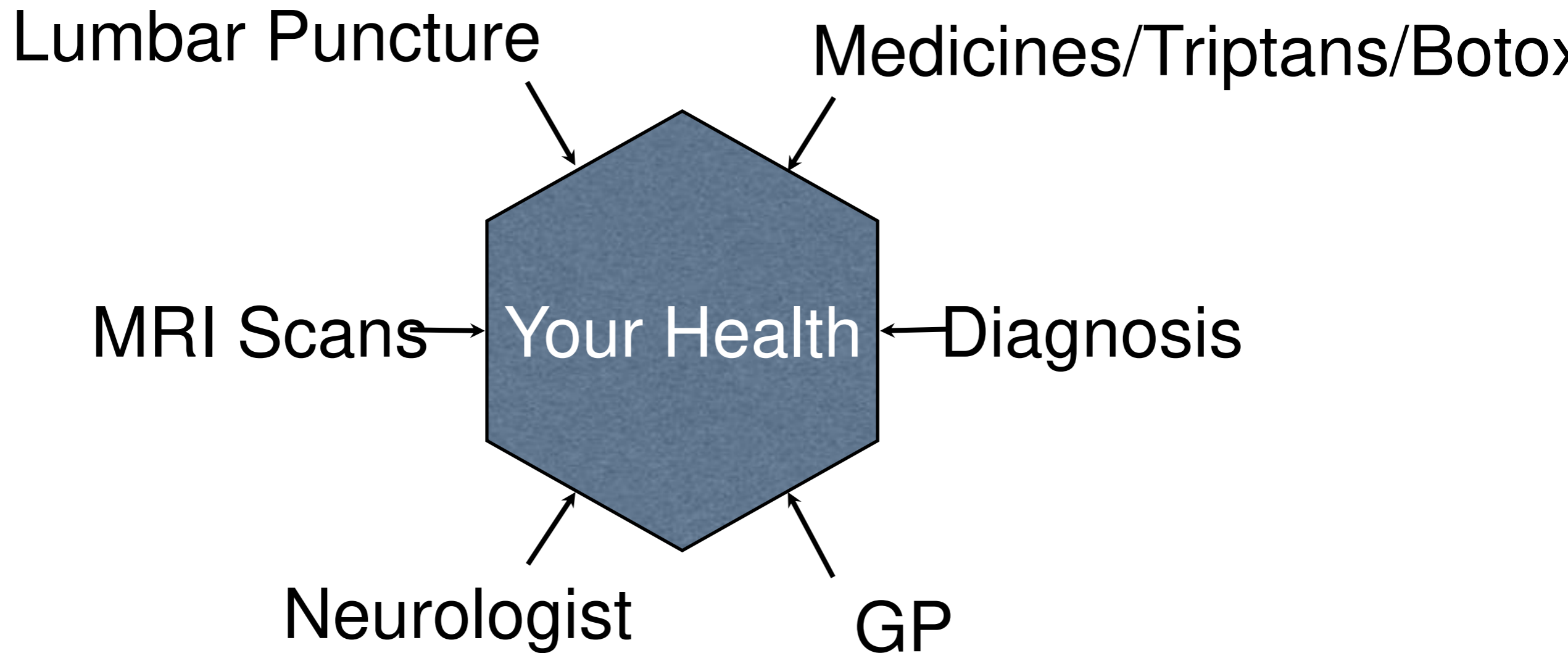


The Headache Friendly Lifestyle

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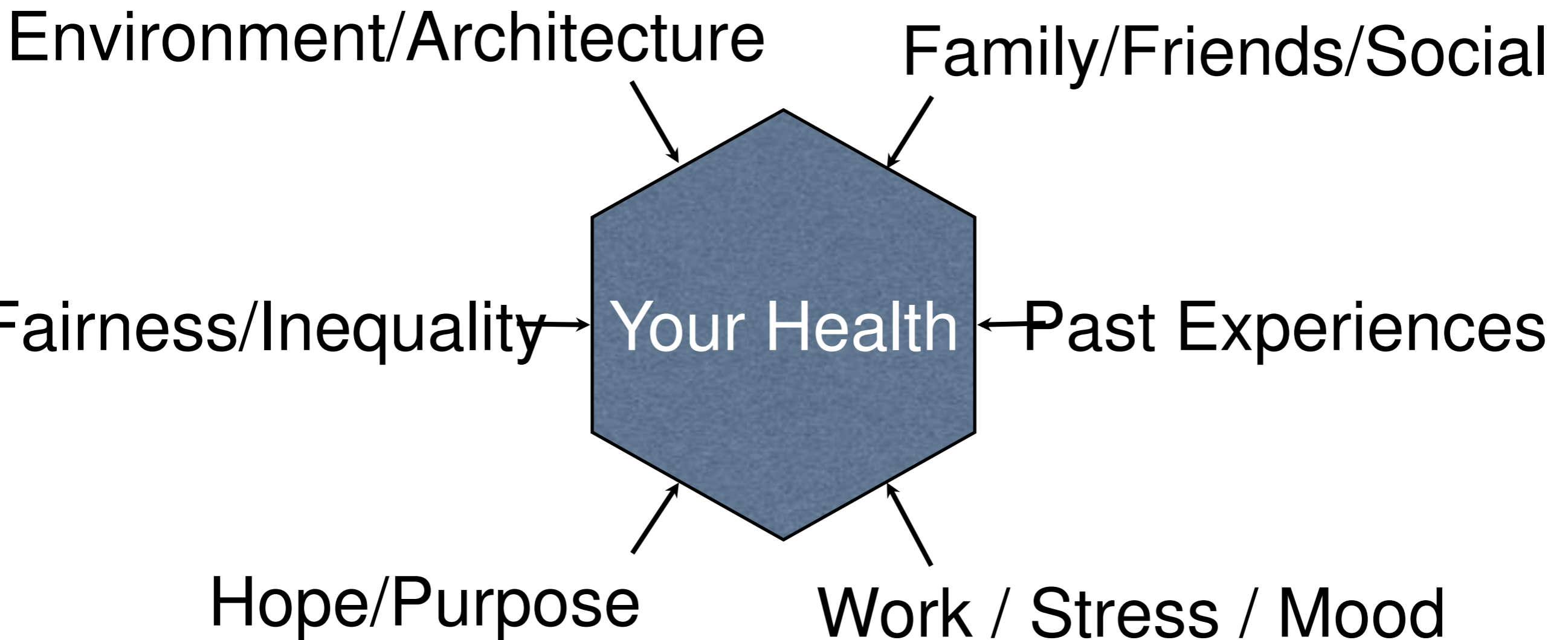


Treating Headaches



“Biomedical Model”

Health Influences



“Biopsychosocial Model”

Things Healthcare Controls

Diagnosis

Prescribing



Your Health

Public Service Access

“Biomedical Model”

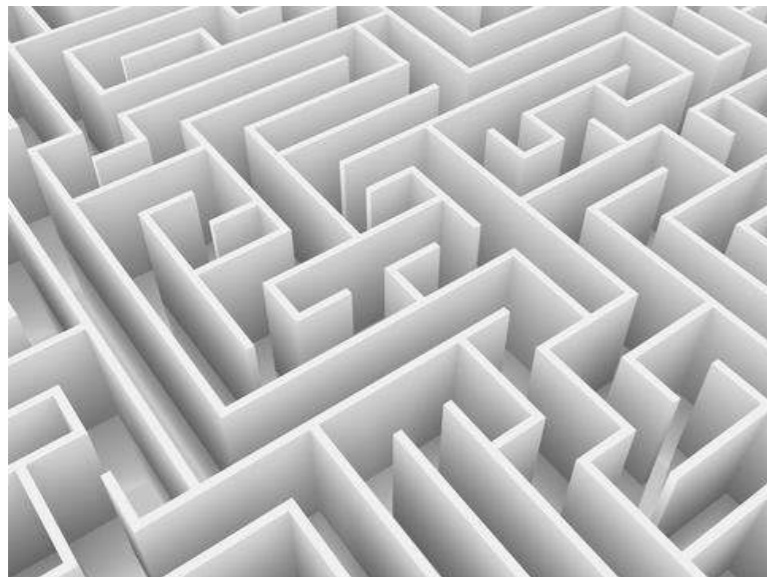
Can we combine these?

The Headache Friendly Lifestyle™

- No dangerous cause for headache
- One of your headaches is Migraine
- Avoiding Triggers hasn't stopped headache
- You are prepared to learn
- You want something different, but plausible



Cause and Effect



“If I find the cause, I will
fix it and my
headaches will stop”

“If I get diagnosed
properly I will get the
correct treatment and
my headaches will
stop”

The reality....

- 590 people with headache
- 30 years
- 7 interviews
- 20% get long term headache
- Average of 22 days per year with pain



JANUARY JULY
FEBRUARY AUGUST
MARCH SEPTEMBER
APRIL OCTOBER
MAY NOVEMBER
JUNE DECEMBER

A better approach

- Not Cause and Effect
- Headaches here to stay
- Have a plan
- Reduce risk
- Accept the headaches
- Educate Yourself - get control



Headache Friendly Lifestyle™

- ***Accept***
- ***Reduce the Risk***
- ***Learn***

The Headache Friendly Lifestyle™

- ***Learn***

- Correct use of medication to reduce risk
- A plan of treatment to reduce risk
- Non-drug treatments that reduce risk
- To Live Well to reduce risk
- To Think Better - acceptance, awareness of reactions

The Headache Friendly Lifestyle

Understand Symptoms

Correct Use of Medicines

Being in Control

Your Health

Non-Drug Treatment

Healthy Thinking

Exercise/Diet/Water/Sleep



The Headache Friendly Lifestyle™ - Basics

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Step 1- Headache Type



- Diagnosis doesn't matter (Cause & Effect)
- Know if Migraine is present
- Know that there is no danger



Non-headache Symptoms

- The Migraine Prodrome
 - Mood - Elation / Depression / Doom
 - Intolerance of environment
 - Cravings / Irritable / Fatigue
 - Diarrhoea / Constipation
 - Hunger / Thirst

Non-headache Symptoms

- Sensory Sensitivity
 - Light / Noise / Smell / Movement / Touch
 - Vertigo / Brain Fog / Word-finding
 - Tingling / Blurring

Non-headache Symptoms

- Migraine Aura
 - Spread of inactivity in surface of brain
 - Visual Aura
 - Speech Aura
 - Sensory Aura
 - Motor Aura
 - Basilar Aura
- 5-120 min, can be isolated, no headache
- 4% persist to 24hrs+
- Some feel they never fully recover

Headache Types

- Tension-Type Headache
- Migraine
- Ice-pick Headache



Tension-Type Headache

- Featureless
- Non-disabling

Moderate-Severe Headache Episodes

+

Sensory Sensitivity

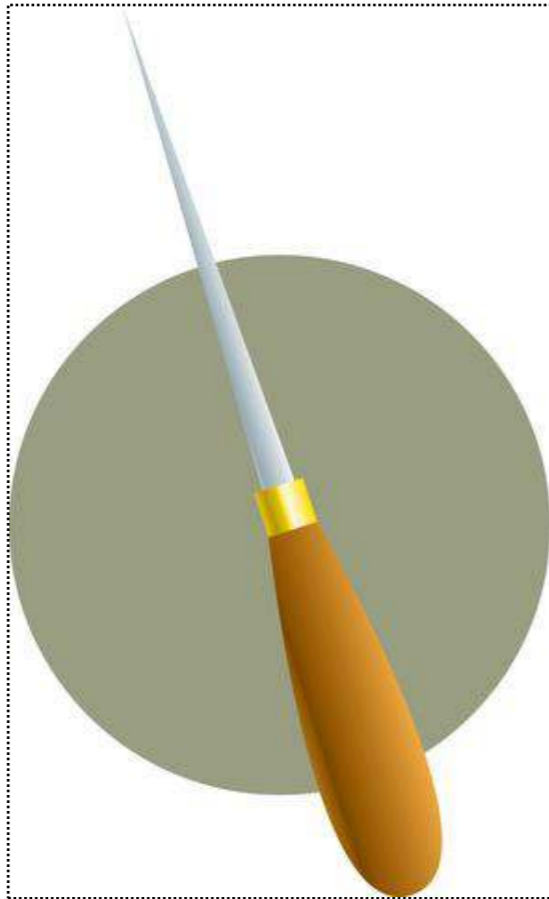
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Normal Neurological and Eye Exam

=

Migraine

Ice-pick Headache



Sharp

Brief

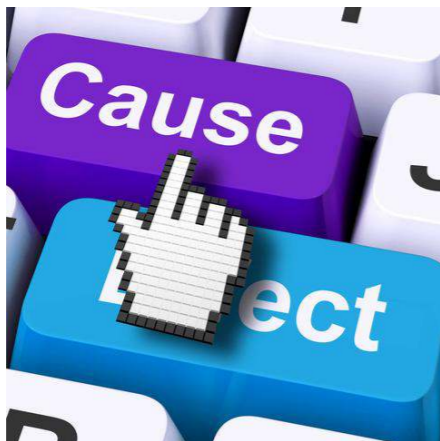
Clutch head

Headache Combinations

- Combinations of Headache Types are normal
- Prodromal, sensory sensitivity and aura can occur between headaches or without pain
- Lots of non-headache symptoms are normal

The Headache Friendly Lifestyle

- Accept
- Reduce Risk



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Step 1

- Understand the range of symptoms
- Accept that these will appear

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Step 2 - Painkiller Overuse

- x 25 risk if >10 days per month
- Cocodamol / Paracetamol / Triptans

Step 2

- Stop all painkillers if you take them more than 8 days per month and you are struggling with pain control
- Bridging Treatment
- Steroids / NSAIDS
- 75% will reduce headache frequency
- MUST DO!!



Step 2

- Be aware of risk of painkiller overuse
- The No. 1 means to **REDUCE RISK** of headache
- It doesn't 'cure' headache
- 25% will still be as bad....



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Step 3 - Treat a Migraine Properly

- Know the gap at the start
- Hit it hard with combinations (A+B+C)
- 24 hours of action

Step 3- Allodynia

- 80% get too sore to touch
- Triptans don't work once too sore
- Treat as soon as you think it's getting bad
- With what.....?

Step 2: Migraine A+B+C

Group A - Painkillers*	Group B - Triptans*	Group C - Anti-sickness*
Soluble Aspirin	Sumatriptan	Metoclopramide
Ibuprofen	Zolmitriptan	Prochlorperazine
Paracetamol	Rizatriptan	Cyclizine
Naproxen	Almotriptan	Domperidone
Tolfenamic Acid	Naratriptan	
	Frovatriptan	

Migraine A+B+C

- Take A+B at start (plus C is nausea)
- Repeat once within 24 hours, preferably 4-8 hours
- Limit to 8 days per month
- **DISTRACTION /SLEEP** can help



Time	Distraction / Action	Medicines Taken
Start	Lie Down and Sleep for an Hour	Naproxen 500mg AND Sumatriptan 100mg AND Metoclopramide 10mg
4 Hours	Reassure yourself you'll be OK - go for a walk	Sumatriptan 100mg
8 Hours	Rest in dark room with relaxing music	Naproxen 250mg AND Metoclopramide 10mg
12 Hours or usual bedtime	Go to bed and sleep for the night	Zopiclone 3.75mg**
18 Hours or next day	Get up and go for gentle walk	Naproxen 250mg

Distractions

- Walking
- Brief vigorous exercise eg an exercise bike or rowing machine sprint
- Listening to or playing music
- Reading poetry
- Writing
- Relaxation techniques including meditation
- Yoga and mindfulness
- Applying hot or cold towels to the head and neck
- Controlled breathing called biofeedback

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Step 4 - Be Smart with Migraine Prevention Medicines

- Specific - reduce the Migraines.
- Measurable - a Headache Diary.
- Achievable - a 30% reduction is do-able
- Realistic - you will still experience headaches.

These medicines reduce the risk of headache

- Time - 3 months minimum, continue for 6-9
more



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Step 5: Drug Free Treatments

- Neck - x 5 risk of headache
- Jaw - x 7 risk of headache
- Eyes - x 2 risk of headache

Step 5 - Neck

- Cervical Spine Hypomobility
- 70% severe migraine have neck pain
- Examination
- Manual Treatment
- Exercises (Italian Office Workers!)



Step 5 - Jaw



- Symptoms - stiff / clicking / pain
- Avoid chewing/kissing due to pain
- Dental Examination
- Exercises / Appliances

Step 5 - Eyes

- Optician
- Ciliary Muscles
- Peering at everything (neck not eye)
- Distortion of Visual Image
- Optician - will help vision - win-win also can identify serious disease / pressure



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Step 6 - Exercise / Eat / Drink / Diet

- Walking 10,000 steps
- Food Trigger or Migraine Prodrome?
 - ***Eat well***
- No single diet proven - Added Sugar??
- Drink 1500ml water per day



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Step 7 - The Importance of Sleep



- Migraine and Poor Sleep overlap
- Increased risk of headache and mood problems
- Sleep Hygiene - 30% reduction

Step 7 - The Importance of Sleep

- Good Sleep Habits:
 - Relax and Switch Off
 - Create a Good Sleeping Environment
 - Have set times for sleep



Step 7: Good Sleep

- Notebook and Pen
- Dark room, no distractions
- Stick at it - 3 months
- No Daytime Naps



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Step 8 - The Migraine Trigger Trap

- Cause and Effect
- The Law of Migraine
- Is it actually Migraine prodrome
- Powerful associations
- Correlation is not Causation



Step 8 - Migraine Trigger Trap

- The Migraine Trigger Trap means letting your diet, environment and daily activity become a **threat**, rather than something you control.



Step 8 - Migraine Trigger Trap

- Do people around you live by your rules to stop you getting a Migraine Headache?
- Do you read ALL food labels before eating?
- Ever refused to eat something someone kindly prepared for you?
- Have you stopped enjoying yourself with your family or friends?

Step 8 - Migraine Trigger Trap

- Challenge your thinking
- Eat something when feeling well
- Push the boundaries
- Regain a social life

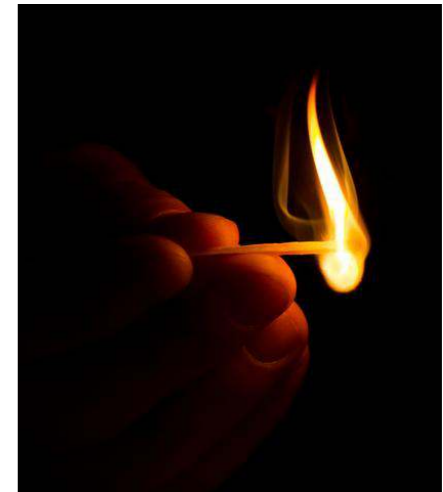


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Step 9: How to feel less afraid of Migraine

- Good Pain v Bad Pain
- GOOD
 - warning signal
 - Get out of trouble
 - Fight and Flight response
 - Adrenaline / Stress / Escape



Step 9: How to feel less afraid of Migraine

- Good Pain v Bad Pain
- BAD
 - Pain Signals hit the brain
 - Brain alerts you to escape
 - Stress / Adrenaline
 - Nothing to escape from
 - You feel trapped and powerless and scared



Step 9: The Brain Pain Matrix

- Brain Areas that
 - Don't work well in response to pain signals "Pain Off Switch"
 - Become overactive in response to pain
 - Draw your attention to pain
 - Activate emotions and memory
 - Vicious Cycle of Pain and Attention

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Next Steps

- Reflect - have I accepted headaches?
- What can I do to reduce the risk?
- Do I Realise that education will help?
- Can I get in control?
- Work to YOUR advantage
- Checklist

	The Headache Friendly Lifestyle™ - Basics	No	Yes
1	I can accept that I will get headaches		
2	I see that I need to reduce risk, not cure headaches		
3	I understand what headache types I have		
4	I have dealt with overuse of painkillers		
5	I know how to treat a Migraine Attack (AB+C)		
6	I can be smart with Migraine Prevention Medicines		
7	I have seen a physiotherapist or osteopath		
8	I have asked my dentist about my jaw joints and muscles		
9	I have visited an optician		
10	I walk regularly, or am aiming for 10,000 steps per day		
11	I drink 1500ml of water each day		
12	I will make Good Quality Sleep a priority		
13	I want to enjoy food and eat well		
14	I understand The Migraine Trigger Trap and Prodrome		
15	I can see that Migraine Pain is a false alarm		

**The
Headache
Friendly
Lifestyle™
Checklist**

Thanks

- Patrick, Estelle and Deirdre - Migraine Association of Ireland
- Elaine Johnston - Neurology Dept CAH
- Dr Louise Rusk - GPwSI Holywood Arches, Belfast
- Julie Sugrue, Physiotherapist, Beaumont Hospital, Dublin