Migraine triggers

Patients very commonly report that environmental factors, such as diet or meteorological changes, provoke or aggravate a migraine.

Other triggers include: bright or flickering light, noise, loud sounds, strong scents (especially perfumes, but also paint and cigarette smoke), changes in weather (atmospheric pressure), fatigue or lack of sleep, stress, hormones (especially around the time of their period), and long periods of tension or repressed energy for many years.

Causes of migraine

Migraine is a disorder of brain function, and so does not show any structural changes during brain scans. It is thought to be caused by temporary changes in blood vessels and chemicals in the brain. There is also a strong interaction with a major pain pathway in the brain involving the trigeminal nerve and the brainstem. Despite the advancements in our understanding of migraine in recent years, the underlying cause is still not known, and we do not know why some people suffer from migraine and others do not. A strong genetic component to migraine has been suggested by the fact that patients very often have a family history of migraine. The field of genetics is constantly making inroads into the causes of disease. However, while there is promising research associating various genes with migraine, this has not yet translated into clinically useful tests or the ability to predict who will suffer from migraine. The relationship between migraine and hormones, especially in women, is also complex, and not yet fully understood.

The most commonly reported food triggers are: chocolate, cheese, coffee or other caffeine-based foods, citrus fruits, processed meats, additives such as monosodium glutamate (MSG) and aspartame (an artificial sweetener), fatty or salty foods, and alcohol containing (usually red wine and beer).

Frequency

The frequency of migraine attacks varies between patients and across the course of disease. Patients may have migraine only occasionally. Others may be able to avoid them by avoiding triggers. Some patients experience regular migraines. For example, women often have monthly migraines around the time of their period. Patients are also known to have long periods of remission with no migraine over many years.

Treatment of migraine

Migraine treatment can be divided into three categories: acute (immediate) treatment, preventative treatment and lifestyle changes. Acute treatment provides quick relief for a migraine that is already underway. Preventative medication aims to reduce the frequency and severity of migraine attacks over the long term. Some preventative medications are migraine-specific, while others were originally intended for another disease, but have been found effective in the treatment of migraine. Lifestyle changes include minimising known triggers when possible, eating well and exercising. Smoking and use of some oral contraceptives is not advised in migraine as it raises the risk of complications such as stroke.

Vestibular migraine

This is a very recently described entity, where migraine manifests with symptoms referable to the balance organs: recurrent vertigo, imbalance, rocking and tilting sensations or even light-headedness. The vestibular symptoms may be time-locked with headaches, occur separately or even rarely occur in patients who have never experienced a headache. Since there is some overlap between symptoms of migraine and other neurological disorders caused by structural abnormalities of the brain, it is best to seek medical advice when you first experience symptoms that fit with migraine.
Migraine is a common neurological disorder that can be very distressing and disabling. Typically it is a now a throbbing or pulsing headache that is at least moderately intense and can be aggravated by physical activity. It is very often associated with nausea and vomiting, as well as increased sensitivity to light, sound and even some types of smell.

In contrast, tension headache, another common headache type, is milder and is usually felt on both sides of the head. It is a pressing or tightening sensation rather than a throbbing headache and is not made worse by activity or accompanied by nausea.

Who suffers from migraine?

Migraine affects about 15% of the population. Migraine often first appears in childhood, adolescence or early adulthood, but affects the greatest number of people between 3 and 50 years of age. Migraine is less common in children (6.5% of all children) and boys and girls appear equally affected. However, in adolescents and adults the disease disproportionately affects women (22% in adolescents and adults the disease disproportionately affects women (22% in adolescence and 17% in adulthood). In women, migraine frequency and severity increases during child bearing years. Although women may suffer fewer and less severe migraines around menstruation, women report the symptoms of migraine tend to be more severe and longer lasting than those in men. Other factors to consider include a family history of migraine in a female relative (16% of migraine sufferers have a female relative with migraine) and the age of menarche (the first menstrual cycle), which normally occurs at 12.5 years. Women of a younger menstrual age are at greater risk for developing chronic migraine.

Migraine symptoms can vary across individuals and at different stages. Migraines typically have several stages; not every patient will experience each stage, and migraines can differ even within the same patient.

Migraine stages and symptoms

The initial stage is called the premonitory stage. Some patients experience a feeling or “premonition” that a migraine is about to start. Symptoms usually begin hours or a day before the other migraine symptoms. They can be physical, emotional or cognitive (i.e. changes in mood, sensitivity to sounds, smells, taste, fatigue, depersonalization, difficulty concentrating).

The second stage is aura. Auras are temporary, reversible neurological symptoms that occur prior to the onset of migraines. They can involve a range of symptoms, such as changes in visual or sensory perception, or other abnormal sensations, such as numbness, tingling or weakness.

The fourth stage is the resolution. In this stage patients can experience symptoms similar to those from the premonitory stage.

Types of migraine

There are two main types of migraine: migraine with aura and migraine without aura. The difference between these forms of migraine is the presence or absence of an aura preceding the headache. It is also possible to have episodes of aura that progress to a mild or moderate headache without progressing to a migraine.

Occasionally, episodes of migraine can become chronic and develop into chronic migraines (at least 15 days of headache per month). It is therefore important to follow your doctor’s instructions concerning the use of medication and see your doctor if your migraine frequency increases during child bearing years.

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