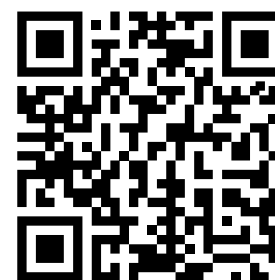
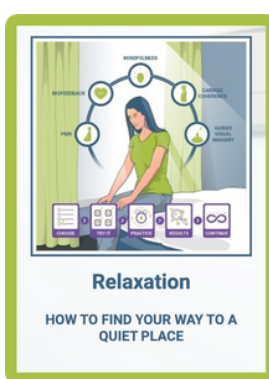
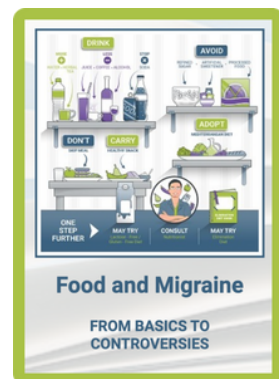
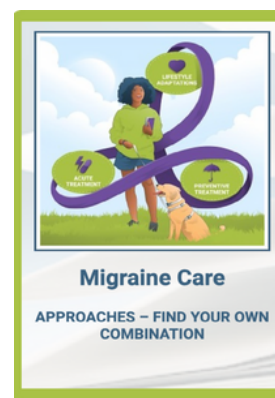
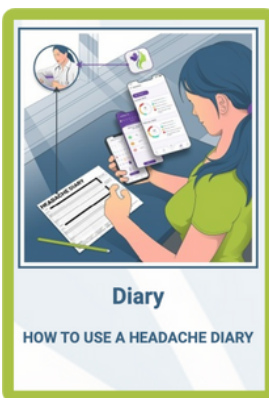
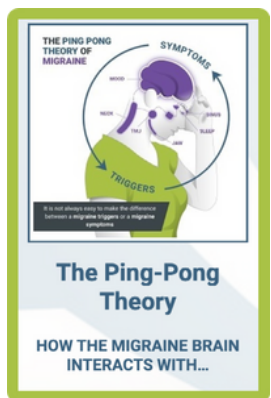
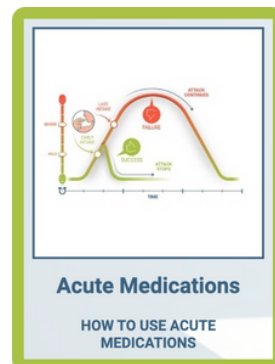
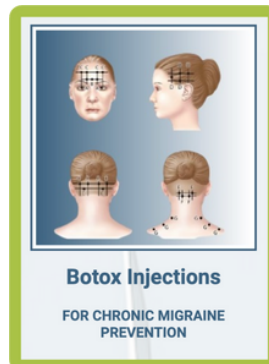
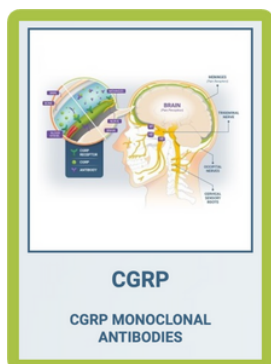


# Patient Education Resource Kit

Click on image to be advanced to pdf



Click to view PDF

Migraine Canada is a federally registered charity committed to improving the lives of 4.5 million Canadians with migraine and other headache disorders through awareness, support, education, advocacy, and research.

Migraine Canada has developed a Patient Education Resource Kit for HCPs and patients on various topics to educate patients on treatment options and non-pharmacological management of migraine.

### Try until you find relief

*"Over the last few years, my migraine attacks have become more and more frequent. I am missing work, and I have to cancel personal activities. I was very reluctant to try medications and had concerns about side effects. The first two drugs I tried did not work. At that point I was discouraged, but I kept trying and finally found the right option for me. I still have attacks but not as often. I gained back control, and now I can enjoy my life!"*



### Starting a preventive is a decision based on the impact of migraine on your life

There is no magic number, but prevention can be considered if you have >4-6 migraine days/month, recommended if you have >8 days/month and strongly recommended for anyone with chronic migraine (15/month or more). If attacks impair your ability to function, you should discuss this with your healthcare provider. The final decision is yours.

### PREVENTIVE MEDICATIONS: MANY DRUG CLASSES AVAILABLE

Class of meds	HOW they work	EXAMPLES OF MEDICATIONS (there are more)
<b>ANTI-DEPRESSION</b>	Modulate pain systems in the brain (pain and emotions are linked)	Amitriptyline (Elavil) Nortriptyline (Aventyl) Venlafaxine (Effexor)
<b>ANTI-HIGH BLOOD PRESSURE</b>	Unclear but not necessarily related to a decrease in blood pressure	Propranolol (Inderal) Nadolol (Corgard) Candesartan (Atacand)
<b>ANTI-SEIZURE</b>	Stabilize neurons and increase brain threshold for attacks	Topiramate (Topamax) Gabapentin (Neurontin) Valproate (Epival)
<b>CGRP ANTIBODIES</b>	Block CGRP, a protein that plays a role in migraine attacks ** Watch our webinar on YouTube	Erenumab (Aimovig) Fremanezumab (Ajovy) Galcanezumab (Emgality) Eptinezumab (Vyepti)
<b>BOTOX</b>	Calm sensory nerves, decrease pain input from skin	OnabotulinumtoxinA (Botox) ** Indicated for Chronic Migraine



## Principles to optimize success

### Become your own expert

Principle	WHY	HOW
<b>Use a headache diary</b>	Making decisions is easier with a clear baseline and detailed information.	Choose your tool (app, paper) and stick to it. Bring results to your appointments.
<b>Aim for a dose that works</b>	Oral medications need to be increased to a sufficient dose to produce an effect	Your healthcare provider will recommend a schedule. Try to follow it unless you have side effects. Don't give up too early.
<b>Keep it long enough</b>	Medications may take a while to have an effect. Migraine tends to fluctuate.	A good trial for a preventive is usually 3 months, sometimes longer.
<b>Observe different benefits</b>	Beyond the decrease in headache frequency, other benefits may be observed	Attack severity, response to acute medications, ability to function better are all important signs of response
<b>Keep trying</b>	There is no way to predict which drug will work for you, they have different mechanisms	Discuss a plan with your healthcare provider. See which options you can try. Don't give up!

### Finding the right option can be a marathon not a sprint, don't give up

One challenge met by people with migraine is that even headache specialists cannot predict which medication will work. Even within a drug class, some people will improve with drug A, and others with drug B.

Be careful when asking other people (on social media for example) about their experience with a drug. Your story might prove entirely different.

### Will I take a medication all my life?

Migraine is a neurological disease and may require long term treatment, just like diabetes and high blood pressure. If you find something that works, it may be continued for a year, then you can reevaluate with your healthcare provider. If you are doing better, an attempt at decreasing the medication can be tried. Avoid stopping a preventive medication for migraine abruptly.

### What if nothing works? Should I see a headache specialist?

It is fair to say that nobody should «give up» before having seen a headache specialist. Some people with migraine struggle to find relief, but there are now more and more options available and a general practitioner may not be aware of all of them.

### What is CGRP?

- CGRP means calcitonin gene related peptide.
- CGRP is a protein naturally present in our bodies. It plays different roles, including pain signaling and blood vessel dilatation.
- CGRP plays an important role in migraine, so researchers started to find ways to block it to treat migraine.

### What are antibodies?

- Antibodies are naturally present in our bodies. They play a role in our response to infection and inflammation.
- Antibodies can be used as treatments as they can be designed to block specific proteins in our bodies.
- Antibodies are used to treat conditions like Crohn's disease, cancer, rheumatoid arthritis, multiple sclerosis and migraine.

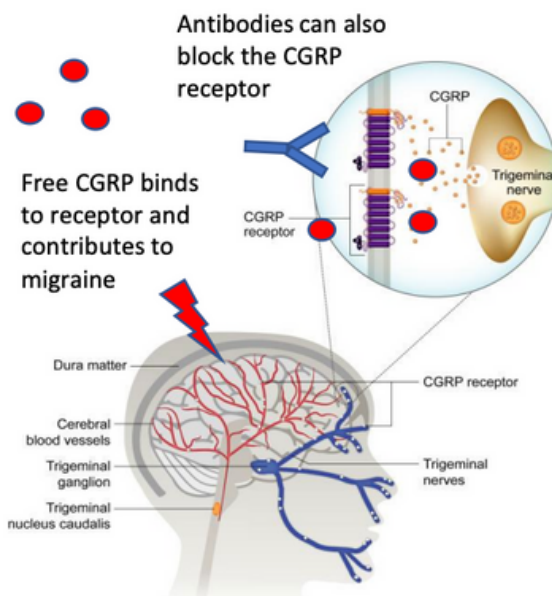
**CGRP antibodies are the first preventive medications based on our scientific understanding of migraine underlying mechanisms**

CGRP antibody	How is it administered?
<b>Aimovig</b> <b>Erenumab</b>	Subcutaneous injection 70 or 140 mg monthly
<b>Ajovy</b> <b>Fremanezumab</b>	Subcutaneous injection 225 mg monthly or 675 mg every 3 months
<b>Emgality</b> <b>Galcanezumab</b>	Subcutaneous injection 120 mg monthly First dose is 240 mg
<b>Viyepti</b> <b>Eptinezumab</b>	IV infusion 100 mg or 300 mg every 3 months



CGRP/CGRP receptor blocked by the antibody = migraine prevention  
\*\* antibodies look like the letter Y in real life

Migraine pain comes from the sensory nerves in the meninges and arteries



### Antibodies are not cleared by the kidney or liver

Antibodies are cleared by our natural system managing all antibodies, called the reticulo-endothelial system. This is an advantage for people with kidney or liver disease.

### Antibodies do not interact with other medications

Antibodies bind only to their target in the body, and don't influence other medications. If you are using other antibodies for other conditions discuss with your healthcare provider.



# Which CGRP antibody is the best?

CGRP antibodies have not been compared to one another in clinical studies. They all have shown effectiveness in the prevention of episodic and chronic migraine in separate studies. There is a lot of variability in migraine in general.

Experience suggests that some people who are not improved with one CGRP antibody may improve with another.

ONE SIZE  
DOES NOT  
FIT ALL

## What are the chances of improving according to studies?

### Episodic migraine ≤15 days/month

5-6/10  
get 50% better

3/10  
get 75% better

### Chronic migraine ≥15 days/month

4/10  
get 50% better

2/10  
get 75% better

These are ballpark figures for % decrease in migraine days from the trials for the different CGRP antibodies.

Other benefits can include

1. Decrease in attack intensity
2. Attacks easier to treat
3. Decrease of days on which an acute med is needed

### How long should I try an antibody to see if it works for me?

Some people get better after the first injection. Other may take a few months to improve progressively. A 3 to 6 months trial is recommended. Discuss this with your health care provider.

### What if I have tried other preventives or if I overuse acute meds?

In the studies on CGRP antibodies, patients who had failed other preventives or were overusing acute medications also improved (except patients using opioids who were not studied)

### Are there risks or side effects I should know about?

Overall CGRP MABs are usually better tolerated than the oral preventives.

Common side effects include skin reactions around the injection site and constipation.

Allergic reactions are reported but rare. Experts recommend caution in the use of CGRP antibodies with some vascular diseases.

Always discuss risks and side effects with your health care provider.

### CGRP MABs should not be used by women who are pregnant or planning to be

CGRP does play a role in pregnancy, and safety has not been demonstrated. Most experts recommend to stop CGRP antibodies 5- 6 months before conceiving.

Discuss with your care provider.

# GEPANTS for preventive treatment

## Pills that block the CGRP receptor

(see PDF for acute treatment)

### What is CGRP?

- CGRP means Calcitonin Gene Related Peptide.
- CGRP is a protein naturally present in our bodies. It plays different roles, including pain signalling and blood vessel dilatation.
- CGRP plays an important role in migraine, so researchers sought to find ways to block it in order to treat migraine.

### What are Gepants?

- Gepants are a family or class of medications designed to treat migraine.
- They are taken by mouth (pills) and they block the CGRP receptor, not CGRP itself.
- Gepants can be used for the treatment of the migraine attack AND/OR regularly as preventives.

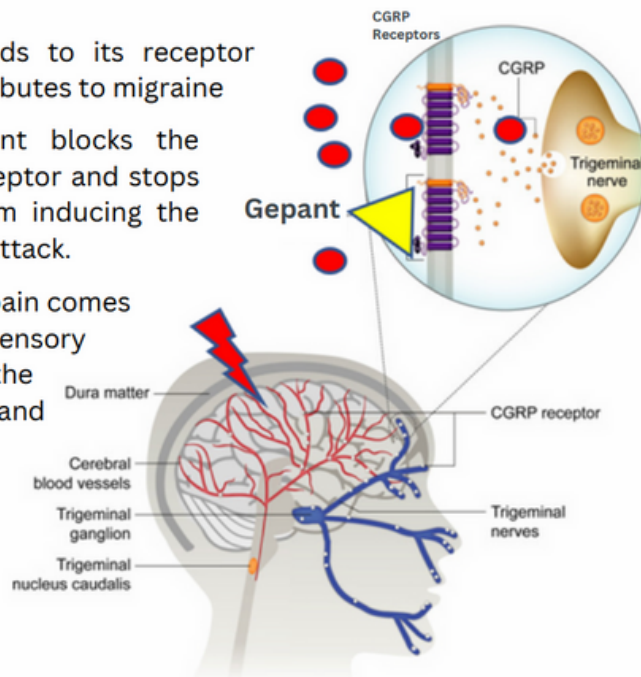
**Gepants are migraine-specific medications based on the scientific understanding of CGRP's role in migraine pathophysiology**

Gepant	Dose and use
<b>Atogepant (qulipta)</b>	<b>Prevention:</b> 10, 30 or 60mg daily ** For episodic migraine only.
<b>Rimegepant (Nurtec)</b> ** Expected in Canada in 2024	<b>Prevention:</b> 75mg every other day  <b>Acute:</b> 75mg as needed
<b>Ubrogepant (Ubrovelvy)</b>	<b>Accute Treatment</b> 50 or 100mg as needed

CGRP binds to its receptor and contributes to migraine

The gepant blocks the CGRP receptor and stops CGRP from inducing the migraine attack.

Migraine pain comes from the sensory nerves in the meninges and arteries



#### Gepants taken for the attack are not thought to cause rebound headaches

Since gepants have been studied for prevention, regular intakes should not cause medication-overuse headache.

#### Gepants are processed by the liver and may interact with other medications

Your health care provider will advise you on possible drug interactions. Your pharmacist can also help with this.



# Which gepant is the best?

**Acute gepants:** ubrogepant and rimegepant

**Prevention gepants:** atogepant and rimegepant.

**Gepants have not been compared to one another in clinical studies.**

Experience suggests that when a person's migraine is not improved with one gepant, response may improve with another.

**\*\* Rimegepant is expected in Canada in 2024. We present data on atogepant.**

**ONE SIZE  
DOES NOT  
FIT ALL**



## What are the chances of improving with a preventive gepant?

### **Episodic migraine (less than 15 days per month of headache)**

Results in atogepant studies for the decrease in days per month with migraine attacks

5-6/10 get > 50% decrease

3/10 get > 75% decrease

### **Other benefits can include:**

1. Decrease in attack intensity.
2. Attacks are easier to treat.
3. Decreased need for acute medications.
4. Improved mood and quality of life between attacks

### **How long should I try a gepant to see if it works for me?**

Studies on gepants show a benefit as early as one week after the beginning of the medication. Still, continuing the medication for 3 months to see if it works is recommended. Do not stop treatment without discussing with your healthcare professional.

### **What if I have tried other preventives or if I overuse acute meds?**

In the studies on gepants, patients whose preventives had failed them, or patients who were overusing acute medications also improved (except patients using opioids who were not included in studies).

### **Are there side effects I should know about?**

Common side effects include nausea, constipation and fatigue. Weight loss may occur in 10% of patients taking atogepant. Allergic reactions are reported but rare. ALWAYS discuss risks and side effects with your healthcare provider.

### **Gepants should not be used by women who are pregnant or planning to be**

CGRP does play a role in pregnancy and safety has not been demonstrated. We know that gepants are quickly processed by the body and leave the system within a week. In comparison, CGRP antibodies stay in the system for months. This information is important when you and your healthcare provider are determining when to stop your treatment for pregnancy planning.

### **Can I use a preventive gepant with a CGRP antibody or with other preventives?**

Combinations must be discussed with your healthcare provider who can advise you with all your personal medical history in mind.

## What is Botox?

- Botox is a protein called Onabotulinum toxin A. In nature, this protein is produced by a bacteria, Clostridium Botulinum.
- The protein used for medical therapy is a purified form.

## How does Botox work for migraine?

- Botox works by an effect on sensory nerves that modulates pain.
- Botox may also decrease muscle contraction which may be beneficial in certain zones.

**Botox is the first treatment that was specifically approved to treat chronic migraine. It was approved in Canada in 2011.**

### Who should try Botox

Botox is indicated for patients with chronic migraine. Your health care provider will discuss this with you.

### How often are the injections repeated?

Injections are done every 3 months. A Botox trial usually involves 2 or 3 sets of injections, as some patients do not respond to the first set.

### What are the chances of improvement?

The chance of a 50% or more decrease in migraine frequency is 1 in 2 (50% of people trying it). A 75% improvement is seen in 1 patient in 4.

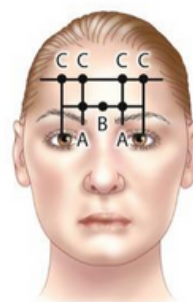
### What are the side effects?

Always discuss risks with your healthcare provider.

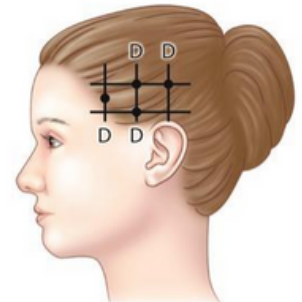
1. Minor cosmetic changes in your forehead and eyebrows.
2. Pain around the injections sites, usually lasting a few days or less.
3. Weakness of the neck and shoulder may occur but is very rare.

All side effects of Botox will go away with time and can be avoided with an adapted protocol.

Allergies to Botox are extremely rare.



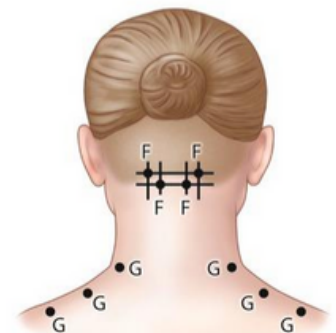
A. Corrugator: 5 U each side  
B. Procerus: 5 U (one site)  
C. Frontalis: 10 U each side



D. Temporalis: 20 U each side



E. Occipitalis: 15 U each side



F. Cervical paraspinal: 10 U each side  
G. Trapezius: 15 U each side

### Where are the injections?

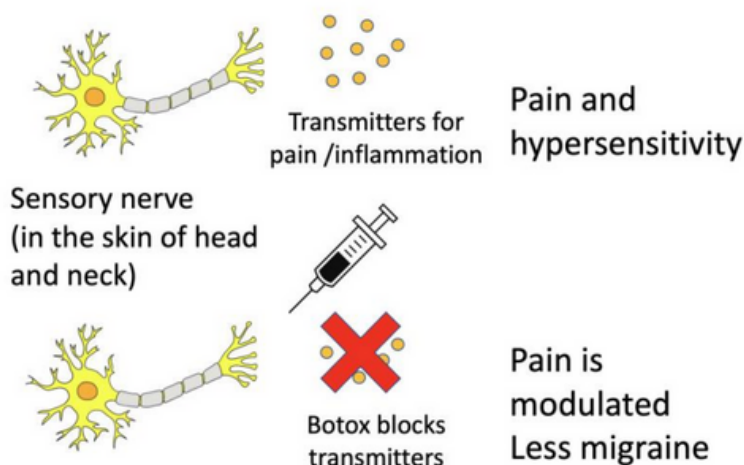
The physician injecting will use a protocol targeting different zones. The number of injections can be between 31 and 39 (155 to 195 units).

It seems like a lot, but it takes 5-10 minutes to do.



# The History of Botox

The use of Botox for migraine came from random observations of improvement of migraine in women receiving Botox for cosmetic purposes in the 80's. Chronic migraine is common in women in their 40-50s. The benefit was reported to the company, and clinical trials were designed, finally proving that Botox could really treat chronic migraine. Then scientists discovered how it worked!



## What are the chances of improving according to studies?

Botox is indicated  
to treat  
Chronic migraine  
≥15 days of  
headache month  
8 are migraine



These are ballpark figures for % decrease in migraine days

Other benefits can include

1. Decrease in attack severity
2. Attacks easier to treat
3. Decrease of days on which an acute med is needed
4. Decrease in neck pain

### How long should I try Botox to see if it works for me?

Some people get better after the first cycle of injections. Some will see a clearer improvement after the second or third cycle. The benefit tends to increase over the first year of therapy, then stabilizes.

### What if I have tried other preventives or if I overuse acute meds?

In the studies on Botox, patients who had failed other preventives or were overusing acute medications also improved (except patients using opioids who were not studied).

### Botox should not be used by women who are pregnant or planning to be

The safety of Botox during pregnancy has not been demonstrated, but some reassuring reports are available. Discuss any question related to pregnancy with your healthcare provider.

### Where can I find a healthcare provider to discuss Botox?

Many physicians can inject Botox: neurologists, plastic surgeons, pain specialists, and family docs. The most important is to find a physician who has received the appropriate training and has experience using Botox. Go to [mychronicmigraine.ca](http://mychronicmigraine.ca) for more information.

# HOW TO USE ACUTE MEDICATIONS

## Make the attack stop

### Try until you find relief

I spent years dealing with migraine attacks. Tylenol was barely touching them. Advil was taking a bit of the edge off. I was using too much of it. Now I have found better options. For my normal attacks I use a triptan. For severe attacks (I do get them with my period), I can combine a triptan with an anti-inflammatory.

I am glad I kept trying. Now I can control the majority of my attacks, and that's way better than spending a day in the dark room!



## USUAL OPTIONS TO TREAT A MIGRAINE ATTACK

Class of medications	How they work	Examples of medications
<b>ANTI-INFLAMMATORIES</b>	Block inflammation	Naproxen (Anaprox, Aleve), ibuprofen (Advil, Motrin), diclofenac potassium for oral solution (Cambia), Diclofenac potassium (Voltaren)
<b>TRIPTANS</b>	Stimulate serotonin receptors	7 brands available: NAME-triptan (brand name) ALMO (Axert), ELE (Relpax), FROVA (Frova), NARA (Amerge), RIZA (Maxalt), SUMA (Imitrex), ZOLMI (Zomig)
<b>COMBINATION TRIPTAN &amp; ANTI-INFLAMMATORY</b>	Block inflammation & stimulate serotonin receptors	Sumatriptan & naproxen sodium (Suvexx)
<b>ANTI-NAUSEA</b>	Help with nausea	Dimenhydrinate (Gravol), Prochlorperazine (Stemetil), Ondansetron (Zofran)....
<b>OTHER</b>	Depends on the option	Hot, cold, aromatherapy, relaxation, TENS Gamma Core (neuromodulation)

### OPIOIDS SHOULD BE AVOIDED.

There is a high risk of addiction and worsening of migraine frequency over time. Discuss only with a headache specialist after having tried other safer options.



### CANNABIS SHOULD BE AVOIDED.

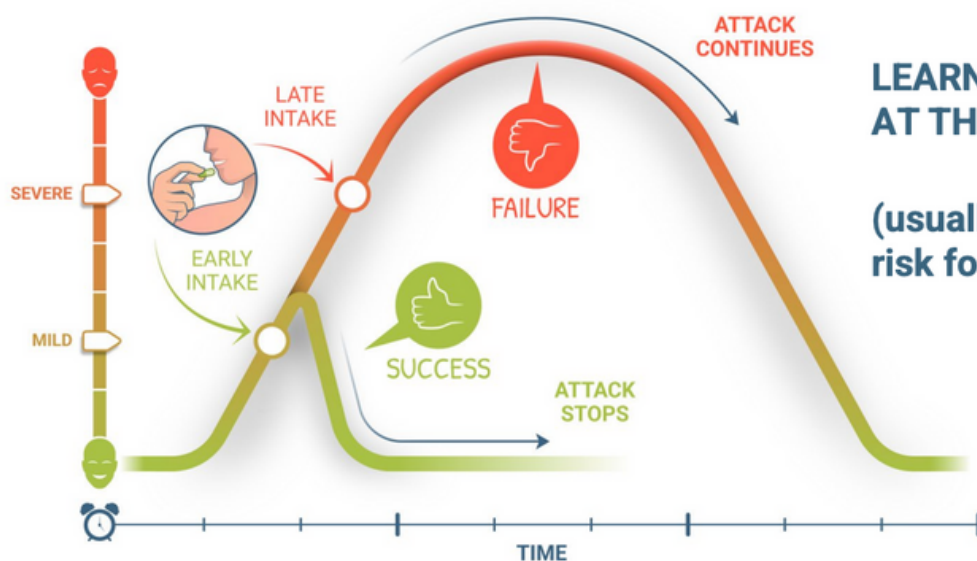
There is no evidence on the effectiveness or safety of cannabis to treat migraine. Cannabis may lead to addiction and medication-overuse headache.



# Principles to optimize success

## Become your own expert!

Principle	WHY	HOW
<b>Treat early</b>	Early treatment increases chances of success	Recognize the beginning of the attack Address reasons for delay
<b>Combine</b>	NSAIDs and triptans have different mechanisms	Try combinations and observe results New option in Canada: Suvexx (pill contains sumatriptan AND naproxen)
<b>Bypass the gut Use fast options</b>	Migraine = the gut system slows down, absorption of drugs limited	Nasal sprays: ZOLMI, SUMA Suppositories: NSAIDs Injectables: SUMA, Ketorolac
<b>Tailor treatment</b>	Attack severity may vary and become predictable	Find different options and combinations for different types of attacks
<b>Not only medications</b>	Every bit counts for relief	Hot, cold, aromatherapy, glasses, meditation, TENS etc
<b>Prevent overuse</b>	May increase risk of more frequent attacks (vicious circle)	Risk zone = 10+ days per month Consider prevention



### LEARN TO TREAT YOUR ATTACK AT THE RIGHT TIME

(usually early, unless you are at risk for overuse = > 8-10/month)

### IF YOU'RE TREATING >2 days/week, DISCUSS WITH YOUR HEALTHCARE PROVIDER

If you are treating more than 10 days per month on a regular basis... you're at risk for rebound headache (medication-overuse headache or MOH) .

Frequent acute med use may lead to more attacks.

Discuss with your healthcare provider and consider preventive treatments.

# GEPANTS (for acute treatment) Pills that block the CGRP receptor (see PDF on prevention)

## What is CGRP?

- CGRP means Calcitonin Gene Related Peptide.
- CGRP is a protein naturally present in our bodies. It plays different roles, including pain signalling and blood vessel dilatation.
- CGRP plays an important role in migraine, so researchers sought to find ways to block it in order to treat migraine.

## What are Gepants?

- Gepants are a family or class of medications designed to treat migraine.
- They are taken by mouth (pills) and they block the CGRP receptor, not CGRP itself.
- Gepants can be used for the treatment of the migraine attack AND/OR regularly as preventives.

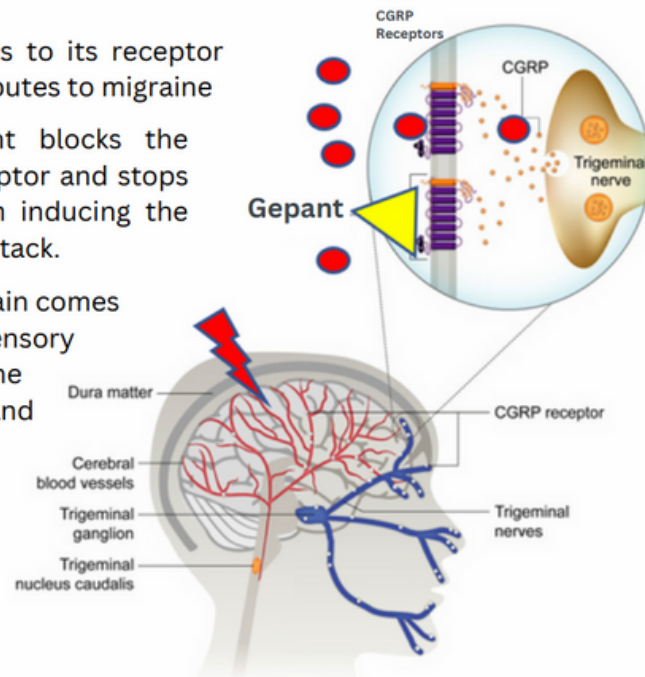
**Gepants are migraine-specific medications based on the scientific understanding of CGRP's role in migraine pathophysiology**

Gepant	Dose and use
<b>Atogepant (qulipta)</b>	<b>Prevention:</b> 10, 30 or 60mg daily ** For episodic migraine only.
<b>Rimegepant (Nurtec)</b> ** Expected in Canada in 2024	<b>Prevention:</b> 75mg every other day  <b>Acute:</b> 75mg as needed
<b>Ubrogepant (Ubrovelvy)</b>	<b>Accute Treatment:</b> 50 or 100mg as needed

CGRP binds to its receptor and contributes to migraine

The gepant blocks the CGRP receptor and stops CGRP from inducing the migraine attack.

Migraine pain comes from the sensory nerves in the meninges and arteries



### Gepants taken for the attack are not thought to cause rebound headaches

Since gepants have been studied for prevention, regular intakes should not cause medication-overuse headache.

### Gepants are processed by the liver and may interact with other medications

Your health care provider will advise you on possible drug interactions. Your pharmacist can also help with this.



# Which gepant is the best?

Gepants have not been compared to one another in clinical studies.

Experience suggests that when a person's migraine is not improved with one gepant, response may improve with another.

**Acute gepants:** ubrogepant and rimegepant

**Prevention gepants:** atogepant and rimegepant.

**\*\* Rimegepant is expected in Canada in 2024.**

**ONE SIZE  
DOES NOT  
FIT ALL**



## What are the chances of controlling a migraine attack with a gepant?

Complete relief 2h after dose: 20%  
Sustained complete relief at 24h: 10-15%  
Partial relief 2h after dose: 40 to 60%  
Sustained partial relief at 24h: 30%

### Treating the attack early is key

Studies show that taking a gepant when migraine symptoms are still mild may **DOUBLE** your chance of success to control the attack.

### How many attacks should I treat to see if a gepant works for me?

Not all attacks are the same. It is also important to treat the attack as soon as it starts. Usually, 3-5 attacks will give you a good idea of your response to an acute treatment. Do not stop treatment without discussing with your healthcare professional.

### If I have tried triptans and they did not work, could gepants still be helpful?

Studies suggest that gepants might work even if triptans didn't. Also, if you had side effects with a triptan, a gepant might be a good option, since they are, in general, better tolerated.

### Are there side effects I should know about?

Common side effects include nausea, constipation and fatigue.

### Can I get a rebound headache (medication overuse headache) with gepants?

Since gepants are effective to prevent migraine when they are taken everyday, the scientific community believes they will not cause medication-overuse headache. This makes gepants a good option for people who treat attacks frequently and may be at risk for overuse.

### Can I use a gepant if I am pregnant or planning a pregnancy?

Gepants should not be used during pregnancy. Use of any medication during pregnancy should be discussed with a health care provider.

# THE PING PONG THEORY

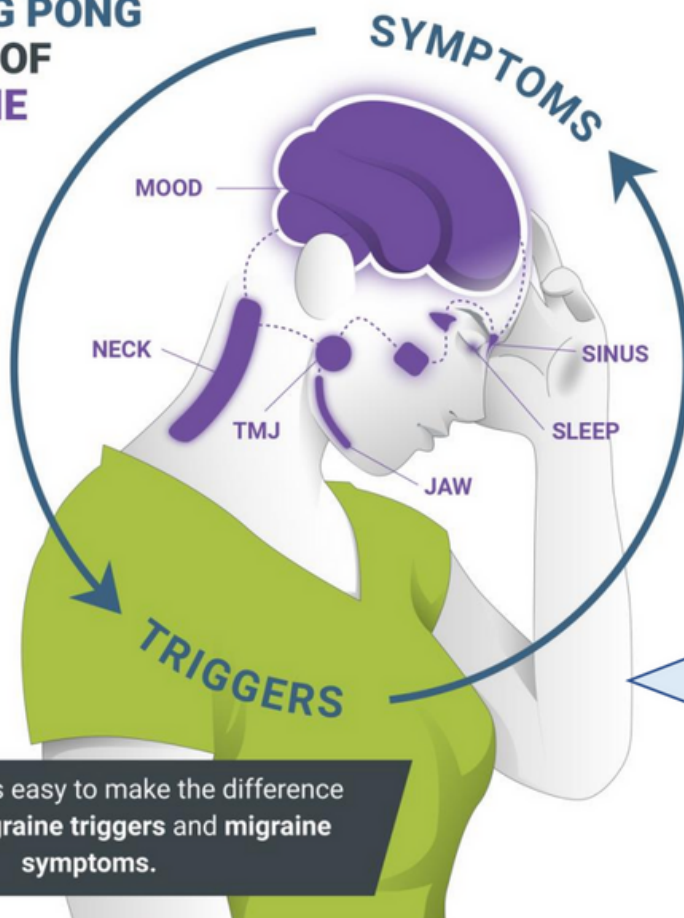
How the migraine brain interacts with the environment, the body, and how triggers can also be symptoms

**Neck pain, inflamed sinuses, disrupted sleep, crappy mood.... are they causes or consequences of migraine? Well...probably they can be both.**

*My doctor says my anxiety causes my migraines...but I think it's the opposite! Just get rid of the migraine and I won't be anxious!*

*Neck tensions always trigger a migraine...but sometimes a migraine starts in my eye and then goes to my neck? What is this mess?*

## THE PING PONG THEORY OF MIGRAINE



*I crave sweet foods (OK...chocolate) before an attack. But I read online that craving could be part of my attack.*

*I thought I was prone to sinusitis, but my doc told me migraine could cause sinus inflammation. Still...allergy season is hell for me!*

It's not always easy to make the difference between migraine **triggers** and migraine **symptoms**.



## Two approaches to treat migraine

**Increase brain stability/resistance**

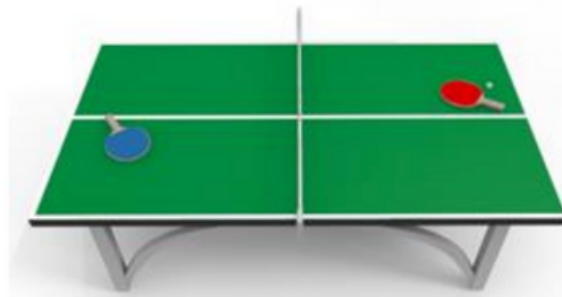
**Decrease the trigger load**

### The Brain



### The Body

**Sinus**  
**Neck**  
**Stress**  
**Sleep**  
**Etc...**



#### Raise the tolerance of the brain

- **SEEDS Stabilizing lifestyle**
- **Medications /preventives to improve brain chemistry**
- **Neuromodulation modifies the brain's electrical systems**

#### Decrease the trigger load

- **SEEDS Stabilizing lifestyle**
- **Avoid triggers when feasible**
- **Treat medical and psychological health issues**

**SEEDS: Sleep, Exercise, Eat, Drink, Stress management**

**Find your own  
balance**



**Keep trying  
new options**

Discuss available options with your healthcare provider.  
Remember that migraine is a disease of the brain that will evolve over life.  
Do not hesitate to combine approaches for optimal control.

# HOW TO USE A HEADACHE DIARY

The right information, the right decisions!

## What you can observe in a diary

- ✓ Attack frequency and severity
- ✓ Acute medication use and results
- ✓ Medication overuse
- ✓ Specific symptoms (aura, vomiting, dizziness)
- ✓ Menstrual periods
- ✓ Self-care practices
- ✓ Effect of the preventives you try
- ✓ Triggers

## Migraine is invisible with an MRI... but it is very visible on a diary

During your migraine journey, you will try different treatments, and it will be essential to observe what is going on. Of course, if you benefited from a 75% improvement, it will be obvious. But sometimes, success depends on your detailed observations guiding treatment.

**A headache diary is a key to successful migraine management.** It does not have to be time consuming. It's a habit to adopt.

## Will I keep a diary all my life?

Of course not. The diary is a tool. It should be worth your time and effort. **It is essential during the treatment trial periods**, but once you reach a more stable zone, the diary can be stopped. If things go unstable again, restart. Some people prefer to keep a basic diary long term

## Which diary to use, paper or app?

Paper diaries can be found on [our website](#). APPs: many options are available. The [Canadian Migraine Tracker](#) is a simple option designed by the Canadian Headache Society. Migraine Buddy is more detailed. Create your own calendar or Excel table if it works for you!

## Help your healthcare provider to help you make the best decision

No matter which technique you choose, **bring the results to your appointment!** This way your healthcare provider will:

1. Have a quick and clear overview of how you are doing
2. Have the right information to propose options
3. Spend more time discussing options with you

In the end, your decisions for the next treatment steps will be easier.





# From trigger watching to self-care and empowerment

At the beginning of your migraine journey, you will learn about triggers. Some can be avoided, but if your attacks are frequent, trigger watching can become discouraging and not that helpful.

Consider switching your mindset to increasing self-care practices and monitor these instead. It will give a positive feel to your diary and promote empowerment.

## How do I record the results of acute medications?

The following codes are often used.

**S = success**, the medication provided relief

**P = partial** success, some relief

**F = failure**, the medication did not work

**SE = side effects**

**R = recurrence**, the symptoms got better but the headache came back the same day.



## What is the 1-2-3 technique?

The 0-10 pain scale is not ideal for migraine management, as there are many symptoms other than pain, and it's not easy to make statistics with 0-10 levels. A «**mild-moderate-severe**» approach may work best...without forgetting the precious symptom free days! **1-2-3** may mean different things for different people, but is based on how much the migraine attack impacts your function.

	0 = Symptom Free	1 = Mild	2 = Moderate	3 = Severe
<b>Intensity</b>	Pain free!	Mild	Moderate	Severe
<b>Other symptoms</b>	None	May be absent	Present	Prominent
<b>Acute treatment</b>	None	Maybe not needed	Usually works	May fail
<b>Impact on function</b>	None	Can function	Activities slowed	Activities impossible

## How can I share my results if my appointment is by phone?

Send a picture of your diary to your healthcare provider's clinic.

If you use the [Canadian Migraine Tracker](#), use our Summary function that allows you to send a report by email or fax. If you can't send a report, calculate your headache days and be ready to share your info.

# MEDICATION OVERUSE

**More headaches, more pills...**  
**How to break the vicious circle**

## What am I supposed to do?

I spent years dealing with migraine attacks. For a few years, they happen frequently. I started using more and more triptans. They were less and less effective, and now I have to add Tylenol and Advil. My physician told me to watch it....but I fear I'm going to lose my job if I keep missing work, so I treat it as soon as I feel the pain coming.

Is there a way to improve my situation?



**The number of days per month with intake is more important than the number of pills. Keep a diary to clarify the situation.**

### A VICIOUS CIRCLE

The chemistry of the migraine brain makes it react to a regular intake of acute meds, for migraine or other pain disorders. It lowers its threshold and becomes even *more sensitive to attacks*.

Medication overuse-headache was observed by doctors as migraine treatments became widely used. They also saw that stopping the intake (the famous withdrawal) was sometimes very effective.

### Other clues for MOH

1. Acute meds are less effective
2. You wake up at night and need acute meds
3. You cut your pills in two to have enough
4. You treat «in case a headache may start»



## Prevention and withdrawal are key if you are in an overuse situation

**Overall, there are two aspects to consider if you live with chronic headache and medication overuse. Discuss with your healthcare provider!**

### Things to take into account before making a plan

- How many acute meds you are using
- How long has the situation been going on
- Severity of attacks
- Opioid and barbiturate use
- Experience with preventives
- Other pain problems that require meds
- Your mood and energy levels
- Anxiety and fear of the next attack
- Your support network and work situation
- Coping mechanisms other than meds



**For years, it was thought that migraine preventives did not work if overuse was present. We now know it is not true. Prevention is part of the solution.**

### Withdrawal plan

- Consider a bridge (meds to soothe the pain during withdrawal)
- Discuss a medical leave
- Duration usually 1 month
- Plan for extra support during withdrawal

### Preventive treatment

- A preventive may work and decrease acute med intake enough so that withdrawal is not needed
- Topiramate, Botox and CGRP antibodies can all work even in the presence of overuse

### Will it work? Prognosis of withdrawal

10%	30%	30%	30%
Cannot complete withdrawal	Complete but do not improve	Minor improvement	Major improvement

# MIGRAINE CARE

**A mix of approaches is the key to relief**  
**Find your own combination**



## What's the best treatment for migraine?

Migraine is a disease of the brain, and the brain...well, is a complex system! Everybody is different, and there are many options. But to get started, it's useful to have a look at different categories of approaches. Whatever happens, don't lose hope and keep trying until you find relief.

### LIFESTYLE ADAPTATIONS

Stabilize the brain and make it more resistant to attacks. Improve your overall health.

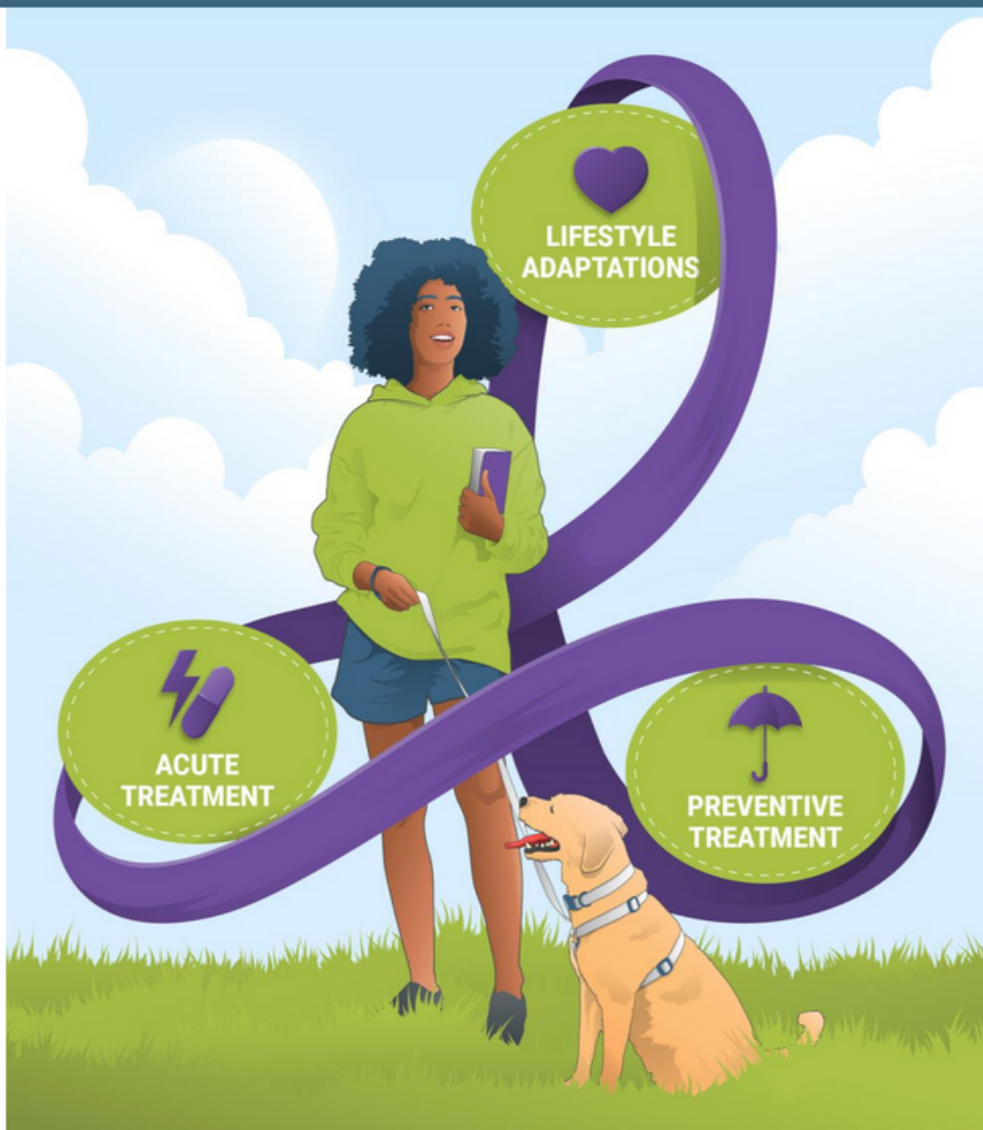
### ACUTE TREATMENT

Stop the attack when it happens.

### PREVENTIVE TREATMENT

Decrease the frequency and severity of attacks and overall headaches.

**A diary is a good first step to get an idea of what's going on!**





# Explore the Migraine Tree: a growing map to find your way to relief

**Stay tuned for new options**

**Discuss available options with your healthcare provider.  
Remember that migraine is a disease of the brain that will evolve over life.  
Do not hesitate to combine approaches for optimal control.**

## Acute meds

How to try them  
Anti-inflammatories,  
triptans  
Severe attacks  
When to treat  
Overuse issues

## Social life

Dealing with friends,  
family, workplace,  
travel

## Lifestyle changes

Sleep  
Exercise  
Food/Diet  
Drink/Diary  
Stress management  
Meditation  
Screens

## Other headaches

Cluster headache  
Trigeminal neuralgia  
NDPH

## Psychological issues

Coming soon  
(anxiety, depression,  
ADHD....)

## CORE section

Cause of migraine  
Diary use  
Triggers  
Imaging (CT, MRI)  
List of treatments

## Preventive treatment

How to try them  
Supplements /vitamins  
Cannabis  
Pills  
Botox  
CGRP antibodies

## Devices/ Neuromodulation

Cefaly  
Gamma Core  
TMS

## Procedures/Injections

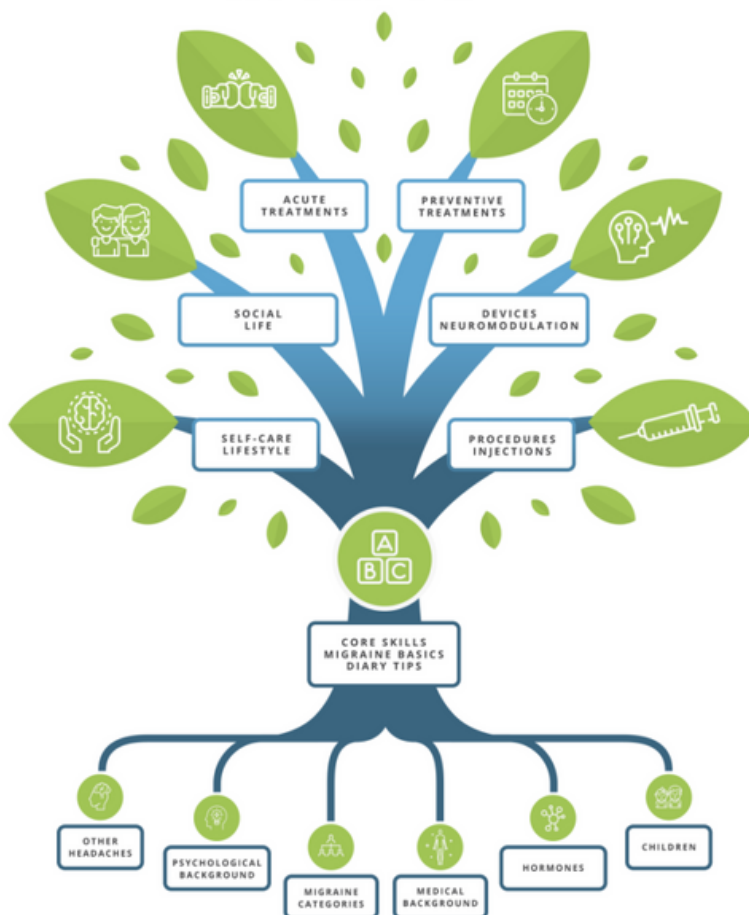
Botox  
Nerve blocks  
Facet blocks  
Acupuncture

## Children

Migraine equivalents  
Cyclical vomiting  
Options for kids

## Hormones

Contraception  
Menstrual migraine  
Pregnancy  
Menopause



## Migraine categories

Aura  
Vestibular  
Hemiplegic  
Chronic  
Refractory

## Medical issues

Sleep  
More coming soon  
(thyroid, celiac,  
sinus... )

# FOOD AND MIGRAINE

## From basics to controversies

Diet is one of the first thing people with migraine will check to keep attacks at bay. As always, the no-one-size-fits-all approach applies. There are basic principles that should be followed by everyone, and more controversial aspects that could help some people with migraine but not others.

### The Basics: everyone could benefit from these dietary habits





# So many food triggers!

When my migraine started to get out of control, I started looking for food triggers. The lists online were overwhelming. What could I eat safely? I stopped eating so many things, I did not know how to feed myself anymore. Then I realized it did not make such a difference on my situation. I decided to stick to basic things, and reintroduced most foods. I realized that I could even eat chocolate. Overall, I eat better now.



## Keep sugar levels stable: increase proteins and fibers

The typical North American breakfast includes a lot of carbs and fast sugars that may lead to a roller coaster of sugar blood levels. Include proteins in every meal: eggs, greek yogurt, nut butters, protein smoothie, ham, chicken, fish, beans etc.... There are tons of delicious options.

## Is fasting good for me?

Diets based on intermittent fasting are trendy now. They might not be good for people with migraine, since fasting is a powerful migraine trigger. Discuss this with a nutritionist.

## How much water should I drink?

There is no easy answer to this question, but if you drink less than 6-8 cups of fluid per day you could probably increase. Water and herbal teas are the best fluids to really hydrate. Juices, sodas, alcohol, coffee and even tea are not as hydrating or even can dehydrate you.

## Food triggers and elimination diets: what to do

We provide a page on our website on this topic that details the tyramine and histamine rich foods. Overall, remember that the majority of people with migraine are not sensitive to all food triggers. See our 3-level approach and consider the help of a nutritionist. Food diaries can be misleading as there are many other factors for each attack, especially if your monthly frequency is high.

## What about lactose and gluten?

These days, it is not that difficult to replace lactose. Even gluten can be removed. If you want to try this, try it for 2 months with a diary, and observe the results.

## Ketogenic diet: should I consider it?

The ketogenic diet has its pros and cons. Read more in the Tree, post #717. Sometimes, the best option is simply to limit sugar as much as possible, without going into ketosis.

# HOW TO SLEEP BETTER WITHOUT MEDICATIONS

## Sleep facts

- ✓ Migraine sufferers are more sensitive to poor or changing sleep patterns
- ✓ Sleep can be part of a vicious cycle; attacks disrupt sleep and bad sleep triggers attacks.
- ✓ There are well studied sleep hygiene strategies to help improve sleep.
- ✓ This handout will review key strategies for optimizing sleep habits, including:
  - Regular exercise
  - A consistent bedtime routine
  - Creating the ideal bedroom environment
  - Stress reduction strategies
  - Daytime habits and behaviours that influence sleep



## Many people with migraine have difficulty with sleep.

The first step to a better sleep is to make a few routine changes and maintain them over a few weeks at least. Have a look at our list below, pick the changes that seems to fit you best and stick to them.

## Is my headache really going to improve if I make changes to my sleep routine?

According to a study by a team from South Carolina, making simple changes to their sleep routine allowed **48%** of people with chronic migraine to improve back to an episodic state (< 15 headache days per month).

## Dilemma: using a smartphone to sleep better?

Many apps exist for sleep management: relaxation, quiet stories, and calming sounds. But having the phone in the bedroom can also be disruptive. Try different approaches to find the one that fits you.

## Discuss with your bed partner

Research has found that partners of people who snore have a very disrupted sleep. Different schedules can also be a challenge. Consider having separate bedrooms if possible, even if only for a few nights per week. Also, if you are allergic to your pet - don't allow it in your bed!



# SLEEP: THE ULTIMATE CHECKLIST

## Adopt a regular daily routine

- ☐ Make sure you have enough time in bed to sleep (7 to 8 hours per night, 5-6 hours is not enough). Go to bed and wake up at the same time each day, even on the weekend.
- ☐ Exercise regularly and try to find the right time for you to do it. For some people, vigorous exercise in the evening impairs sleep.
- ☐ Avoid naps or limit them to 20-30 minutes. Don't nap after 3 PM. Avoid staying in bed at any other time than sleep time.
- ☐ Avoid eating dinner less than 2 hours before going to bed. You may consider a light snack if you feel hungry.
- ☐ Limit liquids 2 hours before bedtime. This will decrease your trips to the washroom.

## Make your bedroom a good place to sleep

- ☐ Use your bedroom for sleeping and intimate activities.
- ☐ Reduce noise and light in your bedroom. Use ear plugs and eye masks if required.
- ☐ The optimal room temperature for sleep is between 15 and 20 °C (60 to 67 °F).
- ☐ If you can't sleep after 30 minutes in bed, get up and do something relaxing or boring, such as reading a familiar book, knitting, doing a puzzle. When you feel tired, go back to bed (do not sleep on the sofa).
- ☐ If you have a bed partner who snores or disturbs you, consider sleeping apart for 1-2 nights per week to catch up on your rest.
- ☐ If you have young children, take turns getting up with them, if at all possible.

## Prepare for bedtime and create a routine to wind down before going to sleep

- ☐ Keep a list of the things that you need to do so you don't ruminate on it in your bed. If you're thinking about something, get out of bed, write it down and go back to bed.
- ☐ Avoid bright sources of light, including any screens, 1-2 hours before bed. Remove screens from your bedroom or set your devices to "Do Not Disturb".
- ☐ Avoid anything that is mentally stimulating, keeps you awake, or is emotionally loaded, such as important conversations, thrilling series, or books.
- ☐ Use relaxation techniques, such as breathing exercises, progressive muscle relaxation, and mental imagery in bed (refer to our handout on relaxation techniques). Some people are helped by audio podcasts.

## Try to keep it natural

Avoid stimulants such as caffeine and nicotine before going to bed.

Alcohol can fragment sleep and can cause headaches in the morning.

Avoid using sleeping pills, including medications such as Gravol or Benadryl. These cause daytime drowsiness and can lead to dependency. Medications induce a sleep that is not natural and may not be restorative.

Sleep meds can also lead to addiction. This is something to discuss with a healthcare provider.

Melatonin may help sleep and small studies suggest a benefit for migraine.

## Consider CBT (Cognitive Behavioral Therapy). Even «desperate cases» who have «tried it all» can improve

Some people suffer from severe insomnia and may need either one-on-one cognitive behavioral therapy or a referral to a sleep clinic. Seeing a psychologist for sleep is different than other types of therapy and might be worth it.

**Make sure your medical conditions are managed:** sleep apnea, restless legs, menopause hot flashes and others can significantly impact sleep. You may discuss this with your physician if sleep remains a problem even after sustained attempts at a better routine.

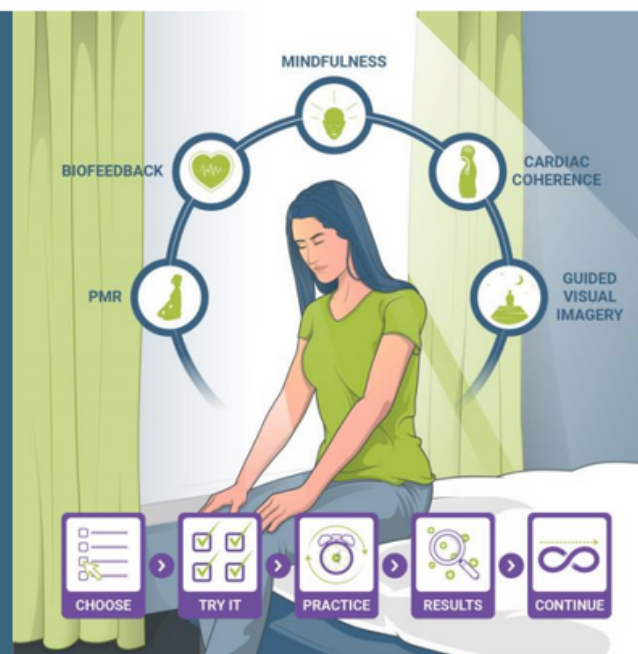
# JUST TRY TO RELAX...

## HOW TO FIND YOUR WAY TO A QUIET PLACE

### IT IS A PATH OF MANY STEPS

*Every doctor I see, everyone around me, tells me to relax and manage my stress. Easier said than done! Life is difficult when migraine hits. Cancelling plans, feeling guilty, sad, frustrated... I go from that to a long to-do-list to catch up on what I missed and did not do.*

*So... meditation, really? I've tried a few times...but I never really stuck to it.*



**Relaxation, meditation, breathing exercises...**  
**They are all powerful brain stabilizers!**  
**The key is to practice them on a regular basis**

Many options are available: try until you find the one you prefer  
Many resources are available online.

Class of meds	What it is
<b>Cardiac Coherence</b>	Using the breath to bring the body to a more relaxed state. A simple approach, ideal for beginners.
<b>Mindfulness Based Stress Reduction MBSR</b>	Observing thoughts and reality gently, without judgement, being present in the moment. Requires a training, so time commitment.
<b>Progressive Muscular Relaxation (Jacobson)</b>	Tensing then relaxing muscles in a sequence, in combination with the breath.
<b>Visualization / guided imagery</b>	Focusing on a peaceful place or scenario to induce a calming effect. Choose your peaceful place.
<b>Biofeedback</b>	Using monitoring devices, learning to relax the body and then apply in daily life.



# Relaxation is like learning a musical instrument.

**It takes practice, patience...and sometimes a teacher!**

Principle	WHY	HOW
<b>Monitor your practice</b>	Observe your sessions, celebrate your successes	Choose your tool (app, paper) and stick to it.
<b>Stick to it for a while</b>	The brain needs time to adapt to a practice and strengthen the habit	Insert the practice in your daily routine. Don't «think about it» or negotiate. Just do it.
<b>Get a teacher to help</b>	We all need guidance and motivation	Consider a coach, an organized program you commit to or a psychologist.

## How long should I try a practice before seeing benefits?

The brain is an organ that adapts. Stabilizing practices need to become familiar and create a safe space, a feeling of «I have felt this before and it is good». Nobody learns piano overnight. A trial for 1-2 months is usually in order. The more you do it, the easier it gets.

## I am too anxious to meditate.

That is possible. Sometimes, you'll need professional help to find the right technique and get help with practice and motivation. If you have an anxiety disorder, discuss with your healthcare provider.

## I just don't have the time...

Reevaluate your schedule. How much time is spent on series or social media? (no blaming here, just checking 😊) Stabilizing techniques can be effective with short practices....done regularly! Start with 10 minutes a day.



# Movement and exercise when you live with migraine

## Exercise Facts and Tips

- ✓ Exercise is good for everything in health including prevention of cancer, vascular disease and dementia.
- ✓ Exercise will enhance brain health and it can improve migraine.
- ✓ It is not easy to exercise when you live with migraine
- ✓ The key to moving more is to be flexible, gentle and persistent in your practice.
- ✓ Seeking support and advice from allied healthcare professionals can be helpful.



## Many people with migraine struggle to stay active

- Migraine attacks can be triggered by some activities. They disrupt every part of life, including your workouts or outdoor activities.
- If you live with frequent attacks, and need to keep your daily tasks going, exercising can be a challenge. Optimize your medical care and treatments.

## Is there scientific proof that exercise can help migraine?

- Many studies demonstrate the benefit of exercise, at different levels.
- Studies have focused on mild aerobic and yoga, but any fun activity that gets you moving is likely to help your body, your mood, and your sleep.

## Triggered by exercise... should I give up?

**NO!** Of course not. Here are a few tips:

- Try to determine which aspect of the exercise triggers you (posture, environment, duration, effort level). If it can be adjusted - great!
- We know that warming up/cooling down are both important but sometimes neglected. Take the time to do it.
- Always stay hydrated, fueled up with healthy snacks and protected from light and other triggers if necessary.
- Work with a professional (ie. kinesiologist, physiotherapist, etc).
- Gradually increase the intensity and duration of your training to improve your capacity and tolerance to intensity. If nothing works...consider another type of activity (even if it can be frustrating at first).

**Adapt. Adjust. Be Patient.  
Ask for Help!**



# Find your way to exercise: A checklist

## It's a journey with many phases

### Adjust and adapt

- ☐ Start with activities you are familiar with, but explore new things as well.
- ☐ If taking classes, ask for adaptations to your needs.
- ☐ Explore different types of workouts or activities to fit your energy/pain level for that day.
- ☐ Try online programs. YouTube has tons of resources that are free.
- ☐ Work with a kinesiologist or physio therapist to adapt and find what works for you.
- ☐ Discuss with your healthcare provider for any medical limitations and also reassurance and encouragement.

### Be gentle and kind to yourself

- ☐ Some people are natural athletes and others are not. Some enjoy exercise and some don't. If you avoid exercise because "you're not in shape", or "you are not good", take it one step at a time. No one is too old to reconnect with their body.
- ☐ If you are starting exercise after a period of being inactive, do so gradually. Don't expect to pick up where you left off.
- ☐ Exercise should be fun! Take the opportunity to let go, shake away the bad juju.
- ☐ Laugh a bit!

### Have patience and never give up

- ☐ If you realize you do not like an activity, let it go, try something different.
- ☐ Track your activities in a headache diary or a calendar. Observe and record how you feel after exercise.
- ☐ Try to exercise regularly. Aim for short, more frequent sessions.
- ☐ Respect your limits, but dare to push yourself a bit. You'll see that the limits will change over time and allow more movement.
- ☐ Celebrate your successes and persistence!
- ☐ If you need to take a break for a while, try again when you are feeling up to it.

### A few comments on different activities:

- Walking is a great way to start!
- Jogging includes some shocks on the spine and sometimes it is difficult for people with neck pain.
- Cycling/Peloton is done in a bended position with the head extended and is sometimes difficult for the neck. An indoor bicycle (sitting posture) maybe a good option.
- Yoga requires strength, balance and some flexibility. There are also a lot of twists. Essentrics or Pilates maybe alternatives.
- ANY outdoor activity adds the pleasure of being active.
- Dancing, gardening...exercise s not all in the gym.



Elastic bands are a good alternative to weights.