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APRIL 2022

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THE LATEST ON

CHRONIC MIGRAINE PREVENTION

CAN'T SLEEP TIGHT? CHRONIC MIGRAINE MIGHT BE THE CULPRIT

People who have migraine get less deep, memory-consolidating sleep than their migraine-free peers. In an analysis of 32 studies that included 10,243 people, those who live with migraine took longer to fall asleep and didn't stay asleep as long as those without the severe headaches. People with chronic migraine had the poorest sleep. Migraineurs also got less REM (rapid eye movement) sleep than the others. During this phase of deep sleep, you dream while your brain consolidates and stores memories and newly learned information. If you regularly have trouble falling asleep or staying asleep, talk to your doctor.

SOURCE: *Neurology*

<13% Amount of people with migraines who take medicine to prevent them.

SOURCE: *American Family Physician*

38%

Amount of people with migraines who would benefit from preventive treatment.

SOURCE: *American Family Physician*

OMEGA-3 VS. OMEGA-6

A diet high in omega-3 fatty acids and low in omega-6s could dial down migraines. In a study, people with chronic migraine followed a new diet for 16 weeks. At the end of the 4 months, those whose new diet had included more omega-3s from fatty fish like salmon and mackerel and fewer omega-6s from vegetable oils reported fewer migraine days, fewer hours of severe pain on those days, and overall shorter headaches. Studies show that omega-3s decrease inflammation in the body and that omega-6s may promote pain.

SOURCE: *BMJ*

MISCONCEPTIONS AND MISSED CONCEPTION

Women's misconceptions about migraine and pregnancy may keep them from having children, a study shows. About 1 in 5 women who have migraine avoid pregnancy. Women who have chronic migraines are even more likely to forgo children. Most migraineurs in the study believe that their headaches would be worse during or just after pregnancy. Many of them also felt the headaches would make it difficult to raise a child. But, in fact, studies show that most women—maybe as many as 3 in 4—get fewer and less severe migraines during pregnancy.

SOURCE: *Mayo Clinic Proceedings*



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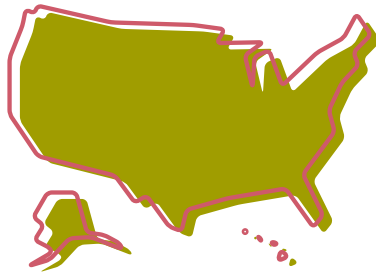
FACTS & STATS

By Sonya Collins

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

39 million

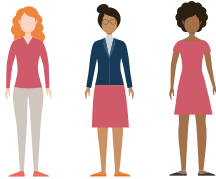
Number of people in the U.S. who have migraine.



15

Minimum number of migraine days per month that a person with chronic migraine has.

3x



Number of women in the U.S. who are more likely to have migraine compared with men.

2.2

Additional number of sick days U.S. adults with migraine take compared with those who don't have migraine.



5x



U.S. women's odds of receiving treatment for their migraines compared with men.

1 IN 5

Number of U.S. adults with migraines who get treatment for the condition.



4 million+

Number of people in the U.S. who have chronic daily migraine.



113 million

Number of workdays lost to migraine in the U.S. every year.





BOTOX® prevents headaches in adults with Chronic Migraine: 15 or more headache days a month, each lasting 4 hours or more. BOTOX® is not approved for 14 or fewer headache days a month.

BOTOX® prevents, on average, 8 to 9 headache days and migraine/probable migraine days a month (vs 6 to 7 for placebo).



BOTOX® for Chronic Migraine?



does it work?

what about cost?

Questions about BOTOX®? It's time to ask your doctor.

in a survey,
97%
of current BOTOX® users say they plan to keep using it!*(n=71)

and
92%
of current BOTOX® users said they wish they'd talked to a doctor and started sooner!*(n=71)

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BOTOX® prevents headaches in adults with Chronic Migraine before they even start.

It's about 10 minutes of treatment once every 3 months.[†]

It's time to talk to your doctor about BOTOX® and ask if samples are available.



BOTOXChronicMigraine.com

INDICATION

BOTOX® (onabotulinumtoxinA) is a prescription medicine that is injected into muscles and used to prevent headaches in adults with chronic migraine who have 15 or more days each month with headache lasting 4 or more hours each day in people 18 years and older. It is not known whether BOTOX is safe and effective to prevent headaches in patients with migraine who have 14 or fewer headache days each month (episodic migraine).

IMPORTANT SAFETY INFORMATION

BOTOX may cause serious side effects that can be life threatening. Get medical help right away if you have any of these problems any time (hours to weeks) after injection of BOTOX:

- **Problems swallowing, speaking, or breathing**, due to weakening of associated muscles, can be severe and result in loss of life. You are at the highest risk if these problems are preexisting before injection. Swallowing problems may last for several months.
- **Spread of toxin effects.** The effect of botulinum toxin may affect areas away from the injection site and cause serious symptoms, including loss of strength and all-over muscle weakness; double vision; blurred vision; drooping eyelids; hoarseness or

change or loss of voice; trouble saying words clearly; loss of bladder control; trouble breathing; and trouble swallowing.

There has not been a confirmed serious case of spread of toxin effect away from the injection site when BOTOX has been used at the recommended dose to treat chronic migraine. BOTOX may cause loss of strength or general muscle weakness, vision problems, or dizziness within hours to weeks of receiving BOTOX. **If this happens, do not drive a car, operate machinery, or do other dangerous activities.**

Do not receive BOTOX if you are allergic to any of the ingredients in BOTOX (see Medication Guide for ingredients); had an allergic reaction to any other botulinum toxin product such as Myobloc® (rimabotulinumtoxinB), Dysport® (abobotulinumtoxinA), or Xeomin® (incobotulinumtoxinA); have a skin infection at the planned injection site.

The dose of BOTOX is not the same as, or comparable to, another botulinum toxin product.

Serious and/or immediate allergic reactions have been reported, including itching; rash; red, itchy welts; wheezing; asthma symptoms; dizziness; or feeling faint. Get medical help right away if you experience symptoms; further injection of BOTOX should be discontinued.

IMPORTANT SAFETY INFORMATION (continued)

Tell your doctor about all your muscle or nerve conditions, such as ALS or Lou Gehrig's disease, myasthenia gravis, or Lambert-Eaton syndrome, as you may be at increased risk of serious side effects, including difficulty swallowing and difficulty breathing from typical doses of BOTOX.

Tell your doctor about all your medical conditions, including if you have or have had bleeding problems; have plans to have surgery; had surgery on your face; have weakness of forehead muscles, trouble raising your eyebrows, drooping eyelids, and any other abnormal facial change; are pregnant or plan to become pregnant (it is not known if BOTOX can harm your unborn baby); are breastfeeding or plan to (it is not known if BOTOX passes into breast milk).

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Using BOTOX with certain other medicines may cause serious side effects. **Do not start any new medicines until you have told your doctor that you have received BOTOX in the past.**

Tell your doctor if you received any other botulinum toxin product in the last 4 months; have received injections of botulinum toxin such as Myobloc®, Dysport®, or Xeomin® in the past (tell your doctor exactly which product you received); have recently received

an antibiotic by injection; take muscle relaxants; take an allergy or cold medicine; take a sleep medicine; take aspirin-like products or blood thinners.

Other side effects of BOTOX include dry mouth; discomfort or pain at the injection site; tiredness; headache; neck pain; eye problems such as double vision, blurred vision, decreased eyesight, drooping eyelids, swelling of your eyelids, and dry eyes; drooping eyebrows; and upper respiratory tract infection.

For more information, refer to the Medication Guide or talk with your doctor.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see accompanying Summary of Information about BOTOX®.

If you are having difficulty paying for your medicine, AbbVie may be able to help. Visit AbbVie.com/myAbbVieAssist to learn more.

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US-BCM-210764 02/22



*2020 BOTOX® Chronic Migraine Patient Market Research BOTOX® Current Users.

[†]BOTOX® injections are given by your doctor.

[‡]See Privacy & Terms: [http://bit.ly/2RvxiWc](https://bit.ly/2RvxiWc). Message & data rates may apply. Message frequency may vary. Text HELP for help or STOP to end.

Summary of Information about BOTOX® (onabotulinumtoxinA)

What is the most important information I should know about BOTOX®?

BOTOX® may cause serious side effects that can be life threatening. Call your doctor or get medical help right away if you have any of these problems any time (hours to weeks) after injection of BOTOX®:

- **Problems swallowing, speaking, or breathing**, due to weakening of associated muscles, can be severe and result in loss of life. You are at the highest risk if these problems are pre-existing before injection. Swallowing problems may last for several months
- **Spread of toxin effects.** The effect of botulinum toxin may affect areas away from the injection site and cause serious symptoms including: loss of strength and all-over muscle weakness, double vision, blurred vision and drooping eyelids, hoarseness or change or loss of voice, trouble saying words clearly, loss of bladder control, trouble breathing, and trouble swallowing

There has not been a confirmed serious case of spread of toxin effect away from the injection site when BOTOX® has been used at the recommended dose to treat Chronic Migraine.

BOTOX® may cause loss of strength or general muscle weakness, vision problems, or dizziness within hours to weeks of taking BOTOX®. **If this happens, do not drive a car, operate machinery, or do other dangerous activities.**

BOTOX® dosing units are not the same as, or comparable to, any other botulinum toxin product.

What is BOTOX®?

BOTOX® is prescription medicine a medical professional injects into muscles to prevent headaches in adults with chronic migraine who have 15 or more days each month with headache lasting 4 or more hours each day in people 18 years and older.

It is not known whether BOTOX® is safe or effective to prevent headaches in people with migraine who have 14 or fewer headache days each month (episodic migraine).

Who should not receive BOTOX®?

Do not receive BOTOX® if you are: allergic to any of the ingredients in BOTOX® such as botulinum toxin type A and human serum albumin; had an allergic reaction to another botulinum toxin product such as Myobloc® (rimabotulinumtoxinB), Dysport® (abobotulinumtoxinA), or Xeomin® (incobotulinumtoxinA); or have a skin infection at the planned injection site.

What should I tell my doctor before treatment?

Tell your doctor about all your muscle or nerve conditions, such as amyotrophic lateral sclerosis (Lou Gehrig's disease), myasthenia gravis, or Lambert-Eaton syndrome, as you may be at increased risk of serious side effects.

Tell your doctor if you have or have had breathing problems such as asthma or emphysema; swallowing problems; bleeding issues; plan to or have had surgery; have forehead muscle weakness such as trouble raising your eyebrows; drooping eyelids; or any changes to your face.

Tell your doctor if you are pregnant, plan to become pregnant, are breastfeeding or plan to breast feed. It is not known if BOTOX® (onabotulinumtoxinA) can harm your unborn baby or if BOTOX® passes into breast milk.

What Are Common Side Effects?

The most common side effects include neck pain; headache; migraine; slight or partial facial paralysis; drooping eyebrows; eyelid drooping; bronchitis; musculoskeletal stiffness; muscular weakness; pain in 1 or more muscles, ligaments, tendons, or bones; muscle spasms; injection site pain; and high blood pressure. Other side effects have been reported including allergic reactions e.g. itching, rash, red itchy welts, wheezing, asthma symptoms, or dizziness or feeling faint.

These are not all of the possible side effects. Call your doctor for medical advice if you experience any side effects after treatment with BOTOX®.

What Should I Tell My Doctor About Medicines and Vitamins I Take?

Using BOTOX® with certain other medicines may cause serious side effects. **Do not start any new medicines until you have told your doctor that you have received BOTOX® in the past.** Tell your doctor if you have received an injection with another botulinum toxin product in the last 4 months, such as Myobloc®, Dysport®, or Xeomin®. Be sure your doctor knows which product you received.

Tell your doctor about all prescription and over-the-counter medicines, vitamins and herbal supplements you take; recent antibiotic injections; anticholinergics; muscle relaxants; allergy or cold medicine; sleep medicine; aspirin-like products; and blood thinners. **Ask your doctor if you are not sure whether your medicine is listed above.**

To Learn More

If you would like more information, talk to your doctor and/or go to BotoxChronicMigraine.com for full Product Information.

You may report side effects to the FDA at www.fda.gov/medwatch or call 1-800-FDA-1088.

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THE TRUTH ABOUT CHRONIC MIGRAINE

LEARN THE BASICS

By Rachel Reiff Ellis

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

Doctors diagnose chronic migraine when you've been dealing with headache for at least 15 days out of a month, with at least half those days including other symptoms of migraine such as nausea or sensitivity to sound or light. It's the most severe form of migraine disease.

Chronic migraine can be tricky to diagnose because most people only tell their doctors about their most severe headaches. But it's important to report all the days you have any kind of headache, whether they're mild, moderate, or severe, says Amaal J. Starling, MD, member of the American Headache Society and associate professor of neurology at the Mayo Clinic in Scottsdale, AZ.

"The way I like to obtain this information from a patient is to ask how many days per month they have a headache, and then ask how many days per month they're completely free of any head pain whatsoever," she says.

SYMPTOMS

When you experience a migraine attack, often you'll have:

- Head pain
- Sensitivity to light, sound, or motion
- Dizziness
- Nausea or vomiting

You may also get an aura—a disturbance that affects your speech, distorts your vision, or causes numbness and tingling in your body.

CAUSES

Chronic migraine has multiple environmental factors and triggers.

"Migraine is a polygenetic disease, meaning there are many genetic mutations that have been identified to lead to migraine vulnerability in a specific individual," Starling says.

Because there are so many different genetic mutations that can lead to migraine disease, she says, treatment isn't a "one-size-fits-all" approach.

"Different treatment options will be effective for different individuals because their underlying migraine disease is slightly different," Starling says.

WHO'S AT RISK?

Migraine disease is very common—between 3 million and 7 million Americans have chronic migraine disease.

"Migraine disease is one of the most disabling conditions worldwide based on the Global Burden of Disease Study performed by the World Health Organization

(WHO)," Starling says.

You're more likely to have it if you're female. Chronic migraine affects 1 in 5 women and 1 in 16 men. And your risk of having chronic migraine goes up if you have certain medical conditions such as asthma, insomnia, snoring, obesity, depression, and anxiety.

"If you or someone you know has head pain that interferes with work, school, family, or other activities, please speak with a doctor," Starling says. "We can treat migraine, we can reduce disability from migraine, and we can improve the health care quality of life with treatment optimization."

MIGRAINE MYTH-BUSTING

Amaal J. Starling, MD, sets the record straight about some migraine misconceptions.

+ It's not just a headache.

Headache is a symptom, not a diagnosis. Migraine is a genetic neurologic disease.

+ Kids can get it. In fact, 1 in 11 children have migraine.

+ You aren't weak if you have it. The stigma of migraine is one of the greatest barriers to tackling this disease. People with migraine are warriors. We need to break the stigma.

HOW I MANAGE MY CONDITION

LIVING MINDFULLY WITH INTRACTABLE MIGRAINES

By Natalie Sayre

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

When I started to have head pain during my freshman year of college, I thought I was just staying out too late, or eating erratically, or adjusting to having a roommate. It was more annoying than debilitating. But it kept happening.

Migraine frequency is hard to notice, especially as a busy college student; you're just living your life. You don't realize you're treading water in a sea that's rising.

Then during my junior year, my attacks stopped responding to over-the-counter medication. They would last for up to 72 hours at a time. It was my first escalation into status migrainosus, or intractable migraine, and it was scary. It

felt like looking straight into the sun—a near constant sensitive tenderness in the eyes, extreme sensitivity to light and sound and noise, and sharp, throbbing head pain. I started to worry I had a brain tumor, because I had no idea migraine could last that long.

Prescription drugs seemed intense and frightening to me at the time, but my pain had become so debilitating I was at the point with my pain where I really didn't have another choice. My campus doctor prescribed triptans—the standard then—and for a while, they helped.

But by the time I graduated a year later, I was back to weekly migraines. I

stopped going to the gym, restaurants, or movie theaters because the lights were too bright and the noise was way too unpredictable. My world was shrinking because I was so focused on managing the pain.

For a lot of people—myself included—you start to feel like you're gaslighting your own pain in the early years of undiagnosed chronic migraine. You wonder, “How can I be having migraine five times a week? Do I have a really low pain tolerance? Am I being dramatic? Is this in my head?” It seemed like the harder I tried to get better, the worse my migraine condition got. For the first time in my life,



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INSET PHOTOGRAPHY BY SARAH BECKER



NATALIE'S TIPS

- + **Plug in.** Other people with chronic migraine can help normalize what you're going through.
- + **Recognize your resilience.** One of my mantras is, "I can do things I am certain I can't do, one breath at a time." It helps me remember the courage and resilience operating beneath my pain.
- + **Soften your self-judgment.** I absolutely would have rolled my eyes at this advice at age 22, but self-compassion can truly soothe the jagged edges of pain.

effort wasn't equating to outcome.

I saw my first headache specialist, a neurologist specializing in migraine care, who diagnosed me with chronic migraine. This really opened a door for me in terms of treatment. At the urging of my doctors, I took medical leave from work and started down the list of therapies ranging from outpatient infusions to nerve blocks.

I did really aggressive treatment for 2 ½ years. I tried over 10 different daily preventative medications. I would chart my pain every day, and if there was no improvement in 3 months, the doctors would wean me off the medication and introduce a new one. But I kept striking

out. Nothing was helping.

So I expanded my scope of treatment to include Eastern therapies. I learned strategies like pain acceptance and breathing and mindfulness. I started working with a health coach, meditating, and seeing a pain therapist. I focused on lifestyle modifications and mental health support so they could work in combination with my rigorous Western treatments.

It wasn't a soft landing into these practices. It was more like a weary surrender. I really didn't know how to keep going through such unrelenting pain, I just knew something had to change. Alongside this surrender into

mindfulness, I also began connecting with other people with chronic migraine. I started an Instagram page, which grew into a website: Mindful Migraine (now Mindful Natalie).

The more I connected with people and shared my story, the easier it became for me to find self-compassion and acceptance for myself. My recovery goals shifted to include learning how to love my life more than I hated my pain. I continue to seek remission from migraine pain, but connection and mindfulness taught me that as I work to better manage my condition, I can make space for joy and pain to coexist at the same time, and live a life full of love.

PAIN RELIEF MEDICATION

HOW TO TREAT ATTACKS

By Rachel Reiff Ellis

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

The type of medication you take for your migraine pain will depend on how severe it is, how frequently it happens, whether you have other medical conditions, and how well you handle the medication side effects. You may have to try several things before finding what works for your head pain.

“Many people’s attacks are undertreated,” says William B. Young, MD, professor in the Department of Neurology at Thomas Jefferson University in Philadelphia, and medical advisor to the Coalition for Headache and Migraine Patients (CHAMP). “You want an attack medicine that relieves migraine symptoms quickly, without side effects, and restores normal function. Acute migraine medication treats a migraine attack at the onset.” In many undertreated cases, migraines occur frequently during the month; chronic migraine sufferers can have 15 migraine attacks or more per month. Treatments for chronic migraines are oftentimes underused.

PAIN RELIEF

Chronic migraine and episodic migraine have the same symptoms. The main difference between the two is how often you get them. That means there’s a lot of overlap in the medication you’d take for an acute migraine.

NSAIDs. Aspirin, ibuprofen, or naproxen

sodium can sometimes work as a quick fix for an oncoming migraine. Your doctor may also recommend an aspirin, acetaminophen, or caffeine combination pill.

Though they can be effective at treating pain in many people, they aren’t good long-term options. Over time they can cause medication-overuse headaches, or ulcers and bleeding in the gastrointestinal tract.

Prescription-strength NSAIDs. If over-the-counter options aren’t managing your migraine, your doctor may move to prescription pain relief.

“You can get stronger, quicker, or more long-lasting versions of the types of pain relievers available over the counter,” Young says.

Anti-nausea drugs. These can help if you have nausea and vomiting with your migraine. You usually take them alongside pain medications.

MEDICATIONS TO STOP THE MIGRAINE PROCESS (ACUTE MIGRAINE TREATMENTS)

Triptans. These pills, shots, or nasal sprays block pain pathways in the brain. Triptans tend to work better if you have episodic migraine rather than chronic migraine.

Dihydroergotamine. You take this as a nasal spray or injection right after the start of migraine symptoms. You shouldn’t take it if you have coronary artery disease, high blood pressure, or liver or kidney disease.

Lasmiditan. This pill you take by mouth blocks certain pain receptors in your brain.

MIGRAINE PREVENTION

If you have around 15 headache or migraine days a month, significant disability from migraine not controlled by acute migraine treatments, or if you’re at risk of overusing these medications, your doctor may recommend these preventatives and chronic treatment:

+ **Blood pressure medication** such as beta blockers and calcium channel blockers.

+ **Antidepressants** such as tricyclic medications.

+ **Anti-seizure drugs** such as topiramate.

+ **CGRP receptor antagonists** can also be used as preventive medications. There are currently two drugs in this category that are approved as prevention treatments for migraines.

+ **CGRP monoclonal antibodies**, which are newer drugs you take four times a year by injection.

+ **Chronic Migraine Treatment Botox (onabotulinumtoxinA) injections** every 12 weeks. It is the only medication treatment that is FDA approved for chronic migraines.

CGRP receptor antagonists. These drugs block a specific protein that can cause inflammation in the membrane covering of your brain.

CAREFUL MEDICATION USE

It’s important to know that treating chronic migraine puts you at high risk of using medications too often, which can make migraine worse or lead to complications.

“For some people, the over-the-counter or prescription attack meds become less effective as their migraine disease worsens,” Young says.

Talk to your doctor about the risk of medication overuse.

HOME REMEDIES

WAYS TO EASE MIGRAINE PAIN

By Kendall K. Morgan

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

If you are dealing with migraines several days every single month, there's a lot you can try at home to help prevent them. Melissa Young, MD, an integrative medicine specialist at the Cleveland Clinic in Chagrin Falls, OH, says first to look for common triggers in your diet.

"Many people may not be aware of MSG in many packaged foods," Young says.

Check the ingredients on your salad dressing, where MSG may be hidden, she says. Other common food additives to watch out for include nitrates, sulfites, artificial sweeteners, and caffeine. Ingredients in aged cheeses, chocolate, alcohol, and pickled foods can be common triggers, too.

An elimination diet can help you find other unique trigger foods. Remove eggs, dairy, gluten, corn, and soy one by one. Then add them back in to see if there's a change.

Keep your blood sugar stable by not going too long without eating and make sure you are drinking enough water.

"Once you hydrate well you may see reduction in headache frequency," Young says.

CONSIDER SUPPLEMENTS

Supplements can be really helpful, Young says. At the top of her list to try is magnesium. Studies have shown that 600 milligrams of magnesium per day may help with migraines. Start at a low dose and work up from there. Too much magnesium can cause diarrhea, nausea, and cramping. Lower your dose or stop taking magnesium if you notice these signs. It's a good idea to check with your doctor before taking magnesium, especially if you have kidney problems, are pregnant, or are taking other medicines.

If, after a month or two, you're still having migraines despite magnesium and other healthy choices, next to try is

coenzyme Q10 and riboflavin (vitamin B2). Work with your doctor. Like magnesium, these are not considered medicines and are not regulated in the same way. It's important to choose supplements that have backing from unbiased scientific research and come from trustworthy suppliers.

"You will need to take them for 2 to 3 months to see a consistent change," Young says. "So, don't take them for 2 weeks and then stop without giving it enough time to work."

A couple of herbs—butterbur and feverfew—are options, also. But Young says it's a good idea to check with a doctor before going this route.

GET YOUR REST

Be sure you're getting enough sleep on a regular schedule.

"Going to bed and waking up at the same time each day is really important in migraine sufferers," Young says. "For some who may get too much sleep on the weekend and not enough another day, that can be a trigger."

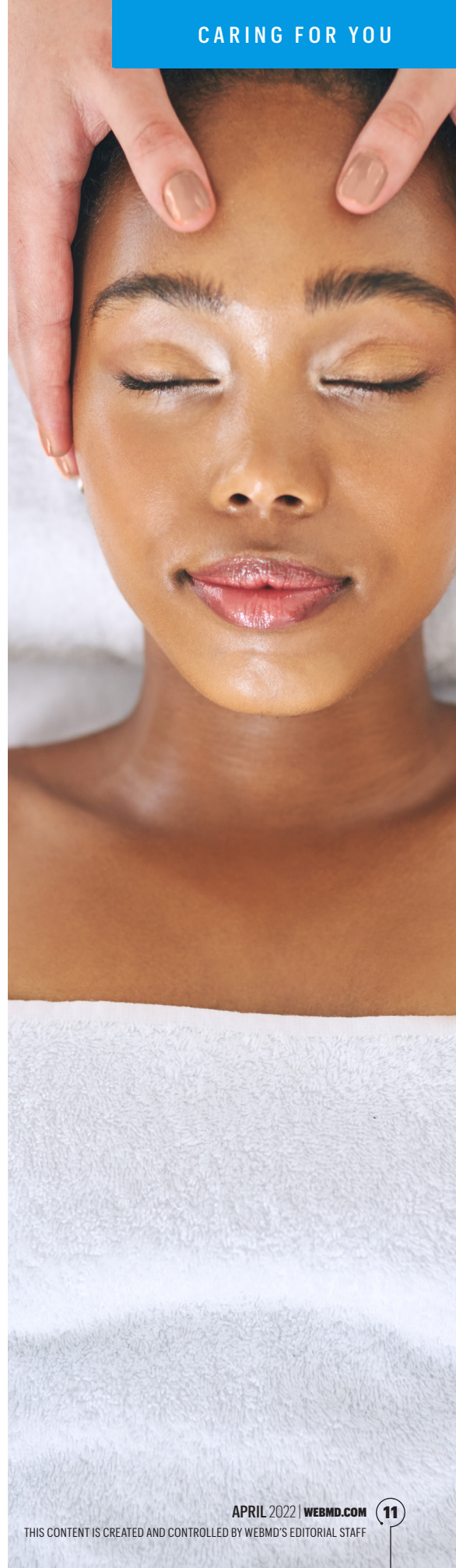
HANDLE STRESS

Anything that aids you with managing your stress can help, Young says. She's found meditation works for many. Keep in mind that there are different ways to meditate.

"Some have trouble staying still and sitting," Young says. "[For them], there's walking meditation. There's tai chi and qi gong and breath work."

Young notes that an integrative medicine specialist can teach you different techniques to see what works for you. The key thing is to follow a regular practice that calms your stress response and relieves tension. Acupuncture and massage therapy also are worth a try for migraine prevention.

"We can't get stress out of life, but we can learn how to manage the response," Young says.





MOVE MORE

HOW EXERCISE CAN HELP PREVENT MIGRAINE

By Kendall K. Morgan

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

When you have throbbing migraine pain, just walking up the stairs can make it feel worse. But, can regular exercise help to keep your chronic migraines from happening in the first place?

“This is one of my favorite topics,” says Nada Hindiye, MD, a neurologist and headache specialist at Stanford Medicine in Palo Alto, CA. “Exercise is a wonderful tool to deal with and prevent chronic migraines.”

EVIDENCE ON EXERCISE

For some people, exercise can trigger or make a migraine worse. However, Hindiye says that exercising at least 3 days a week is a good idea. Five to 7 days a week is even better to help you have migraines less often. You may find the migraines you do get also may be less severe. Research shows that exercise not only reduces the frequency but the severity and duration of migraines as well. Exercise—especially aerobic exercise—may even prevent migraines in addition to medicines.

“What I tell my patients is that getting their heart rate up and sweating is the important thing,” Hindiye says.

If high-impact or aerobic exercise is too much for you, try something gentler but spend more time, Hindiye says. There’s some evidence exercises such as yoga can help, too.

HOW DOES IT WORK?

“Like everything in migraine, we don’t know exactly,” Hindiye says. “But there are theories.”

Exercise releases feel-good endorphins, peptides, and neuropeptides. “Endorphins are our natural pain-fighting mechanism, so releasing those helps prevent pain,” Hindiye says.

Exercise also lowers stress hormones and other chemicals linked to inflammation. Exercise may help you manage chronic migraines better by improving your mental health, too.

MOVEMENT AND MEDICATION

If you’re someone who’d rather focus on healthier living, including exercise, to prevent migraines, it’s OK to try this first.

“It’s fine to focus on exercise and sleep and not skipping meals,” Hindiye says. “But you can certainly use lifestyle modifications in addition to medication.”

Studies comparing aerobic exercise to the most

commonly used medicines found that they worked about equally well to prevent migraines. That’s good news. But, Hindiye says, combining the two is likely to work even better. So, while you can work toward controlling your chronic migraines with regular exercise and other healthy choices, you’ll likely get even more benefit by exercising along with taking your medication.

GET STARTED

Let your migraine doctor know you want to try exercise. They may have ideas about what to try. They might suggest a physical therapist to help you get started, too.

Hindiye suggests you start with just a few minutes of exercise a day, adding 5 minutes each week until you get to a good amount for you. Do a warmup first and end with a cool down.

“Just be mindful of your triggers,” Hindiye says. “Start slow and ease your way up.”