

“Psychological Intervention in the management of migraine”

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*Cork Information Seminar
September 10th 2006*

As a psychologist I work mainly in the areas of eating disorders, pain management and stress management. Through my work in the pain management clinic, I have come across patients who have suffered from migraine headaches. Rather than talking about the psychology of migraine this afternoon, what I want to introduce to you is the management of migraine from an eclectic point of view. Speaking from experience, both as a sufferer and as a clinician that is very much what has worked for me.

So it is not so much about medical versus psychological intervention or non-pharmacological intervention, it's about an eclectic approach. As a psychologist, I find myself very much using stress management skills, such as relaxation therapy, meditation and in some cases, biofeedback therapy. Some of the other speakers have already mentioned the use of headache diaries and headache diaries are extremely useful in terms of identifying the triggers and the frequency of the condition. What I encourage my patients to do first of all is to record the intensity of the pain. Usually I get them to rate their pain on a five point scale, taking a rating every couple of hours, zero being no pain and five being excruciating pain. I also encourage them to look at their stress levels and rate them every few hours. You will find that ratings of stress are parallel to ratings of pain.

The vast majority of my work with migraine sufferers involves cognitive behavioural therapy. The cognitive intervention that I have found most useful in working with sufferers of migraine encourages you to change how you feel by changing how you think. It looks at physical reactions to pain and how our thoughts and our behaviours influence our moods, and how external factors such as environment play an important role.

What determines the examination of psychological and physical treatment interventions is as follows:

- A patient's preference for non-pharmacological intervention
- A poor tolerance of drugs
- Medical contraindications for certain drug use
- Insufficient or no response to drug use
- Pregnancy, planned pregnancy, or a nursing mother
- Frequent or excessive use of analgesic or acute medication, leading to decreased responsiveness
- Type A personality, where somebody is highly perfectionist and quite stressed and pushes themselves very hard.
- Significantly high levels of stress, depression and poor coping strategies.

Many patients fall into what I refer to as “the pain trap”, where the physical symptomology of migraine headaches increases stress and anxiety levels to such an extent that in some patients it can go as far as causing a reactive depression. In turn, this depression leads to an increased frequency and intensity of migraine headaches, thus compounding stress and anxiety. The role of the psychologist is to address areas in the patient’s life where stress and anxiety are significant presenting factors in addition to the migraine headaches and also intervention and coping mechanisms for dealing with depression. This is especially true in patients for whom migraine has such a significant debilitating effect on their lives.

The goals of psychological treatment

- To reduce frequency and severity of headaches
- To reduce the headache-related disability, for example absenteeism, and it is widely documented that there is a significant level of absenteeism due to migraine headache
- To reduce the reliance on unwanted drugs
- To teach the patient to be proactive and play an active role in their own recovery
- To reduce stress levels
- To reduce reactive depressive symptomatology.

Relaxation techniques are considered so useful and safe that certain therapies are often referred to as the “behavioural aspirin”. Relaxation controls muscle tension and includes deep muscle relaxation, progressive muscular relaxation and autogenic training. Where appropriate, relaxation therapy teaches breathing techniques and relies on visualisation techniques to help a patient to achieve his or her goals. From my own research, in terms of reducing the frequency and intensity of headaches, prophylactic use (everyday use of relaxation therapy) is considered far more effective than symptomatic use.

To conclude, psychological intervention has been well validated as an effective methodology in treating migraine. Secondly, the use of psychological intervention to enhance compliance to treatment has been under utilised for many years and psychology has much to offer in the study of migraine insofar as it encourages the patient to take responsibility for their illness.

Psychological intervention can be summarised in what I call my 10-point-plan, which is as follows:

- To learn to live your life and not let your life be lived through migraine
- To develop a positive reason for living
- To decide how you live your life, and to engage in the various advices given to you by clinicians such as the nutritionists, dieticians, psychologists, psychiatrists, general practitioners and the various consultants you come across

- Think positively and develop an optimistic attitude, which in essence is the basis of cognitive behavioural therapy
- Take control of your life
- Be open to learning and to change, and avoid looking for a quick solution
- View every opportunity for change as a challenge and you may even find that your overall quality of life will improve if you make some small changes in terms of the management of your migraine condition
- Become a problem solver
- Become an active participant and understand that there is no quick solution to migraine
- Become responsible, however, it is important to note that whatever the outcome of any intervention that you take, be gentle with yourself.