine and nitrates. There is now more evidence to suggest that food cravings can be a warning sign that a migraine attack is approaching.

Environmental triggers

Environmental triggers include bright lights, loud noise, strong smells and smoky environments.

Other triggers

Other triggers include smoking and some sleeping tablets.

What causes migraines?

We do not know the exact cause of migraine however researchers believe that the answer lies in genetics. Migraines tend to run in families, but this does not mean that everyone in the family will get them. Migraine is common in immediate blood relatives (parents, children, brothers and sisters). It is suggested that a mix of several different genes may decide whether or not a person will develop migraine, and a great deal of research is going on to try to identify which genes these are. One very rare form of migraine, called familial hemiplegic migraine, has in fact been traced to a specific gene.

Women are about three times as likely as men to experience migraines. This is thought to be largely due to hormonal factors. Women might find that they experience a migraine just before, or just after, the start of their period. Some women find that oral contraception (the pill) can trigger migraines. It might be that women experience migraines as they approach the menopause, or that hormone replacement therapy (HRT) triggers migraines.

What are the treatments?

There is no absolute cure for migraine. However, lots of treatments are available to help ease the symptoms of a migraine attack.

When a migraine attack occurs, most people find that lying down in a quiet, dark room is helpful. Sleeping (if you are able) can also help. Some people find that their symptoms die down after they have vomited (been sick).

Most people affected by migraine will already have tried paracetamol, aspirin and perhaps anti-inflammatory drugs such as ibuprofen (Nurofen) before they seek advice from their doctor. If ordinary painkillers alone are not relieving your symptoms, your GP might prescribe you a triptan (a painkiller specifically for migraine headaches) to be taken in addition to over-the-counter painkillers (paracetamol or an anti-inflammatory drug such as ibuprofen). Triptans are available in different forms to suit individuals (tablets, injections and nasal sprays), although it is important to note that some people develop short-term side effects when taking triptans. Your doctor may also prescribe you anti-sickness medication. If your situation does not improve after treatment, you might be referred to a specialist migraine clinic. (For more information see the Useful contacts section.)

It is important to avoid taking painkillers on more than two days per week or more than 10 days per month as this can in fact make things worse by triggering **medication overuse headaches**.

If you are having migraine headaches more than three to four times per month, or if your attacks are lingering on as a dull, muzzy headache, regular pain medication may not be the appropriate treatment. You may well need to go on a preventative medication. Before you start or stop taking any medication you should always talk to your GP.

Preventative medication and therapies

If you experience frequent migraines, your GP might discuss preventative medication options with you.

It is important to note that preventatives for migraines are not pain medication, but help to reduce the number of migraines. They take time to work, so the minimum time period required may be three to six months. Contact your GP or specialist for further information. All of these treatments have their advantages and disadvantages and some of the medications might not be suitable for everybody.

You might find that this medication reduces the frequency and severity of your attacks but does not stop them completely. You will need to continue your other migraine treatments when you experience an attack.

National Institute for Health and Care Excellence (NICE) recommends that GPs and specialists should consider the following drugs and therapies if they think you might benefit from preventative treatment:

Beta blocking drugs: These drugs are traditionally used to treat angina and high blood pressure. It has been found that certain (but by no means all) beta-blockers prevent migraine attacks. Beta-blockers are unsuitable for people with certain conditions.

Topiramate: This drug is typically prescribed for the treatment of epilepsy but has also been found to help reduce the frequency of migraines. Again, it is not suitable for everyone. In particular, women who are pregnant or thinking about getting pregnant should be advised of the associated side effects.

Amitriptyline: This is a type of antidepressant which has also been shown to prevent migraines. This drug is prescription only and is also unsuitable for people with certain conditions.

Acupuncture: Guidelines from the National Institute for Health and Care Excellence (NICE) state that a course of up to 10 sessions of acupuncture over a five to eight week period may be beneficial in preventing migraines. However, more research is needed to understand exactly how acupuncture has this effect.

Botulinum toxin type A: Commonly known as Botox, botulinum toxin type A was recently licensed for the prevention of chronic migraine in some patients. It is injected to between 31 and 39 sites around the head and back of the neck. It should only be administered by a trained headache specialist.

Other treatments

Transcranial magnetic stimulation (TMS): This new procedure aims to reduce the severity of migraine symptoms, as well as to reduce the frequency of migraine attacks.

Transcranial magnetic stimulation involves a device being held on the patient's head which then sends a magnetic pulse through the skin. It is not certain why the treatment helps to reduce severity and frequency of migraines in some patients and research is limited as to the long-term effects. For this reason, NICE recommends that TMS is only given by headache specialists and records are kept for each patient to help increase understanding of the treatment.

External nerve stimulators: There is emerging evidence for handheld nerve stimulators as a way to reduce the pain and frequency of migraine attacks. The device is held on the side of the person's neck and works by giving out an electrical current to stimulate a nerve in the neck. These devices have been approved as safe to use by the National Institute for Health and Care Excellence (NICE) but more research is needed to confirm exactly how effective they are. Currently, the device is not routinely available on the NHS.

What can I do to prevent migraines?

One of the best ways to prevent migraines is to try to avoid the things that might trigger your attacks. Most people benefit from trying to get stable sleep, eating regular meals, drinking plenty of fluids to keep hydrated, and trying to manage stress. Taking regular exercise may also help prevent migraines since it helps with breathing, improving blood sugar balance and maintaining general wellbeing. Although you should take care not to engage in very strenuous activity that your body is not used to as this can sometimes act as a migraine trigger.

Keeping a diary of your migraines can be a useful way to record when and where you experience attacks, check for any patterns, and try to identify your triggers. Take the diary when you see your GP so you can communicate your symptoms with them and they can find the best way to help you.

Useful contacts

Brain & Spine Helpline

0808 808 1000

www.brainandspine.org.uk

Run by neuroscience nurses, providing support and information on all aspects of neurological conditions for patients, their families and carers, and health professionals.

Migraine Action

4th Floor

27 East Street

Leicester LE1 6NB

Helpline: 08456 011 033

info@migraine.org.uk

www.migraine.org.uk

Support and information on migraine.

The Migraine Trust

52-53 Russell Square

London WC1B 4HP

Helpline: 020 7631 6975

www.migrainetrust.org

Support and information on migraine. The website has an extensive list of migraine clinics located nationwide.

NHS Choices

www.nhs.uk

NHS non-emergency number: 111

Medical advice and information on health services.

We would like to thank everyone who contributed to this fact sheet, especially Julie Edwards (Clinical Nurse Specialist for headaches) and Dr Manjit Matharu (Consultant Neurologist).

The Brain & Spine Foundation provides support and information on all aspects of neurological conditions. Our publications are designed as guides for people affected by brain and spine conditions – patients, their families and carers. We aim to reduce uncertainty and anxiety by providing clear, concise, accurate and helpful information, and by answering the common questions that people ask. Any medical information is evidence-based and accounts for current best practice guidelines and standards of care.

Brain & Spine Foundation

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