



Migraine Headaches

Migraine headaches are common and disabling. It is most common in women between ages 25 and 55. Before puberty boys and girls get migraine headaches at equal rates. After puberty the women to men migraine ratio is 3:1. Approximately 30% of women will develop menstrual associated migraine headaches.

Migraines have a significant impact on the quality of life. Between 50 and 75% of headache sufferers say they are less productive at work, in school and at home. The headaches often force people to miss social and family events and are the leading cause of missed workdays.

Migraine headache is a very specific type of headache that involves the blood vessels in the brain. The exact cause of the headache is still being studied, but it is known to be a genetic based disorder when after exposure to a trigger there is swelling in blood vessels in the brain.

Migraines are frequently mistaken for sinus headaches and tension headaches. The International Headache Society has developed criteria for diagnosis of migraine headaches, however not all migraine sufferers will meet the criteria. Most headache specialists believe that patients with recurrent headaches that are moderate to severe in intensity are a migraine headache.

Classical migraine headaches have an “aura” which is a neurological disturbance such as sparkling lights or a temporary loss of a portion of vision. Nausea, vomiting and increased pain with bright light and loud noises are common. Other features that may occur shortly before the migraine are a stiff neck, yawning and craving for sweets.

Many cases of migraine headaches have no “aura”. The headache is usually on one side and is pulsating. It is aggravated by routine physical activity such as walking or climbing stairs. Nausea is very common.

The triggers that can cause migraines include sleep deprivation or sleep excess, missed or delayed meals, hormonal changes such as decreased estrogen levels, stress and anxiety, physical exertion and environmental factors such as bright lights, noise, smoke, fumes or odors. Other triggers may be food, alcohol, or food additives, especially aspartame.

The treatment of migraine headaches is to identify the triggers and eliminate them. For an acute headache, anti inflammatory drugs such as Aspirin, Motrin, Midrin or Migraten can be used. Medications that specifically address the vascular changes are called triptans and are very effective in treating the headaches.

Migraine sufferers who have two or three headaches a week may take daily medications to prevent headaches (prophylactic treatment). Other alternative treatments include acupuncture, biofeedback, psychotherapy and Botox. Studies have shown an improvement in some patients using these alternative treatments.

Dietary supplements have been used with variable success. Magnesium 500 mg/day, Riboflavin 400mg/day (Vitamin B2) and herbs such as Feverfew and CoQ10 100 mg/day have been used.

Pregnant women with migraines should consult their obstetrician and neurologist for recommendation of medications during pregnancy.