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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.

Migraine and Cardiovascular Risk



Does Your Head Affect Your Heart?

It has been known for some time that women with migraine have a slightly higher risk of stroke than the general population.

In order to understand the risks of cardiovascular disease in the migraine population better, researchers studied women who had been involved in [The Women's Health Study](#). Their research

included 27 840 US women aged 45 years or older who were free from angina or cardiovascular disease at entry into the study (1992-1995). The women were also able to report about their migraine and aura status, and blood lipid measurements. Follow-up data were obtained through March, 2004.

While 18.4% of women had a history of migraine at any time, only 13% of women had had a migraine in the preceding year. 39.7% reported aura symptoms. During an average 10-year follow-up period, 580 cardiac events occurred in 5125 women. Women who had migraine with aura were found to have an overall increased risk of all cardiovascular disease that was slightly more than double (2.15 times) the non-migraine population. For subcategories of cardiovascular disease, risk was as follows: almost twice (1.9 times) the risk for stroke, twice the risk for heart attack, 74% increased risk for coronary revascularization, 71% increased risk for angina, and more than twice the risk for ischemic cardiovascular death.

There was **no** significantly increased risk of cardiac events in women with migraine without aura.

It has also been determined that men with migraine have a similarly increased risk of cardiovascular disease. A study of 20,084 men participating in the Physician's Health Study revealed a 7.2% prevalence of migraine, slightly higher than usually reported in

the general population in migraine studies. Men were considered to be migraine sufferers if they reported migraine in the first five years of the study. The average age at the start of the study was 56 years. In 15.7 years of follow-up, 2236 major cardiovascular events occurred. This represented a 24% increased risk overall of major cardiovascular disease. Broken down by category, that was a 42% increased risk of heart attack, a 12% increased risk of stroke, a 15% increased risk of angina, a 5% increased risk of coronary revascularization, and a 7% increased risk for ischemic cardiovascular death.

Does this new data mean you should panic? No. As quoted by the [American Heart Association](#), the researcher who conducted these studies stated the following: “This does not mean that individuals with migraine headaches should panic,” said Tobias Kurth, M.D., Sc.D., lead author of the study and assistant professor of medicine at Brigham and Women’s Hospital, Harvard Medical School in Boston, Mass. “However, individuals with migraines should be aware of proven cardiovascular risk factors such as high blood pressure, diabetes, high cholesterol levels, smoking and obesity.”

It should also be noted that there is no evidence at this time that controlling migraines will reduce the risk of heart disease. More study in this area is needed before we can conclude why migraine sufferers have an increased risk of cardiovascular events, and whether controlling migraine will confer increased protection over and above usual means of cardiac prevention.

Drug-Herb Safety

Herbal Energy Drinks

When I first contemplated this topic, I thought it would be an article. However, drug-herb safety is such a massive topic, it appears that it will be a recurring feature. There is simply too much to cover in one article.

So for this issue, let’s focus on a topic that dovetails with our other focus on cardiovascular health.

Herbal energy drinks—these are for our good, aren’t they? Well, you’d hope so. But you need to read labels. Energy drinks in general are all the rage. Most of them contain herbal products. Almost all of them contain caffeine, of course.

Here are some common ingredients found in energy drinks: caffeine, guarana, ginseng, *Eleutherococcus senticosus* or Siberian ginseng (which is chemically different from “regular” ginseng), *Ginkgo biloba*, Kola nut, Taurine, Yerba Maté, D-glucuronolactone, Vitamin C, and B vitamins. Some energy drinks also contain other herbal ingredients, such as *Schisandra*, also called Wu Wie Zi, or Chinese magnolia vine, *Astragalus*, also called Huang Qi, or milk vetch root, pomegranate, currant, green tea, or white tea .

I could—and will—write a separate article on each of these herbal ingredients, as they have significant potential health considerations, and many of them do interact with medications commonly used for headache. For now, however, let’s focus on the combination in energy drinks. The caffeine content alone ranges from zero to 280 mg of caffeine per 8 ounces. Many of them also have a high sugar content. So far, this is only a risk as a migraine trigger!

The European Commission on Health and Consumer Protection’s Scientific Committee on Food Safety issued a report entitled: [Opinion on Caffeine, Taurine and D-Glucuronolactone](#) as constituents of so-called “energy” drinks (expressed on 21 January 1999) This stated the following:

“The Committee notes that the possible interactions of constituents of “energy” drinks have not been well studied and considers that the possible interactions between

caffeine, taurine and alcohol may warrant investigation in humans, particularly under conditions of exercise and consequent dehydration through sweating . For taurine and glucuronolactone, the Committee is unable to conclude that the safety-in-use of taurine and glucuronolactone in the concentration ranges reported for these constituents in "energy" drinks has been adequately established. Further studies would be required to establish upper safe levels for daily intake of taurine and glucuronolactone.”

There have been isolated case reports of sudden cardiac death thought to be possibly related to energy drinks, and one case of stroke in a young man (21 years of age) following consumption of an energy drink containing multiple herbal ingredients.

So read labels before you just drink an energy drink. Especially if it has a name with a word like “atomic”, “radioactive”, or “jitter” in it. You know what I mean?

Migraine Aura

Gender Differences

You may have noticed that the article above on cardiovascular risk cited a rate of aura in the women studied of 39.7%. This is much higher than the 20- 25% usually stated in migraine in general. So what's going on?

It seems there are gender differences in who gets aura. A study by Kelman of 952 migraine patients found that 38.1% of the female migraineurs reported aura, as compared to only 33% of the men. However, some of these patients had aura only, and not all had aura with every headache, of course.

In another study of 260 migraine patients aged 3 to 69, aura was found in 27.2% of females and 19.8% of males. In this study, conducted by Wöber-Bingol et al, it seemed that aura was most common in the 15-40 year age group, but the relationship to age was not statistically significant.

It would appear, therefore, that the increased cardiovascular risk in women might be linked to an increased prevalence of aura in women. **This** would certainly be an interesting and fruitful area for further study.

Do you suffer from headaches?



If you suffer from headache or migraine, please visit our companion website, migrainesurvi val.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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