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# Chapter **1**

# Understanding Migraines

**W**hen you get past the initial shock of having migraines, a symptom becomes a vivid “notification” that it’s time to pull out your cache of weaponry. Whether your go-to answer is a prescription medication, a nerve-stimulating device, or a lifestyle alteration, you’ll know exactly how to smooth your way to a healthier place.

This book supplies the tools you need to banish pain and other symptoms. We share treatments from both medical knowledge and lived experiences. The take-aways apply to children, teens, Millennials, middle-aged people, and older adults, and we’re excited to share insights that will make your life infinitely better.

Granted, migraines are complex. Just when you think you’ve conquered the beast, triggers team up and deliver blockbuster pain that reminds you that migraine attacks are changing targets. Obviously, that variability makes self-care key, and the sooner you are diagnosed and develop a plan, the better. Then, when nature tosses your head a grenade, you can stage a powerful defense.

Migraine enlightenment is *magically freeing*. People with migraine love days that are headache free, and we’re here to hand you the golden ticket to subduing the

dragon for the rest of your life. This chapter gets you started by providing an overview of common types of headaches and how to approach working with them.

Incidentally, you may have noticed our reference to “migraine” in place of “migraines.” Both the singular and plural are acceptable usage today, but you’ll impress your doctor by referring to having “migraine,” which is the version currently endorsed. Either way, the condition hurts — but we’re here with lots of help!

## Knowing What Migraines Are — and What They Aren’t

A *migraine* is an intense, recurring headache, but each occurrence isn’t always debilitating, and it’s usually manageable. The trick to living with migraine is to pinpoint your migraine triggers and find medications and lifestyle changes that get you right back in the game. In short, you don’t have to suffer from FOMO (fear of missing out) if you stay well-informed.

### What migraines are

A common myth states that any bad headache that is disabling and excruciating must be a migraine. But the truth is that although some migraine attacks are very severe, others are mild to moderate. Tension headaches, too, can be extremely painful, as can red-flag headaches caused by serious problems such as a hemorrhage (bleeding) in the brain.

Migraine symptoms are different in different people. The uniqueness of the symptoms, in fact, is one reason that some people with migraine end up living for years without effective medication because they don’t even know that their headaches are migraine related. Some experts estimate that many people with migraine would benefit from preventive medications that reduce severity and frequency, but only a small percentage take advantage of these prescription options.

For example, you may assume, based on what you’ve heard, that the headaches you get can’t be migraines because you don’t experience the symptoms you’ve heard from those old wives of “old wives’ tale” fame. The truth, however, is that migraines have a wide variety of symptoms, and not everyone has classic symptoms. Many people experience migraine symptoms for years before going to a doctor to be diagnosed, and that is unfortunate because so many solutions are available.

Although we go into more detail about migraine symptoms in later chapters, the symptoms of migraine include but are not limited to the following:

- » Throbbing or pulsating pain that is usually on one side of your head.
- » Pain that ranges from moderate to severe.
- » An aura that occurs prior to a migraine. An *aura* is typically a visual disturbance of zigzag lines or flashing lights, and it lasts from a few minutes to less than an hour. You may also experience numbness or tingling of the face and hands. Most people with migraine don't experience auras, but those who do have a variety of visual symptoms, some of which are alarming, like temporary partial loss of vision in one eye.
- » Lethargy and malaise.
- » Nausea, vomiting, or both; sensitivity to light, smells, or sounds (or all those); lack of appetite.

The following are features that many people with migraine have in common:

- » You come from a family of people with migraine, who may include your parents, grandparents, and siblings.
- » Your headaches last from about four hours to three days.
- » Sleep usually helps you feel better.

Your headache frequency can be several times a week, once a month, or even less often than that. A day or two before your headache, you may experience any of the following: yawning, frequent urination, drowsiness, irritability, and euphoria. After a headache, you may feel like you have a *pain hangover* — you're tired, you don't feel hungry, and your thinking processes seem slower.

A migraine is essentially a headache and more. Because the normal functioning of your central nervous system is disrupted during a migraine, all body systems are affected. As a result, you may be bothered by sounds, smells, and lights. Your scalp may feel tender. Your feet and hands may be cold.

Symptoms of migraines vary in each individual, so don't assume that your headaches aren't migraines just because you lack auras or other classic symptoms. More people with migraine don't have auras than do. You may have generalized head pain instead of the classic one-sided misery. Further, many people with migraine have never experienced visual disturbances, nausea, or vomiting. Tell your medical experts about your symptoms, and let them identify the kind of headaches you're having and determine what can be done to wipe out the pain.

About 42 percent of people with migraine inherited a proclivity for it, according to the latest estimates. But you still can take charge of your nervous system by limiting your exposure to triggers. For example, factors that combine to affect your nervous system are certain foods, stress, disordered sleep, and lack of movement. Handle these factors properly, and you may reap the big win of fewer migraines. If migraine runs in your family, a predilection for migraine attacks is part of your genetic material, and you can't run away from it. In all likelihood, migraine is due to combinations of multiple genes that cause a person to tend to have migraine attacks. (Chapter 3 has more on the genetics/migraine connection.)

## What migraines aren't

The other main types of headaches have symptoms that are different from those of migraine — but sometimes symptoms overlap, making diagnosis difficult. (See Chapter 4 for information on headaches that people often confuse with migraine.)

Some signs that your headache *isn't* related to migraine:

- » You feel a tight band of discomfort around your head.
- » Your shoulder and neck muscles feel knotted.
- » You have headaches only after sex or physical exertion.
- » Your headaches are getting steadily worse.

## Identifying the Common Types of Headaches

Consider the following indicators of these headache types:

- » **Migraine:** The key symptoms are a throbbing head pain that's typically one-sided, intensity that's moderate to severe, and a lengthy duration (a migraine attack can last from a few hours up to several days). Activity may make you feel worse. You may have accompanying nausea and vomiting, and/or sensitivity to light and sound. If you suffer from migraines, you usually have headaches on a regular basis.

» **Tension-type headaches:** A common headache in people who have migraine, depression, or both, this type of headache presents with a dull ache of mild to moderate pain. The pressure is on both sides of your head, and it comes on slowly.

If you feel pain on both sides of your head, or like a band around the head, including the forehead and back of your head — and if the pain feels more like tightness than it does a throbbing or pounding — you probably have a tension-type headache. You don't have vomiting or auras with this kind of headache. Tension headaches can occur very frequently (even daily) and are sometimes very painful. Such a headache may last 30 minutes to a week. Triggers are disordered sleep, sunlight exposure, dehydration, alcohol consumption, stress, and long periods of gazing at a computer or cell phone.

» **Cluster headaches:** This headache is characterized by sudden and severe piercing pain on one side of the head. These headaches come in clusters — appearing during several consecutive days, weeks, or months, and then disappearing, only to come back months or years later. Cluster headaches can come and go five or six times during a day. They're usually short-lived, lasting from 15 minutes to two or three hours each time.

With a cluster headache, you may have a droopy-looking eyelid or sweating on the side that hurts, and you may find that moving around makes you feel better. Typically, cluster headaches aren't accompanied by nausea or vomiting. Pain usually occurs behind or around one eye. The eye may tear up or become red, and the nostril on this same side may run or feel congested.

» **Medication-overuse headache:** With a medication-overuse headache, many people with migraine experience a sinking fear that the pain will never go away. Piling on with too many pills is the cause of this kind of persistent migraine. A medication-overuse headache results from regularly overusing one or more drugs that you take for acute or symptomatic treatment of headaches and thus inadvertently cause a vicious cycle of pain. It may occur from taking a medication for more than 10 to 15 days per month. Essentially, the pain makes you start thinking, "One pill didn't help, so maybe two will." At that point, you would try almost anything. You just want the pain to *go away*. By the way, if you're using abortive (acute) medications often, you may want to talk to your doctor about adding a preventive medication to your regimen or changing your preventive med to reduce your migraine attacks' severity and frequency.

The critical part of ensuring that you never again induce a medication-overuse headache is to "keep your head about you" despite the incessant discomfort. Don't get so frantic that you abandon common sense.



TIP

Always follow your doctor's orders in taking headache medications.

## COMPARING MIGRAINES WITH AURAS TO ONES WITHOUT

According to the American Migraine Foundation, a relatively small percentage (25–30 percent) of people with migraine experience the signals or symptoms called *auras* (visual disturbances, speech problems, distortions of smells and sounds, numb hands and lips). Some people with migraine have auras occasionally, whereas others have never had that symptom at all. (See more on auras in Chapter 2.)

According to the International Classification of Headache Disorders, 3rd Edition, a person with *migraine without aura* has at least five attacks that fulfill these criteria: a headache lasting 4 to 72 hours (untreated or unsuccessfully treated); this headache has at least two of the following characteristics: (1) it's located on one side; (2) it pulsates; (3) the pain intensity is moderate to severe; (4) it's worsened by, or causes avoidance of, routine physical activity (walking or stair-climbing); and (5) during a headache, at least one of the following happens: nausea, vomiting, or both; phonophobia (aversion to loud sounds); and photophobia (aversion to bright lights). A last criterion for diagnosis: The patient's symptoms are not better explained by another ICHD-3 diagnosis.

A person experiencing *migraine with aura* has at least two attacks with symptoms occurring in one or more of the following categories: visual, sensory, speech and/or language, motor, brainstem, retinal. The migraine with aura has at least three of the following traits: At least one aura symptom spreads over about 5 minutes; two or more symptoms occur in succession; each aura symptom lasts 5 to 60 minutes; at least one aura symptom is one-sided; at least one aura symptom is positive (seeing flickering zigzag lights or feeling pins and needles); the aura is accompanied by a headache, or a headache follows the aura within 60 minutes. And finally, the headache is not better explained by another ICHD-3 diagnosis.

## Understanding Why Headaches Hurt

Migraine is a neurological disorder — a “brain problem,” which is interesting because the brain itself cannot experience pain. According to the National Institute of Neurological Disorders and Stroke, migraine is a health condition, and symptom episodes comprise a migraine attack.

The hallmark throbbing pain that makes a migraine feel like someone is hammering your head appears to come from an imbalance in the hormone serotonin that causes an electrical change in the brain. Although no one fully understands migraines, some experts believe that the pain is related to serotonin levels in the brain and abnormal excitation of the cells of the nervous system — an event that

occurs when a food, a stressful event, high altitude, or another trigger upsets your serotonin production. In a nutshell, migraines arise from underlying problems with your brain's neurotransmitters.

Migraine pain differs from the intensity of other headaches because a person with migraine has hardwired hyperexcitability in the brainstem, and that genetic quirk heightens neuron activity. Sensory stimuli — weather, sounds, smells, lights, certain foods — can lead to a migraine attack by activating your genetically over-active neurons.

Obviously, you're the biggest stakeholder in migraine development because you allow (or disallow) exposure to triggers. Your central nervous system is programmed to generate migraines; hence, you are logically the Zen master, who has some power to calm brain-dwelling neurons and thus avoid or reduce headache pain.

## Personalizing Your Treatment

Diagnosing and treating migraines may require an investment of time, money, patience, trial and error, journaling (to discover triggers), and a strong working relationship with a doctor who diagnoses the causes of headaches.

You fare best with assistance because getting to the bottom of headaches is complicated. Too many people with migraine flounder around for years without coming to any conclusions or finding medications that eliminate pain. (See Chapter 6 for more about headache diagnosis.)

After you've been diagnosed with migraine, you can take a proactive stance by putting remedies to work and implementing lifestyle changes. Basically, you find ways to keep a migraine from forming whenever possible, and you stand ready with an action plan when pain does hit. You probably have noticed that certain foods, activities, sounds, or smells trigger a migraine attack. However, an attack may not occur every time you eat aged sharp cheese or take a strength-and-conditioning class at the YMCA. Typically, it takes several triggers to generate a migraine attack. You never know if or when, but a heightened awareness of your triggers helps you avoid migraine development. (You can find out more about food triggers in Chapter 10; exercise triggers in Chapter 11; environmental triggers in Chapter 12; and sleep-habit triggers in Chapter 13.)

Aspects of migraine management include: finding the right doctor and creating a treatment strategy; working to eliminate triggers; handling family and work issues; and understanding special-situation migraines, such as ones associated

with hormonal changes, life stages, stress, and exertion. Plus, it's important to familiarize yourself with red-flag headache signs that should send you scurrying to the emergency room.

Sometimes migraines are manageable. Just figure out your headache triggers and rearrange certain aspects of your lifestyle, and you'll be on the road to sending your headaches to the B-team bench, where they'll languish and rarely take a starring role again. Many people with migraine need a medication that knocks out the pain. Others choose alternatives such as yoga, head massage, or one of the new neuromodulation devices. (See Chapter 9 for more about these devices.)

Call on your A+ patience when you start sampling migraine treatments. Although you may get lucky and find that the first medication your doctor recommends works perfectly, the more common route is a trial-and-error period of testing medications.

Migraines are quirky. If they weren't, doctors would be able to recommend the one super-sized honcho power-pill, and there would be no need for a book called *Migraines For Dummies*. In truth, migraine headaches and symptoms come in as many varieties as there are materials in a fabric store. That makes them difficult — but not impossible — to treat. After you personalize your migraine game plan, you're halfway to the goal line.

## Handling Family and Work Issues

Getting a handle on family and work issues associated with migraines can greatly improve your living-with-migraines existence. For one thing, you will not have to miss as much work or school after you zero in on ways to manage symptoms. At the same time, though, the chronic nature of migraine means that you always need to be prepared to deal with a headache that strikes when you're outside the home. Have an arsenal of techniques ready to go.

Having good “people skills” for migraine management is important because some of those who don't have migraines cannot relate to the sometimes-debilitating nature of headaches.

If head pain were your only problem, you would be looking at a very different kind of malady. But everyone associated with a migraineur is affected by the chronic nature of the affliction. It's therefore up to you to set the tone for handling issues with family, friends, supervisors, and coworkers. Basically, you either establish yourself as a capable, reliable individual who just happens to have headaches, or as a disabled person who wants everyone to jump and show massive amounts of sympathy when a headache strikes.

## DEALING WITH BEING MISUNDERSTOOD

You may have trouble relating to folks who are skeptical when you say your head hurts. You may also feel indignant, thinking, “Hey, wait a minute — shouldn’t I be the one expecting empathy?”

Outsiders often look askance at migraine attacks, and you really can’t expect someone who is a stranger to migraines to grasp the level of pain that can come with one. Most people who are migraine-free view migraine headaches in one or more of the following ways:

- **With skepticism:** They assume that you’re a hypochondriac, and that makes them dismissive.
- **With empathy:** They’re sorry that you must suffer and wish they could help.
- **With disinterest:** They don’t want to hear about your migraine pain.
- **With anger:** They’re mad when you call in sick and your migraine inconveniences them.
- **With confusion:** Children, for example, have trouble understanding why a parent sometimes gets sick and can’t do things for them, or why family activities are cancelled.

Taking these possibilities into consideration will help you deal with colleagues and relatives in a happier, more consistent way. In return, you’ll get better treatment because those close to you will know what to expect.

Today, people with migraine absolutely benefit from targeted treatment methods that offer abundant reasons for celebration. You have more options than your parents or grandparents had when nursing a migraine attack, and these expanded options can make life easier and more enjoyable.

Consider these highlights of today’s overall migraine picture:

- » Drug options for treating migraines are superior to ones formerly available. Today’s medications are more effective because some are migraine-specific. In 1993, the introduction of the first triptan migraine drug in the United States improved the migraine-treatment picture dramatically, and by 2025, seven triptan medications had been FDA approved for fighting migraines. (See Chapter 8 for more details on prescription drugs.)

- » Healthcare providers take migraines seriously. They can help you eliminate lifestyle triggers that can aggravate your highly sensitive nervous system. Hence, a person with migraine may be able to reduce dependency on medication.
- » Alternative therapies can complement your primary migraine-management plan.
- » Overall, people have more informed attitudes about migraine.

Migraine treatment is smart, savvy multitasking at its best. You can nip a headache in the bud with fast-acting medications. This upgrade makes all the difference in the world, and when you add it to other new coping ideas, you truly put yourself in the driver's seat.

With the recent addition of exciting calcitonin gene-related peptide (CGRP) antagonists and triptans to the roster of migraine medications, migraineurs now have a wealth of ammunition to aim at head pain. Indeed, today's wonderful wellness climate delivers huge benefits for those of you formerly plagued by migraines. In this book's pages, you'll discover how simple it is to get back to the wonders of living well — healthy, happy, and lifted up by yet another empowering *Dummies* book!