

Questions and Answers Session

**Cork Information Seminar
September 10th 2006**

Panel:

- *Dr Timothy Steiner, Division of Neuroscience, Imperial College School of Medicine, London;*
- *Paschal McSweeney, Cork Clinic of Medicine;*
- *Dr Gillian Moore-Groarke, Psychological Intervention in the Management of Migraine*
- *Chaired by Dr. Eddie O'Sullivan*

Q: I get a numbness all over the body and I can relate to most of the symptoms you mentioned in your talk. Can you tell me more about the numbness?

Dr Steiner

The less common form of migraine, which is called migraine with aura is associated with symptoms of brain disturbance and the most common symptoms are visual disturbance which many of you may have experienced. Mostly this involves flashing lights or a disturbance of vision which develops or starts to develop in most cases at the beginning of the headache and lasts for a period of 20-30 minutes and then the headache will follow. For some people, the brain disturbance goes further. It's not just a visual disturbance but a more generalised sensory disturbance which may take the form of numbness or pins and needles spreading from the hand up the arm, into the face and maybe one side of the tongue. Much less commonly it goes down the leg. It is unusual to get sensory disturbance of this sort unless you get visual disturbance as well. Much more rare than both of those is actual weakness on one side of the body. In migraine, those symptoms are usually one side of the body only. Each half of the brain relates to the other side of the body and migraine is usually one-sided. There is a variant of migraine which arises from deeper down in the brain, towards the back of the brain, which can result in symptoms of that sort, affecting both sides. It is called basilar migraine and is much less common.

Q: Does positive attitude and outlook have an effect on migraine?

Dr Moore-Groarke

I think there is certainly a link between the mind and body and I do think the mind has a very significant role to play. In my own work in the pain clinic with chronic back pain, I see it everyday that if you have a positive attitude, then this will lend itself to a positive outcome. I hate to give the impression that if you have a positive mind that this can completely take the pain away. But certainly I do believe you can reduce the intensity and the frequency of the pain. If you can keep a diary over a period of a couple of months and record the level of severity of the pain, perhaps bringing down the average rating from a say 4.5 to a 3.5, then you are making progress. It is good for you to quantify that progress.

Dr Steiner: There is no doubt that migraine is stress-related and there is no doubt that people with migraine tend to respond poorly to stress. Actually they respond poorly to excesses - excess noise, excitement, sleep. Migraine actually has a tendency to occur not during stress but afterwards.

Q: The long term use of Almogran and Amitriptyline at night....Are there any side effects?

Dr Steiner

Almogran is one of the triptans. The most simple and probably correct answer with the triptans is that there is no problem with long term use of them. We have only had them for about 15 years so nobody definitively knows anything about long term use of them yet. For the majority of people who use them once or twice a month, I don't think people like that are going to come to any harm. People with no other medical problems who use them once or twice a month, as far as we know, they can go on forever and ever. Having said that, there are some people who notice that after using triptans for a while that their migraines become more frequent. The reason for this is still unclear. I do believe that the longer you use triptans, for a minority of people, their migraine will become more frequent. Quite a lot of people have become daily triptan users as they find over a number of years that only triptans work on their headaches. This is a slippery slope. I can't point to any problem that is being caused except that they are perpetuating daily headache. Nor can I say that if you stop taking triptans your daily headache will get better.

Amitriptyline is a different type of drug altogether and is used in a number of different areas. Amongst other uses it is used as a migraine preventive drug. A drug that is taken for migraine prevention, prophylactic, is generally taken daily over a course of six to nine months but some people benefit from using them longer. The idea of migraine prophylaxis is that it takes you through a bad period. For most people once they get through this bad period they come into the good period and they are better again. It is a drug that is intended for long term use and I don't believe that there is any harm in using it long term.

Q: How safe is it to have morphine injections maybe two or three times a year?

Dr Steiner

I don't recommend Morphine. As a general rule it is not a good drug for migraine. Morphine is the type of drug you might use for pain if you have nothing else at your disposal. By and large there are better treatments for migraine headache.

Q: How do you diagnose in traditional chinese medicine?

Paschal McSweeney

The tongue and pulse are involved in the diagnosis in Chinese medicine. As well as a whole series of questions from the pain involved, stool movements, aspects of a person's life. It can take up to half an hour to go through everything. Then the tongue and pulse are examined. Different signs such as coating, colour, edges of the tongue.

A lot of people talk about pulse diagnosis but I depend on the tongue for more accuracy.

Q: How many sessions are needed with you, Paschal?

Paschal McSweeney

That's impossible to say without diagnosis. Possibly five to seven sessions will give a good idea if the treatment is working.

Q: Could you expand on biofeedback and its effectiveness?

Dr Moore-Groarke

I don't use biofeedback very often but autogenic relaxation is very similar where you visualise warm and cold sensations throughout the body. You will find many autogenic tapes, available through various websites and short tapes are better as people get bored with long tapes, leading to less effectiveness.

Q: Dr. Steiner spoke about soluble medication. Is it more effective?

Dr Steiner

The reason for soluble medication is that during a migraine attack, the stomach stops working properly. Normally the stomach churns up everything you take in by mouth and sends it through into the bowel below from which absorption takes place. Gastric stasis is where this process stops and this occurs during an attack. This is part of the reason you will feel nauseated. The problem with gastric stasis, which starts fairly early in the migraine is that any tablets you take by mouth and are still sitting in the stomach, and are basically going to stay in the stomach. The process by which they get beyond the stomach has stopped. That's the reason that anything you take by mouth should be taken early before this gastric stasis develops. Unless it is absorbed quickly, medication cannot be effective and that's the reason for using soluble medications and taking it early.

Q: Can you tell me if Topamax is menstrual-migraine specific?

Dr Steiner

Topamax has been used for epilepsy for some time and although a relatively new drug, it has been found along with a number of other anti-epileptic drugs, to be effective for the prevention of migraine when taken on a regular basis. It is pretty much on a par with other migraine prophylactic drugs. Clinical trials evidence suggest that 50% of users will notice a reduction in migraine.

Q: Is codeine a good drug for migraine?

Dr Steiner

The simple answer is no. Codeine does not work well as a painkiller for migraine and it does have addictive qualities. It is mixed with paracetamol in a number of over-the-counter preparations. Most of people who complain of rebound headache have taken medications with codeine in it. A lot of OTCs have additional codeine to be taken for certain conditions, but it is not a good medication for headache.

Q: How effective are food allergy/intolerance tests?

Dr Steiner

There is no evidence that food allergy is a cause of migraine. There are a number of tests that will sample your blood in a laboratory and send back a number of foods that you should avoid. These tests tend to become fashionable in a cycles over a number of years. There is no scientific basis whatsoever for these tests, whether they are based on some kind of food allergy or food insensitivity.

However, there are without doubt some dietary triggers that affect some people. It has to be said that the mechanism of these is not terribly well understood. If you look at alcohol, the problem does not lie with the actual alcohol in particular. Some people can drink red wine but not white wine. The problem then lies in certain substances in certain alcohol. In cheese, it is probably the harder cheeses that tend to do it because of one particular substance but controlled studies have not proved this. The same is true with chocolate. Nothing is confirmed in this area.

Q: My migraine is very hormonal and I am on beta-blockers. Do women suffer hormonal migraine around the time of the period.

Dr Steiner

Women who have menstrual migraine are more likely to have a migraine on the first day of the period or more commonly on the day before. We reckon it is triggered by the sudden fall in oestrogen that occurs at that time. This also triggers menstruation itself. People with true menstrual migraine are relatively uncommon and will probably benefit from hormone-based therapy which can take many forms.

Q: What is the connection between sinus and migraine?

Dr Steiner

An awful lot of what is called sinus headache is actually migraine. I am not at all sure that there is such a thing as sinus headache although headache is one of the symptoms of acute sinusitis. When you have a really badly inflammated sinus attack, that can cause headache. Migraine does appear in some people to be associated with autonomic changes which results in the swelling of tissues around the eyes and nose and maybe in the lining of the sinuses.