

Understanding
Migraine
& other headaches

Dr Anne MacGregor

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IMPORTANT NOTICE

This book is intended not as a substitute for personal medical advice but as a supplement to that advice for the patient who wishes to understand more about his or her condition.

Before taking any form of treatment
YOU SHOULD ALWAYS CONSULT YOUR MEDICAL PRACTITIONER.

In particular (without limit) you should note that advances in medical science occur rapidly and some information about drugs and treatment contained in this booklet may very soon be out of date.

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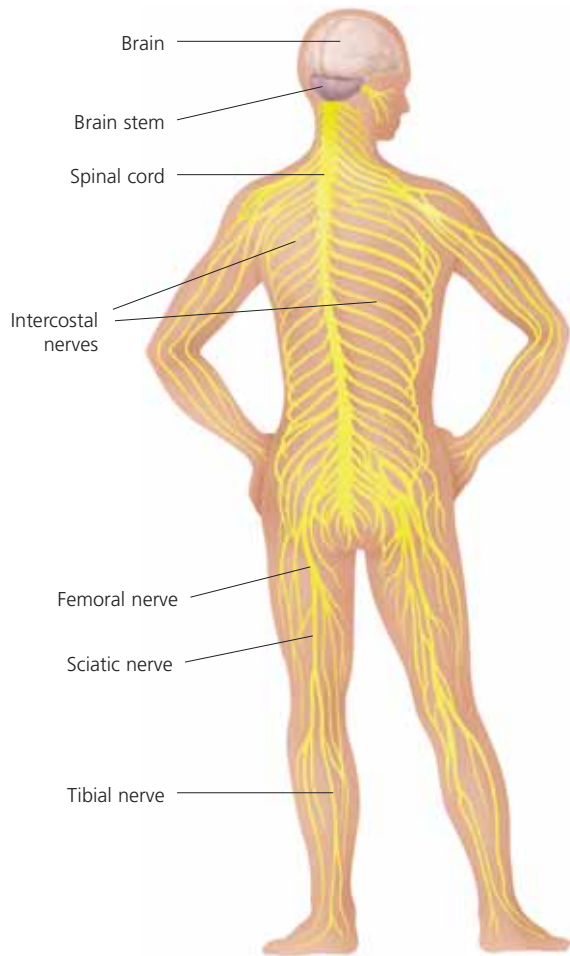
Introduction

Fewer than two per cent of the population claim never to have had a headache. For most of the rest of us, headaches are fortunately infrequent and the cause is usually obvious, whether it is a hangover from too much alcohol, a deep pain over your eyes from a sinus infection or a throbbing pain in your cheek from a dental infection.

Other headaches may not have an obvious cause and, if they are frequent and severe, can cause significant concern and anxiety. Although doctors classify migraine and cluster headache (see pages 4–5) as benign (non-serious) conditions, they can seem very serious to the sufferer, who may be extremely disabled by attacks. It is not even just the attacks themselves that are disabling; fear of the next attack can affect a person's ability to lead a normal life.

This book has been written to help anyone suffering with head-aches to find ways to reduce the frequency and severity of the attacks and to lead a better quality of life. If you are prone to headaches, this book will help you to understand what is triggering your symptoms and how you can combat them more successfully.

There are chapters on migraine triggers and living with migraine, as well as on other types of headaches



The brain and spinal cord form the central nervous system (CNS). The brain performs many complex functions, for instance it is the source of our consciousness, intelligence and creativity. It also monitors and controls, through the peripheral nervous system (PNS), most body processes – ranging from the automatic, such as breathing, to complex voluntary activities, such as riding a bicycle.

such as chronic daily headache. The chapters on headaches in women, children and elderly people highlight common causes of headaches in these specific groups of people and provide some possible self-help measures to ease the symptoms.

This book is not intended to help you diagnose the cause of your headaches yourself. Information in this book cannot replace the advice of a doctor or medical specialist, who will be able to confirm the suspected diagnosis and offer advice suitable for your individual case. Certainly, if the nature of your headaches is uncertain, if the attacks become more frequent or severe or if your symptoms change in any way, you must seek medical advice immediately. Severe headaches are rarely the result of anything sinister, such as a brain tumour or stroke. However, these causes must be ruled out before the more likely headaches, such as migraine, can be confirmed.

Recognising your headache

Each headache has its own particular pattern of symptoms. The table on the following two pages shows the usual pattern of symptoms of some of the more common types of headaches. As there are no diagnostic tests for most of the common types of headaches, listening to the story told by the patient is usually the only way in which a doctor can make a diagnosis of the type of headache. These non-migraine headaches are discussed in more detail in later chapters.

Characteristics of the more common types of headaches					
Characteristic	Migraine	Muscle contraction headache	Stress/depression headache	Chronic daily headache	Cluster headache (rare)
Age at onset of headaches	Childhood/teens/20s	Any age but rarely children	Any age	30s/40s	30s
Frequency with which headache occurs	Episodic: average one to two attacks per month but very variable	Episodic or daily	Usually daily	Daily	Episodic: average of one to two attacks per day for six weeks Chronic: average of one to two attacks per day
Duration of headache	Part of a day up to three days	Hours to weeks	Continuous	Continuous	Half-an-hour to two hours
Principal symptoms	Often unilateral Severe Throbbing	Localised Tender to touch	All-over pressure Band around your head Weight on your head	All over Diffuse and dull May have additional migraine attacks	Unilateral, centring on one eye
Associated symptoms	Nausea Vomiting Photophobia (dislike of bright light) General malaise (feeling unwell)	Tender neck/shoulder muscles	Mild	Mild unless additional migraine attacks	Affected side: eye and nose waters Affected side: eye reddens
Mood during headache	Usually normal but can be associated with depression	Normal	Depressed	Flat/suppressed	Normal
General health	Well	Well	General malaise (feeling unwell)	General malaise (feeling unwell)	Normal but often smokes or history of smoking
How often is medication taken to treat symptoms?	Episodic	Episodic	Frequent, often daily	None or daily, particularly if associated with overuse of acute medication	Episodic
Effect of medication	Right medication usually gives relief	Response in 20 to 30 minutes	Minimal response	Minimal response	Right medication usually gives relief

KEY POINTS

- Severe headaches are rarely the result of anything sinister
- Each headache has its own particular pattern of symptoms

Different types of migraine

What is migraine?

The name 'migraine' is derived from the word 'hemicrania' meaning a one-sided headache, although the migraine headache can be generalised. Migraine headache is often described as a throbbing pain that gets worse on physical activity. Although the pain may be severe, migraine is not in itself life threatening, although a bad attack often feels like it.

Migraine is, however, more than just a headache and the headache is not necessarily the major symptom. Some attacks are preceded by visual disturbances. Other typical symptoms include nausea, vomiting, and sensitivity to light, noise and smell. Many sufferers cannot bear even the thought of food, whereas others find that eating takes the edge off their nausea.

Migraine has been likened to a power cut. During a migraine, you may find that your whole body seems to shut down until the attack is over. Lethargy (a lack of energy) is a common symptom and every task may seem to take twice as long – if it is possible to tackle it

Do you have migraine?

- Do you have headaches that last between 4 and 72 hours?
- Is the pain usually one-sided and/or throbbing?
- Do you feel sick or vomit with the headaches?
- Does light or noise bother you when you have a headache?
- Do you find it difficult to concentrate when you have a headache and sometimes have to stop and sit or lie down?
- Is your general health good between these attacks?

If you answer 'yes' to most of these questions, you probably have migraine.

at all. Your stomach may stop working normally, making it harder for medication to be absorbed into your bloodstream, especially if treatment is delayed.

Many people have to lie still in a quiet, darkened room until the attack is over. If medication doesn't control an attack, you may find that your symptoms improve after a good sleep. Other people find that vomiting will relieve their symptoms. Migraine lasts anything from four hours to three days, with complete freedom from symptoms between the attacks.

Who gets migraine?

At a conservative estimate, migraine affects about 10 to 12 per cent of the population at some time in their life. In the UK, this amounts to over six million people. It is difficult to give a precise figure because some

people may have only three or four attacks in a lifetime and not recognise them as migraine.

Gender

Migraine affects more women than men in a ratio of about three to one. Hormonal changes in women are the obvious reason for this difference between the sexes and account for the fact that, until puberty, migraine is equally prevalent in boys and girls.

In one large survey, researchers found that, of those questioned, 8 per cent of men and 25 per cent of women had had a headache with features of migraine at some time in their lives.

Age

At least 90 per cent of people who get migraine have their first attack before the age of 40. For most people, migraine starts during their teens or early 20s, although it has been diagnosed in young children and even babies. It is rare for anyone over the age of 50 to experience their first attack of migraine, although migraine can return at this time of life after years of respite.

Even though migraine starts when you are young, it is often not a problem until later life when attacks become more frequent. Studies show that women are most likely to have problems with migraine, particularly when they reach their 30s and 40s. In men, the pattern is fairly consistent through-out their lives. Migraine usually improves in midlife for both sexes, although an unfortunate few do continue to have attacks.

What are the different types of migraine?

The two most frequently encountered types of migraine differ only in the presence or absence of an 'aura'. An aura is a group of neuro-logical symptoms that precede the headache, most often visual (see below).

About 70 to 80 per cent of migraineurs (people who suffer from migraine) experience attacks of migraine without aura (formerly known as common migraine); 10 per cent have migraine with aura (formerly known as classic migraine); 15 to 20 per cent have both types of attacks. Less than one per cent of attacks are of aura alone with no headache developing. Other types of migraine are extremely rare (see page 13).

What are the symptoms of migraine?

Migraine is more than just a headache. You may feel that your body has had a power cut – it shuts down for a while and you want to hide away. During attacks, you may experience a heightened sensitivity to light, sound and smell, not want to eat, experience nausea or vomiting, have an inability to concentrate and feel generally extremely unwell. These other symptoms may cause you more distress than the headache itself.

In fact, migraine can be divided into five distinct phases:

- 1 premonitory (warning signs)
- 2 aura
- 3 headache
- 4 resolution
- 5 postdromal (recovery).

Premonitory phase

Two-thirds of migraineurs experience these warning symptoms, although you may not recognise them for what they are until you know what to look for. These symptoms include very subtle changes in your mood or behaviour, which may be more apparent to your friends and family than they are to you. They include:

- Mood changes: irritability, feeling 'high' or 'low'.
- Behavioural changes: hyperactive, obsessive, clumsy, lethargic.
- Neurological symptoms: tired or yawning, difficulty finding the right words, dislike of light and sound, difficulty in focusing your eyes.
- Muscular symptoms: generalised aches and pains.
- Gut symptoms: nausea, craving for certain foods (often sweet), not wanting to eat, constipation or diarrhoea.
- Changes in fluid balance: thirst, wanting to pass water more often or fluid retention.

These symptoms are sometimes blamed as triggers for the attack. For example, if you crave chocolate, eat it and then wake up the next morning with a migraine, it wasn't necessarily the chocolate that caused the migraine. It is much more likely that the craving was a symptom of an attack that had already started. Premonitory symptoms usually begin subtly and develop over a period of up to 24 hours before the headache starts.

Aura

Many people, doctors included, mistakenly think that it can't be migraine unless an aura occurs. But only 20 to