

**MIGRAINE ASSOCIATION OF IRELAND**

**HELPLINE | 850 200 378**

# WHAT IS MIGRAINE?

Migraine is the most common neurological condition in the world, affecting about 12-15% of people. It is three times more common in women and is usually inherited. It is a very individual condition. Some people experience only 1 or 2 attacks a year while others suffer on a weekly basis. Attacks can last from 4 to 72 hours.

There are two main types of migraine:

Call us for more detailed information on any of the topics explored throughout this leaflet.

## Migraine without Aura

The majority of migraine sufferers have this type of migraine. The most common symptoms are:

- Intense throbbing headache, usually on one side of the head
- Nausea, sometimes vomiting
- Sensitivity to light
- Sensitivity to noise
- Sensitivity to smells
- Blurred vision



If you experience two or more of these symptoms and if they prevent you from continuing with normal daily activities, then you may be suffering from migraine.

## Migraine with Aura

About 1 in 4 migraineurs experience 'aura' in addition to some or all of the symptoms listed above.

Aura refers to a range of neurological disturbances that occur before the headache begins, usually lasting about 20-60 minutes.

The disturbances are usually visual - blind spots, flashing lights or zig-zag patterns. Aura can also present in other ways:

- Pins and needles on one side
  - usually starting in the fingers/arm, sometimes spreading up into the face
- Slurring of speech
- Muscular weakness
- Loss of co-ordination
- Confusion



## Other forms of Migraine

### *Aura without Headache*

About 1% of migraineurs experience the aura symptoms of migraine with no subsequent headache.

### *Basilar Migraine*

A rare form of migraine that includes symptoms such as loss of balance, double vision and fainting. During the headache, some people lose consciousness. It occurs when the circulation in the back of the brain or neck is affected. It is more common in young women.

### *Hemiplegic Migraine*

Another rare but severe form of migraine where temporary paralysis occurs usually on one side. In some people, aura symptoms can last for days or weeks. It often begins in childhood and there is usually a strong family history.

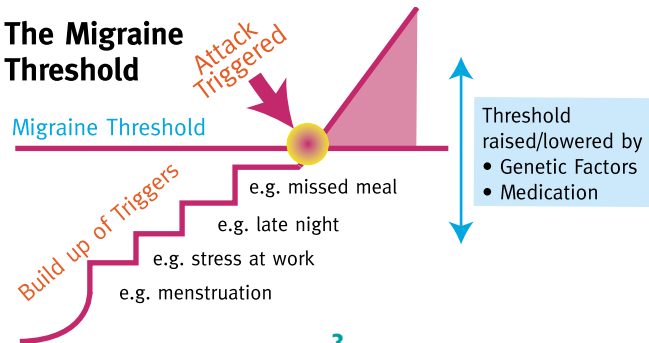
### *Childhood Migraine*

Children's attacks tend to be shorter. Also, symptoms such as nausea, stomach-ache and vomiting may be the major part of a child's attack, making migraine harder to recognise in children.

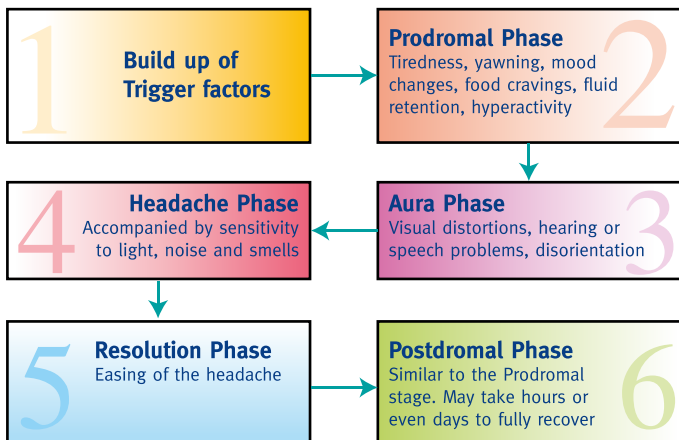
## WHAT CAUSES MIGRAINE?

The exact cause of migraine is still unknown but it is accepted that migraine is a neurological condition affecting how the brain processes normal information such as pain, light and sound. A number of mechanisms play a part:

- Alteration in blood flow and levels of serotonin in the brain.
- Electrical waves passing over the brain (Migraine with Aura).
- Trigger Factors which can bring about individual attacks in people who already have a low "migraine threshold".



## Phases of a Migraine Attack



Migraine attacks can be divided into different phases. Not all of these phases (see diagram above) will be experienced by everyone but if you can get to know your own pattern, it may help you predict an attack.

### When to see your doctor about headache

This booklet deals specifically with migraine. There are a number of other 'primary' headache disorders including the common Tension headache and the rare but severe Cluster Headache.

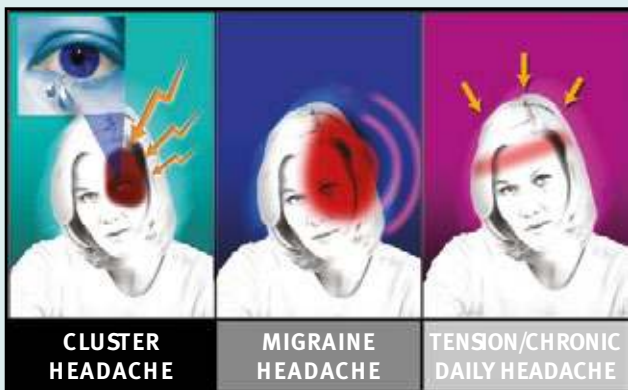
Headaches can also be 'secondary', meaning that they are caused by other more serious problems such as infections or malignant conditions.

Although sinister headaches are very rare, it is important to bring headaches to the attention of your GP, especially if you experience a different form of headache, worsening headache or if the headache is accompanied by new symptoms you have not previously experienced.



## Other Headache Conditions

### Headache Types



### *Chronic Daily Headache (CDH)*

CDH refers to any headache disorder that exists on more than 15 days in the month. It affects about 3% of people in Ireland. The pain is usually similar to that of Tension headache. It is always present and fluctuates throughout the day.

### *Medication Overuse Headache*

The over-use of pain medication is one of the most common reasons for the onset of CDH. Sufferers often have a past history of headache/migraine that becomes more frequent or severe over time, leading to an increase in the amount of medication they take.

This over-use can cause a type of CDH known as Medication Overuse Headache. As the body gets accustomed to medication, it craves for more. When the medication wears off, a headache is triggered. This causes pain and leads a sufferer to take more medication. This leads to a vicious circle of taking medication to get rid of a headache that is itself caused by taking medication. Withdrawal may result in worsening headaches, nausea and anxiety for 1-2 weeks. It is important to consult with your doctor or nurse for more information and advice.

### *Cluster Headache*

Cluster headache affects less than 1% of the population and is most common in men. It usually begins in the late twenties or early thirties. Attacks come in clusters and consist of a severe stabbing pain – often through the eye. Triggers can include alcohol, tobacco, stress and irregular sleeping patterns. Pure oxygen is a common treatment.

# MANAGING YOUR MIGRAINE

Although there is no 'cure' for migraine, it can be effectively managed. Your first step is to educate yourself about it. Here are some self-management ideas that might help:

## *1. Identify and avoid your trigger factors.*

Everyone's trigger factors are individual. Anything can be a trigger if you are susceptible to it. Recognising your own is the key to managing your migraine. Some of the most common include:

- Changes in daily routine
- Hormonal changes
- Sleep related triggers
- Stress/anxiety
- Certain foods and beverages
- Lack of food, fasting or dieting
- Flickering/glare
- Strong smells
- Overtiredness
- Head, neck or back injury
- Meteorological triggers such as temperature and atmospheric pressure



For most people, it is a combination of trigger factors, not just exposure to one that brings them over the 'migraine threshold' and into an attack.

## *2. Keep a 'Migraine Diary'*

The Migraine diary can help you in a number of ways:

- Establish patterns to your attacks.
- Identify trigger factors.
- Help your GP monitor your medication and side effects.
- Shows your GP the impact that migraine has on your life.
- Identify changes occurring overtime.

Diaries are available from the Migraine Association.

## *3. Watch your lifestyle*

Stress is a common trigger factor. You may not be able to eliminate stress from your life, but you can certainly contain it.

If you think that stress is behind your attacks, techniques such as biofeedback, relaxation therapy, meditation and deep breathing exercises may help you.

Changing your lifestyle can be difficult, but you may find that positive changes lead to major improvements in your quality of life.

- Take regular aerobic exercise
- Eat a nourishing, well-balanced diet
- Use your leisure time effectively
- Get enough sleep
- Manage your time properly
- Take proper breaks at work



#### *4. Self help measures*

Even nowadays, some of the best ways to manage your migraine are the oldest and simplest ones:

- Sleep
- Retreat to a quiet dark room
- Cold or hot therapy
- Pressure applied to the temple
- Acupressure and self-massage



## **TREATING YOUR MIGRAINE**

### *Visiting your doctor*

If you think you may have migraine, it is important to get an accurate diagnosis so that you can begin to manage the condition properly.

There is no test to diagnose migraine. The doctor must rely on the information you provide. Therefore, it is very important to prepare well before visiting your doctor.

Make sure that you can describe:

- The location of the headache
- How long it usually lasts
- The severity of the pain
- How often attacks occur
- What other symptoms you get
- How your everyday activities are affected
- Is there a family history of headache/migraine?



You may find a Migraine Diary useful for recording this.

People are sometimes sent for a CAT or MRI scan. These tests can help rule out other causes of headache, but they cannot be used to diagnose migraine.

## Treatments

### Acute Treatment

Acute treatment attempts to stop the attack once it has begun. It is appropriate for most migraineurs but should be used a maximum of two days a week, unless under the supervision of a doctor. Acute treatments should be taken as early as possible in the headache phase of an attack.



### *Analgesics*

- Aspirin
- Paracetamol
- Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
- Combination Analgesics – Ones that contain aspirin or paracetamol as well as another drug such as codeine or caffeine. Anti-emetics can also be combined with an analgesic to help people who experience nausea as a major part of their attacks.

Analgesics work well for some migraineurs, especially the quick-acting or soluble formats. Please remember that even though many of these medications are available OTC, they can still be very dangerous if used incorrectly.

### *Triptans*

Triptans are the migraine specific, prescription-only drugs that became available in the 1990s. They are not painkillers. Instead they target specific serotonin receptors in the brain that are involved in migraine attacks.

There are six triptan drugs available in Ireland. These are Almotriptan, Frovatriptan, Sumatriptan, Zolmitriptan, Eletriptan and Naratriptan.

The tablet forms have been shown to relieve the headache within two hours in about 60% of people. In addition to tablets, other formulations such as orally disintegrating tablets and nasal sprays are also available, depending on the triptan. These are usually preferable for those who suffer from severe nausea.

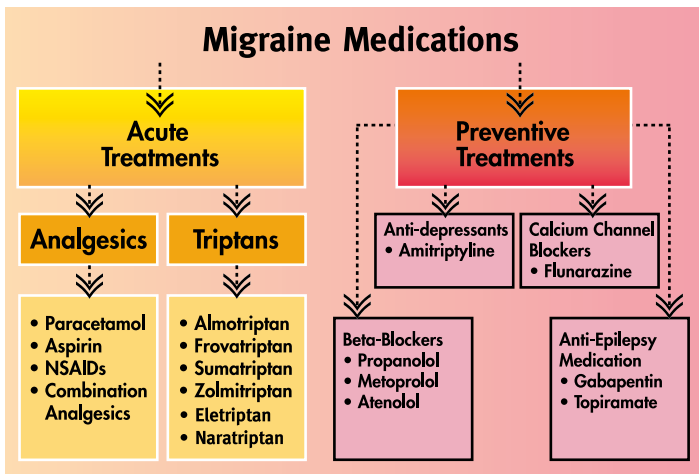


All of the triptans have been proven effective, and although there are some differences in their clinical profiles, no one triptan is considered superior to the others. Some people find that where one triptan fails, another one works very well for them.

Like other acute medications, triptans should be taken as early as possible in the headache phase of an attack. In some people, the headache will recur within 24 hours and in this circumstance, a second triptan can be taken.

Triptans are not normally prescribed for children, pregnant women or people over the age of 65.

## Preventive Treatments



Preventive treatment is used in an attempt to reduce the frequency and severity of anticipated attacks. Medication is taken every day, usually for at least 6 months.

They are normally prescribed in one of five circumstances:

- If you suffer from more than 2 or 3 attacks per month which you treat with acute remedies.
- If your attacks are particularly severe or disabling and do not respond well to acute treatments.
- To break the cycle of attacks.
- If your attacks follow a regular pattern (e.g. around the time of menstruation).
- You suffer from basilar or hemiplegic migraine.

Although preventives rarely actually prevent attacks altogether, their success rate of about 50% means that it is likely you will experience at least some benefit.

When taking preventives, it is important that you follow these three guidelines:

- Take the tablets as directed
  - do not skip days.
- Take the treatment for the period of time indicated by your GP. Some medications will show no results for three months.
- If side effects occur, let your doctor know as he/she may change the medication or the dosage.



There is a wide selection of preventive medications including:

- Beta Blockers such as Propranolol
- Calcium Channel Blockers such as Flunarazine
- Anti-Epilepsy drugs such as Topiramate and Gabapentin
- Tricyclic Anti-Depressants such as Amitriptyline
- 5-HT Antagonists such as Pizotifen

While some people get relief with the first medication they try, it takes most people quite a while to find something that works. Don't give up!

### ***Headache/Migraine Clinics***

There are currently five Headache/Migraine Clinics in Ireland. These clinics operate in:

- Beaumont Hospital, Dublin 9
- Cork University Hospital, Cork
- Dublin Neurological Institute, Mater Hospital Campus, Dublin 7
- St. Vincent's Hospital, Dublin 4
- Galway University Hospital, Galway

While most migraine sufferers can, and should, be treated under the care of their GP, the clinics exist to treat refractory cases. You need a referral letter from your GP to attend any of the above clinics.

# Annual Membership Form

## MEMBERSHIP FORM – RETURN TO MAI

(Unit 14, Block 5, Port Tunnel Business Park, Clonshaugh, D17)

### MEMBERSHIP FORM

Membership is €36 (or €30 if paying online) for adult members and €10 for student, oap or unemployed in the Republic of Ireland. For members in Northern Ireland membership costs £30 minimum and £10 for student, oap or unemployed.

#### Membership

Adult  Republic of Ireland   
Student/OAP/ Unemployed  Northern Ireland

#### Area

### Payment Method

Standing Order  Credit Card  Cheque/draft   
(recommended) Laser  Postal Order

### Your Personal Details (These details will be used by the MAI only)

Date: \_\_\_ / \_\_\_ / 201\_\_

Title \_\_\_ First Name \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_

Tel No. \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Dte of Birth (optional) \_\_\_\_\_

Tick here  if you would like to receive our BrainStorm newsletter

Tick here  if you would like to receive our e-mail newsletter 'Migra-zine'.

Please clearly write your e-mail address in the space provided above.

Tick here  if you would like to hear more about volunteering opportunities within the MAI

### Standing Order

To the manager of:

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Sort Code \_\_\_\_\_

Address \_\_\_\_\_

Please pay the following sum (on a monthly basis):

€3  €5  €7  €10  €15  €21\*  OTHER € \_\_\_\_\_

or

Please pay the following sum (on a yearly basis):

€10  €36  €60  €84  €120  €180  €252\*  other € \_\_\_\_\_

to the account of the Migraine Association of Ireland at AIB Bank, Arran Quay, Smithfield, Dublin 7, a/c no. 11350086, branch sort code 93-13-14.

Starting on \_\_\_ / \_\_\_ / \_\_\_\*\* and to be paid on the corresponding date each month/year until further notice.

**Note to Bank: Please use the customers' name as narrative on bank statements**

Name of Account Holder(s) \_\_\_\_\_

Account Number \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

\* This amount qualifies for tax relief.

\*\* Please leave this blank and we will complete before sending forms to bank

### Card Payments

I wish to pay by: VISA  MASTERCARD  LASER

And authorise you to debit my account with the sum of € \_\_\_\_\_

(see minimum amounts listed above)

Card Number \_\_\_\_\_ Expiry date (mm/yy) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# The Migraine Association of Ireland

The Migraine Association of Ireland was formed in 1994. We aim to assist, support and represent people living with migraine and other headache disorders, while raising awareness of the nature of these conditions.

## *Our services include:*

- Call-save Helpline - 1850 200 378 (ROI) or 0844 826 9323 (NI)
- Specialist Nurse Advice Line - 01 797 9848
- *BrainStorm* quarterly newsletter
- *Migra-zine* e-mail newsletter
- Information leaflets and publications on all aspects of migraine
- Migraine Diary
- Online resources at [www.migraine.ie](http://www.migraine.ie), - includes sections on Children and Teenagers
- Public information meetings
- Self-help groups and workshops
- Public awareness campaigns - e.g. Migraine Action Week
- Outreach events
- Information and awareness services for employers
- Information services for health professionals
- Campaigning for specialist services  
i.e. Headache/Migraine Clinics

*It costs just €36 (€30 online) a year to become a member, so join the Migraine Association today!*

## CALL-SAVE HELPLINE

**1850 200 378 (ROI)**

**0844 826 9323 (NI)**

*(10.00am – 4.00pm, Monday to Friday)*

**Address:** Migraine Association of Ireland  
Unit 14, Block 5,  
Port Tunnel Business Park,  
Clonshaugh, Dublin 17.

### **Specialist Nurse**

**Advice Line:** 01 797 9848

**Phone:** 01 894 1280 or 01 894 1281

**Fax:** 01 802 2044

**E-mail:** [info@migraine.ie](mailto:info@migraine.ie)

**[www.migraine.ie](http://www.migraine.ie)**



**A.MENARINI**  
PHARMACEUTICALS IRELAND LTD  
Healthcare for life

*Supported by an unrestricted educational grant from  
A. Menarini Pharmaceuticals.*