

Migraine triggers

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

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

Other triggers include: bright or flickering light, motion, loud sounds, strong odours (especially perfume, but also paint and smoke), changes in weather (atmospheric pressure), fatigue or lack of sleep, stress, hormones (especially around the time of period for women), skipping meals and some medications. These triggers do not universally apply to all migraine sufferers.



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Frequency

The frequency of migraine attacks varies between patients and across the course of disease. Patients may have migraines 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 can also have long periods of remission with no migraine over 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. However, 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 diseases. 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.



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Treatment of migraine

Migraine treatment can be divided into three categories: acute (immediate) treatment, preventative treatment and lifestyle changes. Acute treatment provides pain 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 preventatives 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.

FACT SHEET

Understanding Migraine

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*Funding Research
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What is migraine?

Migraine is a common neurological disorder that can be very distressing and disabling. Typically it is a one-sided throbbing or pulsating 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

About 15% of the population suffers from migraine at some stage in their lives. Migraine often first appears in childhood, adolescence or early adulthood, but affects the greatest number of people between 35 and 45 years of age. Migraine is less common in children (about 2-5%) and affects girls and boys about equally. However, in adolescents and adults the disease disproportionately affects women (22% vs 10% lifetime prevalence).

In women, migraine frequency and severity are affected by hormones and, as a result, often change during adolescence, pregnancy and menopause. Beginning around menarche (the first menstrual cycle),

its prevalence increases during reproductive years and then decreases around menopause. In women the symptoms of migraine tend also to be more severe and longer lasting. Women often experience an improvement in migraine during pregnancy, however, unfortunately it typically reappears following birth. After about 70 years of age the prevalence of migraine decreases to that of the middle teen years. At this stage there are less women suffering from migraine, but those who are may experience them more frequently, though accompanying symptoms such as nausea and photophobia are usually less pronounced.

Migraine stages and symptoms

Migraines typically have several stages; not every patient will experience each stage, and migraines can differ even in the same patient.

Premonitory stage
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. involve mental processes); e.g. they can include yawning, food cravings, neck stiffness, fatigue, depression or hyperactivity, irritability and difficulty concentrating.

Auras
The second stage is aura. Auras are temporary, reversible neurological symptoms that occur just before or during a migraine. They most often consist of sensory symptoms, such as changes in vision, touch or smell. The most common type of aura is a visual aura. Visual auras can be blind spots (scotomas), patches of blurred vision, flashes of light, shapes or bright spots. The second most common aura is 'paraesthesia', which is tingling or numb skin. Less common auras are language disturbances or limb weakness. Auras often occur in patches and are usually only present on one side of the body (i.e. are unilateral). Auras appear gradually over about 5 minutes and usually last for up to an hour. They occur in about 20% of patients.

Headache
The third stage is the headache. This is typically a moderate to severe headache that has a throbbing or pulsating quality and lasts from 4 to 72 hours. The headache often begins toward the back of head and works its way forward. It is made worse by physical activity and is accompanied by a range of symptoms, including nausea and vomiting, lightheadedness, blurred vision and sensitivity to light and sound (called photophobia and phonophobia - sending sufferers in search of a quiet, dark room).

Resolution
The fourth stage is the resolution. In this stage patients can experience symptoms similar to those from the premonitory stage. Patients can also feel fatigued or washed out.

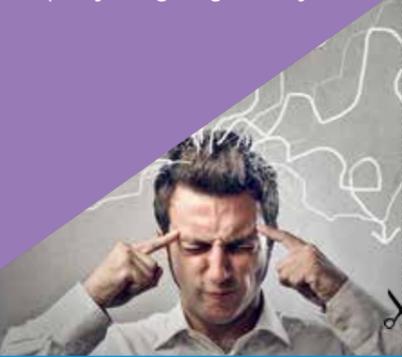
Types of migraine

Migraine symptoms can vary across episodes and patients.

There are two main types of migraine: migraine with aura and migraine without aura. The difference between these kinds of migraine is the presence (or not) of an aura preceding the headache. It is also possible to have episodes of aura that progress only to a mild headache or do not progress to headache at all.

Occasionally, episodes of migraine can become unrelenting and develop into chronic migraine (at least 15 days of headache per month). A risk factor for developing chronic migraine is overuse of medication, and it can often be improved by stopping the medication under medical guidance.

It is therefore important to follow your doctor's instructions concerning use of medication and see your doctor if your migraine frequency or quality changes significantly.



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