



bi-monthly newsletter focusing on migraine awareness and education.

January 2007

HEADquarters Migraine Management Newsletter

Empowering headache sufferers to help themselves

Our mission is to promote the patient-centered care of headache and migraine, to promote migraine awareness, and to remove barriers to the self-management of migraine as a life-long disorder.

Over the counter Medication Safety

Over-the-counter medications are safe, right? Right?

We all tend to think of over-the-counter medications as being safe. After all, regulatory agencies have allowed them to be over the counter. So, they couldn't really be all that bad, could they?

Well, it turns out that they can—if you don't take them properly. Some people have a tendency to think that they are safe, and that therefore, it is ok to take a few more than are recommended on the label. Some people have never actually read the label. (Have you?) And some people don't realize that they are, in effect, getting a double dose of some medications, because one of the over-the-counter pain analgesics they are taking may also be a component of one of the prescription medications they are taking.

It's important to read all labels and to avoid taking excessive amounts of over-the-counter medications. Follow the recommended amounts on the label unless your physician has specifically recommended something different. Too much anti-inflammatory medication, such as aspirin, naproxen sodium, or ibuprofen, can result in gastritis, exacerbate an ulcer, or promote gastrointestinal bleeding.

It is especially important to be careful not to take too much acetaminophen (paracetamol). Doing so can be damaging to the liver.

This damage can be magnified if you drink alcohol, even moderately. Liver damage can occur even in only 24 hours if 8 extra-strength acetaminophen caplets are combined with alcohol. At this time, more than half of all liver transplants are necessary because of the medical use of acetaminophen. Alcohol also increases the risk of gastrointestinal bleeding if combined with anti-inflammatory medications.

Long-term overuse of some of these medications can also contribute to kidney damage.

Be safe—read the label, and don't take medication in excess of the recommended amounts. Don't combine acetaminophen, paracetamol, naproxen sodium, ibuprofen, ketoprofen or other anti-inflammatory medications with alcohol. Do remember that

using over-the-counter medications more than three days a week can lead to medication overuse headache. (See our previous newsletters [here](#) for more about this topic.) And be aware that many prescription medications contain acetaminophen (paracetamol).

If your headaches are not responding to over-the-counter pain medication, see a doctor—more specific headache management will not only help your head, it may protect your liver, stomach and kidneys as well.

CHOCOLATE: Friend or Foe?

Focus on headache triggers

It's been a while since we focused on headache triggers. With Valentine's Day looming, chocolate seems a likely culprit for discussion. Chocolate gets a lot of bad press as a headache trigger. Is it really as bad as it's made out to be?



Actually, no—not exactly.

In a 1995 study conducted by researchers at the University of Pittsburgh, it was found that 22% of chronic headache sufferers reported chocolate to be headache trigger. In an interview, one of the researchers, Dr. Lisa Scharff, indicated that many of the women who responded positively on a trigger questionnaire to chocolate did so because they had heard about other people getting headaches from chocolate, or discovered that their personal experience with chocolate as a headache trigger occurred premenstrually, casting some doubt on whether the chocolate was the actual trigger.

In 1997, Dr. Dawn Marcus, Dr. Scharff and other researchers studied sixty women with chronic headache. The women were asked to follow a restricted diet, and were then tested with four candy bars, two of which were chocolate, and two of which were carob. All four bars were flavored with mint to prevent identification. Even the women who believed their headaches were triggered by chocolate did not develop headaches, regardless of whether they had eaten the carob or the chocolate. Interestingly, cheating on the restricted diet and eating foods like pizza, colas, or peanut butter did not increase headaches in this study population.

Wöber and colleagues at the Medical University of Vienna recently reported similar findings—that headache sufferers theoretical understanding of headache triggers differed from their actual experience. Professor Sarchielli, a well-known headache expert in Italy, commented in response to their research that data on chocolate and cheese in particular were often lacking or inconsistent.

In general, chocolate has been blamed as a trigger because it contains tyramine or phenylethylamine, but there are few, if any, headache diary studies that convincingly confirm the accusation. In the Marcus, Scharff et al provocative trial, the chocolate bars used contained 1.91 mg phenylethylamine/g of chocolate, and the sample bars weighed 60 g. They contained no tyramine, no caffeine, and 2.4 mg theobromine/g. (Theobromine is a caffeine-like substance.)

It is interesting that in researching headache websites, many of them state quite confidently that chocolate is a headache trigger because it contains tyramine. If, however, you look at websites for psychoactive medications that require one to avoid tyramine (MAO inhibitors), they state with equal vigor that chocolate contains minimal, if any, tyramine.

OK—it's not bad for your headaches, but isn't it still bad for you?

Not so fast there! There is growing evidence of the benefits of chocolate. That's right. You heard me. In addition to the chemicals described above, chocolate also contains flavonoids and stearic acid.

The stearic acid is part of the fat in chocolate, and most of the studies done to date suggest that it is "cholesterol-neutral." In other words, it doesn't affect your cholesterol in a negative way. And the flavonoids act as anti-oxidants, and may have anti-platelet effects.

There have been other studies of cocoa and chocolate that suggest other health benefits. (Dark chocolate confers the most benefit, and these studies have been done with dark chocolate.) While most of these studies have been short-term studies done with relatively small numbers of people, and larger longer-term studies need to be done, the results are exciting.

A large meta-analysis of the literature regarding chocolate and prevention of cardiovascular disease conducted by Eric Ding and colleagues found evidence that chemicals in cocoa reduced inflammation, and that chemicals in chocolate lowered blood pressure, increased HDL (good cholesterol), lowered LDL (bad cholesterol), prevented platelets from clumping together (like aspirin does, only not as strongly as aspirin does), improved endothelial function (the inside of blood vessels), and improved insulin sensitivity. Flavonoids are likely protective against cardiovascular heart disease mortality, but further studies are needed.

Dark chocolate has over twice the amount of flavonoids of the most concentrated food source. So unless you are a big fan of prunes? Ok then. Dark chocolate has **five** times the amount of flavonoids of blueberries. Just a note to all those milk chocolate lovers, and those of you who like to put milk in your tea: milk prevents the intestinal absorption of flavonoids. Thus, dark chocolate has twice the flavonoid content of milk chocolate.

Finally, chocolate is high in magnesium. And there is some evidence that chocolate results in a release of serotonin and endorphins.

Now—if we could just take out the calories.

Highlights—Next Newsletter

- ***Cardiovascular risk and migraine***
- ***Safety of Herbal supplements***

Do you suffer from headaches?



If you suffer from headache or migraine, please visit our companion website, migrainesurvival.com for more information regarding types of

headache, trigger avoidance, treatment of headache, and other topics of interest to the headache sufferer.

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