

**Questions and Answers Session,
MAI Seminar
Red Cow Moran Hotel,
Dublin, September 2005**

Panel:

Dr Anne MacGregor, City of London, Headache and Migraine Clinic,
Esther Tomkins Migraine Specialist Nurse, Beaumont Hospital
Cara Chotiner, Practitioner, Yoga Therapy Ireland.

Can you recommend an alternative migraine treatment during pregnancy? Is yoga allowed during pregnancy?

Cara Chotiner

Absolutely, yoga applies to any stage of your life and at any time. If you are suffering from migraine during pregnancy, then going to the anti-natal class which they offer in Hollow Street in conjunction with YTI, that's all about relaxation, deep breathing and various exercises to draw the blood down into the extremities and throughout the body. It's a perfect time in your life during pregnancy to focus on slowing everything down and spending time for yourself. Yoga would cause no harm at all during pregnancy as it is very gentle.

Esther Tomkins

I just wanted to say also that migraine does improve tremendously during the second and third trimesters during pregnancy and most of the calls I get from women who are pregnant are in the first trimester, in the early weeks. It is very important during all those fluctuations that you keep your life regular.

Is it fair to let your employer know that you suffer from migraine?

Esther Tomkins

I think that if there is a lot of absenteeism because of migraine, then of course it is important that you do draw it to their attention. Usually employers are quite good. But you don't always know the individual case or if there has been absenteeism for other reasons as well but if it is migraine-related then I recommend working with your employer and get your GP involved as well.

Cara Chotiner

There's also the issue of the ergonomic factors at work. If you are working in an environment that involves a number of triggers, which could even mean the kind of lighting that you are dealing with and how often you are in front of a screen, then let your employer know these factors and work together on it. It is their responsibility to help you, as it is a health and safety issue.

Can Frovex be used as a preventive medicine for menstrual migraine?

Dr MacGregor

Hopefully it can. At the moment clinical trials are underway. There is work underway in the States that looks very promising but we are waiting for the final data and a licence application. I would however wait until we have the safety information required and the correct guidelines as to whom it should be applied.

Is taking a half a Zomig a week likely to lead to rebound headache?

Dr MacGregor

There are two points here. I think that the first one is whether half a Zomig worth taking at all? My answer is if it works, then yes. But it depends on the individuals and how well it works.

Secondly, with all drugs there is a trade off between effectiveness and side effects. I think it is very unlikely that somebody is suffering rebound headache if they are taking medicine just two days a week. It is important to find out if there are other causes. Rebound headache develops by starting off with intermittent migraine and then people can experience a headache of some sort or another as well e.g. maybe they get a tension headache. They often start to worry about what happens if they get a migraine while at work. Gradually, they begin to use the triptans or any of the treatments more often than they should. Then the headache begins to get provoked by the tablets that they are taking but it doesn't arise out of the blue. There is usually another reason that provokes the increase in migraine.

Is there a link between stroke and migraine?

Dr MacGregor

A link *has* been shown between stroke and in particular migraine with aura. It is important to put this into context because it is not the aura that gives you the stroke. Rather, it seems to be that people who have migraine with aura are more at risk of having a stroke than those without. The aura is a 'marker' in that particular individual and for some reason they are more at risk than other people of having a stroke.

In context among 100,000 women, maybe five are at risk of having a stroke. If they have migraine, then that doubles to maybe 10. But if we look at the numbers, then 10 per 100,000 is still tiny. We recommend that women who have migraine with aura should not take the combined or contraceptive pill. Remember too that smoking is much more likely to trigger a stroke than having migraine.

Is there any proof that acupuncture is helpful to prevent migraine?

Esther Tomkins

We use two different acupuncturists through the hospital privately and we find that everybody is individual. I have spoken to a lot of patients who say they have taken classes, a six-week yoga programme, and they have had benefit. So there is positive feedback from the therapy but it is not a practice we have at the Migraine clinic. We refer people on to trained practitioners.

Dr MacGregor

Because of the nature of the condition, we cannot conclusively say to any one individual that this is the treatment that is definitely going to work for you. It is important to try it and see if it works for you. That may be expensive but if you go into it properly you will find someone who is empathetic towards what you are trying to do. I have seen controlled data that say acupuncture does and doesn't work. We used to practice it in our clinic in London, not necessarily for people who believed it was going to work. The only way to find out if it is going to work for you is by trying it yourself.

How do the different types of contraception affect menstrual migraine?

Dr MacGregor

There are numerous different types of contraception currently available. The affect that they have on menstrual migraine really depends on the affect that they have on the hormone cycle. For example, with the combined contraceptive pill, it switches off your own cycle but replaces the cycle with its own hormone cycle. So you still get a drop in oestrogen when you stop taking the hormones after 21 days. And that drop after about a couple of days can be followed by an attack. There are a number of types of contraception that can completely switch off the hormone trigger. They are completely over-riding the normal hormone cycle. For further information on contraceptives and migraine, contact your GP.

Can you define the difference between cluster headache and sinus headache?

Esther Tomkins

I think the diagnosis for cluster headache is quite rare. We see a number of cluster headache patients at the clinic. Cluster headache is five times more common in males. There is a specifically defined protocol when it comes to treating cluster headache. Sometimes GPs are inclined to diagnose worsening migraine as 'cluster migraine' and people mix the two up and call it cluster headache. Real cluster headache is very rare. It is very important to get the correct diagnosis and I think that if you do have the possibility of having cluster headache, I think you should see a neurologist and get a

definite diagnosis so you know what you are treating. The treatments for the two conditions are quite different.

What is the connection with headache that causes one side of the face to be affected including the eye and the side of the thumb?

Dr MacGregor

One of the things we have found during migraine attacks is that they can be very one-sided and people can feel that the whole of one side of their face will droop or literally that one side of the tongue feels very strange. The giveaway that it is migraine and not anything sinister is the timing of it and the symptoms. You cannot get anything else that is a 'sick headache' that can last up to three days. If you are concerned about any other symptoms you are experiencing then that level of concern should bring you to your GP.

Is there a strong link between epilepsy and migraine?

Dr MacGregor

Probably not is the answer. Researchers tried to look for an association between epilepsy and migraine a number of times and for a number of years. The reason it came up is that they are both conditions that emanate in the brain and many of the anti-epilepsy drugs work as an effective form of migraine preventative but then we wouldn't say that migraine is similar to high-blood pressure just because drugs that reduce high-blood pressure work on preventing migraine as well. The most important link to other is that of depression which is linked to exactly the same chemical system of serotonin as migraine. Recent research suggests that there is a link between migraine and depression. People with frequent migraine often admit that there is a family member who has a history of depression. Or even that depression is one of their own problems.

What are the side effects of beta blockers?

Dr MacGregor

Most beta-blockers are actually incredibly safe and they have been used for many years. There can be a problem if you are somebody who is a diabetic or suffer from asthma, they can provoke the symptoms of asthma. But definitely for the dosage that is used to treat high-blood pressure and migraine, they are one of the safest treatments available. People should look at other avenues before preventive medicine though. You should only really use preventive treatments if you find you just can't get a handle on your migraine at all.

Can you take migraine medication if you have already taken a painkiller?

Esther Tomkins

I presume that question refers to triptans as well as painkillers. Yes you can is the answer. You can take your triptan after taking two Paracetamol if the attack persists and progresses. Remember however that the longer you wait, the less effective the triptan becomes. Maybe do it the other way around and take the triptan first. Learn to identify your symptoms and to recognise a migraine. Look at the symptoms that are related to the attack. They will be different to an ordinary headache.

My doctor recommended an anti-depressant for me to treat my migraine, is this correct to use?

Dr MacGregor

I'm very glad that person raised that question because I didn't want people going away thinking that everyone with migraine is depressed! Earlier I was just trying to look at the chemical basis of migraine and depression it and certainly if we were recommending an anti-depressant for the treatment of migraine, it is usually not because we think that person is depressed. What I meant earlier is that the chemical basis of the drugs that you are using for treatment for depression is exactly the same as that of migraine. So many of the anti-depressant drugs will actually work to stabilise the levels of serotonin within the brain. When you have a migraine attack, you release the serotonin from storage sites in your body. The idea is that by storing up this serotonin, you can prevent having migraine attacks. So that is quite often the reason why we recommend anti-depressants. By the way, dosage is usually at much lower levels for people with migraine than people with depression.