

## *To Treat or Not to Treat...*

Last month we talked about medication overuse, and avoiding the trap of medication overuse headaches. But, it is also important to know when to treat your headaches, as well as when not to treat them. Early treatment of a migraine attack is important.

### **Early Treatment**

It is important to treat an acute migraine attack in the mild-to-moderate stage, before the pain becomes severe. This way, the medication can work on the appropriate brain receptors (targets) to kill your migraine attack. Some of us tend to wait too long, thinking maybe it isn't really a migraine after all, or maybe we don't really need our medication. Maybe a cup of coffee will do the trick.

Waiting too long might itself be a symptom. Your brain may be foggy due to the migraine, and you may not be making wise decisions.

Recent research has found that migraine medications will be more effective if taken when the headache is in the mild to moderate stages, before the headache becomes more resistant, and more stubborn neurotransmitters become involved.

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## *Featuring...*

To Treat or Not to Treat  
Travel Triggers  
Migraine Facts & Fiction

## *Migraine Facts and Fiction*

**Migraine is a serious disorder that affects 18% of women and 6% of men in the United States. Below, we've listed some facts about migraine and answered some common questions that arise as a result of the fiction surrounding migraine. We hope that this information will help you become more knowledgeable and get you started on your quest for knowledge on this subject. We are here for you, please contact us with questions.**

### **A migraine is just a really bad headache**

Actually, migraine is a specific type of headache. Most people with migraine have moderate to severe headache pain, but migraine headaches have more symptoms than just head pain. Migraine is defined as a headache lasting 4 to 72 hours with any two of the following pain characteristics: one-sided pain, pain worse with everyday activity, moderate to severe pain level, and throbbing pain. You must also have one or both of the following: nausea and/or vomiting, or avoidance of light and sound.

### **People get migraines from eating things they shouldn't**

Some people with migraine have food triggers for their headaches, but this is not the cause of the migraine. You are born with an underlying sensitivity to migraine headaches which, in many people, is inherited. There are many environmental triggers. Only about 25% of migraine sufferers are triggered by foods, and are generally not allergic to the foods that trigger their headaches.

### **A lot of people with migraines are just stressed out or emotional.**

Stress is the most common migraine trigger, but again, this is not the cause of the migraine condition. It may, however, be the cause of a given headache. Stress reduction can reduce the number of headaches a migraineur experiences, but it cannot "cure" you of migraines.

Stay tuned. Each issue we'll unveil new migraine facts and fiction. Next issue:

- \*\* Don't some people "fake" migraine to avoid work or sex?
- \*\* Isn't there a 'migraine personality'?
- \*\* Aren't most migraine sufferers women with PMS?



Traveling this summer? There are a lot of hidden pitfalls for migraine sufferers who travel. If you are traveling by air, you are subject to multiple migraine triggers: pressure changes, dehydration, time zone changes, and skipping meals. Be certain to carry high protein snacks with you, and drink water frequently. It's also a good idea to pack your migraine medication in your carry-on luggage just in case you need it.

Make sure you have enough medication with you for the duration of your vacation. If you think this may be a problem because your insurance limits the number of pills you can get at one time, you may be able to ask for a "vacation override" at the pharmacy so that you can be certain to have enough to last. A good rule is to take twice as much migraine medication as you would normally need, and then you will be sure to have enough, even under the worst possible circumstances.

If your headaches are severe enough that you think you may require treatment while traveling, make certain you have a summary of your care with you. This allows a doctor who is unfamiliar with you to review your history. And don't forget your health insurance card.

Of course, changes in environment can set off your headaches also. Traveling to a new location with a different climate can be a migraine trigger, especially if there is heat and humidity. Many migraine sufferers find that high altitude can trigger their headaches.

Eating different foods and following a different schedule can even be enough to cause migraines in some people. It may be wise to plan on taking it easy the first day or two in order to get used to a new environment, and not push yourself too hard.

Summers are associated with trigger foods—watch out for things like hot dogs, which contain nitrites, and other processed meats like sausage and pepperoni (pizza). And need I mention alcohol? Just remember to keep things in moderation, and don't forget what your trigger foods are.

Children with migraine can be particularly susceptible to motion sickness and carsickness.

*In individuals with undiagnosed migraine, 32% are incorrectly diagnosed with tension headache, and up to 50% are incorrectly diagnosed with sinus headache.*

If you have a child with migraine headaches, it might be best to make frequent stops and take breaks on road trips. In fact, up to 60% of adults who have migraine had motion sickness as children. Sometimes, it doesn't go away just because you grew up.

Foreign travel can present extra challenges. Give yourself an extra day or two to cope with jetlag. Make certain medication is in its original labeled container when you clear customs. Check to see if your medical insurance covers you internationally—some do. If not, you may wish to purchase travel insurance.

Your vacation need not be full of lurking headache triggers. With careful planning, you should be able to have a wonderful time and enjoy your vacation without spending it suffering. If necessary, see your doctor before you go, and make sure you are on the right medication, and your prescriptions are up to date.

Have a wonderful vacation!

Migraine triggers do not cause migraines, but bring them on if you already have the tendency to have migraine headaches. Triggers are additive--the more you have piled on at one time, the more likely it is that they will lower the "headache threshold" and cause a migraine.

**TRAVEL TRIGGERS**

- |                  |                           |
|------------------|---------------------------|
| Aged Cheese      | Sour cream                |
| Yogurt           | Buttermilk                |
| Citrus           | Nuts                      |
| Onions           | Garlic                    |
| Bananas          | Papayas                   |
| Pineapples       | Figs                      |
| Avocados         | Olives                    |
| Vegetable juices | Fruit juices              |
| Hard cider       | Chocolate                 |
| Wine             | Pickled foods             |
| Peas             | Beans                     |
| Beer             | Other alcoholic beverages |
| Wheat/gluten     |                           |

## *To Treat or Not to Treat...*

*(continued from page 1)*

### **When to treat—treating early vs risk of medication overuse.**

If you see yourself slipping into a pattern of frequent medication usage, this may indicate the need for a headache preventative medication. Only about 10% of those who would benefit from preventative medications are on an effective regimen. If you are already on a medication for prevention, you should work with your doctor to decrease your pain medications to make certain you are not in danger of developing medication overuse headache. Recommendations derived from the International Headache Society are not to take over-the-counter pain medications more than 15 days a month, or to take prescription migraine medications or pain-killers more than 10 days a month.

### **Treatment Satisfaction**

Migraine sufferers often think that they have tried everything that there is to try for their headaches, or that their current treatment is as good as it can get. But is that true? There are new medications being developed all the time. What are reasonable expectations for the treatment of migraine?

A reasonable expectation of migraine prevention would be to reduce headache frequency by half, and to reduce headache severity by about half. While many people with mild to moderate migraine can become headache-free with medication and lifestyle changes, this is not possible for everyone.

With an acute migraine medication, you should expect to obtain some degree of pain relief within the first hour, and should be experiencing relief of associated migraine symptoms with significant pain reduction within two hours. Many people will be migraine-free within two hours. Adding an anti-inflammatory medication to your migraine medication may make it work better. If you develop nausea in the initial stages of your migraine, anti-nausea medication may be helpful also. Be sure to stay well hydrated.

Work with your doctor and stay ahead of your migraines.

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of migraine sufferers  
had never seen a doctor for  
headache.*

## *World Headache Awareness*

September is World Headache Awareness month. Below we've listed some headache facts from around the world.

### **Headache in India**

Only 5% of the Indian population can afford private healthcare. 70% of Indian physicians practice in urban areas; 75% of the population lives in rural villages and access to healthcare is difficult. This leads to treatment by alternative practitioners or self-treatment.

### **Headache in Singapore**

A recent study showed that the rate of migraine was 2.4% in men and 3.6% in women. This is consistent with the lower rate of migraine generally found in Asian populations. The rate of tension-type headache was 11.1% for men and 11.8% for women.

### **Headache in Latin America**

In Mexico, 59% of migraine sufferers were undiagnosed—did not know their headaches were migraines. In Venezuela, this was 64%; in Brazil, 61%; in Columbia, 68%; in Argentina, 69%; in Ecuador, 77%. In total, 66% visited a GP, 14% visited a neurologist, and 20% visited other specialists. The neurologists were five times more likely to make a correct diagnosis.

### **Headache in Sweden**

Migraine affects approximately 10 million Swedes; 16.7% of women and 9.5% of men. In a recent study, 44% had never seen a doctor for their headaches, and only 27% were currently seeing a physician. Almost 2/3 reported some days of lost school or work due to headache.

### **Headache in the UK**

In the UK, only 14% of migraine sufferers had never seen a doctor for headache.

### **Headache in Ireland**

There are approximately 400,000 migraine sufferers in Ireland. Although there are only 14 neurologists in Ireland, there are headache specialty clinics. It can, however, take two to 14 months to be seen for consultation.

### **Headache in the United States**

In the US, up to 44% of migraine sufferers had never seen a doctor for headache in one study. In another, 31% had never seen a doctor; 48% had not seen a doctor in the past year.

## Migraine

Migraine is a highly prevalent disorder that has eluded attempts at identification and effective treatment. The World Health Organization has determined that 3000 migraine attacks occur daily for each million of the general population. In individuals with undiagnosed migraine, 32% are incorrectly diagnosed with tension headache, and up to 50% are incorrectly diagnosed with sinus headache. In a recent multinational study, about half the respondents had seen a physician, and, of those, 65% indicated dissatisfaction with their present prescription treatment. The remainder had used only over-the-counter medications. In 2000 and 2001, pharmacists recommended over-the-counter headache remedies more than 53,000 times a day. Only an estimated 10% of migraine sufferers who should be using migraine prevention therapy are receiving it.

In this multinational study (MAZE Phases I & II), 90% felt that migraine was a more serious disorder than most people realize, and most wanted to see an increased public awareness of migraine. Less than 25% felt that migraine did not significantly affect their lives. All migraineurs and 60% of tension-type headache sufferers experience a reduction in their ability to function in social activities and in work capacity. Yet, the public and most healthcare professionals perceive headache as minor or trivial, according to the World Health Organization.

Migraine accounts for an estimated 1.4 years of life lost due to disability overall (men and women), and 2.0 years of life lost due to disability in women. In the past 90 days, 24% of migraine sufferers have required emergency department treatment. Headache is one of the most common causes of absenteeism from work. Migraine sufferers miss 1.1 days of work due to headache every three months. Even more common and more problematic is the downtime due to migraine sufferers who remain at work with a migraine, but who are less than fully functional. Most migraineurs estimate that they are 40-60% less productive while suffering a migraine. In fact, in analyzing and summarizing studies of productivity loss in the workplace due to migraine, the conclusion was reached that businesses are subject to a loss of 2.4 hours of productive time per week per migraine sufferer on an average basis.

And yet, only half of those individuals who would qualify for a migraine diagnosis if seen by a physician even know that their headaches are, in fact, migraines.

Clearly, something must be done to remedy the situation.

## About Us

HEADquarters Migraine Management was founded by Dr. Christina Peterson to fill the need for migraine education and awareness. 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 lifelong disorder.

### **HEADquarters Founder and President**

Christina Peterson, M.D. has been in the private practice of neurology since 1986 in the Portland, OR, area, and is presently medical director of The Oregon Headache Clinic, providing diagnostic expertise and partnering with patients to explore traditional and alternative solutions to their headaches in a patient-centered setting. Dr. Peterson is active in the local county and state medical societies, serving on the board of trustees of both. She is also a member of the National Headache Foundation, The American Headache Society, and the International Headache Society. Dr. Peterson is a reviewer for the journal *Headache*, and occasionally participates in drug studies. She speaks frequently on the subject of migraine and other headaches to hospitals, employers, physicians, and nurses.