

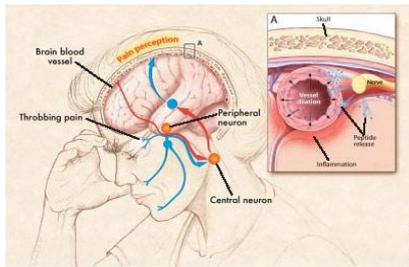
What is Migraine?

Migraine is not just a headache, it is a complex neurological condition that affects the whole body.

It is as old as history itself described some 7000 years ago. It is also very common. One in seven people in the UK are affected by migraine. It can have a big impact on your quality of life and although there is no cure for migraine, it can be managed effectively to reduce its frequency and intensity allowing you to lead as normal a life as possible.



What are the causes for migraine?



This is still poorly understood but generally, migraine is a cascade of electrical and chemical

reactions leading to dilatation of the blood vessels and to the different symptoms you experience during an attack, including the headache.

There is no single known cause identified. Migraine happens however, to people who are genetically primed to develop it usually triggered by environmental factors.

It is important that you are familiar with these triggers as avoiding them tend to reduce the possibility of you having an attack.

What are the main Triggers?

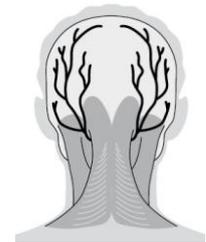
Stress: Plenty of people will have an attack when they are stressed or after the relief of a stressful period or situation like on weekends,

holidays or after an intense exam or an intense meeting.

It is very important that you become familiar with your stressors as well as giving yourself plenty of time for relaxation and rest. Practice regular deep breathing exercises or yoga and other relaxation techniques. Get plenty of fresh air and do regular exercise.

Poor posture and neck muscles stiffness:

This is becoming an increasingly common problem as we spend long hours in front of our computer screens or using our smart phones.



Tension of these muscles inflames a nerve known as the Greater Occipital Nerve, which seems to trigger some of the migraines. It is important to always correct and maintain good posture and do regular neck stretching exercises

Changing of sleep patterns: very important that you maintain a regular sleep pattern aiming for 7-8 hours of sleep each night. Avoid late nights and lie-ins.

Dehydration: Drink plenty of plain water aiming for 2-4 litres per day.

Lack of food or infrequent meals: you need to eat regularly to keep your blood sugar levels stable. Also avoid sugary snacks and aim for 3 to 4 well-balanced meals during the day

Certain food: This is different for different people. The migraine diary might help you to identify the foods that could trigger your migraines. As a general rule try to limit your intake of caffeine and alcohol as well as foods that contains tyramine like cheeses and monosodium glutamate e.g. processed foods.



Visual stimulation: Avoid bright flashing or flickering lights as well as reflective surfaces. Make sure that you have your eyes tested regularly specially if you are a VDU operator and wear sunglasses and/or a hat in bright sunlight.

Other stimuli: Always maintain good indoor ventilation keeping the rooms at a constant temperature. Avoid loud noises and strong smells

Hormonal Factors: This is for females only. The pill, HRT, the monthly periods and menopause all could trigger migraines. Again, your diary will assist in establishing the pattern where then you and your GP could find a way to control them.

What do I need to do now?

I suggest you continue using the migraine diary to have better understanding of your migraines' pattern and their triggers. Avoiding these triggers is your best chance to reducing the frequency and the severity of your symptoms.

What can I do if I have an attack?

The best thing you can do to prevent an attack from establishing itself and developing into a full blown migraine, is to try to stop the chain reaction from causing the inflammatory process that leads to the headache.

Take two to three tablets of Paracetamol 500 or Aspirin 300 or Ibuprofen 200, with a large glass of water as early as possible after the beginning of an attack. Try to relax for about half an hour in a quite, dark place. This usually helps to prevent the migraine from getting worse.

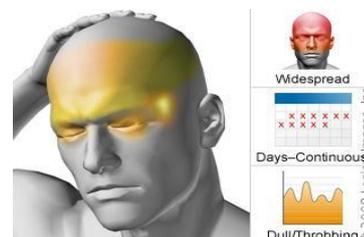
Remember that once you had an attack, you will be liable to have more migraines in the following few days. Follow your preventing

regime and try to adhere to the pattern that works for you and suits you.

There are also specific anti-migraines medications (Triptans) that can be prescribed by your GP which can also help if the above painkillers failed to stop the migraines from getting worse.

It is very important to remember that you must not take lots of tablets. There is strong evidence that taking more than 6 tablets a week for three or more months can lead to what is know as "Medications Overuse Headaches".

This is usually a daily headache that feels like your migraines which makes you taking more pain killers.



Most migraine sufferers do fall in this trap of feeding their beast and it is important that you consult with your GP before you do.

What happens if I have lots of migraines?

If you are going through a phase in your life where you are having more than 1-2 attacks in a week or started to take more and more painkillers, then you might benefit from a preventative medicine.

These medicines usually work through different channels to stop the chain reaction from happening and cascading to a full blown attack.

Remember, it is best to identify and avoid the environmental changes that trigger your migraines and try to follow the pattern that works with your body. The success rate of these medicines is in the region of 60% if used with following the strict regime you have identified and known to prevent migraines as described earlier. These are:

Anti-epileptics: These are used usually in small doses than those given for managing seizures. They work by neutralising the chemical reaction that leads to the electric and further chemical reactions causing the migraine.

Tricyclic anti-depressants: Again, used in small doses to dampen the electric reactions.

B-Blockers: these work by reducing the dilatation of the blood vessels that follow the chemical and electric reactions.

Anti-histamines: work through the chemical reactions

Others:

Botulinum toxin type A is available only for those with chronic severe migraines that did not respond to the above medications.

Acupuncture, Reflexology, Cranio-osteopathy and other physical therapies are all being used by different people but to date we do not have evidence to confirm that they do work.

different websites available for further information (see below).

The more information you have and the better understanding you gain into your condition, helps you to manage your migraines better and hopefully to lead as normal life as possible till it burns itself out.

I promise you it does. Migraine is rare after the age of 60!

Good luck

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Migraine Trust: www.migrainetrust.org
Migraine Action: www.migraine.org.uk

Finally

I hope you found this useful. Please do not hesitate to discuss your concerns with your GP and I also encourage you to check the