

What **you** should know about.....

MIGRAINE HEADACHE

How would I know if my headaches are migraines?

- If your headaches come with two or more of these symptoms: nausea, light sensitivity and problems doing usual activities; you probably have migraines. Patients sometimes confuse recurrent migraine headaches for headaches related to sinus infections (sinusitis). If the headache is sinus related, it would be expected to improve with appropriate treatment that may include antibiotics. However, in most cases these headaches are not found to be sinus related but are instead migraine.

Facts about migraine

- Migraine is one of the most common types of headache.
- Migraine is underdiagnosed; leading to unnecessary suffering and disability.
- Medical research supports the use of various medical and non-medical treatments for migraine.

When should I seek professional help for my headaches?

- Seek professional help if you have a new severe (intensity and/or duration) headache or your usual headache changes and is more severe.
- If your headaches are not well-controlled by your current treatments.
- If you become pregnant and are taking headache medicines.
- If you are taking acetaminophen or NSAIDs more than 14 days a month, or a triptan or a codeine containing pain killer more than 9 days a month.

Who is qualified to evaluate me?

- Your family doctor is trained to assess and treat the common forms of headache including migraine.
- Neurologists are trained to assess the less common types of headache and to help treat patients with more severe headache problems.
- Chiropractors and physiotherapists are trained to assess and treat headaches caused by head and neck muscle problems. If problems with your jaw or neck are causing some of your migraines, a physiotherapist or chiropractor may be able to help you.

Will I need X-Rays, an MRI or laboratory tests?

- For most people X-Rays, MRI and laboratory tests are not needed to diagnose headaches.
- Your doctor will order these tests only if a less common specific cause for headache is suspected.

What should I do to help myself (self-management strategies)?

- Self-management strategies such as self-awareness, pacing, and reacting early are covered in depth in the information sheet "[*What You Should Know About Headache Self-management*](#)". Here are some examples of these . . .
 - Use a '[*headache diary*](#)' to monitor your headache patterns and learn what might be causing some of your headaches or making them worse (triggers).
 - Common triggers include stress, irregular schedules and poor sleep, missing meals, certain foods and beverages, florescent lighting, weather changes and taking pain medications too frequently.
 - Adjust your lifestyle to avoid headache triggers.
 - Learn and use stress management skills (relaxation training, biofeedback and cognitive behavioural therapy).



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Should I take medicines for my headaches?

- Over the counter medicines such as ASA (e.g. Aspirin), acetaminophen and anti-inflammatory medication called NSAIDs (such as ibuprofen, e.g. Advil or Motrin, naproxen, diclofenac) can be effective, particularly for mild or moderate migraines.
- There are many prescription medications that can be effective for treating migraines. If NSAIDs are not helpful enough, a triptan (e.g. sumatriptan) may be more effective.
- If one triptan does not work very well for you, another may work better. Seven different “triptans” are available in Canada.
- If drinking water with your medication makes you nauseated, a triptan wafer which dissolves in your mouth (e.g. rizatriptan or zolmitriptan) may be helpful.
- If you vomit early during some of your migraine attacks, using sumatriptan by self-injection may be best for those attacks.
- For migraine treatment, medications containing codeine or stronger opiates may be necessary at times, but are best avoided.
- Your doctor has guidelines to help select migraine medicines that are likely to be best for you.
- Everyone is different. Working with your doctor; you may need to try several medicines before you are satisfied with the results.
- MORE is NOT necessarily BETTER. Overusing migraine medicines such as NSAIDs or acetaminophen on more than 14 days a month, or triptans, codeine-containing medications or stronger opiates on more than 9 days a month may cause medication-overuse headache.

Can migraines be prevented or cured?

- While there is no known cure for migraine, there are both medications and non-medical treatments that reduce how often migraines occur and how bad they are.
- If your headaches are happening quite often and are interfering with your normal activities even though you are taking medications for individual headache attacks, discuss migraine preventive medications with your doctor and review the ‘self-management’ strategies described earlier.
- There are many medications which can be used to reduce migraine frequency (for example, propranolol, amitriptyline, or topiramate). You may need to try several before you find one that is helpful for you. It takes two or three months to see how much a preventive medication will help you.
- Some minerals (magnesium citrate) and vitamins (riboflavin) may also be helpful.