

A severe type of headache that involves more than just the headache pain. There are five stages that may occur with a migraine. Prodrome (warning signs), aura (beginning symptoms), headache itself, resolution (pain stops), and postdrome (tiredness and other symptoms). Migraines often start before age 20, affect both sexes, and are more common in females.

Frequent Signs and Symptoms

- The nature of attacks varies between persons and from time to time in the same person.
- Prodrome (hours/days before attack). It can include changes in mood, behavior, energy, and appetite.
- Aura (minutes or an hour before attack). It affects vision, hearing, or smell.

The most common symptoms are the inability to see clearly and seeing bright spots and zigzag patterns.

Visual disturbances may last several minutes or several hours. They stop once the headache begins.

- Headache. Dull, boring pain in the temple that spreads to the entire side of the head.

Pain becomes more intense and throbs. Nausea, vomiting, and/or sensitivity to light and sound.

Headaches can last from 4-72 hours.

- Postdrome (may occur after an attack and last for hours or days). It includes exhaustion, weakness, lethargy, and elation (in some cases).

Causes

Exact cause is unknown. It may be due to a central nervous system disturbance that sets off a chain of events in the body. Genetic factors are involved also.

Risk Increases With

- Females.
- Family history of migraines.
- Other disorders (such as asthma, allergies, *H. pylori* infection, epilepsy, and fibromyalgia).

Preventive Measures

No preventive steps for first attack. After diagnosis, take steps to help prevent future attacks. Try to avoid the triggers of migraines (such as some foods and drugs, bright lights, weather changes, high altitudes, and stress). Keep a diary to learn your own specific triggers.

Expected Outcomes

People with migraines tend to have them over many years. They can often be controlled with treatment. Migraines may end when a person gets older.

Possible Complications

- Interferes with day-to-day life (work, family, or social).
- Status migraine (lasts over 72 hours) or stroke (rare).

General Measures

- Your health care provider can usually diagnose based on the history of the headache patterns and symptoms. Medical tests are normally not required.
- Treatment is usually with drug therapy and self-care.
- Hospital care may be needed for a severe attack.
- Counseling, behavior therapy, or stress reduction techniques may be recommended.
- For self-care at the first sign of a migraine attack:
Apply a cold cloth to your head and lie down in a quiet, dark room. Relax and sleep if possible.
Minimize noise, light, and odors (such as cooking odors and tobacco smoke). Don't read.

To learn more: National Headache Foundation, 428 West St. James Pl., 2nd Fl., Chicago, IL 60614; (888) 643-5552; website: www.headaches.org.

Medications

- No single drug works best for everyone. A variety of drugs can be prescribed for symptoms and prevention.
- Triptans in self-administered by subcutaneous (under the skin) injection or oral tablet.
- Ergot preparations in a tablet, suppository, aerosol, or injection form.
- Aspirin, other NSAIDs (nonsteroidal anti-inflammatory drugs), acetaminophen, or ibuprofen.
- Narcotics or butalbital (alone or with other drugs).
- Antihistamines to expand blood vessels.
- Antiemetics to decrease nausea and vomiting.
- Vasoconstrictors to narrow blood vessels.
- Beta-adrenergic or calcium channel blockers; antidepressants to prevent attacks.
- Note: Overuse of drugs can cause a “rebound” into another headache.

Activity

- Exercise daily to maintain fitness. Rest during the headache.

Diet

- Keep a diary to see if any foods trigger your migraines.

Notify the office if you or a family member has migraine symptoms. Treatment is not helping the migraines.