

Questions and Answers Session

**Sligo Information Seminar
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Panel:

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Q: I get a craving for cheese and ice cream and always have to keep some in the fridge in the event of an attack. Is this normal?

A: A lot of patients get cravings and usually it is in the prodromal phase of the migraine attack, which occurs right at the very beginning, maybe 12 hours before the headache phase of the migraine. During this prodromal stage, a lot of people experience strong cravings often for something savoury or sweet. When people talk about the chocolate and cheese "causing" their migraine, these are in actual fact symptoms of the prodromal stage – the attack has already begun. Really it is not the cheese or chocolate that is triggering off the migraine. A lot of patients talk about their cravings for salty foods and again this is all part of the migraine.

Q: There is some pain in the blood vessels of my neck during an attack. Is this common during migraine?

A: Patients can experience sharp pain, like an ice-pick pain or something being jabbed through them in a certain area. This might be a nerve giving you a sharp jab of pain. Some people do experience a pain that comes from the neck and up and around before starting to focus on the eye. They can still get pains in the neck and massage therapy is very good for that. If you are experiencing this type of pain you should get it checked out in case it is anything more serious.

Q: Is it possible to suffer sore scalp during an attack?

A: Sore scalp is a common part of the sensitivity. I have one patient who is an army sergeant that gets hemiplegic migraine where he loses power down one side of his body and gets very debilitated. He mentioned the scalp tenderness being the worst symptom for him. He had to have his head shaved once while having a migraine and said it was one of the worst moments of his life. He actually felt suicidal it was so sore and sensitive.

Q: Do you need a referral letter from your GP to attend the clinic?

A: You do. It is GP referral for both the Cork and Beaumont clinics. Unfortunately the waiting list can be very long at Beaumont and if you are intending to come, ask your GP to reinforce how serious your condition is and that you are a priority patient and we may be able to get you in on a cancellation. Urgent appointments go in first and you may be seen within six months.

Q: My wife has suffered with migraine for 10 years and part of the problem is we haven't done that much about it. Now our GP is talking about moving her to the regional hospital. Should we ask him to refer her to Beaumont rather than waste another four years there?

That is probably very wise and taking steps on your own initiative as well. If you feel that you need specialist advice and someone that really understands the condition, then do so. Especially if your GP is willing to work with you and advise that you need more specialist advice. If it is a neurologist they are sending you to then that is different. There are very good neurologists in Galway. Last year a new neurologist was approved for Sligo although we are not sure how long it will take for this appointment to take place.

Q: Is there any research being carried out into the hereditary link to migraine?

Some research has gone into the hereditary aspect of hemiplegic migraine. Hemiplegic migraine is a very serious form of migraine where you can have serious visual distortions, speech loss, confused thoughts. I remember one lady who called me as she was having an attack and I could not understand what she was saying. It is very much a genetic condition and there is actually a proven gene related to the area of hemiplegic migraine. Research is ongoing in Europe on this.

Q: Can I ask for a month's supply of medication?

Yes, that is what we recommend at the clinic and that is our standard practice where we give the patients enough medication for three months. Be it 12 Imigran or whatever it is they need, depending on the severity and frequency of attacks. Check the medications guidelines and stay within the limits of using your medication. Taking migraine medication should happen no more than three times a week. That is standard practice at migraine clinics around Europe. Be cautious and prevent yourself from going into rebound headache as a result of medication overuse.

Q: I read that Imigran is being sold over the counter in the UK. Does that refer to Northern Ireland also?

I think it probably does although I cannot guarantee that 100%. It is slightly cheaper and exactly the same thing as we have here on prescription. You have to ask the pharmacist for it before you go because of contraindications and you can only get a pack of two at any one time. It is available in many countries over the counter but not here.

Q: Is osmophobia a common trigger?

Osmophobia is a sensitivity to smells. It is very common for a lot of people with migraine to experience extreme sensitivity to light, sound and smells during an attack. Strong smells can also trigger an attack. Strong paints for example can trigger migraine. Even the smell of dinner cooking in the kitchen can be a trigger or can something like the scent or strong perfume.

Q: What are your views on acupuncture as a treatment for migraine?

The problem with any complementary treatment is that it is very hard to determine the efficacy of the treatment. We can't say every patient should have acupuncture or that every patient should have a particular drug because trying to predict any patient's response to any treatment is impossible. I have had many patients who have benefited from acupuncture and my conclusion from that is that it was effective for that particular individual. I wouldn't necessarily say that all patients with migraine should go away and have acupuncture. I can't say definitively that it will help you.

Q: Can I ask you about the tablet zomig? Does the effect wear off over time? Does it help menstrual migraine?

Well you seem to be benefiting from the drug in the sense that it is easing your headache. With a lot of patients who get help from this drug, and this group of drugs, after their initial benefits, the effect of the drug wears off. There is no problem in taking a second dose of the medication. There are a few other options in relation to menstrual migraine. There is evidence out there now that some of the longer lasting triptans, for example Frovex might be useful in this regard. This drug stays in your system a lot longer than Zomig so can be particularly beneficial in menstrual migraine. In addition, drugs such as the non-steroidal anti-inflammatory drugs can be taken around the time of your period as a preventative drug for migraine. So if you are in your cycle and your period starts tomorrow let's say, you can start taking a medication called Naproxen in the hope that it will prevent a migraine or it would ease the pain. You can still take your triptan along with it.

Q: Is Naproxen better to use than Diphene?

More evidence based research suggests it is better, yes.

Q: I get chest-pain as a side effect with Zomig. Is this common?

I think that if this is the case, it may be worthwhile trying another of the triptans. There are four triptans available, Certainly side effects are very individual and can include a throaty feeling or heaviness in the chest. It's probably not a serious side effect that could cause harm but they can cause discomfort.

Q: Can the use of painkillers increase the frequency of headache?

This is an enormous problem. I have been talking about it for quite a while now and am glad to see the pharmacists are talking about it as well in a few articles I have read recently. We would be particularly critical of the paracetamol and codeine preparations such as syndol and solphadine. It's fine if they work and they can be taken a few times a month if needs be. The problem with those medications is that codeine is a narcotic and so you have the danger of becoming dependent on this type of medication. It actually occurs quite frequently. Many people with migraine have a low pain threshold and once a month or twice a month they start taking this

medication and gradually they find their migraine attacks increasing until they come about once a week and no sooner have their attacks subsided than they come back again. So they start taking more and more of these painkillers. The first thing to do to get out of this situation is stop all your medication and this has many implications including severe withdrawal and then we need to concentrate on what we call preventative drugs to try and reverse the cycle.

Q: In relation to preventative medication, how long can someone be left on it in the hope that they can break the cycle?

That's an important question in the sense of when you go on something, how long do you remain on it? We need to consider the reason you went on it firstly. Then we need to carefully examine the efficacy of the treatment. We then recommend that the patient stay on the drug for a period of six to nine months. Then one can either stop the drug, or reduce it to either every second day, while monitoring the process to see if there is a deterioration. We have many patients who stay on a preventative drug a lot longer than that. Even for many years.

Q: Is it true that lying down flat can increase the blood flow to the head and increase the pain?

That's an interesting observation and one that is probably true. When a patient has a migraine attack and goes to lie down in a dark room, they should remain still because movement exacerbates the pain and light and sound are hard to bear. A lot of people do not lie flat as they find that the headache may become worse. Many people find it better to try get some sleep in a semi-upright position.

Q: Is there any danger that during an attack the blood vessels might burst? Is there a link between this and stroke?

The blood vessels feel like they may burst but they won't so there is no increased risk of stroke during a migraine attack. Patients who get migraine with prolonged aura, are at a higher risk of stroke if they have got uncontrolled blood pressure or are smokers. Smoking is a huge risk factor.